How To Work With Interpreters

Skaggs School of Pharmacy and Pharmaceutical Sciences
Medical Spanish and Cultural Competency

Aidé Gómez
a3gomez@ucsd.edu
Languages Spoken in San Diego

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Aide Gomez - a3gomez@ucsd.edu
### Persons (Age 5+) by Language Spoken at Home
#### Top 10 Languages: California 2000

<table>
<thead>
<tr>
<th>Language</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Only</td>
<td>19,014,873</td>
<td>60.5%</td>
</tr>
<tr>
<td>Spanish or Spanish Creole</td>
<td>8,105,505</td>
<td>25.8%</td>
</tr>
<tr>
<td>Chinese</td>
<td>815,386</td>
<td>2.6%</td>
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<tr>
<td>Tagalog</td>
<td>626,399</td>
<td>2.0%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>407,119</td>
<td>1.3%</td>
</tr>
<tr>
<td>Korean</td>
<td>298,076</td>
<td>0.9%</td>
</tr>
<tr>
<td>Armenian</td>
<td>155,237</td>
<td>0.5%</td>
</tr>
<tr>
<td>Japanese</td>
<td>154,633</td>
<td>0.5%</td>
</tr>
<tr>
<td>Persian</td>
<td>154,321</td>
<td>0.5%</td>
</tr>
<tr>
<td>German</td>
<td>141,671</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Languages</td>
<td>1,543,409</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31,416,629</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Certification and Training
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- Preferably state certified as a medical interpreter
- Certified by hospital
- Must be fluent in English and the target language
- Must have knowledge of medical terminology in English and target language
- Must be able to interpret in the consecutive and simultaneous modes
- Must be able to do sight translation

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Code of Ethics
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- Adhere to strict standards of confidentiality

- Confidentiality exceptions in case of elder abuse, child abuse, potential damage to self or others

- Interpreters are not healthcare providers

- Must not provide medication

- Must not provide medical advice

- Possess the professional skills and knowledge required for the specific interpreting situation
Code of Ethics

- Demonstrate respect for patients and their families
- Demonstrate respect for colleagues and healthcare professionals. Team work is essential!
- Work as part of the healthcare team
- Participate in professional development
- Interpret word for word and not summarize or edit to ensure accuracy and completeness

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The Role of the Interpreter
Conduit, Clarifier, Culture Broker, Advocate

Conduit

- Most basic of the roles
- Rendering in one language literally what has been said in the other
- No additions, no omissions, no editing or polishing
- "default" role of the interpreter
Conduit, Clarifier, Culture Broker, Advocate

Clarifier

- Interpreter adjusts register
- Explains or make word pictures of terms that have no linguistic equivalent
- Checks for understanding.
- Role taken if necessary to facilitate understanding.

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Conduit, Clarifier, Culture Broker, Advocate

Culture Broker

- Interpreter provides a necessary cultural framework for understanding the message being interpreted.

- Done when cultural differences are leading to a misunderstanding on the part of either provider or patient.

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Advocate

- Advocacy is any action an interpreter takes on behalf of the patient outside the bounds of an interpreted interview.

- The advocate is concerned with quality of care in addition to quality of communication.

- An on-site interpreter would appropriately become an advocate when the needs of the patient are not being met due to a systemic barrier such as the complexity of the health care system or racism.

- Source: DiversityRx
Provider/Patient/Interpreter Relationship

- Provider-Patient Relationship (most important)
- Interpreter-Patient Relationship
- Provider-Interpreter Relationship
- These relationships exist so that the first one can occur

- Interpreter provides means for the development of that crucial patient/provider relationship

- Great care must be taken to support, not undermine that relationship.
Role of the Healthcare Provider
Role of the Healthcare Provider

- Provider-Patient relationship is the most important
- Provider is in charge of the consultation, NOT the interpreter
- Interpreter is a vital link in the healthcare team
- If possible, meet briefly beforehand with the interpreter and explain reason for consultation with the patient
- For conference interpreting, provide interpreters with a copy of your presentation at least 1-2 days beforehand
- Speak at a moderate pace.
- If using the consecutive mode, speak in short sentences.
- Use the same terminology as if you were speaking to an English-speaking patient
- Give definition of medical terminology
- Remember, if you say BUN, the interpreter is going to say nivel de nitrógeno ureico en la sangre... but will not explain what it means. It’s up to the healthcare professional to provide the definition and what elevated or low levels represent.
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Seating Arrangement

- Try to sit (or stand) in a triangular position so that all parties can see each other.

- If interpreting for one person in a group, interpreter should sit just behind that person and interpret in a low voice so as not to disturb others.
Errors made by hospital interpreters vs ad hoc interpreters

Common Errors

- Omissions (52%)
- Questions about drug allergies
- Instructions on dose, frequency, duration
- A child was already swabbed for stool culture
- False fluency (16%)
Errors made by hospital interpreters vs ad hoc interpreters

- **Substitution (13%)**

- Adding that hydrocortisone cream should be applied to the entire body instead of only facial rash.

- Instructing a patient to put amoxicillin in both ears for otitis media
Errors made by hospital interpreters vs ad hoc interpreters

- Editorialization (10%)

- Instructing a mother not to answer personal questions

- Addition (8%)

- Instructing a mother to place amoxicillin in both ears for treatment of otitis media
Resources

- American Translators Association
  www.atanet.org

- California Healthcare Interpreters Association (CHIA).
  www.interpreterschia.org

- Diversity RX.
  www.diversityrx.org

- National Council on Interpreting in Healthcare –
  www.ncihc.org