Tips for Providers When Using Interpreter Services

This document is intended to provide tips to guide best practices when working with non-English proficient clients. For additional information, please see the HCP Policy and Guidelines or contact your HCP consultant. Agencies should adhere to their own respective policies and procedures regarding the use of medical interpreter services.

GENERAL INTERPRETER STANDARDS:

- Interpreters must interpret everything said by the client, client representative (if applicable) and provider (nothing added, omitted, or changed), Interpreters facilitate communication between parties who do not share a language. As such, they speak using the first person (e.g., “I want...” instead of “Client says that s/he wants...”). Encourage all parties to address each other directly (not the interpreter) and use first person when speaking. This also helps build relationship and trust between clients and providers.
- The cost of interpretation and translation is typically the responsibility of the provider, especially if the practice/provider receives federal funding (Title VI of the Civil Rights Act). However, a client may hire interpreters on his/her own.
- Clients with Limited English proficient (LEP) proxy decision makers should be provided with interpreting services, even if the client is not LEP.
- Using untrained individuals (family members, friends, or untrained staff) is not recommended and the use of minor children should be avoided, except in brief instances of absolute emergency. While a client has the right to choose a family member or friend to interpret (paid or unpaid), offer and make available a professional interpreter as soon as possible. For practices and providers who serve a high number of non English-speaking clients, work with a professional interpretation/translation service to establish contracts (formal or informal) to ensure interpreter services can be easily obtained.

PRE-SESSION

- Keep in mind that the best practice is to utilize bilingual clinicians to provide direct services to clients. The next best practice is to utilize a trained interpreter. Using untrained family members, friends or untrained bilingual staff is not recommended as these interpreters are prone to a high amount of errors, but a client has the right to choose a friend or relative. Inform clients if interpreter services are provided by the organization at no cost to the client.
- When feasible, hold a brief pre-session meeting with the interpreter, to:
  - Provide basic information about the client (e.g. demographics, presenting problem).
  - Clarify the setting and purpose of the appointment (e.g., “neurology clinic appointment” or “care coordination intake evaluation”).
  - Discuss pertinent issues, acronyms, and technical terms that may come up.
  - Request the medical interpreter to interpret in a conduit fashion (literal interpretation in the first person without omissions, editing, polishing, or outside conversations).
  - Ask the interpreter to clarify in her/his own words whenever a misunderstanding due to cultural differences might occur.
  - Introduce the interpreter to the client and other person(s) in the room.
- When pertinent, emphasize the importance of interpreting the client’s speech or phrasing “as is” rather than editing or organizing it to be more understandable (e.g. it may be important to know if clients speak in delusional or disorganized ways).
DURING THE SESSION
- Position yourself to face the client and speak directly to the client in a normal tone of voice.
- Make eye contact and speak in the first person (using “I”).
- Reiterate to the client that his or her confidentiality will be preserved by both the clinician and the interpreter. This is particularly important in smaller language communities.
- If anyone must speak to the interpreter directly, the interpreter should provide a summary of that conversation to the group. Minimize conversation not pertinent to the client during the interpretation session.
- Request that all individuals present speak clearly, slowly and at a reasonable volume help minimize facilitator fatigue (which can lead to inaccurate or incomplete interpretation) and allow for maximum comprehension. Incorporate pauses in speech if necessary to allow for interpretation to take place.
- Clinicians should refrain from using overly abstract words or idioms as they may not have linguistic equivalents in another language (e.g., “do you feel blue?”).
- Ask the client to repeat any instructions and explanations given to ensure that they are understood.

POST-SESSION
- Meet with the interpreter after the client’s session has ended, in order to debrief the session as well as get the interpreter’s assessment of issues related to the client’s cultural background or community, speech issues (e.g. organization, fluency), or any other information that may not have come up during the interpretation of the actual session but would be relevant for diagnosis or treatment.
- Document the name of the interpreter in the client’s file for future reference.

COMMON PITFALLS TO AVOID
- Addressing comments to the client while looking at the interpreter, or referring to the client in the 3rd person.
- Shouting, speaking overly slowly or too quickly, mumbling, or speaking at length without pauses for interpretation.
- Holding extensive sidebar conversations between the client and interpreter or clinician and interpreter in the presence of the other party. Remember, the interpreter is obligated to interpret everything that is being said by the client or provider.
- Using complicated medical jargon and highly idiomatic expressions that are difficult to interpret and are usually based on culturally specific associations (e.g., “do you feel blue?”).
- Asking the interpreter to persuade, convince, or demonstrate to the client his/her support for one clinical option over another.
- Assuming that, because the client and interpreter share the same language, they also share the same cultural and ethnic background.
- Assuming that, because a client may have limited command of English, he or she does not want or need an interpreter.
Using Ad Hoc Interpreters

USE OF FAMILY AND FRIENDS AS INTERPRETERS

● As a best practice, family members or friends should not be used as interpreters for the following reasons:
  o Friends or family members’ English language proficiency may not be sufficient.
  o Higher number of interpreting errors may result with this type of interpreter.
  o Friends and family may lack familiarity with medical or situation specific terminology.
  o Client confidentiality may be compromised.
  o An unintended disclosure could affect the relationship between the client and his or her friend or relative.
  o The client might withhold pertinent information if a friend or family member is present.
  o Friends and family might withhold pertinent information.
  o Family members routinely edit, add, or change the message, and they may try to control the interaction between the client and the provider instead of facilitating it.

● A client who has been offered a trained professional interpreter may still express a preference for a family member or friend to interpret instead.

USE OF UNTRAINED BILINGUAL STAFF AS INTERPRETERS

● A client may express a preference for an in-person bilingual staff member to serve as an interpreter, instead of using a professional telephonic interpreter.
  o Use of an untrained interpreter, even if bilingual, is not recommended.
    ▪ A higher number of interpreter errors may result, the untrained interpreter may lack familiarity with clinical terminology, and the additional responsibility may substantially increase that staff member’s workload.
    ▪ The fact that an employee is bilingual does not guarantee that the person has the capability to interpret medical language at the level needed.

IF A TRAINED INTERPRETER IS NOT AVAILABLE:

If use of an ad hoc or untrained interpreter is necessary (family, friend, employee):

● First, assess the interpreter’s level of language proficiency and its sufficiency for the type of interaction expected.
● Instruct the interpreter to interpret exactly what the client says and not to edit or summarize any information.
● Never use a minor (under the age of 18) to interpret personal information unless in an emergency situation.
● Always be aware of potential issues of confidentiality or conflicts of interest between the client and the ad hoc interpreter.

Adapted from:

● Association of American Medical Colleges, “Guidelines for Use of Medical Interpreter Services”
● NY State Psychiatric Institute Center of Excellence for Cultural Competence, “Dos and Don’ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings”
Resources Regarding CLAS Guidelines
2013-05 Patient Navigator CLAS Training (Webinar)

Resources for Additional Medical Interpreter Guidelines

American Family Physician Appropriate Use of Medical Interpreters
Association of American Medical Colleges Guidelines for Use of Medical Interpreter Services
International Medical Interpreters Association Medical Interpreting Standards of Practice
National Council on Interpreting in Health Care National Standards for Interpreters
National Health and Nutrition Examination Survey (NHANES) Interpretation Guidelines

NY State Psychiatric Institute Center of Excellence for Cultural Competence, “Dos and Don’ts: Guidelines for Clinicians Working with Interpreters in Mental Health Settings”

Robert Wood Johnson Foundation Medical Interpreting Standards of Practice

Additional Resources for Medical Interpreter Training

Colorado Language Connection
Bridging the Gap Medical Interpreter Training
CU/Asian Pacific Development Center
1537 Alton Street
Aurora, CO 80010
clc@apdc.org
303-923-2945

Liberty Language Interpreter Professional Development (online)

Medical Interpreter Training School (online)

Mile High Multilingual Services
7100 E Belleview Ave
Suite 111
Greenwood Village, CO 80111
303-333-7900

The Spring Institute
1373 Grant St.
Denver, CO 80203
303-863-0188