

FACILITATOR'S GUIDE

How to Work Effectively With Interpreters



Photo credit: Billie Young from the book *My Heart is Delicious*



HOW TO WORK EFFECTIVELY WITH INTERPRETERS

A TOOLKIT

**Produced by the Interpreting Stakeholder Group
A committee of the Upper Midwest Translators and Interpreters Association**

This toolkit was designed to respond to a state-wide need for a short training module for health care providers who communicate with their Limited English Proficiency patients through an interpreter. This project has pooled local expertise and existing materials to create a best-practice toolkit which is freely available to all.

The training module is not designed to directly address the issue of the provider's cultural competency. A useful complementary training which approaches provider cultural competency more directly is the Intercultural Conflict Style Inventory. The ICS Inventory is an assessment and training tool for identifying core approaches for resolving conflict across cultural and ethnic differences. Trainers can be certified to offer the ICS inventory and interpretive guide in your organization. This tool:

“provides participants with in-depth information about their own approach for resolving conflict across cultures. In addition, participants learn about the four cross-cultural conflict styles assessed by the ICS Inventory, strengths and weaknesses of each intercultural conflict style, and how their own conflict style compares to the conflict style of their own and other cultural communities.”

Mitch Hammer

For more information: <http://www.icsinventory.com/index.php>

If you are unable to reach all your providers with a face-to-face training, a good on-line alternative is “Communicating through Health Care Interpreters”. This was co-written by Cynthia Roat and Elizabeth Jacobs and is available at:

http://www.vlh.com/shared/courses/course_info.cfm?courseno=155

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How to Use this Toolkit

This toolkit contains resources for either a 1-hour or 2-hour classroom training. The 2-hour version builds upon the content of the 1-hour module. We also provide suggestions for how to trim the materials down to a 45-minute format and supplementary activities for longer trainings. Our experience suggests that it is difficult to offer something meaningful in less than an hour.

The trainer can use both this facilitator's guide and the slide-by-slide facilitator notes which accompany the PowerPoint slides to prepare a training session.

The training is designed for use with a variety of health care personnel. A modified version of the training has also been used successfully with human services workers. The trainer should review the material carefully before use and make any adjustments necessary for his/her particular audience.

Training module objectives and goals

Goal: To improve the participant's communication with patients with Limited English Proficiency by learning techniques for working effectively with interpreters.

One-hour training objectives

At the end of the training module, participants will be able to:

1. Define the respective roles of the provider, patient and interpreter
2. Describe the requirements for reducing language barriers
3. Describe some hallmarks of trained and qualified interpreters
4. Identify some components of good practice for working with interpreters

Two-hour training objectives

At the end of the second hour of training, participants will be able to:

1. Demonstrate specific techniques for working with trained and untrained interpreters
2. Identify the importance of using alternative 'layman's terms' to explain medical terminology
3. Identify core knowledge they have acquired, through a post-test activity

Overview of training content

First hour training content (Slides 1-16)

00:00 Welcome/icebreaker

00:05 Overview of training objectives and content

00:07 Activity responding to a 5 minute clip from the documentary *Hold Your Breath*
Clip to use: minute 00:36:51 (beginning of 'You mean my Dad still has the cancer' chapter) to minute 00:42:45 (part way through the 'I only said no to the pump' chapter, where water is dripping into the pool).

00:25 Overview of requirements regarding language services

Overview of research documenting the role good communication through a qualified interpreter plays in improving health care outcomes

00:30 Expectations of a trained, qualified interpreter (some key principles from the National Council on Interpreting in Health Care Code of Ethics)

00:50 Distribution of cheat-sheet guidelines for working effectively with an interpreter

00:55 Q+A, Evaluations

Second hour training content (Slides 17 - 37)

00: 00 Welcome

00:02 Viewing and discussion of three video vignettes contrasting the experience of treating a patient with an 'ad hoc' and a qualified interpreter. The final vignette provides tips on how to guide an untrained interpreter. Pause after each one to identify factors that are at play in these three scenarios using information from the cheat-sheet guidelines

00:45 Practice at explaining some common medical terms in 'layman's terms'

00:50 5 post-test questions touching on key training content

00:55 Q+A, Evaluations

Suggested 45-minute content

00:00 Overview of training objectives and content

00:03 Activity responding to 5 minute clip from the documentary *Hold Your Breath* (Slide 4)

Clip to use: minute 00:36:51 (beginning of 'You mean my Dad still has the cancer' chapter) to minute 00:42:45 (part way through the 'I only said no to the pump' chapter, where water is dripping into the pool).

00:20 Expectations of a trained, qualified interpreter (some key principles from the National Council on Interpreting in Health Care Code of Ethics) (Slide 10)

00:30 Distribution of cheat-sheet guidelines for working effectively with an interpreter (Slides 11-15)

00:35 Viewing video vignette on how to guide an untrained interpreter. (Slide 20)

00:55 Q+A (Slide 37)

Suggested supplementary content (Slides 38-62)

These slides suggest useful additional exercises and provide materials which address common provider questions. The trainer should determine what is useful for his/her target audience in order to select from among these slides.

The material includes:

- A shadowing activity to raise awareness of the difficulty of the interpreting task and a role-play activity to model the practical application of the module's information.
- Tips on establishing whether the patient needs an interpreter
- Basic information on working with telephonic interpreters
- Information about interpreting services reimbursement for patients with public program health insurance
- Information on how local interpreters can access training
- Demographic information to raise awareness of these shifts
- Information about essential translation and interpreting concepts

Trainers

We suggest that a qualified and experienced professional interpreter provide this training in partnership with an 'inviting' health care provider. Possible good candidates might include staff interpreters at a local hospital or clinic. The Interpreting Stakeholder Group may be able to put you in contact with a potential facilitator close to your location.

Trainers should be provided with plenty of time to review the materials in order to a) tailor the training to their particular audience and b) prepare examples from their own professional experience to complement the materials provided here.

Resources required for this training

Training space

Training room equipped with projection equipment for PowerPoint slides and DVD clips. The DVD clips include subtitles and so the screen needs to be of a reasonable size and clearly visible to all participants.

Participant packet

- PowerPoint slides (as appropriate for one-hour or two-hour version) printed in handout format. **Note: Be careful not to include the slides 27-36, which have the answers to the post-test questions, in the participant packet.**
- Handouts (as appropriate for your group)

Possible handouts to accompany the training:

- Agenda (see sample below)
- ‘Cheat sheet’ Guidelines for working effectively with interpreters (see below)
This should be provided in a format that can be easily referenced by providers after the training. Card stock is more durable. PDA format may be most useful if providers use these devices. (see sample below)
- Worksheet for *Hold Your Breath* activity (see sample below)

A sample of the results of this brainstorming activity is also provided.

- CLAS Standards, particularly standards 4-7
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>
- Excerpt from the National Council on Interpreting in Health Care Standards of Practice p. 5-10
<http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf>

Audiovisual materials

The audiovisual resources referenced in these materials are not included in this toolkit. Therefore for the 1-hour training trainers will need a copy of the documentary *Hold Your Breath* if they wish to start with this activity. This film is available from Fanlight Productions. A facilitator’s guide is freely available on-line.

Details at: <http://medethicsfilms.stanford.edu/holdyourbreath/>

For the 2-hour training trainers will need a copy of *Working Effectively with an Interpreter*. This is available from the Cross Cultural Health Care Program.

Details at: <http://www.xculture.org/catalog/index.php?cPath=22>

These are both excellent materials in their own right, and trainers may choose to use them in their entirety for other cultural competency trainings.

Note: Vignettes which can be used as an alternative to *Working Effectively with an Interpreter* are available from the interpreting program at Century College in White Bear Lake MN for a minimal cost.

Additional Resources (Available from the ISG website)

- An example of patient informational material. This might be discussed as part of a wider conversation about how to help Limited English Proficiency patients engage with the US health care system.
- Resources for those looking to find an interpreter (link to MN statewide interpreter roster and list of local language services agencies)
- Resources for those who need to make the case for the implementation or expansion of language services. (*Gladiators Materials*)

‘How to Work Effectively With Interpreters’ workshop

AGENDA

9:00 a.m. – 10:00 a.m. Session 1

- Welcome
- *Hold Your Breath* activity
- So why provide language services?
- Expectations of a trained, qualified interpreter
- Guidelines for working effectively with an interpreter
- Q+A

10:00 a.m. – 10:05 a.m. BREAK

10:05 a.m. – 11:00 a.m. Session 2

- Vignettes providing guidance on working with both trained and untrained interpreters
- ‘Give the light’: the language of patients and providers
- Post-test questions
- Q+A, Evaluations



ESSENTIAL GUIDELINES FOR WORKING EFFECTIVELY WITH INTERPRETERS

Before the meeting

- Make sure that you are working with a qualified interpreter and not a family member or friend.
- Brief the interpreter on what to expect in the meeting, where necessary.
- Plan enough time – it may take longer than an English-only appointment.

During the meeting

- Expect and encourage the interpreter to avoid spending time alone with the patient when not providing language services.
- Remember that the interpreter is required to interpret everything said in the room – curse words, side conversations, and ‘irrelevant’ or repetitive comments included.
- Face the patient and talk to them directly, as if you both spoke the same language.
- Don’t speak too fast. Pause after each complete thought and/or when the interpreter signals to you to allow for the interpretation.
- Ask only one question at a time. Don’t ‘chain’ your questions.
- Confirm understanding by asking the patient to repeat key information back to you.
- Be aware of the education level and/or health literacy of your patient in order to phrase your message at an appropriate level. Avoid using acronyms and idioms.
- You are communicating THROUGH the interpreter but TO the patient. Dealing with cultural differences and the personality of the patient is primarily your job, not the interpreter’s. Some examples of things to keep in mind regarding cultural and linguistic differences:
 - There may be less eye contact with the patient than you customarily expect;
 - A smile or nod on the part of the patient may *not* indicate total agreement.

After the meeting

- Debrief with the interpreter, if necessary, about the communication process.

What went wrong?

INTERPRETER

LEP CLIENT

ADMINISTRATION

PROVIDER



How could this situation have been improved?

INTERPRETER

LEP CLIENT

ADMINISTRATION

PROVIDER



What went wrong?



INTERPRETER

Family member(s) used:

- Emotionally involved
- Not impartial
- Does not interpret but dominates communication
- Limited knowledge of medical concepts may have helped cause miscommunication about chemotherapy
- Not aware of the detail of the father's cultural beliefs

LEP CLIENT

Not able to speak up and express himself

Blames himself for the miscommunication

Frustrated and alienated

ADMINISTRATION

Possibly no provision of qualified interpreters, leaving the family to provide their own language services?

PROVIDER

-Does not take responsibility for the communication surrounding diagnosis and treatment.

-Uses family members rather than accessing a qualified interpreter.

-Does not communicate directly with the patient

- Does not check understanding

How could this situation have been improved?



INTERPRETER

- Professional interpreter could be used.
- Some characteristics:
 - Facilitates direct communication
 - Interprets everything said in room
 - Familiar with medical terminology and concepts in both languages
 - Follows ethical principles for interpreters
 - Family members could remain as advocate for father (the interpreter role can cause a reversal of previous family authority structure).

LEP CLIENT

- Accept a professional interpreter rather than insist on using a family member
- Consider the doctor's recommendations
- Speak up for himself if possible
- Note: There may still be significant cultural barriers to such assertiveness e.g. expectations of doctor-patient relationship, unfamiliarity with health care system, value placed on assertiveness etc..

ADMINISTRATION

- Put processes in place to serve LEP patients
- Provide quality language services
- Educate providers and patients on how to work with interpreters

PROVIDER

- Access a qualified interpreter
- Don't use family members to interpret
 - Take responsibility for the communication.
 - Speak directly to patient
 - Use teach-back methodology to help ensure that information has been communicated accurately.
 - When unsure of cultural issues ask the patient