Advanced Practitioner Use of Medical Interpreters

Partners in Care

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Health care practitioners can:

- Take their goal for an upcoming patient encounter,
- Think about how language and culture are integral to the content of that type of encounter,
- Plan a culturally competent approach,
- Partner with the interpreter to carry out the approach and have a successful encounter.
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- The Medical Interpreter’s side
The Medical Interpreter Role

- Support the relationship between provider and patient
- Transmit meaning accurately
- Convey information completely
- Portray each party’s voice faithfully
- Provide cultural insight if needed
- Provide communication expertise as needed
- Check for understanding
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The Practitioner Side
On the part of the Provider, culturally competent care (in ANY language) includes:

- A sincere greeting and introduction of yourself
- An outline of what you expect to accomplish during the visit, leaving room for the patient to correct this outline
- Engagement of the patient by asking questions about his situation (having pre-viewed available history)
- Listening to the patient’s story and interacting sincerely with it
- Asking the patient what his goals are for himself and what his values are around care
- Building a treatment plan with the patient that incorporates his goals and values
- Checking with the patient on how the encounter has served his needs
- Wishing the patient well and expressing enthusiasm and hope about continuing the provider-patient relationship.
How do you achieve your encounter goals in a culturally competent manner across a language and cultural barrier?

Your interpreter can help you accomplish this.
Partnership makes it work

- Provide a lead for the interpreter to follow.
- Indicate all the way through the encounter what you want the interpreter to notice, react to, ignore, slow down for, give you a verbatim on, advise on. Use transparent cues.
- Give the interpreter feedback on how this is working so he can adjust as he goes along.
- Be receptive to the interpreter’s cues to you to clarify, slow down, or adjust approach.
Transparency, a key concept in interpreting

- Transparency means that there are no side conversations in which one person in the room cannot understand what was said by others in the room. This maintains trust.

- If the provider says to the interpreter, “The patient’s description is not very clear,” the interpreter says to the patient, “The doctor said to me that your description is not very clear.”
Transparent Direction to Interpreter

- Direct the interpreter during the encounter by:
  - Stating to the **patient** what you particularly want to know about from him, or what you want to tell him,
  - Stating to the **patient** what aspects of his emotional or cognitive landscape you want to acknowledge,
  - Stating to the **patient** that you want him to tell you how the communication is working for him,
  - Asking the **patient** if he can make suggestions to you about how the situation or plan feels to him.
Transparency plus Direction

- As the provider, always assume that the patient/family member understands some English! Be diplomatic in your cues to the interpreter.

Examples of transparent cuing to the interpreter, spoken to the patient:

- Ex: “I want to hear from you what the pain was like when it started, and how the pain changed in nature up until now. Use words like dull, sharp, throbbing, stabbing, squeezing, stopping-and-starting, and so on. What did the pain feel like when it started?” (You want pain descriptors)

- Ex: “When I say a word, you tell me what comes to mind for you. The interpreter will say exactly the same response, without changing how you said it in your language. (You want verbatim for mental health assessment)

- Ex: “Let’s talk about the concept of an Advance Directive. As we go along, let me know what words would make this topic more comfortable for you to discuss. At any point, tell me what terms or concepts are quite unfamiliar or even difficult to think about.” (You want to get it right, to build trust, not to hurry through)
Provider’s Plan for Encounter Success

- Consider your goals for the upcoming encounter.
- The more clearly you set these goals, the better chance you have for achieving them.
- For example, your goals may be patient education around a newly diagnosed disease, and building a treatment plan.
Your Possible Goal(s) for an Encounter might include:
- Triage/ clinical assessment
- Routine care
- Assessing mental/emotional status
- Assessing cognitive/developmental status
- Genetic counseling
- Providing motivation to take action
- Constructing a treatment plan
- Delivering difficult news
- Administering a consent for treatment
- Setting up an Advance Directive
- Education/ patient teaching
- Medication management, pharmacy teaching
Method to achieve optimal patient engagement using your interpreter: Prepare your approach first.

Having set your goal(s) for the encounter,

- Think about how language and culture are integral to the discussion you will have with the patient in this type of encounter.
  Ex: Family relationships will be key to this discussion.

- Build adaptations into your care process BEFORE you start with the patient.
  Ex: Plan to acknowledge to the patient that he may want or need to involve family members in this process or discussion.
Next, indicate the game plan to the interpreter.

- Talk to the interpreter before the visit if possible, but in any case provide guidance during the visit.

- and how you will approach it. Consider his suggestions on cultural approach.

Ex: We are going to do patient education about diabetes today. My main concern is how to make sure that the patient understands how she needs to take responsibility for a lot of lifestyle changes in order to avoid serious health declines. I want to engage her in a discussion about her goals for her life and her values around functionality, long life, dependence on her family.
Briefing the interpreter, cont.

- Also let your interpreter know how you will approach this patient, with his particular emotional and cognitive landscape, so that the interpreter can follow your lead.

Ex: “Mr. X often defers to his wife in care discussions, but I need to engage him directly on the questions about next steps in care today. I need to know his cognitive status and whether he can understand the choices that are before him. When you interpret his comments, give me verbatim how he phrases his responses, especially and particularly if his responses are not clear or do not make sense.”
Use the Template for culturally competent encounter success:

- Given your goal for the encounter:
  - Consider the role of language and culture inherent in that type of interaction.
  - Plan process adjustments you will make in your care to engage the patient successfully.
  - Plan the direction that you will give to your interpreter as you move through the encounter.

This template is demonstrated over the next slides.
If your goal is: **Triage/ Clinical Assessment**

- **Role of language, culture in triage/assessment**
  - Physiological terms important
  - Timelines of Hx important
  - Descriptions of Sx, clarity
  - Patient’s attribution of cause
  - Disclosure issues
  - Family agenda re: attribution
  - Storytelling skill or lack of

- **Process adjustment**
  - Drop expectations of linear process
  - Drop usual remarks about differential diagnosis
  - Prepare to engage intensely to get facts sorted out
  - Use scripts to encourage patient to disclose, to remove family members if appropriate, to move story along, to focus story
Triage, Clinical Assessment (cont.)

- **Direction to interpreter**
  - Indicate what symptoms you are most interested in, and which terms are important to get a precise fix on.
  - If patient repeats or gives cyclical story, be clear on limits of what you want interpreter to interpret over again.
  - Restate your questions differently to help both pt and interpreter focus.
  - Use scripts that direct both the patient AND the interpreter.
  - Step out and take the interpreter with you if it looks as though the situation is more complex than you expected and you will need to do a mental status or cognitive status assessment. Make a plan on how to approach.
If your goal is: **Routine Care**

- **Role of language, culture**
  - Pt’s response to routine care depends on his expectations of you and of the care, and on his commitment to self-care.

- **Process adjustment**
  - Ask the patient about his goals for himself, about his expectations of you, and about his commitment to self-care. Build your treatment plan on that foundation.

- **Direction to interpreter**
  - Invite interpreter to make suggestions as to how you could make patient more comfortable with care environment and more able to commit to self-care. (Then double-check with patient to validate.)
If your goal is: **Patient Education, Teaching**

- **Role of language, culture**
  - Pt’s commitment to self-care, plus his relationship with you, will determine whether learning will occur. Consider pt’s need for direction, support, collaboration, or validation of capability.

- **Process adjustment**
  - Review goal of teaching with patient and assess whether he is on board with goal. If so, describe one or several ways to go about the teaching and ask if that is good. Adjust register to patient level.

- **Direction to interpreter**
  - If this is critical teaching, talk to interpreter before starting session, to plan approach. Interpreter may provide insight on what might make teaching more effective for person of this age, gender, social status, education level.
If your goal is: **Assessing Mental/ Emotional Status**

- **Role of language, culture**
  - Norms and concepts of mental health and illness vary hugely
  - Misdiagnosis very easy cue to cultural misunderstandings
  - Your Dx can result in alienation of patient within his community
  - Building of trust and assurance of confidentiality, will be essential to securing disclosure

- **Process adjustment**
  - Explain to patient why assessment is being done, what is needed from him, and how this process will affect him down the road
  - Watch for misunderstanding minefields, make few assumptions about what patient means by his words, by references
  - Double check meaning and intentions on every point, ask for descriptions to clarify
  - Unless you are very familiar with this culture, consult with interpreter on how elicitation of information could be improved (suggestions on how you could state questions so that patient feels respected)
Assessing Mental/ Emotional Status, cont.

- **Direction to interpreter**
  - Make a plan with interpreter BEFORE embarking.
  - Describe how you will proceed, ask interpreter to flag any pieces he thinks might prove problematic culturally.
  - Indicate for interpreter to use or not use from a mental health management perspective
  - Indicate how verbatim versus how meaning-based you want the interpretation from you to patient, and from patient to you
  - Ask interpreter what stock American mental health assessment phrases might alienate the patient, and plan to avoid these
If your goal is: Assessing Cognitive/Developmental Status

- **Role of language, culture**
  - Central, cannot be divorced from content. It is very difficult to conduct a valid detailed cognitive or developmental status assessment across language and cultural barriers.

- **Process adjustment**
  - Assess your tools, inventories, and algorithms for dependence on English language and middle-class American culture—most do not translate!
  - Figure out how to compensate, this may take research.
  - Numeric scoring systems have to be thrown out completely.
  - Determine what you really are trying to find out about the patient and develop an approach that makes sense with his background.

- **Direction to interpreter**
  - Be very clear on process, goals, and what you need: verbatim, color, tone, shading, congruity, etc
  - Invite the interpreter to consult with you on each answer (transparently) as you go along, so your method together becomes solid.
If your goal is: **Sorting out Confusing Facts**

**Role of language, culture**
- Meds, timelines, intentions, family relations, causal factors, expectations, hx, sx, dx can have become confused in the record, due to misunderstandings OR to deliberate misrepresentations by the patient or family. There may be reasons that the patient has not given accurate information based in a perceived need to cover up the actual state of affairs.

**Process adjustment**
- Start at the beginning, state your reason to pt. for having to go over the content, AND reason for needing the info in the first place. This is patient education about the role of specific information in our health system. Explain consequences of false information.
- Ask for the information again from the patient on each point, rather than reading what is already in the record and asking whether that is correct.
- It will be important to avoid insulting the patient, while being firm about getting the story straight.

**Direction to interpreter**
- Ask interpreter for suggestions on **how** to clarify the content, NOT on **what** is the accurate situation.
- Ask interpreter for suggestions on face-saving comments for the patient when uncovering the actual facts and correcting the record.
If your goal is: Motivating the Patient to Take Action

- **Role of language, culture**
  - Motivation is all about culture: the patient has goals based on his values, and will only put effort into activities aligned with his own goals.

- **Process adjustment**
  - Ask the patient about his goals and values before talking to him about motivation.
  - See if you are on the same page by asking open-ended questions about how the plan would work for him, where the plan would be difficult or impossible for him to carry out, whether it seems like a good idea to him.

- **Direction to interpreter**
  - Your description of your goal for the encounter to the patient will also cue the interpreter.
  - Ask the interpreter if there are special phrases of references that are better analogies for your phrases in English than a straight across interpretation of the words would be. Ex: In a discussion about regaining function, it might be better to say that the patient will be less of a burden on his family, rather than to say that he will be more independent.
If your goal is: Constructing a Treatment Plan

- **Role of language, culture**
  - Treatment should fit with the pt’s goals and values to be valid, and fit with his lifestyle to be effective.

- **Process adjustment**
  - Check pt’s goals and values before making treatment plan.
  - Check how items in plan will work for patient, get his ideas about alternatives.
  - Don’t make assumptions that logistics will work per “usual.” How does a lady wearing a sari manage a full leg cast or crutches? How does a man whose mother-in-law cooks for him change his diet? What are realistic exercise options for a dignified elderly head of family who would not be caught dead in a gym in sweaty clothes?

- **Direction to interpreter**
  - Invite interpreter to identify items to double-check with patient on, or cultural customs that might impinge on the plan that the patient might not think of at the moment.
If your goal is: **Genetic Counseling**

**Role of language, culture**

- Reproduction and family connections are central to many people’s worldview and personal identity. What some people take as iron-clad necessity is abhorrent to others. (procreation, pregnancy prevention, abortion)
- Blame or guilt for “causing” genetic disease can be significant.
- Personal belief in god, destiny, fortune, karma may underlie the patient’s response to genetic counseling content.
- For decision-making around options, family may be important, but the patient may have strong preferences for which family members are appropriate for this role.
- Need for confidentiality may be high.
- Specialized language and biological concepts of genetic science are very difficult to grasp without biology basics.
- Concepts of probability are confusing and alienating to many who have not had this topic in school.
Genetic Counseling, cont.

- **Process adjustment**
  - Walk very lightly until you uncover how the patient is approaching the entire topic of genetic disease or condition.
  - Ask the patient what is his experience with biology and probability, and tailor your discussion register to match. Check for understanding frequently.
  - Be prepared for the patient to choose to not hear the information at all, or to listen but be angry at the discussion of options. Some patients will be upset by the assertion that genetic situation caused or could cause a condition, rather than that god or some other agent caused it.

- **Direction to interpreter:**
  - Ask the interpreter to suggest questions to ask with this language group to do a preliminary sort of values around the topic at hand, without alienating the patient.
  - Work closely with the interpreter throughout the session to check for understanding and emotional comfort level of the patient and to avoid putting the patient on the defensive.
If your goal is: **Administering a consent for specific treatment**

- **Role of language, culture**
  - The dynamics of authority are critical. Many patients accept the proposed treatment simply because it is proposed, without understanding the American norm that they should know their treatment options and risks and give or decline an informed consent.

- **Process adjustment**
  - Ask pt’s goals for himself as part of asking for consent, asking questions about his priorities in terms of recovery of function, longevity, retention of body parts, pain management, etc.
  - Ask why the patient chooses this treatment option instead of other options that you have presented, get his ideas about other alternatives you have not mentioned.
  - Be prepared to hear the patient’s worldview about how his life is determined and about the extent to which he can influence that.
Administering a consent for specific treatment, cont.

- **Direction to interpreter**
  - Indicate that you want to avoid an automated, hurried approach, and that he should follow you in tone and body language.
  - Ask the interpreter how to avoid communicating that you don’t know your medical business but to positively communicate that you want the patient to discuss the proposed treatment fully with you. This is accomplished differently depending on the culture of the patient. Ex: In egalitarian cultures, the provider must appear humble to get the patient’s respect and trust. In hierarchical cultures, the provider must appear all-knowing and directive in order to win the patient’s respect.
If your goal is: Medication Management and Pharmacy Teaching

**Role of language, culture**
- For good compliance, the patient must
  - understand why the meds have been prescribed,
  - understand how to take the meds,
  - want to take the medication, and
  - be able to take the medication.
- For safety, he must also know what to do when his clinical picture changes or when he misses doses.

**Process adjustment**
- Check with patient what he knows on all above points.
- Check how items in plan will work for patient, get his ideas about alternatives AND about need for help in keeping track of doses.
- Uncover the patient’s beliefs around adherence to med instructions, and be prepared to hear that his ideas of adherence are very different from American practice. (He may take meds only when feeling ill, share them with others, not refill them when money is scarce, double up at times…)
Medication Management and Pharmacy Teaching, cont.

- Direction to interpreter
  - Ask interpreter to help phrase above questions in a way that does not embarrass the patient or put him on the defensive.
  - Uncover literacy level in a respectful way, as literacy level is critical to taking meds at correct times and doses.
If your Goal is: Delivering Difficult News

- **Role of language, culture**
  - Culture around mortality and loss of functionality is based on values, which must be uncovered respectfully.
  - Language about mortality can be tricky to navigate. Listen for patient comments about how information could cause him to lose hope OR cause him to lose social influence once known by family or community.
  - Realize that difficult news for the patient may include many more diagnoses than we consider socially significant here. Many diseases are highly stigmatized in other countries/cultures: TB, HIV, cancer, impotence, infertility, STDs, HebB, mental health problems, developmental delay.

- **Process adjustment**
  - Prepare as far ahead as possible by asking patient who should get info as the case unfolds and who should participate in decision-making
  - Specifically ask ahead of time who should be informed of test results and how information will flow after that
  - Deliver the difficult news according to patient’s wishes
Direction to interpreter

- Confer with interpreter BEFORE the encounter. Make sure interpreter is on board with information flow plan, and is not caving to pressure from family members to not disclose.
- Discuss the proper language to use to be respectful, and get a sense from interpreter as to culturally common responses to this particular type of diagnosis or prognosis.
If your goal is: Setting up an Advance Directive

- **Role of language, culture**
  - Advance Directives are about mortality, about trust of others, and about fundamental values around life. The language surrounding these issues is fraught with the chance of misunderstanding.
  - Some patients welcome a tool to exercise control over their treatment. Others fear that any discussion of possible future medical crisis could invite bad luck and open the door for such a crisis to occur.
  - Many patients jump to the conclusion that their doctor and family is withholding bad news from them when the topic of Advance Directive is broached.

- **Process adjustment**
  - Introduce the topic of Advance Directive as early in your relationship with the patient as possible, preferably before any crisis looms. Specifically state that his condition is stable at the moment.
  - Ask the patient to consider the idea BEFORE you include anyone else in the discussion. Family members may have a strong negative reaction to the idea before they discuss it with the patient, and interfere with the patient’s own real intention to create an Advance Directive.
  - Start with no assumptions. Describe the concept of Advance Directive, give pt. time to think. Prepare to spread the discussion over several visits.
  - Ask specifically about his goals for himself, his values, who he trusts to help with decisions.
Setting up an Advance Directive, cont.

- **Direction to interpreter**
  - Consult with interpreter as to common cultural patterns of thought or behavior around discussions of mortality, while emphasizing need to ask this particular patient.
  - Cultural consultation is important so that you do not unknowingly say shocking or disrespectful phrases that make the subsequent discussion more difficult.
  - Consult with interpreter on how the community that the patient belongs to views consents and directives. Some communities view directives as being a way for the medical system to “pull the plug” on poor or immigrant or minority patients to cut costs.
Summary: Partner with the interpreter for culturally competent care

- The provider can take his/her goal for any specific encounter, assess the role that language and culture play in that type of encounter, plan how to support patient’s cultural needs, and direct the interpreter as a partner to achieve the goals of the encounter.
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