

## Partnering with Interpreters for Better Communication

### Pre-session:

This is a list of information interpreters need to be ready for assignments.

Date of Service	
Interpreter arrival time	(to account for interpreter helping with paperwork if needed)
Appointment start time	
Estimated end time(1)*	<i>Please keep in mind that interpreted appointments take longer than monolingual appointments. Some recommend doubling the time for the expected interview portion of the appointment.</i>
Location	Address, including office number, suite number, phone number.
On-site Contact information (2)	Name and phone number of contact person
LEP (Limited English Proficient) patient or person	
Language	
Type of appointment	Office visit, surgery, x-ray, etc.
Medical Specialty	
Special requests	

(1) Interpreters will schedule their next appointments based on this estimate. Payment for this amount of time is expected, but they may not be able to stay longer due to other commitments.

(2) If the interpreter gets lost, or has any other emergency issues, the interpreter will call this number.

If the Health Care Provider (HCP) anticipates any difficult issues in the encounter, the interpreter should be asked to arrive early for a pre-conference with the provider. These could be terminology issues, or emotional issues.

Please keep in mind that just as doctors have to check the chart for a few minutes before they start to work with a patient, interpreters need to tune into a situation as well!

### Waiting room decorum:

*Typical behavior:*

- One agency invites interpreters to engage in friendly conversation.
- I heard one HCP tell me that she likes it when a male interpreter comes so that the male patient can have company.

Is this the role of interpreters? Companions? This encourages side conversations, a slippery slope towards giving advice without a license.

*More professional:*

- Courteously helping with forms, and maintaining a professional distance.

A small introduction to patient as to the role of interpreter during the session. **Sight translation:**

- Not recommended for legal, complex or long documents.
- Not recommended without provider in the room. The patient always has questions.

**Translated forms:**

When forms are already translated, they are expected to be turned in to the receptionist in the language in which they are written. If the provider requires the translation into English, it should be stated on the form.

**Filling out forms:**

Based on experience with depositions, and to promote patient autonomy:

- The patient should fill out everything possible.
- The interpreter sight translates the document, and the patient quietly fills in the blanks. The interpreter quietly writes the translation next to the patient's written answer, as needed.
- This promotes patient autonomy, and also stands up in court in a deposition. Also, when there is a question about the diagnosis, the doctor can double check the record and see what the patient actually said. If there is any question, the patient's words are there, which is a more reliable record.
- Questions are always referred to provider. Interpreter does not answer any questions, but leaves them blank for the provider to answer later.

*Pluses:*

- Patient autonomy.
- HIPAA in the waiting room.
- More reliable record
- Protection against lawsuits

*Challenges:*

- A small percentage of patients have difficulty writing and do not like to acknowledge this. So far, the common practice of the interpreter filling out the form has created a system where this small percentage have been unnoticed.
- It's a new thing, so many aren't used to it.

*Some problems with forms:*

- Pain scale
- Pain words

Note: Some English speakers also have trouble with these issues. I have spoken with ASL interpreters, and they report the same concerns. Are the forms too complicated?

**During session:**

*Short introduction to the doctor, “Doctor, in the waiting room I introduced myself to the patient and explained that as an interpreter, my role is... demonstrating transparency from the start.”:*

- Name
- Language
- Confidentiality
- “Speak directly to each other” (first person)
- Accuracy and completeness (aided by notepad, turn-taking, etc.). This means EVERYTHING will be interpreted, including side conversations with technicians.
- Positioning: goal is to enhance patient-provider communication, and this can sometimes be pursued with line of sight strategies based on whether direct communication is happening.

Checking on understanding:

Interpreters are also Culture Brokers and notice gestures and body language, and sometimes may ask the speaker to use language that is simpler. If we were to simplify the terminology ourselves, we would introduce inaccuracies in the message.

Sometimes, culturally, the patient may give a polite “yes” answer to a “did you understand” question. It may be more helpful to ask other questions instead of “did you understand”. Maybe, “I will see you in three days, so we can go over this again if you have any questions. Just do what you can until then.” or “Please tell me how you will take these pills.” Etc.

These solutions take longer, but the interpreter is responsible for letting the parties work these issues out themselves.

When the provider is not in the room:

Where should the interpreter wait? Some hospitals have chairs right outside the door for the interpreters. In many cases, the waiting room is not practical.

Interpreters are being asked to step out of the room when the provider is not in the room to avoid any appearance of impropriety, and to avoid being in a position to lead to side conversations.

Remember, when the provider is not in the room, the interpreter is not needed.

Appointments that last longer than expected:

Interpreters have scheduled a certain amount of time for the appointment, and the appointment may take longer. If the interpreter has to go to another appointment, what should the interpreter do?

- a. As soon as this is obvious, call the interpreter coordinator to ask for someone else to be on standby when the interpreter has to leave.
- b. See if the other appointment might be something that can be rescheduled or delegated.
- c. The interpreter may have to leave, but in some high level cases, this may be highly disruptive to treatment. Asking the rest of the team to cover may be advisable. However, in the case of contract interpreters, this kind of situation is more difficult.

## Listening for strengths and weaknesses in interpreting

Interpreter: \_\_\_\_\_

Place, time and date: \_\_\_\_\_

Setting: class practice/self-practice/field work

General impression			
	Interprets 2-3 sentences at a time without interruption		
	Greatest strength		
	Greatest weakness		
	Took over session?		
	Transparency?		Did the interpreter reflect everything in both languages so everyone participated fully?
Best practices	Introductions/Pre-session		
	Note-taking, confidentiality		Did the interpreter take notes as needed, and leave them behind?
Content	Faithfulness/accuracy		
	Errors, changes in meaning		Did the interpreter correct any errors?
	Unfinished thoughts		Did the interpreter add any unfinished thoughts?
	Omission/addition		Did the interpreter add or omit anything? This can be seen by the relative length of the interpreting.
	Other		
Expression	Register		The interpreter is not responsible for simplifying the language.
	Grammar		
	Terms		
	Word choice		
	Pauses		
	Crutch phrases (err, um)		The interpreter should reflect the crutch phrases of the speaker without adding any of her own.
	Fluency		Was the interpretation just as smooth as the original speech?
	Pronunciation/accent		Was the interpreter easy to understand?
Other			
Presentation	Comfort, confidence		Did the interpreter seem confident?

	Position		Did the interpreter position herself in a place to enhance direct communication?
	Eye contact		Did the interpreter encourage eye contact with herself or among the participants?
	Other		
Strategies	Note-taking		
	Unfamiliar terms		What did the interpreter do when she came across an unfamiliar term? Did she seek clarification?
	Wrong decision		Did the interpreter make a correction after making a wrong decision?
	Self-correction		
	Speaker overlap		Did the interpreter manage the flow or allow the speakers to overlap?
	Other		
	Cultural navigation		Did the interpreter bring up cultural issues that could lead to misunderstandings that might be significant, so the parties could decide whether to discuss them? The interpreter is not expected to be able to make authoritative statements on these issues.
Other			

Evaluation by: \_\_\_\_\_

Interpreter’s response:

Steps for improvement:

*Even though the supervisor may not know both languages, the supervisor can notice many of these issues. Discussing these issues with the interpreter after the session can lead to the interpreter growing professionally, and the HCP growing in understanding how to work with other interpreters.*

*Also, please note that the observer does NOT have to fill out every box for this report! Marking the parts that stand out the most is sufficient!*

Likkert scale as applied to the IMIA Standards of Practice (<http://www.imiaweb.org/uploads/pages/102.pdf>)

5	Fulfills the expectation completely and consistently, with ease and fluidity
4	Fulfills the expectation in a mechanical way
3	Performs the expectation but with hesitation or lack of confidence
2	Performs inconsistently, lapses into behaviors demonstrating lack of mastery
1	Is unable to perform the task; exhibits behavior consistent with lack of mastery

**Post session:**

**Translations:**


Often, the staff provides translated materials to the patient. The interpreter verifies that the translated materials match what the patient needs to take home, and with the HCP's input, makes the necessary adjustments.

**Next appointment:**


The interpreter helps the patient schedule the next appointment. Is the interpreter responsible for helping the patient remember what the HCP said in the room, and reminding the receptionist what the appointment was for? Or is that the patient's responsibility? Often, the patient does not remember that very clearly.

**Debriefing with HCP:**

If the HCP wants to have a short debrief with the interpreter after the encounter, regarding some issue about the interpreting encounter, this could potentially be very helpful. Also, if there was anything that disturbed the interpreter, and the interpreter is troubled by, the interpreter might be better served by debriefing with the providers on site, in a place where the situation is understood, with the proper confidentiality. Otherwise, vicarious trauma issues could become difficult to manage for the interpreter.



## TIPS FOR WORKING WITH TELEPHONE INTERPRETERS



**BEFORE YOU START:**

- Know the target language (and preferably the dialect) for interpretation ahead of time
- Listen to a demonstration:
- Explore the vendor's website:
- Know how to use your conference call or three-way calling features
- If your meeting is longer than 30 minutes, try to schedule an in-person interpreter

*If you have line quality problems before reaching an interpreter, press  to be transferred. Ask the representative to stay on the line to check for sound quality.*

*If you have problems connecting to an interpreter, call Customer Service:*

**PLACING THE CALL:**

Call: [  ]  
 (Client ID/Access Code:  )

The number and Client ID should not be shared with outside entities.

**AT THE START OF THE CALL:**

Record the interpreter's ID number, introduce yourself and the interpreter, and define the role of the interpreter in the conversation. Be sure to let all parties know that they may be asked to stop, rephrase, or clarify throughout the call.

**AN INTERPRETATION MAY NOT BE GOING SMOOTHLY IF:**

- The interpretation is too long or too short compared to the length of the material being interpreted;
- The interpreter repeatedly asks for clarification;
- It sounds like the interpreter is having a side conversation with the LEP individual;
- The LEP caller corrects or appears to disagree with the interpreter;
- The LEP caller begins to speak in halting and incorrect English;
- The interpreter or the LEP caller is becoming increasingly impatient;
- It sounds like the interpreter is using many English terms to convey the meaning of your conversation; or
- The interpreter does not conduct himself or herself in a professional manner.

Record the interpreter's ID number, introduce yourself and the interpreter, and define the role of the interpreter in the conversation. Be sure to let all parties know that they may be asked to stop, rephrase, or clarify throughout the call.

- ✓ Talk directly to the LEP individual, not the interpreter. For example, "What is your name?" and not "Please ask the caller for their name."
- ✓ If the LEP individual is willing to share, **obtain the caller's phone number** in case of accidental disconnection.
- ✓ **Pause after one or two sentences** to allow for interpretation
- ✓ **Ask one question at a time.**
- ✓ **Speak clearly** at a normal pace and refrain from technical language.

If you think something is wrong with the interpretation, feel free to ask the LEP individual:  
*"Would you mind repeating back to me what I said, so that I can make sure I am communicating clearly?"*

**If you believe that your communication with the LEP individual has been compromised by the quality of interpretation, END THE CALL.**

Call the telephone interpretation service to obtain a new interpreter. Once you have successfully completed your call with a new interpreter, please provide feedback as noted.

Say **"END OF CALL"** to the interpreter when the call is completed.

**PROVIDING FEEDBACK:** If you encounter technical problems or have questions, contact your section's Language Access Point of Contact:

For additional copies or technical assistance in language access matters, contact the Federal Coordination and Compliance Section at LEP@usdoj.gov April 28, 2014

Material from [http://www.lep.gov/interp\\_translation/trans\\_interpret.html](http://www.lep.gov/interp_translation/trans_interpret.html)

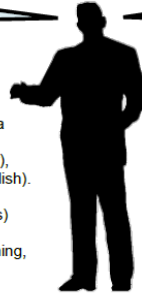


## WHAT DOES IT MEAN TO BE A *CERTIFIED* LINGUIST?

**TRUST ME, I'M A  
CERTIFIED INTERPRETER!**

**WHAT THIS SHOULD MEAN:**

- Certification documentation should indicate: the certifying or assessment body (e.g., NCSC, NAJIT, FCIP, ILR), any subject area expertise (e.g., medical, conference, or court/legal), the proficiency level (e.g., master, novice, or a number score indicating proficiency), and specific language combination(s) assessed (e.g., Spanish/English).
- Interpreter scored passing marks on assessments in speaking, listening, and/or interpretation performance in the target language(s) and English.
- Interpreter maintains valid certification through continued work training, and/or continuing education credits.
- Interpreter completed a requisite number of hours interpreting.



**TRUST ME, I'M A  
CERTIFIED TRANSLATOR!**

**WHAT THIS SHOULD MEAN:**

- Certification documentation should indicate: the certifying or assessment body (e.g., NCSC, ATA, NAJIT, ILR), any subject area expertise (e.g., medical, conference, or court/legal), the proficiency level (e.g., master, novice, or a number score indicating proficiency), and the specific language combination(s) assessed by translation testing **and the direction** of translation permitted (e.g., Spanish→English, English→Spanish).
- Translator scored passing marks on assessments in reading, writing, and/or translation performance in the target language(s) and English.
- Translator maintains valid certification through continued work training, and/or continuing education credits.
- Translator demonstrated mastery of English grammar and usage in addition to grammar and usage in the target language.

**BEWARE – NOT ALL CERTIFICATIONS ARE THE SAME:**

**IF YOU DON'T ASK, "CERTIFIED" COULD MEAN:**

- The linguist received his/her certification years earlier, and has not maintained the certification or his/her language skills.
- The linguist is a practicing interpreter and translator, but is only certified in one skill (e.g., translation, but not interpretation).
- The linguist is certified in one field (e.g., medical), but is *not certified* to provide language services in the required field (e.g., legal).
- The linguist is not certified, but is instead "registered," "licensed," or "qualified" by the certifying body through a less rigorous process.
- The translator is certified in only one language direction (Spanish→English), and is *not certified* to translate in the other (English→Spanish).
- The linguist received his/her certification, without training or prior experience, from an online open-book exam (or other unsuitable assessment).
- The linguist received an inadequate certification that did not assess the necessary skills (e.g., the "certified translator" was never assessed in reading)

<p><b>QUESTIONS TO ASK A CERTIFIED LINGUIST:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are you a certified translator? Interpreter? Or both?</li> <li><input type="checkbox"/> What did your certification process entail?</li> <li><input type="checkbox"/> Which certifying authority or organization granted the certification?</li> <li><input type="checkbox"/> In which language(s) or language combination(s) are you certified?</li> <li><input type="checkbox"/> Are there any limitations to your certification?</li> <li><input type="checkbox"/> How much experience do you have interpreting/translating?</li> <li><input type="checkbox"/> Are you required to maintain your certification with experience or continuing education?</li> </ul>	<p><b>QUESTIONS TO ASK YOUR LANGUAGE SERVICES VENDOR:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> What baseline qualifications do you require your linguists to have?</li> <li><input type="checkbox"/> How often do you assess your linguists or vet their work?</li> <li><input type="checkbox"/> How do you determine whether a linguist is qualified for a job?</li> <li><input type="checkbox"/> Do you keep records of client complaints?</li> <li><input type="checkbox"/> How do you address client complaints?</li> <li><input type="checkbox"/> How do you verify your linguists have and maintain certification?</li> <li><input type="checkbox"/> What remedy do you offer clients if a linguist makes an error?</li> <li><input type="checkbox"/> What happens to a linguist if he/she has made substantial errors?</li> </ul>
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