

## Introduction to Medical Interpreting

When the provider and patient speak different languages, they need a qualified interpreter. Untrained interpreters often make errors. They have trouble remembering what the provider or patient said and omit important information. They may not know medical terms in their weaker language and may make mistakes when speaking about bodily organs and diseases. They may not accurately communicate the medical history or drug allergies, and may relay the treatment plan incorrectly. Family members can be even worse than other untrained interpreters because they may have their own personal reasons for hiding information. They may not want to upset the patient, may be hiding abuse, or may have their own opinion about the kind of treatment the patient should receive.

Language proficiency is not the same as interpreting ability. The job of the interpreter is to create the same relationship between the provider and patient as they would have if they spoke the same language. In addition to being proficient in two languages, interpreters need to accurately remember what each party says and transmit an equivalent message in the other language without adding to, omitting, or changing any aspect of the meaning. It is possible to be perfectly proficient in two languages and to lack the ability to interpret accurately.

There are several documents that describe the legal, regulatory, and suggested responsibilities that health care providers have regarding the provision of interpreter services. These include:

- Title VI of the Civil Rights act of 1964
- Office for Civil Rights Guidance on Title VI (OCR guidance)
- Culturally and Linguistically Appropriate Services (CLAS) standards of the US DHHS Office of Minority Health.
- Joint Commission Standards for Hospital Accreditation

Title VI and the OCR guidance state that recipients of federal funds may not discriminate on the basis of race, color, or national origin. The OCR guidance, as revised in 2004, states that persons with Limited English Proficiency (LEP) must be notified of the availability of free interpreting services, and the organization must not require friends or family to provide interpretation. The extent to which organizations must provide interpreter services is based on: 1) the number or proportion of LEP individuals eligible to be served or likely to be encountered by the organization; 2) the frequency with which LEP individuals come into contact with the organization's services; 3) the nature and importance of the services and; 4) the resources available to the organization. **If an organization receives even one dollar of federal funds and**



**provides important services to a significant number of people who speak certain languages, the organization must offer interpreter services in those languages.** The services must be provided by individuals whose competence has been assessed. These include: by bilingual staff, staff interpreters, contract interpreters, telephonic interpreters, or community interpreters. The requirements for written translations are less stringent than for oral interpretation. More information can be found at:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/hhslepguidancepdf.pdf>

The Joint Commission standards on “Patient Centered Culturally Competent Care” require hospitals to identify the preferred language of its patients and to provide interpreter services. Hospital staff must receive education in how to access language access services, such as how to contact telephonic interpreters. Bilingual staff who act as interpreters must receive training and testing to verify that they are competent.



## Medical Interpreter Training: Topics Covered

The following topics are included in the medical interpreter training provided the Florida Center for Cultural Competence, Inc.

### Legal and Regulatory Requirements

- Title VI of Civil Rights Act
- Executive Order 13166: "Improving Access to Services for Persons with Limited English Proficiency"
- The Office for Civil Rights of the U.S. Department of Health and Human Services
- The CLAS standards of the Office of Minority Health
- The Joint Commission

### Principles of Ethics

- Accuracy, Impartiality, Confidentiality
- NCIHC and IMIA Standards of Practice in Medical Interpreting
- Compliance Hierarchy: The Law, Hospital Policy, Interpreter Code of Ethics, Your Conscience
- Collaborative vs. Adversarial situations
- Cases with Legal Implications
- Handling Competing Roles: Interpreter, Cultural Broker, Advocate, Healthcare Provider, Aid, Interviewer, Messenger,

### Interpreting Techniques

- Methods of Consecutive Interpretation
- Introduction to Sight Translation
- Developing Accuracy, Speed, and Endurance
- Memory Techniques and Note Taking
- Exercises and Training Methods
- Mock Interviews and Group Practice Using Skits

### Managing the Encounter

- Managing the Flow of Communication
- Setting Provider and Patient Expectations
- Managing Family Interactions

### Serving as a Cultural Broker

- Acknowledging and Managing Cultural Biases
- Discussing Cultural Beliefs and Practices



# FLORIDA CENTER FOR CULTURAL COMPETENCE

- Identifying Inter-Cultural Misunderstandings
- Avoiding Stereotypes

## Continuing Education and Professional Development

- Short, Medium, and Long-Term Training Goals
- The Use of Technology to Enhance Accuracy and Speed
- Internet Resources for Interpreters
- Dictionaries, Glossaries, and Practice Materials

The Florida Center for Cultural Competence, Inc. provides an oral examination for medical interpreters.

