



Society for Student-Run Free Clinics Spanish Interpreter Training Session

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WELCOME!

Introductions



Main Goal of an Interpreter:

Facilitating Communication

Becoming an Interpreter

- Step 1: Selection criteria
 - Bilingual (verify fluency)
 - Basic cultural knowledge
 - Maturity
 - We recommend a screening interview including a practice patient case for all volunteers
- Step 2: Training
- Step 3: Supervised Practicum
 - We highly encourage accompanying new interpreters on their first few times interpreting
 - Formalized, periodic assessment would be even better

Schedule

- 9:00-9:15 Pre-Test Administration
- 9:15-9:30 Welcome and Introductions
- 9:30-9:45 Overview of Interpreting (Definitions and types)
- 9:45-10:00 History of Interpreting
- 10:00-10:15 *Break*
- 10:15-10:30 Introduction of Skills Section
- 10:30-12:00 Skills Session I (Introduction & Positioning)
- 12:00-1:00 *Lunch*
- 1:00-1:10 Recap exercise
- 1:10-1:35 Skills Session II (Clarifier)
- 1:35-1:50 Introduction to National Standards and Ethics
- 1:50-2:00 Ethical Dilemmas
- 2:00-2:10 *Break*
- 2:10-2:30 Culture brokering and advocacy
- 2:30-2:45 Closing/Self-care
- 2:45-3:00 Post-Test Administration

Interpreter Training Module

- Interpreting Basics
- Based on the Program Content Standards laid out in the NCIHC's "Proposed National Standards for Healthcare Interpreter Training Programs"
 - Interactive components
 - Background knowledge of role of interpreting in society
 - Ethics and Standards of Practice
 - Culture and its impact on health and communication
 - Interpreting Skills workshops
 - Self-care and self-monitoring
 - Homework/Readings
 - Relevant terms in linguistics and communication
 - Health terms
 - Assessment
 - Written competency test

Definitions

- Translation vs. Interpretation
 - Both move from a “source” language to a “target” language
 - Translation involves written language, while interpretation involves spoken language
- Trained interpreter vs. ad hoc interpreter?
 - Ad hoc interpreters tend to be patient’s family members, or bilingual staff members at the clinic, whereas trained interpreters are unrelated, objective third parties trained in the skills of interpretation
- Summarizing vs. interpreting
 - Interpreting renders the message into the target language exactly as it was said, without adding, omitting, or substituting.
 - Summarizing may leave things out that the interpreter feels are less important, and in general summarizing is discouraged.

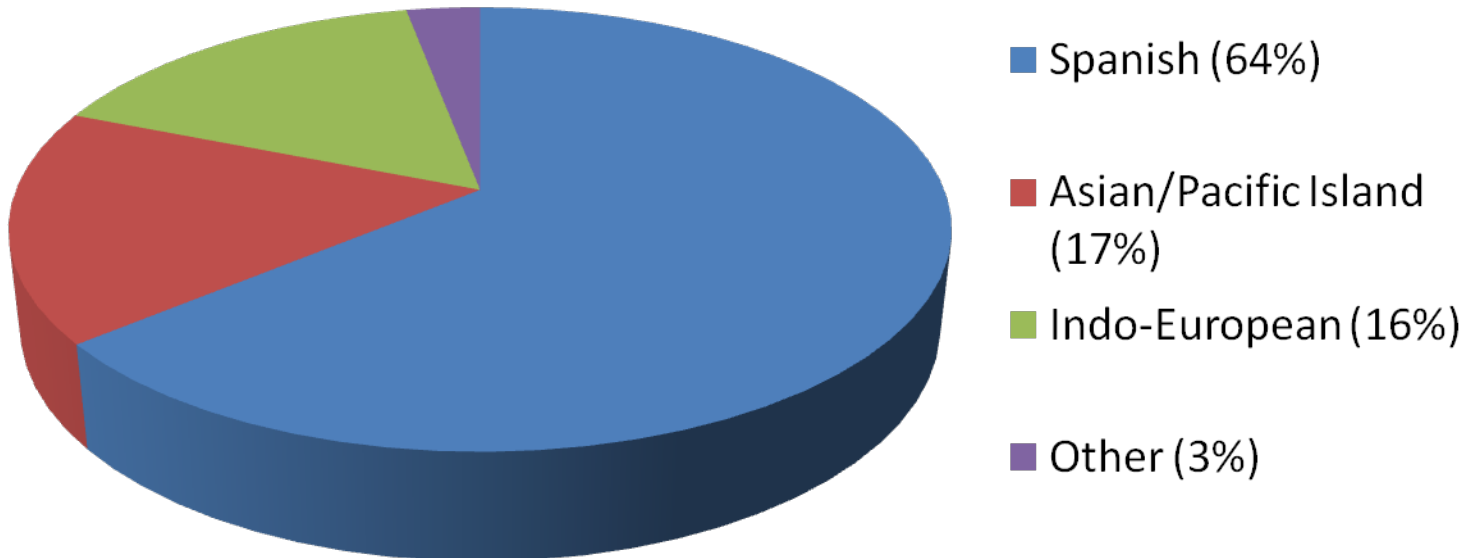
Why do we need interpreters?

- Language barriers in U.S. patient population
- Legal responsibility
- Health outcomes

Why do we need interpreters?

- Language barriers in U.S. patient population
 - 2000 Federal Census*
 - 47 million people in the U.S. speak a non-English language at home
 - predicted to expand to 69 million by 2010
 - Half of these have “limited English proficiency” (LEP)

Languages Spoken by Persons living in the U.S. with Limited English Proficiency (LEP)



*<http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>

Why do we need interpreters?

- Legal responsibility:
 - Title VI of the 1964 Civil Rights Act
 - “prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.”
 - Department of Health and Human Services Standards for Culturally and Linguistically Appropriate Services [CLAS]

Why do we need interpreters?

- Health Outcomes #1
 - Limited English Proficiency (LEP) has been associated with:
 - Fewer preventive visits (mammograms, Pap smears)
 - Higher resource utilization for diagnostic testing in Emergency Rooms
 - Lower rates of follow-up visits
 - Lower overall health status scores
 - Worse adherence to prescribed medication regimens

Why do we need interpreters?

- Health Outcomes #2
 - Limited English Proficiency patients in an Emergency Department who needed but didn't get an interpreter had:
 - Worse understanding of diagnosis and treatment
 - More tests done, at higher overall cost
 - Delays in start of treatment, management and hospital discharge
 - Less satisfaction with their care

Why do we need *trained* interpreters?

- Health Outcomes related to interpreter training
 - Patients who use *trained* interpreters, in comparison to *ad hoc* interpreters, show*:
 - Improved communication (fewer errors in interpretation, greater comprehension for patients and healthcare providers)
 - Improved utilization of care
 - Better clinical outcomes
 - More diabetics met ADA guidelines for care
 - Equivalent diabetic complication rates and Hemoglobin A1c levels compared to English-speaking patients
 - Lower rates of instrumental vaginal delivery and Cesarean section deliveries
 - Improved patient satisfaction

*Karlner et al 2007

What is involved in “training”?

- Healthcare interpreting in U.S. is somewhat disorganized
 - Several groups formed over the years
 - IMIA: International Medical Interpreters Association
 - CHIA: California Healthcare Interpreting Association
 - NCIHC: National Council of Interpreters in Health Care
 - No federal certification program
 - 2 non-profit certification programs
 - National Board of Certification for Medical Interpreters (CMI) began certifying in October 2009
 - Certification Commission for Healthcare Interpreters (CCHI) began certifying in October 2010
 - Both programs are similarly priced (\$30 application, \$150 for written test, \$250 for oral test)

Disclaimer

- This training course is not designed to prepare you for a certification exam; it is not accredited and will not culminate in the granting of a certificate.
- We are here to learn the basics!
- If you'd like to pursue certification...
 - Eligibility: 18+ years old, 1+ year(s) of work, minimum of high school diploma/GED, 40+ hours training, linguistic proficiency in English and target language

Other types of Interpreting

- Diplomatic
- Liaison
- Business
- Community
 - Judicial
 - Social service
 - Forensic
 - Educational
 - **Healthcare**
- Employment status



La première conférence...

Media of interpreting

- Face-to-face
- Telephonic
- Video



<http://www.ksfy.com/Global/story.asp?S=12584110>



http://uci.edu/2010/06/feature_videointerpreters_100601.php

Modes of Interpreting

- Consecutive
- Simultaneous
 - Whispered
- Sight translation



BREAK

Introduction to Interpreting Skills

- Skit of patient case

- Patient (Mario/a) is sitting in the Exam Room, in chair furthest from the door. One other chair is in the room. Doctor Silva enters, followed by the Interpreter.
- Doctor (shaking Mario/a's hand): Hola Mario/a, me llamo Doctor(a) Silva.
- Mario/a: Mucho gusto señor(a).
- (Doctor Silva sits down in the chair closest to the door.)
- Interpreter (waves to Mario/a, then stares at her feet.): Hola.
- Mario/a (nervously): Hola. (Then, whispering to Doctor) ¿Quién es éste?
- Doctor (looks back at Interpreter nervously): Ummm....

Introduction, a.k.a. Pre-session

- Interpreter (shaking Mario/a's hand): Hola Mario/a, me llamo _____ y voy a interpretar para Usted hoy. Necesito un minuto para buscarme una silla. Perdon.
- (Interpreter exits room, comes back with a chair. Looks around for a good place to put it...)

Positioning

- (Interpreter puts chair down next to doctor, also facing the patient.)
- Doctor (turns to Mario/a): Great. Well, let's begin. Why did you come in today?
- Interpreter (to Mario/a): El doctor quiere saber por qué viene a la clínica hoy.

First Person Interpreting

- Interpreter (to Mario/a): ¿Por qué vino Usted a la clínica hoy?
- Mario/a: Vengo porque me duele mucho mi abdomen, y le agrava el dolor cuando estoy orinando. La orina sale bien, pero me arde.
- Interpreter (to Doctor Silva): Her stomach hurts.

First Person & Incomplete

- Interpreter (to Doctor Silva): I came because my abdomen really hurts, and it gets worse when I am urinating. I am able to urinate, but it burns.
- Doctor: (turns to Interpreter) Can you ask him/her when this started?

Address, Intervention

- Doctor: (to Mario/a) When did this start?
- Interpreter: ¿Cuándo empezó este?
- Mario/a: Esta vez, empezó el viernes. Pero siento lo mismo un año pasado cuando tuve una infección de la vejiga.
- Interpreter: ¿Qué tomó para esta infección?

No Side Conversations

- Mario/a: Esta vez, empezó el viernes. Pero siento lo mismo un año pasado cuando tuve una infección de la vejiga.
- Interpreter: I have a UTI.

Incomplete, Codiagnostician

- Interpreter: This time, it started on Friday. But I felt the same last year when I had a bladder infection.
- Doctor: Okay. What is your birthdate?
- Interpreter: ¿Cuál es su fecha de nacimiento?
- Mario/a: Tres, Doce, ochenta y cuatro
- Interpreter: March 12, '84.

“Culture-brokering”

- Interpreter: December third, '84.
- Doctor: A lot of women get bladder infections after sex. Have you been sleeping around?

Inappropriate, "Once Chance Reminder" rule

- Interpreter: Doctor Silva, I'm going to ask you to rephrase the question.

Transparency

- Interpreter: (to patient) Un momento, Mario/a. Yo, el/la interprete, necesito clarificar la pregunta con el/la doctor(a). (Now, to doctor), Doctor Silva, I think that using a phrase like “sleeping around” may be offensive to this patient. I am required to interpret everything that is said, but would it be possible to rephrase the question?
- Doctor: Okay. I will rephrase it.
- Interpreter: Great, let’s resume the interpretation, the question has been clarified. (to patient) Bueno, vamos a empezar otra vez, la pregunta esta clarificada.
- Doctor: A lot of women get bladder infections after sex. Have you had sex recently?

The End of Simulation

Interpreting Skills

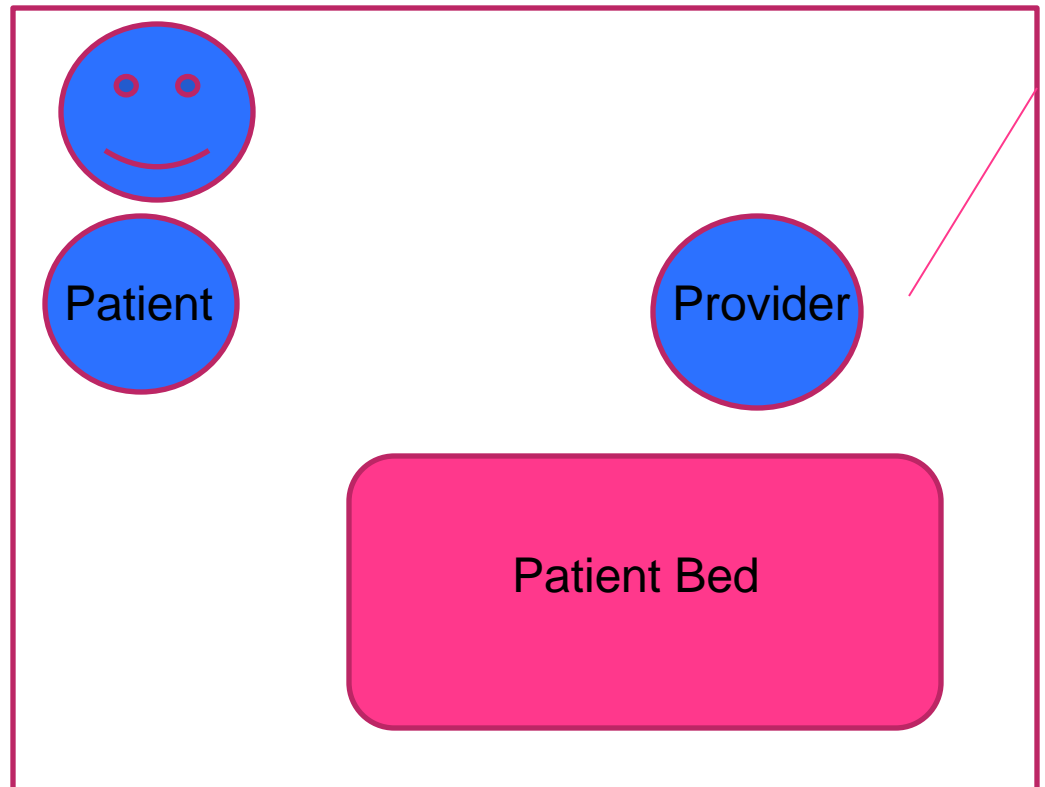
- Introduction/Pre-session with patient and provider
- Positioning
- First person interpreting (5 constituent tasks)
 - Active listening
 - Note-taking
 - Memory retention
 - Mental translation/transposing
 - Speaking in target language (“exactly everything”)
- Intervention/Clarifier
 - Transparency
- Culture brokering

Introduction/Pre-session

- Hello, my name is _____ and I'm going to interpret in Spanish for you today. All of the information we discuss today will be in complete confidence, I have no bias or preference to any particular person or party, and I'm going to interpret everything that is said.
- If at any point you have a doubt or believe a misunderstanding has occurred, please say so, and I will do the same.
- Please speak directly to the other party as if I were not here, though I will need you to pause frequently in order to allow me to interpret. Do you have any questions?

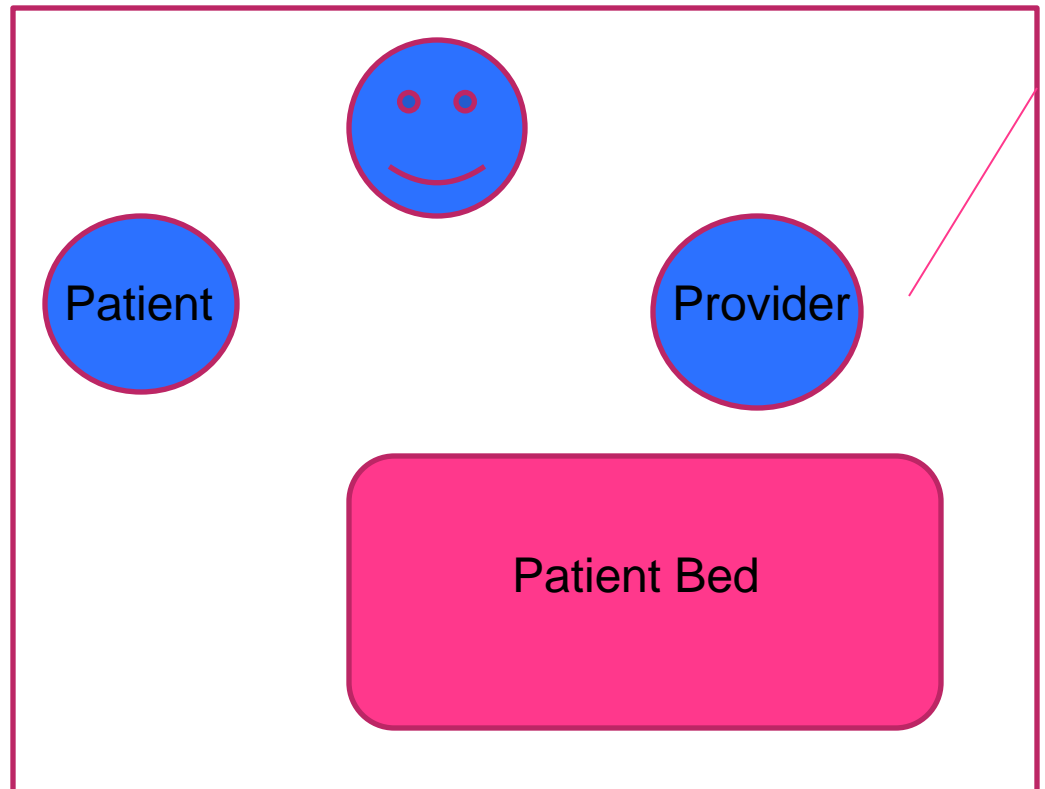
Demonstration of Skills Session: Positioning

- Next to the patient



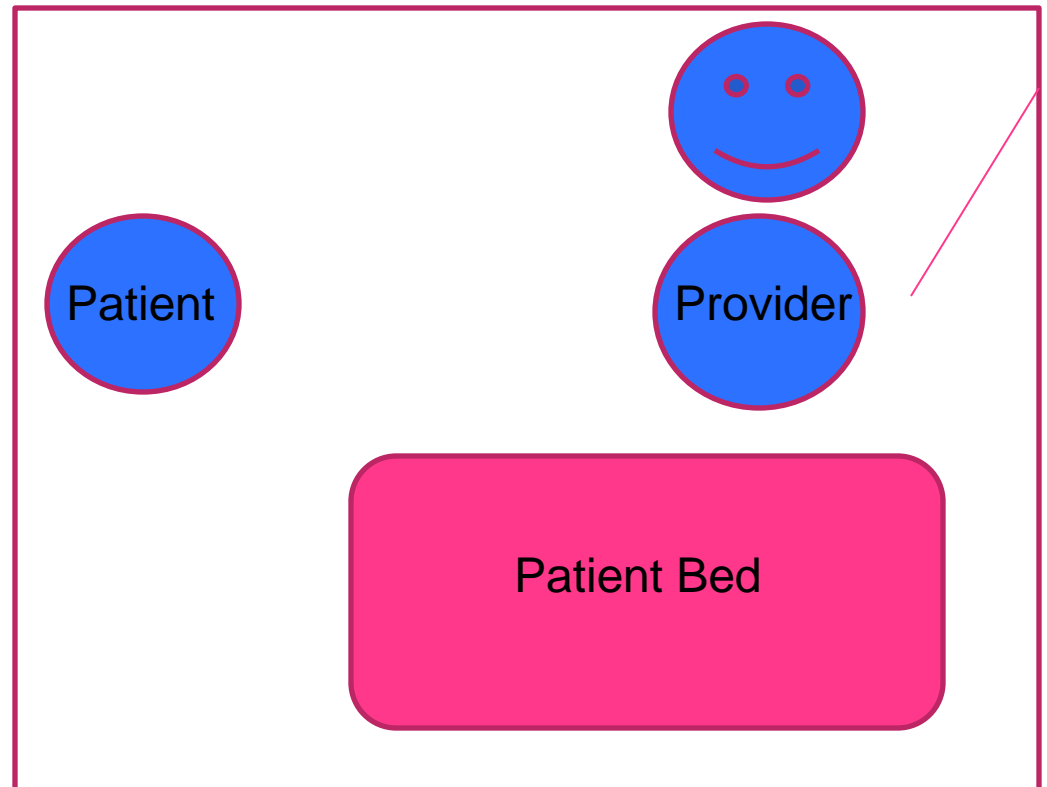
Demonstration of Skills Session: Positioning

- Between patient and provider



Demonstration of Skills Session: Positioning

- Next to the provider



First person interpreting

- 5 constituent tasks
 - Active listening
 - Note-taking
 - Memory retention
 - Mental translation/transposing
 - Speaking in target language



LUNCH BREAK