Working with Interpreters

Introductions.
Use the patient’s full formal name (e.g. Mrs. Perez) to show respect unless he/she gives you permission to use first names or nicknames.
Convey warmth and interest.
Introduce yourself by your full name to the patient and all other persons who accompany the patient.
Specify your role.

Language Clarifications.
(Don’t attempt foreign language interview unless you are fluent)
Explain your limitations in the foreign language and the need for an interpreter.

Instructing Interpreter.
Clarify the relationship between the patient and interpreter – family members, friends, professional interpreter or other?
Ask the interpreter to translate exactly what is said by both you and the patient.
Stress that they must not edit (shorten) or elaborate (expand) on exactly what is said.
State there will be time at the end of the interview for clarifications.
Warn them that you will be focusing on the patient and are not being rude by not looking at them during the conversation.
Encourage and thank them in advance for adjusting to the rather awkward interaction.

Positioning Participants.
Patient and physician need to be able to maintain a “normal” clinical communication so should sit facing one another, three to four feet apart.
The interpreter needs to be able to interact with both parties but not disrupt the physician-patient connection.
Have interpreter sit beside but a little further from the physician.

Focus on the Patient.
Even when the interpreter is speaking or is listening to you, try to keep your focus on the patient as if the interpreter was not present; resist the tendency to turn to the interpreter (provides more accurate info and you can observe facial expressions and body language during the translations).

Use Second Person.
Consistently use words and phrases that directly address the patient e.g. “Tell me how you feel?” Resist tendency to use third person.

Use Short Sentences with Time to Interpret.
Frame questions that are easy to translate i.e. short, unambiguous, and without medical jargon or American “slang” terms.
Allow time for translation both to and from the patient before asking follow-up questions.
Be alert for warning signs of inappropriate translation e.g. long conversation between patient and interpreter resulting in a short answer to you. If this happens ask what else was said.
Keep your body language appropriate while you are silent.

Conclusion.
Integrate ETHNICS questions to obtain necessary information and pay attention to cultural aspects of communication and behavior.
With elderly patients, pay special attention to encouraging the patient to ask question, to clarifying understanding of the treatment plan, and to confirming follow-up arrangements.

Ask for Nuances.
At the end of the interview, ask the interpreter if anything was said during the interview that might not have been adequately conveyed by the literal translation.

Thank.
Thank the patient, interpreter, and other persons present.
Make it comfortable for them to contact you and return to your care.

Adapted from http://wichita.kumc.edu/fcm/interp/interpreters.html

SE Moser
KU School of Medicine-Wichita
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