

Best Practices for Working with an Interpreter

Guide for Healthcare Professionals





Working with an interpreter

is essential for delivering care to our increasingly more multilingual population.

In order to decrease misunderstandings and improve satisfaction for both patients and providers, it's important to have an understanding of the best practices for working with an interpreter.

In this guide, you will learn the basics of working with an interpreter, including:

- The function and role of an interpreter;
- What an interpreter *can* do;
- What an interpreter *cannot* do;
- Benefits of working with a qualified interpreter; and
- Tips for working with an interpreter

Let's get started.

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1 Background

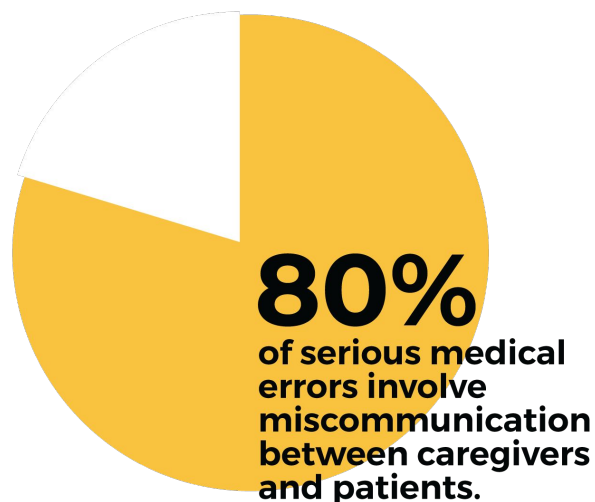
An estimated 67+ million people speak a language other than English at home.

Over 25 million people in that segment speak English less than “very well” (1). Those who speak English less than “very well” are often referred to as Limited English Proficient (LEP).

The LEP population “is the least likely to receive preventive care, have access to regular care, or be satisfied with their care.” In addition, limited-English proficient patients are much more likely to have “poor understanding of diagnoses, low health literacy, and a greater risk of being misunderstood by their physicians” (2).

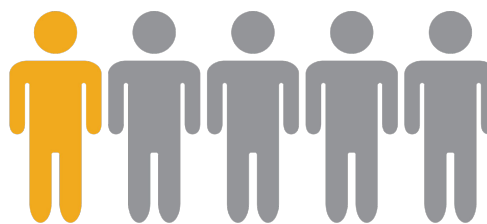
The need for seamless communication between languages is critical, with the Joint Commission estimating that 80% of serious medical errors involve miscommunication between caregivers and patients (3).

When facilitated by a medically-qualified interpreter, conversations between an LEP patient and provider result in fewer miscommunications, increased satisfaction, and more efficient outcomes.



- The Joint Commission, 2012

During a study that examined whether the use of interpreter services affects patient satisfaction during emergency department visits, researchers found that the use of professionally trained medical interpreters significantly increased LEP patients’ and their health care providers’ satisfaction with communication.



Above:

One in five people in the U.S. speak a language other than English at home (1).

(1) “American Community Survey (ACS)”. United States Census Bureau.

(2) Juckett, Gregory, and Kendra Unger. “Appropriate use of medical interpreters”. American family physician vol. 90,7 (2014): 476-80.

(3) “Joint Commission Center for Transforming Healthcare Releases Targeted Solutions Tool for Hand-Off Communications”. The Joint Commission, www.jointcommission.org/.

The study was performed with two randomized groups: the treatment group, where patients received interpreter services, and the control group, where patients did not receive interpreter services. Following a 5-point satisfaction scale, 96% of the patients from the treatment group were “very satisfied” with their ability to communicate during the visit compared to 24% of the patients from the control group (4).

Similarly, in another study that reviewed multiple articles in order to determine the effectiveness of interpreter services on patient care, researchers determined that professional interpreters are associated with an improvement in the healthcare quality of LEP patients.

Specifically, professional interpreters “appear to decrease communication errors, increase patient comprehension, equalize health care utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for limited English proficient patients” (5).

In order for two parties of different languages to properly communicate with each other through an interpreter, one must understand the role of an interpreter and the best ways to work with an interpreter. With this understanding, providers will be able to provide patients with the best conversation, services, and results possible.



Conversations between two parties facilitated by a medically-qualified interpreter result in less miscommunications, increased satisfaction, and more efficient outcomes.

(4) Bagchi, Ann D et al. “Examining effectiveness of medical interpreters in emergency departments for Spanish-speaking patients with limited English proficiency: results of a randomized controlled trial”. *Annals of emergency medicine* vol. 57,3 (2011): 248-256.e1-4. doi:10.1016/j.annemergmed.2010.05.032

(5) Karliner, Leah S et al. “Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature”. *Health services research* vol. 42,2 (2007): 727-54. doi:10.1111/j.1475-6773.2006.00629.x

2 The Role of an Interpreter

The role of an interpreter is to bridge the gap between two parties who do not speak the same language.



The interpreter becomes the voice of the patient *and* the provider, speaking exactly what has been said by each party without adding or omitting any part of the spoken message.

“The interpreter should act ‘invisibly’ within the setting -- they’re there to create a situation wherein it is as if both parties speak the same language and are speaking directly to each other.”

- Mark Rockford, *Vice President and Linguistic Quality and Training at GLOBO*



Interpreter vs. Translator

An interpreter is trained to interpret and work with spoken words, while a translator is trained to translate and work with written words. Though the two are similar in that they both translate one language into another, their background, training, and skill sets are quite different.



An **interpreter** interprets words spoken by other people.



A **translator** translates words written on documents.

3 Benefits of Using a Qualified Interpreter

Quality interpreting services benefit the patient *and* the provider.

Professional interpreting services provide LEP patients with the highest quality of mutual understanding -- leading to better care and fewer misunderstandings. Similarly, providers will see improved outcomes, resulting in lower expenses, decreased readmission rates, and better chances of proper diagnoses.

A study that analyzed the effects of interpreting services on the length of hospital stay for LEP patients found that on average, LEP patients were hospitalized for significantly longer when professional interpreters were not used. The study was conducted with 3,071 patients, 39% of which received language interpretation. Patients who did not receive professional interpretation "had an increase in their length of hospital stay of between 0.75 and 1.47 days, compared to patients who had an interpreter." In addition, patients receiving interpretation were "less likely than patients receiving no interpretation to be readmitted within 30 days" (7).



It is important to note that these benefits only come from the use of professional interpreting services (8). Untrained interpreters or a bilingual family member of the LEP patient would not provide the same beneficial experience. In a study that compared interpreter errors between professional interpreters, untrained interpreters, and no interpreter, it was found that "professional interpreters had a significantly lower likelihood of making errors of potential consequence than untrained interpreters and no interpreter".

(7) Lindholm, Mary et al. "[Professional language interpretation and inpatient length of stay and readmission rates](#)". Journal of general internal medicine vol. 27,10 (2012): 1294-9. doi:10.1007/s11606-012-2041-5

((8) Jacobs, E A et al. "[Impact of interpreter services on delivery of health care to limited-English-proficient patients](#)". Journal of general internal medicine vol. 16,7 (2001): 468-74. doi:10.1046/j.1525-1497.2001.016007468.x

Additionally, the findings of the study suggest that “requiring at least 100 hours of training for interpreters might have a major impact on reducing interpreter errors and their consequences in health care while improving quality and patient safety” (9). Similarly, in another study that compared interpreter errors between conduit interpreters, referring to professionally trained interpreters, and advocate interpreters, referring to family members of the LEP patient, it was found that the advocate interpreters made more errors of potential consequence.

Specifically, the study concluded that errors in medical interpretation averaged “31 per clinical encounter, and omissions are the most frequent type. Most errors have potential clinical consequences, and those committed by ad hoc interpreters are significantly more likely to have potential clinical consequences than those committed by hospital interpreters” (10).

Professional, qualified interpreters provide a higher quality of service than untrained interpreters, such as a family member or bilingual nurse. But, simply providing interpreting services to your patients isn’t enough. In order to ensure the best experience and outcomes for all, it is necessary to understand the role of interpreting and the best practices for working with an interpreter.



(9) Flores, Glenn et al. “[Errors of medical interpretation and their potential clinical consequences: a comparison of professional versus ad hoc versus no interpreters](#)”. *Annals of emergency medicine* vol. 60,5 (2012): 545-53. doi:10.1016/j.annemergmed.2012.01.025

(10) Flores, Glenn et al. “[Errors in medical interpretation and their potential clinical consequences in pediatric encounters](#)”. *Pediatrics* vol. 111,1 (2003): 6-14. doi:10.1542/peds.111.1.6

4 Conduits, Cultural Brokers & Advocates

The role of an interpreter should be as a conduit from language to language.

However, there are three common roles that an interpreter may assume: conduit, cultural broker, and advocate.

Each role involves an increase in the interpreter's intervention and participation, with conduit being the least involved and advocate being the most involved. Ideally, interpreters will remain as little involved as possible, for any form of further involvement takes away from their task of solely interpreting the spoken words of each party. Nonetheless, there are some situations where an interpreter must become more involved.



Conduit

Most often, an interpreter acts as a conduit. As a conduit, the interpreter facilitates the communication without adding, editing, changing, or omitting any part of the message. That means that they are limited to the message given, as it is given. For example, if a party uses a sarcastic tone, the interpreter will also use a sarcastic tone. Ultimately, the conduit role is the default role for an interpreter -- they interpret what they hear.

Cultural Broker

In rare cases, an interpreter must act as a cultural broker. As a cultural broker, the interpreter must have some background knowledge on the particular cultural beliefs and customs of the individuals present. With this knowledge, the interpreter may be able to identify possible cultural misunderstandings -- concepts or phrases that may not exist in other languages or cultures -- and interfere by asking a concept to be further explained or reworded in order to clear up any misunderstandings (6).

For example, the system and concept of foster care is not the same outside of the United States, and an interpreter may need to ask for clarification and further explanation on the concept before translating to the other party since, as an interpreter, they cannot provide the explanation themselves.

(6) "Roles of the Interpreter". Interpreter Prep, www.interpreterprep.com/.

Advocate

Finally, in the rarest of cases, an interpreter must act as an advocate. As an advocate, the interpreter advocates for the life or health of the LEP patient when they are in imminent danger. The interpreter goes beyond being the voice of the patient by acting on a certain issue that is believed to be necessary to point out.



There are rare times when an interpreter acts as a cultural broker and in even rarer occurrences, they may advocate. But the majority of the time, an interpreter's job is limited to being a conduit from language to language.



For example, if the interpreter already interpreted for the patient and knows they have a severe peanut allergy, and the doctor in this session does not know that and is telling the patient to eat peanut butter as a source of protein, the interpreter should bring the patient's allergy to the doctor's attention, if and *only* if the patient does not do so themselves. In this role, the interpreter should not instruct anyone on how to act or what to do, but rather appropriately share information that they have in order to help the LEP patient's health or life.

An Interpreter Can:

- ✓ **Deliver messages to their intended recipients just as the message was spoken.** An interpreter can and will interpret the message into the other party's language exactly how the message was spoken. Every message spoken in front of the interpreter will be interpreted.
- ✓ **Ask for clarification when they do not understand a message given.** Sometimes the meaning of words, phrases, or concepts differ between cultures, and an interpreter may ask for clarification when the message given does not have an exact translation.
- ✓ **Ask for the repetition of a message.** Interpreters are human. If someone is talking too fast, is not audible, or is talking over another person, the interpreter may have difficulty hearing and understanding the message.

An Interpreter Cannot:

- X Add explanations.** An interpreter is limited by the input they are given. Therefore, it is not their responsibility to explain what someone meant or explain a concept or idea for one of the parties. They can only interpret what someone said.
- X Leave things out.** An interpreter must communicate the entire spoken message, exactly as it was said, to the other party. Instructing an interpreter to not say something is asking them to not fulfill their task.
- X Get the answers that you want.** The interpreter can only interpret a question and provide the LEP patient's response to that question. The interpreter is not the LEP patient, so do not hold them accountable for lack of information or poor responses; the interpreter is simply a medium for communication.
- X Probe or dig for answers.** The interpreter cannot go further than what is spoken by the parties involved. If a provider wants more answers, they must ask further questions.
- X Express an opinion or deliver an observation.** The interpreter cannot add their own observations or opinions on the parties present, even if asked. Interpreters are experts on interpreting and languages. They are not trained to give medical advice, opinions on whether or not someone is telling the truth, or opinions on whether someone understands the message.
- X Change the register.** An interpreter cannot turn technical terms into everyday language, or vice versa. If a provider speaks in technical terms, the patient will hear a translation from the interpreter with the same technical terms.
- X Interpret for multiple people at once.** Much like you cannot understand multiple people speaking at once, interpreters cannot interpret for more than one person at a time.
- X Answer questions for either party.** They can only interpret them.

6 How to Communicate with an Interpreter

People are naturally drawn to speak to the person that understands what they are saying (i.e., the interpreter). However, that is the opposite of what the person speaking must do in order to effectively communicate with the other party.

While it may be hard to get used to working with an interpreter, it's an important skill to have and understand. Just remember: the interpreter is meant to be "invisible" and the message they translate is not theirs.



What to do:

Meet the interpreter beforehand. Arrive at your appointment or meeting a few minutes early, if possible, to introduce yourself and brief the interpreter on the situation.

Speak directly to the other party, not the interpreter. Act as if the other party speaks the same language as you. They are the one you are truly communicating with -- the interpreter is just a means for your communication.

Consider the message you want to convey, so that you can be as clear and concise as possible. Take your time and think things over, if needed. You may not be able to work as quickly as you are used to, but planning out the message you are going to speak before you say it will save lots of time, including further questions and interpretation, in the end.

Speak in "living room" language. The simpler the concept is explained, the easier it is to translate it.

Speak clearly and slowly. The interpreter needs to be able to hear what you are saying in order for them to interpret it.

Speak in short phrases. It will be easier for the interpreter and the LEP patient to understand your message.

Pause often. Allow gaps in your explanations for the interpreter to jump in and interpret your message.

Allow the interpreter to finish their rendition before speaking again. The interpreter needs to hear what you say, and the other party needs to be able to hear the interpreter.

Use a teach-back method. If you are not getting the response you want from the LEP patient, ask them to tell you what they have understood from your question or statement. For example, you may ask "How are you going to take your medication?" after finishing an explanation on how to take the medication.



What not to do:

Use slang, metaphors, idioms, acronyms, word-play or jokes. Many of these do not translate with the same meaning that you intended.

Ask the interpreter to speak on the LEP party's behalf. Ask the party directly instead.

Ask the interpreter's opinion. The interpreter is meant to be an "invisible" form of assistance. So, for example, do not ask the interpreter, "Interpreter, do you think he understood the instructions?". Instead, simply ask the LEP patient directly.

Ask the interpreter to explain a concept. The interpreter can only interpret and say what has been spoken by one of the parties present. Therefore, the interpreter cannot add their own information or explanations into the conversation.

Ask the interpreter to speak to the other party. For example, do not say "Ask him if he has any pain" or "Tell him I am going to take blood now." Instead, just speak to the LEP patient as if you shared the same language.

Use long, complex monologues. Instead, separate the information into simple sections and pause between each section, allowing the interpreter to begin their rendition at each pause.

Hold the interpreter responsible for what the patient says. The interpreter is just carrying along the message, not creating it.



Tips for Ensuring the Best Experience

Be aware of potential background noise. Especially when communicating remotely via technology, background noise could affect the ability of the interpreter to hear you clearly.

Understand cultural differences. The LEP patient's communication style will likely not be direct, as is the communication style in the U.S. In order to answer a question, many cultures believe it is necessary to give background details and information, which means they might take some time to get to the point. An interpreter cannot cut them off or get a direct answer -- that is up to you to do so.

Be patient. Give some extra time with a meeting or appointment that involves an interpreter. Remember, everything said will end up being said twice.



As a healthcare worker, understanding the role of interpreters will enable you to communicate with LEP patients as if you share the same language.

And perhaps most importantly, as an LEP patient, finding a healthcare provider that understands the role of interpreting allows for a smoother experience.

The American Academy of Family Physicians states, “trained interpreters are costly but can save time and resources in the long run by decreasing the number of callbacks, misdiagnosis and unnecessary tests, and increasing patient comprehension, compliance and satisfaction” (11).

In order to gain the best results from the use of professional interpreters, it is just as important to understand the profession of interpreting and the best practices for working with an interpreter. Equipping your staff and providers with this knowledge will allow all other parties involved -- whether it be your LEP patient, your organization, or the interpreter -- to work more efficiently, cooperatively, and satisfactorily.

In healthcare, understanding how to work with an interpreter may lower overall spend and increase customer satisfaction. When individuals are aware of the nuances of how to work with an interpreter, interactions with LEP patients tend to be quicker and more effective, leading to less costly interactions and better experiences (for everyone).

(11) Herndon E, Joyce L. “Getting the Most From Language Interpreters”. Fam Pract Manag. 2004 Jun; 11(6):37-40. PMID: 15227918.

Looking for a Partner?

Looking to gain a better understanding of how language technology and support can benefit your organization (and limited-English speakers)? Find out how GLOBO’s language support solution can enhance your language access initiatives by [requesting a demo](#) today.

[Request a Demo](#)

References

- (1) "American Community Survey (ACS)". United States Census Bureau.
- (2) Juckett, Gregory, and Kendra Unger. "Appropriate use of medical interpreters". American family physician vol. 90,7 (2014): 476-80.
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- (11) Herndon E, Joyce L. "Getting the Most From Language Interpreters". Fam Pract Manag. 2004 Jun; 11(6):37-40. PMID: 15227918.



**We help people communicate
when it matters most.**