



Important Risk Reduction Strategies When Using Interpreters or Translators

Family Members as Translators

The physician should not require a patient to use a family member as a translator. However, when using a family member (if requested by the patient) the physician should take into account competence, appropriateness, conflicts of interest and confidentiality. A child should not be used as an interpreter.

Documentation

When documenting an encounter with a deaf, hearing impaired or LEP patient, it is important to include the language spoken (Spanish, Chinese, ASL) and the interpreter's name (for on-site services) or the company used (for telephone services). If a patient insists on using a family member or friend as an interpreter, then document that this was the patients' choice.

Confidentiality

Federal law dictates that healthcare providers must enter into written contracts—known as “business associate agreements”—with interpretation services. Such agreements must restrict the use or disclosure of private health information by interpreters. They must also require interpretation services to employ appropriate safeguards to protect patient information.

Guidelines for Using Trained Telephonic or On-site Interpreters

Brief the Interpreter – Prior to the office visit, give any necessary background information to the interpreter. Remind the interpreter that everything you and the patient say needs to be interpreted and that all information must be kept confidential. When you enter the exam room, introduce yourself and the interpreter to the patient. Have the interpreter explain to the patient that all information will be kept confidential.

Speak Directly to the Patient – If you can, position the interpreter so that he or she is sitting beside the patient, facing you. Maintain eye contact with the patient (if culturally appropriate) and be careful to address the patient, not the interpreter. For example, look at the patient and ask, “Have you had any fever?” instead of asking the interpreter, “Has she had any fever?”

Speak Naturally, Not Louder – Speak in one sentence or two short ones at a time. Try to avoid breaking up a thought. Make sure you pause to give the interpreter time to deliver your message.

Ask the Patient if They Understand – Don't assume that the patient understands. In some cultures a person may say ‘yes’ as you explain something, not meaning they understand but rather they want you to keep talking because they are trying to follow your conversation. Remember that lack of English does not necessarily indicate lack of education.

Everything You Say Will Be Interpreted – Avoid private conversations. Whatever the interpreter hears will be interpreted.

Avoid Technical Terms – Don't use jargon, slang, acronyms or technical medical terms. Provide examples if necessary.

Length of Interpretation Session – Translated conversations can take twice as long, as compared to one in English.

Culture – Professional interpreters are familiar with the culture and customs of the patient. If the interpreter identifies a cultural issue, that the physician is not aware of, they may make the physician aware that a particular question is inappropriate.

Closing of the Call – The interpreter will wait for you to initiate closing of the visit or call. The interpreter will be last to disconnect the call. Remember to get the interpreters name and thank them at the end of the session.