

**Empowering Trainees to Care for Patients and Families with Limited English Proficiency
Association of Pediatric Program Directors Annual Spring Meeting
March 23, 2018**

Workshop Objectives

1. Discuss the importance of training initiatives focused on the use of professional medical interpretation in everyday clinical scenarios.
2. Practice in-situ teaching of trainees in scenarios that require professional medical interpretation.
3. Compare different strategies for teaching residents, fellows, and faculty on the appropriate use of professional medical interpretation.
4. Propose one goal to improve training on the use of professional medical interpretation in your home institution.

Detailed Agenda: Friday March 23, 1:30 – 3:00 pm

1:30 - 1:35	Introduction and Learning Objectives
1:35 - 1:45	Warm Up Activity
1:45 - 1:55	Discussion of Case Scenario
1:55 - 2:25	Activity Stations: (15 min each) Practice with In Person & Phone Interpretation
2:25 - 2:40	Discussion of Video Interpretation
2:40 - 2:50	Large Group Discussion
2:50 - 3:00	Individual Commitment and Post-Workshop Evaluation

Case Scenario

Instructions: Read individually & discuss in groups of 3-4.

Introduction

The MA asks you if she can add on a 7 y/o boy with 'ear pain for 2 days.' You figure it should be a quick visit and say, "Ok, slot him in after my next patient."

Clinical Encounter

You knock on the door, and upon entering you find a somewhat older appearing woman with a tired looking 7 y/o boy. You introduce yourself and get nods from both of them. You start by saying, "I understand you're here for ear pain." The boy says, "Yes, my ear hurts a lot." You then turn to the older woman and ask whether the child has had a fever. She doesn't respond and looks at you blankly.

You suspect there is a language barrier and ask, "I'm sorry, do you speak English?" She responds, "No." You then ask, "What language do you speak?" She again looks at you blankly. Judging from the Spanish surname on the chart, you ask in your best Spanish, "Habla Español?" She responds "Sí."

You realize she has very limited ability to speak English. You briefly consider getting an interpreter, but since it's a simple visit, you opt to just 'get by' on the Spanish you know. You continue to ask the child questions related to the chief complaint, going back and forth between him and the older woman, confirming his answers by repeating back in Spanish as best you can.

You then complete a focused exam and find a bulging right TM with impaired mobility. After wrapping up your exam, you say to the older woman, "Voy a tratar con antibiótico." She smiles and nods in agreement.

Post Encounter

You ask your MA, "Did you know the mother only spoke Spanish?" The MA responds, "I wasn't sure." You then say to her, "I'm going to write him up for Amoxicillin 45 mg/kg PO BID. Can you please write it in Spanish for them?" She responds, "Sure."

Discussion Questions

- 1) What are your thoughts regarding the quality of care received by patient and family member?
- 2) What potential errors could come about as a result of the clinical encounter described?
- 3) What questions did this clinical encounter raise for you?
- 4) What could the physician have done differently?
- 5) Have you experienced similar clinical encounters? How were these the same or different?
- 6) List some challenges present in clinical encounters involving patients with limited ability to speak English?

Station 1: Phone Interpreter

Clinical Case Excerpt

You are a faculty preceptor in Urgent Care, and the resident has just presented a child who has tinea capitis. The mother and child speak Vietnamese, and the phone interpreter used to conduct the interview is no longer available. Therefore, you and your resident call another phone interpreter to help with the discharge and medication instructions.

When the phone interpreter is available, the resident says into the phone:

“Your child has a case of tinea capitis, which is fungal infection similar to ‘ring worm.’ This will warrant treatment with a strong antifungal agent called Griseofulvin, which should be taken daily for approximately 6 to 8 weeks of treatment. This medication can have significant side effects, especially as it relates to the liver. Do you have any questions?”

The interpreter briefly relates the discharge instructions to the parent in a few words. The parent then responds to the interpreter with a short phrase, says “Ok” in English, and nods. The interpreter says, “She has no further questions.”

When giving feedback to the resident after clinic, you discuss the following points:

Discussion Questions

- 1) Discuss some key take-away points regarding relaying information to an interpreter and the receipt of that information by a parent.
- 2) What are some best practices when relaying instructions to parents that can improve accuracy of interpretation?
- 3) What are some of the advantages of phone interpretation as opposed to other interpretation modalities (i.e., in-person/video interpreter)?
- 4) What are some of the disadvantages of phone interpretation?
- 5) What is considered best practice when positioning participants when using phone interpretation? Why is this so? What physical challenges may make positioning difficult?

Station 2: In-Person Interpreter

Discussion Questions

- 1) What is the optimal positioning of an in-person interpreter in relation to the provider and the patient? Why?
- 2) What are unique advantages of an in-person interpreter?

(Hint #1: Your team is limited to a cramped space...)

(Hint #2: A parent asks you about the benefits of “maca.”)
- 3) When using an in-person interpreter...
 - a. Who should a trainee look at?
 - b. How should the trainee address the parent?
(e.g., “can you tell me?” vs “can she [the patient] tell me?”)
- 4) What are the advantages and disadvantages of using an in-person interpreter when compared to a phone or video interpreter?
- 5) How do these advantages and disadvantages differ based on perspective (provider, patient, family member, etc.)?

Station #3: Video Interpreter

Discussion Questions

- 1) What are your personal experiences working with VRI?
- 2) What do you think are the benefits of using video interpretation over other modalities?
- 3) Can you think of any unique considerations specific to working with video interpreters?
- 4) What are the potential limitations of using VRI?
- 5) Are there any circumstances when using VRI would not be appropriate?

Empowering Trainees to Care for Patients and Families with Limited English Proficiency (LEP)

Key Take Home Points

Tips For Working with LEP Families/Patients & Medical Interpreters

Common Mistakes	Best Practices
Assumption of patient/parent English proficiency	Screen & identify patients/parents who have LEP and need a medical interpreter. Discuss use of interpreter prior to encounter with patient/parent.
Relying on staff or providers' inadequate language skills (limited fluency/proficiency)	Assess provider & staff proficiency. Only certified and fully bilingual staff should be used to communicate.
Using patient (child), family, or friends as interpreters	Children should never be used as interpreters. Use a professional medical interpreter whenever possible (In-person, video, or phone)
Placing the interpreter far away from the patient	Seat the interpreter next to or slightly behind the patient
Addressing the interpreter directly	Speak directly to the patient
Using third-person statements (ie. "tell her")	Use first person statements
Complicated instructions or speech pattern	Speak in short sentences, and limit key points to three or fewer
Assuming patient comprehension	Use "teach back" or "show me" techniques to ensure patient comprehension
Lack of context for interpreter	Whenever possible, brief the interpreter prior to the encounter

Special Considerations for Video/Phone Interpreters

- Ensure equipment is functioning properly prior to encounter.
- Evaluate if equipment is appropriate to use in context of clinical encounter/space.
- Considering privacy, confirm that patient/parent are in agreement to using video interpreter

Medical Interpreter Resources for Physicians

A Physician's Practical Guide to Culturally Competent Care

<https://www.thinkculturalhealth.hhs.gov/Content/ContinuingEd.asp> (free continuing medical education course)

Agency for Healthcare Research and Quality – Overview of Medical Interpreter Standards of Practice

<http://www.ahrq.gov/laneproxy.stanford.edu/professionals/systems/hospital/lepguide/lepguidefig5.html>

How to Communicate Effectively Through Interpreters: A Guide for Leaders

http://www.au.af.mil/au/awc/awcgate/army/using_interpreters.htm

National Council on Interpreting in Health Care

<https://www.facebook.com/ncihc>

National Standards for Culturally and Linguistically Appropriate Services in Health Care

<http://http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Telephone interpreter services (fee-based)

CyraCom Language Solutions: <http://www.cyracom.com>

LanguageLine Solutions: <http://www.language.com>

MultiLingual Solutions: <http://www.mlsolutions.com>

Telelanguage: <http://www.telelanguage.com>

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EVALUATION FORM

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	Strongly disagree		Neutral		
Strongly agree					
Workshop met objectives	1	2	3	4	5
Workshop was a valuable use of my time	1	2	3	4	5
Handouts include useful resources	1	2	3	4	5
I will apply information learned today to my practice/ department	1	2	3	4	5

What two things will you do as a result of this workshop?

- 1.
- 2.

What do you see as potential barriers to applying what you have learned?

What did you like best about the workshop?

What can we improve about the workshop?

Thank you!