Phone Interpreter Station

Facilitator Instructions

1) This activity functions like a game of 'telephone'
2) The facilitator acts as narrator of non-italicized text.
3) Place participants in the following roles: Interpreter, patient, parent, resident, faculty.
4) The person in 'resident' role should repeat *italicized instructions* to the person in the 'interpreter' role. (Only 'physician' and facilitator see the instructions) In turn, the interpreter will 'relay' this in their own words to the parent. The person in the 'patient' role will act as a silent observer.
5) After the exchange
    a. Ask the person in the 'parent' role to discuss how it felt to be recipient of information and how much they could grasp.
    b. Ask the silent observer 'patient' what differences were between physician and interpreter instructions.
    c. Ask the person in the 'interpreter/faculty' roles to suggest how instructions can be improved in order to be able to 'interpret' more easily.
6) As time allows, repeat the activity with different 'roles' for each person. In each round, attempt to improve the content and 'relay' of instructions.

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 with Answers

1. Discuss some key take away points regarding relaying information to an interpreter and the receipt of that information by a parent.
    - As much attention should be provided with discharge instructions and anticipatory guidance as other parts of clinical encounter.

   - Complicated plans should be broken down into smaller parts.
2. What are some ‘best practices’ when relaying instructions to parents which can improve accuracy of interpretation?
   - Shorter is better. Short sentences and step-wise instructions should be used.
   - Written instructions that complement verbal instructions are preferred. \
   - Teach back and show me techniques should be used.
3. What are some of the advantages of phone interpretation as opposed to other interpretation modalities? (in-person/video interpreter)
   - Less resource intensive.
   - More languages available.
4. What are some of the disadvantages of phone interpretation?
   - Satisfaction may be lower.
   - Limited by quality of connection, sound of phone, etc.
   - Positioning is not as clear as in-person or video.
5. What is considered ‘best practice’ when positioning participants when using phone interpretation? Why is this so? What physical challenges may make positioning difficult?
   - Phone should be as close to parent as possible while maintaining appropriate sound. The parent can often hold the phone.
   - If phone is fixed to wall or in awkward position this is an additional challenge.
   - Positioning should always optimize eye contact between physician and parent.

In-Person Interpreter Station

Facilitator Instructions

Role Play Activity (5-10 minutes)

Give each participant a labeled sign with 'role'

- Patient
- Resident
- Faculty
- Interpreter
- Parent
- Optional Roles
    - Family Member
    - Medical Student
    - Sibling
    - Etc.

1. Place participants in a random configuration.
2. Ask participants to talk about what configuration feels like. What does each person see? What is their perspective? Does it feel comfortable or uncomfortable?
3. Ask group to point out advantages/disadvantages of configuration.
4. Allow the participants to rearrange themselves taking into account consider the arrangement of participants within the constraints of different features of the space.
5. Ask how would examining table, bed, door, sink, chairs, etc. change positioning?
6. The group may conduct different cycles of positioning.
7. If time permits, include other roles such as 'sibling,' 'family member,' and 'medical student.' Explore interactions with each of these individuals. Consider themes such as *privacy* (presence of sibling or family member during sensitive discussions), *decision-making* (having proxy caretakers such as grandmother or older sibling), *education and safety* (relying on a bilingual medical student).

Discussion Questions with Answers and Discussion Points (5-10 minutes)

1) What is the optimal positioning of an in-person interpreter in relation to the provider and the patient? Why?
    - Option 1: Interpreter can stand beside the provider.
        - This configuration allows the patient to see the interpreter and does not interfere with patient and provider eye contact.
    - Option 2: Interpreter can stand beside the patient.
        - This configuration makes it easier for the patient's voice to be heard and may be especially helpful if patient is hard of hearing.
        - The interpreter may stand behind patient to encourage line of sight with the provider.

        - Disadvantage of this positioning is possibility of 'side conversation' with interpreter.
    - Option 3: Interpreter, provider, and patient are arranged in a triangle.
        - In this position, the interpreter does not appear to be aligned with either the provider or the patient.
        - Disadvantage of this positioning is that patient may not know whether to look at the provider or the interpreter. There are crossed lines of sight.

2) What are unique advantages of an in-person interpreter?
    - Interpreter able to see and react to body language and facial expressions
    - In-person interpreter is often viewed as a part of the medical team
    - An in-person interpreter can assist with positioning
    - Professional interpreters can provide needed 'cultural context'
    - No risk for technology failure

3) When using an in-person interpreter, a trainee should...
    - Maintain eye contact with the patient/parent.
    - Speak directly to the patient/parent ("Can you tell me more?" vs. "Can you tell (the patient) to tell me more?)
    - Provider should use short sentences with a maximum of 3 key points
    - Avoid medical jargon if possible
    - Allow enough time for interpretation before interjecting with another question/comment

4) What are the disadvantages of using an in-person interpreter when compared to a phone or video interpreter?
    - Availability of languages may be limited
    - There may be additional wait time prior to arrival

5) How do these advantages and disadvantages differ based on perspective (provider, patient, family member, etc.)?
    - Example discussion: provider may prefer timely interpretation with phone or video, while patient/family may prefer in-person interpretation.

Video Interpreter Station

Facilitator Instructions:

Part 1: Show short clip of VRI use from TV show *Getting on* (2 minutes)

Ask participants to share their experiences using video interpreting

Part 2:
Group Discussion Questions with key points (8-10 minutes)

1. What do you think are the benefits of using video interpretation over other modalities?

- The evidence that exists shows that patients and providers prefer video interpretation over ad hoc and phone interpretation.
  - Nápoles, Anna M., et al. "Clinician ratings of interpreter mediated visits in underserved primary care settings with ad hoc, in-person professional, and video conferencing modes." *Journal of health care for the poor and underserved* 21.1 (2010): 301.
  - Locatis, Craig, et al. "Comparing in-person, video, and telephonic medical interpretation." *Journal of general internal medicine* 25.4 (2010): 345-350.)
- Cost efficient
- Quick
- Many languages available, also 24 hours a day
- Interpreters can still pick up on body language and facial expressions (decrease communication errors)
- Necessary for deaf patients or those with hearing loss

2. Can you think of any unique considerations specific to working with video remote interpreters?

Use this question to discuss best practices using video interpretation:

- Ensure equipment functioning properly prior to use
- Brief the interpreter prior to encounter if possible (similar to other modalities)
- Obtain consent from patient to use this technology
- Placement (best if interpreter can see the patient and vice versa)
- Speak directly to patient using best practices

Special circumstances:

- Consider privacy concerns (i.e., Breast feeding mother, need for patient to undress)
- Desire to request a specific interpreter (either for continuity of care or gender preferences)

3. What are the potential limitations of using video interpreting?

- Connection issues/need for internet connection
- Environmental distractions (i.e., In busy/loud emergency room)
- Privacy concerns
- Physical constraints of room
- Consistency, Continuity, and ability to request interpreters

4. Are there any circumstances video interpreters may not be appropriate?
    - Privacy
    - In person interpreter available
    - Patient preference
    - Short clinical encounter or update (for example with nursing or MA in clinic)

Part 3 (If Time):
Role-play activity to demonstrate interpreter placement (4-5 minutes)

Give each participant a labeled sign with 'role'

- Patient
- Physician
- Parent
- Optional Roles
    - Family Member
    - Medical Student
    - Sibling

Use an iPad to simulate the video interpreter

1. Allow the participants to rearrange themselves and the iPad interpreter into best positioning for a medical encounter.
2. Discuss benefits and limitations of different positioning when using video interpreter.
3. How would differences in exam room layout, patient position (prone or supine), bed, door, sink, chairs, etc. change positioning?
4. How would you factor patient privacy into positioning?