



Irish College of General Practitioners
4/5 Lincoln Place
Dublin 2

Tel: 01 6763705
Fax: 01 6765850

www.icgp.ie

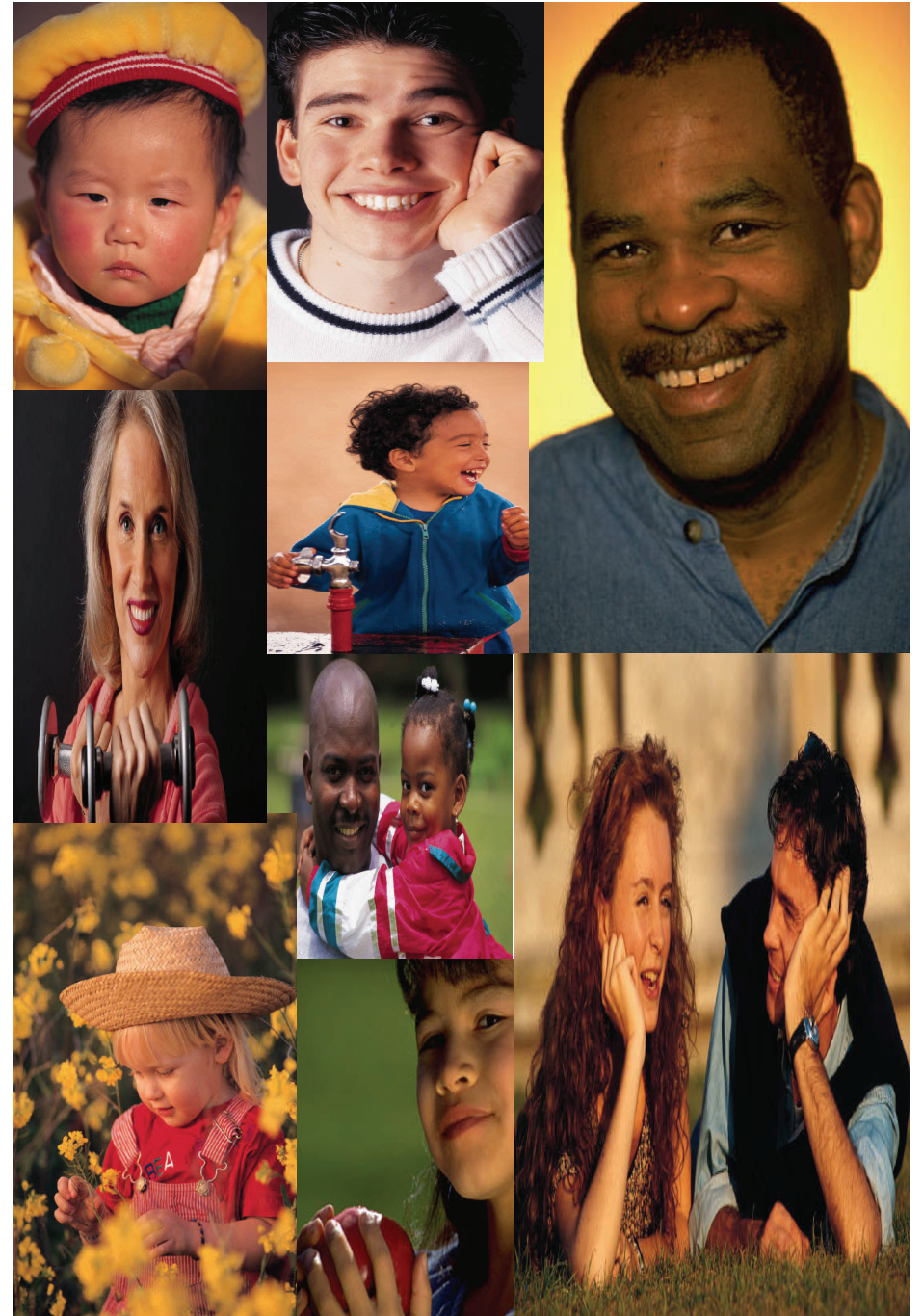
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General Practice Care in a Multicultural Society

A Guide to Interpretation Services & Cultural Competency



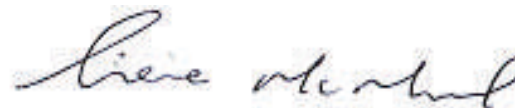
References/ Bibliography

1. Minervo S. Guidelines on cross cultural communication and use of interpreters. 2003
2. ERHA Regional Health Strategies for Ethnic Minorities. 2003
3. Phelan M., Parkman S, How to do it: work with an interpreter: BMJ 1995;311:555-557
4. Pointin T. Telephone Interpreting Service Is Available: BMJ1996;312:53
5. Massachusetts General Hospital: Medical Interpreter Service. www.massgeneral.org/interpreters/working.asp 24/03/2004
6. Cross Cultural Health Care; Guidelines for providing Health Services through an interpreter. www.xculture.org
7. The Interpretation and Translation Service; How to work with Interpreters Good Practice Guidelines for Council and NHS Lothian staff. Edition 2003
8. National Guideline Clearing House; Evidence-based protocol. Interpreter facilitation for persons with limited English proficiency. www.guideline.gov 25/04/2005
9. Best Practice Recommendations for Hospital-Based Interpreter Services; Commonwealth of Massachusetts Executive Office of Health and Human Services Massachusetts Department of Public Health. www.mass.gov/dph.bhqm/2bstpra.pdf
10. Free C Green J Bhavnani Newman A BJGP200353, 530-535 Bilingual young people's experiences of interpreting in primary care: a qualitative study.
11. The Central Statistics Office. <http://www.cso.ie/statistics/vistoi renumoseasvisits2000to2004.htm> 22/08/05
12. Cultural Competency in Medicine <http://www.amsa.org/programs/gpit/cultural.cfm> 22/08/2005

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This project was established in October 2002. The project has been set up with funding from the Department of Health and Children and the Department of Justice Equality and Law reform. General Practitioners in Ireland are now being presented with an increasingly ethnically diverse population and the aim of the project is to explore and meet the information and training needs of general practitioners in delivering care to ethnic minorities including asylum seekers refugees and migrant workers.



Dr Ciara McMeel
Director
General Practice Care in a Multicultural Society
Tel: 01-6763705
Email: ciara.mcmeel@icgp.ie



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Incorrect assumptions can be seen as disrespectful or can lead to non-compliance with advice or medication. If a patient's cultural belief is that there is no illness without disease (e.g. hypertension, hypercholesterolemia) they are unlikely to take medications when they are symptom free.

Consider adopting a more formal attitude towards patients from cultures that you are not familiar with and address them by their surname. You can develop a more casual relationship if you can establish that it is appropriate. This approach minimises the risk of causing offence.

Below is a short list of questions developed to help clarify a patient's understanding of their disease. These can be useful in cases where you perceive a cultural barrier when discussing a disease or its management.

What does your sickness do to you?

How does it work?

How severe is your sickness?

How long do you expect it to last?

What problems has your sickness caused you?

What do you fear about your sickness?

What kind of treatment do you think you should receive?

What are the most important results you hope to achieve from this treatment?⁵

The following "LEARN" model was developed as a guideline for a culturally competent approach to patient care.⁶

Listen with sympathy and understanding to the patient's perception of the problem

Explain your perceptions of the problem and your strategy for treatment.

Acknowledge and discuss the differences and similarities between these perceptions.

Recommend treatment while remembering the patient's cultural parameters.

Negotiate agreement. It is important to understand the patient's explanatory model so that medical treatment fits in their cultural framework.

⁵ Kleinman A. Patients and Healers in the Context of Culture. University of California Press. Berkeley, CA; 1980

⁶ Berlin EA, Fowkes WC. Teaching framework for cross-cultural care: Application in Family Practice. West J Med. 1983;139(6):934-938

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- If you are examining a patient or carrying out a procedure briefly state this.
- Be culturally sensitive and ask the patient about their beliefs or customs if necessary rather than assume the stereotype.
- Confirm the patient understands by asking them to tell you what they have understood.
- Allow the patient or interpreter to clarify any issues they may have had difficulty with during the consultation

After the Consultation

If you are using the HSE funded services:

For face to face interpretation, the interpreter will bring an attendance form that they themselves will fill in. This form will however need to be signed by you. If you would like to use this interpreter again for a follow-up service session, please fill the section at the bottom of the attendance form AND contact BGS⁴ using the freephone number provided.

Please fill in one of the feedback forms and forward it to the HSE for direct follow-up with BGS. This form includes a comments section where you can request more information on how to use interpreters. The form can be used for positive or negative feedback on the interpreter's performance as well as the overall service provided.

Make a note in the patient's chart of the language spoken and service used so it can be easily accessed again.

Cultural Competency

Different cultures have different attitudes and beliefs towards illness, disease and healthcare. It is valuable to develop an approach to understanding a patient's beliefs rather than to provide care according to your own beliefs or indeed to presume a stereotype.

⁴ Browne Global Solutions is the interpreting service involved in the HSE interpretation pilot.

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Introduction

Ireland has always been a multicultural society. Over the last decade the range of communities and different cultures in Ireland has increased, as has the range of languages being spoken. It has been estimated that there are approximately 300,000 people from different ethnic backgrounds living in Ireland and speaking between 80-100 different languages.¹ This is as well as the 1.9 million tourists who visited Ireland in 2004 from countries where English is not spoken.² The EU has over 400 million members who are free to travel and work anywhere within the EU.

The use of interpreters in General Practice in Ireland is currently rare and where it does take place, it is on an ad hoc basis. This may relate to a lack of experience of use, an under-estimation of the need for interpreters, (patients may appear to have reasonable fluency or present with friends or family members who are prepared to act as interpreters), concerns over the cost, or concerns about the extra time needed when using an interpreter.

It is hoped that these guidelines will help G.P.s in the following areas.

- Identifying situations where an interpreter is necessary.
 - Developing an efficient and practical system for using interpretation services in daily practice.
 - It is also hoped that the development of this service will improve equity of access for patients not fluent in English.
- Equity of care is an ethical aspiration and a legislative requirement.

The HSE is committed to developing an interpretation service for the health service including General Practice. A free interpretation service is available to GP's with GMS contracts within the HSE Eastern region from September 1st 2005. This is planned to roll out nationally depending on the success of the pilot.

In light of this the ICGP has developed interpretation guidelines to support the use of this service in practice.

¹ Regional Health Strategy For Ethnic Minorities, E.R.H.A. 2004

² C.S.O. 2004

Identification of the need for an interpreter

There are some situations where it is obvious when an interpreter is required such as when someone who cannot speak any English arrives into the surgery.

There are situations, however, where an interpreter is not used when it would have been more appropriate to do so e.g.

- A parent may have some English and use their child to fill in the words they have difficulty with.
- A patient may present with a family friend.
- Someone who is normally quite fluent may experience deterioration in his or her fluency if sick or under stress.

The simplest way to establish the need is to ask a patient. If they are not able to understand the question, a language card can be used. This is a card which says some thing along the lines of “if you would like an interpreter in this language please point here.” The card has the question printed in many languages and the patient points to identify the language they understand.³

Sometimes a patient may say they don’t need an interpreter when you feel that they do.

If you have doubts, ask some questions that cannot be answered with yes or no. It may also be useful to ask what language they like to read in or speak at home.

It is useful to have a language identification poster in the waiting room which has printed “If you would like an interpreter ask at reception” or something similar. The advantage of this is that a receptionist can make the arrangements for an interpreter before the patient goes in to the doctor thus cutting down on the length of the consultation time.

If it has been established that a patient needs an interpreter or requests one, this should be noted in the basic information on their chart. This means you

During the Consultation

- Arrange seating in a triangle (if the interpreter is on-site).
- Introduce all three parties to each other.
- Explain to the patient their entitlement to an interpreter, the role of the interpreter and confidentiality.
- Speak directly to the client using the second person “you” rather than “he /she”.
- Be aware of your tone, body language and expressions as they can help to calm or reassure a vulnerable patient.
- Speak slowly using short simple sentences. Allow time for interpretation after each sentence.
- Use active phrases rather than passive e.g “I will check your blood pressure” not “Your blood pressure needs to be checked”.
- Avoid thinking out loud or changing your mind in the middle of a sentence.
- Try not to use metaphors or colloquialisms
- Use specific terms such as “every day” not “often”
- If the interpreter is having difficulty, rephrase the same statement in different ways.
- Try to keep eye contact with the patient even if the interpreter is speaking so as not to miss non verbal cues.
- If using telephonic services it may be important to clarify what the interpreter can’t see.

³ The language identification cards and waiting room posters will be supplied by Bowne Global the interpreting company involved in the HSE pilot. If you have not received these contact ciara.mcmeel@icgp.ie

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- Interpreters are instructed to refer to themselves at any point during the session as “the interpreter”. That distinction is made to eliminate any confusion as to whom “I” refers.
- Interpreters translate dates but not convert them from one calendar into another.

Before the consultation:

It is important to keep in mind the needs of the patient regarding the interpreter; some patients will request a “same sex” interpreter. Some patients will not want interpreters from specific communities or ethnic groups because of political conflicts or beliefs.

It is worth discussing this with the service you are using.

If a rapport has been established previously with an interpreter this should be noted so the same interpreter can be requested. Continuity of interpreter may help with the disclosure of sensitive information.

When the interpreter arrives it may be necessary to brief them if you expect the consultation to be of a sensitive nature. (e.g. relating to torture or sexual abuse) or if you suspect that the patient may be very upset or angry.

Briefly establish the importance of confidentiality if this is your first experience with a service or interpreter, when a standard has been established this may become unnecessary.

Allocate extra time if at all possible. A consultation with an interpreter may take 2-3 times longer than one without.

If using telephonic services have a speaker-phone placed between yourself and the patient.

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don’t have to go through the request stage at each visit and it means an interpreter can be requested whenever the patient arrives at the surgery .

It is inappropriate to let a child or a friend interpret if there is an interpreter available as confidentiality is compromised. The history that they describe may be inaccurate due to the patient trying to avoid disclosing information, or an untrained interpreter may choose to change the content of the history. A child may have limited skills in both languages. So any patient who presents with an informal interpreter should be encouraged to change to a professional interpreter.

A patient may decline the use of an interpreter. In this case it is important to speak slowly and clearly, using simple sentences. Ask if the patient is having trouble with your accent. Write words down or use pictures if you are not understood. Repeat the same information in different ways. Avoid medical terminology, double negatives, slang, metaphors or colloquialisms where possible.

Types of Professional Interpretation Services Available.

On-site interpreters

Interpreters may be employed full time or part time by an institution (e.g. hospital) or they may be contracted hourly on a needs basis.

On-site interpreters may translate simultaneously (e.g. at multi-national meetings such as the E.U.) or consecutively (usually used in medical consultations).

On-site interpreters have the advantage of being present at a scene and being able to assess non verbal cues.

Telephonic interpreters

Telephonic interpreters are accessed by phone, normally a speaker phone. The advantage to this type of service is that a company can offer many languages which can be accessed at very short notice. The main limitation is the interpreter is not present and misses valuable visual, non verbal cues. There may be a perception of increased confidentiality with phone interpretation as the interpreter cannot see the patient.

Bilingual workers

An employee hired to do a specific job may be fluent in a second language and can be used as an interpreter. This arrangement has the advantage of a worker already being present on-site but there may be conflict about priorities and division of roles. If a staff member is used, it is important that formal arrangements are made regarding, pay and division of work. They should be offered training in issues such as confidentiality and their language proficiency should be assessed.

Using an Interpreter

The role of the interpreter

Interpreters can be used in many different circumstances and their roles may differ accordingly.

The role of the interpreter is to:

- Provide oral translation
 - Enable effective communication
 - Not to omit, add to, or offer an opinion on anything said during the session.
- Defining roles and clarifying expectations at the outset of the session is very important. It is necessary at all times to introduce the interpreter and to explain to the patient what the role of the interpreter is.
- If there is any particular procedure you would like the interpreter to follow explain it to him/her before the session commences.
- Instruct the patient to say two or three sentences only at a time. This will ensure that the interpreter has enough time to translate fully and accurately all his/her statements.
- Bear in mind that jargon, abbreviations, highly technical expressions and/or complex structures do not translate correctly, especially into tribal languages.

- Interpreters are instructed not to interrupt the patient. If the patient makes long statements, the interpreter will not interrupt him/her. Although the interpreter might be taking notes, the interpretation would not be as accurate as it is in the case of short statements. For this reason it is a good practice to ask the patient to keep their statements as short and precise as possible.
- Please note that interpreters are instructed to take notes for the following reasons:
- To guarantee accuracy.
 - To help remind the interpreters of details (dates, figures, etc).
 - As an aid to memory.
- There is no standard method of taking notes. It is a singularly individual exercise. Therefore some interpreters do not take notes. Interpreters are instructed to destroy their notes at the end of the session.
- Interpreters are instructed to seek permission from the GP before seeking any clarifications from the patients.
- Interpreters are instructed not to give any opinion or volunteer any information. They are also instructed not to give any information or opinion even if they are asked to do so.
- For scheduled requests, interpreters are instructed to have their dictionaries with them at all times. The only exception is rare and tribal languages for which there are no dictionaries and last minute requests.
- Interpreters are instructed to bring it to the attention of the GP in the unlikely event that they make a mistake or encounter a term/word that they are not familiar with.
- Interpreters are instructed to always use the first person and never say “he said” or “she said”.