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## Residents Make Inadequate Use of Professional Interpreters New research does not bode well for cross-cultural care of non-English-speaking patients

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Insufficient use of professional interpreters and inappropriate reliance on untrained translators can compromise the quality of medical care. Nonetheless, according to a national survey, a significant number of resident physicians working in U.S. hospitals report that they have not received instruction in key aspects of communicating with non-English-speaking patients.

While it is certainly not possible for hospitals to staff interpreters for every language, they are responsible for having an adequate number interpreters available for languages spoken by a substantial number of their patients, said study author Joel Weissman, PhD, Associate Professor in the Massachusetts General Hospital Institute for Health Policy, which is affiliated with Harvard Medical School in Boston. "But our paper was more about training future doctors than about supplying interpreters," he said.

Dr. Weissman and colleagues conducted a national survey of resident physicians in 2004 to evaluate their education and practices related to patients with limited proficiency in English. Surveys were mailed to approximately 3,500 residents in the final years of their training in 563 programs at 149 academic health centers. The residents were asked if they had received any type of instruction in hospital policies and procedures related to the use of interpreters. These included obtaining medical interpreters, the right of patients with limited English proficiency to have professional medical interpreters available and the dangers of using untrained interpreters. The residents also were asked about how frequently they used professional and nonprofessional interpreters.

More than half (55%) of the residents reported receiving little to no instruction in assessing patient literacy, and more than a third (35%) cited a lack of instruction in delivering care through medical interpreters. In addition, 24% to 67% of respondents said that they had not received any instruction in other aspects of interpreter use.

### Family Members Are Often Used As Interpreters

Slightly more than three-quarters of residents (77%) said they sometimes or often used professional interpreters when faced with a language barrier, while 84% used ad hoc interpretation by adult family members and friends. A majority of residents (77%) reported using hospital employees as interpreters, and 22% (including 37% of pediatric and emergency medicine residents) said that they used children.

More than half said they faced moderate or substantial problems in delivering cross-cultural care because of a lack of access to medical interpreters (54%), lack of time (58%) or lack of access to written materials in other languages (62%). The residents who reported that they lacked access to medical interpreters were also less likely to report frequent use of professional interpreters.

The study addresses the need to provide linguistically competent care, Dr. Weissman explained. The components of linguistically competent care include the following: being able to identify how well a patient or the family of a pediatric patient can read or write in English; being familiar with the hospital procedures for obtaining medical interpreters; understanding the potential dangers of using untrained interpreters; knowing how to maintain eye contact with patients when interpreters are being used; knowing how to respond when it appears that the interpreters have misinterpreted the clinician's or the patient's remarks; and knowing how to use repeat-back techniques.

"In addition to improved content of instruction, residents' ability to provide linguistically competent care depends upon improved support among colleagues and better access to necessary resources, including professional interpreters themselves and written materials in other languages," Dr. Weissman said. "Such systemic and institutional-level problems in providing cross-cultural care were cited by the majority of residents in a previous analysis of this study, and these barriers may be more difficult to overcome than a lack of training or experience."

All healthcare personnel need to know how to obtain trained interpreters and how to use them, commented Virginia Elderkin-Thompson, PhD, of the Semel Institute for Neuroscience and Human Behavior at the University of California at Los Angeles David Geffen School of Medicine. Using interpreters can be problematic because sometimes they are not clear, and if they deliver contradictory information, it is necessary to go back and clarify the point, she said.

Dr. Elderkin-Thompson has conducted research while using bilingual nurses as interpreters and has found that in the best-case scenario, the nurse, physician and patient all work together. "I found that every so often, one physician would work very well with one nurse, and after every few minutes of interpretation, the physician would stop and summarize what had transpired and ask if that was correct," she said. "The physician continued to maintain eye contact with the patient, and as the physician reflected back to the nurse, the nurse would reflect back to the patient and ask if that was correct."

Using co-workers such as nurses is not necessarily a bad idea, she said, if they are able to translate without bias and physicians can learn to work with them effectively. "Nurses may have a better understanding of a medical problem, as opposed to a professional translator," she added. "And patients may feel more comfortable speaking with a nurse, rather than a stranger who is not a medical professional."



## We Speak Together

A national program entitled *Hablamos Juntos*, or *We Speak Together*, has been launched to develop affordable models for healthcare organizations to break down language barriers and deliver cross-cultural healthcare. Its three main goals are to increase the availability and quality of interpreter services for Spanish-speaking patients in healthcare facilities, provide useful healthcare-related materials in Spanish and develop easy-to-understand ways for non-English-speaking patients to navigate healthcare facilities.

Funded by The Robert Wood Johnson Foundation, *Hablamos Juntos* "has

become the premier national resource for guidance on interpretation services, standards, translated materials and signage [Figure],” according to Joel Weissman, PhD, of the Massachusetts General Hospital Institute for Health Policy in Boston.

To obtain interpreter services, download language-neutral signage, browse the resource library, and for information on the group’s other offerings, visit [www.hablamosjuntos.org](http://www.hablamosjuntos.org).

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