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An initiative of the Standards and Training Committee

NCIHC

NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE

Cultural Incompetence: A Fix-It Seminar for Interpreter Trainers

Guest Trainer:
Marjory Bancroft, M.A.

Webinar Work Group Hosts:
Rachel Herring & Erin Rosales

January 30, 2014

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Housekeeping

- This session is being recorded
- Certificate of Attendance
  trainerswebinars@ncihc.org
- Audio and technical problems

- Questions to organizers ("Chat")
- Q & A
- Twitter #NCIHCWebinar

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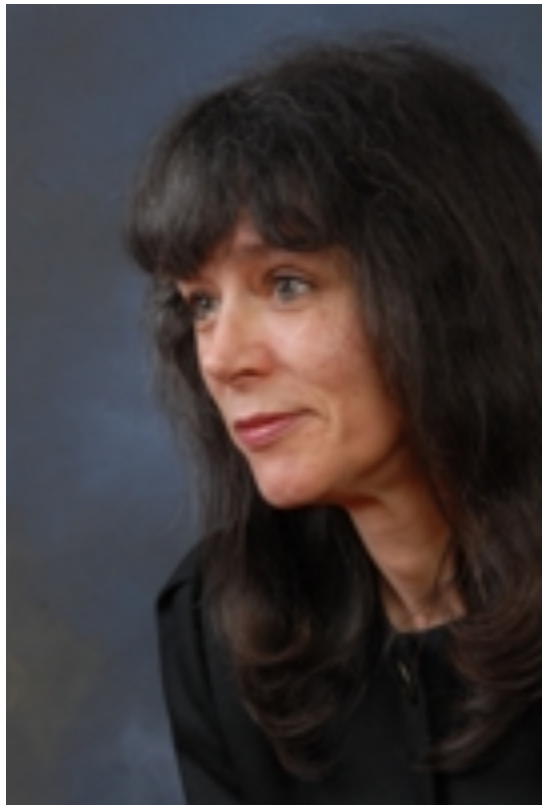
Welcome!

Guest Trainer:

Marjory Bancroft, M.A.




Cultural Incompetence
A Fix-It Seminar for Interpreter Trainers
Marjory Bancroft, MA, for NCIHC Webinar, 1/30/14
fppt.com

Poll Question #1

Do you think the cultural expert on the patient is:

a)The doctor

b)The interpreter

c)The patient's spouse or family member

d)The patient

e)Any combination of the above

Learning Objectives

1. Identify three key concepts about cultural competence to teach medical interpreters.
2. List and become familiar with the steps, sample scripts and framework for teaching interpreters to perform safe, effective cultural mediation (AKA culture brokering)
3. Explore the LEARN model as a framework for teaching cultural mediation.

Learning Objective 1

1. **Identify three key concepts about cultural competence to teach medical interpreters.**
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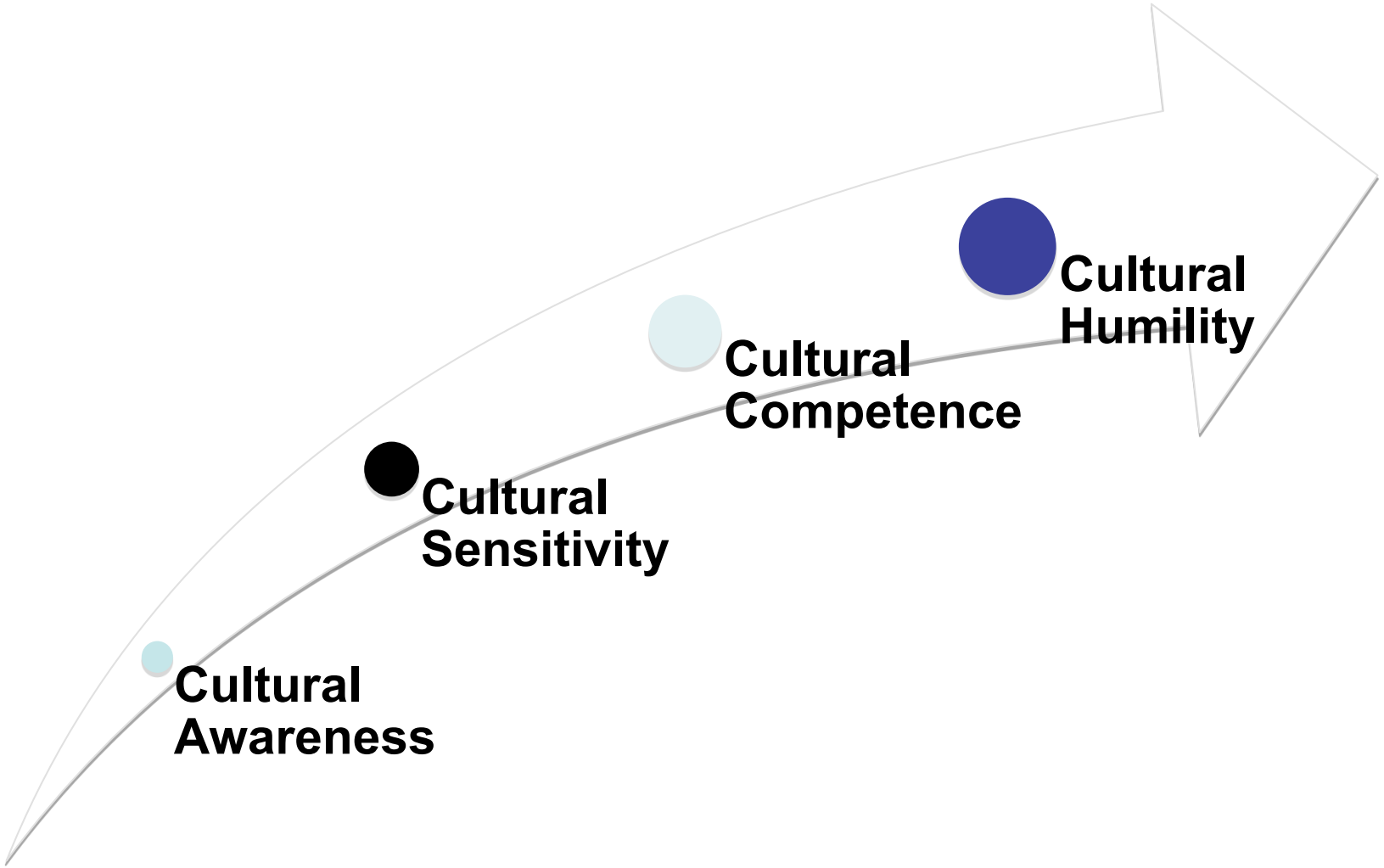
The Cultural Competence Journey

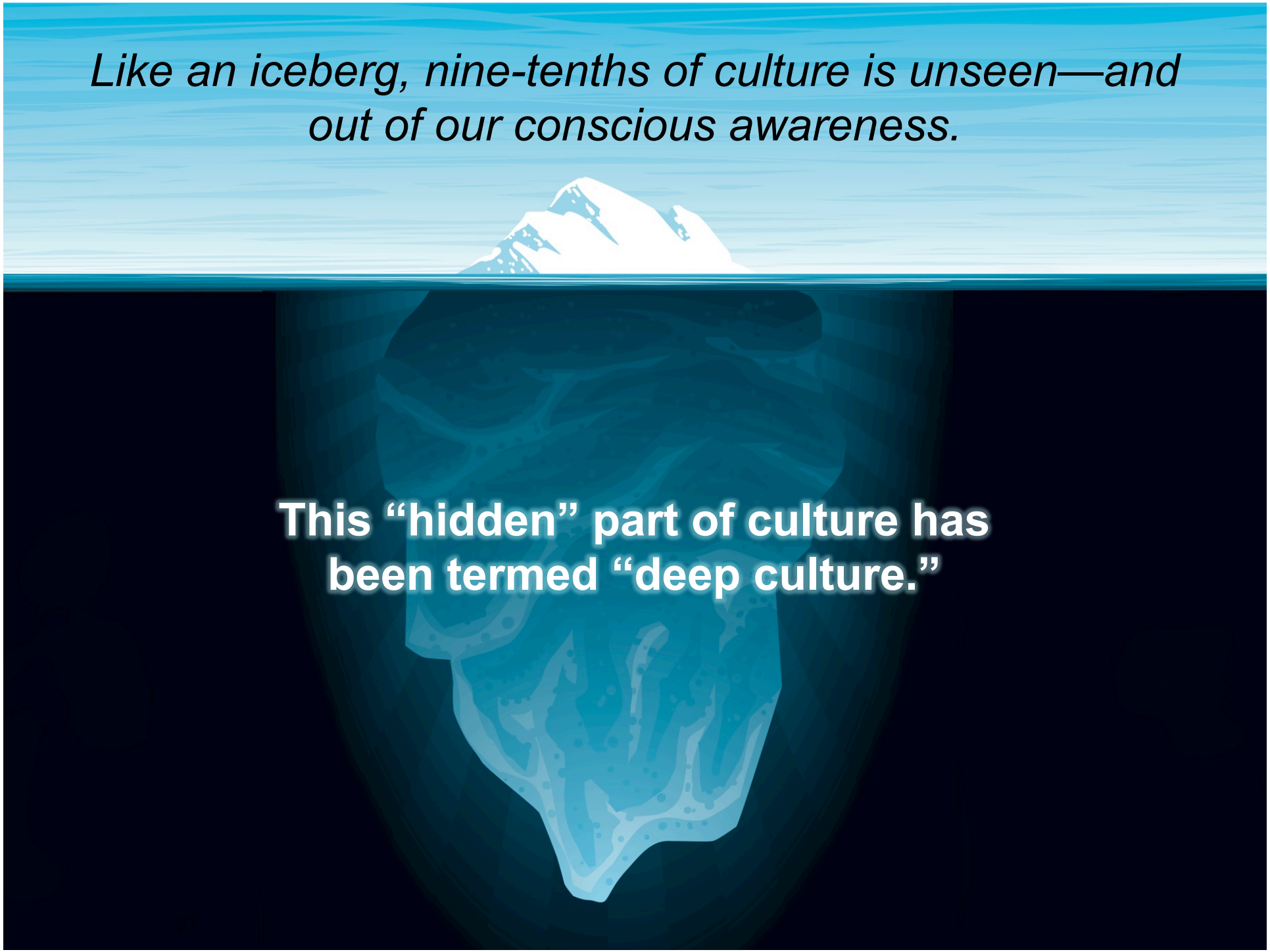


THE EVIL EYE: Part 1

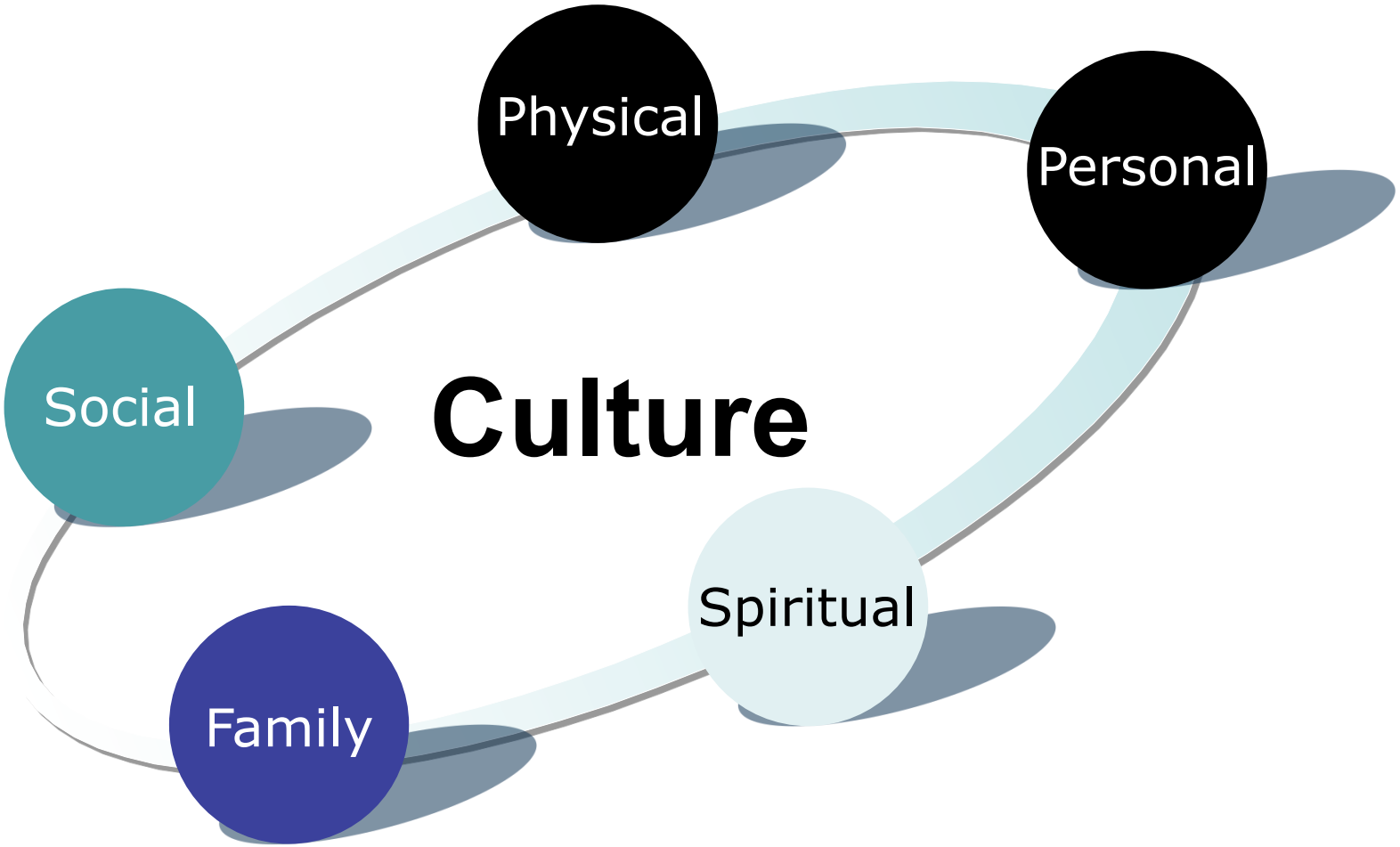
What Is Cultural Competence?

- Around the world, there are different beliefs about cultural competence.
- Many interpreters believe that their cultural role is to know and explain facts about a specific culture as needed.
- But what does research and medical practice tell us about cultural competence?

Like an iceberg, nine-tenths of culture is unseen—and out of our conscious awareness.



Culture Is Complex



The Three Concepts

As trainers, we want to be careful to teach interpreters three simple facts:

- Interpreters are not cultural experts.
  - The interpreter's job is NOT to explain culture but rather to facilitate cultural dialogue.
- They may IDENTIFY and disclose cultural barriers.
  - I.e., instead of *explaining* a cultural issue, they may point out what might have triggered the misunderstanding.
- The only cultural expert on the patient is…

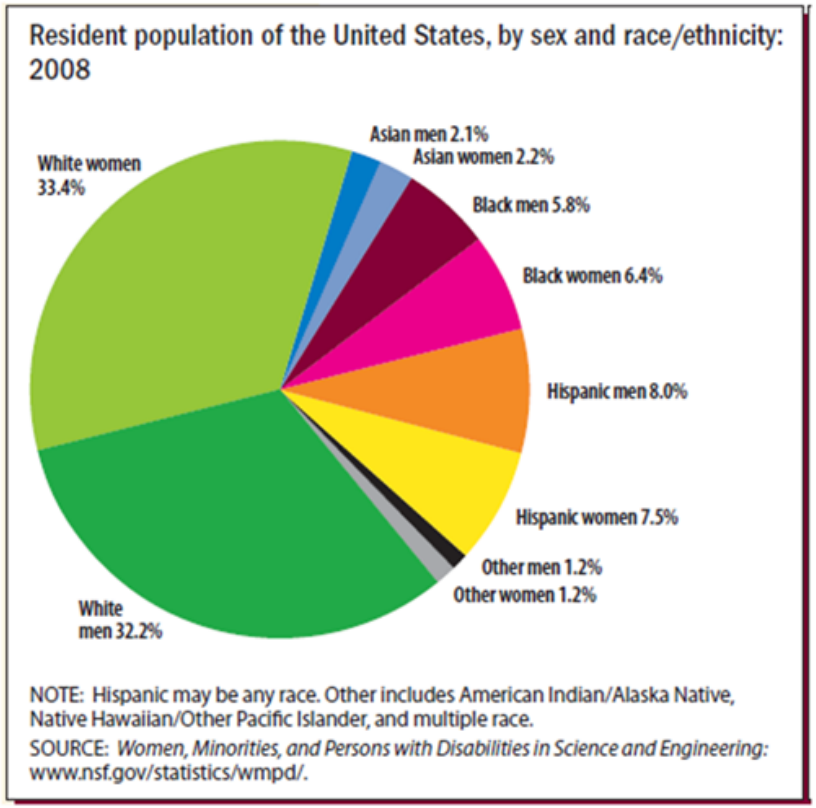
Cultural Knowledge vs. Cultural Awareness

Cultural Competence

The ability of individuals and systems to respond respectfully and effectively to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities.

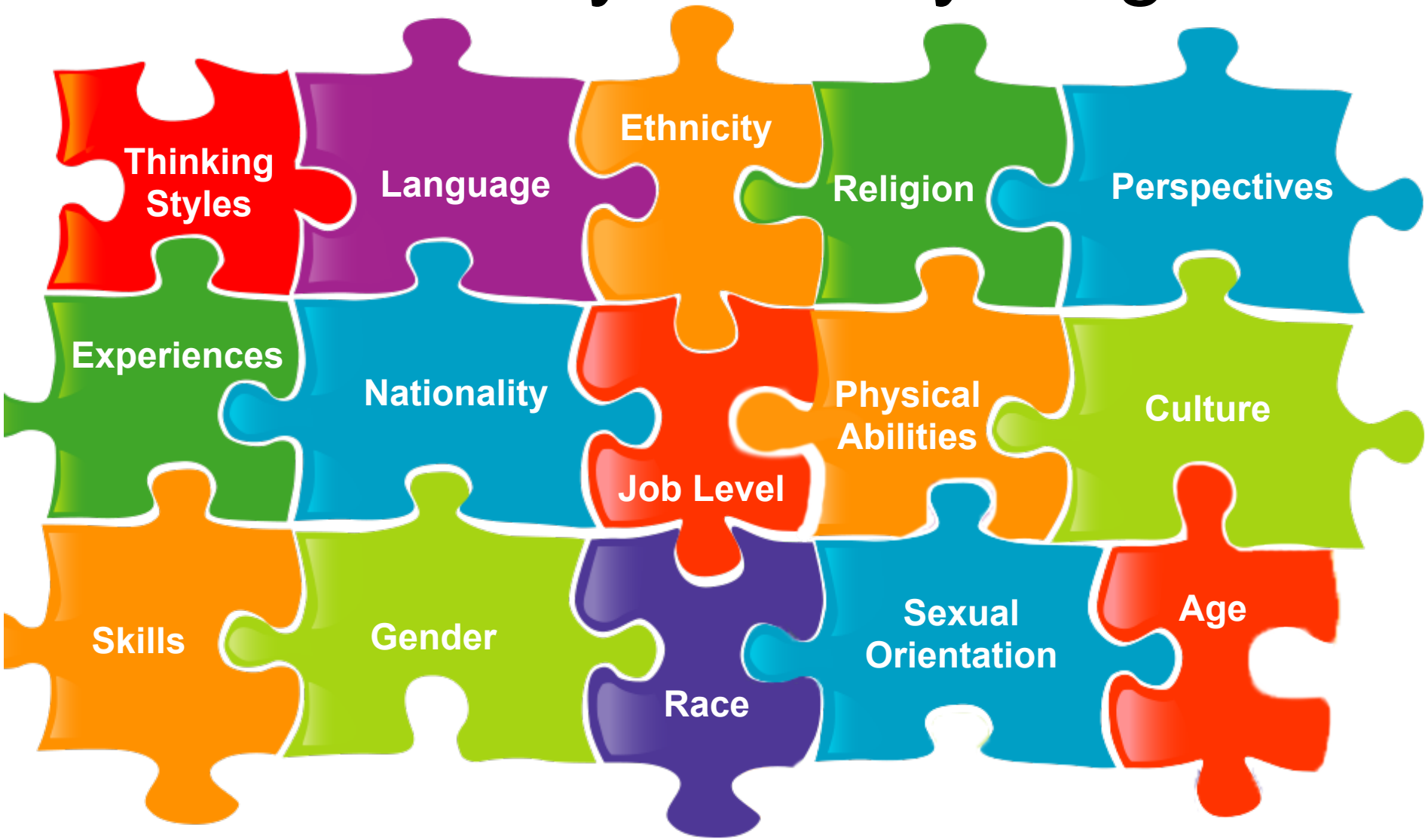
-Ohmens, P. (1996) Recommendations from Six Steps Toward Cultural Competence: How to Meet the Needs of Immigrants and Refugees. Minneapolis, Minnesota: Health Advocates.

What Is Diversity?



Many people look at culture and diversity in terms of race and ethnicity. In reality, diversity is more diverse.

Diversity Is Everything



We Are Not Cultural Experts

- Many people treat interpreters as cultural experts.
- This is a dangerous assumption.
- Diversity it too diverse: no one can know it all, and every individual is culturally unique.
- No one is a cultural expert on another human being.
- But how can you convince training participants?

The Interpreter: A Cultural Treasure (Not Expert…)

Here are some strategies for convincing your participants that they are not cultural experts:

1. Diversity training activities
2. Video vignettes
3. Research and experts
4. The training of health professionals
5. The LEARN model

Diversity Training

- Diversity training activities expose unconscious bias.
- We *assume* we know other human beings.
- Diversity activities (some of them famous) expose those assumptions.
- For interpreter training, try to find shorter diversity activities.
- *Try to attend diversity trainings.*

Video Vignettes

- One film is often worth hours of lectures.
- Some are free on YouTube: e.g., *Worlds Apart (abridged) http://www.youtube.com/watch?v=K5d_iPaUrWw; , Silent Beats, http://www.youtube.com/watch?v=76BboyrEl48; Ask me 3 (for health literacy), http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/* ,
- Some are not free, e.g.: *World of Differences: Understanding Cross-Cultural Communication; Kaiser Permanente, Clinical Cultural Competency Series; Crossing Cultures: Five Simple Steps to Improve Health by Improving Communication.*

Video Vignette #1

Let's watch the following video from Worlds Apart (A Series on Cross-Cultural Health Care), Episode 3.

http://www.youtube.com/watch?v=-MkOiWJdoTI

Poll Question #2

Imagine that you are the interpreter facing a major cultural barrier like the one in the video, and you know the cultural reasons for it. The healthcare provider is angry and upset at the parent's refusal to perform heart surgery on the child. Would you:

a) Simply interpret what was is being said?

b) Intervene to explain the religious concern?

c) Suggest that the healthcare provider contact a cultural specialist on the issue?

d) None of the above?

Research and Experts

- A growing body of research shows that it is the *provider's* role and responsibility to provide culturally responsive services.
- The organization is also responsible.
- This approach goes to the very heart of patient-centered care—and the interpreter should not interfere with it.
- Research also shows that interpreters who interfere with patient-centered care cause difficulties.

Reducing Disparities

- Research

- Can Cultural Competency Reduce Racial & Ethnic Health Disparities? A Review and Conceptual Model. Brach C, Frazer I. (2000) *Medical Care Research and Review* 57, Suppl. 1:181-217.

- Cultural Competence: A Systematic Review of Health Care Provider Educational Interventions. Beach M.C. *et al* (2005) *Medical Care* 43(4):356-373.

- *Setting the Agenda for Research on Cultural Competence in Health Care: Final Report* Fortier JP, Bishop D, eds (2004). Resources for Cross Cultural Health Care. HHS Office of Minority Health and Agency for Healthcare Research and Quality. Rockville, MD

- Reality

Wise Words from IMIA

- *[The interpreter's] role in such situations is not to 'give the answer' but rather to help both provider and patient to investigate the intercultural interface that may be creating the communication problem.*
- *Interpreters… have no way of knowing where the individual facing them in that specific situation stands along a continuum from close adherence to the norms of a culture to acculturation into a new culture.*

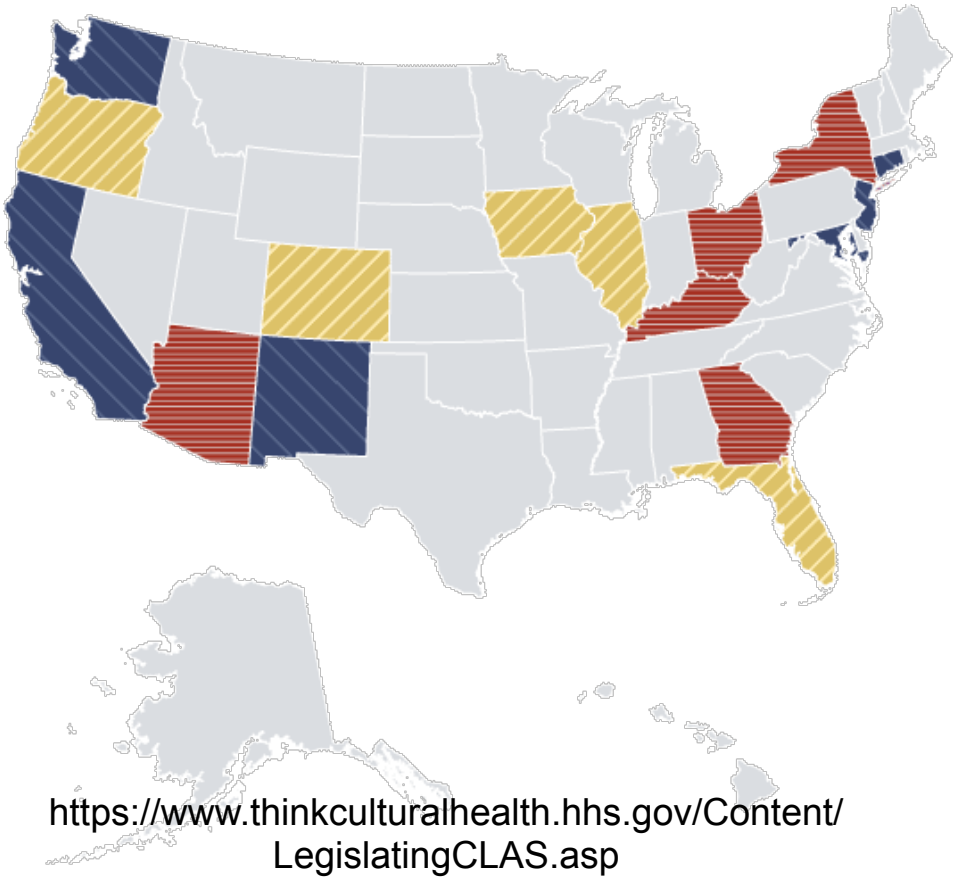
  - MMIA/IMIA

    Standards of Practice

The Training of Health Professionals

- Today most health professions schools require cultural competence education.
- Health professionals are taught that *they and the healthcare organization* are responsible for asking the patient (not the interpreter) for cultural and health belief information relevant to the encounter.
- Please teach your interpreters about this fact: culture is a *collective* responsibility.
- It is not the burden of the interpreter.

Legislative Requirements



https://www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp

BLUE

- legislation has passed requiring (CA, CT, NJ, NM, WA) or strongly recommending (MD) *cultural competence training for health professionals.*

RED

- legislation referred to committee and/or under consideration.

YELLOW

- legislation dead in committee or vetoed. Source: DHHS

The Cultural Expert

There is only one cultural expert on the patient.
And that is…

THE EVIL EYE: Part 2

Learning Objective 2

1. Identify three key concepts about cultural competence to teach medical interpreters.
2. List and become familiar with the steps, sample scripts and framework for teaching interpreters to perform safe, effective cultural mediation (AKA culture brokering).
3. Explore the LEARN model as a framework for teaching cultural mediation.

A Sobering Story

- Let's watch another Worlds Apart episode.
- This is Episode 1: http://www.youtube.com/watch?v=K5d_iPaUrWw
- The patient in this true film will die sooner than expected.
- As you watch, try to decide what caused the communication problem.

Cultural competence can be a matter of life and death!

Identify Cultural Barriers—Don't Explain Them

- My story…

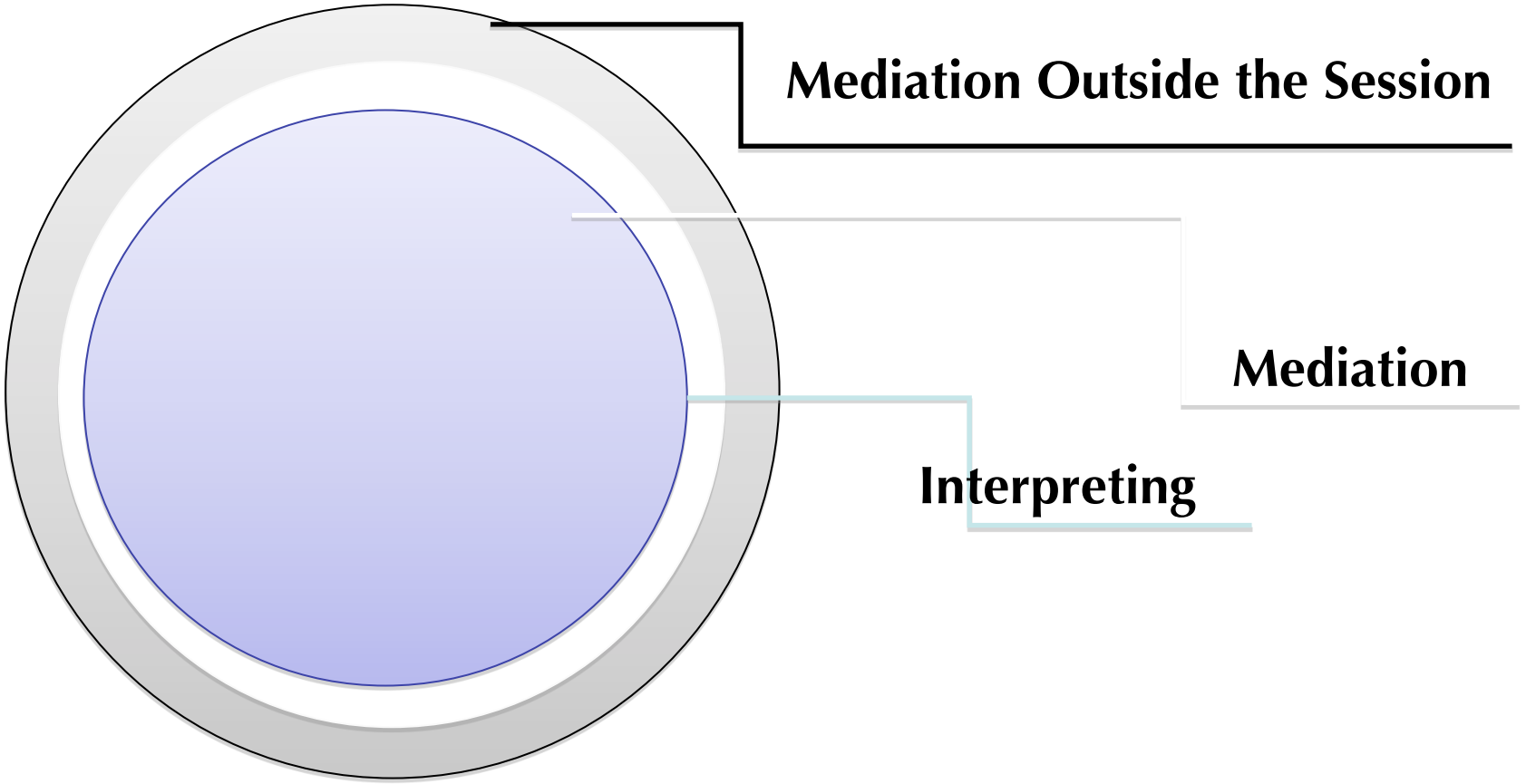
Three Interpreter Responsibilities

Interpreting: Rendering an oral or signed message from one language into another, orally or in sign language.

Mediation: Any act or utterance of the interpreter that goes beyond interpreting and is intended to address barriers to understanding.

Mediation outside the session: Mediation that takes place before or after the session, typically to address patient follow-up, provider education, a pre-conference, debriefing or advocacy.

The Three Responsibilities



Mediation Means Intervening to Address a Communication Barrier

In medical interpreting, you are essentially responsible for two tasks or roles:

1. Interpreting
2. Mediating (intervening)

At any given time, you are either interpreting or mediating.

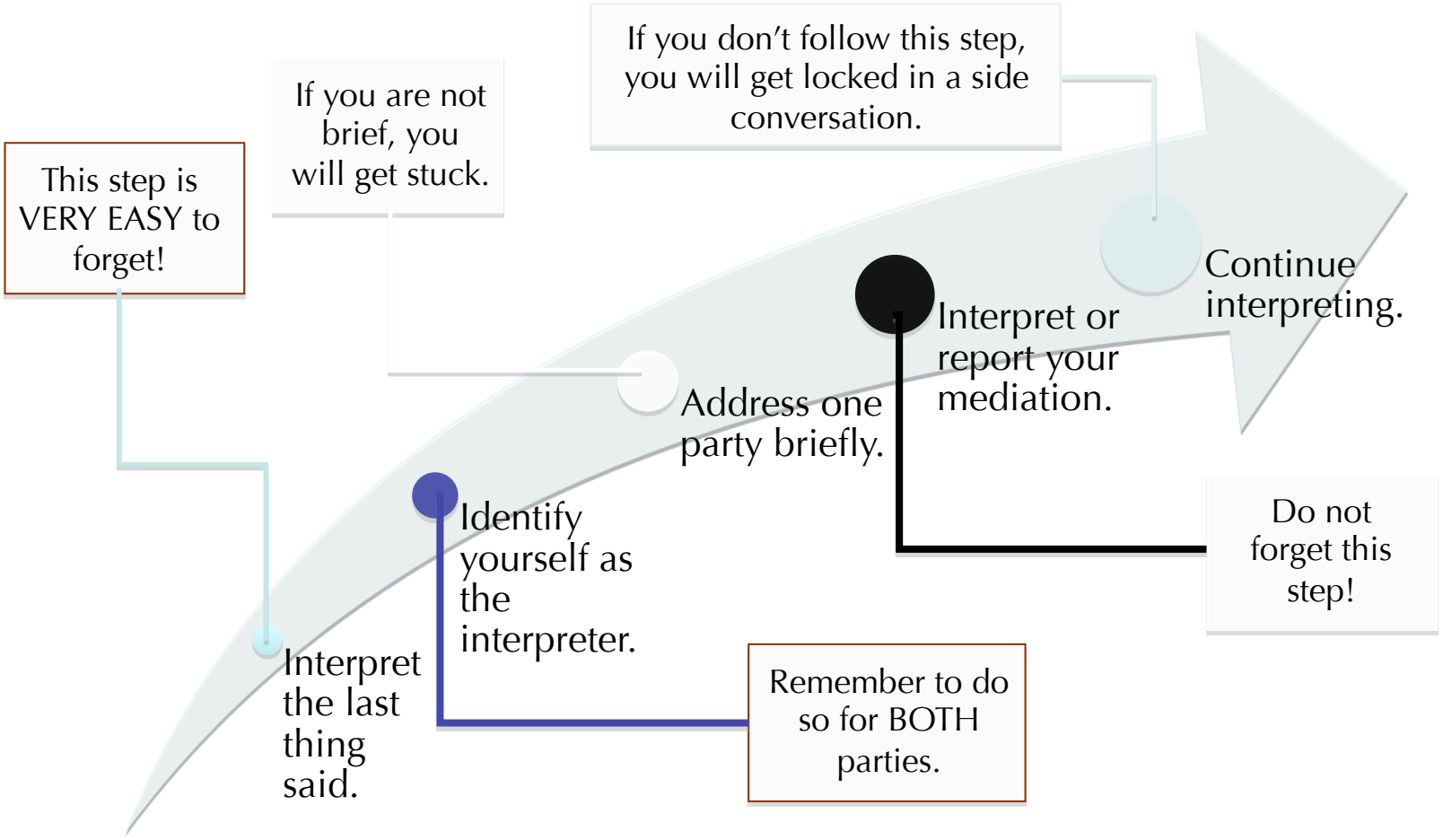
Sample Learning Activity: Should I Mediate? Yes or No

1. The patient doesn't seem to understand much.
2. The provider or patient uses a term or phrase you don't know.
3. The provider is rude.
4. A doctor is prescribing medications to a patient who is fasting for religious reasons—and the doctor clearly does not know this.
5. The provider is speaking in very high register that seems impossible to interpret in a way that makes sense to the patient .

How to Mediate: Steps for Mediation

1. Interpret what was just said or signed.
2. Identify yourself as the interpreter.
3. Address one party briefly.
4. Interpret or report your mediation.
5. Continue interpreting.

Strategic Mediation



Mental Scripts

- To practice strategic mediation, you need to help participants plan.
- Otherwise they will freeze.
- They may have no idea what to say.
- So help them plan ahead and develop mental scripts.
- As a trainer—prepare examples in your own voice.

Crash Class in Script Writing!

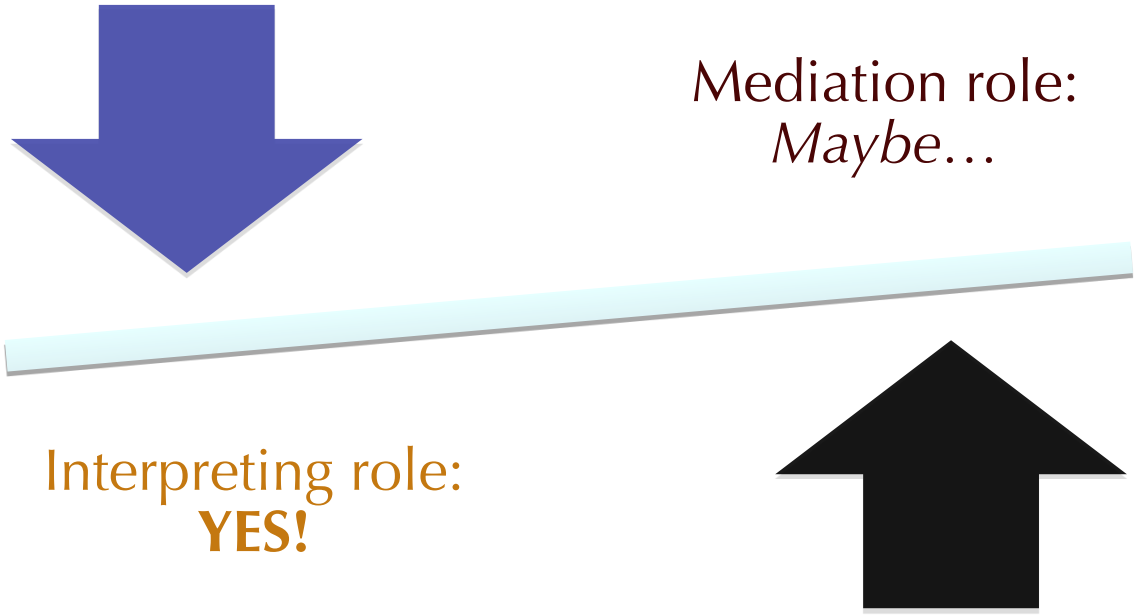
Trainers, what would YOU say as an interpreter if there was a serious cultural deadlock about:

1. The patient clearly (to you) doesn't know what a kidney is.
2. The patient has no understanding that the session will be kept confidential.
3. The patient doesn't want to know he's going to die in 6 months.
4. The patient thinks a blood draw may let in bad spirits that could kill him.

Sample Scripts

1. “As the interpreter I’m concerned there may be a misunderstanding about what a kidney is.”
2. “The interpreter senses a break in communication about the idea of patient privacy.”
3. “The interpreter suggests you may wish to verify the patient’s preference for who will receive medical information.”
4. “As the interpreter I’m concerned there may be cultural differences regarding the safety of drawing blood.”

Weighing Roles

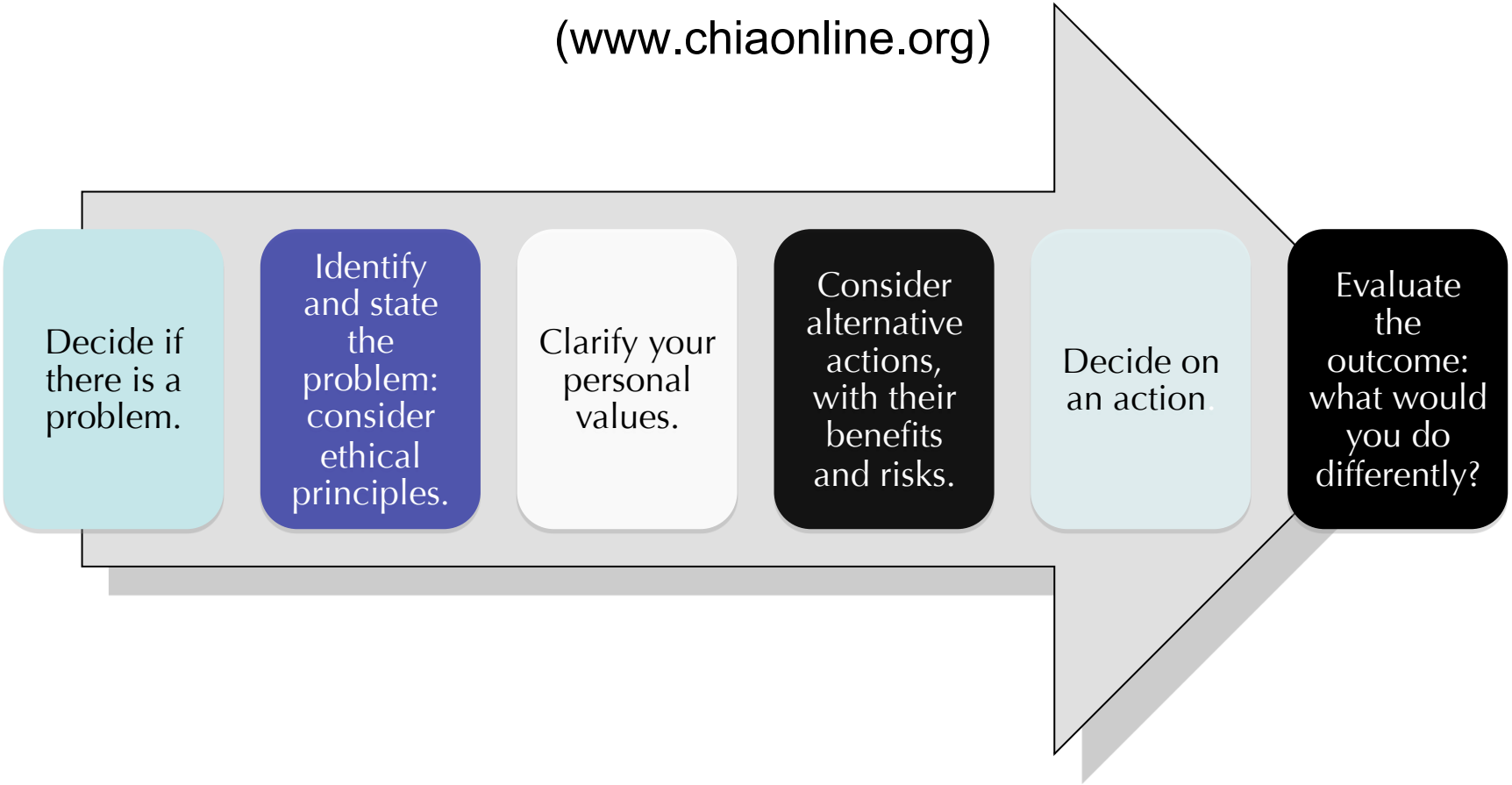


Please guide interpreters to think carefully before they intervene!

Ethical Decision-Making

The CHIA guidelines (adapted) come in six steps.

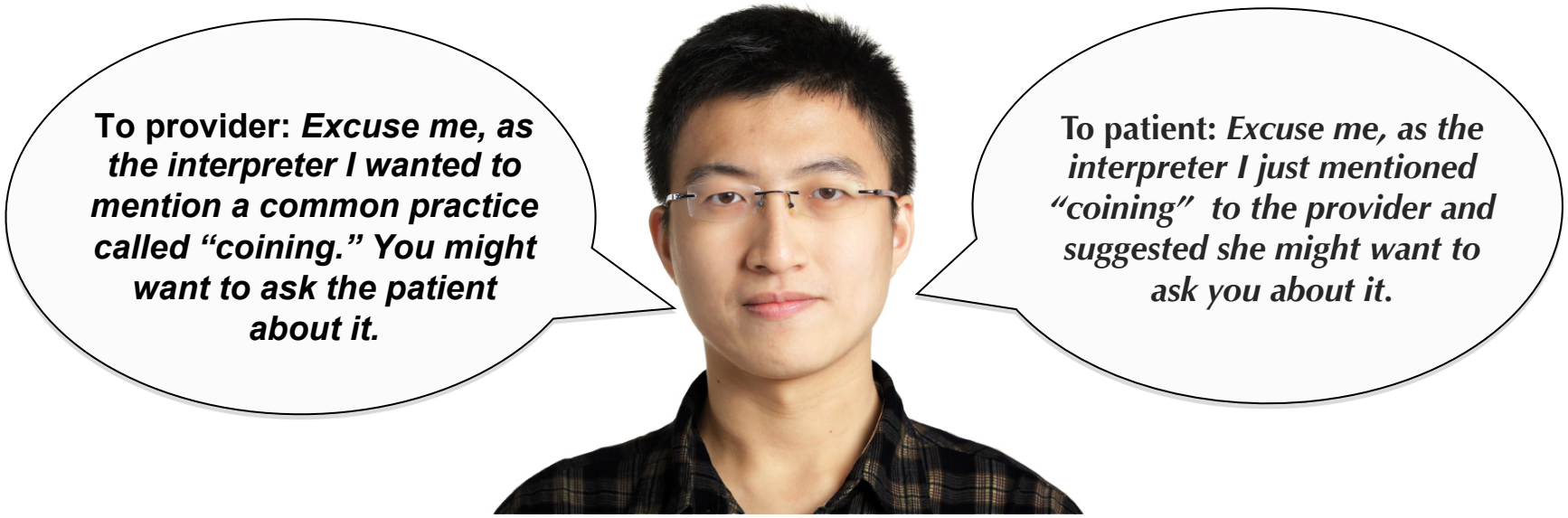
(www.chiaonline.org)



Example of Cultural Mediation

- You see red marks on a child that show the parent applied a cultural remedy (like cupping, coining or spooning).

- The provider knows nothing about it. You are very aware that she may report the parent possible child abuse.



The Interpreter: A Cultural Treasure

- Interpreters provide cultural information when it is ***truly needed***.
- Teach them to use their cultural awareness to *identify* the key issues.
- Urge them to let the provider and patient ask questions or explain.
- Remind them that the culture of the system is a culture too.
- Ask them n*ever to speak about the patient's beliefs:* we are not mind-readers.

There is no need to explain any aspect of culture that the patient or provider can explain.

Teaching the Concept of Autonomy

- The patient has the right to self-determination.
- We need to show interpreters how not to influence a patient's decision by supporting clear communication.
- We want to show interpreters how to mediate rarely promote autonomy, not dependence.
- "When in doubt—stay out!"

Learning Objective 3

1. Identify three key concepts about cultural competence to teach medical interpreters.
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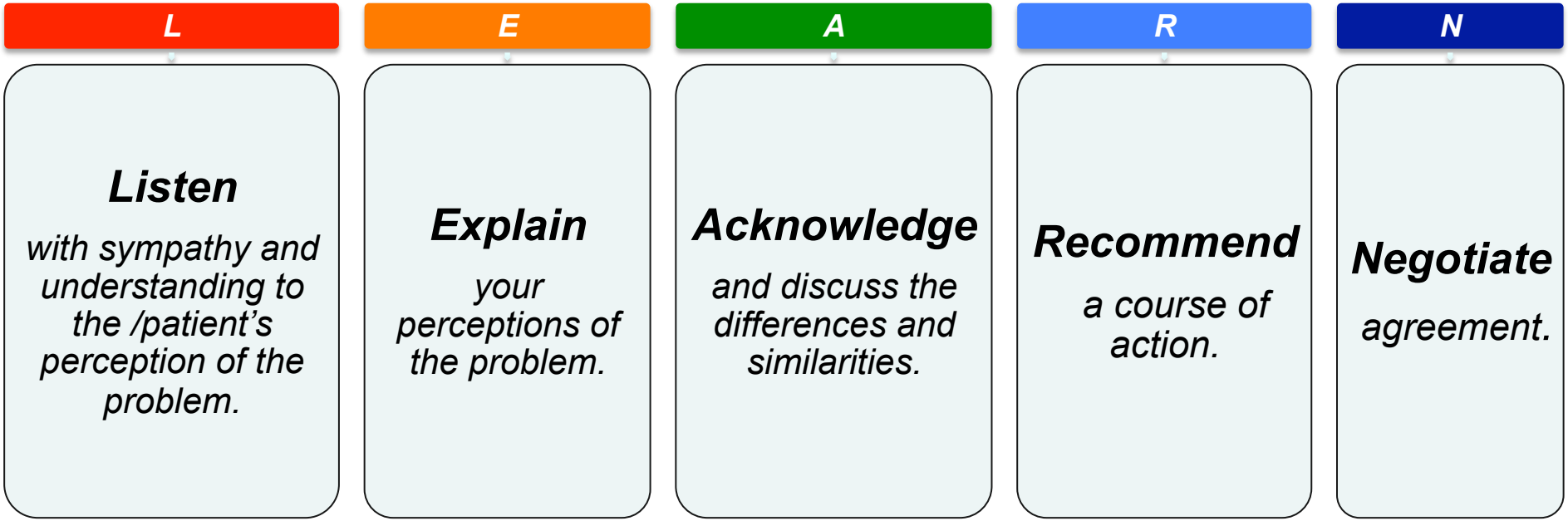
The LEARN Model



Adapted from Berlin EA. & Fowkes WC, Jr. (1983). A teaching framework for cross cultural health care--Application in family practice. *Western Journal of Medicine* 139 (6): 934-938.

“Crossing Cultures”

- Let’s watch a short film about the LEARN model from The Medicine Box Project (www.medicinebox.org)

The LEARN Model

- The LEARN model was developed by physicians and medical researchers.
- It has helped to revolutionize our understanding of how to work with patients from diverse cultures.
- LEARN can be used effectively as a tool to help train medical interpreters.

LEARN vs. Stereotypes

Stereotypes are usually defined as simplifying generalizations people use when they think about and/or act toward other individuals or groups.

-Jan Kubik, Rutgers University

Even positive stereotypes have negative effects. Stereotypes often lead to bias and discrimination.

The LEARN model avoids stereotyping by approaching each patient as a culturally unique individual.

Stereotypes vs. Generalizations

Stereotypes	Generalizations
– Stereotypes are based on opinions, not facts. – They suggest that everyone in a group is the same. – They are often derogatory or negative.”	– Generalizations are more neutral. – They tend to be based on facts, research or assessment. – They are not personal opinions. – The intent behind them is often to help or educate.

Stereotypes as End Points

"A **stereotype** is an ending point. No attempt is made to learn whether the individual in question fits the statement."

"A **generalization**… is a beginning point. It indicates common trends, but further information is needed to ascertain whether the statement is appropriate to a particular individual."

-Geri-Ann Galanti

http://www.ggalanti.com/concepts.html

How Cultural Competence Works

- Let us not teach interpreters to ask questions like, “Do you understand?”
- Instead, the key is guide the provider—not the interpreter!—to ask the right questions.
- When you train, give examples of the questions that providers should be asking:
  - “What do you call your problem?”
  - “What do you think caused it?”
  - “Why has it happened to you?”
  - “Why now?”

Interpreters don't have to solve cultural barriers.

But they can do three big things

- Remember that each patient is culturally unique.
- Guide the provider to ask the right cultural questions.
- Practice safe, effective cultural mediation.

Teach interpreters to understand that the provider's best source of *relevant* cultural information is the PATIENT.

Recommended Reading

- De facto national standards for cultural competence training and education by Jean Gilbert: http://www.calendow.org/uploadedfiles/principles_standards_cultural_competence.pdf
- The LEARN Model: http://etl2.library.musc.edu/cultural/communication/communication_4.php
- *http://cirrie.buffalo.edu/culture/curriculum/resources/models/*
- An article entitled a “crash course” in cultural competence geared for providers; a wonderful read: http://www.ishib.org/journal/16-2s3/ethn-16-2s3-29.pdf.

“We Are All Human”

Questions?

Marjory Bancroft, MA, Director

Cross-Cultural Communications, LLC
10015 Old Columbia Road, Suite B-215
Columbia, MD 21046

410-312-5599 *(voice)*
410-750-0332 *(fax)*

mbancroft@cultureandlanguage.net
www.cultureandlanguage.net

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- Future events
- Session Evaluation
- Follow up via email

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