



Thanks for Making That Mistake!

Using Errors as an Interpreter Teaching Tool

Guest Trainer:

Juan Gutiérrez Sanín, M.D., MPH

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Housekeeping

- This session is being recorded
- Certificate of Attendance
 - *must attend full 90 minutes
 - *trainerswebinars@ncihc.org
- Audio and technical problems



- Questions to organizers
- Q & A
- Twitter #NCIHCWebinar



Welcome!

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Errors in Healthcare Interpretation Understanding and Correcting them

Juan F. Gutierrez Sanin MD MPH

Backbone



- ◆ Bedrock of interpreter rules is accurate and complete transmission--across types of interpreting
- ◆ As trainers of medical interpreters, what should we teach regarding accuracy?
 - ◆ Do we care at all about whether the original speech is accurate, within itself?
 - ◆ Do we care if it is completely audible and clear?
 - ◆ What if the original is ambiguous?
 - ◆ How much does the interpreter need to pay attention to whether the source content or meaning, makes sense?

Backbone



- ◆ How do we make the interpreter student accountable for what s/he actually says?
 - ◆ That they must relay the truth from the other party?
- ◆ How do we teach interpreters to be accurate?
 - ◆ What kinds of role plays and targeted practice do we use?
 - ◆ What kinds of rubrics should we use?

Magic Wand 1 - Doctor Vague

If we could visualize a perfect world, every interpreter would first do a COMPLETE teach-back to the speaker, before turning to the other party and saying the same thing in the other language. Lack of clarity would be exposed and corrected.



- ♦ DOCTOR: Take this three times a day for 2 days, then go back to normal.
- ♦ INTERPRETER TO DOCTOR: Take this three times a day for 2 days, then do what? What is normal?
- ♦ DOCTOR: Take this three times a day for 2 days, then only use it when you have a headache.
- ♦ INTERPRETER TO PATIENT: Take this three times a day for 2 days, then only use it when you have a headache.

Magic wand 2

Interpreter misunderstood



- ◆ Doctor: Take this 3 X today, 3X tomorrow, then decrease by one for the rest of the week.
- ◆ Interpreter to doctor: Take this 3X today, 3X tomorrow, then decrease to one for the rest of the week.
- ◆ Doctor to interpreter: No. I will say it differently. Take this 3X today, 3X tomorrow, 2X for the rest of the week after that. Friday evening is the last dose.
- ◆ Interpreter: Take this 3X today, 3X tomorrow, 2X for the rest of the week after that. Friday evening is the last dose.

Intro to Errors Topic



- ◆ For healthcare providers, it is no longer good enough to check the box that says “language support was provided”
- ◆ Patient care outcomes differ widely based on accuracy of interpretation and translation
- ◆ Hospitals and clinics now being held accountable for preventable errors
- ◆ Individual interpreters can and will be held accountable for errors
- ◆ Trained interpreters are better at accuracy, but what does training actually include and assure?

Training around Accuracy and Completeness



- ◆ It's not enough to exhort interpreters and translators to be accurate and complete.
 - ◆ This is like telling pilots that they must not crash the plane.
- ◆ Use evidence from research to:
 - ◆ Indicate where interpreters make the most mistakes
 - ◆ Indicate where interpreters make the most dangerous mistakes for outcomes

Train to Avoid Mistakes

Build curriculum to:



- ◆ Direct attention to mistakes-- heighten awareness of how mistakes look, sound
- ◆ Direct attention to the environmental conditions which make mistakes more likely to happen
- ◆ Differentiate between key mistakes and less important mistakes,
 - ◆ then focus on key mistakes

Train to Avoid Mistakes



Have students practice error recognition and recovery, rather than focusing on speed and cover-up

- ◆ Promulgate techniques like interpreter teach-back, which prevent errors from happening
- ◆ Help each student self-assess constantly on gaps in knowledge and skill for ongoing mastery work

Desired Outcomes

1. Minimizing Diagnostic Errors

Adverse events affecting limited English proficient patients are more likely to cause serious harm or death (Divi, Koss et al, 2007)

2. Minimizing medication errors

50% of patients have at least 1 medication discrepancy at the time of admission. Over 1/3 of those discrepancies cause moderate to severe harm (AHRQ, 2013)

3. Maximizing self-monitoring and self-correcting abilities

Key Areas in Error Awareness

- ◆ Intelligibility (Diction, Pronunciation)
- ◆ Volume
- ◆ Fidelity to the Message
- ◆ Illocutionary force (intent)
- ◆ Paralinguistic Elements (speakers' and own)
- ◆ Additions

Poll



- ◆ How often do you use interpreting errors for training your students?
 - ◆ Never
 - ◆ Occasionally
 - ◆ Frequently
 - ◆ Always

Errors in Interpretation

These underlying causes:

1. Inadequate Language Proficiency
2. Inadequate Knowledge of science or health process
3. Inadequate Literacy
4. Inadequate Numeracy

Lack of training in human interaction elements lead to these resulting inaccurate and incomplete interpretations

1. Literal Translation/ Interpretation
2. Inadequate Register Conservation
3. Distortions
4. Omissions
5. Additions
6. Non Conservation of Paralinguistic Elements



Inadequate Language Proficiency

- ◆ The trainer of interpreters must assess for proficiency, across all areas necessary for healthcare interpreting
- ◆ The student must make a plan to clearly target gaps in proficiency

Literal Translations

- The interpreter focuses on the words rather than the meaning of the message.
 - Examples:
 - Culture (literal Cultura) = Cultivo
 - Discharge (literal Descarga) = Alta
 - Actually (literal Actualmente) = Realmente
 - Sane (Literal Sano) = Cuerdo
- Often times confusion is caused by presence of false cognates.

Literal Translations

Sources for training materials:

- Gonzalez, R et al. “Fundamentals of Court Interpretation: Theory, Policy and Practice”. Durham, NC: Carolina Academic Press
- Spanish Dict.com: “False Cognates”,
<http://www.spanishdict.com/topics/show/111>
- A. Giles, “Interpreter Training Resources”:
<http://interpreters.free.fr/simultaneous/simexercises.htm#reformulation>

Errors in Interpretation

3. Register Conservation:

Refers to the lack of ability to preserve the level of complexity of formal or technical speech.

Also includes the meaning of common expressions or idioms.

Errors in Interpretation

4. Distortions:

Deficient language skills, memory skills or interpreting skills

5. Omissions:

Information is deleted or left out

6. Additions:

Information is inappropriately added

Errors in Interpretation

7. Protocol, Procedure and Ethics:

Issues like confidentiality, impartiality and professional behavior have a dramatic impact on the quality of interpretation.

8. Non Conservation of Paralinguistic Elements, Hedges and Fillers:

Interpreters are supposed to convey repetitions, ums, uhs, ahs, and sighs as part of the messages as well as reflect the general tone and nonverbal expressions. These are part of the meaning of the message.

Location of Errors in Interpretation

- ◆ Where is the error located within the interpreting process?
- ◆ 3 Phases:
 - ◆ Comprehension
 - ◆ Transfer
 - ◆ Reformulation
- ◆ Location often determines the seriousness of the error.



Location of Errors in Interpretation

- ◆ Comprehension:
 - ◆ Errors in this phase tend to be more serious, as they prevent the the interpreter from understanding. They indicate lack of linguistic proficiency in the source language
- ◆ Transfer:
 - ◆ Errors in transfer indicate that the interpreter understood but was unable to appropriately transfer the message. They may indicate a weakness in this skill, lack of adequate proficiency in the target language, or lack of concentration (fatigue)

Location of Errors in Interpretation

- ◆ Reformulation:
 - ◆ Errors in this phase tend to be less serious
 - ◆ The interpreter understood and transferred the message, but made mistakes in pronunciation, syntax or something else that is not likely to affect the content of the message

Poll

Before this webinar, how familiar were you with interpretation errors?

- ◆ Not at all familiar
- ◆ Somewhat familiar
- ◆ Familiar
- ◆ Very familiar



Research on Errors

- ◆ Some types of errors are more likely to have clinical consequences for patients (Flores et al 2003, 2006, 2012)
- ◆ Study found a median of 33 errors per encounter within a range of 2 to 246
- ◆ Errors considered were:
 - ◆ Omissions, additions, substitutions, editorializations, and false fluency (inadequate proficiency)

Research on Errors

- ◆ Ad-hoc interpreters and insufficiently bilingual providers make more omissions and false fluency errors (Comprehension)
- ◆ Interpreters with 100 hours or more of training made significantly less mistakes (-20)
- ◆ Less of these errors are false-fluency, substitutions or editorializations
- ◆ Less of the errors (2% v 12%) made by interpreters with 100 or more hours of training have clinical consequences

Avoiding and Correcting Errors

- ◆ Self-Monitoring and Correcting:
- ◆ Monitor yourself for:
 - ◆ Intelligibility in the target language, paying particular attention to
 - ◆ Diction
 - ◆ Pronunciation
 - ◆ Enunciation
 - ◆ Volume

Avoiding and Correcting Errors

- ◆ Message Accuracy
- ◆ Illocutionary force
(intent)
- ◆ Fillers and repetitions
(both the speakers' and your own)
- ◆ Additions
(comments on your own interpretation)

Avoiding and Correcting Errors

- ♦ Repair:
 - ♦ This means providing a corrected interpretation *immediately* after detecting an error
 - ♦ Self-correction relies heavily on memory
 - ♦ You must accurately remember the source message

Avoiding and Correcting Errors

- ◆ Being keenly aware of the factors listed previously will improve your ability monitor the quality of your production in real time, and enable you to correct errors when they happen

Poll

After this webinar, how likely is it for you to add a session on interpretation errors to your curriculum?

- ◆ Not likely at all
- ◆ Somewhat likely
- ◆ Likely
- ◆ Very likely



THANK YOU

- ◆ Stay in touch!
- ◆ Check out our website: www.nicnc.org
- ◆ Call us at: (302) 404.0140
- ◆ Email us with your questions or comments :
info@nichc.org



Announcements

- Upcoming webinar: June 25, 2015 at 11:00 AM Central
- Session Evaluation
- Follow up via email:
TrainersWebinars@ncihc.org



Thank you!

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