



NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE

NCIHC Home for Trainers Webinar Series



PLEASE DO, PLEASE DON'T:
Partnering with the Provider
for Successful Encounters
with Nancy Foote

Thursday, April 7th
5PM Central



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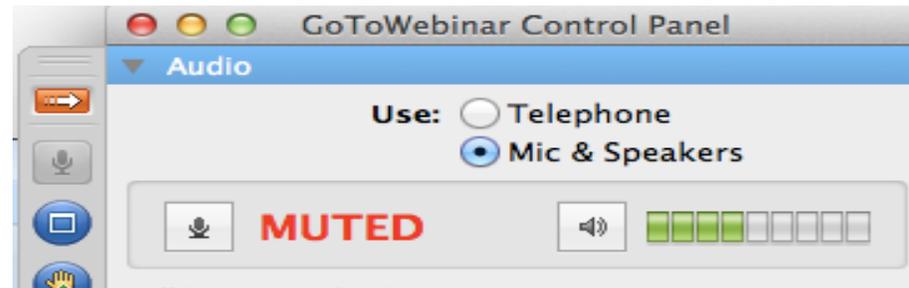
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- This session is being recorded
- Certificate of Attendance
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- Audio and technical problems



- Questions to organizers
- Q & A
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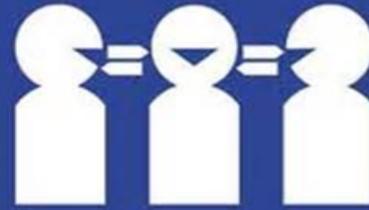


Welcome!

Guest Trainer:

Nancy Foote, MD, MPA

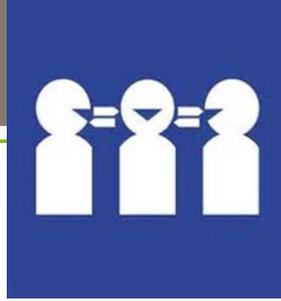




Please Do, Please Don't:

Partnering with
Providers
for Successful
Encounters

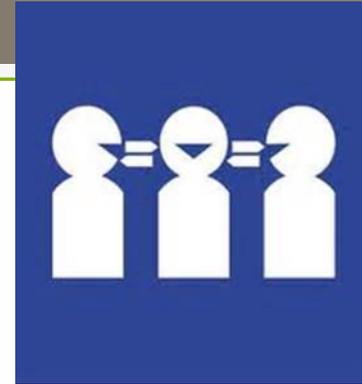
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Objectives

- As a trainer of medical interpreters, you will be able to:
 - frame the topic of partnering with providers for your students
 - use lively, real stories and mocked-up videos to demonstrate great partnering and poor partnering
 - provide scripts and practice for your students to help them easily establish a partnering relationship with any care team member that they are supporting
 - prepare your students for different partnering requests depending on the differing care environments and encounter goals

Topics covered in this webinar



- Evolution of interpreter role in health care, old style non-integration model up through today's partnership practices model.
- Provider expectations and preferences, both appropriate and out of scope for interpreters.
- Trainer techniques for broaching the topic of partnering and for teaching good partnership practices in either a short or extended class.

Evolution of Interpreter Role in Healthcare Environment

No interpreter, or a friend or relative



Employee of a health care facility (often housekeeper)

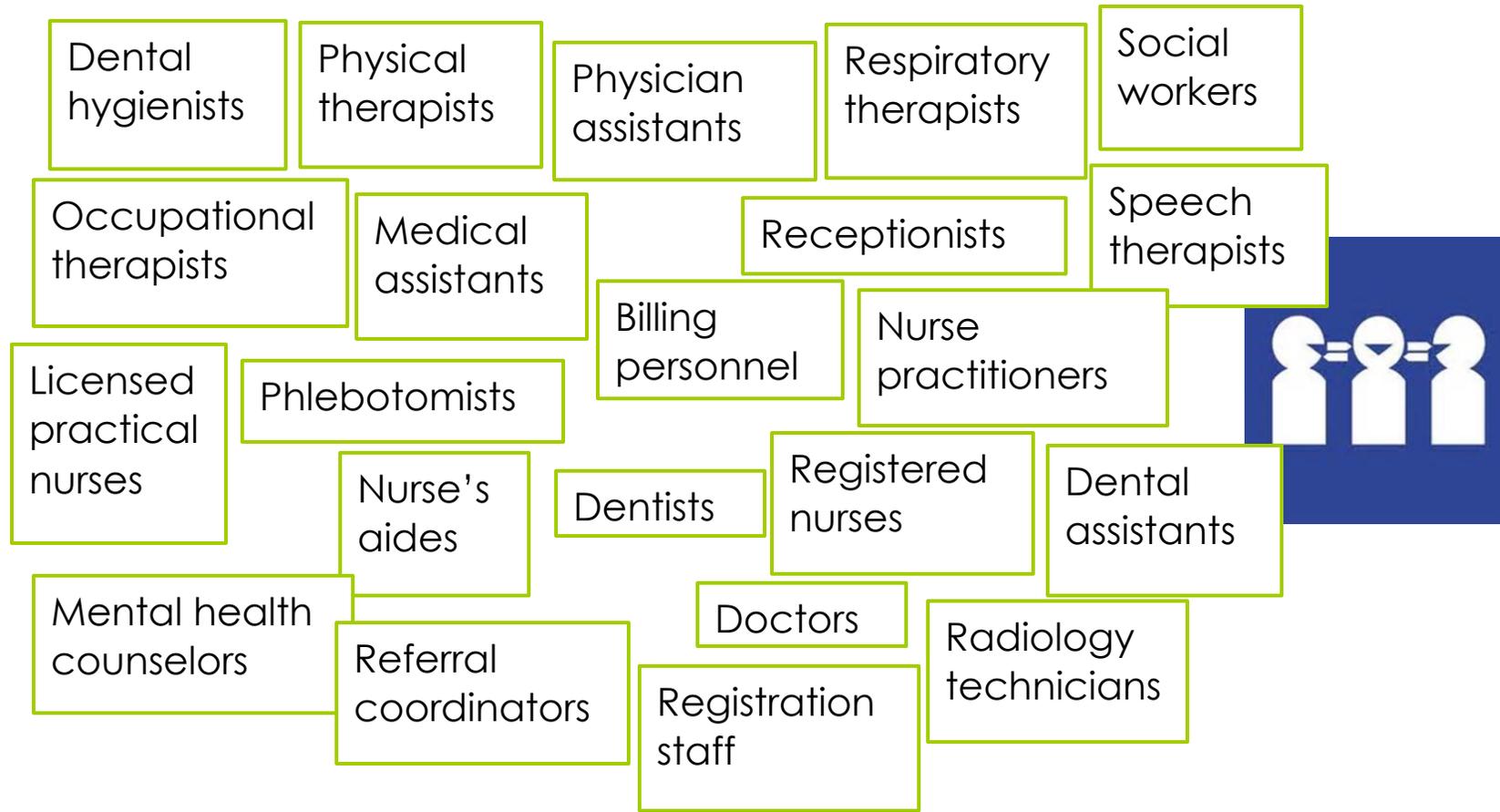


Paid interpreters



Language assessed, trained, certified or qualified interpreters who form a crucial part of health care team

Who are 'providers'?



Students can research what encounter goals might be for each of these members of the care team

- To achieve the best possible health outcomes, there must be effective communication and understanding between the patient and each provider.

- Each provider, or member of the care team who interacts with the patient, has his/her own goals for the encounter.
- These encounter goals vary greatly from provider to provider, and also even for each provider from encounter to encounter.

- The medical interpreter must be alert to the encounter goals of the provider for that encounter
 - on the phone
 - on a video link
 - present in the room

Goals of every provider at every visit:

- Efficiency
- Effectiveness/meeting requirements
- Accuracy
- Completeness

Example 1

- The **registration clerk** needs to:
 - Get all the patient demographic information {accuracy, completeness}
 - Enter it into the computer {same}
 - Ensure the patient understands and signs all required paperwork {effectiveness}
 - Ensure the patient knows what will happen next (the nurse will call you, or you can go to the lab) {effectiveness}
 - ... and quickly move on to the next person waiting in line {efficiency}

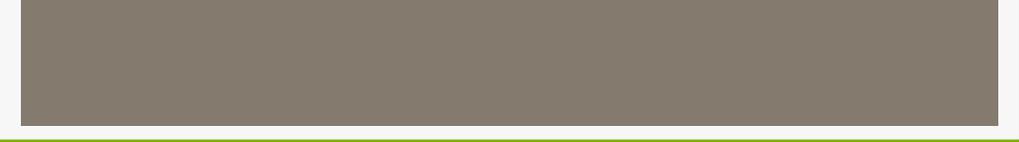
Example 2

- The **clinician in an outpatient clinic** has a total of 15 minutes to:
 - Determine the presenting complaint
 - Collect history related to the complaint
 - Do a relevant review of systems
 - Update relevant past medical and surgical histories and the family and social histories
 - Do a physical exam
 - Update the medication list and prescribe new medications
 - Explain the diagnosis and care plan to the patient
 - Complete the electronic charting

Poll 1 Pre-test

When I train interpreters, I mention the provider:

- A) not at all in terms of the provider having preferences or needs
- B) by saying that the interpreter needs to avoid slowing the provider down
- C) by saying that the provider often asks interpreters to do activities out of our scope
- D) by warning that the provider may use a register which is too high for the interpreter or for the patient
- E) by representing providers' needs and preferences in a systematic way
- F) B, C, and D



Exercise:

What not to do (from provider point of view)

- Listen to the following dialog and identify elements that might be annoying or frustrating to the provider.

Interpreter: Oh, it looks like I'm late. I'm the interpreter.

Nurse practitioner: I was just asking Ms. Longsuffering how I could help her today.

Interpreter: the nurse practitioner wants to know how she can help you today.

What went wrong? (provider point of view)

- **Lack of professionalism**

- Interpreter arrives late
- Uses 3rd person when interpreting

Breaking it down

What got in the way of good communication?

- Entering late causes:
 - Interruption
 - Distraction
 - Need to reboot train of thought.

Breaking it down

What got in the way of good communication?

- Use of 3rd person:
 - Distances provider from patient
 - Cuts off sense of direct communication
 - Results in awkward grammar
 - Slows things down.

What not to do (provider viewpoint), cont.

- Here's another dialog. What happens here that might frustrate or annoy the provider?

Patient: I have been having pain in my knee. Also I wanted to see if you can do something for my constipation. And I have been feeling nauseated. And I wondered if you could look at this rash I have.

Interpreter: She says she is having knee pain.

Nurse practitioner: Okay, which knee? And when did it start?

Interpreter: The nurse practitioner is asking which knee hurts. And she wants to know when it started hurting.

Patient: It is my right knee. I have had the pain...

Interpreter: It is her right knee. She has

Nurse practitioner: So, how long have you been having the pain?

What went wrong?

- **Professionalism**

- Simultaneous interpretation without previous discussion

- **Accuracy, completeness**

- The interpreter leaves out part of what patient said
- The interpreter makes a judgement about what is important

Breaking it down

What got in the way of good communication?

- Simultaneous mode:
 - Provider is trying to hear the inflection and delivery from patient, can only hear interpreter voice.
 - Provider can see that patient is zoning out because confused by hearing two voices.

Breaking it down

What got in the way of good communication?

- Leaving out part of what patient said can make the provider feel:
 - Impotent
 - Less able to handle care needs
 - Left out
 - Mad

Breaking it down

What got in the way of good communication?

- Interpreter makes judgment about what is important to say or to emphasize:
 - Provider feels that her/his relationship with patient is hijacked.
 - Puts the provider at legal risk because he/she doesn't have all the information coming from the patient

What not to do (provider viewpoint), cont.

- Listen to the following and identify some difficulties for the provider

Interpreter: The nurse practitioner wants to know if this is the first time you have had this pain.

Patient: When I was a child I was hit in the knee by a barrow. Nothing since then.

Interpreter: Excuse me, nurse practitioner Whozits, this is the interpreter. I wonder if I might take a moment to clarify something with the patient as I did not understand the term she used; may I ask a clarifying question?

Nurse practitioner: yes, go ahead.

Interpreter: Could you explain what a barrow is?

Patient: You know. One of those things with a wheel in front and handles that you can carry things in.

Interpreter: Oh, do you mean a wheelbarrow? Do you mean a shallow container about this wide with handles you can hold and when you lift the handles you can move it forward on the wheel in the front?

Patient: yes, that's it. We had one that was painted black and had wooden handles and my brother was pushing it and he ran into me and it hurt my knee. My mother was very angry and punished him for it.

Interpreter (*to nurse practitioner*): She says that when she was a child she was hit in the knee with a wheelbarrow. And then she told me about the wheelbarrow and who was pushing it and so forth. People from this country often tell long-winded stories when answering questions.

What went wrong? (provider viewpoint), cont.

- **Efficiency**

- Long-winded request for clarification
- Excessive conversation about the word in question

- **Cultural brokering**

- Interpreter provides unsolicited personal opinion of the behavior of all residents of the country

Breaking it down

What got in the way of good communication?

- Long-winded request to clarify:
 - Hijacks the conversation
 - Momentum is lost.

Breaking it down

What got in the way of good communication?

- Cultural brokering when interpreter speaks FOR the patient or ABOUT the patient:
 - If patient can understand, very demeaning to patient and thus provider must fix the situation.
 - If patient cannot understand, provider has been distracted, must restart the conversation with patient, dislikes inappropriate representation by interpreter thus mood of respect for patient is disrupted.

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Questions?

What does it look like when
there is a provider-interpreter
partnership?

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Interpreter Skills to be Taught by Trainers

- How to “read” the situation
 - Clues
 - Signals
 - Unspoken direction
 - Signs of dissatisfaction from provider.
- How to receive and clarify direct instructions from the provider.
- How to take initiative and ask the provider
 - what his/her goals are for the encounter
 - what would be helpful from the interpreter to optimize encounter goals

Medical Interpreters, Part of the Care Team

When provider shows non-verbal or barely verbal cues: interpreter should notice and be ready to assist as directed.

What the provider does

- Waves hand quickly in small circles (hand horizontal, fingers together, moving in a stirring motion)

What it indicates

- Desire to keep flow going, such as when
 - interpreter joins late
 - someone else interrupts
 - patient or interpreter seems confused
- Need to move on quickly.

Provider non-verbal or barely verbal cues, cont.

What the provider does

- Holds hand up



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What it means

- To stop either interpreter or patient from speaking
- Needs to re-direct or focus on something.

Provider non-verbal or barely verbal cues, cont.

What the provider does

- Eyebrows go up, shoulders shrug



What it means

- Not interested or not believing what was just said

Provider non-verbal or barely verbal cues, cont.

What the provider does

- Puzzled look



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What it means

- Not getting the info needed to proceed.

Provider non-verbal or barely verbal cues, cont.

What the provider does

- Repeats same question or comment

What it means

- Not assured that message is either transmitted by interpreter or understood by patient

Provider non-verbal or barely verbal cues, cont.

What the provider does

- Ignores someone in room who is speaking, looks instead at someone else

What it means

- To exclude the ignored one and communicate with the person looked at

Provider may make explicit comments or give verbal direction to interpreter

The interpreter must be transparent about it to patient

Example of provider comments

- “I need to hear the exact words that Mrs. X is saying about her abdominal pain.”
- “The patient is speaking stream-of-consciousness and is not responding to what I say. You can stop interpreting until I am ready to try to engage him again. But alert me if he mentions anything about his nursing home. “

Example of provider comments, cont.

- “We are doing a mental status check. Do not make full sentences out of the patient’s mutterings. Interpret each word or phrase as the patient says it, regardless of whether it is coherent. Tell me if his sounds do not sound like words in your language. Tell me if the grammar he uses is correct or not.”
- “I need to hear the patient’s emotional response. Interpret exactly what he is saying about how he feels about the upcoming surgery, including if he expresses anger or fear or mistrust.”

Interpreter can initiate partnering at beginning of encounter, before joining the patient:

- To rehab therapist, surgeon, counselor, social worker, etc.: “Do you have a particular goal for this encounter?”
- “Is there anything I should know before we enter into this encounter?”
- “I understand this is a family meeting to build a plan around end-of-life care. Where would you like me to stand/sit?”
- “Please be firm in managing the conversational traffic so that I can follow your lead and interpret what you want to focus on.”
- “This is a pediatric appointment. Shall I interpret for the child as well as the parents?”

Interpreter can initiate partnering during encounter, using the interpreter voice:

“The Interpreter...

- asks if you would you like me to switch to simultaneous interpreting?”
- asks if you would you like me to stop interpreting until one of you needs language help?”
- notes that I need to switch to transmitting exactly the words the patient is saying; some of his sounds are not even words.”
- would like you ask the patient the significance of the term X he keeps using, as it may have cultural significance for him.”
- would like you to let me know how I can be of best assistance during the rest of this encounter.”

Trainer techniques for teaching interpreters how to partner with providers

- Assign roles to students to play:
 - smooth supportive encounter
 - interpreter distracts provider
 - provider requests appropriate support
 - provider requests inappropriate support
 - etc.

Audience participation:

- Please use your chat feature to share scripts you teach your interpreter students to use to initiate partnering with the provider or to check with the provider whether what they are doing is helpful.

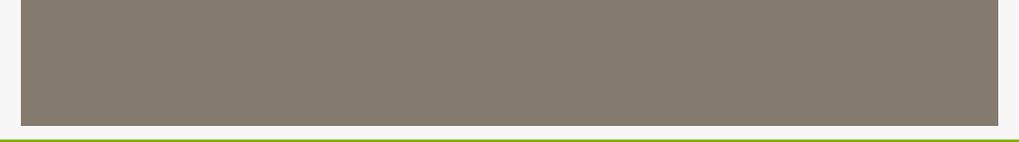
Questions?

Interpreting in Special Situations

Explicit Partnering with Team is Essential

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Interpreting in special situations



The interpreter notices that the patient's cognition or speech pattern is unusual...

- This often happens, that no one tells the interpreter to expect speech or mental processing difficulties. The interpreter needs to be very clear about communicating what s/he hears and sees to the team, then ask for direction in how to interpret.
- Interpreter to provider: "The interpreter would like to interpret exactly as the patient is speaking so that you can hear how language is being produced. If you were already aware of this communication pattern, please let me know at any point to go back to normal interpreting by meaning."

Interpreting in special situations

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Many activities need partnering:

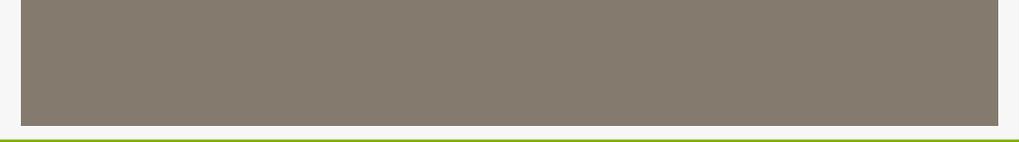
- There are many types of encounters requiring interpretation in outpatient setting:
 - Registration
 - Clinic reception/follow-up appointment
 - Clinician visit
 - Lab
 - X-ray
 - Pharmacy
- And many more in inpatient setting

Many activities need partnering, cont.

- What to include in training:
 - Expectation that this may be required
 - Preparation for partnering with a variety of providers
 - Each member of the care team may need the interpreter to assist with communication in a different way.

Other activities

- Assist with completion of paperwork: registration forms, intake questionnaires, including review of systems, past medical and surgical history, etc.
- Important point: don't try to explain the meaning of the questions, just read the words to the patient. If the patient doesn't understand the question, put a question mark (don't leave it blank).



Requests by providers can bump up against role boundaries, but can still lead to good partnering if handled collaboratively by interpreter

When the interpreter is asked by...

- the doctor to have the patient sign an operative permit or informed consent without the doctor present...
- The interpreter can reply: “As your communications expert I am happy to help you ensure that the patient understands all the points you consider important as you explain this permit to him.”

When the interpreter is asked by...

- the nurse to assist with changing a dressing, holding a leg of a patient during delivery, or physically moving the patient from bed to chair...
- The interpreter can reply: “Let me help you describe to the patient what he or she can expect to happen”.

When the interpreter is asked by...

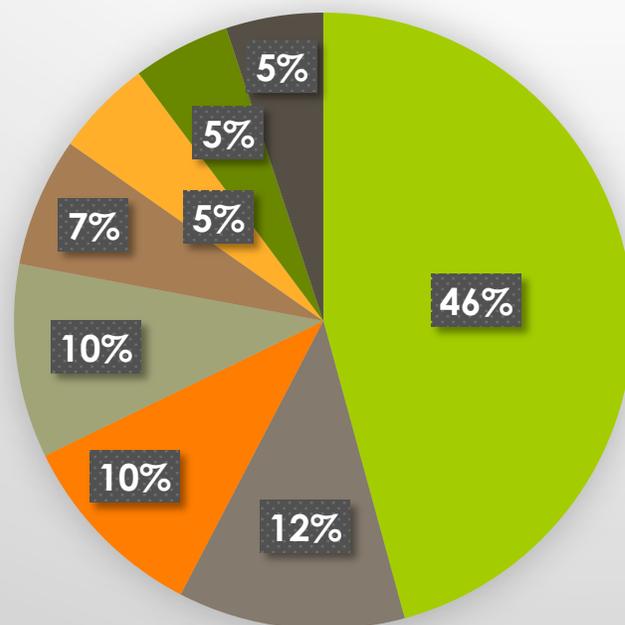
- emergency personnel to help restrain a combative or agitated patient...
- The interpreter can reply: “I am your interpreter. How can I assist you in helping the patient to calm down?”

When asked to do something outside of scope

- Avoid saying no
- Focus on what the interpreter CAN do to assist
- The interpreter can and should take an active approach – take the initiative in offering to partner with the provider
- “I would like to help but this is out of my scope as an interpreter. Can I contact someone or go to get someone else to assist you with this?”

Results of informal survey of clinicians

Positive and negative comments from clinicians



- Accurate, complete
- Professional demeanor
- Communication
- Cultural brokering
- Respect, sensitivity
- Attention
- Care coordination
- No simultaneous

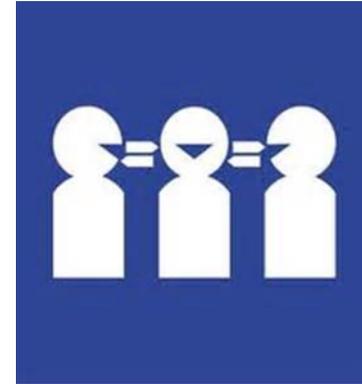
A few sample responses

- What works well?
 - Appreciate it when the patient is interpreted exactly and the interpreter doesn't add commentary which adds extra time to the visit. An exception would be if the interpreter knows something about the family or culture that would help provider understand better.
 - Interpreting what patient says instead of paraphrasing
 - Letting me know if information is not translating well.

A few sample responses

- In answer to “what doesn’t work?”
 - Paraphrasing - if patient talks for 5 minutes and interpreter gives me a 3 second answer I lose confidence in interpreter.
 - Asking short questions, which become long conversations between patient and interpreter and answer to my question is not directly what I asked.
 - When they are texting on their phones, looking at their own papers, etc. - not looking at patient or me

Summary for Trainers: How to Frame the topic of Partnering with the Provider for your students



- Goals for medical interpreting are to:
 - Improve health outcomes for patients
 - Ensure equal access to care
- To meet these goals, the interpreter must successfully integrate into the health care team.
 - Partner with each provider in each environment of care for each patient situation.
 - Both accept direction and initiate collaboration.

Questions?

With sincere thanks to

- Linda Golley, Eliana Lobo and Erin Rosales for technical, content, and how-to support for this webinar
- My medical provider colleagues at Swedish Family Medicine and Community Health Center of Snohomish County for participating in the informal survey to identify kudos and peeves with interpreters they have worked with
- Angela Kronblat, Esther Hung, Fukuko Gilmore, Sungmi Ferrell, Inhee Treadwell, and Vitalo Delucchi for their enthusiastic participation in the creation of the video vignettes. Next stop – Hollywood!

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Resources:

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- Upcoming webinar:
June 16 at 5PM Central
- Webinar evaluation
- Follow up via email:
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