

# Best Practices for Communicating Through an Interpreter

**Trained health care interpreters** can reduce liability, help ensure appropriate utilization, and increase client adherence and satisfaction with services. Trained interpreters help to assure effective communication between the client and provider, support effective use of time during the clinical encounter, and improve outcomes. The National Council on Interpreting in Health Care has published a comprehensive [Glossary of Terms](#) commonly used in the field of health care interpreting.

## Who Can Serve as a Health Care Interpreter

Trained bilingual staff, on-staff interpreters, contract interpreters, telephone interpreters, and trained volunteers can serve as health care interpreters. The following people, however, should **not** serve as health care interpreters: patients' family and friends, children under 18 years old, other patients or visitors, and untrained volunteers.

## Working Effectively Through an Interpreter

- **Introduce yourself to the interpreter.** Determine the interpreter's level of English proficiency and professional training and request that the interpreter interpret everything into the first person (to avoid "he said, she said"). For a detailed script intended for use when working with a remote interpreter via phone or video, click [here](#).
- **Acknowledge the interpreter as a professional in communication.** Respect his or her role.
- During the medical interview, **speak directly to the patient**, not to the interpreter.
- **Speak more slowly** rather than more loudly.
- **Speak at an even pace in relatively short segments.** Pause so the interpreter can interpret.
- Assume, and insist, that **everything** you say, everything the patient says, and everything that family members say **is interpreted**.
- **Do not hold the interpreter responsible for what the patient says or doesn't say.** The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you were expecting, restate the question or consult with the interpreter to better understand if there is a cultural barrier that is interfering with communication.
- Be aware that **many concepts you express have no linguistic or conceptual equivalent in other languages.** The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.
- Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner. **Speaking English does not mean thinking in English.**
- Remember that your patient may have been a victim of torture or trauma. This may also be true for the interpreter. If you need to ask questions that may be extremely **personal or sensitive**, explain to the patient that doing so is part of your evaluation and reiterate that the information will remain confidential.

- **Avoid:** Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time. Also avoid making assumptions or generalizations about your patient or their experiences. Common practices or beliefs in a community may not apply to everyone in that community.
- **Encourage the interpreter** to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.
- **Avoid patronizing or infantilizing the patient.** A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.
- Ask the patient **what he/she believes the problem is**, what causes it, and how it would be treated in their country of origin.
- Ask the patient to **repeat back** important information that you want to make sure is understood.
- **Be patient.** Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.
- **Allow time for a pre-session with the interpreter.** When working with a professional face-to-face interpreter to facilitate communication with a limited English proficient (LEP) refugee, a pre-session can be helpful to both the healthcare provider and the interpreter.

## Preparing for a Remote Interpreted Session

### Interpreter Pre-Session

The pre-session is an opportunity to be clear about the nature of the upcoming encounter and any particular concerns that the provider would like to address regarding the patient's condition. This provides the interpreter with the information necessary to make any adjustments in his/her interpreting. For example, you may discuss whether or not the interpreting will be done in consecutive or simultaneous mode, whether there will be highly technical language that will be used, whether subsequent adjustments in register will need to be made, and whether or not the content of the session is going to be highly emotional or intense. It is also an opportunity to raise any cultural concerns that may be pertinent to the patient's presenting problem.

### Preparing for a Remote Interpreted Session

Interpreted sessions can take place remotely over the telephone or over video. The terms "OPI" (over the phone) and "telephonic" are often used in reference to telephone interpreting. The term "VRI" (video relay interpreting) is also increasing in use as more facilities acquire this technology.

### The Pre-Session

Clinicians and other staff in health care settings should be aware that communication through an interpreter, especially via telephone, can be an unfamiliar and strange experience for recently arrived refugees. Thus, a brief introduction to the interpreted session, known as the pre-session, is a best practice recommendation. In this pre-session, the provider and interpreter lay out the "ground rules" for the session. Generally, this addresses the interpreter's role in the encounter and the intent to respect the confidential nature of the

forthcoming discussion. The interpreter can request that all parties pause frequently to allow the interpreter to interpret accurately and completely.

The pre-session may be less-frequently incorporated into over-the-phone interpreter sessions. While the provider may not notice the difference, the absence of the pre-session may leave the limited English proficient (LEP) client in the dark, especially if they have never utilized a telephone interpreter before.

This scripted introduction can be led by the health care provider via the telephone interpreter. The inclusion of an introduction in all interpreted encounters will hopefully put the LEP client at ease and create a situation in which all parties are clear in regards to the protocol, goal, and role of the interpreter.

*Contributed by [The National Council on Interpreting in Health Care \(NCHIC\)](#)*