LEP patients are the most likely to experience adverse events of serious nature.

75% of provider’s evaluation is based on oral history as interpreted by interpreters.

LEP patients have longer Hospital stays.

Children with LEP parents undergo more tests than typically required for same diagnosis.

LEP patients experience more ER admissions that should normally be directed to ambulatory services.

Demographics: 1 out of 5 people in the US today do not speak English.

Objectives:

- What is linguistic competence in health care?
- What is Title VI and how does it apply to DUH services and LEP patients?
- An overview of the International Patient Services:
  - Scope of services
  - Operational structure
  - Training and validation of interpreters’ skills
  - Some cultural considerations
Linguistic Competence

“Providing readily available, culturally appropriate oral and written language services to LEP members through such means as bilingual and bicultural staff, trained medical interpreters, and qualified translators.”

Source: DHHS - OMH

Title VI of the Civil Rights Act of 1964

“No person in the United States shall, on grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Source: Office of Civil Rights (OCR) in the Department of Health and Human Services (DHHS)

“As individuals and as nurses, we need to recognize that diversity is now the norm. Encountering patients who may speak limited or no English will be commonplace.”

Antonia Villarruel, PhD, RN, President of the National Association of Hispanic Nurses

Number of Requests for Medical Interpreters at DUH & PDC

<table>
<thead>
<tr>
<th>Year</th>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>20,000</td>
</tr>
<tr>
<td>2004</td>
<td>29,000</td>
</tr>
<tr>
<td>2006</td>
<td>41,000</td>
</tr>
<tr>
<td>2008</td>
<td>47,000</td>
</tr>
<tr>
<td>2012</td>
<td>50,000</td>
</tr>
</tbody>
</table>
Scope of Services

- Coordinate appointments and billing for International Patients.
- Medical interpretation to both International and domestic LEP patients
  - Face-to-face interpretation
  - Telephonic Interpretation
- Coordinate translation services (patient educational materials, informed consents, and Forms (discharge, demographics, billing, etc.)
- Medical Interpreter Training “Bridging the Gap”
- Language assessment of bilingual staff

Hours of Operation

The IPS office provides service 24 hours per day/7 days a week
(681-3007)

Dispatching System – Hours of Operation

120 Baker House
M-F 8-5 PM

Service Response Center
Duke North
M-F 5-10 PM
Wknd 8-5:30 PM

Rosario Inc.
Winston-Salem, NC
M-F 10 PM- 5 AM
Wknd 5:30PM- 8 AM

24/7 call 681-3007
Languages Covered By IPS
- Spanish
- Arabic
- French

More than 100 languages can be provided in person if a request is placed 2 to 3 days prior to the appointment time.

For Other Languages Not Provided By IPS, call the operator at 684-8111 who will connect you with CyraCom Language Services.

Non – English Speaking International Patients
- Patient referrals are examined and assessed by the clinical coordinator
- IPS works closely with embassies and insurance companies
- The clinical coordinator refers each inquiry to the appropriate department and schedules appointments for patients

When and How to Request a Medical Interpreter?
IPS Guidelines
When Should You Request an Interpreter for Face-to-Face Interpretation?

- Admission
- Doctor appointments and/or scheduled tests
- Signing an informed consent form for scheduled procedures
- Inpatient consults
- Family meetings
- Discharge planning
- Physician rounds

Please request service 5-10 minutes prior to provider being ready to see patient.

When Should You Request an Interpreter for Telephonic Interpretation?

- Staff needs assistance with:
  - Filling-out documents requiring demographics and information forms
  - Completing billing documents
  - Scheduling and cancellations of appointments
  - Patient or provider has a question
  - Provider has a quick recommendation or instruction for patient
  - Patient needs to know lab results

CyraCom Phone Interpreting

The CyraCom services are accessible:

- 24/7
- To provide qualified medical interpretation in over 150 languages
When Should you Use CyraCom Phone Interpreting?

- When you have a question
- When you have a quick recommendation or instruction for a patient
- When patient needs to be evaluated every hour (24 hrs.) for pain or medications
- For patient rounds and
- For languages not supported by the IPS

CyraCom Phone Interpreting

What should the typical phone usage be?

- CyraCom phone usage should not exceed 5 to 8 minutes except:
  - For languages not provided by the IPS
  - An IDS interpreter is not available in a timely manner

IPS Guidelines

- Medical Interpreters should be dispatched after confirming the patient has arrived and doctor is ready to see the patient
- Unscheduled appointments might take up to 45 minutes to be met or service may be provided by phone
- First priority is given to emergency situations, followed by scheduled appointments, then to same day requests
IPS Guidelines, cont.

- Interpreters will provide written translations for discharge instructions and prescriptions only in presence of the provider.
- To respect privacy and confidentiality interpreters will only enter the examining room with provider.
- Delays may be experienced due to emergency situations that may arise. The dispatcher may need to arrange requests in order of importance.
- If patient refuses to use a staff interpreter, have the patient sign the waiver form and place it in the patient’s chart.

Waiver Form

Duke University Hospital Form # M3179SP

Duke University Hospital tiene como norma establecida proveer a los pacientes que no hablan inglés la asistencia de intérpretes médicos capacitados. En los casos de idiomas menos comunes, los servicios de interpretación se encuentran disponibles por medio de una línea telefónica de intérpretes. Como paciente de Duke, usted tiene el derecho de solicitar la asistencia de un intérprete médico. Los familiares, amigos, intérpretes independientes no generalmente los que asisten a los pacientes con la interpretación médica. Sin embargo, usted puede solicitar específicamente que un familiar, amigo o intérprete independiente le brinde los servicios de interpretación; para esto debe leer y firmar este documento de renuncia.

Duke University Hospital se reserva el derecho de excluir a cualquier persona que considere no apta para la interpretación médica si existe un motivo para creer que la interpretación que esta persona está brindando no es exacta; o que por su comportamiento inadecuado en el entorno clínico, crea un ambiente hostil perjudicando tanto al paciente como al personal hospitalario que lo atiende.

Yo, _________________________________ por medio de este documento declino los recursos del Hospital Universitario Duke para proveer un interprete (Nombre impreso del Paciente / Pariente Legal / Tutor)

________________________________________________________________________
(Nombre impreso / dirección de la persona y título si se trata de un intérprete independiente o empleado de Duke)

Motivo de la renuncia: ___________________________________________________

__________________________________ ____________________
Firma del Paciente / Pariente / Tutor Fecha / Hora

____________________________________
Parentesco con el / la paciente (si no es el paciente)

______________________________________ _________ _________
Testigo, Firma del Representante de Duke , ID# Título Fecha / Hora

IPS Dispatch

Domestic Requests

Hospital

Lenox Baker

CHC

Clinics/South

Clinics Outside of Duke

Language Line
Policy Questions

- Should family members or friends serve as interpreters?
  - No. Family and friends are not considered adequate interpreters and should not be used except in case of an emergency.

- Can the patient refuse the hospital’s staff interpreter?
  - Yes. The patient has the right to refuse a staff interpreter, in which case a waiver must be signed and filed in the medical record.

- Can I use a staff member to help with interpretation?
  - No. If a provider is bilingual and/or bicultural, they do not need a medical interpreter to communicate with their patients provided their language skills have been validated verbally or by way of a written test by the IPS. Specific guidelines are given to those who are asked to act as interpreters for other physicians.

How and Why Do We Validate the Competency of Our Staff Interpreters?

Advantages of Trained Interpreters

- Possess interpreting skills
- Appropriate training as a medical interpreter
- Familiarity with the patient and provider population, vocabulary and processes in the clinic/hospital
- Have a clear and distinct role in the patient-provider encounter minimizing misunderstanding
Advantages of Trained Interpreters

- Participate in various interpreting training programs and continuing education classes.
- The use of a trained medical interpreter results in a much higher quality of interpretation and clearer communication between patient and provider.

What Should You Know And Do To Work Effectively With A Medical Interpreter?

- Make a diligent effort to schedule or request a trained staff medical interpreter ahead of time whenever possible.
- Allow enough time for the interpreted session.
- Expect everything you say to be interpreted, as well as everything the patient and his family say.

- Expect the interpreter to interrupt when necessary for clarification.
- Use carefully chosen words to convey your meaning.
- Speak clearly, in a normal voice, and not too fast or too loud.
What Should You Know And Do To Work Effectively With A Medical Interpreter?

- Use simple language. Do not use: technical terms, abbreviations, idiomatic expressions, slang and metaphors
- Keep your phrasing short, pausing to allow for accurate and complete interpretation
- Ask only one question at a time

- Look and speak directly to the patient and not to the interpreter
- Check for patient understanding by asking the patient to repeat the message or instructions facilitated by the interpreter
- Notice the patient’s non-verbal communication

- Interpreters will provide written translations for discharge instructions and prescriptions only in the presence of a provider
- To respect privacy and confidentiality, interpreters will only enter the exam room with the provider
The Role Of A Medical Interpreter

Conduit
Transfer meaning but not words

Facilitate Understanding

Language A

Language B

Clarifier
No omission. No addition. No change.

Cultural Broker
Provide a cultural framework. Avoid misunderstandings.

Advocate


Culture and Its Implications in Health Care

What is Culture?
• Culture is the beliefs, values, behaviors, traditions, and rituals that are shared by members of a group and provide meaning and purpose for one's life.
What is Culture, Cont'

- Culture is not equivalent to just race or ethnicity. Even individuals from the same race or ethnic group belong to multiple cultures, including the “medical culture”, and that culture should not be seen as static. As such, attempts to identify norms or values of the “Latino”, “Asian”, or “Gay” patient may not be effective, and instead contribute to stereotyping.

Factors Affecting Care

- Geographic background/Rural or Urban
- Education
- Socio-economical situation
- Country of origin
- Religion
- Language ability
- Length of time in the US
- Situation: i.e. refugee, prosecuted, pursuing the American dream...
- Immigration status

Health Beliefs

- Present time orientation about healthcare which applies to most Hispanic cultures and some Arabic cultures
- Pregnancy is a normal condition; therefore, prenatal care may not be sought. This applies to many traditional cultures.
Health Beliefs, Cont'

- Child Birth is believed to deplete the body of its heat so restoration of warmth is very important.
- Among traditional women in some Arabic and Hispanic Cultures, fat is seen as healthy.
- Some Hispanics believe that complementing a child without touching him/her can cause evil eye.

Cold and drafts may be thought to cause illness by many Middle Easterners, Hispanics and some South Asians.

Mental Health issues could be seen as taboo and may not be dealt with openly. Hispanics prefer to resort to mediation by ministers in the church.

Some Cultural Considerations

- Latino patients view healthcare providers as authority figures, therefore they hesitate to question or disagree with a plan of care... They may nod their head indicating that they understood even if they did not.
- Often Latino patients do not keep a record of their height and weight.
- In some Arab cultures, dates of birth are not as important identifiers as family lineage.
Some Cultural Considerations

- Most Latinos, Arabs, and some Asians will not take pills with cold water with the belief that cold water will make them sicker.
- In the Arab Culture expecting mothers usually do not purchase baby clothes and other necessities prior to delivery in fear that it could be a defiance or provocation of fate.
- Latino cultures often define diseases not recognized by US health practitioners, eg. *empacho* (blocked intestines) or *mal de ojo* (evil eye).

Some Cultural Considerations

- In some Arab cultures mothers do not like to hear compliments about the beauty of their babies for fear that they might be harmed by the “evil eye.”
- It is very common for expecting Hispanic mothers to wear something red on their belly on the full moon as a protection from birth defects, mainly the cleft palate.
- It is common in the Arab cultures not to inform the patients of their diagnosis especially in case of cancer.

Some Tips for Providing Competent Cross Cultural Care

- Before providing care to patients of different cultures:
  - Know the proper greeting forms and protocols: e.g., if family members are present, do not ignore them; and start by greeting the elders.
  - Use appropriate titles according to age and gender.
Some Tips, Cont'

- Allow for prayer times.
- Be respectful of a patient's need for privacy and modesty.
- Knock and wait for an answer before entering a patient's room.
- Be aware of the cross-gender issues with Muslim patients and Orthodox Jews.
- Check if eye contact is appropriate.

Some Tips, Cont'

- Women in some cultures may be stoic when giving birth. It does not mean they do not need pain medicines.
- Accept that older, more traditional women may defer to their husbands in decision-making.
- Know that some cultures do not plan for birth or death as they do not want to interfere with God's will or may believe that it would mean anticipating fate.

Conclusion

- This information is provided to help you become more aware of the cultural backgrounds that shape the way we care for our patients while keeping in mind that there are sub-cultures within a culture.
- Health care providers should keep an open mind when dealing with patients across cultures and not stereotype patients according to the general knowledge of their dominant culture.
- Be sure to ask your patients about their specific beliefs and traditions. Treat the person and not just the illness.