

BACKGROUND

Who are medical interpreters and what do they do?

Medical interpreters play a vital role in ensuring that Limited English Proficiency (LEP) and deaf patients receive meaningful, quality care in today's healthcare system.

They serve four distinct roles:

1. Conduit
2. Clarifier
3. Culture Broker
4. Advocate

Why is medical interpreting necessary?

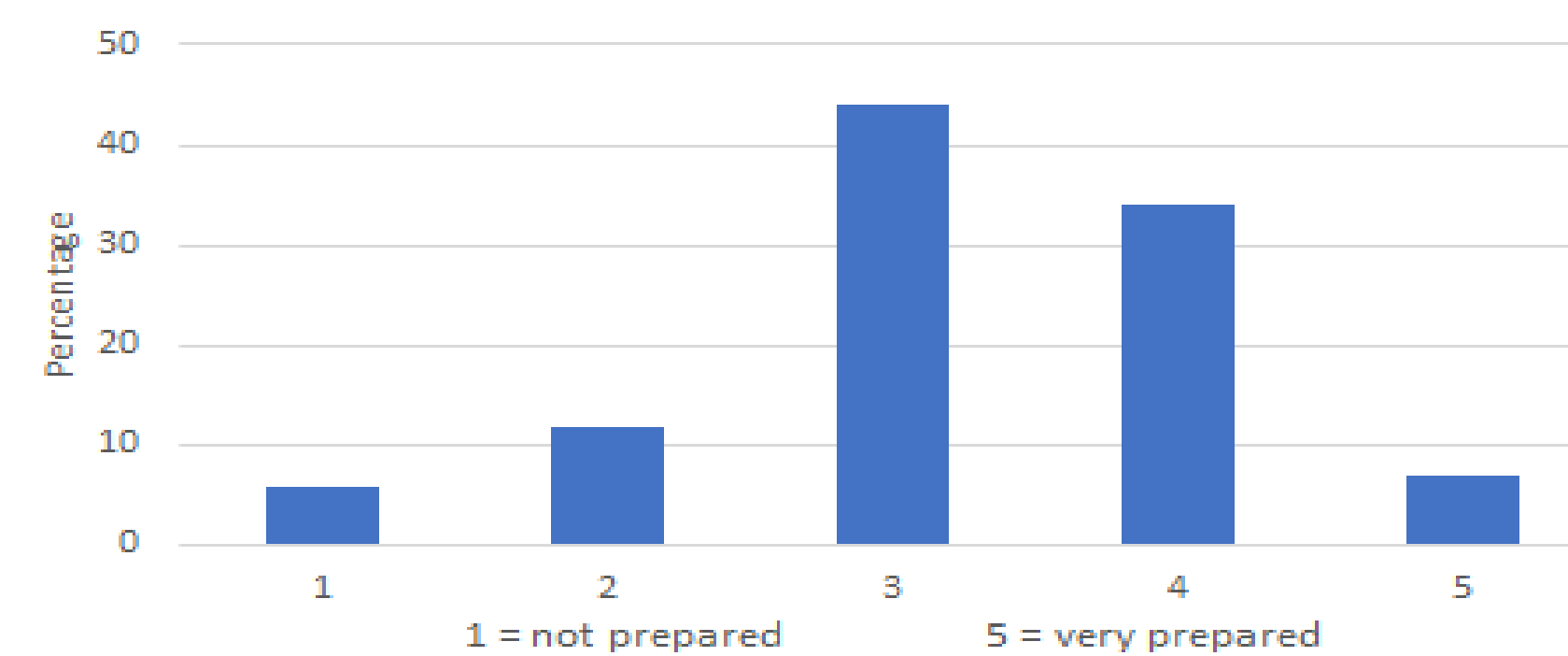
It has been shown that LEP and deaf patients receive substandard healthcare. They are less likely to receive regular primary care, less likely to receive preventative care, less satisfied with their healthcare, and more likely to be subject to medical error.¹ Under Section 1557 of the Affordable Care Act, language access resources must also be available to LEP patients.²

How are medical interpreters trained?

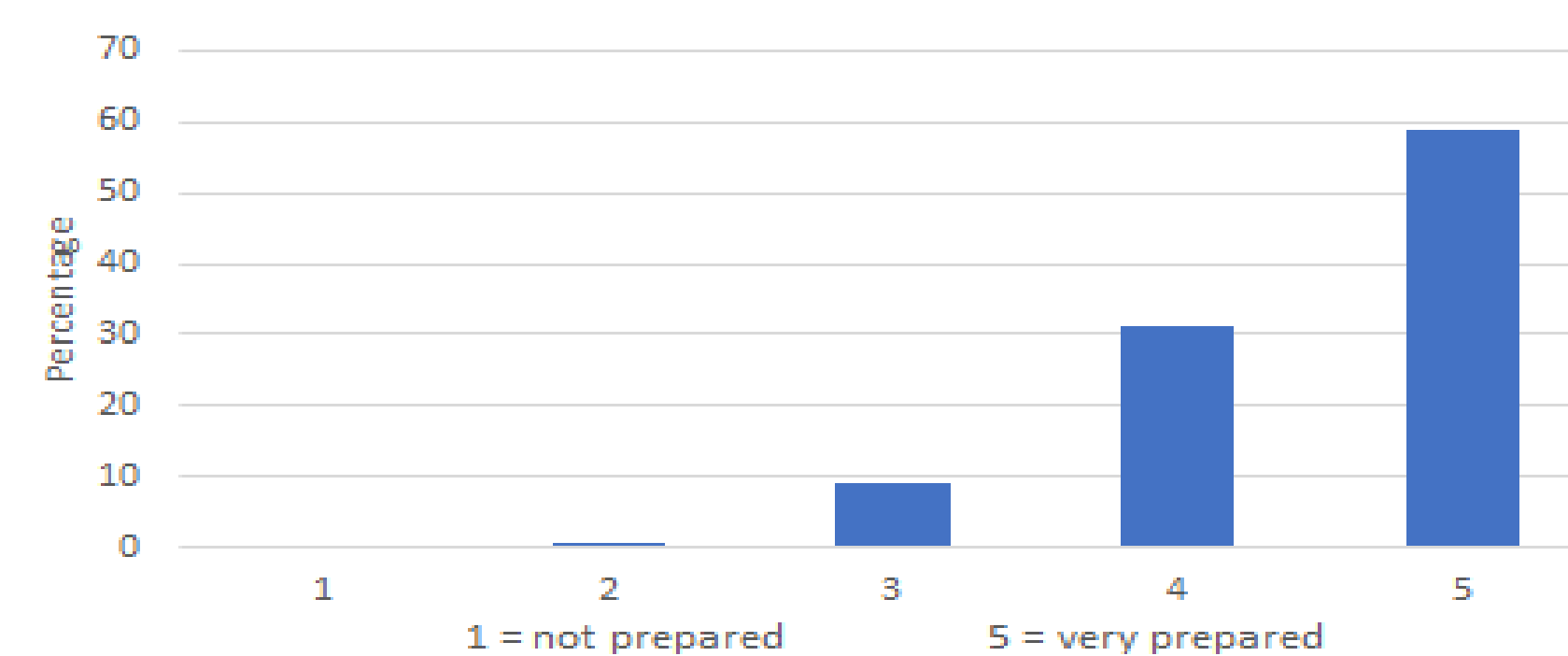
Most interpreters are required to have a minimum of 40 hours of Medical Interpreter Training. Interpreters are currently able to attain national certification. Others are trained and have dual roles within their place of employment.

RESULTS

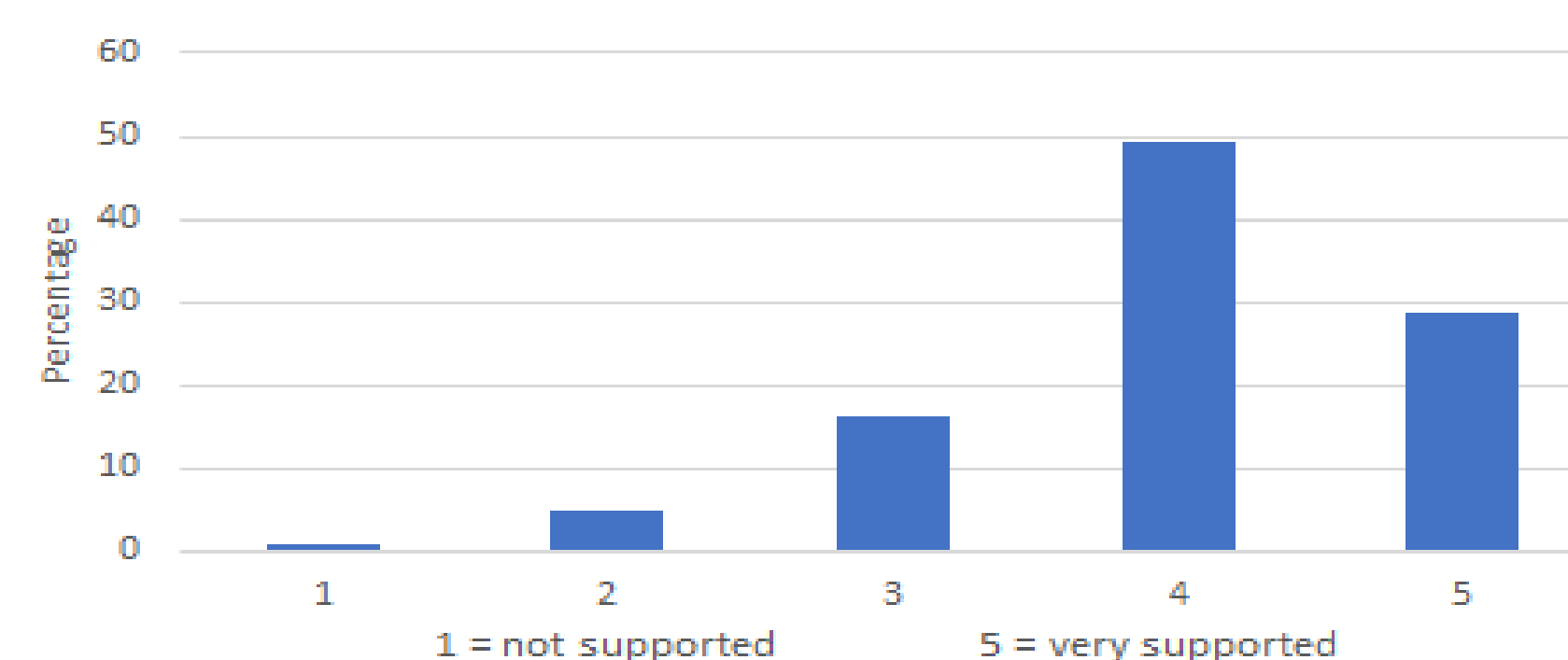
How well do you feel that medical providers know how to work with interpreters?



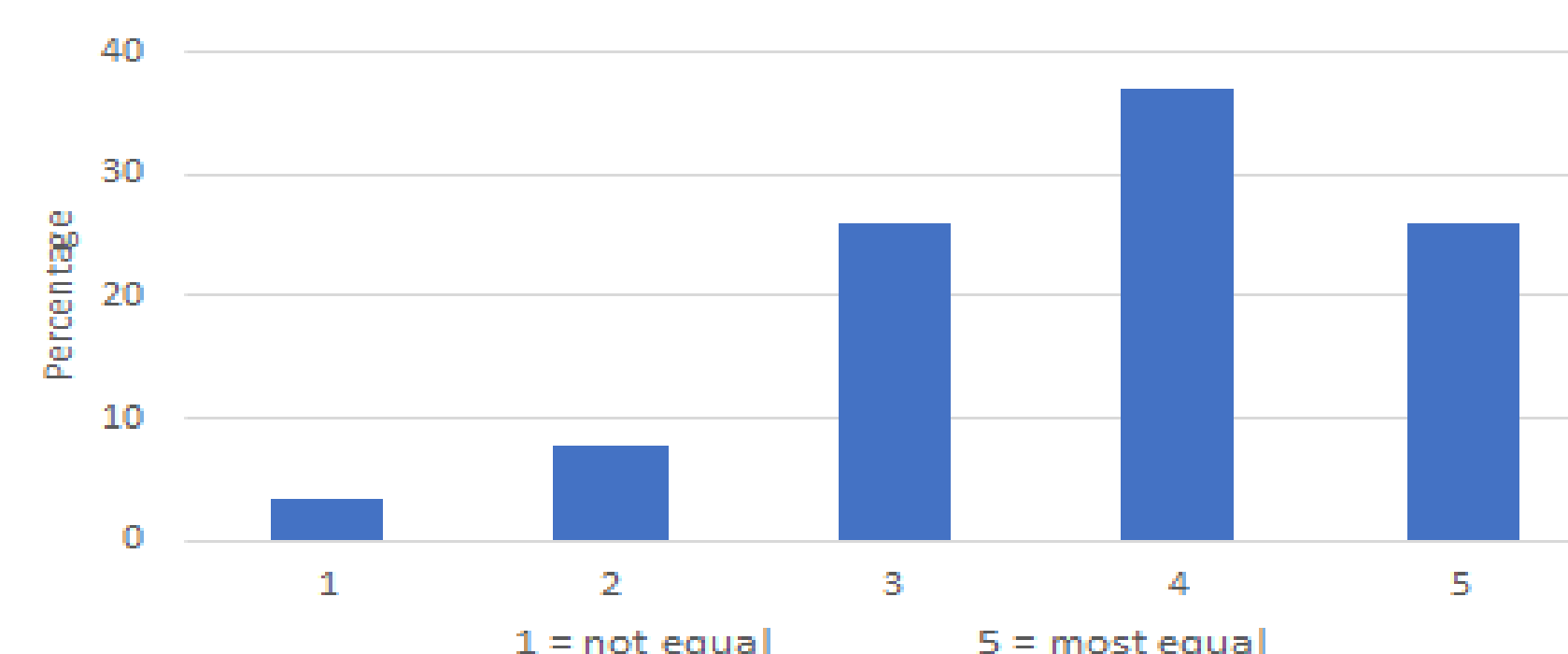
How well do you feel training prepared you for work as an interpreter?



How supported do you feel by the providers that you work with?



Do you feel included as an equal member of the healthcare team?



DISCUSSION

Although interpreters feel fairly well trained and supported by their provider team, there are still improvements that can be made to improve LEP and deaf patient healthcare interactions:

- A workshop for providers to discuss how to work effectively with interpreters
 - This workshop could include a mock visit or role play
 - This practice has been put in place by the Massachusetts Commission for Deaf and Hard of Hearing, and they have seen good results
- Treat the interpreter as an integral part of the medical team and respect their knowledge and abilities
- Understand the roles of interpreter
- Improved standardized trainings for interpreters
- Quick huddle with provider and interpreter before entering patient room

Table 1: Languages spoken by interpreters

Language	# of Interpreters (%)
Spanish	68 (56.2%)
Portuguese	19 (15.7%)
Arabic	9 (7.4%)
Chinese	6 (5%)
Russian	5 (4.1%)
American Sign Language	4 (3.3%)
Vietnamese	4 (3.3%)
Nepali	4 (3.3%)
Khmer/Cambodian	4 (3.3%)
Albanian	3 (2.5%)
French	2 (1.7%)
Cape Verdean	2 (1.7%)
Haitian Creole	1 (0.8%)
Bosnian	1 (0.8%)
Polish	1 (0.8%)

Table 2: Years spent interpreting

Years	% of Interpreters
< 1	6.7
1-5	25.8
6-10	26.7
> 10	40.8

Table 3: Type of training received by interpreters

Credential	% of Interpreters
Certified Medical Interpreter or Certified Health Care Interpreter	68.6
Trained Medical Interpreter	27.3
Dual Role Employee (with medical interpreter training)	3.3
Bilingual Employee (no training)	0.8

METHODS

The population clerkship began with the opportunity to shadow interpreters at Edward M. Kennedy Community Health and UMass Memorial Health Center. The goal of the shadowing experience was to explore ways to improve language access.

We created an anonymous confidential online survey that was distributed widely to medical interpreters across Massachusetts. We received 122 responses from interpreters in various settings.

Our goals were to assess the following:

1. Interpreter demographics (languages spoken, years spent interpreting, time spent in active interpretation)
2. Satisfaction with interpreter training
3. Interpreters' satisfaction with the provider-interpreter interaction and their role as part of the healthcare team

FUTURE DIRECTION

Language access is critical to the delivery and receipt of adequate care. The healthcare team is a robust and diverse team of caregivers, and interpreter services and provider relations are key to providing the best care to patient populations who require proper language access. In the future, we will assess the gaps in provider-interpreter communication and develop a solution to improve the delivery of quality healthcare to patients going forward.

RESOURCES

¹ Jacobs, Elizabeth A. et al. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services." *American Journal of Public Health* 94.5 (2004): 866-869. Print.

² Patient Protection and Affordable Care Act, Section 1557 (2016).

ACKNOWLEDGEMENTS

We are grateful to Lisa Morris and Nancy Esparza for making this clerkship possible and for their support on this project. We would like to acknowledge UMass Memorial Healthcare, Edward M. Kennedy Community Health Center, the Center for Health Impact, and the members of the Deaf Access Research Team for providing this opportunity. We are also very thankful to the interpreters who participated in the survey and allowed us to shadow them.