The Language of Silence: When Communication Becomes the Interpreter’s Challenge

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Agenda

- Objectives
- Overview
- Barriers - Challenges
- Interventions
- Provider’s Perspective
- Self-Assessment
Objectives

- To present a case study to framework challenges medical interpreters faced to bridge communication gap between patient and care team.

- To review practical application of the Medical Interpreter’s Roles and Code of Ethics.

- To highlight resources and interventions used to establish patient-provider effective communication.

- To showcase how institutional support of a patient centered organization like UMass Memorial Medical Center can positively impact patient care.
Patient’s Overview

- Fifty-four year old from the Dominican Republic presenting to the Emergency Room.
- Deaf, no formal language learned, minimal communication skills.
- Social History: Came from DR to the US to visit extended family.
- No primary care physician.
- No pre-existing condition.
- Cognitive ability intact.
ER Admission

- Chief Complaint:
  - Cough, weakness, back pain, body aches, and weight loss for 2 months.
- Testing:
  - blood work,
  - chest x-ray,
  - chest CT
- Results:
  - Abnormal
In-patient Stay

- **Testing**
  - Blood work, CT w. contrast, MRI, Biopsy
- **Diagnosis**
  - Adenocarcinoma
  - Liposarcoma
- **Prognosis:**
  - Poor
- **Treatment**
  - Oral medications
  - IV medications (morphine pump)
  - Chemotherapy
  - Radiation
  - Comfort measures
UMMMC Hospital Policy
“Communication with Patients Preferring to Receive Health Information in a Language other than English”

- UMMMC seeks to provide access to care, to receive health information and communicate in a manner compatible with our patients’ preferred language needs, health beliefs, and cultural practices.

- When a patient does not have a formal language or has minimal language skills that make it difficult to communicate about treatment, providers should contact interpreter services to assist in determining whether effective communication can be established.

  - If it is determined that there is no ability to establish effective communication, then the provider will document that the patient is unable to effectively make or communicate decisions.
  - The patient’s authorized medical decision maker can then be responsible for consenting to treatment.
Deafness, no formal language learned, minimal communication skills.

ASL and CDI team unable to establish communication through sign language.  
*Common misconception: All deaf individuals can communicate through sign language.*

Lip reading offers limited communication with patient

Patient/family unfamiliar with US Health Care system

No legal guardian- No Health Care Proxy

Who makes the medical decisions?
Identified Challenges

- Accurate assessment of patient’s symptoms.
- Explaining consent forms, procedures, and results accurately.
- Assessing patient’s understanding upon conveying medical information.
- Managing family dynamics in a culturally sensitive and respectful manner:
  - Miscommunication among family members.
  - Family members acting as interpreters.
  - Family wanting to withhold medical information from patient and other family members.
  - Time management coordinating family meetings.
  - Balancing role of family with PT’s autonomy for decision making
Triadic Medical Communication

Physician → Trained Interpreter → Patient

Interpreter Roles

Advocate
Cultural broker
Clarifier
Conduit
Interventions

• Daily interpreter rounds
• Proactive vs. reactive coordination of ISO services and interventions:
  • Daily briefing between medical team and interpreter
  • Coordination of family/provider’s meetings
  • Coordinating procedures/testing with ancillary areas
• Tools: Poster / Visual cues
• Consistency
  • Minimizes errors in communication
  • Increase patient comfort
  • Creates trust among providers and family
• Education of medical staff
Tools: Poster - Visual Cues
Tools: Poster - Visual Cues

- Pain medication (pill form)
- IV pain medication
- No Pain
- Mild
- Moderate
- Severe
- Very Severe
- Worst Pain Possible

- Dizzy/Morena
- Nauseous/ Nauseas en el estómago
- Pain, Dolor
- Headache/Dolor de cabeza
- Trouble Sleeping/ Dificultad para dormir
- Sleepy/Sonnolento
Provider Feedback

- On-site interpretation modality highly valued due to uniqueness of Pt’s case; demonstrates UMass efforts to deliver respectful and culturally sensitive patient care.

- Having the same interpreter(s) provided consistency and helped “bridging the gap” in communication between family and medical providers.

- In addition, continuity of care allowed us to better understand the patient’s language regarding his needs and mental status.
  - Huddles and debriefing before and after seeing the patient
  - Opportunity to educate providers on interpreter cultural broker’s role
  - Assess patient understanding and act as a clarifier or advocate, if necessary
Self Assessment

- Were we able to convey the information accurately?
- Did we use all the tools that were at our disposal in order to communicate effectively?
- Did we stay within our role boundaries?
- How accurate was our assessment of patient understanding?
- How did we feel after working on this case?
  - stressed
  - sad
  - upset
"The single biggest problem in communication is the illusion that it has taken place“
- George Bernard Shaw