



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.

Identified Barriers

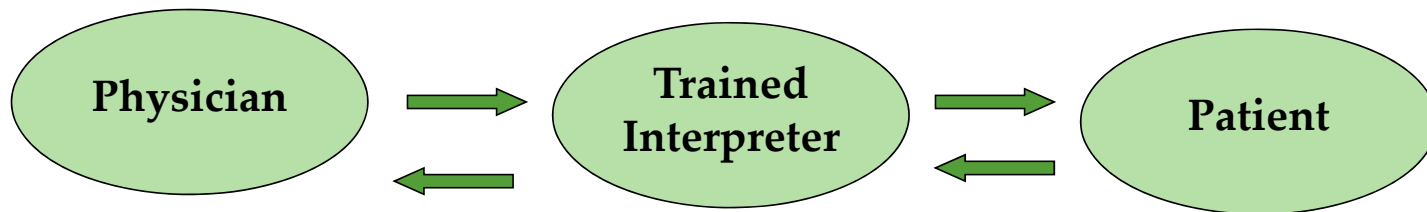
- Deafness, no formal language learned, minimal communication skills.
- ASL and CDI team unable to establish communication through sign language.
Common misconception: All deaf individuals can communicate through sign language.
- Lip reading offers limited communication with patient
- Patient/family unfamiliar with US Health Care system
- No legal guardian- No Health Care Proxy
- Who makes the medical decisions?



Identified Challenges

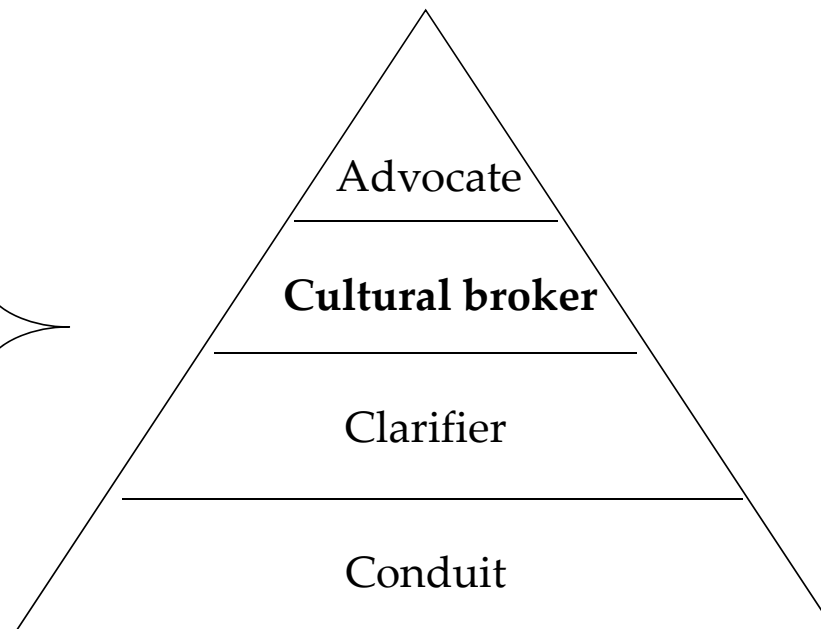
- Accurate assessment of patient's symptoms.
- Explaining consent forms, procedures, and results accurately.
- Assessing patient's understanding upon conveying medical information.
- Managing family dynamics in a culturally sensitive and respectful manner:
 - *Miscommunication among family members.*
 - *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



Interpreter

Roles



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



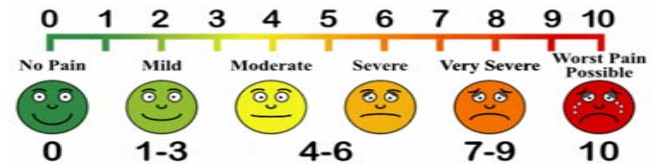
Tools: Poster - Visual Cues



Pain medication (pill form)



IV pain medication



Pain scale/ Escala de dolor



Dizzy/Mareado



Nauseous/ Nauseabundo (ganas de vomitar)



Pain/Dolor



Headache/Dolor de cabeza



Trouble sleeping / Dificultad para dormir




Sleepy/Sonoliento

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*