Why are we talking about this?

- Nearly 2/3 of hospitals report caring for patients with limited English proficiency (LEP) at least weekly

- Number of LEP patients is growing rapidly, affects California disproportionately
  - 13% of all LEP patients live in California

Health Research and Educational Trust, 2006
2010 US Census Data
Changing US Demographics

Increasing numbers of Americans have Limited English Proficiency (LEP) – 2010 Census Data:

Graphic by Alice Chen
Changing US Demographics

Increasing numbers of Americans have Limited English Proficiency (LEP) – 2010 Census Data:

- **US**: 21% Language Other than English, 9% Limited English Proficiency
- **California**: 44% Language Other than English, 20% Limited English Proficiency
- **CA Safety Net PC**: 40% Limited English Proficiency

Graphic by Alice Chen
Why are WE talking about this?

- Good experiences
- Bad experiences
- Questions/issues you want to address?
What is Palliative Care about?

- Excellence in communication
- Understanding patient and patient’s family unit
- Providing information in amounts and in ways that patient/surrogate can handle
- Getting at “subtext”

When patients have LEP, interpreters are critical to providing high-quality palliative care
Objectives

• Review need and rationale for using professional interpreters
• Provide context for medical interpreters’ training and perspective
• Discuss the challenges to using interpreters in palliative medicine
• Review ways to address challenges
  – In individual patient encounters
  – Through systems change
Why use Professional Interpreters?

• **Required by law** - all institutions receiving funding from Medicare/Medicaid must provide “adequate language assistance” to LEP patients

• Professional Interpreters associated with **overall improved care** for LEP patients (as compared to *ad hoc* interpreters)
  – Suggestion of less communication error, and when errors happen, they may be less likely to have clinical consequence
  – Greater patient comprehension
  – Improved clinical outcomes
  – Increased patient and clinician satisfaction
  – Equalization in health care utilization

  *Karliner, Health Services Research, 2007*  
  *Flores, Pediatrics 2003*

• **CAVEAT:** Greater comfort discussing sensitive topics with family/friend as interpreter (Kuo, JGIM 1999)
What kind of training do professional interpreters have?
Training for Medical Interpretation: California Endowment Study

• **Standard curriculum** for training programs
  – Role and ethics
  – Basic interpreting techniques (use of the first person, positioning, pre-sessions modes, consecutive interpreting and sight translation)
  – Controlling flow of the session
  – Health care practice medical terminology
  – Professional development
  – Impact of culture

• Longer programs often add more situational practice, emphasis on interpreting techniques and vocabulary, and interpreting in venues other than health care
Training for Medical Interpretation: California Endowment Study

- Most programs are relatively short
  - 40-hour programs are most common in California
  - Over half of surveyed programs were < 100 hours

- Most do not have a practicum

- Most programs focus on Spanish language

- Lack of standard competency at completion of various training programs

California Endowment, 2002
Training for Medical Interpretation: Palliative Care

- Until recently there have been no regular, nationally-publicized training programs for medical interpreters specifically related to palliative care.

- California Healthcare Foundation – Medical Interpreter Curriculum Project
  - "Interpreting in Palliative Care" curriculum for medical interpreters – in-person and online versions
    - Training materials: http://www.chcf.org/interpreting
    - Online version: http://learn.hcin.org/
  - CE credits for interpreters
Working with professional interpreters: what you can expect

• Wide range of experience and competence (even within the same agency or institution)
• Wide range of comfortability in end-of-life conversations (just like other medical providers!)
• Certain standards of professionalism
  – Interpret everything said, without editing (unless explicitly mentioned)
  – Control flow of session
"Do you speak English?"
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Using Interpreters in Hospice & Palliative Care: Key Challenges

1. Loss of control over the message that is conveyed

2. Integration of an outsider into the hospice or palliative care team
   1. How to work effectively
   2. How to support interpreter(s) adequately given the emotional toll of the message

3. Limited access to interpreter services
Key Challenge #1: Lost in Translation?

• Hospice & Palliative Medicine practitioners consider themselves experts in communication
• Word choice is often critical in our work
• In caring for patients with Limited English Proficiency (LEP), the person acting as the interpreter has control over the message being conveyed – in both directions
Lost in Translation, cont.

- A small study of interpretation in ICU family meetings found that 55% of exchanges had alteration in meaning
  - Alterations included additions, omissions, substitutions, and editorializations
  - >75% of alterations were considered clinically significant
  - 93% of clinically significant alterations were judged to have a negative impact on communication

Pham, Chest 2008 July
Alterations in Interpretation

• A small cross-sectional qualitative study interviewed providers and interpreters regarding control over their interactions
  – Interpreters try to foster direct communication between patient and provider, though these techniques were not always well-received by providers
  – Interpreters reported changing providers’ words or refusing to interpret what they perceived to be culturally inappropriate
    • E.g. using “leukemia” instead of “cancer”
    • Most providers were comfortable with alterations, so long as alterations were reported by interpreters

Hsieh, Patient Education and Counseling 2010
Key Challenge #2: The invisible team member

• Hospice & Palliative medicine teams are intentional about creating trust and promoting self-care for providers on the team.

• When a professional interpreter is used, he/she may feel or be addressed simply as a language conduit, rather than as a key member of the palliative care team.

• H/PC team usually prepares for difficult encounters, but the interpreter has no advance warning or context for these conversations.
Key Challenge #3: Limited access to interpreter services

- Not enough health care interpreters (roughly 1 per 800 LEP Americans)
- Professional interpretation services are costly
  - In-person interpreters: $20-26/hr
  - Language Line (AT&T): Average $1.50/min (Actual: $4.50/min, for some languages and lower volume clients)
- In-person interpreters have limited hours, often work part-time in another capacity
- Hospital or hospice may not have interpreter support for all languages
TO CUT COSTS
WE HAVE MOVED
THE CLINIC
TO CHINA.
PLEASE TAKE A
TICKET FOR YOUR
FLIGHT COUPON.
Objectives

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• **Review ways to address challenges**
  – In individual patient encounters
  – Through system change
Suggested solutions for improving communication with LEP patients

• Improving communication can/should be addressed on multiple levels
  – Individual patient interactions
  – Hospital/Agency-wide interventions
  – State- or nationwide interventions
Improving communication with individual LEP patients/families

• Best practices in communication with LEP patients and families
  – Use professional interpreters
  – Communication with interpreters
    • Use first person
    • Look at the patient, not the interpreter
    • Use short phrases
    • Check for pt understanding frequently (every 3 bullet points) – “Teach-back” technique is ideal
  – Avoid euphemisms
Improving communication with individual LEP patients/families

• Use best palliative care practices (sit down, leverage lag time in communication by using non-verbal cues)

• Use the words you are comfortable with, but be aware that interpreters have a wide range of English vocabulary and proficiency
  – Listen for choppy speech, hesitation, or lots of uninterpreted dialogue between pt/interpreter
  – *Ask interpreter if he/she needs clarification*
Improving communication with individual LEP patients/families

Include the interpreter in preparing for and reviewing encounters with patients and families

• Pre-meeting planning: Before starting, take 2 min to elicit input on how to convey your message
  – Does the interpreter know the patient?
    • Personally or professionally?
  – What has (or has not) worked in the past?
    • Based on your or the interpreter’s experience with pt/family
  – Are there cultural issues you should be aware of?
  – Review agenda/anticipated content for terminology, anticipate problems
    • Common terms in palliative care, end-of-life care
Improving communication with individual LEP patients/families

- **Post-meeting debriefing:** Elicit interpreter feedback
  - What went well/badly?
  - Were there messages that were lost? Were there non-verbal cues or side conversations that the interpreter noticed but did not convey?
  - What could be done better next time?
  - How is the interpreter doing? (Encourage interpreter to pause, if needed, before starting next conversation)

*These interactions provide practical solutions to problems, but also foster an atmosphere of mutual respect with interpreter*
Additional ways to improve individual patient interactions

• Leverage interpreters’ skill and experience beyond just interpreting words
• Improve your own cultural competence
Leverage the skills and experience of your interpreters

• Interpreters often are coming out of a context in which physicians are highly respected and are not questioned – you need to reach out to them to get feedback

• Interpreters most often serve as “message converters,” but can and should adopt more nuanced rolls, as needed
Resources to improve your cultural competency

• Approach interactions with “cultural humility”

• References for care of specific populations
  – JAMA series review of EOLC for Latinos
    • JAMA. 2009 Mar 11;301(10):1047-57, E1; Care at the Close of Life
  – Chinese American Coalition for Compassionate Care
    (http://www.caccc-usa.org/)
    • Provides training for providers, outreach to community

• Seek advice and collaborate with local hospice providers and agencies that work with specific communities (invite them to speak to your team)
Hospital-/Agency-wide interventions to improve communication

• Offer training for interpreters
  – Didactics on-site
  – Off-site continuing education opportunities

• Work on building relationships with your interpreters so that they feel included in the PC team
  – Offer support/debriefing
  – Invite participation in self-care and reflection
Training for Interpreters

- *Interpreting in Palliative Care Curriculum*
  - **FREE** materials to facilitate 8-hour training
    - www.chcf.org/interpreting
  - On-demand access to curriculum for individual interpreters ($35)
    - Learn.hcin.org

Roat, Kinderman, and Fernandez; 2012
H/PM Educational Opportunities for Interpreters

- Case conferences, PC-related conferences on-site (e.g. Grand Rounds)
- Hospice volunteer training
- H/PM Association meetings
- ELNEC training, POLST training
- Work with advocacy groups
  - Chinese American Coalition for Compassionate Care
- Online training *Interpreting in Palliative Care*
Get to know your interpreters

• If you work in a system with in-person interpreters, work to build relationships over time
  – Some will feel comfortable with EOL conversations, others will not
    • Partner with interpreter services director, consider identifying specific interpreters for PC interactions
    • Offer to allow less experienced interpreters shadow those who are more comfortable
  – Normal conversation will give you a sense of their English proficiency, and their personal stories
  – Case example: Working with Richard
Encourage interpreters to attend to self-care and reflection

- Offer *ad hoc* support after difficult interactions (encourage/support taking time before next call/interaction)
- Offer regular support groups to discuss difficult cases
  - Leverage members of your IDT to assist
- Invite interpreters to yearly remembrance activities, celebrations
State- or Nationwide Solutions to improve communication

• Educational opportunities for interpreters
  – Certification of health care interpreters
  – On-line or regional training opportunities

• Solutions for limited access to interpreter services
  – Remote interpreter services
  – Pooling interpreter resources
  – Contract interpreter services
Future of Medical Interpretation

• Pooled interpreter services
  – AT&T Language Line
  – Health Care Interpreter Network (HCIN)

• Advanced Technologies in Medical Interpretation
  – Telephone (single or dual handset)
  – Videoconference Medical Interpretation (VMI)
  – Portable Devices
    • First Responders (EMT, Police, Fire)
    • Hospice
Summary of Literature on Remote Interpretation

• Systematic review in 2005 of remote vs. in-person interpretation (Azarmina, J Telemedicine and Telecare)
  – Patients and clinicians satisfied with remote interpretation; Interpreters preferred face-to-face interpretation

  *Suggested that remote interpretation is an acceptable and accurate alternative to traditional methods*

• 2010 Quasi-randomized control study comparing medical interpretation by trained interpreters via telephone and videoconference to those provided in-person (Locatis, JGIM)
  – Patients rated all methods the same, but in interviews preferred in-person and video to telephonic

  *Reconfirms a general preference in limited studies for in-person > video > telephonic interpretation*
Benefits and Challenges of Using Technology for Interpretation

• **Benefits:**
  – Available 24 hours/day, 365 days a year
  – Vast number of languages accessible within minutes
  – Multiple access points throughout the hospital, clinic, or community
  – Trained Interpreters
  – Potentially time and cost saving

• **Challenges:**
  – Start-up costs can be high
  – Equipment shortage and/or malfunction: audio, connection, etc.
  – Less personal? (particularly from perspective of interpreters)

*Particularly challenging in hospice and palliative medicine*
“I need an interpreter. Send in someone who speaks jargon.”
Take-home Points

• Using professional interpreters is critical for providing high-quality PC
• Skill, experience, and comfortability with PC will vary widely among interpreters
  – Know what to expect
  – Encourage/insist on PC training for interpreters
• Pre- and post-meet with interpreter to minimize mis- (or missed) communication
• Build relationships with interpreters whenever possible, encourage self-care
Thank You!
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  – Beverly Treumann, Program and Quality Assurance Director
References

- Smith A et al, “Palliative care for Latino patients and their families: whenever we prayed, she wept.” JAMA. 2009 Mar 11;301(10):1047-57, E1
What were the problems with some of your difficult cases?