USING TELEPHONE INTERPRETERS TO COMMUNICATE WITH PATIENTS

INTRODUCTION
This study aimed to address the issue of language barriers by introducing a telephone interpreter service for health visitors. The service would allow rapid access to an interpreter and cater for a range of languages.

East Lincolnshire has seen an influx of migrant workers. Since health visitors carry out complex assessments on all new patients, they were concerned that they were not obtaining accurate information and were unable to fully support families whose first language is not English. By improving communication, the quality of support and information provision could be enhanced.

The telephone interpreter service is a practical and quick way of accessing interpreters for a range of languages. Using professional interpreters ensures information is accurately translated and gives patients opportunities to ask their own questions. This is essential when providing nursing care within a legal and ethical framework.

The training package
Training to use an interpreter service is essential (Karlner et al, 2004), as are protocols and guidelines to encourage use. Managers need to ensure these are in place. Before this study, the trust had invested in the interpreter system but many staff were unaware of it and had not received training.

At the start of the study, health visitors were interviewed to find out what they thought training should include. They wanted practical instruction on how to use the system and to know if it would work with a mobile phone, as many patients did not have a landline. They also wanted guidance on when they should use the system and on structuring questions for the interpreter.

The final training package comprised practical guidance from the service provider, information on criteria for use and on how to structure questions when using interpreters.

Training was evaluated through qualitative interviews. The health visitors found it easy to understand, and valuable and necessary to encourage staff to use the service. However, they did feel that they would have benefited from opportunities to practise developing the necessary skills through role-play or from using the system under supervision. This will be addressed in recommendations for future training.

ASSESSMENT
Carrying out assessment on patients needing an interpreter is often overlooked. All patients who do not speak English as a first language should be offered the interpreter service. From my own experience and the recommendations of Gonzalez (2005) the following are criteria for implementing the service:

- Offer it to all patients whose first language is not English;
- Do not assume actions such as head nodding and smiling indicate sufficient understanding;
- A basic level of English is not sufficient to understand technical information, especially when patients may be feeling stressed;
- Use the service for all stages of the communication process, including assessment, prescription, initiating treatments and evaluating care.

While these criteria may appear costly and unnecessary, it is a basic right for people to be able to access services.

Goldstein (2000) argued that questions
BACKGROUND

- Typically, nurses use sign language, translated materials and family and friends when working with patients whose first language is not English. Using bilingual workers and professional interpreters is still relatively rare in healthcare.
- Sign language and improvisation are often used to establish rapport and assess understanding. However, this is an unsatisfactory way of communicating health information.
- Using family and friends to interpret is the most popular means of addressing language barriers (Gerrish, 2004). While they may be seen as patients’ chosen advocates, they are not appropriate. Interpretation is a complex skill (McGee and Johnson, 2008).
- Using a professional interpreter service increases patient satisfaction, reduces error rates and potentially improves health outcomes (Divi et al, 2007).

PRACTICAL INSTRUCTION GUIDELINES

Before using telephone interpreters, health visitors had received a language chart from the service provider, which explains how an interpreter would be called. This information was also provided in the patient’s first language. Some health visitors also chose to point to the phone and use non-verbal communication to inform patients they would be calling an interpreter.

WORKING WITH INTERPRETERS

The interpreter’s role is to repeat questions and responses of healthcare professionals and patients without giving additional material. If they believe a question should be modified to make it acceptable or a situation needs clarification, they should discuss it with the healthcare professional. Interpreters should repeat the questions and responses maintaining the same meaning, tone and register as the original message (Gonzalez, 2005). The following are guidelines for working with interpreters:

- To access the NT online clinical archives of more than 4,000 peer-reviewed articles simply log on to nursingtimes.net, click NT Clinical and Archive and then Extra.

- Write down the questions in advance to keep focused;
- Introduce yourself to the interpreter and establish a rapport by exchanging names;
- Brief the interpreter on what you want to accomplish with the call;
- Speak slowly, using short sentences and try to state one message at a time;
- Where possible, avoid slang and professional jargon. Explain medical terms to the interpreter rather than rely on the interpreter to make up their own;
- Maintain eye contact with the patient while working with the interpreter;
- Use diagrams, pictures and translated written materials where appropriate;
- Practitioners can conduct a cultural assessment to determine cultural beliefs;
- Remember to ask the patient if they have any issues they would like to discuss;
- At the end of the interview, thank the interpreter and say ‘end of call’.

REFERENCES


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