Guidelines for Working with Interpreters

Before Seeing the Patient
Preparations

- Working with patients with limited English proficiency may take more time than English-only appointments, so planning additional time for the encounter may be necessary.
- Before entering the room, provide the interpreter and other members of the care team with background information, and set goals to "get on the same page." This discussion should take place in a private room and comply with HIPPA regulations.
- Encourage the interpreter and other members of the care team to speak up with any relevant information or concerns that might affect care

During the Interaction
Logistics

- When working with patients with LEP, a qualified medical interpreter would ideally be present for the entire encounter.
- Confirm that the patient is aware of their legal right to an interpreter free of charge.
- Introduce the interpreter to the patient before beginning.
- Position the patient, the interpreter, and yourself in a triangle.
- Address the patient, not the interpreter, and maintain primary eye contact with the patient. Talk with patient the same way you would if you both spoke the same language.
- Remember that the interpreter does not have responsibility to direct the consultation or keep it under control.
- Remember that the interpreter is required to interpret everything said in the room, including side conversations, thinking out loud, and 'irrelevant' or repetitive comments.

Dialogue

- Keep a pace that allows time for interpretation. Pause after each thought or when the interpreter signals to you to allow for interpretation. Break statements into short sections if long explanations are necessary.
- Avoid medical jargon, idiomatic expressions, and acronyms. Keep in mind certain expressions may not exist in a given language.
- Ask only one question at a time. Keep your questions short and your commentary brief.
- Avoid thinking out loud. The interpreter is required to translate whatever is said, and thinking out loud may lead to confusion.
- Confirm understanding with patient and agreement with the plan by asking the patient to repeat key information back to you.
- Encourage the interpreter to clarify terms with you. Ask the interpreter to interpret back to you whenever you are concerned about the accuracy or completeness of the interpretation.

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Nonverbal Communication

- Be aware of nonverbal communication (tone of voice, facial expressions, and body language), which is often the key to a patient's emotional state.
- Avoid using hand gestures that may not be universally understood in the same way.
- Make sure all three people involved – the patient, interpreter, and clinician – can see each others' faces. Use non-verbal communication, such as smiling, to put the patient at ease.
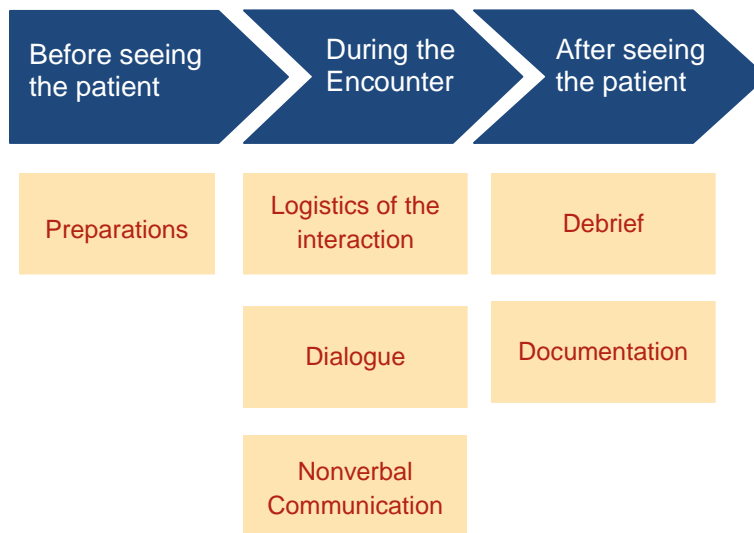
After the Seeing the Patient

Debrief

- After seeing the patient, debrief with the interpreter about the communication process.
- Clarify any miscommunications or inaccuracies.
- If necessary, speak privately with the interpreter who may perceive cultural and emotional subtleties more clearly. Ask the interpreter for cultural clarification if needed.

Documentation

The following information should be documented in the patient's records, progress notes, and consent forms:

- The patient's language needs, including the patient's dialect
- Involvement of a medical interpreter
- Interpreter's name and ID number
- If the patient refuses a medical interpreter
- If the provider is unable to get a medical interpreter for face to face or phone interpretation

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Preparations	Logistics of the interaction	Debrief
	Dialogue	Documentation
	Nonverbal Communication	