

Guidelines for Interpreted Visits

1. Introduce yourself to the family and to the interpreter.
2. Write down the interpreter's name and the interview language on the progress note.
3. Do a pre-visit conference with the interpreter. This can be done in the room with the family unless sensitive issues need to be discussed. The following should be covered:

Establish the style of interpretation.

- i) Phrased interpretation where the provider interviews in short phrases that are translated as accurately as possible by the interpreter, is usually the easiest to use.
- ii) Simultaneous interpretation is often confusing to both patient and provider but useful for short statement like how to take medicines.
- III) Summary interpretation, where the provider or the patient make long statements and the interpreter tries to summarize them can be used for simple problems and to explore sensitive areas such as sexuality but can lead to errors... use with caution.

Ask the interpreter for feedback. Ask them to tell you if they don't understand terms you use or the terms aren't easily translated. Tell them to also tell you if it seems that the patient is expressing a cultural related idea or concept that they think you may not understand.

Tell the interpreter where you want them to sit. Beside the provider or just in back of them is best because the patient looks at both the provider and the interpreter.

Establish the context and the nature of the visit. "Nasara is coming in to see me today for a follow-up visit. She has been depressed and I will be discussing this first"... "Anh is a new patient to our clinic. I will be asking him many questions about his past health and his family and then will do a complete physical examination"...

Determine if there are any time constraints on the interpreter.

Ask the interpreter if they have any concerns that they want to share with you before the visit and step out into the hallway to talk with them.

4. Direct questions to the patient, not to the interpreter unless they are meant for the interpreter. If you are going to pause and ask the interpreter a question in English, tell the patient that this is what you will be doing.
5. Do a post-visit conference with the interpreter outside the room if you have concerns about the interview. This is particularly helpful if the history seems very vague and unclear. It can help determine if there was a

language problem ... the patient and the interpreter speak different dialects or have accents that are hard for each to understand, or if the patient is mentally ill or has some other problem that clouds communication.

6. Gender and age of the interpreter may be very important. In many ethnic groups, women and girls prefer a female interpreter and some men and boys prefer a male. Older patients may want a more mature interpreter. Don't use children as interpreters. This distorts power relationships within families and diminishes parents in the eyes of their children. It often provides poor quality interpretation because children may have limited native language skills.