

Key Point
Summary

Module 4—Limited English Proficiency

The key points to take away from this module are:

-  Limited English proficiency (LEP) is defined as a limited ability to read, write, speak, or understand English. A limited English proficient individual is one who does not speak English as primary language and the individual may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter.
-  LEP is more common than you may realize—according to the 2000 Census, over 21 million individuals speak English less than “very well.”
-  In the absence of language assistance, LEP can have an adverse effect on a patient’s health care. Patients with limited English proficiency:
 - ◆ May have diminished access to primary care
 - ◆ May be less likely to receive follow-up appointments after Emergency Department visits
 - ◆ May be less likely to understand their diagnoses, medications, and follow-up instructions
 - ◆ May be less satisfied with care
 - ◆ May not receive equivalent levels of preventive care
-  LEP may prevent effective communication between the patient and the provider
-  Providing language assistance services that enable accurate communication among people who otherwise would not understand each other is essential for providing quality care to patients with limited English proficiency
-  Title VI provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance

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-  Providing language assistance is not just a good practice; Title VI regulations prohibiting discrimination on the basis of national origin require recipients of federal funds to take reasonable steps to provide LEP persons meaningful access to their programs and activities
-  The Department of Justice LEP Guidance and the HHS Revised LEP Guidance are documents that help recipients determine when providing qualified interpreter services and translated materials may be needed in order to comply with Title VI
-  Two popular and easy-to-use tools for identifying a patient's language are "I speak" cards and posters
-  There are several types of language assistance that may be useful in improving communication with patients with LEP:
 - ◆ Translated written materials
 - ◆ Graphic materials (i.e., pictures)
 - ◆ Interpretation
-  Translation is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language)
-  Graphic materials providing pictures of needed services or of characteristics of illnesses may be useful for patients with limited English proficiency and with possible low literacy skills
 - ◆ Graphic materials may rely solely on images to relay a message or may combine images and translated text
-  Interpretation is the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account
-  Interpretation services can be provided via several methods:
 - ◆ In-person
 - ◆ Phone-line
 - ◆ Online

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- 🔑 There are three roles an interpreter can take:
 - ◆ Message Converter
 - ◆ Message Clarifier
 - ◆ Culture Clarifier
- 🔑 The appropriate role for the interpreter is the least invasive role that will ensure effective communication and care
- 🔑 The preferred role for an interpreter is that of message converter, because it's the lowest level of invasiveness
- 🔑 There are three modes of interpreting:
 - ◆ Consecutive interpreting
 - ◆ Simultaneous interpreting
 - ◆ Sight translation
- 🔑 According to the National Council on Interpreting in Health Care, transparency is maintained when everything said by any party present, including the interpreter speaking for himself or herself, is interpreted into a language that others present can understand
- 🔑 The most effective way to conduct an interpreted interaction is through the triadic interview process, which consists of the following components:
 - ◆ A pre-interview session
 - ◆ The triadic interview
 - ◆ A post-interview debriefing (when necessary)
- 🔑 The positioning of the participants during an interpreted encounter is important for effective communication
 - ◆ The interpreter should be considered a member of the health care team, but remain as unobtrusive as possible
- 🔑 Interpreters should use first-person speech, as if the interpreter were speaking in the patient's or the doctor's voice, as opposed to third-person speech, as if the interpreter were speaking about the patient or doctor

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-  The ability to speak two languages does not mean a person will be an effective interpreter
-  Untrained interpreters—family members, friends, untrained staff, or strangers from the waiting room or the street—are prone to omissions, additions, substitutions, volunteered opinions, semantic errors, and other problematic practices and can jeopardized the outcome of the patient- provider interaction
 - ◆ It is especially dangerous to use children as interpreters.
-  If an unforeseeable emergency arises, and you must use an untrained interpreter, apply the techniques for working effectively with an interpreter:
 - ◆ Explain the interpreter's role (message converter is preferred).
 - ◆ Explain the mode of interpreting (typically consecutive).
 - ◆ Maintain transparency.
 - ◆ Use the triadic interview process (including the pre-interview session).
 - ◆ Use an appropriate position to enhance patient-provider communication.
 - ◆ Use first-person speech.
-  There are several resources for locating interpreters:
 - ◆ State and local government public health departments as well as local, state, or regional interpreter and/or translator professional associations
 - ◆ College- and university-based programs
 - ◆ Faith-based charities
 - ◆ American Translation Association
 - ◆ Websites of ethnic and cultural groups
 - ◆ Local business telephone directory
 - ◆ Internet (e.g., Diversityrx.com and the National Virtual Translation Center)
 - ◆ National Association of Judiciary Interpreters and Translators (NAJIT)

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- Currently, there are no Federal health care interpreter certification standards. However, there are organizations and agencies that offer testing or assessment services for health care interpreters, such as the Washington State Department of Social and Health Services and the State of California Office of Personnel, which also includes a “Medical Interpreter Certification” under the jurisdiction of the California Judicial Council.