10 Questions from the Resident and Fellow Affairs Committee

Leah Karliner, MD, MAS, Associate Professor of Medicine in the Division of General Internal Medicine, and Rita Ogden, MPP, Director of Ambulatory Services answer resident and fellow questions about UCSF Medical Center Interpreting Services.

1. When does a resident or fellow need an interpreter?
   A resident or clinical fellow should use a professional interpreter anytime he/she is not fluent in a patient’s language or is fluent, but not well-versed in medical terminology in that language.

2. Can I use fellow staff or a patient’s family to interpret? Can I use my own language skills?
   Family members may be used for interpretation when engaging in small talk with a patient that does not have any clinical content. However, there is a big difference between interpreting casual conversation and medical terminology. In conversations where interpretation of clinical content is required, a family member or friend, often unintentionally, can filter the information being passed between the physician and patient due to distress, a desire to advocate, or other emotions. In addition, interpretation is a skill and being able to speak the language does not mean one is able to interpret. This is important because errors in language can lead to errors in care.

   Residents and clinical fellows should use their own language skills for clinical communication with a patient only if they are fluent and comfortable with medical terminology in the necessary language. Casual language skills should only be used for casual conversation without clinical content. Physicians must know their own limitations and feel comfortable requesting an interpreter at any stage of communication. Residents and clinical fellows should never provide interpretation services for their colleagues or other staff and their patients.

3. What are the qualifications of a professional interpreter?
   A professional interpreter has a combination of experience, education, and skills that makes him/her highly qualified to work as an interpreter. Most professional interpreters have completed a minimum of 40 hours of training, possess national certification which requires at least some college coursework, and have had several years of experience interpreting in different types of clinical settings. National standards for interpretation are being expanded and created where they did not exist in the past. Master’s degree level coursework is also available.
Both UCSF employed interpreters and contract interpreters go through a rigorous screening process to ensure they are qualified to interpret medical terminology in their respective languages. UCSF staff interpreters are required to pass an internal exam, which has both written and verbal components.

4. What kinds of interpreters are available at UCSF?
The two main types used at UCSF Medical Center are in-person and telephonic interpreters. UCSF has 18 staff interpreters for in-person interpreting. Telephonic interpreting services are available through our interpreter staff and through a contracted vendor. In-person interpreters can be unscheduled, but are usually arranged in advance. Telephonic interpreting services are used in several settings: outside of regular business hours, in an emergency or unplanned circumstance, if the required language is not among those of the UCSF staff interpreters, when the required language is uncommon or when it is not possible to schedule an interpreter. While telephonic interpretation is more readily available, there are times when an in-person interpreter is more appropriate.

These might include:
- end of life discussions
- treatment plans with highly complex educational content
- family conferences
- difficult conversations such as a new diagnosis or bad news
- for a patient with a hearing impairment
- for a patient with a cognitive impairment

5. What languages are available at UCSF through Interpreting Services?
Interpreting Services provides coverage for approximately 150 different languages. UCSF has Spanish, Russian, and Chinese (Mandarin and Cantonese) interpreters on staff and they are available in person during the following hours:
Spanish - Weekdays from 8 am - midnight and weekends from 9am - 5pm.
Chinese and Russian - Weekdays from 8am - 5pm.

Interpreters in Vietnamese, Korean, and most other languages are available through a contracted vendor for in-person interpreting if scheduled in advance. Please call Interpreting Services at 353-2690 to schedule an in-person interpreter. The service providing telephonic interpretation in all of the languages mentioned above as well as more than a hundred more is called Language Line, and the Medical Center is working with the vendor to obtain access to even more languages of lesser diffusion (for example, indigenous Mexican languages).

6. How do I reach an interpreter at UCSF?
Call Interpreting Services at (415) 353-2690. There will be a selection menu with several options: for immediate *telephonic interpreting* services, the average wait time to get an interpreter on the line is about 90 seconds for common languages. For uncommon languages, for example, Cambodian, the wait time may take longer.

Scheduling an *in-person interpreter* for the following services:
- immediate service from a telephonic interpreter
- paging an American Sign Language interpreter
- emergency interpreting services during business hours.

7. How do the dual-handset telephones and videoconference devices work? Where are they located?

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Dual handset telephones are more commonly found on the inpatient units at Moffitt and Long hospital. Each unit has at least a few dual handset telephones, and all units will be getting more over the next two months. Depending on the unit, phones may be located in each room, or centrally located and available as needed. The dual handset phone has two receivers, one for the clinician and the other for the patient. Instructions are located on each phone.

Video Medical Interpreting (VMI) is not currently available at UCSF, but Interpreting Services is exploring a potential pilot for this in the future. Most residents and clinical fellows have experience with VMI at SFGH, where it is used almost exclusively instead of in-person interpreters in outpatient settings. The VMI has a screen and speaker which allows the interpreter to communicate visually and verbally with the patient and clinician from a remote location, in real time.

8. How do I access someone skilled in American Sign Language?
American Sign Language (ASL) interpreters may be scheduled in advance by calling (415) 353-2690. For immediate assistance, a 24 hour on-call ASL interpreter can be paged at (415) 449-4114. An off-site, on-call ASL interpreter will be dispatched and will get to your site as soon as possible. For situations in which you need to communicate with a patient who does not use ASL, lip readers are also available. Interpreting Services will soon be piloting video ASL interpreting in the Emergency Department.

9. What techniques are recommended when using an interpreter?
Rather than immediately starting the visit with the patient and interpreter, the clinician should briefly describe to the interpreter the circumstances and nature of the conversation/visit. For example, “I am here with my patient Ms. Smith for a follow-up visit. Before we got on the phone, she was telling me about her back pain.”

With in-person interpretation the clinician should next consider the therapeutic triangle, which positions each person in the room so the provider has a direct line of sight with both the interpreter and the patient. For situations where ASL interpreters or lip readers are required, the interpreter should stand behind the physician, but in the direct line of sight of the patient.

Other techniques for successful communication are:
• The clinician should speak directly to the patient and look at him/her, not the interpreter;
• Speak slowly and take natural pauses, so the interpreter does not miss valuable information;
• Do not stop in the middle of a sentence for the interpreter to interpret, as context may be lost. Interpreters interpret “meaning units,” not individual words.
• Avoid using medical jargon (i.e., acronyms).

10. What should a resident or clinical fellow do if an interpreter is unavailable? What is my responsibility for interpretation in an emergency situation?

In an emergency situation, the first responsibility of a clinician is to stabilize the patient. If the patient has not been stabilized clinically and a family member or staff member is present who can interpret basic questions, the person who is available should be used. However, UCSF does have 24/7 access to interpreters over the phone, so once the patient is in stable condition, the clinician should make every effort to follow policy and request a professional interpreter. By using a professional interpreter, the clinician takes a step towards ensuring an accurate diagnosis and treatment plan for the patient.