Educational support materials for ABIM's *Care for the Underserved* Module

Module #11

The growing number of patients with limited English proficiency creates many challenges for patients, physicians and health systems. Physicians should be aware that legal standards regarding interpreter use are in constant flux and that the use of untrained interpreters may jeopardize the effectiveness and safety of their clinical care and expose them to liability.[1,2]

When using office staff to interpret, physicians should ensure that they are trained to so, as many may lack appropriate language skills.[3] Moreover, trained medical interpreters offer many benefits over untrained interpreters including confidentially, greater accuracy, and greater patient satisfaction and, often, improved outcomes.[4, 5]

Use of untrained interpreters, including nursing staff, has been associated with significant communication errors.[6, 7] Observational studies indicate that untrained interpreters often add or substitute comments that may substantially alter the meaning of the communication between patient and physician.[6-8] Because of this tendency, clear instructions to repeat everything said verbatim can enhance clarity and confidence in the interpretation. While trained medical interpreters can act as cultural brokers by signaling potential cultural misunderstanding to the physician, untrained interpreters should focus on communication clarity.[2]

Physicians should be aware that even the use of professional interpreters is associated with loss of patient centeredness in clinical encounters [9,10] and should take pains to ensure that patients with limited English proficiency are encouraged to express their concerns. Physician training in use of interpreters is associated with less clinical difficulty and greater physician satisfaction in providing clinical care to patients with limited English proficiency. [11]

For further information, see the following:

1. Chen AH, Youdelman MK, Brooks J. The legal framework for language access in healthcare settings: Title VI and beyond. *J Gen Intern Med.* Nov 2007;22 Suppl 2:362-367.
2. Schenker Y, Lo B, Ettinger KM, Fernandez A. Navigating language barriers under difficult circumstances. *Ann Intern Med.* Aug 19 2008;149(4):264-269.
3. Moreno MR, Otero-Sabogal R, Newman J. Assessing dual-role staff-interpreter linguistic competency in an integrated healthcare system. *J Gen Intern Med.* Nov 2007;22 Suppl 2:331-335.

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4. Jacobs EA, Lauderdale DS, Meltzer D, Shorey JM, Levinson W, Thisted RA. Impact of interpreter services on delivery of health care to limited- English-proficient patients. *J Gen Intern Med.* 2001;16(7):468-474.
5. Karliner LS, Jacobs EA, Chen AH, Mutha S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Serv Res.* Apr 2007;42(2):727-754.
6. Elderkin-Thompson V, Silver RC, Waitzkin H. When nurses double as interpreters: a study of Spanish-speaking patients in a US primary care setting. *Soc Sci Med.* May 2001;52(9):1343-1358.
7. Flores G, Laws MB, Mayo SJ, et al. Errors in medical interpretation and their potential clinical consequences in pediatric encounters. *Pediatrics.* Jan 2003;111(1):6-14.
8. Pham K, Thornton JD, Engelberg RA, Jackson JC, Curtis JR. Alterations during medical interpretation of ICU family conferences that interfere with or enhance communication. *Chest.* Jul 2008;134(1):109-116.
9. Fernandez A, Schillinger D, Grumbach K, et al. Physician language ability and cultural competence. An exploratory study of communication with Spanish-speaking patients. *J Gen Intern Med.* Feb 2004;19(2):167-174.
10. Rivadeneyra R, Elderkin-Thompson V, Silver RC, Waitzkin H. Patient centeredness in medical encounters requiring an interpreter. *Am J Med.* Apr 15 2000;108(6):470-474.
11. Karliner LS, Perez-Stable EJ, Gildengorin G. The language divide. The importance of training in the use of interpreters for outpatient practice. *J Gen Intern Med.* Feb 2004;19(2):175-183.