



Interpreter Rounds

Many hospitals have been asking the IMIA about interpreter rounds and what they entail. This was identified as a best practice in **Best Practice Recommendations for Hospital Based Interpreter Services Department** by the Massachusetts Department of Public Health at http://www.mass.gov/dph/omh/interp/best_practices.pdf and has been adopted in several hospitals across the country. Inpatients are usually the most critically ill patients in a health care organization and thus require periodic communication during their stay, especially during the initial assessment and discharge instructions (Speaking Together Quality Measure ST2: see www.speakingtogether.com).

In addition to sending interpreters to an inpatient unit at a provider or patient's request, inpatient rounds are essential and one of the few proactive services an interpretation department can do for the hospital in order to ensure safe communication and thus decrease liability for their hospital, not to count increase patient satisfaction. Unfortunately, there is still much misunderstanding of what constitutes an interpreter round. While many hospitals maintain that they provide their patients with inpatient rounds, often this consists of a quick visit to ask the patient how they are doing and is done sporadically at best, when the interpreter has down time, which is almost never.

Some hospital interpreters receive a daily inpatient report of the linguistically diverse patients they serve in order to identify and visit them in the inpatient units. Most protocols should include the main objectives of the inpatient round, which are:

- 1) to assess/confirm the language needs/preferences of the patient and communicate it to the staff nurse in charge of that patient. This can be a very useful corrective measure for language identification (Speaking Together Quality Measure ST 1, see www.speakingtogether.com)
- 2) to provide patient education on their language rights, how to access and working with an interpreter, the dangers of relying on unqualified individuals to provide them with accurate interpretation
- 3) to provide the provider and the patient with an opportunity to communicate at that moment, after the inpatient round is completed; and
- 4) to ensure that adequate language access has been maintained over a 24-hr period.

Medical interpreters are not being empowered to undertake this important patient advocacy role for patients in many hospitals, and there is still much misunderstanding about what advocacy is and isn't. Some hospitals don't allow their interpreters to speak to patients without a provider present, which does not empower the interpreter to work in his/her full professional scope of work. Professional interpreters who are well trained are



able to do this important patient educational component while remaining true to the interpreting roles described in their standards of practice.

Patient education regarding language access and patient advocacy is an important activity in reducing language access disparities, and medical interpreters should be doing this at each opportunity. While each hospital has its own expectations of what an interpreter should be allowed to do, please educate those that could benefit from this information. While this is ultimately one of their patient rights, few patients are aware of or understand the risks of not having a professional interpreter and are not usually able to tell the difference between a qualified and an unqualified interpreter.

Interpreter Stress

Stress 101: Causes, Symptoms & Coping Strategies

This is a general look at stress, including how it develops, how to recognize its symptoms, and some basic stress management techniques. There are some links to research and further reading at the bottom of the piece.

<http://adrenalfatiguesolution.com/stress-101/>

Stress In The Workplace

This is a more detailed examination of how stress affects us at work. Although the article is focused on job-related stress, it contains stress management techniques that can be used by caregivers, military spouses, and anyone under chronic stress.

<http://adrenalfatiguesolution.com/stress-in-the-workplace/>

Coping With Stress At School

This is a more detailed examination of how stress can impact students, how to identify the warning signs, and some simple strategies for alleviating that stress. At the end of the page there is a list of resources for further reading.

<http://adrenalfatiguesolution.com/coping-with-stress-at-school/>

Here is a great article published in the ATA Chronicle titled Stress Busters for Interpreters, by Julie Burns.

http://www.imiaweb.org/uploads/docs/InterpreterStress_Julie_Burns.pdf



The Importance of Safety and Risk Management for the Medical Interpreter
by Anita Coelho Diabate; Portuguese Interpreter, Cambridge Health Alliance

I never thought when entering the field of Medical interpretation that I would be faced with such occupational hazards. It was an eye-opening realization that many interpreters actually can find themselves in difficult situations that pose risks to their safety and health. Professionally trained Medical interpreters are the nation's primary resource in providing language access to foreign speaking patients in a healthcare setting. The safety of each interpreter in an interpreter-assisted encounter depends largely on the skills of the professionally trained interpreter to use his or her knowledge, judgment and common sense to remain safe and avoid the associated risks.

To orient themselves to the safety guidelines of the healthcare system where they are employed is paramount. Understanding protocols most appropriate in an emergency situation involving fire, hazardous spills, bodily fluids and sharps will help to minimize the chance of bodily harm and can often save the lives of others. The myth is that an interpreter is there simply to provide language interpretation when in fact, an interpreter is a non-clinical member of the medical team and as such, must be prepared to support the clinical team and the patients like any other team member.

The interpreter must always be aware of all factors and be proactive in maintaining their own safety while interpreting. Examples would be that an interpreter never allow themselves to be left alone with a patient if a situation feels at all unsafe or if the patient might be potentially volatile, either in a medical encounter and most especially in a Mental Health setting. Others might be that if a patient has a known contagion, the interpreter be sure to take proper precautions to wear a gown and mask to stay protected, or to wear a lead apron and remain behind the protective glass in Radiology settings.

Hand-hygiene is of the utmost importance in staying healthy in an environment where many bacterial and viral contagions are present and can be the single most effective method of preventing the spread of disease to not only the interpreter but also from patient to patient. Most interpreters are not aware that they should wash their hands between patient visits just as physicians are required to. In addition, taking yearly flu vaccines and not going to work when sick will also help greatly in protecting all concerned.

Though it may sound dangerous, having made the choice to become a Medical interpreter has been the most rewarding professional decision I have made and continues to prove on a daily basis that helping patients to communicate with their healthcare providers as their interpreter outweighs all the risks.

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Cambridge College Medical Interpreting Certificate Program and the Mental Health Interpreting Program for practicing medical interpreters. She serves as a preceptor for those seeking practicums and has worked in the hospital's internal call center as a dedicated telephone interpreter as well as on the floor assisting patients face to face for over five years. In addition she assists the Multilingual Services Department with many quality improvement initiatives. Outside of CHA Anita offers continuing education workshops for medical interpreters to various training organizations.