

Be More Effective with Telephone Interpreters

Think of the interpreter as a partner in the process of providing the best care possible for the child and family.

Part of every provider's job is to manage his/her speech patterns so as to maximize the effectiveness of the interpreter service he or she is using. Even via phone, the interpreter can play a very positive role in helping establish rapport and understanding between the provider and the patient/family.

Give context to the interpreter at the very start. (A little introduction about the situation and the issues.)

Position the parent and child side by side opposite yourself with the phone in between. Don't, for example, have the child sitting on the exam table. You will be turning your head away from both the speaker phone and the parent to ask the child questions.

You are talking to the parent/patient not the interpreter and NOT the phone.

Look at the parent(s), smile, make eye contact and use your normal mannerisms as though they can understand you. Avoid talking into the speaker phone as much as possible. Also, avoid typing while you are talking to the parent. This interferes with building any sense of rapport. (Enter information into the system during the time when the interpreter is speaking in whatever language the parent understands).

Avoid disjointed use of the interpreter. Even if the parent/patient understands a little English, the interpreter is expected to interpret **everything** that is being said not just some parts of the conversation.

If the parent/patient is giving a long answer (the "story"), ask the interpreter to interpret sentence by sentence. You don't want just a summary!

If someone enters the room (nurse, social worker, etc.) alert the interpreter. Often a "new voice" starts talking and the interpreter doesn't know if he is supposed to interpret for them as well. *"Interpreter, we've been joined by a nurse who has some questions for the family."*

Exaggerate your enunciation slightly.

The absence of human interaction (eye contact and body language) reduces conversation down to a very flat exchange. A purposeful emphasis on important words and clarity of speech become very important to keeping people actively listening.

Always choose a simpler word. Basic words are the easiest ones to translate clearly to people of all literacy levels. Use the word "eat" instead of "consume", "try hard" instead of "be diligent".

Speak a little slower. It's hard to parse a foreign language. (Surely the writer of this could have found a simpler word than parse – i.e. *understand*.)

Avoid running words together. "We wantcha ta take all the Medicine." / "Whadya think 'bout that idea?" / "Gotta keep brushin'em." / "D'sat make sense?"

Avoid using meaningless filler sounds and words. Um...uh...huh...yeah...like...

If you were to listen to yourself leaving a long voice message for someone, you might be VERY surprised at how much of your, um, speech is just filler words.

Be careful not to start with a statement that turns into a question at the end.

Providers often start a sentence with a statement that at the end is turned into a question by adding the word "Right?" Or by simply ending with an upward intonation of the voice.

Examples:

- "Your child has been taking the medication twice a day. Right?"
- "You are able to give 5 portions of fruits and vegetables to your child everyday." (LOOKS like a statement here, but by making your intonation higher pitched on the last word, you turn it into a question.)

Decrease wordiness of your sentences.

Example: So, what I'm wondering though is how you apply the medication.

Suggestion: How do you apply the medication?

Example: We really like to say like two hours max of TV a day.

Suggestion: We recommend children watch only 2 hours of TV a day.

Example: "So I'm gonna look him over and see what everything looks like."

Suggestion: I am now going to examine him.

Be explicit. Ask simple questions. Avoid starting with a long statement that winds its way eventually to a question. The interpreter won't know whether to ask just the question or try to repeat the short paragraph you said before you actually posed a question.

Example:

"So the last time your son was here, I suggested you visit the eye clinic. And they ran some tests on his left eye to see if it was weak. So I am wondering what did they say to you about his eye?" (contd.)

Suggestion: Did you visit the eye clinic with your son? (Interpreter interprets question and patient's answer). What did they tell you about his left eye? (Interpreter interprets question and patient's answer)

Say “yes” or “no” in answer to questions whenever possible.

"Yes. That's a good idea." "No. I don't recommend that."

Answer questions clearly. Example dialogue:

Mom: He had shots last time. Is there going to have to be a lot shots today?

Doctor : Yeah. A couple. *

Cream/Lotion/Gel/Moisturizer - be consistent!

In a single interaction, making multiple references to the same thing using different words adds confusion. Referring to a topical treatment for excema as a cream, lotion, and moisturizer all in the same conversation. *

When you use brand names be sure to right down the name. Don't assume that parents know the brand names you use. The interpreter will interpret, but the patient may just nod and listen but not know what you are talking about specifically. (Aquaphor, Nivea, Eucerin.) Brands may go by different names in other countries. If you have a choice of products/medicines, suggest the one(s) that the parent/patient recognizes by name.

Absolutely avoid using expressions that don't translate literally.

- This helps lock moisture in.
- Give it a-go
- We wanna change things up
- It is important that we do diligence.
- I'll give you guys a prescription (talking to a mom and daughter)
- That's where the cells in your body that fight infection hang out.

When going down the list of anticipatory guidance questions, make sure what you're saying makes sense.

Example: Is he sleeping OK? How's his appetite? Does he wear a helmet? (Where? When? Maybe in Somalia no one would own a helmet.)

If asked to repeat something, first repeat it as closely as you can to the way you said it the first time. It could be that the interpreter simply didn't hear you. If your listener still doesn't understand, change a few key words in the sentence. Reflect on the sentence. Did you use a distracting metaphor, a colloquialism, or acronym? Was your language too complex?

Make requests firmly: Intending to be polite, we are sometimes too indirect.

Examples:

- “Would it be possible to....”
- “I was wondering if maybe you could...”
- “If you wouldn't mind too much... “

The above “lead-ins” should be avoided. Just say please and thank you which are universally understood as politeness.

Suggestion: Can you take your shoes off please. Thank you.

Always ask at least 2 times if there are additional questions. Consider saying "many parents are a little shy about asking questions. I would like to answer all of your questions, even the ones that you think are little ones." **Sit for a while so they have a few moments to think of questions or get the nerve to ask. Don't fill the silence with more of your talk.**

If they speak a language for which you don't have handouts, ask if they will be able to read English. If they can't, then you have to write the names of products and medications - maybe draw pictures. Draw a picture of an antecubital fossa and write 1% Hydrocortisone, etc. Use pictures on brochures/handouts.

Ask the parent if they can think of anything that might make it hard for them to follow the instructions you've given.

Ask the interpreter if they feel the family understands everything. Has the family mentioned any barriers that might get in the way of the parents complying.