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Guidelines for Use of Medical Interpreter Services

For further explanation of topics followed by parentheses, see second page.

Assessing the Need for a Medical Interpreter:

A patient with Limited English Proficiency (individuals, who, because English is not their primary language, have a limited ability to speak, read, write, or understand the English language) presents and requires a medical interpreter:

- A. Page your hospital's trained medical interpreter¹:
Pager # _____
- First, brief the medical interpreter about the goals of this patient contact.
 - Request the medical interpreter to interpret in a conduit fashion² **(3)**.
 - Ask the medical interpreter to clarify in her/his own words whenever a misunderstanding due to cultural differences might occur.
 - For written instructions, always use a translator³, if available. Otherwise, ask the medical interpreter to translate (in writing) basic instructions for the patient.
- B. If the patient is alone and no medical interpreter is available, use a telephonic interpreter and refer to instructions in part A **(5)**

- C. Always document, in detail, the use of the medical interpreter or translator in the patient's chart.

IF A TRAINED MEDICAL INTERPRETER IS NOT AVAILABLE:

- D. If use of an *ad hoc* interpreter is necessary (family, friend, employee) **(3)**:
- First, assess the interpreter's level of English proficiency and its sufficiency for the type of interaction expected **(1)**.
 - Instruct the interpreter to interpret exactly what the patient says and not to edit or summarize any information **(3)**.
 - Never use a minor (under age 18) to interpret personal information unless in an emergency situation.
 - Always be aware of potential issues of confidentiality or conflicts of interest between the patient and the *ad hoc* interpreter **(4)**.

QUICK TIPS:

- Always face and speak directly to the patient in a normal tone of voice.
 - Make eye contact and speak in the first person (using "I").
 - Ask the patient to repeat any instructions and explanations given to insure that they are understood.
1. A person who translates orally from one language to another.
 2. Literal interpretation in the first person without omissions, editing, polishing, or outside conversations.
 3. A person who translates written messages from one language to another.

¹ A person who translates orally from one language to another.

² Literal interpretation in the first person without omissions, editing, polishing, or outside conversations.

³ A person who translates written messages from one language to another.

DISCLAIMER: This card only provides *guidelines* for using medical interpreters; other institutional policies may prevail.

Working with a Medical Interpreter:

Definition of Individuals with Limited English Proficiency (LEP):

Individuals, who, because English is not their primary language, have a limited ability to speak, read, write, or understand the English language.

1. Assessing the patient's or the *ad hoc* interpreter's English language proficiency:

- Ask the *ad hoc* interpreter if he/she is comfortable with the situation in which he/she will serve as an interpreter.
- Test his/her proficiency with a basic conversation (e.g., Where are you from? How long have you been in the U.S?).
- Based upon the type of patient appointment, ask if the interpreter can describe specific anatomy or body functions relevant to the interaction.

2. Basic guidelines for use of an interpreter (*trained or ad hoc*):

- Interpretation should be in a conduit fashion⁴.
- Position yourself so that you face the patient rather than the interpreter.
- Talk with the patient in the first person (using "I").
- Maintain direct eye contact with the patient.
- Do not direct your questions or inquiries to the interpreter.

3. Additional considerations if using the services of an *ad hoc* interpreter (family, friend, employee):

- Respect the patient's desire to use an interpreter of his/her own choosing and document the request.
- Use of a minor (under age 18) as an interpreter is only acceptable in emergency situations.
- The use of a family member to interpret for a person with LEP cannot be required.
- Family members routinely edit, add, or change the message, and they may try to control the interaction between the patient and the provider instead of facilitating it.
- Talk with the family member/friend/employee to assess his/her language ability and give very clear instructions on how the interaction should progress.
- The fact that an employee is bilingual does not guarantee that the person has the capability to interpret medical language at the level needed. Take care not to overburden an employee with interpreting responsibilities if it is not part of his/her job.

4. Consider issues of conflict of interest/privacy if the *ad hoc* interpreter and patient know each other:

- E.g., in situations where you suspect domestic violence/child abuse and a family member may be the perpetrator.
- E.g., when discussing sensitive issues associated with new diagnoses, STDs, drug use, end of life care, etc.

5. Additional considerations for the use of telephonic interpreter services:

- Telephonic interpreters are helpful for basic services, especially for rarely encountered languages and issues involving anonymity. However, telephonic interpreters do not replace the need for on-site medical interpretation.

⁴ Literal interpretation in the first person without omissions, editing, polishing, or outside conversations.

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