

# Guide for Partnering with an Interpreter

from the National Council on Interpreting in Health Care



## Interpreter or Translator?

Interpreters render a message spoken or signed in one language into a second language. Translators do the same with written documents. Qualified healthcare interpreters have training in role, ethics and protocols; are able to render messages accurately; and are familiar with the relevant medical terminology in both of their working languages.

## When to partner with an interpreter

Partner with an interpreter whenever the patient or their caregiver has identified a “preferred language for healthcare” that is anything other than a language you speak at a professional level, or when you believe that language or cultural differences may cause a barrier to clear communication. This includes even short interactions in which you don’t intend to give or receive significant information, as patients may have important information for you. Family members and friends should not interpret in clinical settings as the risk of inaccuracy is high. Children should never interpret for clinical encounters unless it is an emergency and no other interpreter is available in person, by phone or by videoconference.

## Techniques for partnering effectively with an interpreter

**Brief the interpreter on the goals of the encounter** including any expected challenges, e.g. you intend to share bad news, or the patient just had a stroke and may have garbled speech, etc.

During the encounter, **speak directly to the patient**, not to the interpreter.

With spoken-language interpreters, **speak at an even pace** and **pause after a full thought** to allow the interpreter to interpret. If a spoken-language interpreter raises their hand in front of their chest, they are asking for a pause. Sign language interpreters typically interpret simultaneously.

**Assume that everything said by anyone in the room will be interpreted.** If you feel that the interpreter has not interpreted everything, ask the interpreter to do so.

If you must address the interpreter directly about an issue of communication or culture, **tell the patient first what you plan to discuss with the interpreter.**

Whenever possible, **avoid the use of slang, highly technical medical terminology, acronyms and complicated sentence structures.** Speak in full sentences, without changing your idea in the middle of a sentence. **Ask one question at a time.**

**Find methods other than humor** to establish rapport with the patient. Humor is difficult to interpret accurately, and what is humorous in one culture may not be funny in another.

**Ask the interpreter to point out potential cultural misunderstandings.** Respect an interpreter’s judgment that a particular question is culturally inappropriate; either rephrase the question or ask the interpreter’s help in eliciting the information you need in a more appropriate way.

**Do not hold the interpreter responsible** for what the patient says or doesn’t say; the interpreter is the medium, not the source, of the message.



## Techniques for partnering effectively with an interpreter continued

**Don't make assumptions about the patient's educational level.** An inability to speak English does not necessarily indicate a lack of education.

**Use teach-back** to assess patient understanding.

**Always document the presence of an interpreter in the medical record,** including the interpreter's name or ID number.



### Keep in mind that:

- A qualified interpreter will use the first person in interpreting, i.e. “My stomach hurts” instead of “She says her stomach hurts.” This allows you to hear the patient’s “voice” most accurately and deal with the patient directly.
- Concepts you express may have no linguistic or even conceptual equivalent in other languages. The interpreter will have to paraphrase these terms and concepts, which will take longer than your original speech.
- The interpreter will not explain medical concepts to the patient; that is your job. However, the interpreter may speak up if they sense that the patient is not understanding.

### Additional guidance for partnering with sign language interpreters:

- Maintain eye contact with the patient. Signed languages are visual languages, so looking at each other is critical.
- Pay attention to facial expressions, as these convey critical meaning in signed languages.
- Be aware that signed languages are not universal. Each country has its own distinct sign language.

### Additional guidance for partnering with interpreters remotely (via telephone or video conference):

- Reduce background noise as much as possible.
- Position the video equipment so that the interpreter can see both you and the patient. If that is not possible, focus the video equipment on the patient.
- When caring for patients who are Deaf or Hard of Hearing, ensure that the interpreter and the patient can see each other. The interpreter does not need to see you, only hear you.
- Tell the interpreter your name, the patient’s name, the clinical setting (primary care, endocrinology, etc.), the purpose of the encounter and who else is in the room. Example: “This is Dr. Lee in obstetrics. We’re here today with Mrs. Tran for her initial prenatal visit. She’s here with her husband and mother-in-law.”
- Allow the interpreter to briefly introduce themselves to the patient.

To the degree that it is feasible, slow down.  
Providing care across linguistic and cultural barriers will require more time than usual.  
However, the effort you invest in establishing strong rapport and clear communication  
will avoid wasted time and dangerous misunderstandings later.