



## Tips for Working with Interpreters

### Telephonic Interpreters

- Tell the interpreter the purpose of your call. Describe the type of information you are planning to convey. \*
- Enunciate your words and try to avoid contractions, which can be easily misunderstood as the opposite of your meaning, e.g., “can’t - cannot.” \*
- Speak in short sentences, expressing one idea at a time.\*
- Speak slower than your normal speed of talking, pausing after each phrase.\*
- Avoid the use of double negatives, e.g., “If you don’t appear in person, you won’t get your benefits.” \* Instead, “You must come in person in order to get your benefits.”
- Speak in the first person. Avoid the “he said/she said.” \*
- Avoid using colloquialisms and acronyms, e.g., “MFIP.” If you must do so, please explain their meaning.\*
- Provide brief explanations of technical terms, or terms of art, e.g., “Spend-down” means the client must use up some of his/her monies or assets in order to be eligible for services.” \*
- Pause occasionally to ask the interpreter if he or she understands the information that you are providing, or if you need to slow down or speed up in your speech patterns. If the interpreter is confused, so is the client. \*
- Ask the interpreter if, in his or her opinion, the client seems to have grasped the information that you are conveying. You may have to repeat or clarify certain information by saying it in a different way. \*
- ABOVE ALL, BE PATIENT with the interpreter, the client and yourself! Thank the interpreter for performing a difficult and valuable service. \*
- The interpreter will wait for you to initiate the closing of the call and will be the last to disconnect from the call.

When working with an interpreter over a speakerphone or with dual head/handsets, many of the principles of on-site interpreting apply. The only additional thing to remember is that the interpreter is “blind” to the visual cues in the room. The following will help the interpreter do a better job. \*\*

- When the interpreter comes onto the line let the interpreter know the following: \*\*
  - Who you are
  - Who else is in the room
  - What sort of office practice this is
  - What sort of appointment this is

For example, “Hello interpreter, this is Dr. Jameson. I have Mrs. Dominguez and her adult daughter here for Mrs. Dominguez’ annual exam.” \*\*

- Give the interpreter the opportunity to introduce himself or herself quickly to the patient. \*\*
- If you point to a chart, a drawing, a body part or a piece of equipment, describe what you are pointing to as you do it. \*\*

## On-site Interpreters

- Hold a brief meeting with the interpreter beforehand to clarify any items or issues that require special attention, such as translation of complex treatment scenarios, technical terms, acronyms, seating arrangements, lighting or other needs.
- For face-to-face interpreting, position the interpreter off to the side and immediately behind the patient so that direct communication and eye contact between the provider and patient is maintained. For sign language (ASL) interpreting, it is best to position the interpreter beside the patient so the patient can capture the hand signals easily.
- Be aware of possible gender conflicts that may arise between interpreters and patients. In some cultures, males should not be requested to interpret for females.
- Be attentive to cultural biases in the form of preferences or inclinations that may hinder clear communication. For example, in some cultures, especially Asian cultures, “yes” may not always mean “yes.” Instead, “yes” might be a polite way of acknowledging a statement or question, a way of politely reserving one’s judgment, or simply a polite way of declining to give a definite answer at that juncture.
- Greet the patient first, not the interpreter. \*\*
- During the medical interview, speak directly to the patient, not to the interpreter: “Tell me why you came in today” instead of “Ask her why she came in today.” \*\*
- A professional interpreter will use the first person in interpreting, reflecting exactly what the patient said: e.g. “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. \*\*
- Speak at an even pace in relatively short segments; pause often to allow the interpreter to interpret. You do not need to speak especially slowly; this actually makes a competent interpreter’s job more difficult. \*\*
- Don’t say anything that you don’t want interpreted; it is the interpreter’s job to interpret everything. \*\*
- If you must address the interpreter about an issue of communication or culture, let the patient know first what you are going to be discussing with the interpreter. \*\*
- Speak in: Standard English (avoid slang) \*\*
  - Layman’s terms (avoid medical terminology and jargon)
  - Straightforward sentence structure
  - Complete sentences and ideas
- Ask one question at a time. \*\*
- Ask the interpreter to point out potential cultural misunderstandings that may arise. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information 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. \*\*
- Avoid interrupting the interpretation. Many concepts you express have no linguistic, or conceptual equivalent in other languages. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech. \*\*
- Don’t make assumptions about the patient’s education level. An inability to speak English does not necessarily indicate a lack of education. \*\*
- Acknowledge the interpreter as a professional in communication. Respect his or her role. \*\*

### Footnotes:

\*\* “Addressing Language Access Issues in Your Practice - A Toolkit for Physicians and Their Staff Members,” California Endowment website.

\* “Limited English Proficiency Plan,” Minnesota Department of Human Services: Helpful hints for using telephone interpreters (page 6).