



USING LANGUAGES IN HEALTH CARE

EDITOR'S NOTE: In this issue of *The Language Educator*, we continue our series of articles focusing on different career opportunities available to language professionals and exploring how students might prepare for these jobs. Here we look at different careers in the field of health care.

BY PATTI KONING

Hospital emergency rooms are often a cross section of life, bringing together people from all sectors of the community. Today that community is increasingly more culturally diverse, with some urban emergency rooms dealing with dozens of different languages in a single day.

This cultural amalgamation has resulted in significant challenges for medical staff as language barriers may be added to an already tense environment. A miscommunication can lead to frustrating, costly, and even deadly mistakes that are often utterly preventable. The flip side to this dilemma is that the opportunities in the health care field for people with foreign language skills have expanded at amazing rates.

"I can't think of a position in the health care field for which language skills would not be an asset," says Boris Kalanj, director of the Office of Health Care Equity at Children's Hospitals and Clinics of Minnesota. "Hospitals and other health care providers now do very targeted hiring for people with language skills in order to adjust to the needs of their community."

CROSS-CULTURAL CARE AND MEDICAL INTERPRETING

Kalanj's current job grew out of his previous position as director of Cross-Cultural Care and Interpreter Services. Titles such as these are an indication of a growing trend in health care. Cross-cultural care is a concept that has solidified in the last decade as health care providers face the challenges of connecting and communicating with an increasingly diverse patient population. Cross-cultural care is about ensuring equal access to health care by breaking down language and cultural barriers that might inhibit or even drive away underserved sectors of the community.

Dozens of articles have been published in leading research journals such as *The Journal of Pediatrics* and *The Journal of the American Medical Association (JAMA)* testifying to the frequency of medical errors due to language barriers. Dr. Glenn Flores, a leading expert in the field, writes that "unfortunately, cases in which language barriers cause compromised quality of care and preventable medical errors may become increasingly common in the United States."

He cites a case in which lack of an interpreter for a 3-year-old girl presenting to the emergency department with abdominal pain resulted in several hours' delay in diagnosing appendicitis, which later perforated, resulting in peritonitis, a 30-day hospitalization, and two wound site infections. In another case, a resident's misinterpreting two Spanish words (*se pegó* misinterpreted as "a girl was hit by someone else" instead of "the girl hit herself" when she fell off her tricycle) resulted in a 2-year-old girl with a clavicular fracture and her sibling mistakenly being placed in child protective custody for suspected abuse for 48 hours.

Research has shown that Limited English Proficiency (LEP) is associated with poorer health care processes and outcomes even when socioeconomic and insurance status are taken into consideration. In a study entitled *Overcoming Language Barriers: Cost and Benefits of Interpreter Services*, Elizabeth Jacobs, MD, MPP and her co-authors found that the availability of professional interpreter services increased delivery of health care to LEP patients. They noted that:

"Patients who used the new interpreter services had significant increases in the receipt of preventive services, physician visits, and prescription drugs, which suggests that interpreter services enhanced these patients' access to primary and preventive care for a moderate increase in cost . . . because interpretation improved patients' utilization of preventive and primary care services, such as follow-up visits and medications, that potentially may reduce costly complications of these and other conditions. The statistically sig-

nificant increase in receipt of preventive services also suggests that improving language access for patients who have limited English proficiency may lower the cost of care in the long run.”

The field of medical interpreting is rapidly developing to meet these needs. “People call medical interpreting a new profession, but it is really a new specialization of a very old and well-respected profession,” explains Izabel Arocha, president of the International Medical Interpreters Association (IMIA). “Right now there is a huge demand and short supply of trained interpreters that are versed in medical terminology.”

Legal and economic issues are driving the field. Any health care provider receiving federal funding is legally required to provide accommodations for LEP patients as mandated by the National Standards on Culturally and Linguistically Appropriate Services (CLAS) developed by the Office of Minority Health, a part of the U.S. Department of Health and Human Services. (Note: Of the 14 CLAS, only Standards 4–7 are mandated, the others are recommendations.) Hospitals have been sued for mistakes due to translation errors, and misdiagnoses can be costly for hospitals. LEP patients are also more likely to avoid or delay seeking medical care, which can result in costly emergency room visits.

Medical interpreters work as staff members at hospitals, through interpreter referral services, and as freelancers. Some emergency rooms, including one at Children’s of Minnesota, are exploring the use of video-linked interpreters to provide services in less common languages for which local interpreters are not available or when demand exceeds the capacity of locally available interpreters.

When Children’s of Minnesota hired Kalanj in 2001 to develop its medical interpreting program, there were two staff interpreters. Today the hospital employs over 30 Hmong, Somali, and Spanish interpreters, many of whom are full-time staff members.

“People are choosing to go into this specialization because they want to work in health care. It’s an alternative for someone who enjoys the medical setting and wants to work with patients, but not as a doctor or nurse,” says Arocha.

Arocha is the Cultural and Linguistic Educator at Cambridge Health Alliance and teaches medical interpreting at Boston University and Cambridge College. She has worked as an interpreter in many settings, but always returned to medical interpreting.

“I love that I am learning something new every single day. Each day I have amazing, unique experiences. It’s like being a fly on the wall in a situation that normally I would never be in, much less be helpful in,” she explains. “This is a great career for eternal students because you are always learning. And it’s incredibly rewarding. You really feel that you are making a difference in the world.”

Arocha considers medical interpreting to be a practice profession, rather than a technical one. “When people think of an interpreter, they often envision someone like a black box, converting messages back and forth. That is a small technical part of the job, but the interpreter is also a professional who interacts with individuals in a human services role,” she explains. “There can be ethical issues in



Photo by Daniel Corrigan

Students in the University of Minnesota’s Program in Translation and Interpreting role play an interpreting scenario.

every scenario. Decisions have to be made about how to proceed and how much to engage one’s self. Interpreters who work in hospitals are also health care professionals and take on the cultural interface and patient advocacy roles, according to their medical interpreting standards of practice.”

As part of a hospital staff, medical interpreters often fill a much broader role. At Children’s of Minnesota, medical interpreters give presentations and workshops to help doctors, nurses, and other medical staff better serve the diverse community. A recent workshop was on traditions and practices around end-of-life care of children in the Somali community.

“Interpreters are often an untapped resource for building bridges between the community and medical staff,” says Kalanj. “They can really be agents of change.”

Another closely related avenue for language professionals is medical translation. As with interpreting, there is a misconception that translation is merely transferring words from one language to another. “In most cases that will produce poor quality materials, often by well-intended people who are trying to be helpful but who don’t understand what is really involved in translation,” says Sonia Colina, an associate professor of Spanish who teaches linguistics and translation at the University of Arizona.

Medical translators perform tasks on a variety of levels from translating simple forms to complex research papers. “Translators need exceptional language skills, many say higher than Superior on the ACTFL scale, and excellent formal writing skills in both languages,” she explains.

Cultural understanding is crucial for both interpreters and translators. Written materials need to be adapted for specific communities or they may not be taken seriously. A skilled interpreter should recognize when a patient is agreeing with the doctor out of respect but not comprehending, and be able to manage the conversation beyond such barriers.

Photo by Daniel Corrigan



A University of Minnesota instructor advises students as they practice their interpreting skills. An interactive television-linked classroom in rural Minnesota is seen in the background.

Language skills can be an asset for any job in the health care field and are becoming a requirement for some positions. Kalanj has seen an increase in the purposeful recruitment of bilingual staff for all positions. Five years ago, Children’s of Minnesota used interpreters in conjunction with financial resource aides who help patients navigate billing and insurance issues. Today, most of the financial resource aides are bilingual.

Colina has observed a trend of some students going into translation and interpreting programs to eventually work in the field, but not necessarily as a translator or interpreter. “Not all students who take courses in translation or interpreting will be qualified to work as a medical interpreter or translator because of the high level of language skills required, but the understanding of what goes into interpreting is very helpful in a health care administration, public health, hospital management, and a number of other positions,” she says.

The increased demand for qualified medical interpreters has also meant an increase in the number of managers and administrators overseeing the use of such services. Decision makers with direct experience in the field understand when to use interpreters and how to leverage such assets.

ASSESSING QUALITY

The biggest issue facing the field of medical interpreting is assessing qualifications and competence. While hospitals are required to provide language services, the National Standards on Culturally and Linguistically Appropriate Services (CLAS) and other guidelines are often unknown to those in charge of providing those services. Experts in languages and interpreting are usually not part of the decision making process.

Many medical centers still rely on interpreters who have language skills but no professional training, or “ad hoc” interpreters that could include nurses, social workers, and even family members. Flores’s study found that ad hoc interpreters were much more likely than professionally trained interpreters to make errors that could lead to serious problems for the patient. While even trained interpreters can make mistakes, the study found that ad hoc interpreters were more likely to make mistakes that resulted in serious clinical consequences. The most common type of mistake is omission, followed by false cognates, substitution, editorialization, and addition.

When *Hablamos Juntos*—a national project funded by the Robert Wood Johnson Foundation to improve communication between health care providers and their patients with limited English proficiency—piloted an interpreter assessment program at its demonstration sites, the scores were generally low. For example, on the intermediate-level language proficiency test, participants earned an average score of 70%; they averaged 53% on the advanced-level test. On the interpreter readiness test, the average score for “attention to details and sequences” was 62%; it was 57% for “cultural/social appropriateness.” Over half the interpreters tested reported that they had no formal interpreter training.

Some standards exist at the state and local level, and a national certification process specific to the medical field is imminent. While certification is not required to work in hospitals and medical centers, CLAS Standards and The Joint Commission (an independent, nonprofit standards setting and accreditation organization in the health care field) do require that medical interpreters be trained and tested.

“The good news is as providers get more comfortable working with interpreters, they become our biggest supporters,” says Arocha. “Twenty years ago there was little awareness of or research on medical interpreting and now we are launching a national certification program which provides the health care industry with one credentialing system across state lines, saving the states from having to fund local efforts. This is a crucial year politically for medical interpreters. We have begun advocating for national reimbursement of interpreter services in Washington. Right now it is an unfunded mandated.”

Bruce Downing, director of the program in translation and interpreting at the University of Minnesota, says the field of medical interpreting has changed tremendously over the last 20 years. “There is now an awareness of what interpreting involves, which has resulted in the setting and raising of standards,” he explains. “Interpreting is often viewed as a job that doesn’t require training if you have the language capability. That’s changing. I feel like I can safely retire and other people will carry this effort forward.”

In January, the IMIA announced a formal collaboration with Language Line® University, the globally recognized interpreter testing, training and certification division of Language Line Services, and PSI, a national testing organization, to launch a joint national

certification for medical interpreters (CMI). Testing in 22 languages will begin later this year and expansion into 30 languages will be available in 2010.

The National Coalition for Healthcare Interpreter Certification (NCC) is also working to develop a single, national process for the assessment, training, testing and certification of health care interpreters. NCC's membership includes a wide range of nonprofit associations, language service companies, and consumer advocates.

Hablamos Juntos recently released the *More than Words Toolkit Series*, a resource that clarifies the translation process and provides a roadmap to help health care organizations improve the quality of their translated materials. One component of *More than Words* is the Translation Quality Assessment (TQA) tool, which trained raters can use to evaluate the quality of translation. Hablamos Juntos offers an online training course to train TQA raters.

DEMAND FOR BILINGUAL MEDICAL WORKERS RISES

Besides those who work directly interpreting and translating languages, bilingual doctors and nurses are also in high demand. Language skills are increasingly being added to the desired list of qualifications for all medical workers, and bilingual health care recruiting is a new specialty in the staffing field. This, in turn, creates opportunities for language educators.

Nationwide, Spanish is the most in-demand language at health care facilities, but there is also a need for other languages such as Vietnamese, Arabic, Russian, and Chinese. At Children's of Minnesota, nearly three-quarters of interpreter services requests are for Spanish, but 15% are for Somali and 8% are for Hmong.

Medical students at New York University (NYU) founded the Medical Chinese and Cultural Responsiveness Initiative in 2006 to improve patient care in the Chinese community by reducing language and cultural barriers. The initiative created a medical Chinese online teaching module on its website (edinfo.med.nyu.edu/mc) that includes audio files in Mandarin and Cantonese, information about Chinese culture and attitudes, medical Chinese pocket cards, and resources to start medical Chinese classes.

The Medical Chinese class offered through the NYU School of Medicine is designed for medical students of all abilities. Students must complete 14 lessons over two semesters, participate in Objective Standardized Clinical Examinations (OSCEs) at the end of each semester, and volunteer to serve in the Chinese-speaking community. The first semester focuses on patient history questions and the second on physical exam and systems-based questions.

At Henry Ford Health Systems in Detroit, doctors, nurses, and other practitioners, lab technicians, and human resource personnel take Spanish for Patient Care Courses through the University of Detroit Mercy's (UDM) Language & Cultural Training Department. Currently,

two levels of Spanish are taught at the hospital. Lara Wasner, director of the Language & Cultural Department, says that the automotive and manufacturing sectors were the mainstay of the department's corporate training program for the last 25 years.

"In the last five years, we've seen a dramatic decrease in this type of corporate client due to employer downsizing, tuition cutbacks, and moves out of state or even country," she says. "As a result, our department has diversified our corporate offerings to include servicing other sectors, such as health care. Identifying growth in 'in demand' sectors and retraining teachers to teach in these sectors is part of our current strategic plan."

UDM is expanding its Spanish for Patient Care program into other area hospitals, having recently conducted a training program for Spanish teachers who once taught corporate clients and who will migrate to teaching health care-based Spanish. UDM offers corporate language classes in 20 languages, including Arabic, Chinese, Croatian, Czech, French, German, Japanese, Korean, Portuguese, Polish, and Spanish.

When Gina Covello's chiropractor told her he was having trouble communicating with his Spanish-speaking patients, she got the idea to develop Spanish workshops geared at chiropractors, dental hygienists, and physical therapists through her company Habla Language Services, based in Northern California. "The idea was a streamlined process targeted at industries where interpreters aren't typically available and fluency may not be necessary," she explains.

The chiropractor classes cover the basics like making appointments, plus specific vocabulary for symptoms like osteoarthritis, subluxation, and whiplash, and ways to describe pain, such as mild, shooting, tingling, stabbing, throbbing, numb, and dull. Her workshops, she says, emphasize communication, not perfecting language skills.



Somali and Spanish-speaking students build interpreting skills in the University of Minnesota's digital language laboratory.

Photo by Daniel Corrigan



Portuguese Medical Interpreter Patricio Mourao with a patient at Boston Medical Center.

A LITTLE KNOWLEDGE CAN BE DANGEROUS

As more medical staff become versed in the language and culture of their patient community, there is a danger that the doctors or nurses themselves might be the source of translation errors. In a paper published in *JAMA* in January 2009, Lisa Diamond, MD, MPH, and Daniel Reuland, MD, MPH, reported that while having language-concordant physicians is associated with improved quality and outcomes, the same physicians may underuse professional interpreters, frequently substituting their own limited spoken Spanish during clinical encounters.

Terms like “medical Spanish,” “conversational fluency,” and “semi-fluent” appear regularly in health professionals’ curricula vitae and residency training, credentialing, and job applications but there is no standard definition of those terms. Diamond and Reuland suggest that a standard like the Interagency Language Roundtable (ILR) be adopted to report and measure fluency levels of health care workers.

A 2004 survey by the California Office of the Patient Advocate found that most health plans that reported the availability of bilingual practitioners rarely used assessment tools to validate the physicians’ self-reports. However, many medical centers are now establishing methods for assessing the language skills of their staff members. Through its Diversity, Data & Demographics Program, for example, health care organization Kaiser Permanente assesses, trains, and certifies bilingual staff, who receive pay increases for their language skills. Kaiser’s Qualified Bilingual Staff Model has increased cultural and linguistic capacity for Spanish, Chinese, Vietnamese, Russian, American Sign Language, Tagalog, Hmong, and Punjabi speaking staff.

“When medical staff understand their level of competence in a foreign language, they know when to call an interpreter to prevent ad-

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verse health outcomes,” says Arocha. “There are complementary roles for doctors and nurses with language skills and qualified interpreters.”

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