

Volunteer Interpreter Handbook Specific to the University of Utah Hospitals

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Abstract

The University of Utah Hospital's Office of Interpreting Services supplies the University Healthcare system with interpreters in a wide variety of languages. These interpreters assist patients as needed in situations ranging from doctor visits to medical procedures to emergency room visits. While Interpreting Services does have several paid staff members, many of the interpreters are volunteers. Each volunteer is required to take a forty hour "Bridging the Gap" course which offers information on general medical terminology and guidelines on how to interact with both patients and medical professionals. Since many of the incoming volunteers have no experience interpreting in medical situations, which can be very overwhelming, it was decided that an interpreter's handbook would be useful in conjunction with the training course. As such, meetings with the staff of Interpreting Services exposed specific needs to be addressed, and a handbook was constructed that was distinctive to the University Hospitals. Hard copies were supplied to Interpreting Services, as well as an electronic copy so changes can be made and prints can be distributed as needed. The handbook can be used as a guide to the University Healthcare system as a whole, as well as to the general roles of and situations that may be encountered by an interpreter.

Review of Literature

Because the United States has a large number of immigrants and an increasingly diverse culture, we are faced with many problems in ensuring equal treatment of citizens, especially those who are limited in English proficiency (LEP). It has been reported that

between 19 and 22 million Americans are LEP, and as such, are faced with additional challenges in situations such as receiving health care (Gany, Kapelusznik, Prakash, Gonzalez, Orta, Tseng & Changrani, 2007). According to a 2005 study conducted by Flores et. al at the Medical College of Wisconsin, quality of care is compromised when people who are LEP either are in need of an interpreter and do not receive one or when they receive an interpreter who is untrained (Flores, 2005).

In further study, an average of 31 interpreter mistakes per clinical visit were reported, with the majority being committed by those who were untrained and inexperienced. (Flores, 2003). Additionally, the mistakes committed by such ad hoc interpreters were significantly more likely to have negative clinical effects on the patients (Flores 2003).

It is extremely important that the level of healthcare given to patients in need is both sufficient and equivalent, and in order to ensure this for those who are LEP, high quality interpreters need be supplied. For this to be accomplished, health care systems must have thorough, understandable, and accessible training programs and resources for their interpreter services.

Procedure

Because Brent Schmidt (student collaborator) and I both had experience volunteering in the University of Utah Healthcare system, we both had an understanding of how their volunteer programs work, as well as a general sense of their needs. As such, it was decided that the Office of Interpreting Services volunteer program would be our

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target. The volunteer department requires a forty hour “Bridging the Gap” course for all incoming volunteers, which offers a broad range of lessons on everything from types of interpreting to medical terminology. This specific course was designed by the Cross Cultural Healthcare Program, is utilized by many hospitals across the country, and is supplemented by a very large and daunting manual which the volunteers do not get to keep. It is for this reason we decided to work with the Office of Interpreting Services to develop a shorter, more user-friendly handbook specific to the University of Utah Hospitals.

In order to pinpoint specific needs, we met with staff of the Office of Interpreting Services, including their Interpreter Supervisor, before we began the project. With their guidance, it was decided the handbook would act as an abridged reference to the “Bridging the Gap” manual, as well as contain important contacts, emergency codes, maps, forms, and legal documents specific to the University of Utah Hospitals.

The handbook began to take form after the “Bridging the Gap” manual was looked through in detail and condensed down to its main points, so as to not overwhelm new volunteers. Once this was accomplished, maps of campus and clinics and all other pertinent information and documents were gathered and added. When the first draft was completed, a supervisory meeting was held which included the Interpreter Supervisor, a Bennion Center representative, and a professor in the University of Utah’s Languages and Literature department. The Supervisory Committee reviewed the draft and discussed it in detail. Revisions were made as per their suggestions and input, and the final draft was completed. Once the final draft was approved by the Supervisory Committee, both a

hard copy and an electronic copy were submitted to the Office of Interpreting Services for them to use and modify as they see fit.

Results

Although the Office of Interpreting Services has not yet had an opportunity to implement the handbook into their training curriculum, we consider the project a success. Since we worked so closely with staff of Interpreting Services, we were able to craft a handbook which was very specific to their needs, and which contained precisely what they wanted and nothing more. The fact that an electronic copy of the handbook was provided to the office upon its completion is an enormous strong point of the project. This will allow it to be updated and modified to meet their needs as they develop and change. As such, the handbook is not only sustainable, but also malleable.

An unforeseen benefit of the project was the introduction of the Interpreter Supervisor and the Languages and Literature professor, both of whom were on the Supervisory Committee. This sparked a conversation between the two of a possible Medical Interpreting class which would be offered in the Languages and Literature Department at the University of Utah, something they had both been interested in getting started.

Reflection

The process and completion of this project have made this a very positive experience for me. As someone who is pursuing a career in the medical field, I have become more aware of the problems that come along with our increasingly diverse

society. Being in situations where medical attention is required is stressful for anyone, especially those who also may not speak fluent English. I think it is important to alleviate as much of this added stress as possible, and even more important than relieving stress, is ensuring that important health information is correctly and precisely relayed to the patient. Communication in any medical situation may be difficult, as science is a language in itself, but add a second language barrier and important medical instruction or explanation may be lost or misunderstood. These highly emotional, highly stressful situations are easily overwhelming for patients, and also for volunteers who may have had little experience interpreting, especially in a medical situation.

Being involved in this project has really opened my eyes to the problems faced by those who are limited in English proficiency, and I find it truly terrifying that the level and quality of healthcare is dependant on interpreters who may not be properly trained. I also gained a real appreciation for those who are willing to volunteer their time and abilities to help these patients in need. It is so admirable because people's comfort, health, and very lives are at stake. I hope that the handbook will make the transition a little easier for first time interpreters, and will also help in getting them familiar with the University Healthcare System. Their services are invaluable and desperately needed.

Appendix

Table of Contents from the Interpreter's Handbook. The final document was 15 pages long.

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