HOW PROVIDERS AND INTERPRETERS CAN USE TRANSLATED MATERIALS TO IMPROVE PATIENT SAFETY

Tips from the Multilingual Health Resource Exchange
www.health-exchange.net

What are health education materials?
Health education is delivered through print, video, audio materials that are used to inform or teach patients. They serve as reinforcement for dialogue between patient and provider. Such materials can be very useful as back up information, for review at home, or for complex self-care instructions. They are not a substitute for direct communication between a patient and a provider.

What are critical documents?
Critical documents communicate legal and moral rules and responsibilities in a health care setting. They include documents such as waivers, consent forms, and the patients' bill of rights.

When are translations needed for health education materials or critical documents?
Any time an English-speaking patient would be given health education materials or asked to review and approve critical documents, a non-English speaking patient has the right to have the same information provided to them in their primary language.

What is an interpreter's role in health education or the provision of critical documents?
An interpreter is different from a translator. The interpreter's primary function is to relay *oral* messages between provider and patient. An interpreter should not be expected to sight-translate health education materials or critical documents from English to patient's language; orally review such materials with the patient (unless they are also reviewed in English); or ensure the patient's comprehension of these materials.

How should a provider expect an interpreter to use translated materials?
It is the provider's (not the interpreter's) obligation to provide health education in patient's primary language, and to ensure that the material serves its purpose. The interpreter should simply relay any communication that the provider makes in connection with the printed material.

How should translated materials be used in a patient-provider encounter when an interpreter is present?

It is the provider's (not the interpreter's) obligation to provide health education in patient's primary language. Hence these are instructions *for the provider*:

1. Ask the patient how s/he prefers to receive printed health education materials. (Note, this may not be the same as the patient's preference for spoken communication. Some patients may prefer to speak English with the provider, but receive written materials in their own language, or vice-versa)

2. If you know something about the patient's condition, compile necessary translated materials before the appointment. (Many translated materials are available on www.health-exchange.net)

3. Review materials for appropriateness, and make sure they agree with what you will tell the patient.

4. Review materials for appropriate literacy level (English.) If high-literacy terms are used, explain them to the patient.

5. Before the encounter, review materials together with the interpreter to make sure that terms used on paper (in both languages) are the same terms that you will use.

6. Carry out the exam or procedure with the interpreter present.

7. When it comes time to talk with patient, refer to the materials and point to relevant paragraphs or lines.

8. Review all points on the materials; if anything is irrelevant, cross it out in the patient's copy.

9. If you write out anything in English (prescriptions, additional instructions), ask the interpreter to write these in the patient's language or ensure that the patient makes notes.

10. Do not delegate review of materials to the interpreter.

Tips from the Multilingual Health Resource Exchange
www.health-exchange.net

Based in Minnesota, the Exchange is an online partnership formed to exchange information and resources about health communication and to share multilingual health materials. The Exchange resources and information are open to everyone, but our online library of translated health materials and our forum are for members only. Partners include private health care organizations, public health agencies and community groups. For more information, visit our website.