This publication provides information about the diverse patients served by MUSC Health. It introduces different cultures and communication strategies in order to foster greater respect and understanding in the delivery of culturally competent care. No generalizations about individuals should be made since all individuals differ.

Meeting the Language Needs of Patients with Limited English Proficiency

Every patient that enters a health care setting has a unique set of needs whether it is cultural, social, clinical, spiritual or otherwise. As patients move through the continuum of care at MUSC Health, our focus is to ensure that we provide the highest quality of care and deliver exceptional care experiences by simultaneously demonstrating cultural competence, effective communication and incorporating patient and family-centered care standards into our daily practices. One way that we can demonstrate our commitment to these practices is to focus on effective communication strategies, particularly to patients with Limited English proficiency (LEP).

We are changing what’s possible at MUSC. In addition to our in-house medical interpretation team on the main hospital campus, during the second quarter of the fiscal year, we will be adding another mode of communication, video remote interpretation, (pictured) to departments with the highest demand for interpretation services at on-campus facilities, including University Hospital, MUSC Children’s Hospital, Ashley River Tower, Rutledge Tower, Institute of Psychiatry, and Hollings Cancer Center. Offsite clinics and physician practices, with high utilization of interpretation services, also will be provided with this tool. Some off-campus facilities will access this tool through an application on an iPad or laptop. As an added feature, an "ebooks" application will be available for patients who are blind or visually impaired.

Effective communication is the most important interaction that we could offer to patients and their families. It provides the opportunity to engage patients in their care, to gauge patients’ understanding of their care plans and it can help us to meet or exceed our patient and family-centered care goals.

Documentation in Epic, via Interpretation Services Flow Sheet, is critical in the effective use of this tool. Just as it is required for in-person medical interpretation, it is also required for telephonic and video remote interpretation. Complete documentation includes interpreter’s name and identification number and the beginning and ending time of the interpretation session. Drop-in education sessions and other department and classroom trainings are planned to familiarize care team members with this tool. In addition, a training module, Providing Care to LEP and Deaf and Hard of Hearing (DHH) Patients, is currently available in MyQuest.

Below are a few things to remember when communicating to patients with language assistance needs:

**DEAF PATIENTS**

- Deaf people "listen" with their eyes. Vision is the most useful tool that deaf patients have to communicate and receive information. For this reason, maintain eye contact with the patient, even when using an interpreter. This practice is seen as a sign of respect to deaf patients.

- Be aware that each country has its own sign language and that there are dialectal differences in sign languages.

**SPOKEN LANGUAGE INTERPRETATION**

- Words that express feelings or attitudes, may not have the same meaning when directly interpreted.

- Providers and care team members should:
  - Use short, concise sentences and avoid the use of idiomatic expressions since they may not have a language equivalent ("eye for an eye").
  - Pause frequently to allow the interpreter enough time to convey information accurately.

Care team members are reminded to avoid using family members as interpreters for several reasons including potential patient confidentiality issues, lack of objectivity, potential for family members to be emotionally distraught and unable to deliver difficult news, and potential legal issues.

Video remote interpretation provides another mechanism to help MUSC Health deliver patient and family-centered care in an efficient and effective manner and to positively impact the patient care experience.
Case Study Report

Medical Interpreter as a Member of the Care Team

The Issue—During a patient’s first visit to her primary care physician the provider instructed the medical interpreter to tell the patient that her blood pressure was good. When the interpreter politely suggested that he address the patient directly, the provider glared at her and seemed to take offense. His manner towards the patient changed and became abrupt. At the conclusion of the appointment, the patient, medical interpreter and the provider departed the exam room. As they walked down the hall, the provider looked over at the interpreter and said, “I think I can communicate just fine with the patient. I don’t think we will need your services again. If there are any problems, we’ll just write it down”.

The Solution—The standards of practice for medical interpretation indicate that first-person pronouns should be used when communicating through the use of an interpreter. This makes it a more natural interaction and ensures that the patient understands that the information that is being conveyed is coming from the provider and not the interpreter. MUSC’s policy is that interpretation services should be used to provide medical interpretation for patients who are deaf or hard of hearing patients (via American Sign Language (ASL) and to patients who are limited English proficient. Utilizing a trained medical interpreter enables providers to feel confident that their explanations and other information are well understood.

HOW TO ACCESS INTERPRETATION SERVICES AT MUSC

PATIENTS WHO SPEAK SPANISH

- In-person medical interpretation, 24/7/365
- Use Service-Hub to request an interpreter. (MUHA Intranet)
- Conference calls – extension 2-4595
- Telephonic Interpretation—24/7/365

ALL LANGUAGES - Telephonic Interpretation Services

- Available 24/7/365, over 200 languages
- Call 1-855-305-0998
- Request language, including any dialects. Can schedule a time for a phone interpreter for uncommon dialects.

PATIENTS WHO ARE DEAF OR HARD OF HEARING

- In-house Medical Interpretation is Available Mondays through Fridays, 8:00 am- 5:00pm
- In-Person Interpretation (After-Hours/Weekends) - Contact Charleston Interpreting Services at 843-852-2170
- Video Remote Interpretation- (ASL), Available 24/7/365 – Equipment is stored in Security Offices at ART and Main Hospital

ALWAYS DOCUMENT THAT INTERPRETATION SERVICES WAS USED. REMEMBER... IF IT ISN’T DOCUMENTED, IT WASN’T DONE!!!

Q&A CORNER

Over the coming months, we will feature a Q&A section. The first person to respond with the correct answer to all questions will be recognized in a future edition of the newsletter. Email answers to interpreterservices@musc.edu Subject: Cultural Spotlight - Q&A

TRUE OR FALSE?

- A. American Sign Language is just English conveyed through gestures.
- B. The words “hearing impaired” are considered offensive to a deaf patient.

MEET THE MEDICAL INTERPRETATION TEAM

Introducing Stephen Lee Morris

Name one interesting thing about you? I worked as an HVAC service technician for 20 years prior to becoming a sign language interpreter.

How many years have you been an interpreter at MUSC Health?
I have been an interpreter at MUSC for 3 1/2 years.

What do you like most about interpreting?
My favorite aspect of interpreting is seeing the satisfaction our patients feel when they have been fully involved in their own health care.

Last Q&A question winner:
Jacqueline Davis, RN, BSN, OCN
Gamma Knife Nurse Coordinator

Please submit newsletter topics or ideas to
interpreterservices@musc.edu

Newsletter Team

Editor: Stephen “Lee” Morris
Authors: Stephen Morris & Geraldine Torres

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