On average, MUSC treats over 25,000 patients of Asian descent annually. These patients descend from such countries as China, Vietnam, Laos, Cambodia and Thailand. In South Carolina, Chinese, Vietnamese and Korean are the second, third and fourth most common languages spoken in the state. These ethnic groups face many of the same health concerns as other populations. One such concern is Autism Spectrum Disorder (ASD). Current studies report one in 68 children have ASD. This disorder can be particularly difficult to diagnose and treat in Asian populations.

CULTURE

In an article published by the Center for Health Journalism, Melody Cao writes, “In Asian families, raising a child with autism spectrum disorder means not only piles of bills, long wait-lists and underfunded programs, but also a life of double isolation. Children with autism spectrum disorder remain invisible. Parents who have a child with mental health problems often go to see their doctors with guilt and shame, thinking their children’s illness is their own fault. This feeling from the parents actually creates a double isolation for a child on the autism spectrum.” Some Asian cultures have little tolerance for anything considered “abnormal”. This creates a stigma that many parents find hard to overcome. Some parents believe the myth that autistic children are intellectually disabled. In fact, many people with autism have normal IQs and excel in mathematics, music and the arts. Another myth is that autistic people don’t feel love. Many parents struggle to accept that while their children need love as much as anyone else, they have needs different from other children. Asian families may suffer double isolation not only because of the embarrassment of the illness but because of language barriers. It can be very difficult for families to find help and information since many family members may neither speak nor read English fluently. Most literature on the subject is not readily available in Asian languages.

Another barrier to care is cultural differences. Without blood tests or devices to detect autism, diagnosis often relies on observation of specific actions and behaviors, or the lack thereof. Some of the early signs of ASD, such as delayed speech or inability to line up toys or other objects, can be interpreted as “being quiet” or “being tidy,” which are characteristics that are highly valued by Asian parents. This raises the possibility that the current milestone checklists used to diagnose autism may need to be adjusted according to culture.

AWAReNESS

There are many myths and misunderstandings within the Asian community surrounding autism. More information and programs in their native language may be necessary to help educate parents on this important subject. Providers should make sure to communicate clearly what parents should expect to see as a child grows. Only through education can parents understand this condition and what they need to do to help their children as they grow.

Source: Center for Health Journalism Fellowships Blog, In Asian communities, raising a child with autism can be a lonely, difficult road, By Melody Cao July 12, 2015
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

Why does the Asian community suffer double isolation?

a) Language barriers

b) Lack of knowledge

c) a & b

MEET THE MEDICAL INTERPRETATION TEAM

Introducing ……Brian DiGennaro

Name one interesting thing about you? I have a passion for cooking that began with my Italian grandmother, an amazing cook and teacher. Growing up, I spent a lot of time with her in the kitchen, learning to prepare everything from pasta to pizza.

How many years have you been an interpreter at MUSC Health? I have been an interpreter at MUSC for 10.5 years.

What do you like most about interpreting? My favorite aspect of interpreting is that every day is unique. Each interpretation is an opportunity to learn something new, perfect my skills and to serve the Hispanic community.

Case Study Report
Use of Bilingual Family and Friends

The Issue—A patient who speaks Spanish arrived at his appointment with a bilingual acquaintance. Care team member did not request a medical interpreter. During the visit the doctor talked directly to the acquaintance instead of the patient. Three days later, the patient called to ask the doctor to clarify some medication changes. The patient also wanted to know when he would be able to start moving his hand, put weight on his right leg and stop using the crutches. The nurse read the doctor’s notes which explained when he should switch to a non-narcotic medication. The notes also stated that physical therapy would contact the patient and that the patient should only use the crutches when he felt unbalanced. The patient became upset since this information had not been explained to him by his friend during the visit.

The Solution—MUSC employs a team of in-person medical interpreters who speak Spanish and American Sign Language. Telephonic interpretation is available for all other languages. MUSC policy is that family and friends who are bilingual should never be used as interpreters to provide medical information to patients. Utilizing a trained medical interpreter enables providers to feel confident that their explanations and instructions are being accurately conveyed. Providers should also document in Epic that a trained medical interpreter was used.

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 678-446-7780
- 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.. IF IT ISN'T DOCUMENTED, IT WASN'T DONE!!!