Doctors working with interpreters –
An interprofessional training model for medical students

Research on effective doctor-patient communication

- Good doctor-patient relationship improves compliance (cf Frey, 1998; Adler, 2002; Ferguson & Candib, 2002; Zoppi & Epstein, 2002)
- Amount of information provided to patients can also help increase the level of compliance (cf Heath, 1992; Cordella, 2004)

Doctors working with interpreters

Phillips and Travaglia, 2011:2: “Patients who have had access to interpreters show:

- increased levels of adherence to treatment requirements, including medication,
- higher self reported health status,
- greater satisfaction with the quality of healthcare
- and a decreased risk of hospital admissions and re-admissions, and overuse of diagnostic tests”.

Working with interpreter in medical setting

- **Interpreter**: interprets competently (accurately and completely) and adheres to interpreters’ ethics and professional conduct, situation management skills
- **Doctor**: Good communication skills, understanding of interpreting process and interpreter’s professional requirements and ethics; cross-cultural awareness
- **Team work**: preparation and briefing, shared understanding of the process, agreement on communication style
- **Literature on how to work with interpreters**:
Teaching module for medical students: Aims and Learning outcomes

Aims:

To raise medical students’ awareness of how to effectively work with interpreters in a medical setting

To raise interpreting students’ understanding of the requirements of medical interpreting

Learning outcomes

Medical students will have acquired their understanding of:
• nature of the interpreting process
• professional role of interpreters
• principles of interpreting ethics & professional conduct

Medical students will gain insight into:
• professional requirements of interpreters
• how to assist interpreters to facilitate effective communication with non-English speaking patients

Medical students will know how to:
• brief interpreters before medical consultations with non-English speaking patients
• speak in a manner that lends itself to interpretation (e.g. planned speech; phrasing of reasonable length; pauses between phrases)
• debrief with the interpreter, if necessary

Developing an effective module and teaching strategies

• develop an interactive approach to introduce new concepts and apply them to practice
• constraints: time limitation (2 hours)
• groups of up to 70 students x 4 (April - October)
• engagement of interprofessional staff and students in the development and delivery of sessions
• role of evaluation in module development

Session 1 – format, content, delivery strategies

• Conventional lecture imparting information on challenges and good practice of interpreting during medical consultation (PPT); focus on interpreting.
• Authentic case scenarios from three different cultures (Dr Andrew Cole) – adapted to illustrate interpreting styles and quality (cross-cultural challenges included); filmed
• Medical and interpreting volunteer students enacted semi-scripted rehearsed role plays of an interpreted consultation to illustrate challenges and good principles (interpreted medical interview);
• Role plays followed by a discussion
Evaluation: staff observation and student evaluation forms

Observation and feedback:

- Passive student response during discussion
- More contextualisation of subject matter and greater student involvement needed
- Role play participants require more briefing about the aims and expectations of the practice
- Too much emphasis on interpreter and not enough on the doctor's role
- Audience would like to follow the content of the dialogue segments in LOTE.

Session 2 – towards a more interactive model

- Literature on medical interpreting and working with interpreters uploaded for preliminary reading
- Lecture focuses more on doctors' responsibility for effective communication (PPT)
- More explicit briefing to medical and interpreting volunteer students before rehearsals
- Scenarios give the doctor a more significant role in problem solving and ensuring effective communication
- Small group discussion following role plays to elicit better audience response, followed by Q & A session
- Student feedback – positive, requests to provide subtitles or translation of LOTE in role play sessions.

Session 3 - multimedia lecture

- Additional literature and previously filmed role plays uploaded
- Interactive lecture model with small group discussion and Q & A remains;
- Live role plays of interpreted medical consultations replaced with video recordings of scenarios with English subtitles: http://www.youtube.com/watch?
- 10-pointer Protocol on how to work with interpreters
- Observation and feedback – greater student engagement, positive feedback, wishes for more audience participation in role play.

Protocol on how to work with interpreters

- Introductions
- Use of the direct approach – 1st and 2nd person
- Look at the patient and speak directly
- Seating arrangements
- Speak in short segments but complete thoughts
- Explain any complex terminology
- Draw pictures if necessary
- Write down instructions, dosage, names of medicine
- Allow interpreter to interpret, take notes, seek clarification if needed
- Use checking questions to ensure understanding
- Debrief if necessary
Session 4 – flipped lecture

- Reversal of the order of activities
- The session started with improvised role plays between medical and interpreting students:
  - medical student audience divided into groups, and improvised role plays took place simultaneously with the participation of interpreting students.
  - this allowed for a better discussion afterwards.
- Scenarios for role plays aimed to engage all lecture participants and were given to students before the lecture.

- The scenarios were adapted from those used in the video recordings, with clear communication goals and simpler context that encourages more impromptu interaction between speakers.
- Students were encouraged to communicate and improvise freely in ways they thought suitable, and discuss communication problems afterwards.
- A shorter lecture (1 h 15 min)
- Previous subtitled video recordings were used to help reflect the problems in the role plays and establish more structured knowledge of how to work with interpreters, with discussion following each recording.

Feedback

- Students enjoyed the role plays
- Medical students found the interaction with the interpreting students helpful
- Some would prefer a shorter lecture to allow more time for role plays
- Mutually beneficial for students in both disciplines

Future development

Further development of teaching strategies:

- continue improving the ‘flipped classroom’ approach;
- introduce assessment;
- Increase dialogue and interaction between students from the two disciplines
Future development (cont.)

- A data base including articles on medical interpreting and on how to work with interpreters; video recordings of role plays, with and without subtitles.
- Develop better scenarios designed for improvised role plays, with more specific communication goals, more specialised medical conditions and jargon, which could be associated with assessment for students in both disciplines.
- Develop a collection of authentic questions by the role play participants.

Challenges

- Time limitation (2 hours) limits student preparation (ie, reading, scenarios, watch video recorded role play), activities and follow up (ie, assessment)
- Appropriate venue with layout that facilitates role plays for about 80 students.
- Financial support needed to support interpreting staff