



Language Line Services hires the very best interpreters available. And then we test, train and monitor them for the highest level of accuracy and professionalism.

With that said, though, language interpretation <u>is</u> a three-way conversation between yourself, your patient and the interpreter.

You and your colleagues can make every interpreter call a more effective and pleasant one for you and your patient just by learning these few simple tips:

- 1. **Brief the interpreter** Identify the name of your organization to the interpreter, provide specific instructions of what needs to be done or obtained, and whether you need help with placing a call. The interpreter can assist you in getting the call off to a good start by introducing you and your facility, and then relaying your initial question.
- 2. **Speak directly to the patient** You and the patient can communicate directly with each other as if the interpreter were not there. The interpreter will relay the information and then communicate the patient's response directly back you. Also, speak naturally (not louder) and at your normal pace (not slower).
- 3. **Segments** Speak in one sentence or two short ones at a time. Try to avoid breaking up a thought. Your interpreter is trying to understand the meaning of what you're saying, so express the whole thought if possible. Interpreters will ask you to slow down or repeat if necessary. You should pause to make sure you give the interpreter time to deliver your message.
- 4. **Clarifications** If something is unclear, or if the interpreter is given a long statement, the interpreter may ask you for a complete or partial repetition of what was said, or clarify what was meant by the statement.
- 5. **Ask if the limited English proficient (LEP) person understands** Please don't automatically assume that the LEP patient understands you. In some cultures a person may say "yes" as you explain something, but it doesn't necessarily mean they understand. It may just mean they want you to keep talking because they are trying to follow the conversation. Also, keep in mind that a lack of English does not necessarily equate to a lack of education.
- 6. **Do not ask for the interpreter's opinion** Avoid asking the interpreter for opinions or comments. The interpreter's job is to convey the meaning of the source language and not allow personal opinion to tinge the interpretation (see the Language Line Services "Code of Ethics").
- 7. **Everything you say will be interpreted** Try to avoid private conversations with your colleagues. Whatever the interpreter hears will be interpreted.





- 8. **Avoid jargon or technical terms** To help your patient and interpreter better understand you, don't use industry jargon, slang, idioms, acronyms, or technical terms. Clarify vocabulary that is unique to the situation, and provide examples if needed to explain a term.
- 9. **Length of interpretation session** Many concepts you express may have no equivalent in other languages. The interpreter may have to describe or paraphrase the terms you use. As a result, an interpretation might take twice as long as a conversation carried on in English only. Please avoid interrupting the interpreter while he or she is interpreting.
- 10. **Reading scripts** Though we may not notice it, we often talk more quickly when reading a script. When reading a script, prepared text, or a disclosure, please slow down to give the interpreter a chance to keep up with your pace.
- 11. **Culture** Professional interpreters are familiar with the culture, and customs of the limited English proficient speaker. During the interpretation session, the interpreter might identify and point out a cultural issue of which you may not be aware of. Also, if the interpreter feels that a particular question is culturally inappropriate, he or she may ask you to rephrase it.
- 12. **Closing of the call** The interpreter will wait for you to initiate the closing of the call. When appropriate, the interpreter will offer further assistance and will be the last to disconnect from the call.
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