

Contracting: Genetic Counseling with Medical Interpreters

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Learning Objectives:

By the end of this case, genetic counselors will be able to

1. Determine when patients need interpreter services and how to obtain those services.
2. Differentiate between the roles of the traditional interpreter and the cultural broker.
3. List strategies for effective contracting with a medical interpreter before a genetic counseling session.

Julie, a new pediatric genetic counselor, is reading over her patient's chart for next Friday. This patient has been followed by the genetics clinic for the past two years because of a chromosomal translocation. Since this is the first time Julie will see this patient, Julie pays special attention to the notes in the psychosocial assessment section of his chart. Julie finds that her patient, Alejandro, lives with his parents and teenage brother. The family immigrated to the United States from Mexico not long after her patient was born three years ago. Julie notes that this family has used an interpreter in the past. Since Julie studied Spanish for many years, and lived abroad, she is very excited about working with a family whose native language is Spanish. While reading the rest of the chart, Julie notices that an interpreter is no longer mentioned, leaving her unsure of the family's current need for interpreter services. Julie is confused about what to do next. Should she call an interpreter to make sure one is available for her patient's appointment? Should she just handle the genetic counseling case herself using her own Spanish language skills?

Personal Reflections

Have you ever been in a situation like this?

What has your past experience been working with interpreters?

What do you know about the interpreter services used by your workplace?

What experience do you have working with Spanish-speaking families?

What would be your first instinct in this situation?

Perspectives

Why might there not be an interpreter scheduled for this appointment?

How might the patient react if Julie schedules an interpreter for this session?

Do you think it is appropriate for Julie to speak to the patients in Spanish?

Health Disparities

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The number of individuals speaking a language other than English at home has steadily increased since 1990. In 2000, 18% of individuals over the age of 5 spoke a language other than

English. Of the “other” languages spoken in the home, Spanish is ranked number one over Chinese, French and German¹.

Health care delivery relies heavily on accurate communication. As noted in a publication of the U.S. Department of Health and Human Services (USDHHS), “Quality Health Services for Hispanics: The cultural Competency Component”², thorough interaction between health care provider and a patient is not solely verbal, but relies on interpretation of personal, cultural, gender and age-based intricacies. Speaking the same language as a patient aids in the interaction; however, cultural cues are also important in establishing an effective relationship between provider and patient. As the number of Americans who speak languages other than English rises, healthcare providers will have to incorporate ways in which to better communicate with their patients in a culturally sensitive manner.

The Hispanic population is composed of individuals from various countries such as Mexico, Puerto Rico and Cuba. Each of these subcultures is distinctly unique from the others and from the U.S population in general. Although several factors, including genetics and environment contribute to the burden of illness experienced by a particular population, language and culture differences also play a significant role. Health disparities in the Hispanic population in the U.S. are evident in several areas. The rate of cervical cancer is 2.5 times higher in Hispanic women than in White women. Heart disease, obesity and diabetes are more common in Mexican American women as well. In addition, Hispanic individuals are 1.5 times more likely to develop diabetes than White individuals³.

Outlined in the USDHHS document² are six methods that may be utilized to overcome language barriers in health care:

1. Bilingual/bicultural staff
2. Interpreters
3. Language skills training for staff
4. Internal language banks
5. Phone-based interpreter services
6. Written translators

In addition, since the interaction between health care provider and patient is complex and involves more than just verbal communication it may be reasonable to use cultural brokers. Cultural brokers have been weaved into healthcare delivery to ease cultural differences between provider and patient. According to “Bridging the Cultural Divide in Health Care settings: The essential role of cultural broker programs”⁴, expanding diversity in the United States increases differences in belief systems as they relate to health, illness, help-seeking behaviors and health care providers. In the health care setting, cultural brokers are intended to bridge the cultural gap between provider and patient to achieve appropriate and effective health plans.

Regardless of the availability of an interpreter or cultural broker, health care providers need to be familiar with certain aspects of the Hispanic culture. The lack of eye contact to signify respect, touch and the importance of family are aspects of the Hispanic culture that should be taken into account when interacting with a patient of Hispanic background. It is also just as important to not make any assumptions about the patient solely because they are Spanish speaking as each country of origin has its own unique and complex culture.

Resources

1. US Census Brief - Language Use and English-Speaking Ability: 2000, Oct 2003
<http://www.census.gov/prod/2003pubs/c2kbr-29.pdf>
2. Quality Health Services for Hispanics: The cultural Competency Component

<http://www.hrsa.gov/culturalcompetence/qualityhealthservices/QualityHealthServicesforHispanics.pdf>

3. Office of Minority Health

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=2139>

4. Bridging the Cultural Divide in Health Care settings: The essential role of cultural broker programs; Georgetown University.

http://www.culturalbroker.info/2_role/index.html

Working with Hispanic/Latino Families

The Hispanic/Latino population in the U.S. is growing rapidly and is expected to constitute 25% of Americans by 2030. This population differs in their racial and ethnic identities, religious beliefs, health and socioeconomic status, and language status. The montage of the Hispanic/Latino population represents 43 Spanish-speaking countries, including Mexicans, Puerto Ricans, Hondurans, Cubans, Dominicans, Costa Ricans, Salvadorans, Colombians, Bolivians, Guatemalans, and Peruvians ((Zambrana and Logie, 2009). There is a wealth of general information available about the Hispanic/Latino population. For a brief overview of Hispanic/Latino culture, health disparities, and how these factors relate to genetic counseling, please view this PowerPoint presentation.

Because Julie is a new provider to this family, it is extremely important that she establish a relationship based on trust and respect with the family. Julie will want to spend extra time engaging in small talk and relationship building with Alejandro's parents before addressing the genetic and medical care issues related to the his translocation. Conveying a sense of warmth and respect for how the parents have cared for Alejandro will aid in establishing rapport with this family.

It is important for Julie to be careful not to stray away from discussing family planning issues with the family based on the assumption that Hispanic/Latino women are highly religious and fatalistic, and therefore would decline prenatal testing, in this case, for the chromosomal translocation. Many of the cultural assumptions providers make about Hispanic/Latinos' religiosity and reliance on faith healers (e.g., *curanderos* or shamans) do not apply to the Hispanic/Latino population as a whole (Hunt & de Voogd, 2005). Thus it is important for Julie to genuinely and respectfully explore with the family if they have ever discussed recurrence risks and prenatal testing with a provider, and if they would like more information on this topic. Also, because many Hispanic/Latino families do not have optimal access to healthcare services, it is important for Julie to explore both the traditional and Western medical services the family has utilized and possible barriers to accessing specialty care.

For more information on caring for Hispanic/Latino families, please review the resources listed under Hispanic/Latino Culture. Several articles cited below from the genetic counseling literature can help us better use the research and experience of other genetic counselors to understand, communicate with, and help genetic counseling clients from this culture.

Bilingual Individuals: Who Can Serve as an Interpreter in Health Care Settings?

According to law and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), it is the responsibility of your institution to provide patients with Limited English Proficiency (LEP) with access to interpreter services to ensure that they can effectively communicate with their providers. Patients qualify as LEP if they do not speak English as their primary language and have a limited ability to read, speak, write or understand English.

Your institution is responsible for identifying the preferred language of your patient, determining if the patient will require an interpreter for their session, and providing that interpreter. It is important

to note that family members or family friends of the patient should not be asked to interpret for a variety of reasons. Relying on family members as interpreters does not meet the legal requirements for caring for patients of Limited English Proficiency (LEP), may place unnecessary stress on established family dynamics, and may compromise the quality or completeness of the information being relayed. No matter how capable or willing, Julie should not rely on the patient's brother or other willing family members to serve as an interpreter for the parents during the genetic counseling session.

Additionally, relying on bilingual staff members to provide interpreting services is not the same as working with a formally trained medical interpreter. Although bilingual staff members certainly have expertise in the patient's preferred language, medical interpreting is a skill that includes more than just having extensive knowledge of the foreign language. Medical interpreters are trained in the vocabulary involved in a medical interview, the role of the interpreter, the ethics of interpreting, and techniques for facilitating a patient-provider communication while staying in the background (National Council on Interpreting in Health Care, 2005). However, if bilingual staff members are involved in patient interactions, it is entirely appropriate for them to interact in the foreign language if a medical interpreter is present or if they have received formal training in medical interpreting at some point. In fact, having a staff member who is able to conduct some of the session in the target language of the patient may enhance the rapport between the patient and the provider. Furthermore, medical interpreters are trained in what their role should be when the provider can speak the target language but is not skilled in medical interpreting.

Although she may be eager to work with this family in Spanish, it is important for Julie to be evaluated by her clinic's Interpreter Services department to determine if she has the necessary fluency to conduct the medical appointment in Spanish. Depending on the institution's policies, Julie may want to arrange an interview in the target language with an interpreter in order to formally evaluate her skills. If this is not possible, the California Academy of Family Physicians Foundation's publication "Addressing language and culture: A practice assessment for health care professionals" offers many strategies for verifying the skills of bilingual staff that Julie could look into, including companies that will perform online and phone skills tests. Until Julie's language skills have been verified, she should be conservative in relying on her fluency in Spanish to conduct any sessions without an interpreter present.

For providers without some level of fluency in the target language of the patient, it is still a good idea to learn and use some basic phrases in the languages spoken by your patients, such as greetings. Taking the time to do this can send a strong positive message to your patient: you respect their culture and are motivated to learn more about it. There are many simple phrasebooks that one can purchase online (search for terms like "Spanish phrases for health care providers" and multiple websites such as <http://www.practicingspanish.com/> to help you learn these basics.

Working with an Interpreter: Before the Genetic Counseling Session Begins

Every hospital and clinic has varying procedures for identifying the preferred language of patients and providing interpreters if needed, so please take some time to familiarize yourself with your employer's protocol for accomplishing the above steps. When searching for more information from your employer, tips for locating interpreter services include searching for Interpreter Services, Translation Services, Guest Services or Patient Customer Service. Depending on the amount of resources your employer has allotted to Interpreter Services, you may find a range of services offered from over-the-phone interpreting, to live Medical Interpreters for face-to-face sessions, to in-house Medical Interpreters who are available for helping you communicate with patients who are at home (for scheduling referrals, making appointments, or discussing test results). The future for medical interpreting may include internet-based video interpreting. Several demonstration projects are in process to assess patient, provider and interpreter satisfaction. While this emerging technology is expensive, it has the potential to virtually eliminate the geographic/logistical barriers to obtaining medical interpreter services since

communications are via the internet. Although this case mainly focuses on how to work with Medical Interpreters during face-to-face sessions, many of the same principles apply to other venues. For more information about other working with Interpreters in other venues, see the Interpreters and Translators section under the resources for this case.

In order to determine if Julie's family still requires interpreter services, a good place to start would be to check the hospital's general medical records to see if there is a recent notation about the language needs of the family. Most hospitals have a standard procedure for determining if an interpreter is needed or declined by the family. If Julie is not able to obtain this information from medical records, Julie may want to use her Spanish-speaking skills and call the family to confirm the appointment. The other goal of this phone conversation is to ask which language the family would prefer to conduct the session in (in English, or in Spanish, using an interpreter).

Most hospitals determine the preferred language of the patient upon scheduling and if the patient requires an interpreter, it may be the responsibility of the genetic counselor to schedule an interpreter for the session. Although individual hospitals have different policies about scheduling, it is important to schedule with the interpreter as far in advance as possible in order to ensure that an appropriate interpreter is available. Additionally, when scheduling an interpreter appointment, be sure to give the scheduler an idea of how long the appointment might be. Working with a family who requires an interpreter will typically take more time, so if possible, schedule a longer appointment than you usually would for the same indication (up to twice as long, depending on the interpreter). It is also important to keep in mind that individuals from some cultures may be more comfortable with certain kinds of medical providers (including interpreters). Therefore, if possible, choose an interpreter who meets the needs of the patient, by considering matching for age, sex and cultural background. If the patient does not feel comfortable with the interpreter, they may be reluctant to disclose sensitive medical or personal information that could be essential to the genetic counseling session.

Once an interpreter has been assigned to the case, the genetic counselor may want to speak to the interpreter by phone or in person, well before the scheduled genetic counseling appointment. Pre-session contracting with the interpreter helps the two professionals develop rapport and review the technical terminology that will be necessary for a specific counseling session. If the interpreter is not familiar with any essential terminology or concepts, the genetic counselor can explain them, and/or provide reading material, to help the interpreter prepare for the session. This pre-session meeting helps keep the focus of the upcoming counseling session on providing the best possible client-centered care.

When the patient arrives with the interpreter for his or her appointment, the single most important step for a successful session is taking time to contract with the interpreter alone before seeing the patient. During this time, you should address the following topics:

- The role of the interpreter, the role of the genetic counselor and the roles of any other providers that will be involved in the session.
- The interpreter's style: does s/he prefer to translate simultaneously or after you have said a short segment? What exactly does s/he translate: is it word-for-word or the general idea of the information?
- If you are a bilingual provider, take this time to share your level of fluency with the interpreter and discuss how this will be handled in the session.
- Give a general overview of the indication for referral to the interpreter and ask them about their familiarity with the indication.

- Depending on the expertise of the interpreter, it may be useful to review some medical terms and/or medical genetics terminology, as relevant to the case, if that jargon absolutely necessary for the session.
- Ask the interpreter about their familiarity with this patient, and if they have worked with either this patient or this patient population before.
- If you are lucky, the medical interpreter may be more of a cultural broker [see below] and can give you additional insight into the family and cultural guidance in interacting with them.

Translator vs. Interpreter vs. Cultural Broker

The difference between translators and interpreters can often be confusing. The general rule of thumb is that translators work with the written word while interpreters work with the spoken word.

Traditionally, the role of the interpreter has been the “black box” or “translation machine,” where the interpreter impartially transmits the words of the patient and the physician back and forth, giving no advice or guidance to either side of the encounter (Dysart-Gale, 2007). This means that the interpreter translated the literal words said during the encounter without providing any explanation or insight to the cultural context of the words being exchanged.

However, a culturally sensitive encounter with an individual who has a different native language is more than ensuring they are able to understand the words used in a session. Culture clearly plays an important role in the perception of health, affecting both medical logic and communication patterns. Cultural brokers are individuals (who are often also interpreters) who can assist providers in going beyond the language barrier to bridging the cultural gap. Cultural brokers are familiar with both the target culture and the culture of biomedicine, and therefore serve to not only interpret the words being said, but also the cultural meaning behind them in the context of the goals of the genetic counseling appointment. In the health care system today, various kinds of community health workers provide assistance when clients and providers are from different cultures. These individuals offer support in ways similar to a cultural broker. [Click here to read more about a variety of additional support positions, which may be unique to specific communities, such as community health workers.](#)

There has been considerable debate in the interpreting community about where the field should fall on the continuum between “black boxes” and cultural brokers. Four different roles of interpreters have been described. These roles may be employed by a single interpreter in different settings. These four roles are the interpreter as conduit, the interpreter as manager of the cross-cultural/cross language mediated clinical encounter, the incremental intervention model, and the interpreter as embedded in her cultural-linguistic community. **It is extremely important to clarify with the interpreter beforehand which role she usually adheres to and when she feels it is necessary to take on another role.** Different interpreter roles assume different responsibilities, therefore modulating the role of the provider in the encounter.

The ***interpreter as conduit*** is the most traditional and circumscribed role of the interpreter. This approach limits the interpreter to mediating only the linguistic aspects of the communication between the provider and the patient. It is entirely up to the provider to make sure the message being translated is effective and culturally sensitive. “The interpreter is there as a ‘bridge’ [but] what is brought across the bridge is not up to [the interpreter]. It is not up to the interpreter to provide cultural explanations or to serve as a cultural broker” (Beltran Avery, 2001, p. 6). Interpreters using this role will only intervene in an encounter if cultural differences are making the words impossible to be translated. This model works best when providers are fully culturally competent.

The ***interpreter as manager of the cross-cultural/cross language mediated clinical encounter*** allows the interpreter to intervene as necessary to point out and assist in exploring cultural barriers to care. The interpreter may serve as a “communication” advocate, making sure that both parties understand the messages being relayed, but may also serve as a “referral” advocate, making sure the patients receive the services they need. The interpreter, however, respects the medical expertise of the physician and will not speak for the patient or the provider during the encounter.

The interpreter that employs ***incremental intervention*** sees the role of the interpreter as flexible along the continuum of *interpreter as conduit* to *cultural broker* to *advocate*. Each interpreter that follows this role will have different threshold for when they move along the continuum, so further discussion with an interpreter who follows this role will help clarify their beliefs. This model is employed when providers are trained in working with interpreters, but are not fully culturally and linguistically competent.

The farthest end of the continuum is the ***interpreter as embedded in her cultural-linguistic community***. This kind of interpreter serves multiple roles outside of interpreter and is responsible for fulfilling various social roles beyond her/his role as an interpreter. Some examples would include an individual who functions as a community leader, or as an alternative health care provider, or as a community liaison for the cultural group. Someone who is otherwise actively engaged in advocacy or support of a cultural group is often a member of this cultural group.

Some interpreters also assume another role, ***patient advocate***, when a patient’s health, safety or dignity is at risk. In terms of safeguarding patients’ health, this may include providing physicians with information that the medical interpreter has learned from previously working with the patient that could be crucial, such as a life-threatening allergy. In terms of respecting patient dignity, the patient advocate role may also include speaking to clinic personnel or hospital administrators if they believe there is a pattern of mistreatment of individual patients or members of certain patient populations.

As there is no consensus within the interpreting community as to the scope of the role of interpreter, it can be somewhat confusing to know exactly how to work with an interpreter and how much of the responsibility for a culturally competent encounter falls on the provider versus how much falls on the interpreter. At a minimum, you can expect your interpreter to convey your message to a patient as if you were speaking the same language; including alerting the provider to possible cultural conflicts and helping the provider resolve these conflicts (Code of Ethics, NCIHC). All interpreters respect the importance of the patient-provider relationship and strive to provide the best care for the patient possible while minimally intervening in the patient-provider relationship. Beyond this minimum standard, each interpreter differs on their personal philosophy of the scope of their role as interpreter.

Although some providers may be tempted to rely on interpreters’ expertise in cultural competency issues, the more providers progress in their development of cultural and linguistic competence, the more success they will have with their diverse patient population. Additionally, for all the expertise interpreters possess, they are not trained in medical genetics and genetic counseling and cannot guide the medical component of your sessions.

Working with an Interpreter: During the Genetic Counseling Session

When working with an interpreter, it can be challenging to learn how to adapt your counseling style to maintain the fluency of the session despite accommodating pauses for accurate interpreting. Below are some tips to follow when working with an interpreter during the session:

- Use simple words; avoid jargon and acronyms. Also, limit or avoid technical language unless it is essential to the session.

- Because medical jargon is often not the same in other languages, using simpler terms can help ensure that your message can be interpreted as accurately as possible. If it is important that the family know a medical term, like the name of a diagnosis, contract with the interpreter before about how to translate that term. If this is not possible, be sure to explain what the term means after presenting it.
- Realize that everything you say in the session will be interpreted, so do not say things you do not wish your patient to hear.
 - Interpreters are trained to translate every word said by the family and the provider and are not allowed to pick and choose what is translated lest it interfere with the communication during the session. Just as you would when the patient speaks your preferred language, assume that s/he will hear everything that you say.
- Speak at a moderate pace and do not shout. Also, articulate your words completely.
 - Speak to families in the same tone of voice that you would normally use, but consider slowing down your pace to give the interpreter time to fully understand your whole message. However, going too slow can also interfere with the pace of the interpretation.
- Face the patient and address him/her directly.
 - Speak to the patient as if the interpreter is not present. It is important to direct your attention at the patient, not the interpreter. Some counselors find this is easier if they ask the interpreter to stand out of eyesight, not between the patient and the counselor. Unless you have specific preferences, interpreters are trained in using their position in the room to best facilitate communication and usually have their own preferences.
- Do not expect the medical interpreter to lend assistance during the physical exam or to provide any assistance outside of their role as interpreters.
 - Unless the interpreter is a bilingual staff member trained in another allied health field, the interpreter should not be expected to fulfill medical or childcare roles. Medical interpreters often do not carry the same insurance as physicians or nurses, and therefore do not participate in areas of care involving medical procedures.
- Give your message in small chunks.
 - This allows the interpreter to translate small segments of information at a time (one or two sentences related to the same thought) and ensures that they are able to relay the whole message. If your session is subject to strict time limits, it may be important to re-evaluate what is most essential to get across to the patient because of the extra time involved in interpreting.
- Be patient and do not interrupt the interpreter while she is translating.
 - Encourage your interpreter to ask for clarification if needed. Be prepared to rephrase or explain ideas further if the interpreter asks for clarification. As interpreters are trained to translate concept-by-concept and not word-for-word, further explanation may be needed to make the concept more explicit and therefore more easily translated.

- Keep in mind that English is a fairly direct language, so the interpreter may need extra time to relay the message in the grammar and communication pattern of the target language.
- Never assume that because an individual has limited English proficiency he/she has a lack of education or low health literacy. It's a good idea to repeat important information and verify both literal comprehension and overall understanding regularly throughout the session.
 - Consider using more *teach-back* moments during the session to verify that the patient understands the content and logic of the session. Teach-back places responsibility for poor understanding on the clinician ("Can you explain to me what information you want to take home from our session? I want to be sure I did a good job explaining this to you. If not, I hope you will give me another chance to do a better job."
http://pilot.train.hrsa.gov/uhc/pdf/module_02_job_aid_teach_back_method.pdf
 - *Medical logic* can vary widely over cultures, so this is especially important if your patient has a non-Western view of what causes illness. For more information on how to assess medical logic, see below.
 - It is extra important to continually monitor the body language of the patient to verify their comprehension and feelings about the information being relayed.
- Use pictures, demonstrations, video or audiotapes during the session to increase understanding and provide educational material in the languages your patients read.
 - Ensuring that visual aids and educational material are appropriate for patients with LEP involves much more than checking that they are available in the target language. These materials should not just be translated from English versions; they should also be culturally sensitive. This includes using pictures or images of the ethnic group represented by that spoken language. More information on creating culturally sensitive written material in a target language is included in another case.
- Informed consent and other medical forms must be available in the preferred language of the patient.
 - Many health care centers have translated their routinely used forms into the most frequently requested languages, but if the form you are using is not in the target language, the form must be translated by the interpreter during the session so the patient can understand what they are signing. However, not all interpreters are comfortable with performing this task, which is referred to as "*sight translation*." Therefore, consider working with Translator Services to translate the most commonly used forms in your clinics.
 - Remember that although the interpreter is there to answer language questions, you as the provider are there to interpret the meaning of the document. Explain consent and other forms as you would to any other patient.
 - More information on translation is featured in another case.

Contracting in Genetic Counseling

Current genetic counseling job tasks were determined by the American Board of Genetic Counseling as the outcome of a Genetic Counseling Practice Analysis (Hampel et al., 2009). The following is a list of the **Contracting** tasks:

1. Establish rapport through verbal and non-verbal interaction or through interpreters
2. Establish a mutually agreed upon genetic counseling agenda with the client
3. Elicit client concerns, expectations, and perceptions
4. Determine knowledge-base of client
5. Assess client's ethno-cultural background, traditions, health beliefs, attitudes, lifestyles and values
6. Outline the genetic evaluation process
7. Decrease anxiety for concerns articulated by the client such as
 - a. on-going emotional distress
 - b. stress precipitated by the referral
 - c. abnormal test results
 - d. perceived goals of genetic testing
8. Discuss
 - a. costs of genetic services
 - b. benefits of using health insurance for payment of genetic services

The general contracting strategies used by genetic counselors to develop rapport with their clients can also be used to effectively build rapport with the medical interpreter before the genetic counseling session begins. The more informed the interpreter is about your goals and plans for the session, the better the interpreter will be able to help you communicate effectively with patients who need interpreter services.

Contracting with Medical Interpreters

The TRANSLATE mnemonic device was developed to assist providers in contracting with their medical interpreters, both when becoming more familiar with the services available to them and immediately before their patient encounters. Julie can use TRANSLATE to develop an effective working relationship with the interpreter that will complement her Spanish language abilities to provide this family with appropriate genetic counseling.

T: TRUST

-How will trust be developed in the patient-clinician-interpreter triadic relationship? What about developing trust in relationships with the patient's family and other health care professionals?

R: ROLES

-What role(s) will the interpreter play in the clinical care process (e.g., language translator, cultural broker/informant, cultural broker/interpreter of biomedical culture, advocate)?

A: ADVOCACY

-How will advocacy and support for patient - and family- centered care occur?
How will power and loyalty issues be handled?

N: NON-JUDGEMENTAL

-How can a non-judgmental attitude be maintained during health care encounters? How will personal beliefs, values, opinions, biases and stereotypes be dealt with?

S: SETTING

-Where and how will medical interpretation occur during health care encounters (e.g., use of salaried interpreters, contract interpreters, volunteers, AT&T language line)?

L: LANGUAGE

-What methods of communication will be employed? How will linguistic appropriateness and competence be assessed?

A: ACCURACY

-How will knowledge and information be exchanged in an accurate, thorough, and complete manner during health care encounters?

T: TIME

-How will time be appropriately managed during health care encounters?

E: ETHICAL ISSUES

-How will potential ethical issues be handled during health care encounters? How will confidentiality of clinical information be maintained?

Like, RC. "Appendix: Useful clinical interviewing mnemonics." Patient Care Special Issue, "Caring for diverse populations: breaking down barriers," eds. JR Betancourt, RC Like, BR Gottlieb, May 15, 2000, p. 189.

The use of the TRANSLATE mnemonic is even more important if, like Julie, you will be meeting with a new family who may have already established rapport and a working relationship with this particular interpreter. Proper contracting, whether guided by TRANSLATE or not, will ensure that Julie is comfortable with the provider-interpreter-patient relationship dynamic so she can focus on building rapport with Alejandro's family and providing care for the new patient. Julie's interest in conducting genetic counseling sessions in Spanish is reputable, and she should continue to work towards the goal of becoming a bilingual genetic counselor. However, until Julie is confident in her language abilities, and her Spanish speaking skills have been formally assessed, she should take advantage of the medical interpreter resources that are available at her center.

Cultural Competence

- Assess the family's current language needs. Contact the patient before the appointment using the institution's language phone line interpreter system to ask if they would like to have a bilingual Spanish/English interpreter present at the session.
- Be knowledgeable about the language resources available at your institution. Use Qualified Bilingual Speakers for interpretation services. Family members or staff without this training should not provide medical interpreting in genetic counseling.
- Schedule more time to allow for interpretation in the session.
- Speak with the interpreter before the session to discuss his/her general approaches to interpretation and to review the medical terminology and concepts you plan to discuss.
- Ask the interpreter or cultural broker to offer tips for effective communication.
- Convey warmth and respect to establish rapport with the family.
- Use simple terms, and give messages in small chunks.
- Speak at a typical pace and your usual volume.
- Look at the patient and address him/her directly. Allow the interpreter time to transmit what you just said. Do not interrupt.

- Use language and culturally appropriate visual aids.
- Use the institution's Translation Services to provide accurate and culturally appropriate translation of all formal documents.
- Informed consent documents should be available in the patient's language. Take time to explain the general content of the informed consent document and to answer questions.
- Explore the family's personal views on the condition and all of the available options. Do not assume the family aligns with particular religious viewpoints or that you should not include certain topics in the discussion.
- Use the TRANSLATE mnemonic tool to develop an effective working relationship with the interpreter, and provide optimal genetic counseling services to the family.

Resources and References

Hispanic/Latino Culture

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Foreign Language Educational Materials

<http://www.healthfinder.gov/espanol/>

Provides general information on health topics in Spanish; difficult to navigate without some knowledge of the language. Also available in an English version.

<http://iier.isciii.es/er/>

SIERE's site on rare diseases in Spanish; difficult to navigate without some knowledge of the language.

<http://www.healthyroadsmedia.org/handouts.htm>

Provides general health patient education resources in multiple target languages, including women's health topics.

<http://www.genome.gov>

The "Educational Resources" section provides a glossary of genetic terms in Spanish. Some knowledge of the Spanish language is required to navigate the site

<http://www.eurogentest.org/>

The "Patients and Family" tab provides 15 pages of information explaining genetics and genetic testing in numerous languages.

<http://www.gig.org.uk/aboutgenetics.htm>

The "Educational Information other Languages" section offers translated patient information in nine languages.

<http://www.nsgc.org>

The National Society of Genetic Counselors offers information about Special Interest Groups for their members. After logging in, select SIGs then Prenatal Counseling/Ultrasound Abnormalities. Scroll down to select "Foreign Language Patient Information Sites." This PDF provides links to foreign language websites for Breastfeeding, Cancer, Disabilities, Disease-Specific Info, Down Syndrome, Fragile X, General, Genetics, Hemoglobinopathies, Immunizations, Kidney/Diabetes, Medications/Teratogens, Mental Health, Muscular Dystrophy, Newborn Screening, Nutrition, Translation Services, Tuberous Sclerosis, Velocardiofacial Syndrome, and Women's Health.

Office of Minority Health: <http://www.omhrc.gov/>

For more information on the resources available on this website, this link.

Sampson, A. (2006). Language services resource guide for healthcare providers. Prepared for The National Health Law Program and The National Council on Interpreting in Health Care. Available online at <http://www.healthlaw.org/library/attachment.89928>

This guide has excellent online resources, organized by topic like women's health, cancer, etc. The guide also provides a summary of national and all state laws relating to LEP services in health care.

www.ethnomed.org

Provides cultural information on many diverse ethnic groups, but the most useful part of this site includes links to patient education resources in the target language.

www.hablamosjuntos.org

The "More than Words" section provides information on how to correctly translate patient education materials into Spanish and can be used as a guide for other languages. Specifically, the "More than Words Toolkit" provides steps to improve health care with LEP patients, information to develop and create a translation brief, and guides for improving informed consent.

Interpreter and Translator Services

Role of the Interpreter

Beltran Avery, M.-P. (2001). The role of the health care interpreter: An evolving dialogue. *National Council on Interpreting in Health Care Working Papers Series*. Available online at www.ncihc.org

This article explains, in detail, the four roles of interpreters summarized above.

Cross Cultural Health Care Program. Communicating Effectively Through an Interpreter. DVD (\$150.00). Available online at www.xculture.org.

Dysart-Gale, D. (2007). Clinicians and medical interpreters: Negotiating culturally appropriate care for patient with limited English ability. *Fam. Community Health*, 30(3), 237-246.

This article provides an overview of the debate in the interpreter community over the scope of the role of interpreter.

National Center for Cultural Competence (2004). Bridging the cultural divide in health care settings: The essential role of cultural broker programs. Available online at http://www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf.

Summarizes the role of a cultural broker and provides multiple examples of the effectiveness of cultural broker programs. Also provides practice information on how to begin a cultural broker program.

National Council on Interpreting in Health Care. (2004). A national code of ethics for interpreters in health care. *National Council on Interpreting in Health Care Working Papers Series*. Available online at www.ncihc.org.

This document includes the Code of Ethics and commentary on each principle set forth in the Code, providing information on the basic expectations a provider can have when working with an interpreter.

Assessment Tools for Internal Interpreter Services

California Academy of Family Physicians Foundation (2007). Addressing language and culture: A practice assessment for health care professionals. Available online at <http://www.familydocs.org/system/files/AddressingLanguageandCulture.pdf>.

An excellent resource that provides a simple assessment that would help the genetic counselor become more familiar with the practices of her organization in terms of caring for LEP patients. Also provides information on testing your language skills to see if you could provide bilingual care.

National Council on Interpreting in Health Care. (2002). Linguistically appropriate access and services: An evaluation and review for healthcare organizations. *National Council on Interpreting in Health Care Working Papers Series*. Available online at www.ncihc.org. *This guide provides a lengthy checklist to guide the assessment of internal interpreter services in order to ensure that institutions are meeting the needs of their LEP patients.*

Practical Guidelines and General Information

Downing, B., & Roat, C.E. (2002). Models for the provision of language access in health care settings. Available online at www.ncihc.org. *This article summarizes the multiple models of interpreting services available, including the benefits and limitations of bilingual provider models, the bilingual patient model, ad-hoc interpreter models and dedicated interpreter models. This includes models not discussed in this case, including telephone or other non-face to face interpreting models.*

Industry Collaboration Effort of Health Plans (2009). Better communication for better care: Provider tools for diverse populations. Available online at http://www.iceforhealth.org/library/documents/ICE_booklet.pdf. *A compilation of practical resources including resources to assist communication with a diverse patient population base, resources to communicate across language barriers, resources to increase awareness of cultural background and reference resources including summaries of LEP laws and online resources.*

National Council on Interpreting in Health Care. (2003). Guide to interpreter positioning in health care settings. *National Council on Interpreting in Health Care Working Papers Series*. Available online at www.ncihc.org. *Analyzes the benefits and limitations of multiple options for physical positioning of the interpreter during the medical appointment.*

National Council on Interpreting in Health Care. (2005). National standards of practice for interpreters in health care. Available online at www.ncihc.org. *These standards of practice are based on the ethical principles put forth in the Code of Ethics published by this same organization. These standards are presented as general objectives and further explained with examples.*

National Council on Interpreting in Health Care. (2009). Sight translation and written translation: Guidelines for healthcare interpreters. *National Council on Interpreting in Health Care Working Papers Series*. Available online at www.ncihc.org. *These guidelines are for interpreters or supervisors that work with interpreting written documents in real-time, providing specific information on which documents should be on-hand in the target language and what to do with documents that have not been previously translated.*

http://www.lep.gov/interp_translation/trans_interpret.html

Provides links to the essential information about interpreting and translating, as well as links to local interpreter agencies.

<http://www.languageline.com>

This telephone interpreter service offers translators in over 170 languages 24 hours a day.

Penn, C.L. (2007). Breaking down barriers: Language is the issue. *Journal of the Arkansas Medical Society*, 104(6): 128-131.

Provides and overview of medical interpreting and some basic internet resources on the subject.

Sampson, A. (2006). Language services resource guide for healthcare providers. Prepared for the National Health Law Program and the National Council on Interpreting in Health Care. Available online at <http://www.healthlaw.org/library/attachment.89928>.

This guide has excellent online resources, organized by topic like Women's health, cancer, etc. The guide also provides a summary of national and all state laws relating to LEP services in health care, as well as assessment tools for internal interpreter services.

Txabarriaga, R. (2009). International Medical Interpreters Association Guide on Medical Translation. Available online at www.imiaweb.org.

Organized in an FAQ format, this guide provides a crash course on the practice information one needs to know about translating medical and patient information.

Legal Updates Regarding Language Access

http://www.healthlaw.org/library/folder.56882-language_access_resources

The National Health Law Program offers a library of resources that offer detailed updates regarding language access in federal and state settings.

Assessment and Evaluation Questions

Contracting: Genetic Counseling with Medical Interpreters

1. Which of the following individuals are prohibited from performing medical interpretation during sessions?

- a. Bilingual staff members who have appropriate medical fluency
- b. Children and family members
- c. Professional interpreters
- d. Community agency interpreters

2. True/False.

The single most important step that a genetic counselor can take when working with an interpreter is to “contract” with that interpreter about what will happen during the session.

3. True/False.

By calling in an interpreter, the genetic counselor shifts the primary responsibility for demonstrating cultural and linguistic competence in the session from the counselor to the interpreter.

4. True/False.

Genetic counselors can expect the interpreter to translate written documents on the spot during the session.

5. True/False.

When working with Hispanic/Latino families, it is especially important to establish a relationship built on trust and respect.

For questions 6-10, please read Chapter 4 “[Getting to Know the Culture](#)” from Quality Health Care for Hispanics.

6. True/False.

Common cultural characteristics for Hispanics living in the United States include family, respect, personalismo and confianza.

7. True/False.

Traditionally, Hispanics value independence and competition, thus decreasing the likelihood of involving their families in the decision-making process.

8. True/False.

In general, Hispanics tend to view providers as authority figures and value their direction when making health-care decisions.

9. True/False.

Generally, Hispanics value personal relationships with their providers and so expect providers to be warm, friendly and take an active interest in them.

10. True/False.

It is important to address mental and spiritual health concerns with Hispanic patients in addition to medical concerns.

The following questions are for CEU learners only:

1. I feel I have achieved the following objective as a result of this learning activity:

Determine when patients need interpreter services and how to obtain those services.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

2. I feel I have achieved the following objective as a result of this learning activity:

Differentiate between the roles of the traditional interpreter and the cultural broker.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

3. I feel I have achieved the following objective as a result of this learning activity:

List strategies for effective contracting with a medical interpreter before a genetic counseling session.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

4. Please rate the overall effectiveness of this case in promoting learning.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

5. Please rate the overall quality of this case.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

6. The content of this case was presented without bias of any commercial drug or product.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

7. The technology used was appropriate and effective.

4= Great extent 3= Moderate extent 2= Slight extent 1= Not at all

Disclaimer

The purpose of the Genetic Counseling Cultural Competence Toolkit (GCCCT) is to improve the delivery of culturally responsive, client-centered genetic counseling to diverse populations and to reduce health disparities. The GCCCT is an educational resource; any suggestions do not define the standards of clinical or educational practice. All cases and scenarios are hypothetical. The

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