**MEDICAL PROVIDERS WORKING WITH INTERPRETERS**

* **Introduce yourself to the interpreter**. Determine the interpreter’s level of English proficiency and professional training and request that the interpreter interpret everything into the first person (to avoid “he said, she said
* **Acknowledge the interpreter as a professional in communication**. Respect his or her role.
* During the medical interview, **speak directly to the patient**, not to the interpreter.
* **Speak more slowly** rather than more loudly.
* **Speak at an even pace in relatively short segments**. Pause so the interpreter can interpret.
* Assume, and insist, that **everything** you say, everything the patient says, and everything that family members say **is interpreted**.
* **Do not hold the interpreter responsible for what the patient says or doesn’t say.** The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you were expecting, restate the question or consult with the interpreter to better understand if there is a cultural barrier that is interfering with communication.
* Be aware that **many concepts you express have no linguistic or conceptual equivalent in other languages**. The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.
* Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner. **Speaking English does not mean thinking in English.**
* Remember that your patient may have been a victim of torture or trauma.  This may also be true for the interpreter.  If you need to ask questions that may be extremely **personal or sensitive**, explain to the patient that doing so is part of your evaluation and reiterate that the information will remain confidential.
* **Avoid:** Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time. Also avoid making assumptions or generalizations about your patient or their experiences.  Common practices or beliefs in a community may not apply to everyone in that community.
* **Encourage the interpreter** to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter’s judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter’s help in eliciting the information in a more appropriate way.
* **Avoid patronizing or infantilizing the patient.** A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.
* Ask the patient **what he/she believes the problem is**, what causes it, and how it would be treated in their country of origin.
* Ask the patient to **repeat back** important information that you want to make sure is understood.
* **Be patient.** Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.
* **Allow time for a pre-session with the interpreter**. When working with a professional face-to-face interpreter to facilitate communication with a limited English proficient (LEP) refugee, a pre-session can be helpful to both the healthcare provider and the interpreter.
* **CIFE**
	+ Confidential
	+ In the first person
	+ Flow control
	+ Everything is interpreted