



Government of **Western Australia**
Department of **Health**

Multicultural Health Diversity Café 5: **‘Communicating effectively with migrants and humanitarian entrants through language services’**

Executive Summary and Key Points

20 September 2016

Cultural Diversity Unit

Chronic Disease Prevention Directorate

Public Health Division

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Executive Summary

‘Communicating effectively with migrants and humanitarian entrants through language services’ was the theme of the Multicultural Health Diversity Café 5 which was held on 20 September 2016 at the Australian Professional Skills Hospitality Academy, 21 Moore Street, East Perth. The Diversity Café brought together 47 staff from the WA health system, community service representatives, interpreting organisations, government agencies and consumers.

The Diversity Café which was the fifth in the series kept the Cultural Diversity Unit’s (CDU)¹ vision of replicating a friendly café where delegates could meet to learn from each other, be challenged, share, discuss, listen, ask and showcase current work with consumers and carers from culturally and linguistically diverse backgrounds. The Diversity Café was another learning opportunity for service providers on their ongoing journey to cultural competency in providing equitable access and safe and high quality health programs and services.

The CDU organised the Diversity Café in collaboration with:

- hospital language services units based in Fiona Stanley Hospital , Fremantle Hospital, King Edward Memorial Hospital, Princess Margaret Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital
- Health Consumers Council
- Office of Multicultural Interests, Department of Local Government and Communities.

Keynote speakers discussed their experiences of using language services from the perspective of clinician, interpreter and consumer. The speakers were:

- Dr Sherman Picardo, Department of Gastroenterology and Hepatology Registrar, Royal Perth Hospital (RPH)
- Fatima Awada, Arabic interpreter
- Htay Aung, health consumer with interpretation by Khin Myo Myint from Burmese Interpreting and Translating Services.

The presentations were intermixed with ‘buzz sessions’ where attendees had animated discussions about issues and recommendations for language services provision. Three key points from each table were collected and put up on the ‘Summary Wall’ for collation later.

Dr Sherman Picardo opened his presentation by saying that his department sees a large proportion of patients from various ethnic backgrounds including refugee and humanitarian entrants. Staff engage language/interpreting services on a daily basis to ensure effective communication with their patients.

Dr Picardo stated that the East Metropolitan Health Service (EMHS) to which RPH belongs has a clear policy on substantive equality that ensures language and cultural differences are not barriers to accessing any EMHS services. Staff are encouraged to be aware of patients’ attitudes to illness and treatment; to respect ethnic, cultural and religious diversity; and to provide culturally sensitive care to meet patients’ health beliefs and cultural practices relating to birth, diet and religion and death and dying.

¹ The Cultural Diversity Unit (CDU) is located in the Chronic Disease Prevention Directorate, Public Health Division, Department of Health.

He cited the case of a male patient, originally from Vietnam, who was referred to the service by a Visiting GP who had performed some tests. For several months the patient had been experiencing worsening abdominal pain. By engaging a Vietnamese speaking interpreter, Dr Picardo was able to gather further patient history and conduct a clinical examination, explain the diagnosis and treatment and its potential impact on work and social life, conduct follow up tests and enable the patient to ask questions to better understand his health situation.

He cited the benefits of providing interpreting services as follows: improves communication resulting in fewer errors and better outcomes, increases access to healthcare, can result in better patient knowledge and understanding of diagnosis and treatment, minimises medico-legal risks, and is associated with significantly shorter hospital stays and reduced 30-day readmission rates.

Dr Picardo emphasized the importance of showing empathy by speaking directly to the patient in the first person, actively listening by facing the patient when speaking, using eye contact and positive body language and asking questions to show interest about their life/culture.

He highlighted some risks and challenges including uncertainty about how effectively the message is being interpreted (medical terminology in other languages), complex situations, time constraints and that the presence of interpreters may affect rapport as the patient might feel that he/she is there as a 'third person.'

Fatme Awada started her presentation, 'Working Successfully with Interpreters' by talking about how her and her husband's concern for their children's future made them decide to get out of Lebanon during the Civil War that raged from 1974 to 1992. She said that upon arrival in Perth, her family faced hardships settling into a new place with no extended family to provide support and a lack of services for new arrivals to WA.

She spoke about her circuitous path to becoming a professional interpreter. She started as a volunteer, became a parenting educator, settlement officer, accommodation trainer and finally studied a Diploma in Interpreting at TAFE which led to her career in interpreting.

She shared useful tips about working with interpreters before, during and after a patient interview. She highlighted the importance of checking the interpreter's qualification or accreditation, briefing the interpreter prior to the interview, checking that the client and the interpreter do not know each other personally, introducing the interpreter to the client and ensuring client confidentiality. She said that during the interview, it is important to observe proper seating arrangement where the patient is facing the health professional and the interpreter is seated to the side, to speak directly to the client in simple terms (using I and you), to not talk directly to the interpreter, to pause often and to repeat statements if the interpreter needs clarification.

After the interview, she said that interpreter debriefing must be offered and feedback sought. She reminded everyone that interpreters must not be expected to take on extra tasks after the interview, never to ask the consumer's child or family member to interpret and to develop cultural awareness.

Htay Aung generously shared his stories about his and his family's experiences and interactions with the WA health system and interpreters. Htay was very happy for the opportunity to present as he said he had kept so much on his chest. Htay spoke in Burmese which was interpreted by Khin Myo Myint, a Burmese interpreter.

Htay, his wife and five children arrived in Western Australia in 2007 from a refugee camp on the Thai-Burma border. Their triplets were born premature at the refugee camp and needed a lot of

medical help. Htay himself is an amputee having stepped on a land mine in Burma. His older children and his wife also have their own issues and need regular health care. The whole family makes frequent trips to various hospitals and clinics across Perth.

Htay mentioned that he was happy with the clinicians and the health care that each of his family members has been receiving so far. He was more concerned about getting the right interpreter when they go to a hospital. He and his wife would get anxious for a week before their appointments. He cited an instance where he wanted to ask the doctor more questions about his triplet children's condition but was told by the interpreter to cut it short as she had another appointment to go to. He's also had experiences where one interpreter said one thing and another said a different thing. He said that one time he could not understand the interpreter on the phone who spoke to him in Karen as he only spoke Burmese. He shared stories about misunderstanding medication and other instructions that have led to dire consequences such as, in one instance, where his wife took tablets orally when she was not supposed to and wondered why she was not getting better.

He closed by saying that they are fortunate to be living in Australia as now his family's health needs are being addressed.

Hospital language services coordinators present at the Café advised Htay about how they could make future hospital and clinic appointments easier for him and his family by offering their assistance and by ensuring that he is matched with appropriate and competent interpreters.

Key Points from Summary Wall

Buzz Session 1

How can we ensure that consumers' who do not speak or understand much English have a clear conversation with health staff/service provider and understand what is happening and what they need to do after the appointment?

Assess consumers' need for language assistance and identify appropriate language/dialect

- Identify patients requiring interpreters early.
- Identify person's spoken language and dialects.
- Recognise possibility of person having multiple languages and literacy levels.
- Help client to understand how important it is to use an interpreter.

Access trained interpreters

- Engage appropriately trained interpreters compatible to situation.
- Develop a proactive approach to accessing interpreters after initial appointment and post operation.
- Use interpreter service – face-to-face or telephone.

Use clear and concise language

- Set the ground rules at the beginning of the interview.
- Ask questions. Ask client to tell in their own words or illustrate what was said.
- Feel free to interrupt and ask questions via the interpreter.
- Use simple English and reduce the use of medical terms.
- Through the interpreter, ensure that there is patient understanding – use short sentences and speak slowly.
- Use positive body language and interpersonal skills.
- Prioritise questions, for example, medical, patient concerns, understanding and time management.
- Write things down.
- Provide information in other formats such as written in your patient's language, pictures or diagrams.
- Have clear referral and support pathways.
- Use simple language, no slang or colloquial language.
- Use written confirmation to back up information provided through hand-outs and pamphlets, preferably in patient's language.
- Ensure that follow up appointment and details are written down for or by patient.
- Prepare clear flowchart to explain 'Step by step process to get treatment.'
- Ask client to paraphrase information back to clinician to gauge their understanding of the next steps and improve compliance.
- Provide phone number to call (with interpreting assistance) if consumer has further questions when they get home.

Provide interpreter briefing and feedback

- Brief interpreter prior to meeting and clarify language/terminology/purpose and queries.
- Put in place formal feedback and/or evaluation processes for interpreters.

Train staff

- Provide adequate training for staff.

Buzz Session 2

Scenario 1

You work as a health professional at a hospital outpatient clinic. You have booked an interpreter and your patient has arrived with a family/friend. They refused to work with the interpreter.

How would you as the professional deal with this situation and why?

Scenario 2

You are in a clinic with a patient who does not speak much English and a family member. An interpreter is also present. You are trying to establish the patient's medical history. You noticed that the patient is hesitant to answer some of the questions you are asking.

How would you handle this situation and why?

The groups discussed the two scenarios together and put up three key points that applied to both.

- Put the client at ease.
- Build rapport with the patient and family member/friend.
- Talk directly to client.
- Assess whether family member needs to be in the room.
- Ask family member for privacy.
- Consider that family/friend may provide moral support for client and help ask questions.
- Establish whether it is the family member or interpreter who is causing the discomfort.
- Establish if client is ok talking about confidential/sensitive issues in front of family/friend.
- Ask patient why they do not wish to engage the interpreter.
- Ask patient why he/she is reluctant to answer questions? Is there a cultural reason?
- Respect their wishes but clarify why.
- Explain reasons why you are not engaging family member or friend to interpret.
- Inform family member/friend that they are welcome to stay though interpreter will be engaged.
- Explain why an interpreter is needed. Refer to WA Health Language Services Policy and WA Government Policy.
- Ensure the client understands why interpreter is engaged.
- Establish whether interpreter and patient know each other.
- Reassure client about privacy and confidentiality of interpreting service.
- Health profession must explain why an interpreter is important and find out why they refuse to work with the interpreter. Stress legality, confidentiality, interpreter qualification and training and benefit of having a supportive family member who is not responsible for understanding and interpreting the interaction between health professional and patient.
- Offer alternatives such as phone interpreting
- Discuss using a telephone interpreter.
- Document when the interpreter is refused.
- Ensure that client has accurate information.
- Work with migrant communities to encourage engagement of interpreters.

- Increase acceptance and benefits of using an interpreter at all stages of the settlement process.
- Enable gender matching between interpreter and patient.
- Emphasise and explain importance of interpreter being present at the appointment to ensure patient wellbeing.
- Explain the importance of engaging a qualified and credentialed interpreter as sometimes family takes over and answer for the patient or are not sufficiently fluent to properly convey information.

Buzz Session 3

How can we improve patient/client experiences when they access our services? For example, health care, information, resources etc.

Communicate/consult with consumers

- Develop services in consultation with CaLD and Aboriginal and Torres Strait Islander communities.
- Assist clients/patients with system/channel and invite to provide feedback.
- Establish feedback opportunities for client:
 - Simple survey in appropriate/different language with two questions for example: rank from 1-10 the health service provided and the experience with interpreter.
 - Respond quickly particularly if feedback is negative.
- Don't assume literacy of consumers in their own language.
- Practice active listening. Always listen to client.

Staff training

- Provide training for health professionals about engaging interpreters from new community languages and the challenges of working with them.
- Raise staff awareness of the need to engage interpreters.
- Ensure accountability.
- Train health professionals and administrative staff on how to work with interpreters, cross-cultural issues and understanding.

Provide language services

- For new arrivals at early settlement stage, provide information sessions about their right to ask for interpreters and the benefits of doing so.
- Provide information in different language or medium.
- Ensure availability of feedback form in several languages for clients and teach clients to use them.
- Help patients understand the role of interpreters.
- Establish rapport – provide information about interpreters.
- Inform patients how to contact the hospital language services department and provide feedback.
- Ensure there is enough time for appointment as it takes longer when you're working with interpreters.

Diversity Café participants

The Diversity Café was attended by 47 participants from various hospitals, Health Service Providers, Department of Health, other government agencies, interpreting agencies, consumers and academe.

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