



Healthcare **Interpretation** Network

Newsletter

Spring 2008 - Issue 3

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From the Communications Committee

The primary focus of this issue of the Newsletter is on the modes of delivery of interpreter services in a cross-section of health care institutions in Toronto. To this end, we asked our contributors to reflect on the types of interpreter services which are available to their patient populations with limited proficiency in English and offer their perspectives on the benefits and shortcomings of the services which are currently available. We believe that the quality and thoughtfulness of the submissions provide a sound base for our readers to assess the variances in the modes of delivery and the challenges which are faced in attempting to provide equal access to health care services by patient populations with limited proficiency in English.

We would like to acknowledge our appreciation for the commitment of the following contributors who took the time to reflect on, and prepare the four articles on the services which are available in their respective institutions.

- Nancy Cornish, Director, Patient Representative Services and Interpreter Services, The Hospital for Sick Children,
- Stella Rahman, Coordinator, Cultural Interpretation Services, Centre for Addiction and Mental Health
- Elba DeLeon, Manager Interpreter Services, St Joseph's Health Centre
- Joanne Fine Schwebel, Director, Volunteer Services, Mt Sinai Hospital

We are also pleased to present a synopsis of Effrossyni Fragkou's summary of the papers given at the 2007 Association de l'industrie de la langue/Language Industry Association (AILIA) Showcase's session dedicated to Community Interpreting. The full paper is available on the [HIN Website](#).

This Newsletter maintains a pluralistic perspective. We, therefore, invite various opinions that enhance the debate launched by the articles published in it, provided they are substantiated and have respect for the HIN Code of Ethics and the common standards of practice set by the latter. We are open to suggestions, corrections and objections, and are extending an open invitation to people interested in issues pertaining to health and interpreting to provide us with their valuable insight.

The Communications Committee

Diana Abraham, Nancy Cornish, Effie Fragkou, Stella Rahman, Kinga Miklos

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Updates on the work of the HIN committees

After some discussion at the last meeting of the Communications Committee, it was decided that each committee will now post their updates directly on the website with cross-reference to other committees, rather than including printed committee activity updates in the Newsletter.

For more details, click the links below to visit the committee pages on the HIN website:

- [Membership Committee](#)
- [Resource Development Committee](#)
- [Communications Committee](#)
- [Policy and Community Development Committee](#)
- [Terminology Committee](#)

The 2007 Ailia Showcase features Community Interpreting as one of its main topics

By Effrossyni (Effie) Fragkou
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The 2007 AILIA Showcase held November 30, 2007 proved a milestone for Community Interpreting stakeholders since, for the first time in the short history of the Language Industry Association, the topic of Community Interpreting (CI) attracted the attention of organizers and attendees alike.

The CI panel, facilitated by Lola Bendana¹, brought together an interesting group of presenters: Suzanne Barclay², Elba de Leon³, Axelle Janczur⁴, and Effrossyni Fragkou⁵. With in-depth experience in the field, each presenter covered different vantage points, including basic issues related to CI within the Canadian context, such as definitions, current practices, common challenges, and on-going initiatives, as well as a theoretical framework for professionalizing the practice.

The four speakers were faced with a two-fold challenge: first, address a diverse audience (ranging from politicians and policy makers, translators, localizers and sign-language interpreters, to academics and business people), with varying expectations and vested interests; and, second, deal with a subject, which, even today, is met with a certain degree of skepticism by other professionals and the "profane" general public.

All presenters agreed on a certain number of issues specific to CI practice in Ontario and in Canada at large. Below I am listing some of the discussion points that dominated the four presentations. They can be divided into **facts** and **challenges**.

Facts:

- Canada, and its major cities (Toronto being at the top of the list), is rapidly transformed into a *par excellence* multi-cultural community. Under these social, political and cultural circumstances, an inclusive society - such as the one that is currently shaping in Canada - needs to ensure, among other things, cultural competence in the way it addresses the *other* (the immigrant, the newcomer, the refugee) as an integral part of the *same* (the Canadian).
- Demand for CI services is on the rise mainly due to Canada's evolving demographics, and the multi-lingual realities the latter create.
- CI is essential in ensuring equity for and among clients, in terms of access to services and products, and effectiveness for service providers, with regard to addressing the needs of their clientele. CI is a tangible expression of cultural competence and a fundamental pre-requisite of quality, viewed as an integral component of service delivery.
- More and more provincial governments and public-/private-sector agencies acknowledge the importance of CI and the role of Community Interpreters operating in various languages (more than 140 languages are used everyday in Toronto alone).
- CI falls within the large category of service delivery and therefore needs to be elevated to the rank of *profession* instead of being a mere *craft* or an unrecognized and under-evaluated *occupation* performed, in numerous occasions and more often that one should admit, by *ad hoc* agents.

Challenges:

- CI is a fragmented and unregulated industry.
- There is an obvious lack of standards of practice and of the all-important and necessary regulatory framework.
- *Ad hoc* practices are favoured and/or tolerated by budget constraints and lack of understanding of the role and the task of Community Interpreters.
- Professionalization of the practice is a complex issue. Over the years, but mainly recently, several preliminary attempts have been made toward creating awareness for CI and for professionalizing the field. Initiatives included the creation of a Curriculum Advisory Committee and the development of the first Standard Language Interpreting Training (LITC) along with the creation of the National Standard Guide for Community Interpreting.

The road ahead:

The presenters unanimously acknowledged that the current state-of-affairs in CI, although improved, is neither satisfactory nor up to the task it is called to fulfill. Therefore, they sent a strong plea in favour of professionalizing CI. To do so, a number of milestones need to be achieved, namely:

- Transform CI into a full-time profession, with competent, skilled, and adequately trained professionals.
- Establish publicly recognized training programs as well as university degrees to transform practice into discipline.
- Create new or engage already-existing professional associations (local, provincial and national) in order to launch the process of regulating the profession and of promoting standardized practices.
- Develop a code of ethics; and, last but not least,
- Give a legal umbrella to the practice.

1 Lola Bendana is Director of Multi-Languages Corporation, member of the AILIA Board of Director, and member of the HIN Board of Directors.

2 Suzanne Barclay is President of Critical Link Canada and Director of Provincial Language Services of the British Columbia Provincial Health Services Authority.

3 Elba de Leon is Manager of Interpreter Services at St. Joseph's Health Centre in Toronto.

4 Axelle Janczur is Executive Director of Access Alliance Multicultural Health and Community Services.

5 Effrossyni Fragkou is a Ph.D. candidate in the School of Translation and Interpretation at the University of Ottawa, a Certified Translator (Greek-English-Greek) with ATIO, and a trained Community Interpreter.

The Benefits and Challenges of a Mixed Model for Interpreter Services at Sick Kids

*By Nancy Cornish
Director, Patient Representative Service and Interpreter Services
The Hospital for Sick Children*

The Interpreter Services Department at Sick Kids began almost 35 years ago with one interpreter. Over the course of time, the service gradually and steadily expanded in response to the needs of the growing multicultural patient population. It is now a **mixed model** in which language assistance for patients and families of Limited-English Proficiency (LEP) is provided by staff medical interpreters, contracted interpreters from outside agencies, and *Language Line* telephone interpreters. All interpreters working within this model are language tested and trained.

The benefits of staff interpreters include:

- consistency of interpreters
- consistency of practice resulting in less confusion
- recognition as part of the inter-professional healthcare team
- an understanding and appreciation of the hospital's culture, ethics, policies and procedures
- ability to better adhere to time limits and protocols established by the Interpreter Services Department
- team support and synergy among team members to develop and assume leadership roles for projects and presentations both internally and externally
- continuous exposure to healthcare practices
- opportunities to participate in on-going professional development activities (both nationally and internationally)
- increased delivery of language assistance to LEP patients/families.

The benefits of contracted interpreters include:

- provision of language coverage for intermittent and infrequent language requests
- availability and cost effectiveness of interpreters in over 50 languages
- diverse experience and background in community and healthcare interpreting
- administrative responsibilities being shared with the outside agencies
- liability insurance being provided by the contracted agencies.

The benefits of telephone interpretation include:

- availability of a 24/7 back-up resource in a broad spectrum of languages
- cost effectiveness for short, immediate, and urgent requests
- provision of language service in languages not locally available.

The challenges of working within the mixed model include:

- inconsistency in the practice of service between the staff, contracted and telephone interpreters
- confusion among the healthcare providers in understanding the mixed model
- difficulty striving for uniform standards of practice among all interpreters when experience and exposure is limited in the less requested language groups
- wastage incurred by the Interpreter Services Department due to appointment changes not anticipated and/or communicated.

In summary, I would suggest that the **mixed model** of an interpretation service is a good formula in which any one component could not produce a satisfactory result by itself, but in which all of the individual components

are necessary to work together for the success and quality of the overall service. In their own unique way, staff interpreters, contracted interpreters, and telephone interpreters expand the resource base of our service, and are greatly appreciated for the benefits that their skills and involvement provide.

Benefits of Working with Freelance Interpreters as Opposed to Interpreters from External Interpretation Agencies

by Stella Rahman

Clinical Services Consultant, Cultural Interpretation Services Centre for Addictions and Mental Health

Since the inception of Cultural Interpretation Services (CIS) at the Centre for Addiction and Mental Health (CAMH) in 2001, a team of freelance interpreters, (hereinafter freelancers) speaking different languages and dialects has been recruited very carefully. When filling any interpretation request, the first option is to contact the freelancers. If none of the freelancers are available, the second option is to place the request with a private interpretation agency. The last option, used only in case of emergencies, is to request a telephone interpretation service.

At CAMH, a freelancer is recruited following a personal interview and only if s/he:

- has successfully completed the language and skills assessment tests in the languages that are currently available;
- has completed the 100-hour basic interpreter skills training program delivered by local community-based agencies and/or is on the rosters of the Ontario Ministry of the Attorney General and the Immigration and Refugee Board;
- can show proof that s/he has been working as an interpreter for languages where language tests are still not available;
- agrees to complete a mandatory CAMH training on diversity, addiction, and mental health issues.

Freelancers fill approximately 99% of the requests at CAMH. The benefits of working with freelancers rather than interpreters booked via interpretation agencies belonging to the private sector are the following:

- CIS's coordinator is very familiar with the background and competency of the freelancers as all of them have gone through a personal interview. Personal interviews are not only helpful in assessing the freelancers' language skills; it also gives the latter the opportunity to share their

personal views and perspectives about clients suffering from addiction and mental health problems;

- the freelancers can be contacted directly via phone or email; this process is saving CAMH a lot of time, otherwise wasted in going back and forth with an interpretation agency;
- the freelancers are available 24/7 for onsite interpretations whereas most of the interpretation agencies do not operate beyond the regular office hours;
- the use of services provided by freelance interpreters is more economical as, generally speaking, they charge less per hour compared to the fees of interpretation agencies;
- the CIS's coordinator can monitor the performance of the freelancers and arrange a meeting directly with any interpreter in case there are concerns that need to be addressed.

In addition, when interpreters are assigned, the CIS will ensure that freelancers will adhere to issues, such as cultural sensitivity. For example, a South Asian woman from a Muslim background may feel more comfortable with a female interpreter rather than with a male interpreter because of religious issues. Similarly, a man who is assessed at the Sexual Behaviour Clinic may feel more comfortable with a male interpreter because of the sexually explicit language used during the assessment.

However, once in a while, when freelancers are unavailable, CAMH has to use the services of interpretation agencies belonging to the private sector. To the present time, the performance of the interpreters booked through these agencies has been quite satisfactory, although, we find that it is frustrating and time-consuming for us to be unable to communicate directly with the interpreters. Additionally, it is difficult if not impossible to perform and ensure quality control as there is no real way of knowing the competency level and the educational, professional, and ethnic background of these interpreters.

For more information on CIS, please contact Stella Rahman, Clinical Services Consultant, by phone at 416 535-8501 ext. 6462, by fax at 416 979-8735 or by email at stella_rahman@camh.net.

What do we expect from you?

By Elba I. de León

Manager, Interpreter Services

St. Joseph's Health Centre

February 2008

I expect: "Familiarity with medical terminology or information so as not to waste time. Training regarding

the interpreter's role - in issues such as neutrality or not getting involved and during difficult conversations, the ability not to express own feelings non-verbally or overtly vis-à-vis prognosis".

"This is such a vital service that allows us to: 1) understand our patients, 2) provide accurate diagnosis, 3) convey instructions on how to use treatment recommendations. If any of these tasks are not accomplished accurately, it will result in our failure to provide good patient care, and may lead to serious negative implications."

"I expect them to be on time, to translate not interpret and to not give commentary i.e., 'it doesn't make sense."

Since August 2001, St. Joseph's Health Centre has had a formalized interpretation service. Our modes of service delivery consist of part-time staff interpreters, interpreters employed on a casual labour basis, interpreter services purchased from external agencies interpreters, and Language Line Services available on a 24/7-basis.

We surveyed a small group of frontline service providers who work with interpreters (i.e. Occupational Therapist, Physiotherapist, Social Worker, Discharge Planner, Nurses, Nurse Practitioner, and Physicians) and asked them to tell us what they expect from us, what are the issues, if any, that arise when utilizing the different modes of service delivery, and what are the pros and cons of the various modes that are available.

Here are some of the issues respondents raised:

1. Role confusion:

"To be clear as to how to deal with patients who are somewhat bilingual."

This translates into control of the use of the English language on the part of the patient.

"Some external staff do not always interpret what is said if a patient is trying to switch the conversation to English."

It seems that, in these cases, the interpreter is expected to act as a gatekeeper of the interaction between the parties.

"I expect the interpreter NOT to be rushed by other appointments and to stay with the patient for the entire appointment."

This usually reflects on those interpreters who are scheduled with back-to-back appointments. The result

is that, if any given appointment starts late or is more complex than originally anticipated, the interpreter has to leave the appointment and go to the next one.

2. Differences between internal and external interpreting services

When asked about differences between internal interpreter services (part-time/casual labour) and agency interpreters the same respondent reports:

"In-hospital staff interpreters usually have another place they have to go to (more constraints). External interpreters appear to have longer time allotted to spend with patients."

For the most part, however, respondents did not comment on noticeable differences regarding performance. It was noted that it is generally easier to access an interpreter from within the hospital's network, as this group is familiar with the institutional context and flow of each area of the hospital.

3. Ad hoc interpreters

The respondents all seemed to have encountered problems and were aware of the risks involved in working with ad-hoc interpreters (i.e. family members or untrained staff). They provided the following examples of their experience:

"I have been part of a conversation where staff or family members were used. I find that it takes much longer to achieve the goals of the meeting. Also, I am concerned that the translation may be incorrect and that the client may receive wrong information. This is a huge risk. I feel much more confident that what I am telling the client is being relayed more accurately through a professional translator."

The "differences: internal part-time, casual-labour are: a) unbiased, b) patient, c) more specific and less tangential – avoiding further elaboration or questions without guidance; thus not compromising results seen in cognitive assessments."

"I prefer to involve interpreter service for legal reasons because I am not always confident that family members or colleagues are interpreting properly."

"If there is some difficulty in the family dynamic, the patient often gets no information due to the poor relationship between patient and family interpreter. The untrained interpreter (family, staff) may not have the proper terminology for medical terms."

4. Use of interpreting telephone services

For over 13 years, St. Joseph's Health Centre has been committed to the availability of telephonic interpretation via Language Line Services. However, despite our efforts to promote this service and to minimize the barriers by making dual-handset phones available at all nursing stations, there is still resistance toward using this technology. The majority of those we surveyed indicated having used the service; however, this was still not their first choice.

The cons:

"[...] Much of what I do requires demonstrating a technique/device which is visual learning" it is therefore "very hard to do [it] over the phone: 'Touch this. Push here.'"

"I tried to use [it] at one time with an Italian patient with mild cognitive impairment but she found it very confusing to speak to someone in a phone receiver vs. a live person. I spent 20 minutes trying to help her understand the service and still unsuccessful. Better with live interpreters."

"At times the translation appears too long winded & more like a conversation between the patient and the Line Service interpreter. I find that I have to remind the telephone interpreter to do DIRECT TRANSLATION ONLY."

"[...] It falls short of capturing the complex dimension of human communication which sometimes conveys more information than the verbal route. Whenever I use this service it feels awkward as me and the patient are sitting face to face talking to someone else who we cannot see and looking at each other. It gives the sense that this encounter is fake or artificial."

The pros:

"It is always available."

"The one advantage is that it is available when we cannot obtain services of an interpreter or a particular language [...]"

"It was adequate for basic stuff. I would prefer not to use them routinely."

"[...]their accessibility is a good thing. Certainly working over the phone is not ideal to the flow and efficiency of the interview, but can be useful if interpreters are not available on site."

Conclusions

Our service at St. Joseph's Health Centre is still in its early development stages. We continue to adapt and change according to emerging trends and demands. The challenge for us as administrators of Interpretation Services is finding a balance between the need for immediate response in the fast paced environment of a hospital and the budgetary constraints that are present because the Ministry of Health does not fund these services.

Given the diversity of language needs in Toronto, we are never going to be able to have all languages available on short notice. The telephonic interpretation solution is a valuable one; however, it is not appropriate for a lot of the business that is conducted in a hospital and presents other challenges such as cost. Telephone interpreting can be expensive when used for long healthcare provider-patient encounters.

Face-to-face interpreters are the ideal method of service delivery. It is, however, difficult to justify permanent positions for most languages given the ebb and flow in the demand for services. These fluctuations will persist with the arrival of linguistic communities; "older" communities will become more established, their need for interpreters will decrease as some of the members of the older generation pass away. At the same time, the presence of on-site interpreters provides the ability to better meet the demands for last minute or immediate requests for interpreters.

Issues such as the retention of interpreters who presently work with us are not specific to this institution. The healthcare sector's ability to attract and retain qualified interpreters hinges in part on our capacity to pay competitive rates and to provide interpreters with benefits and incentives, such as professional development opportunities.

Finally, providing healthcare providers with accurate information about the role and responsibility of interpreters is a major challenge. Healthcare professionals have busy schedules and this makes it difficult for them to attend orientation programs focusing on "Best practices for working with interpreters". At the same time, it is imperative for us to ensure that service providers have a clear understanding of the role and responsibility of the interpreter.

"The patient experience is enhanced 100% by having an in-house interpreter who is professional in appearance, and speech. It helps reduce the patient's anxiety 100%, and makes them more receptive to any teaching. We need more interpreters available on shorter notice as the

service they provide is of extreme importance to patients and to staff as they are the voice of the non-English speaking patient and a valuable part of the healthcare team."

"I am confident that the information I need to relay and acquire from the client is accurate when I use the services. The translators are always professional. I feel that they translate directly without adding any of their own personal feelings into the conversation. This is a problem when using family members because they are too closely involved with the client's affairs."

Interpreter and Volunteer Services at Mt Sinai Hospital

*By Joanne Fine Schwebel
Director, Volunteer Services, Mt Sinai Hospital*

Mount Sinai Hospital is a mid-sized acute care hospital in Downtown Toronto. In 1973, it became the first hospital in Toronto to partner with the Chinese Community, through the Department of Social Work. At Mount Sinai Hospital, our philosophy of diversity is very much rooted in our history: a hospital founded by the Jewish Community in 1923 as a response to inequities and prejudices at that time with respect to immigrant patients and aspiring Jewish physicians.

In the 1980's, the hospital, in conjunction with our Chinese Services Program, began an Interpreter Service for our Chinese patients. In 1998, with the support of a grant from Heritage Canada and the in-kind support of the Ontario Ministry of Citizenship and Immigration, a 3-day orientation to interpreting skills training program was provided for the interpreters associated with our volunteer program.

The Hospital's interpreting program uses a combination of volunteers and the purchase of services offered by community-based interpreting agencies (including ASL), and *Language Line*®. The coordinator determines the best source based on the type of interpretation required and the interpreters' availability. For complex interpretation assignments, we call upon the services of interpreting agencies or upon our more experienced volunteer interpreters; for assignments that have immediate legal ramifications and for translations we use agencies; for general medical assignments, we use volunteers if available or agencies. *Language Line*® is used after hours and when no interpreter is available for immediate requests.

In addition to responding to the demands for their interpreting services, our volunteers fulfill other roles in their placement. This means that they are on-site to fulfill immediate or pre-booked requests for interpreters.

This dual responsibility combination has many advantages:

- **We are able to respond to immediate requests.**

Approximately 25 percent of our requests are immediate. With greater diligence and planning on the part of our staff some of these may have been pre-booked, but for the vast majority there is no alternative. There may be in-patients needing frequent brief consultation; Emergency Department requests; clinics where a referral has been made without a request. *Language Line*® is an option but most staff, when given the choice, prefer to use a volunteer interpreter. For patients who are hard of hearing, who have some form of dementia, or are in distress, we find that telephone interpreting is not an optimal tool. Family meetings or other multi-person encounters are difficult over the phone. Additionally, lengthy interactions can be cost prohibitive.

- **Hospitalization is an emotional experience for patients and interpreters.**

In our view, this is a positive thing! In our experience, healthcare interactions requiring interpretation do not have the same emotionally-neutral tenor as other forms of interpretation. Our volunteer interpreters express their profound desire to help their communities and improve hospitalization experience for patients and their families. Patients have told us they are very comforted by the support they receive from their interpreters. They view them as an emotional resource. Our social workers in the neonatal and high-risk pregnancy program think highly of the interpreters, who are extremely supportive and patient with respect to the demands of interpreting. Their appreciation for the service rendered is captured in the following testimonial:

"One interpreter had to come back several times in the course of a single day to interpret for several perinatal team members. Despite the workload, her manner was warm and supportive, and she was well-received by the patient. Another volunteer provided compassion and support to a family whose infant had died. Not only did she ensure interpretation, in order to convey all necessary information to assist the family with funeral arrangements, she also accompanied the parents at the time of discharge to the hospital exit."

Our volunteers ensure that they are at subsequent appointments and try to trouble shoot issues with staff

as they arise. This, of course, must be balanced by the need for the interpreter to not change the interaction by interfering with the content of the transmitted message (by adding, cushioning or omitting information).

- **Our volunteers are also an important cultural resource to the hospital.**

Our volunteer interpreters are instrumental in providing valuable feedback to the organization so as to improve support for patients from different cultural, ethnic and linguistic communities. They give 'lai-see' to Asian patients during the Lunar New Year. They assist in training our staff and physicians in acquiring cultural competence. They reflect the communities who we serve, and encourage patients to choose Mount Sinai Hospital as their primary healthcare provider. This is the testimony of a staff person:

"An interpreter followed up from her home at my request, to provide the family with important information relating to cultural issues regarding funeral arrangements."

Some might feel this is outside of the scope of the interpreter, but if we are truly providing patient-and-family centered care, then the interpreter becomes part of the healthcare team and goes beyond their proscribed role with staff direction and support.

- **Our capacity is unlimited when using volunteers.**

Like all hospitals, we are limited by budget constraints. Money savings through appropriate use of volunteers allows to allocate more resources to the use of interpretation agencies, *Language Line*®, and money spent in translations. We place no constraints or rationing on staff usage when we can reduce some costs by using volunteers. We feel that the risk of not having an interpreter at all is greater than the risk of using trained volunteer interpreters.

Upcoming publications of interest

New CAMH Publication Addresses Mental Health Needs of Immigrant Women

Working with Immigrant Women: Issues and Strategies for Mental Health Professionals examines the intersecting oppressions experienced by immigrant women that contribute to mental illness while at the same time emphasizing the ways in which these women draw on personal resiliencies and community supports to shape their own mental health.

The book will be available next month by emailing publications@camh.net or calling 416-595-6059 in Toronto or 1-800 661-1111.

Look for a book review in the Summer 2008 issue of the HIN Newsletter!

UPCOMING EVENTS @ HIN

HIN Network meeting

1:00 - 4:00 pm

Thursday, June 5th at CAMH

Light lunch refreshments will be served prior to the meeting.

HIN Annual General Meeting

1:00 - 4:00 pm

Friday, September 19th at UHN

A light lunch will be served at 12:30