



Language Lessons: Palliative Care Training for Interpreters

Introduction

Clear communication is the heart and soul of palliative care — specialized medical care focused on providing patients with relief from the symptoms, pain, and stress of a serious illness or at the end of life. When there are language barriers between patients and providers, these important and delicate discussions become even more challenging.

According to a 2010 study, 35% of patients who receive palliative care services in California's 17 public hospitals are limited English proficient (LEP).¹ Health care interpreters play an important role in making sure LEP patients receive the palliative care services they desire, yet the majority of interpreters do not receive adequate training about this medical specialty.

To better understand the issues interpreters face in palliative care settings, the California HealthCare Foundation (CHCF) commissioned a national survey of health care interpreters — the first of its kind. At the same time, CHCF supported the design and implementation of a curriculum for training interpreters about palliative care issues. This issue brief summarizes findings from the survey and describes the development and projected impact of the curriculum.

Survey of Health Care Interpreters

In 2010, the University of California, San Francisco (UCSF), conducted a national survey of health care interpreters regarding their experiences in palliative care. The survey, which targeted interpreters currently working in health care

settings, defined palliative care discussions as those related to end-of-life issues. Designed by a multidisciplinary team of palliative care physicians, health services researchers, and health care interpreters, the survey was piloted with a group of interpreters at a public hospital in California. It was subsequently administered to a wider audience online. Several national and state organizations — the National Council on Interpreting in Health Care, the Texas Association of Healthcare Interpreters and Translators, the Nebraska Association of Translators and Interpreters, the California Healthcare Interpreting Association, the Health Care Interpreter Network (HCIN), and Cross Cultural Communications — emailed a description of the survey, and a link, to their members, inviting them to participate.

The survey was completed by 142 interpreters. Reflecting the general demographic of health care interpreters, most survey respondents were women (81%), and most spoke Spanish (73%). Mandarin, Vietnamese, Cantonese, American Sign Language, Russian, French, Hindi, Italian, Portuguese, and Gujarati were the other languages most frequently interpreted; altogether, survey respondents interpreted in 36 non-English languages. Most worked as dedicated interpreters, although 18% were dual-role interpreters.² The majority (84%) interpreted principally face-to-face, approximately one-third interpreted principally or frequently over the phone, and 14% were video interpreters.

Overall, survey respondents were very experienced and well-trained. Ninety percent had completed more than 40 hours of basic interpreter training,

and 93% had more than five years of interpreting experience. Only 18%, however, had ever received any training related to interpreting in palliative care situations, usually through short workshops or case discussions with hospital ethics staff. Despite this lack of specialized training, 85% reported interpreting at least once a week for discussions about end-of-life issues, including planning for end of life, surrogate decisionmaking, code status, withdrawing treatment, and death notification.

Experiences with Palliative Care

Some highlights from the responses of interpreters with palliative care experience:

- Generally clear about their role when they are interpreting for end-of-life discussions, most respondents feel that the doctors for whom they are interpreting are clear about the role of the interpreter as well. Statistical analysis shows that the clearer interpreters are about roles, the more comfortable they are interpreting for palliative care.
- Almost three-quarters of the respondents (72%) feel that they are treated as part of the team, but not even half (46%) have pre-session meetings with the physician before these difficult encounters. Even fewer (22%) have post-session meetings.
- Interpreters are faced with various difficulties when interpreting. For example, interpreters report that doctors often use technical terms with no linguistic equivalent in the patient's language. In addition, interpreters feel that doctors' questions, comments, and advice often conflict with the culture of the patient or the patient's family.
- It is challenging for interpreters to emotionally process palliative care conversations. More than three-quarters of respondents feel that palliative care encounters are more stressful than routine clinical encounters, and less than half feel that they usually go well. Only 22% find this type of interpretation to be more satisfying than general clinical interpreting,

even though most are comfortable doing it. Even experienced interpreters think about these encounters afterward, and a significant percentage feel, at least some of the time, overwhelmed by them. Still, only 16% of respondents report feeling that they would enjoy their work more if they did not have to interpret for end-of-life conversations.

The survey also asked interpreters how strongly they agreed with specific recommendations regarding interpreting in palliative care. The vast majority (96%) feel that providers should meet with interpreters before and after palliative care sessions. About two-thirds agree that interpreters and providers should discuss the provider's expectations regarding how much clarification the interpreter should provide. Eighty-eight percent wish that providers would avoid using humor during the encounter, as humor is difficult to interpret under any circumstance. Most interpreters (81%) think that providers could benefit from more training on how to conduct palliative care discussions.

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Survey respondents were also asked about training. Even though the interpreters in this study are experienced and well-trained by current standards, 89% feel that interpreters in general need more training regarding interpreting in palliative care, and 80% want more training for themselves. This finding did not vary based on the amount of training that interpreters had already received, suggesting that current interpreter training programs are not adequately addressing the knowledge,

skills, and abilities necessary for interpreting in palliative care settings.

These survey findings highlight the need for additional training for interpreters in any effort to improve palliative care services for LEP patients.

Curriculum for Interpreters

A national search for interpreter training on palliative care uncovered only a few short workshops at regional conferences and a few local initiatives that reached relatively few interpreters with programs that would be difficult to reproduce.

To address this gap, a multidisciplinary advisory committee was convened in the spring of 2010 to consider how best to reach interpreters with focused training. The committee worked with a curriculum developer to design a day-long workshop about palliative care interpreting for professional interpreters and an instructor's curriculum for trainers across the country. To meet the needs of isolated interpreters unable to attend on-site trainings, the course was adapted to an online format.

Developing the Curriculum

Creating the in-person curriculum and the online training required a series of steps.

First, the advisory committee helped develop the overall learning objectives for the course, which served as the basis for the course's content and lesson plans. The training materials included an introductory PowerPoint presentation, a professionally produced three-part training video, a glossary of palliative care terms, vocabulary exercises, and interpreting exercises. The glossary and exercises were translated into the seven most frequently interpreted languages in California: Spanish, simplified Chinese, traditional Chinese, Vietnamese, Korean, Tagalog, and Russian. The course information was

reviewed by palliative care physicians to ensure that it was technically correct.

The course was piloted at the Los Angeles County–University of Southern California Medical Center with a group of Spanish-, Korean-, Armenian-, and Chinese-speaking health care interpreters in the summer of 2011. The course was revised based on feedback provided during this pilot phase. The curriculum was then sent to three experienced interpreter trainers who were asked to review the curriculum for ease of use from a trainer's point of view. Based on this review, the curriculum was further revised.

Then, a group of 14 experienced interpreter trainers representing six regions of California were invited to attend a one-day training at CHCF headquarters. Participants learned about the course and how to use the curriculum and training materials. At the day's conclusion, each participant committed to teaching the course at least once over the following year.

The curriculum and all the attendant training materials were then posted to the CHCF website for free download (www.chcf.org). Trainers from all over the US began using the materials almost immediately.

In the fall of 2011, distance learning experts at San Francisco State University and HCIN began adapting the on-site training to an online format. The online version of the course is available on the HCIN website at www.hcin.org.

Train the Trainer Course Content

The 273-page interpreter training curriculum contains five lesson modules and three activities.

- **Activity: Getting started.** This activity is designed to create a framework for the class, accustom students to active participation, and establish a positive learning environment.

- **Lesson 1: Introduction to palliative care.** Very few interpreters regularly have a pre-session conversation with the provider that can help them better understand the context of the upcoming encounter. This lesson helps participants gain a better understanding of the framework within which the provider is functioning, the goals of different palliative care conversations, and what to expect in palliative care encounters.
- **Lesson 2: Interpreting skills applied to palliative care.** This lesson uses video to tell one LEP patient's story, showing a professional interpreter in action in three different scenarios: at a bedside discussion between patient and doctor, at a family meeting, and during a chaplain's visit. At critical points during the interaction, the video stops so that participants can discuss and resolve specific interpreting challenges before the video continues. This exercise serves as both a review of basic interpreting techniques and as an introduction to more complex skills, such as interpreting during a family meeting, dealing with culturally based misunderstandings, and interpreting prayer. The USCF study showed that interpreters who were clear about their role in palliative care settings were more comfortable interpreting in them; this lesson increases the participant's clarity regarding role and interpreting protocols.
- **Lesson 3: The vocabulary of palliative care.** In the USCF survey, interpreters identified palliative care vocabulary as a significant challenge, largely because many languages lack linguistic and even conceptual equivalents to the technical terminology being used. This lesson employs a variety of participatory techniques such as crossword puzzles and single-sentence conversion exercises, supported by bilingual definitional glossaries, to build participants' understanding of palliative care vocabulary in English and increase their ability to accurately convey the same meaning in their non-English language.
- **Activity: Practice interpreting.** Interpreting is a skill that must be practiced. This lesson gives participants a chance to integrate the skills and vocabulary learned in previous lessons into their own interpreting style while receiving systematic feedback.
- **Lesson 4: Sight translation in palliative care.** The specialized vocabulary that challenges interpreters in palliative care is also found in the documents that they are frequently asked to sight translate.³ This lesson focuses on two documents commonly used in palliative care encounters: the advance directive and the pre-hospital DNR (do not resuscitate) form. Practicing with these documents helps participants become more comfortable with them, thereby reducing stress when they appear in real-life interpreting situations.
- **Lesson 5: Belief and emotion in interpreting.** This lesson addresses the impact that interpreters' beliefs and stress levels can have on the accuracy of the interpretation, and the impact that the interpreting can have on the interpreter. A series of self-reflection exercises help participants recognize signs that the quality of their work is being impacted, identify options for dealing with stress both in the moment and over time, and find resources to help them cope.
- **Activity: Evaluation.** To complete the course, a short written test provides feedback to participants on how well they have learned the material presented. A passing grade on the final test results in a certificate of successful completion, which allows certified interpreters to accrue continuing education credits to maintain their credentials.

Projected Impact

This training will reach interpreters through several channels. At the initial training of trainers, each participant agreed to teach the course at least once in the next 12 months, through their health care institution or community-based organization. If each class includes at least 15 students, more than 200 interpreters will have received specialized training in the State of California by the fall of 2012 through this one aspect of the initiative alone. It is expected that trainers will, over time, present the course more than once.

As the training materials are available for free online, it is expected that other trainers around the country will also teach the course. Within 10 months of the materials being published on the CHCF website, they were downloaded 713 times.

An online version of the entire course was made available in the summer of 2012. Busy interpreters can take the course, complete with practice exercises, on their own time and in their own homes. Since many health care interpreters work as freelancers and many serve areas where training is not available, this online resource promises to reach a large number of professional interpreters.

In the past year, national certification for health care interpreters has been established through two separate organizations, both of which require continuing education (CE) credits to maintain the credential over time. As more interpreters become certified, they will also become increasingly interested in finding training programs, such as this one, that fulfill their CE requirements.

The ultimate goal of this project is to improve the quality of care that LEP patients receive in palliative care settings. While no formal skills assessment accompanies the course, initial feedback from course participants points to improved quality of interpretation provided to LEP patients and the providers who serve them.

In a phone interview, a Vietnamese-speaking video interpreter and course participant shared her experience:

“The week after the training, I got a call, and they [the patient and the provider] were talking about hospice and pain management. Before, I thought that hospice was a place to go to die, where you can’t go home. Now I understand hospice better, and I was able to interpret more accurately and feel more confident. Some of the terminology we learned came up too, like DNR, and I knew how to say it. Also ‘home health aides,’ ‘intubation,’ ‘life support.’ I know I interpreted ‘advance directive’ more correctly. Now I always interpret with that glossary in front of me.”

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A Spanish-speaking on-site interpreter shared:

“I’ve interpreted before for the hospice nurse and for doctors offering hospice care or palliative care. Also for family meetings. And it’s hard — there are lots of family disagreements, and it gets highly emotional. Also, there are a lot of cultural and religious nuances that are hard to capture. I never had any training specific to this type of encounter.”

A Spanish-speaking interpreter, who is also a trainer and supervisor, said:

“We were doing some short trainings in person, but we needed something reproducible — both in information and in experience — that would allow all the interpreters in our network to have the same information. This curriculum allows us to reach more interpreters by allowing more people to teach the material. It also gives us a venue where we can discuss areas of controversy in interpreter practice. It also might serve as a structural model for other continuing education programs.”

Anne Kinderman, MD, director of supportive and palliative care services at San Francisco General Hospital and one of the authors of the course, talked about its impact:

“We notice a huge difference in our interpreters once they have some training about what is palliative care, laying the groundwork on the importance of the interpreter role.... As for this course, we hope it will stimulate more questions, getting interpreters to talk to each other about what they’ve learned and what their experiences have been, to support each other. It seems that all interpreters have to interpret these conversations, so it should be part of the basic training.”

Summary

Conversations between providers and seriously ill patients about palliative care are not easy ones, especially when there are language barriers. This national survey of interpreter experiences in palliative care and the subsequent interpreter training program are expected to make a significant impact across the country in preparing interpreters both linguistically and emotionally to facilitate these important conversations.

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ABOUT THE FOUNDATION

The California HealthCare Foundation works as a catalyst to fulfill the promise of better health care for all Californians. We support ideas and innovations that improve quality, increase efficiency, and lower the costs of care. For more information, visit us online at www.chcf.org.

ENDNOTES

1. Ruth Tebbets Brousseau et al. “A Multifaceted Approach to Spreading Palliative Care Consultation Services in California Public Hospital Systems.” *Journal for Healthcare Quality* 34, Issue 2 (March/April 2012): 77–85, doi: 10.1111/j.1945-1474.2011.00197.x.
2. Dedicated interpreters are those whose only purpose in a health care setting is to interpret; dual-role interpreters are those multilingual staff members who have been hired principally to fulfill a different role (e.g., CNA, radiology tech, receptionist) but who are called upon to interpret as a secondary role.
3. Sight translation is the oral rendering in one language of a document written in another language.