



## **Subproject A:**

# **Improving Interpreting in Clinical Communication**

**Hospitals in SP A: (i.a.o.)**

**Denmark, Spain, Finland, Greece, Ireland, Italy,  
The Netherlands, Sweden, UK**

**"Hospitals in a culturally diverse Europe"**

Paper Session 1

Amsterdam, December 10, 2004

## The SPA - group

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- Bradford Hospitals NHS Trust • Bradford, **United Kingdom** (Adrian Manning)
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# Problems

## Research shows:

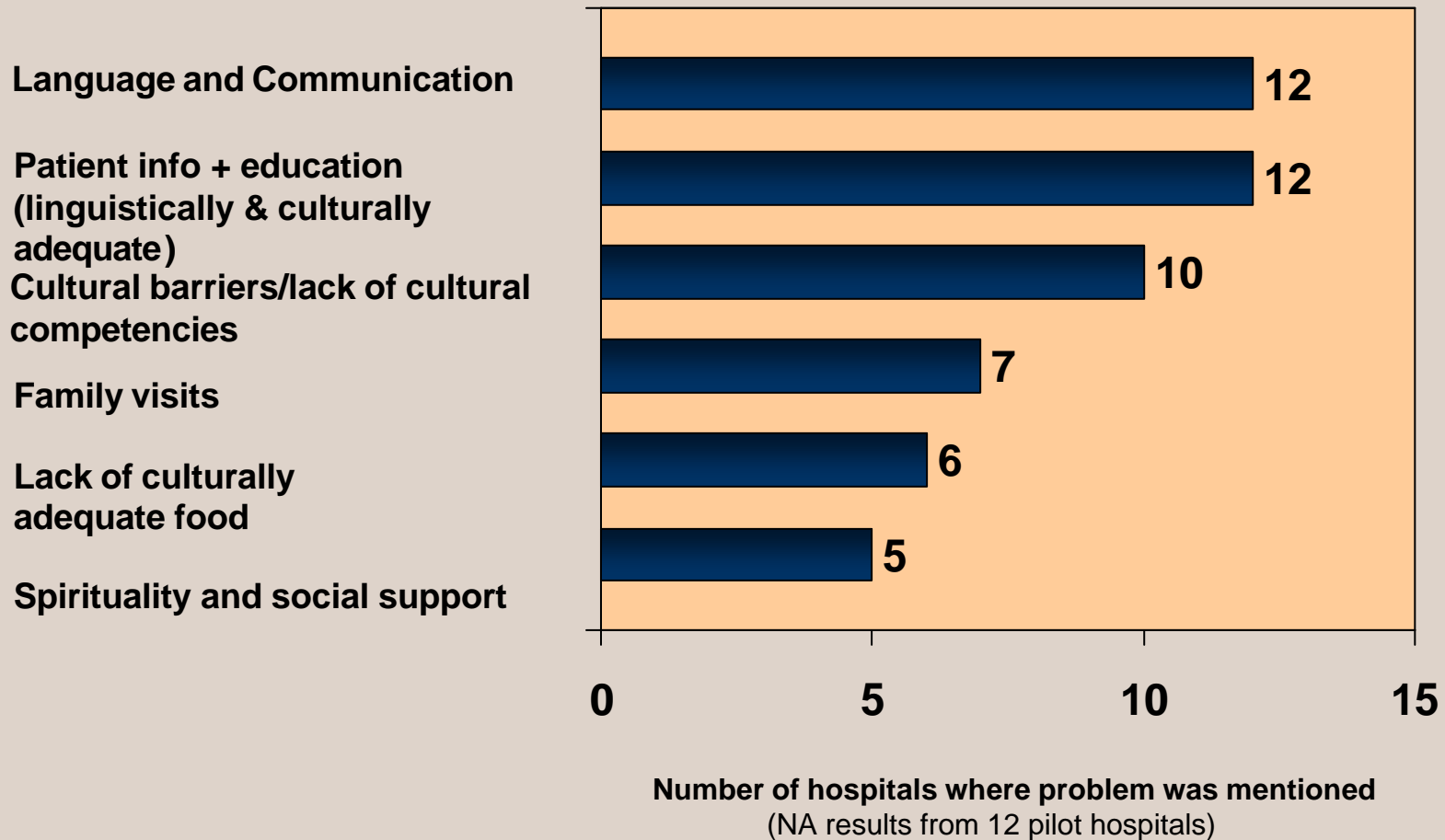
- non-local language speakers, migrant populations and ethnic minority groups often are not able to communicate with their clinicians to receive complete information about their care
- clinical staff often is not able to understand the needs of the patients and to receive other relevant information from the patient

## MFQQ 1 results show:

- language and communication is contemplated as the most important problem area in dealing with migrant populations and ethnic minorities in clinical routine by the MFH - hospitals

# Results Needs assessment

European cross analysis: The six most important problem areas



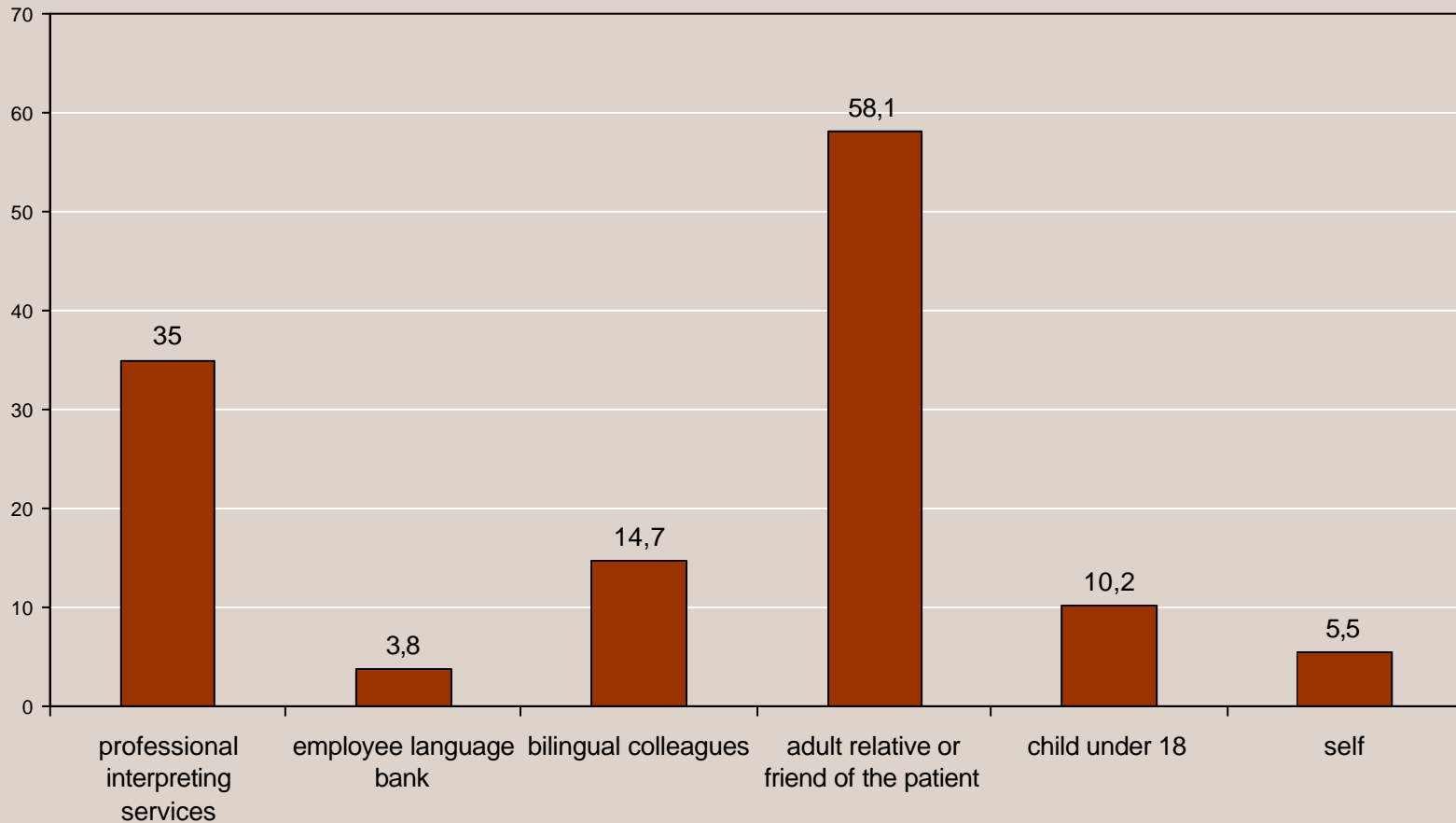
## Staff Survey

(status-quo in subproject hospitals before implementation of measures)

### Contact with patients with a limited command of the local language

- 34,8% of staff say: daily
- 28,3% of staff say: 2-3 times a week

# Which resources are used to facilitate communication (used always or often, %)



## In which ways should the hospital's interpreting services be improved?

- Improve **written information** for patients having limited command of the local language: 52,5%
- Improve **interpreters' availabilities**: 36,9%
- Increase **number of** available professional interpreters: 36,5
- **Expand hours** of operation: 25,5%
- Improve **information** on how to **gain access** to professional interpreting services: 25,4
- Increase **number of languages**: 22,5%

## Aims

1. **Professional interpreter services** should be made available whenever necessary to ensure good communication between non-local language speakers and clinical staff.
2. **Patients** should be **informed about language services** available and how to obtain these services.
3. **Clinical staff** need to become **empowered on how to work competently with interpreters** to overcome language barriers and obtain better outcomes.
4. In addition **patients education materials** should be made available in non-local languages to assist with communication. Materials should be evaluated to ensure that they are appropriate to the common health literacy level before translating.

# Interpreting in clinical communication

## Goals

Improving clinical communication with migrant and ethnic minority patients at hospitals

## Measures

Developing new/optimising existing interpreting services

- Establish or improve centralized co-ordination for the interpreting service
- set up additional interpreting resources (on-site or freelance interpreters, employee language banks, co-operation with bilingual/bicultural community partners..)
- Skills assessment and training - for interpreters and for hospital staff
- Marketing to increase visibility and usage

## Measures

Improving clinical communication through ...

- ... telephone interpreting
- ... written material as supporting communication
- ... face-to-face interpreting
- ... intercultural mediation

# Improving clinical communication

through ...

- ... telephone interpreting
  - ▶ Anne-Mette Rasmussen
- ... written material as supporting communication
- ... face-to-face interpreting
- ... intercultural mediation

Conclusions and Reflections

# Improving clinical communication

through ...

- ... telephone interpreting
- ... written material as supporting communication
  - ▶ Antonio Salceda de Alba
- ... face-to-face interpreting
- ... intercultural mediation

Conclusions and Reflections

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  - ▶ Fiona McDaid
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## Conclusions and Reflections

- ▶ Adrian Manning

For more information

<http://www.mfh-eu.net>