

migrant-friendly hospitals

Subproject A:

Improving Interpreting in Clinical Communication

Patient Survey: Strategies

Below we will provide an outline of 3 different patient evaluation strategies:

1. Telephone interviews after discharge
2. Personal interviews after the interpreter-supported encounter at the hospital
3. Focus groups
 - a. with patients who received an interpreter
 - b. with relatives present during the interpreter-supported encounter (Psychiatry) – only if option A is not possible

Number of patients to be questioned: min: 10 – max: 50

Survey tools:

1. Contact card
2. Interview or focus group guide (ISQ_PAT)
3. Documentation sheet for record focus group information
4. Focus group guide

To be returned to LBI for analysis:

- Part 1 of the contact card for all patients for whom an interpreter was requested during the survey period
- Filled-in interview guide and or documentation sheet for focus group results for all patients who received interpreter support and participated in the survey

Notes:

- A patient survey does provide essential information for quality assurance and client satisfaction at the hospital.
- For some hospitals the survey project need to get the approval from the ethics committee, research committee, etc.
- Interviewers need to be trained and approved, which does involve a cost factor.

Patient Survey - Overview evaluation strategies

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Method	Advantages	Disadvantages	When to use	Sampling/ Recruitment	Interviewers/ Facilitators	Tools
Telephone interviews after discharge	<ul style="list-style-type: none"> More realistic evaluation of quality than with intramural interviews Patient will feel less pressure to give a true opinion because they are not facing the person asking the question. Patient will feel the freedom to express their opinion if this one is negative without feeling guilty. Patients will feel more protected because interviewers can't identify their face. Interviews do not interfere with clinical routines at the hospital 	<ul style="list-style-type: none"> Sampling may be very low Respondents may not have telephone access Respondents (especially undocumented migrants) may give false phone numbers Response rates may be lower as there may be less pressure to volunteer for survey participation if it takes place after discharge If interviewers can not be found in the institution there is a cost factor to contract with a phone company or a community agency. 	<ul style="list-style-type: none"> If patient personal data are readily available If co-operation exists with a phone interpreting service If most diverse patients are permanent residents in the area 	<p>Contact Card- phone, i.e. Clinical staff carrying out the encounter [doctor, psychologist...]</p> <p>fills in encounter info for each interpreter request</p> <p>If y: Obtains patient's permission for survey participation</p> <p>Enquires contact information, preferred language and suitable times for telephone contact</p>	<p>Any person speaking the respondent's language and receiving interviewer training (e.g. bilingual community partners, bilingual hospital staff in language bank, interpreter, nursing and medical students with a migrant background and/or relevant language skills</p> <p>Please note: The interview <u>must not</u> be carried out by the interpreter who assisted in the encounter prior to the interview, as his/her performance will be evaluated.</p>	<p>ISQ-PAT</p> <p>Interview guide</p>

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	<ul style="list-style-type: none">▪ Interviewer scheduling is facilitated by pre-booking of interview appointments▪ Patients are informed beforehand and can make their own time arrangements	<ul style="list-style-type: none">▪ The response rate can also be low due to the inability to reach people because they are never home.(even though patient agreed to participate)▪ Patient may not remember what happened in the particular visit.				
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Method	Advantages	Disadvantages	When to use	Sampling/ Recruitment	Interviewers/ Facilitators	Tools
Personal interviews after the encounter	<ul style="list-style-type: none"> Interview appointments can be scheduled along with the clinical encounter Respondents are easily reached Response rates are higher Patients will remember the visit and will be able to give their opinion about it right away. 	<p>Interviewer in the respondents' language must be available and paid</p> <ul style="list-style-type: none"> Ad hoc At the same time as a medical interpreter Possibly inaccurate information because patients may feel somewhat pressure to give positive feedback. 	<p>If telephone interviews are not possible (e.g. many undocumented migrants, low access to telephones among migrants and ethnic minorities in the hospital's catchment area, co-ordination problems, etc.)</p>	<p>Contact Card-in house i.e. Clinical staff carrying out the encounter [doctor, psychologist...] <ul style="list-style-type: none"> requests an interpreter plus an interviewer speaking the language needed fills in encounter info for each interpreter request If y: <ul style="list-style-type: none"> Obtains patient's permission for survey participation </p>	<p>Any person speaking the respondent's language and receiving interviewer training (e.g. bilingual community partners, bilingual hospital staff in language bank, interpreter, nursing and medical students with a migrant background and/or relevant language skills)</p> <p>Please note: The interview <u>must not</u> be carried out by the interpreter who assisted in the encounter prior to the interview, as his/her performance will be evaluated.</p>	<ul style="list-style-type: none"> ISQ-PAT Interview guide

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Focus Groups	<ul style="list-style-type: none"> Homogeneous group: 8-10 respondents of one language group could be involved at the same time More “naturally occurring data” as interference with discussion among the group is kept to a minimum, i.e. ensuring the issues covered in the focus group guide are being addressed 	<ul style="list-style-type: none"> Homogeneous group required: at least 6 patients speaking the same language + agreeing to participate have received professional interpreter services Preparation + organisational difficulties, e.g. is a room available?, co-ordination of participants’ time schedules Facilitators needs language, group and moderation skills Co-facilitator speaking the relevant language needed to take notes 	<ul style="list-style-type: none"> If homogeneous patient groups attends the hospital If group facilitators also speaking the relevant language are readily at the hospital or within its network If co-operation with migrant organisations in the community exists for recruiting participants 	<p>Contact Cards- focus group i.e. Clinical staff carrying out the encounter [doctor, psychologist...]</p> <p>fills in encounter info for each interpreter request</p> <p>If y:</p> <ul style="list-style-type: none"> Obtains patient’s permission for focus group participation Enquires contact information to send invitation and suitable times, or issue an invitation for an already fixed date, time and place 	<ul style="list-style-type: none"> Must be able to create an open and tolerant atmosphere in which every participant feels free to offer opinions should have worked with groups in the past has basic interviewing skills (attentiveness, preparation, skilful phrasing of questions, and genuine interest) Speaks the language and/or represents ethnic group of the participants 	<ul style="list-style-type: none"> ISQ-PAT Focus group guideline Focus group manual Checklist for documenting results