Language Barriers in Healthcare: Challenges, Regulations & Best Practices

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Recently, a lot of emphasis has been placed on the importance of using a medically qualified interpreter in healthcare settings. Qualified medical interpreters are trained to pick up on cultural nuances and act appropriately, navigating both the limited English proficient (LEP) patient and provider to a meaningful understanding.

The Limited English Proficient Patient Population is rising significantly. More than 25 million people over the age of 5 in the United States are LEP.

Challenges Hospitals Face
- Populations change quickly
- Time and money
- Meeting needs of languages of lesser diffusion - refugee resettlement areas
- Regulatory compliance
- Contract & staff interpreter management/scheduling challenges

Best Practices
1. Use qualified vs. ad-hoc interpreters
2. Use several interpreting modalities to service your patients
3. Determine which scenarios are best for onsite interpretation vs remote interpretation
4. Utilize pre session briefings with your interpreter
5. Prepare required documents by seeking translation services

Difference between Ad-hoc & Qualified

Ad-hoc Interpreters
- Friends, family members, bilingual staff
- Often no interpreting training/experience
- Unfamiliar with medical terminology
- May be unfamiliar with or have conflicting session goals
- Culturally sensitive or personal information risks being omitted or altered
- Higher number of interpretation errors
- Lack of Ethical Codes of Conduct

Qualified Interpreters
- Qualified medical interpreters possess and demonstrate the following attributes:
  - Language proficiency in both the source and target languages
  - Ability to interpret effectively, accurately and impartially
  - Use necessary specialized vocabulary, terminology and phraseology
  - Uphold ethical codes of conduct (ie: maintain client confidentiality)