Empowering Internal Medicine Residents to Work Effectively with Medical Interpreter Services

Purpose: To assess whether an interactive workshop and case simulation, conducted in partnership with a certified medical interpreter and a bilingual standardized patient (SP), helps internal medicine residents work more effectively with medical interpreters.

Objectives:
1. Describe the importance of medical interpreters as members of the medical team.
2. Adopt strategies to promote effective communication with patients and cultural awareness when working with medical interpreters.
3. Recognize and respond to common challenges and pitfalls of working with medical interpreters.
4. Recognize risks that arise from not working with an interpreter, or relying on family members to interpret, such as false fluency, missed diagnoses, liability and poor patient outcomes.

Methods: A 50-minute workshop was conducted for PGY2 and PGY3 internal medicine residents in the Global Health Pathway. A certified bilingual medical interpreter and a bilingual SP were utilized for the workshop. During the workshop, residents reviewed the importance of working with medical interpreters. They learned the risks that arise from not working with interpreters, such as false fluency, missed diagnoses, liability and poor patient outcomes. Logistics and effective strategies for accessing interpreter services in different hospitals were reviewed. Common challenges that arise while utilizing medical interpreters, and tips for overcoming them, were discussed. Finally, residents role-played six different scenarios that are commonly encountered during their rotations that require medical interpreters. The certified medical interpreter then provided constructive feedback, along with a checklist of critical tasks completed or not completed, to each resident. Anonymous, eight question pre- and post-workshop surveys were completed by the residents.

Results: Twelve internal medicine residents (5 PGY2, 7 PGY3) completed the workshop. In the pre-implementation survey, when asked “how often do you rely on family members of patients with limited English proficiency to interpret instead of utilizing a medical interpreter;” four reported “very often,” and six reported “sometimes;” only two reported “rarely.” When asked “how comfortable are you in identifying the correct mode of interpreter (in-person vs. video vs. phone),” five reported being extremely/very comfortable, two reported being comfortable, two reported being slightly comfortable, and one reported not comfortable at all. In comparison, in the post-workshop survey, eleven residents reported being extremely/very comfortable and one resident reported feeling comfortable. While nine residents reported that they were not familiar with the process of obtaining an in-person interpreter at their institution prior to the workshop, only two reported that they were not familiar with the process after completing the workshop. All 12 residents agreed that the session was helpful in identifying common pitfalls in utilizing medical interpreters and in understanding how to incorporate medical interpreters effectively in their practices.
Conclusions: Internal medicine residents benefitted from a workshop on effective utilization of medical interpreters. Incorporating a certified medical interpreter and a bilingual SP in the workshop was instrumental in simulating realistic patient care scenarios, highlighting challenges, and providing real time feedback to residents. Next steps include determining the impact of the workshop on the utilization of medical interpreters six months after completion of the survey."