Manage Your Speech to Save Time and Increase Effectiveness Using Telephone Interpreters

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Communication in health care settings is inherently challenging, even when providers and patients/families share the same cultural background and speak the same language: Consider the following:

• **Health care professionals speak “medicine.”** The complex technical nature of their language doesn’t always translate easily into plain English. Adding to the challenge of translating medical expertise is a broad range of literacy and health literacy of patients and families.

• **There is inherently the tension of potential “bad news.”** People don’t listen well when they are tense and anxious about receiving bad news from their doctor. Doctors certainly experience tension too if they find themselves having to communicate bad news.

• **Health care conversations are very personal.** Doctors may be highly trained professionals accustomed to talking about the body very matter-of-factly, but many patients struggle to speak directly about their bodies due to shyness and embarrassment.

All of the above communication challenges become more significant when culture and language barriers are present, especially if providers have no choice but to depend on the uneven skills of interpreters and the very imperfect technology of telephone interpretation. What could possibly be more impersonal for both the provider and the patient than talking into a speaker phone? And yet, phone interpretation is, for now at least, the best interpretation resource available, though not affordable in many hospital and clinic settings.

The purpose of this article is to offer some very specific suggestions about how providers can effectively talk to interpreters. Though we covered some general tips about using interpreters in an earlier article, we think more specific insights into adjusting speech patterns may be helpful as well. The premise is that good communication with interpreters depends on constant...
mindfulness about how we are using language. These recommendations and examples come from audio-taped pediatric visits in which interpreters were used.

**Exaggerate your enunciation slightly.** If you were to take a recording device into a meeting with colleagues, you might be surprised at how monotone everyone sounds when playing it back. The absence of human interaction (eye contact and body language) reduces conversation down to a very flat exchange unless people work at enunciating and using more animated sentences. Similarly, during any health care communication, a purposeful emphasis on important words and clarity of speech become very important to keeping people actively listening.

**Always choose a simpler word.** Basic words are the easiest ones to translate clearly to people of all literacy levels. Use the word "eat" instead of "consume", "try hard" instead of "be diligent".

**Speak a little slower.** It's hard to parse a foreign language. (Surely the writer of this article could have found a simpler word than parse – i.e. understand.)

**Avoid running words together.** "We wantcha ta take all the Medicine." / "Whadya think 'bout that idea?" / "Gotta keep brushin'em." / "D'sat make sense?

**Avoid using meaningless filler sounds and words.** Um...uh...huh...yeah...like... If you were to listen to yourself leaving a long voice message for someone, you might be VERY surprised at how much of your, um, speech is just filler words.

**Be careful not to start with a statement that turns into a question at the end.** We have noticed that providers often start a sentence with a statement that at the end is turned into a question by adding the word "Right?" it is just as common to use rising voice inflection to turn a statement into a question.

*Examples:* "Your child has been taking the medication twice a day. Right?" “You are able to give 5 portions of fruits and vegetables to your child everyday?” (everyday goes up)

**Decrease the wordiness of your sentences in general.**

*Example:* So, what I'm wondering though is how you apply the medication.

*Suggestion:* How do you apply the medication?

*Example:* We really like to say like two hours max of TV a day.

*Suggestion:* We recommend children watch only 2 hours of TV a day.

*Example:* "So I'm gonna look him over and see what everything looks like."

*Suggestion:* I am now going to examine him.

**Be explicit. Ask simple questions. Make simple statements.** Avoid starting with a statement that winds its way eventually to a question. The interpreter won't know whether to ask just the question or try to repeat the short paragraph you said before you actually posed a question.

*Example:* "So the last time your son was here, I suggested you visit the eye clinic. And they ran some tests on his left eye to see if it was weak. So I am wondering what did they say to you about his eye?"

*Suggestion:* Did you visit the eye clinic with your son? (Interpreter interprets question and patient's answer). What did they tell you about his left eye?
eye? (Interpreter interprets question and patient’s answer.)

Say “yes” or “no” in answer to questions whenever possible.
"Yes. That’s a good idea." "No. I don’t recommend that."

Answer questions clearly. Example dialogue:
Mom: He had shots last time. Are there going to have to be a lot shots today?
Doctor: Yeah. A couple.

In a single interaction, making multiple references to the same thing using different words adds confusion. Referring to a topical treatment for excema as a cream, lotion, and moisturizer all in the same conversation. Also avoid using brand names unless you are sure the patient knows the product being discussed. (Aquaphor, Nivea, Eucerin.) The interpreter will interpret, the patient may just nod and listen, but he may not know what you are talking about specifically.

Absolutely avoid using expressions that don’t translate literally. This helps lock moisture in. Give it a-go. We wanna change things up. It is important that we do diligence. I’ll give you guys a prescription (talking to a mom and daughter). That’s where the cells in your body that fight infection hang out.

If asked to repeat something, first repeat it as closely as you can to the way you said it the first time. It could be that the interpreter simply didn’t hear you. If your listener still doesn’t understand, change a few key words in the sentence. Reflect on the sentence. Did you unconsciously use a distracting metaphor, a colloquialism, or acronym? Was your language too complex?

Make requests firmly: Intending to be polite, we are sometimes too indirect. Examples:
“Would it be possible to....”
“I was wondering if maybe you could...”
“If you wouldn’t mind too much... “

Just say please and thank you which are universally understood as politeness. Suggestion: Can you take your shoes off please. Thank you.

If the translator seems to summarize a long answer into too few words. Remember that communications styles differ based on culture. Whereas Americans tend to get straight to the point, people who come from other cultures may need to give their answer as a story, anecdote, or example. Their answer may be quite long and involved. If the interpreter summarizes everything that is said, you may doubt you are “getting the full story.” Interpreters may think their job is to weed through all the “excess” explanation and convey only what is essential. But who decides what is essential? Let the interpreter know that a summary can leave out important details, so you prefer that he or she translate exactly what is said a sentence or two at a time. If the patient is talking and talking, politely interrupt and ask the interpreter, “What has he/she said just now.” Demonstrate with your body language that your are actively listening to the interpreter on the speaker phone. Make eye contact with the patient and nod as you listen. If the patient feels you are really listening, it will signal caring of the highest sort.

YOUR Body Language says as much as your words. Face the patient while you are talking and while you are listening. Avoid looking at the computer screen to type responses into EPIC. You can type while the interpreter is telling the patient what you have just said.
Or, pause the conversation and type. Then turn to the patient and continue. Lean forward slightly which signals you are paying attention (but don’t lean in so close that you make the other person feel cornered). Make natural eye contact with the patient, and nod as you listen. Smile and use hand gestures to support what you are saying. Avoid looking at the phone when you talk, though it feels natural to do so. Our body language changes when we talk into a phone. We drop the immediate human quality of the interaction, shifting automatically into “talking to someone in the distance” mode.

**Conclusion:** If it wasn’t too much trouble, we hope you, like, read this article and, um, learned some useful things about using interpreters.

**A better way to say that:** We hope you enjoyed this article and learned some useful things about using telephone interpreters. Part of a provider’s job is to manage his/her speech patterns so as to maximize the effectiveness of the interpreter service he or she is using. Even via phone, the interpreter can play a very positive role in helping establish rapport and understanding between the provider and the patient/family.

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