

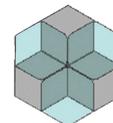
Improving communication between health-care professionals and patients with limited English proficiency in the general practice setting

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Better Practice

Evidence-based information for health professionals

Improving communication between healthcare professionals in general practice and patients with limited English proficiency

Recommendations

- Collecting self-reported data from patients on country of origin, ethnicity and language should be carried out by practice staff before the initial consultation.¹ **(Grade A)**
- Qualified medical interpreters should be the communication medium of choice.^{2,3} **(Grade A)**
- In the absence of a qualified medical interpreter, and if the presenting condition is minor, friends and relatives may interpret if requested by the patient.^{2,4} **(Grade B)**
- The general practice should be supportive of staff training around effective and efficient use of qualified medical interpreters.^{5,6} **(Grade A)**
- If possible, recruit and retain general practice staff who reflect the cultural diversity of the community served.⁷ **(Grade B)**
- Cultural competency training for all general practice staff (both clinical and administrative) is highly recommended.^{1,2} **(Grade A)**

Objectives

The purpose of this Better Practice Information Sheet is to present the best available evidence for promoting interventions designed to improve communications between healthcare professionals in general practice and patients with limited English proficiency.

Why is this important?

Healthcare professionals in general practice treat patients from a diverse range of cultural and linguistic backgrounds, with a significant proportion of the Australian population speaking a primary language other than English. People with limited English proficiency (LEP) are less likely to visit their clinician and undergo other preventative screenings and tests.⁸

They are also less likely to adhere to medication regimes and follow-up plans, have decreased understanding of their diagnosis, and overall less satisfaction with their care.⁴ Access to high quality medical interpreter services improves the quality of care for these patients.^{2,3} For this reason, proactive assessment of patient need for an interpreter should occur on each encounter they have with the practice.

Language assistance will ideally be provided by a professionally trained medical interpreter, but can also come from multilingual staff, family or friends.⁴ By understanding the benefits that an interpreting service can offer, healthcare professionals can help facilitate culturally competent care.⁹ This is also supported by ensuring staff have sufficient awareness and understanding of the needs of patients from diverse cultural groups and what constitutes an effective culturally appropriate service.

Grades of Recommendation

Recommendations are graded on the basis of both the level of evidence that underpins them and factors related to their implementation. The Grades of Recommendation used here are based on those developed and currently in use by the Joanna Briggs Institute¹⁰:

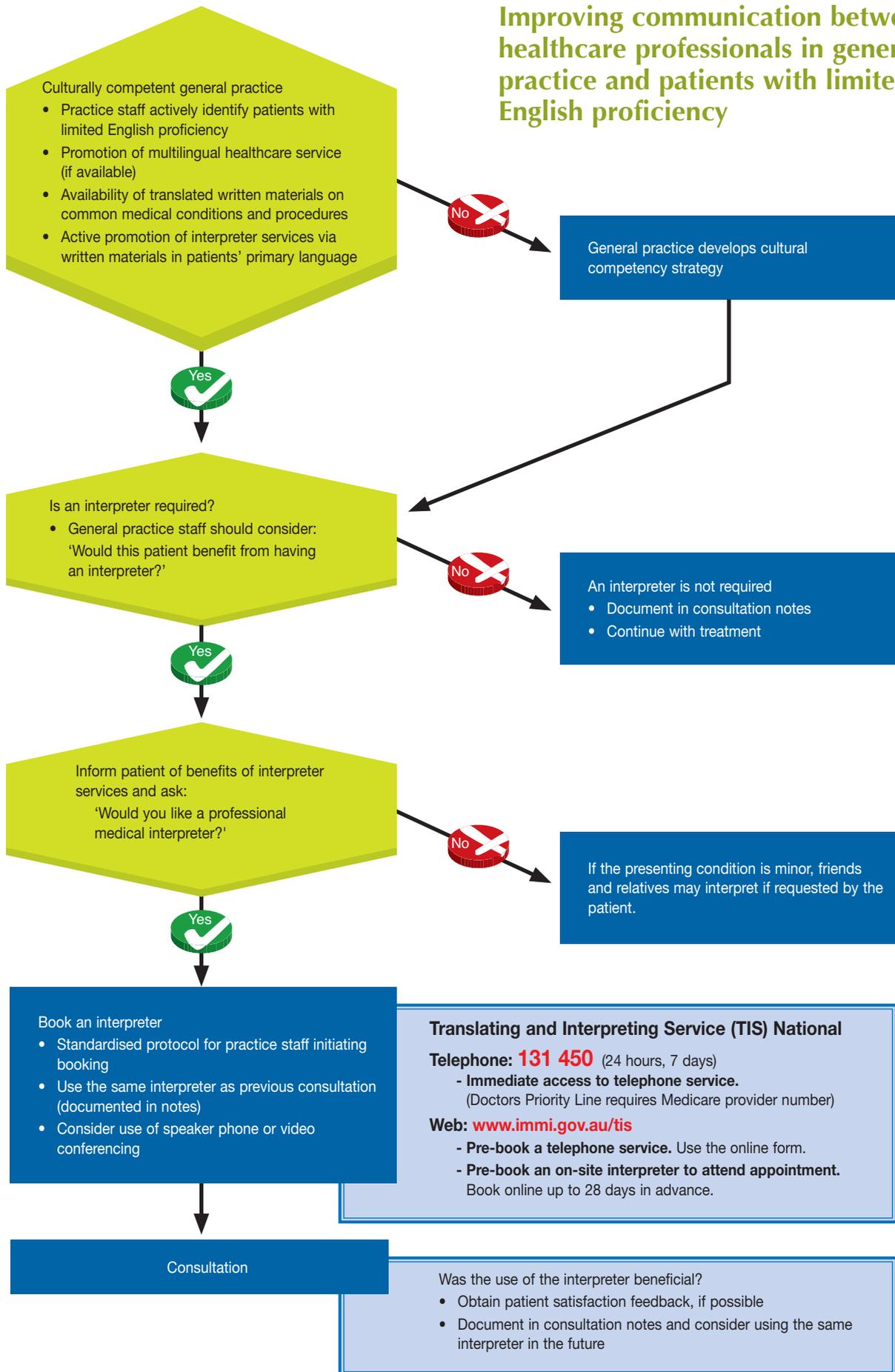
Grade A Strong support that merits application

Grade B Moderate support that warrants consideration of application

Grade C Not supported



Improving communication between healthcare professionals in general practice and patients with limited English proficiency



1. Enhancing cultural competency within the general practice

- Practice staff should actively collect self-reported data from patients on country of origin, ethnicity and language before the initial consultation.
- Patient pamphlets explaining the availability and benefits of free interpreter services should be on display in the reception area of the general practice in a variety of languages.
- Recruit and retain general practice staff who reflect the cultural diversity of the community served.
- Provide cultural competency training for staff (both clinical and administrative), as well as training in the use of interpreters.
- A useful resource which aims to increase cultural understanding for service providers is The Cultural Dictionary.¹¹

2. Communications in patients' primary language

- Where staff (both clinical and administrative) have high proficiency and are willing to communicate with patients in languages other than English, this multilingual aspect of the service should be actively advertised.
 - Languages spoken by clinic staff should be highlighted in the reception area, in leaflets used to promote the service and on the Clinic website.
 - Advise relevant groups of the languages spoken at your clinic, including:
 - Migrant Resource Centre of SA www.mrcsa.com.au
 - Royal Australian College of General Practitioners (RACGP) www.racgp.org.au
 - Local consulates <http://protocol.dfat.gov.au/Consulate/list.rails>
- Provide translated written materials to patients, where possible, but do not presume that all patients will necessarily be literate or able to read written materials in their primary language.
 - Ensure materials in languages other than English most commonly spoken by your patients are readily available.
 - A source of translated written materials recommended by the RACGP² is the HealthInsite website at www.healthinsite.gov.au, which provides helpful educational material for patients on a range of clinical conditions in a variety of languages.

3. Assessing the need for an interpreter

- Train reception staff to assess for patient need for an interpreter and to advise patients of interpreting service options available. This should commence from the moment the patient or family member first makes contact with the Clinic.
- Empower reception staff by ensuring they are aware that appropriate use of interpreters at the Clinic requires them to be proactive in coordinating this.
- Qualified medical interpreters should be the first choice for interpreting services.
- Family members and friends will commonly act as interpreters. This is acceptable if the patient problem is minor, and they specifically ask for their family member to interpret, however:
 - Consider that family members are unlikely to act as neutral interpreters.
 - Do not allow family members to speak for the patient if they are acting as interpreters.
 - The use of children as interpreters is not encouraged.
 - It can be difficult to discuss medical and other sensitive information when family members are used as interpreters.

4. Accessing interpreter services

- Have a standard protocol in place in each Clinic for booking interpreters. This will highlight:
 - Exactly which language/dialect/cultural group is required (do not assume patient always wants interpreter in their primary language)
 - Where gender may be important due to cultural/family factors, try to match gender of patient, GP and interpreter with aim to avoid having family members act as interpreter.
 - If the patient has previously used an interpreter, book the same one if the encounter was satisfactory so that an ongoing relationship can be developed.
 - Name of interpreter used (and contact details) should be documented in the consultation notes to facilitate booking the same interpreter.
- It is recommended that the telephone interpreter service be used on speaker phone so that all parties can hear all dialogue.
- Provide video conferencing option where preferable for all parties.

Information Source

This Better Practice Information Sheet has been derived from an extensive evidence summary and focus groups conducted with general practitioners and practice nurses in March 2012, within the Adelaide North East Division of General Practice, South Australia.¹²

Acknowledgements

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Excellent resources from the Centre for Culture, Ethnicity & Health

Tip Sheets available for download include:

- assessing the need for an interpreter
- arranging an interpreter
- working with interpreters

www.ceh.org.au/mghp/problem_gambling_resources/mghp-using-interpreters.aspx



This Better Practice Information Sheet presents the best available evidence on this topic. Implications for practice are made with an expectation that health professionals will utilise this evidence with consideration of their context, their client's preference and their clinical judgement.



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