RESEARCH IN PROGRESS
AD HOC INTERPRETING IN THE ED

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Presentation

- Research question
- Earlier research on LB’s in ED
- Ad hoc interpreters
- Setting
- Framework
- Data collection
- Example
Research question

This study aims to identify the main causes of misunderstandings in ad-hoc mediated medical consultations in a multilingual ED...

... with a view to gaining new insights on how to address communication problems, achieve understanding, and improve the quality of care for foreign language-speaking patients.
Earlier research

- ED research mainly quantitative (Ramirez et al. 2008): Length of stay, extra testing, satisfaction

- Slade et al. (2008): exclusion of patients who needed an interpreter

- Flores et al. (2012): ad hoc - professional
Ad hoc interpreters

- Often seen as bad practice (Meyer 2010)
- More errors than professional interpreters (Floris 2012)
- Best option are professional interpreters (Jacobs et al. 2006)
- Common practice (Meeuwesen and Ani 2011; Meyer et al. 2010).
Ad hoc interpreters

Possible advantages (Greenhalgh et al. 2006; Meyer et al. 2010 p. 308):

- more readily available
- valuable resource for specific information on the patient
- create trust between the clinician and the patient
Ad hoc interpreters

CAUTION:

“... although interactions with ad-hoc-interpreters often appear to be fluent and unproblematic at first glance, a closer look reveals significant miscommunication. However, such miscommunication passes by unnoticed ...” Meyer (2010 p. 298)

Call for more research on pros and cons (Meeuwesen 2011)
Ad hoc interpreting in ED

ED: special context for communication
- Sense of urgency
- Time pressure
- Lack of prior information
- Tiredness (Knop, 1996; Chisholm, 2000)

- Medical work largely a communicative activity, and medical mishaps [...] too often the result of vulnerable communication processes (Eisenberg et al. 2005:390)
ED in Brussels

- Inner-city public hospital in Brussels
- Super diverse: 40% non Belgian
The medical consultation as a series of communicative events

Contextual clues
- Organisational clues
- Individual clues
- Situational clues

The medical consultation
1. Opening
2. Presenting complaint
3. History taking
4. Physical examination
5. Diagnosis
6. Treatment decision or referral
7. Closing
Data collection

- Full participant observation
- Audio-recording of patient-doctor encounters
- Use of livescribe pen to simultaneously collect contextual elements
- 129 recordings of which 55 with language barriers and 22 with ad hoc interpreter
Example

- Pakistani patient
- Companion
- Dutch-speaking doctor
- In non-native English
- At the end of a long shift
Problem: Ad hoc interpreter does not act as a professional interpreter

- Companion initially does not take up role of interpreter
  - Valuable source of history? (Bickley 2013, 8).
  - Physician does not know who companion is

- Possible consequences (Garra et al. 2010)
  - Protracted consultation
  - Diagnostic insecurity and corresponding repercussions for treatment
Problem presentation:
Companion responds instead of the patient: candidate diagnosis (Stivers, 2002)

- **DOC:** What happened?
- **INT:** He has got a problem there with the kidney problem. (he points at the patient’s pelvis)
- **INT:** He has pain here.
What can be done?

- Role assigning
- Interpreter education
DOC: = Did it came (snaps fingers) suddenly?
DOC: Or did it came little by little.
Com: Little by little
DOC: Ask him.
Com: Yes eeehhhhhe, he live with me, I know. (. )
Com: He live with me
DOC: = Yes yes yes
   OK
   But he can have other feelings than you think. So you must translate
Com: hmmm
Role change: companion starts to translate

DOC:  = Did the pain came ((snaps fingers)) suddenly or did it came first a little pain and afterwards more and afterwards still more.

Com:  = "kabhi kabhi hota hai ya ahista ahista chalta hai - (does it happen often or it happens slowly)

PAT:  ahista ahista kr kay chalta hai - (it happens slowly)
Com:  = aha
PAT:  = INCOMP
Problem: Confusion, frequent misunderstandings

Com: slowlyslowlyslowly (( sounds like solosolosolo)) and then fast pain

DOC: HE?
Com: it came very slowlyslowly (solosolo)

DOC: solososlo? - What does it?
Com: Little little little
DOC: = OK
....medication is taken out of plastic bag... dose?

DOC: [he always takes Movicol?] (( laxative)) (.) Every day?
Com: Euhh (incomp) ((URDU))

PAT: (incomp) ((URDU))

DOC: = Only now or every day?
Com: Euuuh how many days? (( URDU))

PAT: = (incomp) ((URDU))

Com: = Two days (1) only two days.

PAT: = This one I am taking every day. ((URDU))

DOC: [Buscopan?]

Com: [since two days?]((URDU)) [Since?]((URDU))

PAT: = yes ((URDU))

Com: = every day two tablets
What can be done?

- Lexical choice
- Repeating
- Use of closed-ended questions
- Patience!!
Burning feeling while urinating: Lexical choice + repeating

DOC: Is he in pain when he urinates?

   When he makes pipi.

Com: No pipi is ok.

DOC: When he makes pipi, is it painful?

Com: EUh when you urinate, do you feel pain? ((URDU))

PAT: = no ((URDU))

Com: = no
Medication: lexical choice

DOC: Is he taking medicaments?
    Pills?
Com: ((starts speaking))
DOC: [Is] he taking pills
Com: Pills?
    What pills?
DOC: My question is
    Does
    Euh
    = is he normally taking medicaments.
Com: = (incomp)
PAT: = (incomp)
Discussion

- Collecting evidence on
  - What are the problems
  - What can be done about these?
- Learning from colleagues
- Interdisciplinary collaboration
For further questions...

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