Interpreter Training Program for Bilingual Staff in Healthcare

Report of Pilot Program Evaluation in Southern New Jersey
Executive Summary

Effective communication between the provider and patient during healthcare encounters is critical to ensuring patient safety and high quality care. Unfortunately, many patients are at a disadvantage if they cannot speak English well (defined by the U.S. Census as having "limited English proficiency" - LEP) or do not speak English at all.

New Jersey is one of the most racially and ethnically diverse states in the country with residents representing over 100 nationalities. About 1 million of these residents are unable to speak English well, and more than 141,000 do not speak English at all as reported by the 2008 U.S. Census Bureau. This degree of diversity presents barriers to effective communication between patients and providers in healthcare settings. The absence of adequate services for LEP patients not only exposes these patients to higher risks due to unnecessary testing, misdiagnosing and inappropriate treatment, it can also result in decreased patient compliance and satisfaction, while widening disparities in health outcomes and increasing healthcare costs.

Hospitals are charged with providing linguistically and culturally appropriate services to their diverse patient populations. In 2011, the Joint Commission revised its requirements for advancing effective communication, cultural competency and patient-centered care as part of the Hospital Accreditation Program. To comply with these requirements it is recommended that an appropriate mix of systems for interpretation be available to hospital providers, including telephonic interpreter services, full-time/part-time interpreters, as well as trained bilingual hospital staff.

Training Curriculum
Prompted by this need and recommendations from the New Jersey Hospital Association (NJHA)'s Communication Task Force, its nonprofit affiliate, the Health Research and Educational Trust (NJHA/HRET) developed a program to train bilingual hospital staff on medical interpretation to serve as dual-role medical interpreters within their working units, creating an alternative pool for interpreter services.

This training is designed as a one-day (8-hour) program for bilingual staff and uses a standardized training curriculum that was customized based on existing pre-validated curricula from Bridging the Gap, the University of Medicine & Dentistry of New Jersey's Interpreter Training Program, and other best practice models. The curriculum provides a framework for medical interpretation and cultural competency training based on the National Council on Interpretation in Healthcare Standards of Practice and uses interactive case-based discussions, videotapes, role-playing and interviewing skills. Participants learn essential information on:
- Importance of provision of linguistically and culturally appropriate services in healthcare
- Legal mandates behind provision of interpreter services
- Cross-cultural communication and the role of the interpreter following the national code of ethics and standards of practice
- National standards, policies and procedures for provision of interpreter services and handling unique or complex situations
- Cultural competency

It also uses a hospital consortium model adapted from the University of Wisconsin Interpreter Service Program. This model is effective in building collaborative relationships among healthcare facilities in a region that normally would compete with one another and promotes sharing of resources and expenses among participants.

Program Pilot Testing & Implementation
The program offering started in 2007 with pilot testing of its curriculum and implementation plans by a consortium of six hospitals in the southern region of the state. As part of the pilot plans, NJHA/HRET:

- Worked with each participating hospital administration to commit resources and designate site coordinators;
- Developed marketing tools/resources including informational fliers and posters;
- Recruited and registered hospital staff who were bilingual in English and a language common in each participating hospital's service area;
- Offered a series of eight-hour medical interpretation training sessions;
- Distributed educational tools and resources – Interpreter's Handbook and a Trainer's Manual;
- Administered knowledge and satisfaction instruments pre and post trainings; and,
- Evaluated the outcomes and impact of the pilot program.

NJHA/HRET held three training sessions in the southern region of the state as part of this pilot program and trained approximately 60 bilingual hospital staff with grant support from the New Jersey Department of Health and Senior Services' Office of Minority and Multicultural Health. The trainings were hosted by Shore Memorial Hospital, South Jersey Healthcare and AtlantiCare. The trained staff originated from a variety of specialties and units/departments in their hospitals and represented a wide array of hospital staff such as nurses and nurses aids, technicians, other clinicians, administration and social workers. Although the majority of these participants were bilingual in English and Spanish, they also included persons speaking other languages including French, German, Portuguese, Polish, Lithuanian, Russian, Hindi and Gujarati.

**Findings from the Southern Region Pilot Program's Evaluation**
Course Evaluations
NJHA/HRET used a course evaluation form to collect feedback from participants at the end of each session about the curriculum and its presentation, the method of teaching and the educational aids and resources, place/location of the session and their overall expectations of the program. Findings showed that most participants/trainees (over 85 percent) rated the content of the course and presentation as excellent. More than 70 percent of participants were very satisfied with the topics covered, length of the training session and organization of the program. In fact, several comments stated *"the training was very well structured, lively and interactive"* and *"it contained very useful strategies and feedback."* Most participants (about 90 percent) were also very satisfied with the level of interaction with the program staff, trainer and other participants, and role playing exercises. More than 80 percent of participants noted that the content of the educational aids and resources, including the Interpreter Handbook and the video (used as a teaching tool) were clear and organized in an effective manner and very easy to follow. In addition, most participants expressed an interest in future interpreter services trainings similar to this one and also on topics such as safety issues of interpreters when working with mental health patients.

<u>Pre- and Post-Training Assessments</u>
Pre- and post-training assessment instruments were developed to evaluate the knowledge, skills and aptitude of trainees about medical interpretation and assess the degree of their improvement due to the impact of the training content and resources. Findings from the training assessments showed significant improvement as reflected in the mean score of participants' knowledge, skills and aptitude that increased pre and post by about 40 percent.

Chart 1: Skills/Knowledge/Aptitude Assessment, Pre and Post Trainings*
(Cumulative Score)

Pre-training:
Range (30 – 90)

Post-training:
Range (53 – 100)
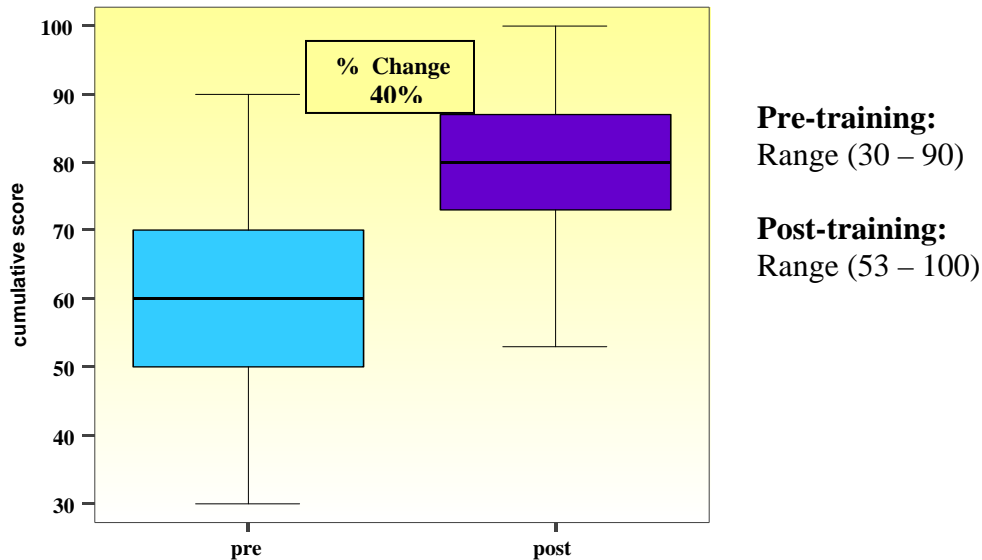
* Differences were statistically significant at p=<.05

Significant improvements were also noted on attendees' knowledge on specific course topics including interpreter positioning during a triadic session, role of the interpreter, protocols for clarifying interpreter's role during the session and steps to take prior to the start of a session (pre-session protocols).

**Chart 2: Improved Skills/Knowledge/Aptitude, Pre and Post Trainings***
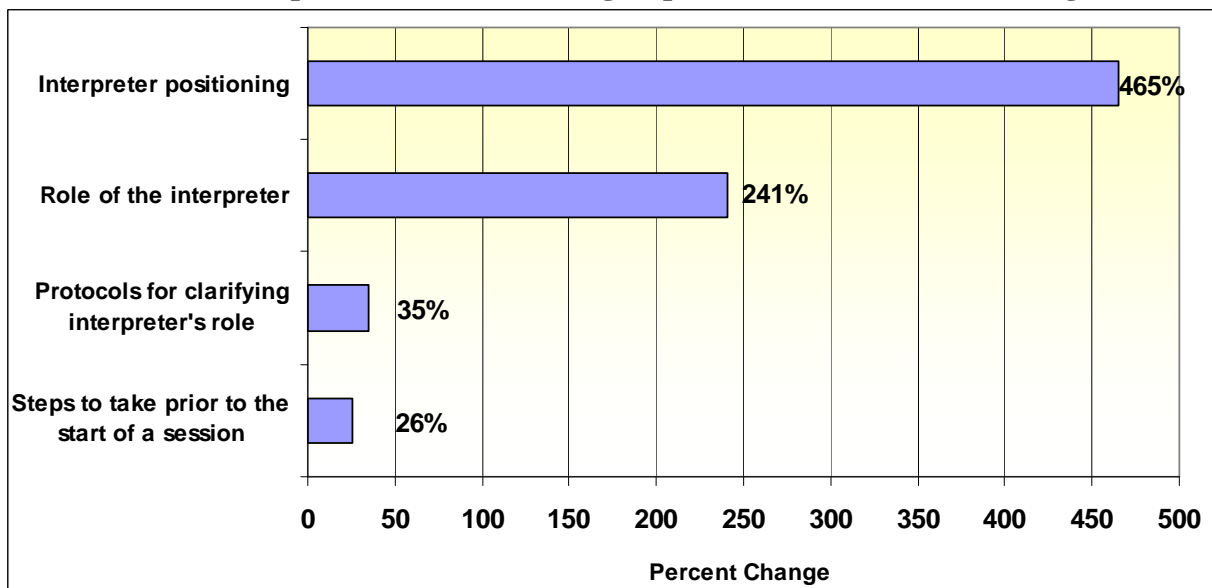
* Differences were statistically significant at p=<.01

<u>Provision of Interpretations by Trained Staff (Tracking Data)</u>
NJHA/HRET also tracked data on the provision of interpretations at pilot hospitals post the training sessions using two tracking forms for site coordinators and trained interpreters. The site coordinator form was designed to track and report monthly data on the total number of interpretations provided, interpretations by language and the types of interpreters used. The trained interpreter form was designed to collect information on each interpretation session provided. In total, about 3,000 tracking records were collected during the six month, post-training period. The findings from analysis of this data showed that from January (after NJHA/HRET's trainings were completed) through June, pilot hospitals significantly increased their utilization of face-to-face trained interpreters replacing some of their telephonic interpreter usage, as suggested by their decreased use of telephonic interpreter services.

Chart 3: Interpretations Provided Over Time by Type of Service*
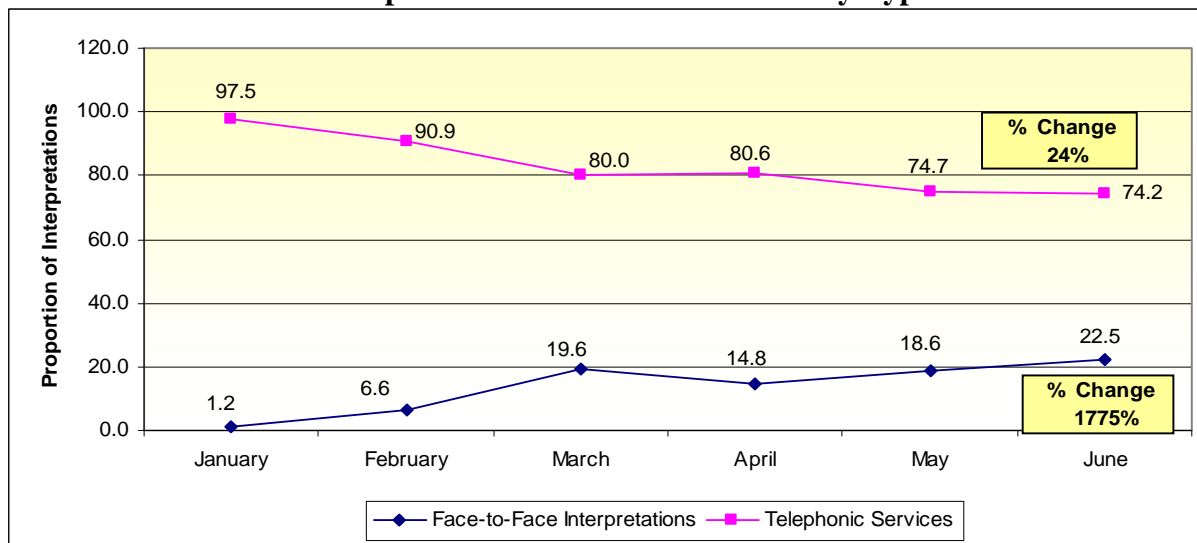
* Data was collected monthly using the tracking form on interpretations provided by pilot hospital's site coordinators.

Findings also showed that most requesting units use dual role interpreters that work within their own unit and serve mostly the unscheduled patient population flow. Interpretations varied by language, units requesting services and location of interpretation.

Moreover, introduction of this project and its tracking system and forms led to increased efforts in monitoring and evaluating interpreter services across all units and departments in participating hospitals. Pilot hospitals expanded on their tracking system to include interpretations provided not only by in-house staff but also outside agencies and telephonic services, and modified their monthly reports to include additional information such as number of times interpreters were called to different wards and time spent interpreting.

Next Steps for Expansion and Standardization
The regional pilot program in southern New Jersey was part of a larger plan to create a standardized training structure and statewide ongoing training of hospital bilingual staff on medical interpretation. Ultimately, NJHA/HRET plans to expand its efforts statewide and offer at least three training sessions annually using its regional training model. This program gives hospitals the option of using trained bilingual staff as an alternative source and a cost efficient option to meet the communication needs of their limited English proficiency patients, hoping to complement other possible training programs in the state and increase the pool of professional medical interpreters.