



## “I don’t need an interpreter — I have an app for that”

by Anabela Nunes, MBA, Director Interpreter Services

Communication is the cornerstone of healthcare. Effective communication allows clinicians to get to know their patients, assess their healthcare needs, deliver high quality, safe healthcare that is timely and effective, ensure adherence to treatments and conduct informed consents. Studies have shown that language barriers impact patient safety. In one study limited English proficient (LEP) patients were found to suffer from adverse events in the hospital, resulting in temporary harm or death, at twice the rate of English speaking patients; and those adverse events experienced by LEP patients were more likely to be caused by communication errors<sup>1</sup>. LEP patients have also been shown to experience longer lengths of stay and higher readmission rates<sup>2</sup>. Communication by definition is the exchange of information between individuals. When clinicians are caring for patients who are limited English proficient, communication must be facilitated by medical interpreters. Medical interpreters can interpret complex medical concepts, identify and address subtle nuances of the language, and offer cultural context to ensure that clinicians, patients and families understand one another. Furthermore, providing competent language access ensures that patients actively engage in their healthcare decision making.

These days smart phones put the world at our fingertips, they often even replace direct human interactions. However, in a world where there is an app for everything and



Google translate is available to convert text between dozens of languages, caution must be exercised when using these types of technologies in the healthcare setting. It seems every week there is a new app or a new company trying to launch yet another tool to automate and expedite communication between patients and clinicians. I’ve even been asked to evaluate and offer feedback on a number of these initiatives.

A recent study published in the British Journal of Medicine found that Google Translate was only 57.7% accurate when used in the healthcare setting. The study included various medical phrases in several languages from different regions, Eastern and Western Europe, Africa and Asia. The study found that accuracy differed among the languages and of course the types of errors also varied, from minor grammatical errors that did not change the meaning of the phrase; to serious mistakes that rendered the translation incorrect<sup>3</sup>. In one example, the medical phrase “your husband has the opportunity to donate his organs” was translated into “your husband can donate his tools”; another phrase “your wife needs to be ventilated” was translated into “your wife wind movement needed”. Ponder for one moment about the complexity of discharge instructions, or the prep for a colonoscopy, or the instructions on how to measure blood sugar levels and administer insulin, to name a few. Relying on a tool that gets it right only 50% of the time is doing patients a disservice.

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### Inside this issue:

*Deaf Culture and More* 2

*Interpreter Profile: Andrés Silva* 4

## Deaf Culture and More

by Susan Muller-Hershon

Deaf people are considered a social and linguistic minority. Those that identify as “culturally Deaf” are those that are born Deaf and American Sign Language (ASL), which is the backbone of Deaf Culture, is their native language. People that lose their hearing later in life after they have acquired language, are considered “Late Deafened” and do not identify as culturally Deaf. Their native language is English.

Historically, Deaf people congregated in Deaf clubs, held Deaf captioned movie nights and drove over to their friend’s houses to deliver a message. With the passage of the American with Disabilities Act twenty five years ago, communication access removed many barriers allowing Deaf people to integrate more into the hearing world. This includes but is not limited to access to healthcare, education, and the legal system.

Did you know:

- ASL is the 3rd most widely used language in the US (after English and Spanish).

- ASL is a visual language with its own grammar rules and syntax.

- Deaf people do not view themselves as disabled; rather they identify themselves as a linguistic minority. The barrier is communication, and once access is provided, the playing field is leveled.

- A skilled lip-reader comprehends 33% of what is said (3 words out of 10). Try watching TV with no sound; you’ll get some insight into the trials and tribulations of lip-reading.

- Deaf people are proud of their language and culture, which includes poetry, art, and storytelling.

As you might think, technology has changed many of these norms. Deaf people today use email and they text. Videophones have replaced the old TTYs (teletypewriter). They can attend public events that are interpreted and/or captioned. They have more access to society than previous generations.

Making a telephone call has also been greatly enhanced by technology. Deaf people now use a Videophone (VP) which has replaced the old TTY machine. This allows the Deaf person to use ASL either directly to another Deaf person or to a hearing person by being automatically routed to an interpreter in a national call center. Through the Videophone, the ASL interpreter and Deaf person can see each other and relay the call to the hearing person on the other end. Providers can call their Deaf patients by dialing their regular phone number and will in turn be automatically routed to an interpreter who connects the call.

It is not only essential but respectful to always check with a Deaf person as to their communication preferences. They are the best judge of what works for them. Here at the MGH Boston campus, an American Sign Language Interpreter is in house during business hours and can be requested by calling the Medical Interpreter Services department at ext. 66966. When the Interpreter office is closed, nights and weekends, an on-call ASL interpreter can be obtained by paging #30007.

For Late Deafened patients, communication services known as “CART” (Communication Access Real-Time Translation) can be requested also through the Medical Interpreter office. This is a transcription service whereby a captioner at a remote location streams the verbal text right on the laptop monitor during the ap-

pointment. Everything the clinician says will print out and the patient can read it.

As Helen Keller said many years ago:  
“Blindness separates people from things... Deafness separates people from people”

Mass General Hospital demonstrates an ongoing commitment to provide communication access and is continually striving to close that gap.

This year the MGH celebrated Medical Interpreters week from Sept 28 to Oct 2nd. Since the International Translation Day is September 30th, which originated as a tribute to St. Jerome, a biblical translator, Medical Interpreter week is celebrated each year around that date. It has been celebrated since 1953, although the FIT (International Federation of Translators) launched the International Translation Day only in 1991.



Andrés and Antonio helped staff the display for Medical Interpreter Week in the White Corridor

*“There’s an app for that”*

Cont from pg 1

In healthcare we rely on communication as a way to deliver patient-centered care that is safe and of high quality. For that we must ensure not only that the communication is accurate, but that the patient is engaged. On the surface it may seem very efficient to pull out a phone, tap an app, speak into it and let the app do the “magic”. The English speaker has no way of knowing if what is being interpreted is accurate. Many of these apps rely on voice recognition technology. As tempting as these readily available tools are, we need to recognize the limitations of this technology, particularly when considering people who speak with different accents, come from different socio-economic backgrounds; have different levels of education; and people who come from different countries where words in the same language can have very different meanings. Culturally, many of our LEP patients don’t feel comfortable questioning clinicians or speaking up about not understanding. They will smile and nod politely, even when they have no idea what a clinician is saying. Professional medical interpreters facilitate the discussions, they enable patients to ask for explanations and clarifications of words or concepts that they don’t understand. Interpreters also help clinicians explore cultural factors that can impact communication, understanding and trust.

There are other types of apps that have set phrases already available in other languages. These apps may provide some greater level of accuracy since they don’t rely on speech recognition and are already translated based on specific contexts.

However, these are *at best* limited one-way communication tools. They do not and cannot replace the professional medical interpreter who can facilitate the two-way communication between clinicians, patients and their families. So what happens when an app such as this is used and then the patient has a question? Again, although everyone has good intentions when using these tools, the fact is, by using them we are further creating barriers to good, effective communication. Providers may feel that they are communicating because they were able to relay information to the patient (one-way). But can we say that we truly communicated if the patient wasn’t given an opportunity to ask questions or otherwise communicate back with the provider?

So... is there a place in today’s society for these apps? Sure! This is a great tool for people who are traveling in another country and need a quick phrase translated. What’s the worst that can happen? Instead of ordering chicken you may get lamb; or instead of taking a right and a left, you end up taking a left and a right. Technology is evolving quickly and many of these apps and tools are becoming more sophisticated. However, in healthcare we must never take the chance of doing harm to our patients by allowing our communications with them to be more than 50% compromised. At best, some of these tools may be able to help with simple, one way instructions, such as “lift your arm”, “hold your breath”. However, to deliver safe, high quality care that is patient-centered, that Google app on

your smart phone just won’t do.

At MGH providers have different modalities available to them to be able to access a professional medical interpreter 24/7 in over 200 languages at a moment’s notice. MGH provides in-house medical interpreters, IPOPs (Interpreter Phone on a Pole), and VPOPs (Video Phone On a Pole) and American Sign Language VRI (Video Remote Interpreting) to facilitate access to competent language services. The Voaltés that many clinicians carry also provide access to interpreters, quickly and easily.

So, for now let’s put away our smart phones while we care for our patients.

<sup>1</sup> Divi C, Koss RG, Schmaltz SP, et al. Language proficiency and adverse events in U.S. hospitals: a pilot study. *Int J Qual Healthcare* 2007 Apr;19(2):60-67. Epub 2007 Feb 2.

<sup>2</sup> Lindholm M, Hargraves JL, Ferguson WJ, et al. Professional language interpretation and inpatient length of stay and readmission rates. *J Gen Intern Med.* 2012 Apr 18.

<sup>3</sup> Patil S, Davies P. Use of Google Translate in medical communication: evaluation of accuracy. *BMJ* 2014;349:g7392. Dec 15

A must read for all interpreters and providers ***The Danger of Knowing ‘Just Enough’ Spanish*** by Daniela J Lamas, MD in the *New York Times*. Click here to view article: <http://mobile.nytimes.com/blogs/well/2015/11/12/the-danger-of-knowing-just-enough-spanish/?referer=>

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## Profile of a Coordinator at Medical Interpreter Services by Andy Beggs

**Name:** Andrés Silva  
**Country of Origin:** Colombia  
**Language:** Spanish

Andrés joined the Medical Interpreter Services team six years ago. Previous to that, he worked in microfinance with an organization called ACCION USA, which grants loans to small businesses that otherwise could not obtain these funds. While working there, he earned his Bachelor of Science from Northeastern in Liberal Arts with a minor in Business. What attracted Andrés to the position of Coordinator at Medical Interpreter Services at MGH was the possibility to help an underserved community and work with a diverse group of people. Coordination at the front desk requires multi-tasking, and the ability to make quick decisions. The coordinators are constantly fielding calls, assigning interpreters

*The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.*

*We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.*

*Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.*

*Thank you!*

to cases, answering pages, responding to texts from the interpreters, and contacting freelance interpreters for less commonly spoken languages. At the same time, they update the daily schedule and arrange for interpreter encounters in the future. All of this is accomplished while ensuring that interpreting services for both inpatients and outpatients are provided in a timely manner. Andrés maintains an excellent relationship with the many people who call the department from both inside and outside of the hospital. As he says, "treat people with respect and kindness, and the rest will follow." In his free time, Andrés loves to watch soccer and sports in general, and puts a high importance on spending time with family.