

Introduction

People have a right to language access services with trained health interpreters to support equitable, safe, high-quality, and patient-/family-centered care. This should include ensuring the health team and interpreters understand why and how plain language and teach-back are used in health encounters.

There are three sections



Language Access

People have a right to language access services in many health settings. Working with trained health interpreters supports equitable, safe, high-quality, and patient-/family-centered care. Every health team member should be knowledgeable about how to access and work with trained health interpreters in their setting. This includes ensuring the health team and interpreters understand why and how plain language and teach-back are used in health encounters.

The [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) are an excellent resource to advance health equity, improve quality, and help eliminate health disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. They also help address federal legislative and accreditation requirements. CLAS includes:

- Principal Standard 1, explicitly naming health literacy, language, and cultural communication needs.
- Three Standard groups focusing on: Leadership, Governance, and Workforce (Standards 2-4); Communication and Language Assistance (Standards 5-8); and Engagement, Continuous Improvement and Accountability (Standards 9-15).

Working with Interpreters and Teach-back

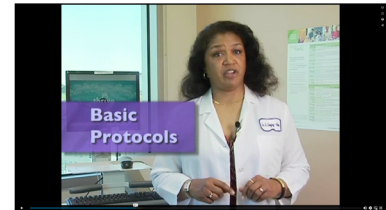
Working with Interpreters

There is much to know about working with trained health interpreters. Below are videos demonstrating the impact of and how to work with interpreters to promote health equity, safety, quality, and patient-/client-centered service.

Videos

[Qualified Interpreting for Quality Health Care: A Training Video for Clinical Staff on How to Work with Interpreters](#)

Discusses why and how clinicians should use trained medical interpreters when serving patients whose primary language is not English. (19 minutes)



[Working Effectively with Professional Interpreters](#)

Highlights how to work with professional interpreters in an encounter with a patient whose primary language is not English. (20 minutes)



[TeamSTEPPS: LEP Safety: Success](#)

Provides insights into and examples of core teamwork and safety concepts when working with patients and families whose primary language is not English. (6:10 minutes)



Teach-back and Working with Interpreters

Plain language and teach-back may not be familiar to all interpreters. It is important they convey the request for teach-back as you asking the person to explain back using their own words, as well as conveying you wanting to make sure you were clear (not as a quiz or test).

Interpreters should then convey the person's response—whether or not it is correct—so you can assess whether the person understands or you need to re-explain differently and check again with another request for teach-back.

It may be helpful to share your plan to use teach-back and how it works with the interpreter before the encounter.

If the interpreter has a concern about patient understanding, they may share that. The interpreter may intervene to clarify or to explain a cultural practice, playing a cultural broker role. It is important that everyone know which role(s) the interpreter is acting in—direct message converter, message clarifier, or cultural broker.

Here are videos showing how to use plain language and teach-back during a clinical encounter when working with a trained interpreter:

1) [Explaining with Plain Language \(2:51\)](#)

- a) **Description:** The doctor talks to an adult patient, using a trained interpreter, about proper techniques to use an inhaler.
- b) **Key Features:** The doctor is sitting down; speaks to the patient not the interpreter; uses a caring tone, plain language, and slow-pace; provides step-by-step instructions and examples; and asks, “What questions do you have?”



2) [Asking for Teach-back \(0:22\)](#)

- a) **Description:** Doctor asks adult patient for teach-back, using a trained interpreter.
- b) **Key Features:** Short example of how to ask for teach-back.



Working with Interpreters and Teach-back

3) Not Able to Teach-back (0:56)

- a) **Description:** The doctor asks the adult patient for teach-back, using the trained interpreter. The patient incorrectly explains, in their own words, how to use an inhaler. The doctor takes ownership of not explaining proper use clearly.
- b) **Key Features:** Shows request for teach-back, the patient explaining incorrectly, and how to properly respond to a patient who did not teach back correctly.



4) Re-explaining and Checking Again (1:29)

- a) **Description:** The doctor re-explains how to use the inhaler using different words and asks the adult patient for teach-back again.
- b) **Key Features:** How to modify wording for explaining to a patient who did not understand the first time and take ownership for the confusion. Followed up with asking for teach-back again.



5) Able to Teach Back (2:07)

- a) **Description:** Adult patient explains and shows how to use the inhaler correctly, in their own words, with the interpreter. The doctor gives a supporting reader-friendly hand-out in Spanish and points to highlighted sections. The doctor finishes by asking, "What other questions do you have?"
- b) **Key Features:** Patient explaining in their own words correctly. The doctor uses a highlighted reader-friendly hand-out in the patient's preferred language and asks what questions the patient has.



Tips for Working with Interpreters*

- Interpretation is spoken or signed. Translation is written.
- Trained interpreters are transparent in all their interactions with you and the patient/family/client, and will not engage in side conversations with either party without telling everyone.
- Trained interpreters maintain neutrality and confidentiality at all times.
- Never use a minor to interpret unless it is an emergency situation.
- Bilingual employees are not qualified to interpret unless they are trained as a medical interpreter.
- It is helpful to make brief introductions and orient the interpreter about the purpose of the encounter. Depending on whether you are working with an in-person or remote interpreter, provide additional information about who is in the room.
- Use first person language and maintain appropriate eye contact with the patient/family.
- Keep phrases short to express one complete thought with one question or sentence.
- A trained interpreter will not add anything, omit anything, or change the meaning of the message.
- To maintain trust, interpreter ethics require everything said to be interpreted, whether it is from a physician, patient, someone who steps into the room, or a family member who adds a comment.
- A professional interpreter can be a resource to explain cultural considerations, acting as a cultural broker.
- Document interpreter use in the medical or other record for the encounter.

*Adapted from *Working Effectively with Professional Interpreters*, Stanford University Medical Center: <https://www.youtube.com/watch?v=Uhzcl2JD48>; and *Qualified Interpreting for Quality Health Care*, Health Care Interpreter Network: [Qualified Interpreting for Quality Health Care - YouTube](#)

The National Council on Interpreting in Healthcare [ncihc.org](https://www.ncihc.org) also offers a helpful guide: Guide for Partnering with an Interpreter from the National Council on Interpreting in Health Care, and other language access resources.