

Diversity Matters



BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

“Sensitively Speaking: Ensuring Equitable Access across BC How to Work with Interpreters”



Kiran Malli Manager, Quality Assurance and Training Services
The Provincial Language Service

“PHSA expects staff and medical personnel to reduce risk when a language barrier to communication exists by utilizing appropriate language resources”

In one of a series of 7 seminars on diversity at the BC Cancer Agency, Kiran Malli of the Provincial Language Services discussed one of the ways that health care professionals can meet this PHSA expectation: working with interpreters.

In her presentation, Malli provided a number of suggestions to keep in mind while working with interpreters. She stressed the importance of understanding that working with interpreters takes some experience and that it can be demanding not only for the health care provider, but also the patient.

When working with an interpreter, she offers the following guidelines to keep in mind:

- Consider what your role would be if your patient were an English-speaking patient
- Don't delegate any tasks you normally would do to the interpreter
- Always maintain control of the session
- Cultivate a relationship with the patient, not the interpreter
- Don't ask the interpreter to step outside their role
- Don't ask the interpreter to summarize or give explanations.

Interpreter assisted appointments will take longer than appointments not requiring interpreters, but to make sure that the appointments run as effectively as possible, Malli provided a number of recommendations, including the following:

Pre-interview

- Meet the interpreter a few minutes ahead of time to:
- Briefly identify who you are and what your role with the patient/client is
- Give a brief overview of the nature of the unit/area and the types of terminology that might be used
- Provide general information about the nature of the session
- Review your expectations of the process
- Identify the positioning (seating arrangement) you would like for the session

During the interview

- Use the first person “I” and “you” rather than him/her
- Avoid jargon, technical terms and idioms (when possible)
- Keep statements short
- Keep control of the conversation
- Do not ask the interpreter to speak as a cultural liaison
- If you and the interpreter need a conversation to explain terms or for clarification, ask the interpreter to explain to the patient the nature of the exchange

Newsletter Goals

- 1) To share news, resources and initiatives about diversity
- 2) To facilitate inclusiveness for delivering quality patient-centred care
- 3) To connect people working on this area

Diversity Planning Committee:

Dr. Maria Cristina Barroetavena
Dr. Mark Elwood
Dr. Shirely Howdle
Allison Mitchell
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Deborah Rusch

Post interview

- Review the process with the interpreter (especially when you are new at using interpreters)
- Offer alternative suggestion to the interpreter

During Malli's conversation, she also touched on issues surrounding cultural competency, the PHSA Language Access Policy, risks due to language barriers, and the ethical principles and responsibilities of both health care providers and interpreters. To watch the entire presentation, a DVD copy of it can be found in the BC Cancer Library in Vancouver or simply click on the link below:
<http://www.bccancer.bc.ca/RES/ResearchPrograms/SBR/Diversity+Resources.htm>

PHSA Language Access Policy

In its ongoing commitment to ensuring best practices in client care and in attaining positive health outcomes, PHSA adopted a Language Access Policy in March 2007.



The PHSA expects its staff and medical personnel to reduce risks when there is a language barrier by utilizing appropriate language resources such as interpreters and translators.



Dr. Maria Cristina Barroetavena is a Research Scientist at the BCCA Sociobehavioural Research Centre (SRC) and a Clinical Assistant Professor in the UBC School of Population and Public Health. The following is an excerpt from a recent interview and her thoughts on diversity, culture and cancer research.

Q: Could you briefly summarize your interest in cultural diversity and cross cultural cancer research?

A: Culture is a unique phenomenon that not only shapes our views, beliefs and practices about health, illness and cancer, but also the way in which people access and use health services. Different cultures have different practices of communication and decision making styles.

Q: Where do you see yourself making the biggest contribution to cross cultural cancer research?

A: I want to make sure our decision-makers have the necessary information describing the cancer experience among culturally diverse groups to plan quality and equitable service delivery.

Library Resources:

Healthcare professional's guide to clinical cultural competence / Srivastava, Rani H - Toronto, ON: Mosby Elsevier, 2007. WY107 H434s 2007

Cancer, culture, and communication / Moore, Rhonda; Spiegel, David - New York: Kluwer Academic/Plenum Publishers, c2004. QZ200 C217m 2004 (VCC, CSI, VIC)

Honoring patient preferences : a guide to complying with multicultural patient requirements / Rundle, Anne Knights; Carvalho, Mario - San Francisco, Ca. Jossey-Bass Publishers, 1999. WM61 H774 1999

Upcoming Events

18th Annual Canadian Patient Education Network Conference: October 20-22, 2008 Clearwater Beach, FL.

<http://www.cancerpatienteducation.org/>

BC Cancer Agency 2008 Annual Cancer Care Conference: November 20-22, 2008 Westin Bayshore Resort and Marina, Vancouver, BC.

<http://www.bccancer.bc.ca/HPI/ACC2008/default.htm>

Quiz:

How many different ethnic groups were reported to the Canada Census in 2006?

1. Less than 100
2. Between 100-200; or
3. Over 200

(see answer below)

We want to hear from you!

To submit an article/ story idea or if you have any questions or concerns about anything in this newsletter, please contact:

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Quiz Answer:

In the 2006 Census, over 200 different ethnic groups were reported!