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Effective Written Communication for Patients With Limited English Proficiency

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Key words: health-care translation; limited English proficiency; multilingual communication; writing

Abbreviation: LEP = limited-English-proficient

Medical writing as part of medical communications in general involves an extremely wide spectrum of issues, as can be recognized by the variety of topics covered in this educational section of *CHEST*. Medical writing includes not only communications on scientific topics among medical professionals, but also writing to communicate with patients or their families. Written medical communications can play an especially important role when interacting with patients with limited English proficiency.

The continually increasing population with limited ability in the predominant local language in the United States and other countries is resulting in language gaps that have created expanding needs for multilingual health-care services. According to the American Community Survey in 2005,¹ 51.9 million people (19.4% of those ≥ 5 years of age) spoke a language other than English at home, and 44.6% of these people spoke English less than “very well.” In order to meet the needs of limited-English-proficient (LEP) people, federally funded health organizations are legally required to provide multilingual health-care services.²

However, the quality of multilingual services provided by a health organization differs significantly

according to the size and socioeconomic condition of the population with LEP within the jurisdiction of that particular health organization. Theoretically, the larger the population with LEP in the community, the more funds the health-care organization in that community can receive and, as a consequence, the

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better multilingual services it can provide. The corollary to that is that health organizations that are located in less ethnically diverse areas get less funding, so they find it difficult to provide high-quality language services.

Basically, there are two types of language services: spoken language services and written language services. The first type is health-care interpreting, which facilitates oral communication between health-care providers and patients. The second type uses written texts such as bilingual informed consent forms and patient education materials. Audiovisual educational materials, which are based on written scripts, can also be placed in this category.

Several studies^{3,4} have reported that professional interpreter services could increase delivery of health care to LEP patients. When face-to-face interpretation is not available, professional telephonic interpretation is being increasingly used for interaction with LEP patients. This can help satisfy the need for immediate interpreting. It is ideal to use a professional health-care interpreter for each interaction with an LEP patient, even if it is just a short interaction. However, not all health-care organizations can provide short-term interpreting services in nonmainstream languages for brief consultations in day-to-day communication.⁵

If used properly, written communications can be a useful information resource for LEP patients and can help them access health-care settings. Written communication can also be used to help health-care interpreters provide better interpreting. However, we must be aware that many LEP patients have

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limited literacy skills and limited ability to correctly interpret health-care information. In attempting to overcome this problem, we must be aware that untrained bilingual staff should not be used as a substitute for trained health-care interpreters. The following is a set of guidelines for the efficient creation and use of multilingual written texts to support communication with LEP patients.

GUIDELINES FOR EFFECTIVE WRITTEN COMMUNICATION WITH LEP PATIENTS

Benefits of Multilingual Written Communication

Well-prepared multilingual written communication materials can provide the following benefits:

Accessibility: A database of health organizations, hospital instructions, and application instructions for assistance make the organization easy to access for LEP patients. Also, well-prepared materials can support health-care professionals when dealing with LEP patients, therefore easing the burden of the language barrier.

Accurate Communication: Professional health-care interpreters are adequately equipped to properly render messages between providers and patients. Personalized bilingual medical history forms in which patients have described their symptoms can help an experienced health-care interpreter render a message related to the symptoms and information more accurately. Medical procedure consent forms are challenging for LEP patients to understand because of the high number of medical terms and cultural differences. Multilingual and multicultural consent forms can help avoid these potential miscommunications and help reduce medicolegal problems.

Guideline 1: In-house–Translated Texts and Outsourced Translated Texts

Health-care organizations use various types of written texts. These texts can be categorized into two categories. The first category is in-house–translated texts. These texts are specific to a particular health organization and may include items such as medical procedure consent forms, instructions, the hospital Web site, application forms, enrollment forms, and medical history forms. They should be translated by the organization itself or outsourced for translation on demand.

The second category is outsourced translated texts. Examples of these include patient education materials and bilingual simple communication aids such as simple phrase glossaries or bilingual word lists.⁵ These texts are not necessarily translated by the

institution itself, and they can be outsourced. For example, interpreting service departments at major universities can be used to find a reputable company that can be used for translating written material. Once the translation has been completed, it is best if an in-house provider such as a physician who speaks the language proof it for local accuracy because there are many dialects and cultures within different languages. Another option is for national academic societies to create such texts and make them available to hospitals for a fee, as the American Thoracic Society and the American College of Chest Physicians have done. This would help minimize the cost problem.

Guideline 2: Assign a Translation Manager

A translation manager who is responsible for a translation project needs to be posted.⁶ The person in this post does not need to be a translator but needs to know the translation process and have a connection with translators or with the LEP communities. Establishing a medical communications center that is responsible for an editorial service aimed at increasing the output of research papers from the organization, as well as publishing patient education materials, can be a solution.⁷

Guideline 3: Include a Health-Care Interpreter in a Translation Editing Team

Health-care interpreters are required to perform editing duties. Translating is a different skill from interpreting, and good interpreters are not always good translators. However, translated materials checked by health-care interpreters who understand both the needs of the health-care providers and the patients can lead to more usable, higher-quality final products.⁸

Guideline 4: Train the Users

Health-care interpreters need to become accustomed to using written materials so that they can more accurately translate them on sight. Community educators also need to be prepared to teach patients or clients how to use the materials. Health-care illiteracy is an issue for all patients and more so for LEP patients.⁹ Therefore, it is important to train health-care providers to simplify their source language texts so that LEP patients can easily understand the translated documents. Written materials can be of great help for new health-care interpreters to develop expertise at the beginning of their career.

Guideline 5: Review and Update Frequently

Make written materials user friendly and accessible. The Web site of the institution should be

linked to sites that are popular in the LEP community. Furthermore, the documents should be distributed at places where the LEP community can readily have access to them.

TAKE-HOME MESSAGE

All hospitals are facing the LEP challenge, and they are increasingly using professional telephone-based interpreting. It is ideal to use a professional health-care interpreter for each interaction with an LEP patient, even if it is just a very short interaction. However, in a real health-care situation, this is not always possible. Thus, well-prepared written texts can be a quintessential tool for improving effective written communications with LEP patients. Possible sources for accurate translated information include the National Network of Libraries of Medicine, available at: <http://nmlm.gov/outreach/consumer/multi.html>; and Krames on-Demand, available at http://shop.krames.com/OA_HTML/ibeCareLang_kod.jsp?JServSessionIdroot=rc551d67_q1.olbOpR9zaNDDqRfJqAiN/APzn6zHnkfDmg_TxpQOUahmKa30-&dbprod_prod=11AA7B3F57_FF91F0B9E350A436E48E72&dbprod_prod_pses=dbprod_prod%3D11AA7B3F5.

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