Student and Provider Knowledge and Experiences Regarding Medical Interpreter Services: Interprofessional Survey Study

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Background

- Linguistically appropriate services advance health equity and patient care quality
- 2005 National Council on Interpreting in Health Care (NSPIHC) best practices for medical interpreter remain underutilized and not universally incorporated in health professions education twenty years after publication

Purpose

- To assess student and provider knowledge of best practices on medical interpretation and their confidence in working with interpreters

Methods

- Two online qualitative surveys administered to University of Maryland health professions students (25 questions) and Maryland healthcare providers within five years of graduation (26 questions)

Survey Questions	Providers	Students
Demographics	X	X
Work information, years in practice, LEP % patients	X	
Practice sites with LEP		X
LEP content in School, rate content	X	X
Bilingual, fluency, trained or served interpreter	X	X
Knowledge of standards of practice using scenarios	X	X
Work-place provide training	X	X
Level of confidence working with interpreters	X	X
Barriers to use	X	X
Successes and areas for improvement in current workplace	X	
What to know before clinical rotations	X	X

- Participants recruited via school list-servs, community partnerships, and alumni email lists; given post-survey option to claim $15 gift card
- Anonymized data interpreted using descriptive statistics. Chi-square or Fisher's exact tests were applied to examine the relationships between interpreter use training and knowledge responses
- Logistic regression used to evaluate the relationship between interpreter use training and various demographic and practice-related variables
- Analyses were performed with SAS v 9.4 (SAS Institute, Cary, NC)

Acknowledgements

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Results

Table 1a. Demographics of Providers

Credentials	n=120	%
MA	1	0.8
MD/DO	51	42.5
NP	25	20.8
PA	12	10.0
PharmD	10	8.3
RN/CRNA	20	16.7
PT	1	0.8
Gender		
Female	98	81.7
Male	21	17.5
Non-binary	1	0.8
Race/Ethnicity		
Asian	29	24.2
Black or African American	10	8.3
Hispanic	2	1.7
Middle Eastern	1	0.8
Multiple selection	2	1.7
Prefer not to say	4	3.3
White	72	60.0
Time in Practice		
Less than 1 year	38	31.7
1-3 years	56	46.7
3-5 years	26	21.7
Practice Site		
In-patient	93	77.5
Outpatient	19	15.8
Mixed	8	6.7
% of patients who are non-English speakers		
Less than 10%	26	21.7
10-25%	80	66.7
26-50%	8	6.7
Greater than 50%	4	3.3
Unsure	2	1.7

Table 1b. Demographics of Students

Program and Year	n=82	%
Medicine	30	36.6
M2	7	8.5
M3	5	6.1
M4	18	22.0
Nursing	10	12.2
N2	4	4.9
N3	3	3.7
N4	3	3.7
Pharmacy	33	40.2
P1	1	1.2
P2	6	7.3
P3	13	15.9
P4	13	15.9
Physician's Assistant	7	8.5
PA1	3	3.7
PA2	4	4.9
Dental (SW3)	1	1.2
Gender		
Female	61	74.4
Male	20	24.4
Not reported	1	1.2
Race/Ethnicity		
Asian	33	40.2
Black or African American	12	14.6
Hispanic	4	4.9
Middle Eastern	2	2.4
Multiple selection	3	3.7
Prefer not to say	2	2.4
White	26	31.7

- There was no significant difference comparing provider versus student knowledge and comfort about interpreter use ($p<.05$), yet providers were more likely than students to have received interpreter use training ($p=0.01$)
- No association between demographics, experience in language, or clinical exposure versus interpreter training
- Compared to physicians, nurse practitioners, physician assistants, and registered nurses were less likely to have received formal interpreter use training (OR = 0.175, 0.155, and 0.13, respectively)

Discussion

- A substantial majority of surveyed healthcare providers and students are unfamiliar with best practices for working with medical interpreters
- A meaningful proportion of multilingual providers and students are burdened with the expectation to serve as medical interpreters despite having no interpreter use training

Conclusion

- Underscores the need to improve awareness of published best practices for utilizing interpreter services in healthcare settings and the opportunity to integrate into health professions education curricula
- Clinical team members should be educated on the potential harms of tapping multilingual individuals as untrained interpreters
- A practical toolkit will be developed to enhance understanding among health professional students with strategies for systematic curriculum integration to better prepare students to enter clinical rotations with a health equity lens

Figure 1. Knowledge of NSPIHC Guidelines on When Family/Friends May Serve as Interpreters

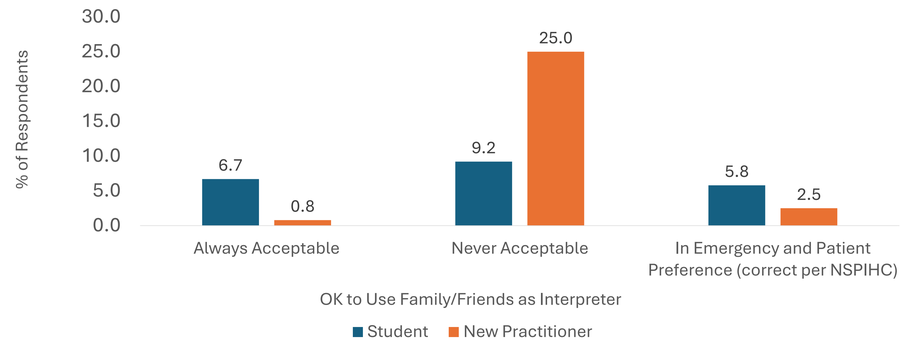


Figure 2. Confidence Level in Use of Interpreter Service by Type

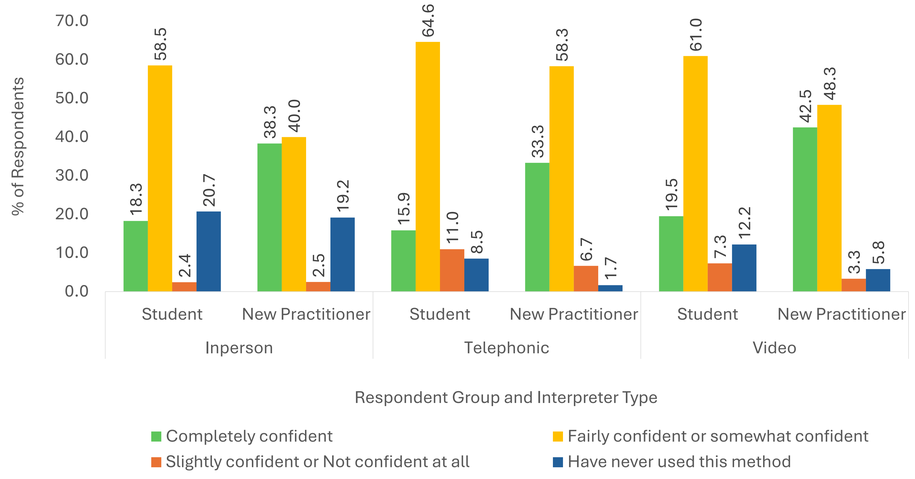
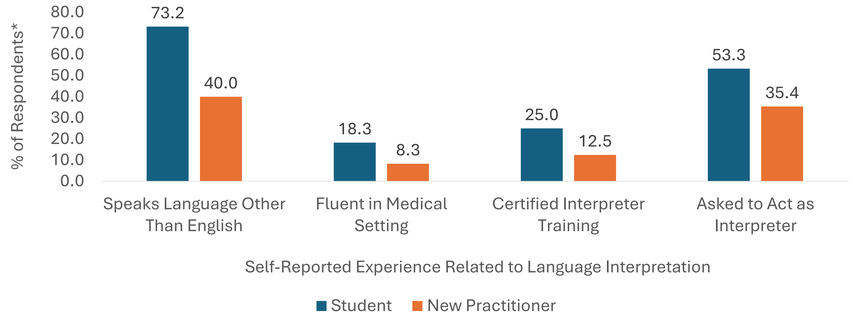


Figure 3. Language Experience, Medical Fluency, and Certified Interpreter Training



* Speaks Other Language (full group); All other questions, new practitioner n=48 and students n=60

Key Takeaway

Best practices outlined in the National Standards of Practice for Interpreters in Healthcare should be taught as a core competency to health professional students.