

Centre for Culture Ethnicity and Health Health Sector Development

Report to

Victorian Multicultural Commission

On funded project

Working effectively with professional interpreters in private general practice

November 2007

Further information:

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Acknowledgements

The Centre for Culture Ethnicity and Health (CEH) wishes to thank the Northern Division of General Practice and the North West Division of General Practice for the recruitment of practice staff, advice and general administration assistance.

CEH also wishes to thank Dr Joanne Gardiner for her work in the development and delivery of the training.

Introduction

In October 2006, the Victorian Multicultural Commission (formerly the Victorian Office of Multicultural Affairs) funded CEH to achieve the following objectives:

1. To identify and document strategies for overcoming barriers to interpreter use in general practice through the analysis and assembly of guidelines and other good practice documents of relevance to GPs.
2. To develop training accredited by the relevant professional associations.
3. To pilot test the accredited training to a minimum of one Division of General Practice.
4. To produce a report documenting initiatives implemented, outcomes and recommendations.

And the following outcomes:

- a. The promotion of good practice in using interpreter services in general practices, leading to improvements in the quality of health care to patients who have low English proficiency.
- b. The completion of a range training modules for a general practice setting.
- c. The delivery of the training module to a Division of General Practice.

In February 2007 CEH presented *Working effectively with professional interpreters in private general practice* training over two evenings to eight general practitioners (GPs) and five practice staff. In September and October an evaluation with participants was conducted.

METHOD

Literature review

CEH conducted a review of literature to identify previous work undertaken in this area and specifically to identify barriers to general practitioners using professional interpreters in Victoria.¹

Identification and engagement of key stakeholders

CEH approached two Divisions of General Practice and the Royal Australian College of General Practitioners (RACGP) for their advice and support in the development of the project.

The North West Melbourne Division of General Practice (NWMDGP) had conducted a study on general practitioners' (GPs) perspectives of accessing professional interpreters. The Northern Division of General Practice (NDGP) had undertaken several projects on enhancing communication between general practitioners and people of culturally linguistically diverse (CALD) backgrounds. Both Divisions also had catchments with a relatively high proportion of residents with poor English proficiency. Nine per cent (9%) of NDGP catchment residents and six per cent (6%) of NWMDGP catchment residents had poor proficiency in English, well above the proportion in Melbourne (4.4%).

CEH engaged with the RACGP to determine what training had been offered in this area and to develop an accredited module. CEH was unsuccessful in engaging other professional accreditation bodies to accredit this module for other practice staff.

CEH contacted TIS National, which is responsible for the Doctor's Priority Line (DPL), fee-free interpreting service for GPs offered through the Department of Immigration and Citizenship. TIS National expressed interest in the outcome of

¹ Pirkis, J. and G. Tallis (1995). "Communication between general practitioners and their non-English speaking patients in Melbourne." *Australian Journal of Primary Health - Interchange* 1(1): 38-48.

Rossiter, S. (2000). Access to professional interpreter services in general practice in north-west Melbourne - The general practitioner perspective. Melbourne, North West Melbourne Division of General Practice.

the project, suggesting areas for investigation and forwarding their PowerPoint slides on 'How to Work with Interpreters'.

Partnership and responsibilities

CEH and the two Divisions signed a Memorandum of Understanding outlining each party's responsibilities.

CEH's responsibilities were to:

- uphold the project's aim, objectives and outcomes;
- be responsible for the management of the project;
- be responsible for all administrative and financial aspects of the project;
- develop, deliver and evaluate the training; and,
- acknowledge the role of the Divisions in the project.

The Divisions' responsibilities were to:

- uphold the project's aim, objectives and outcomes
- advise CEH on the development, delivery and evaluation of the training
- assist CEH in promoting the training to member general practitioners and general practice staff
- nominate a liaison person for the project
- support CEH in sourcing GPs to participate in the project

The training was promoted to GPs and practice staff by personally addressed mail using the Divisions' databases. Staff received a cover letter explaining the existence of the DPL and the purpose of the training with an attached flyer outlining the key training areas ([see Appendix 1](#)).

A week before the training registrants were sent 'Predisposing Activity' for training preparation ([see Appendix 2](#)).

Content development and accreditation

The development and delivery of an Active Learning Module (ALM) had GP involvement in accordance with RACGP guidelines. Both Divisions also provided advice. A RACGP accredited ALM attracts the maximum possible professional development points for training and indicates high quality training to GPs.

Evaluation and interviews

A survey evaluation was conducted immediately after the end of the ALM.

Training participants were invited to participate in research evaluation six months after the conclusion of the training to determine the effectiveness of the training and the DPL. Participants' consent was sought to provide their TIS Client Code number to obtain from TIS National the number of occasions an interpreter was accessed. Alternatively, participants could track their own interpreter usage and self-report. All GPs who consented (six out of eight) chose the former option.

Six months after the training all participants were contacted for an interview. Semi-structured interviews lasting between 15 to 25 minutes were conducted. As the interviews were conducted face-to-face at the general practice, the interviewer was able to observe for any practice display material relating to accessing professional interpreters. All interviewees were offered payment for their time.

Five GPs and two practice staff consented to an interview. Of the three GPs who were not interviewed, one had retired, one had declined and the other was unavailable. Of the three practice staff who were not interviewed, one had declined and two were unavailable.

TRAINING

Content, delivery and participation

The ALM was designed to effect behavioural change in participants and system changes in general practices. An outline of the training program, including GP learning objectives, session content and training modes can be found at [Appendix 3](#).

The six-hour ALM was delivered over two evenings, one week apart at the NDGP premises in Preston. Catering was provided and all participants received a certificate of attendance.

A CEH trainer and a GP facilitated the training. Two professional interpreters and a community member participated in the role plays. Four interpreter training scenarios were developed: two for face-to-face interpreting and two for telephone communication encounters. The DPL was accessed to conduct a simulated telephone interpreted consultation with a 'patient'.

Several interpreter scenarios were presented on video for small group and large group discussion.

Two VMC staff observed parts of the training and presented on the Victorian Interpreter Card and National Interpreter Symbol.

Each participant received a training kit containing information and resources they could use in their practice.

Thirteen people attended the training. Eight were GPs and five were practice staff. Two GPs did not attend the second training session.

EVALUATION

The collated responses of the evaluation conducted immediately after the training can be found at [Appendix 4](#).

The key issues arising from the evaluation conducted six months after the training are summarised below.

Changes in practice

There were three key areas relating to practice change post-training: acquiring a TIS access PIN; displaying information on interpreter availability; and practice in working with patients with low English language proficiency.

Some of training participants undertook to secure TIS access PIN for other general practitioners in their clinic. In one clinic alone, this amounted to almost 20 GPs. Only one GP participant did not acquire a TIS access PIN. This GP was multilingual, having an established clientele and no new patients presenting in the six months since the training.

Some clinic receptions displayed the National Interpreter Symbol on its own or within a TIS poster. Those that did not cited a low priority for this in their workload or not considering it relevant to their clinic clientele due to language match between GPs and patients and no new patients presenting in the six months since the training.

The Interpreter Card was not distributed by any of the interviewees.

GPs were aware, and demonstrated, how an 'interpreter alert' could be activated on patient computer file.

GPs reported changed practices in communicating more effectively with patients with low English language proficiency. One GP reported improved communication generally with English-speaking patients by using some of the communication tips he had learnt at the training

Interpreter use pre and post training

Two GPs had used a professional interpreter before the training but only one had accessed an interpreter in the six months prior to the training. Three GPs had accessed an interpreter in the six months after the training.

Two GPs who had never accessed a professional interpreter before used them on one and seven occasions, respectively, after the training. Another GP had a far higher usage but the exact figure could not be identified from the TIS aggregated data from all GPs at the clinic.

Reasons for attending training

Participants offered a number of reasons for attending the interpreter training. These were: new and interesting topic; need for knowledge and skills in the absence of any other training; and opportunity to improve on current practice.

Barriers and enablers to using professional interpreters

GPs all reported satisfactory experiences with accessing the DPL. A GP reported the DPL occasionally having difficulty sourcing some languages, particularly for emerging communities and telephone interpreters cutting the interpreted consultation short.

GPs cited the presence of a family member who had regularly interpreted for the patient as a barrier to offering a professional interpreter to the patient. GPs expressed concern that it may impact negatively on the family if it was perceived to undermine the patient's family support. GPs and practice staff acknowledged that it would be easier to overcome this barrier if patients or family members asked for a professional interpreter to be accessed.

Another barrier cited was the lack of experience and confidence in using something new, but GPs acknowledged that if a patient presented who required an interpreter they would certainly access one.

An issue that was raised during the training but not mentioned in the interviews was the possible negative impact on a clinic's income stream by consultations being prolonged through the use of professional interpreters.

General Comments

Interviewees were provided an opportunity to provide comments on the project not identified in the set questions. A number commented that the training, particularly the role-plays, left a lasting impression but that there had not been much the opportunity to put into practice what was learnt.

Recommendations

That the Commonwealth Government fund working with interpreter training for all health professionals who have a Medicare provider number and are eligible for free TIS services.

This project had identified a training gap in this area. No GP had prior formal training in working with professional interpreters or how to access this type of training. This training ideally would be offered in collaboration with the relevant professional associations and contribute to the relevant professional skills program.

That training is modified in response to health professionals' needs.

Training participants provided valuable feedback on the training and their needs. The training module needs adjustment to accommodate this feedback. Continuous quality improvement within the training curriculum will ensure that training remains relevant.

That the Commonwealth and State Governments implement a community information campaign on the role of professional interpreters within a health consultation and that this service is at no cost to the client.

GPs stated that it would be easier to access a professional interpreter if patients were aware of the existence of professional interpreters, and that there was no cost if they asked for this assistance.

That the Royal Australian College of General Practitioners review the General Practice Accreditation Standards with regard to good practice initiatives for communicating effectively with patients with low English proficiency.

General practices must fulfill a number of criteria to gain and maintain accreditation to practice. Areas relate to clinical, legal and other patient care areas. However there appears to be very little specifically to encourage quality communication with patients with low English proficiency. The RACGP has stated they will undertake to review standards for practice accreditation every 3 years. The RACGP practice accreditation in this area could be strengthened to include such things as use of interpreter symbol in the practice; practice strategies and policies regarding interpreter use; doctors to have TIS client number; identification of CALD patients by the practice and recording of preferred language.

That the Commonwealth and State Governments address income stream concerns at a systemic level.

GP clinics operate within a small business model and there were questions raised during the training about the use of professional interpreters prolonging patient consults thereby reducing throughput. This concern may need to be addressed at a systemic level.

Appendix 1

Dear xxx,

If you are unfamiliar with, or would like to learn how to work more effectively with professional interpreters, this Active Learning Module is for you.

The Doctor's Priority Line is a fee-free telephone and on-site professional interpreting service for all doctors and specialists in private practice when accessed for a Medicare related service.

People from non-English speaking backgrounds in Australia have poorer health outcomes compared to the broader population. Effective communication is a significant factor.

Not using professional interpreters or the use of unqualified interpreters has resulted in documented cases of fatal or near fatal consequences, unnecessary suffering and violations of patients' rights.

The Division is hosting a two-part course for GPs, practice managers, receptionists and practice nurses on how to work effectively and efficiently with professional interpreters.

This Category 1 training includes registering to use free professional interpreter services; practical techniques to make best use of interpreters; and working with interpreters as part of your practice's risk management strategy.

This training and evaluation will be used to inform the effectiveness of the Commonwealth Doctor's Priority Line. GPs and practice staff are strongly encouraged to participate.

This training is developed and facilitated by Centre for Culture, Ethnicity & Health and Dr Joanne Gardiner and funded by the Victorian Office of Multicultural Affairs.

Supported by North West Melbourne Division of General Practice and Northern Division of General Practice – Melbourne.

See attached flyer to register your attendance.

Yours sincerely,

Working with Professional Interpreters: Setting up your practice

For GPs, practice nurses and practice managers

If you are unfamiliar with, or would like to learn how to work more effectively with professional interpreters, this Active Learning Module is for you.

General practitioners in private practice have free access to professional interpreter services.

Learn:

- How to register for free professional interpreter services
- How to set up your practice to make effective and efficient use of professional interpreters for your patients and your practice
- How this forms part of your practice’s risk management strategy

Training will include:

- Simulated telephone interpreting demonstration
- Role playing case scenarios with an on-site interpreter
- Work shopping interpreting case scenarios

This activity attracts Category 1 (30) CPD points.

Tuesday 13th & Tuesday 20th February 2007

Northern Division of General Practice, 232 Plenty Road (cnr Bell St), Preston

6.30 for 7.00 start. Finish 9.45pm

Light supper will be provided

Developed and facilitated by Centre for Culture, Ethnicity & Health and Dr Joanne Gardiner.

Supported by North West Melbourne Division of General Practice and Northern Division of General Practice – Melbourne. Funded by the Victorian Office of Multicultural Affairs.

FAX BACK to Emily D’Amico at the Division on fax 8345 5622 by Tuesday 6th February, email at emily@nwmdgp.org.au or ph 8345 5600

I would like to attend the interpreter workshop on 13 and 20 February 2007.

Name and position:

Clinic Name:

Clinic Address: Postcode:

Phone No: Fax No:

Email:QA&CPD No:

This ALM has been submitted to the RACGP for adjudication under the Professional Development criteria of the QA&CPD. The outcome of this adjudication will be published at a later date.

Your place will be confirmed by confirmation fax. Once your place has been confirmed, non-attendance without due notice will incur a fee of \$20



Appendix 2

6th February 2007

Dear xxx

**Working effectively with Professional Interpreters: Setting up your Practice
An Adult Learning Module for General Practitioners and other general practice staff**

We write to you to confirm your registration for this course to be conducted over two evenings on Tuesday 13th and Tuesday 20th February.

The venue is the Northern Division of General Practice, 232 Plenty Road, Preston (on the corner of Bell St).

A light supper will be provided from 6.30pm. The course commences 7.00pm sharp and concludes at 9.45pm with a refreshment break in between.

In preparation for this course we ask that you undertake two tasks.

1. The first task is responding to three questions on the Predisposing Activity form on the next page.
2. The second task relates to the telephone interpreter activity and applies to doctors only. All doctors participating in this course will be assisted in obtaining a TIS interpreter access code required for fee-free access to interpreters provided through the Doctor's Priority Line. To eliminate any time lost in setting up your TIS interpreter access code for the purpose of performing the training activity you are requested to provide some details prior to the training. If you already have a TIS interpreter access code you are not required to provide this information but you are asked to bring it with you.

The information required is:

- a. Your name
- b. Your Medicare provider number
- c. Your practice address (supply only one if you consult from more than one practice. Additional TIS interpreter access codes can be organised post training activity).

This information will go to the training provider, Centre for Culture, Ethnicity & Health (CEH) only for the purpose of obtaining a TIS interpreter access code. Each doctor will then be given his or her unique TIS interpreter access code during the training to keep for future reference. The information supplied will then no longer be required and the information supplied will be destroyed by CEH.

Please send your responses back by Monday 12th February to CEH by fax: 9342 9799 marked attn: Spase, or by email: spasev@nrchc.com.au

If you have any questions, please do not hesitate to contact Spase Velanovski 9342 9703 or spasev@nrchc.com.au

Yours sincerely,

Kay Duffy

Emily D'Amico

Spase Velanovski

Appendix 3

Setting up your general practice to work effectively with interpreters GP ALM TRAINING OUTLINE

- 1ST evening 2.5hrs – focus on why, what and how (behavioural)
- Homework 1 hr – applying knowledge (behavioural and systems)
- 2nd evening 2.5 hrs – focus on how (systems)

Tuesday 13th February 2007

Time	Who	GP learning objective(s)	Session content	Method / mode	Tools
10 min	GP: Dr Joanne Gardiner & CEH: Spase Velanovski	<ul style="list-style-type: none"> • to understand the ALM objectives, content, and methodology 	Introduction <ul style="list-style-type: none"> • facilitator introductions • Introduce ALM objectives, content and methodology • Participant introductions (their name, where from, why here) 	<ul style="list-style-type: none"> ▪ Presentation ▪ Participant self introduction 	PowerPoint Whiteboard
25 min	GP	<ul style="list-style-type: none"> • to increase awareness of the relatively poorer health outcomes for CALD patients when served by the Australian healthcare system 	Comparative health outcome for patients with poor and good English language proficiency Why is this an important issue? Presentation of key findings from literature, including statistics and consumer quotes.	<ul style="list-style-type: none"> ▪ Present research findings ▪ Group discussion invited with questions 	PowerPoint
25 min	GP	<ul style="list-style-type: none"> • to identify the benefits of using professional interpreters • to identify the limitations and risks of using non-professional interpreter 	Professional vs. non-Professional interpreters <ul style="list-style-type: none"> • View 4 minute DVD scenario (#5) of GP consulting through a non-professional interpreter on issues when consulting. • View 4 minute DVD scenario (#6) regarding importance of briefing stage and issues using Auslan interpreters • Refer to predisposing activity questions. • Summarise key pro and con arguments for each. 	<ul style="list-style-type: none"> ▪ Screen DVD and break into small discussion groups and give one question for each group to address and report back. ▪ Case study Facilitated group discussion 	TV or white screen whiteboard

BREAK ~ 15 minutes

Time	Who	GP learning objective(s)	Session content	Method / mode	Tools
15 min	CEH	<ul style="list-style-type: none"> To be able to access the Doctor's Priority Line Understand the role and services provided by on- site interpreters telephone interpreters and Auslan interpreters 	What interpreting services exist for doctors? <ul style="list-style-type: none"> What is the Doctor's Priority Line? How can doctors access the Doctor's Priority Line? Which doctors and patients are eligible? Benefits of using the Doctor's Priority Line Complaints procedure NABS – National Auslan Interpreter Booking and Payment Service 	<ul style="list-style-type: none"> Presentation Question answer time 	PowerPoint Handout of how to access service
75 min	CEH & GP	<ul style="list-style-type: none"> To work effectively with telephone interpreters To work effectively with on-site interpreters To understand the role of interpreters 	Effectively using interpreters <ul style="list-style-type: none"> Demonstration accessing and working with telephone interpreter Demonstration accessing and working with on-site interpreter How to ask patient's language preference – poor, basic, better, best Interpreter code of ethics and classifications levels 	<ul style="list-style-type: none"> Simulated telephone interpreter call through DPL and role play through case study Simulated on-site interpreter communication with interpreter and role play through case study Presentation Question and answer time 	Phone with speaker On-site interpreter Handout – interpreter code of ethics

Non-contact hours (homework) component of ALM in two parts (60 minutes maximum):

- Ask GPs to set up a TIS access code and use the telephone interpreter service at least once before next session. Done in Practice. Handout.*
- GPs to answer three questions in preparation for second part of ALM. (See 'ALM non-contact hours exercise' document).*

Tuesday 20th February 2007

Time	Who	GP learning objective(s)	Session content	Method / mode	Tools
30 min	CEH & GP	Identify strategies that will improve their experiences of accessing interpreters	Sharing experiences working with the telephone interpreter service Review of GP experiences of doing non-contact hours activities	<ul style="list-style-type: none"> ▪ Facilitated group discussion ▪ Question and answer 	Whiteboard Handout of referral services
60 min	GP & CEH (possibly representative from Victorian Office of Multicultural Affairs re 'Interpreter symbol -TBC)	To implement a systems approach to facilitate the use of interpreters in practice	Setting up your practice for efficient and effective professional interpreter use View 4 minute DVD scenario (#3) identifying the right language/dialect. Setting up your practice for interpreter usage by practice staff: <ul style="list-style-type: none"> • Policy & procedure • Systems e.g. interpreter alert • Block booking (efficiency) • Staff training • Complaints handling • Addressing business concerns 	<ul style="list-style-type: none"> ▪ Screen DVD Break into small discussion groups and give one question for each group to address and report back <ul style="list-style-type: none"> ▪ Presentation ▪ Question and answer time 	TV or white screen Whiteboard Handouts – audit sheet / toolkit Handout – Request form templates hardcopy and electronic PowerPoint

BREAK ~ 15 minutes

20 min	CEH	<ul style="list-style-type: none"> • To promote the availability of interpreters to patients 	Promoting professional interpreter services to your patients View 3 minute DVD scenario (#1) of recognising the need for an interpreter Setting up your practice for interpreter usage: patients <ul style="list-style-type: none"> • Interpreter symbol • Asking the question 	Screen DVD and group discussion to questions Presentation	TV or white screen handout of VOMA resource kits
40 min	CEH & GP	<ul style="list-style-type: none"> • To implement changes to facilitate the effective and efficient use of interpreters in their practices 	Review and future action Review of main points covered What can you do in your practice to facilitate the effective and efficient use of interpreters? Evaluation completion	Presentation Group discussion identifying and allocating tasks as 'easy', 'moderate' & 'difficult' Evaluation	PowerPoint Handout of key points Whiteboard Evaluation form

Workshop Evaluation

**Working effectively with Professional Interpreters:
Setting up your Practice**

***A six hour Adult Learning Module for General Practitioners
and other general practice staff***

Tuesday 13th and 20th February 2007

How would you rate your level of knowledge of working with professional interpreters prior to the workshop? (Circle one response)

- a) Excellent
- b) Very Good **x1**
- c) Good **x1**
- d) Adequate **x1**
- e) Poor **x5**

[No response x1]

Please circle one response for each statement below

1. I now have a greater awareness of the relatively poorer health outcomes of non-English speaking background patients compared to English speaking background patients when served by the Australian healthcare system.

strongly agree	agree somewhat	no opinion/ neutral	disagree somewhat	strongly disagree
7	1		1²	

2. I am now better able to identify the benefits and risks of using professional and non-professional interpreters in consultations.

strongly agree	agree somewhat	no opinion/ neutral	disagree somewhat	strongly disagree
8	1			

3. I now have a better understanding of the role and services provided by telephone interpreters and on-site interpreters.

strongly agree	agree somewhat	no opinion/ neutral	disagree somewhat	strongly disagree
8	1			

² Participant comment " ? indigenous patients"

4. I now have a better understanding of how to work effectively with telephone interpreters.

strongly agree	agree somewhat	no opinion/neutral	disagree somewhat	strongly disagree
8	1			

5. I now have a better understanding of how to work effectively with on-site interpreters.

strongly agree	agree somewhat	no opinion/neutral	disagree somewhat	strongly disagree
5	4			

6. I now have an increased knowledge of how to implement a systems approach in my practice to facilitate the effective use of professional interpreters.

strongly agree	agree somewhat	no opinion/neutral	disagree somewhat	strongly disagree
4	5			

7. I now have an increased knowledge of how to promote the availability of professional interpreting services.

strongly agree	agree somewhat	no opinion/neutral	disagree somewhat	strongly disagree
7	2			

8. How useful was the use of the audio-visual interpreter scenes?

Very useful 7	Quite useful 2	no opinion/neutral	A little useful	Not useful at all
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Please provide any comments....

- Sometimes seemed to be barrow pushing exercises
- I am very grateful for this training opportunity; jobs not come into contact with many clients requiring interpreter services, I am hoping to use these skills in my practice when/if I move to another clinic.

9. How useful were the interpreter role plays?

Very useful 8	Quite useful 1	no opinion/neutral	A little useful	Not useful at all
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Please provide any comments....

- Reinforced the point
- Felt very real in the role play, certainly a great learning tool in this situation

10. How useful were the resources handed out?

Very useful **8** Quite useful **1** no opinion/ neutral A little useful Not useful at all

Please provide any comments....

- Will put them in a TIS dedicated booklet

11. Overall, this workshop met my expectations.

Strongly agree **9** agree somewhat no opinion/ neutral disagree somewhat strongly disagree

Please provide any comments....

- Excellent sessions, role play telephone demonstration very useful; RACCP should be approached regarding incorporating version into their teaching
- Exceeded expectations
- I wish I had more opportunities to use TIS. Presenter is a great TIS advocate.

Any further comments? (including presentation style and what you would like in the future on this or a related topic)

- Not comfortable with role play but turned out fun
- Is the public purse inexhaustible?
- A great workshop!
- Need undergraduate and postgraduate GP training especially considering our population demographics
- The presentation from the interpreter was very illuminating and made me see interpreter use from the interpreters point of view