

## Working with Patients with Limited English Proficiency (LEP)

- [Title VI](#) of the Civil Rights Act mandates interpreter services be available.
- Interpreters improve quality of care, patient satisfaction and reduce error (Karliner et al., 2007).
- Language services should adhere to professional standards including accuracy, role boundaries, cultural awareness (NCIHC, 2005).
- Best practices for interpreters should include addressing the patient directly, using short statements, and limiting information to 3 points at a time (Juckett & Unger, 2014).
- Ad hoc interpreters (family, friends, and untrained staff) are more likely to make errors, violate confidentiality; do not use children except in emergencies (Juckett & Unger, 2014).
- Some studies show reduced comprehension, even with medical interpreters, possibly due to practitioner variation, education levels and dialects (Clark et al., 2011).
- **Ten Useful Tips for Working with Language Interpreters** (8 minute video).

For more information see the [National CLAS \(Culturally and Linguistically Appropriate Services\) Standards](#) which “are intended to advance health equity, improve quality, and help eliminate health care disparities.” Click [here](#) for more information on CLAS Standards.

### Resources for health information in multiple languages:

- [Health Information in Multiple Languages from MedlinePlus](#) provides patient information based on diagnoses and symptoms.
- [Health Information Translations](#) provides plain language health education resources for health care professionals and others working in communities with limited English proficient populations.
- [Point-to-Talk Booklets](#) assist health professionals in communicating while waiting for an interpreter by allowing patients to point to the word in their language that describe their situation.

### References:

Juckett G, & Unger K. Appropriate use of medical interpreters, *Am Fam Physician*. 2014 Oct 1; 90(7):476-480.

Karliner LS, Jacobs EA, Chen AH, Mutha, S. Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. *Health Serv Res*. 2007; 42(2), 727–754. <http://doi.org/10.1111/j.1475-6773.2006.00629.x>

Clark S, Mangram A, Ernest D, Lebron R, Peralta L. The informed consent: A study of the efficacy of informed consents and the associated role of language barriers. *J Surg Educ*. 2011 Mar-Apr;68(2):143-7. doi: 10.1016/j.jsurg.2010.09.009.

National Council of Interpreting in Health Care. National Standards of Practice for Interpreters in Health Care. 2005. [www.ncihc.org](http://www.ncihc.org)