

Negotiating Language Barriers

Practitioners describe how they build trust through communication with patients who do not speak English.

BY ROHIT VARMA, MD, MPH; JUSTIN SCHWEITZER, OD; DARRELL WUDUNN, MD, PhD; AND WALTER O. WHITLEY, OD, MBA

Rohit Varma, MD, MPH



In my experience, patients feel more relaxed when I can speak their language. They feel I appreciate what they have to say and understand their needs, which, in their minds, translates to confidence in the care I will provide.

Speaking the same language as my patients, or even making an effort to do so, also helps me to build a bond with them.

For non-English-speaking patients with whom I cannot communicate, I use an interpreter. If the interpreter is from the care team such as a nurse or an admissions coordinator, the patient will feel more comfortable in a stressful environment, because someone familiar understands his or her concerns. For example, I speak Spanish to the extent that I can, but my technician is Spanish speaking and can assist me with a patient with whom he, too, has spent time. Due to the chronic nature of glaucoma, patients return for care for many years, so the entire care team becomes a trusted group.

It is common for hospitals and organizations to use translation phone services so as to avoid having to hire a large staff of interpreters. In my opinion, that is a very cold approach to providing the patient with a service that, in many ways, is the foundation of the patient-physician relationship. The phone is impersonal, and it can have a negative effect on that relationship.

Justin Schweitzer, OD



Communication with my patients is of the utmost importance when ocular surgery is imminent. Language barriers can present challenges for eye care providers attempting to communicate the details of a surgery. It is crucial that we

clinicians communicate effectively and thoroughly with our patients, even in the presence of a language barrier.

At my center, our first impressions team schedules a translator to be present throughout the examination for non-English-speaking patients. The translation services in our region are excellent, easy to work with, and readily available.

With the help of the translator, I discuss the findings and plan with the patient at the conclusion of the examination. Using an app on my iPhone (Apple), I also dictate a letter that reviews this information with the patient and translator present. The translator interprets my dictation to the patient in front of me to reinforce the findings of the examination and the future plan. This portion of the visit takes more time than usual, but I find it is worth every minute to communicate effectively. Some transcription services can translate and present the letter to the patient in the language of choice.

Darrell WuDunn, MD, PhD



Doctor-patient communication is a critical element in glaucoma management, but it can sometimes be a major challenge due to various socioeconomic and cultural differences.

Communication becomes even more difficult when a language barrier prevents direct verbal interaction between the clinician and patient. Having an interpreter is obviously critical, but interpreters vary greatly in their medical knowledge and may have their own internal cultural biases, which may influence communication between the doctor and patient.

In many cases, an English-speaking relative who can translate will accompany a non-English-speaking patient. This scenario is usually adequate for straightforward,

uncomplicated follow-up visits. For more complicated issues and concerns, however, a relative may be an inadequate interpreter; I cannot be sure that what I said is being properly conveyed to the patient, and the response or feedback I get from the patient may not be accurate. The relative may summarize my instructions and omit the important details.

At my institutions, we have several options for using interpreters. Some of our hospitals have their own Spanish interpreters who are available as needed, but this often involves significant waiting time due to high demand for these services. We also use Language Line Services, which provides interpretations over the phone. On rare occasions, we arrange for a live interpreter to come to the office during a patient's visit. I have even resorted to using Google Translate on my smartphone, but I have not been very satisfied with this method.

When working with an interpreter, I try to use simple, everyday language to communicate with my patient to avoid confusion or ambiguity in translation. Props, eye models, and images are very helpful. Educational brochures written in the patient's native language are valuable if available. I find it useful to have the patient repeat my instructions so that I can verify that he or she understood me.

Walter O. Whitley, OD, MBA



My mother could not speak any English when she moved from Vietnam to the United States. I intimately understood the difficulties she had communicating, so I do my best to ensure that my non-English-speaking patients fully comprehend the information I am conveying to them through a family member or translator.

Patients' compliance is always a factor in glaucoma management, and a lack of communication between the doctor and patient decreases adherence to the prescribed regimen. My strategy for communicating effectively includes briefly documenting the patient's condition, the results of tests and examinations, the prescribed treatment plan, and the timeline for the next visit. I provide the patient and family with a copy of this information.

It is important that we clinicians understand the communities in which we live and which we serve. This includes knowledge of the language and communication barriers we might encounter. Non-English-speaking patients will often bring a family member or friend with them to serve as a translator. We must remember, however, that not all of the information that we discuss will

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How often do you encounter non-English-speaking patients at your practice?

1. Regularly
2. Sometimes
3. Rarely
4. Never

Based on your experience, which approach has been most effective for cultivating relationships with non-English-speaking patients?

1. Use capable members of the staff to serve as translators
2. Hire interpreters on an as-needed basis
3. Use translation phone services
4. Use a mobile phone app

be fully translated for our patient. Unfortunately, this may underemphasize the importance of following the prescribed regimen. Professional interpreters are an extremely helpful resource, as are team members who speak other languages. Translation resources will set your practice apart and could result in an additional referral source. ■

Justin Schweitzer, OD, is a practitioner with Vance Thompson Vision in Sioux Falls, South Dakota. Dr. Schweitzer may be reached at justin.schweitzer@vancethompsonvision.com.

Rohit Varma, MD, MPH, is chair of the Illinois Eye and Ear Infirmary, Department of Ophthalmology and Visual Sciences, and associate dean for strategic planning at the University of Illinois at Chicago College of Medicine. He is a member of the Institute of Medicine of the National Academies' Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities and chair of the American Academy of Ophthalmology's Public Health Committee. Dr. Varma may be reached at rvarma@uic.edu.

Walter O. Whitley, OD, MBA, is the director of optometric services at Virginia Eye Consultants in Norfolk, Virginia. Dr. Whitley may be reached at (757) 961-2944; wwhitley@vec2020.com.

Darrell WuDunn, MD, PhD, is a professor of ophthalmology at the Eugene and Marilyn Glick Eye Institute, Indiana University School of Medicine in Indianapolis, Indiana. Dr. WuDunn may be reached at (317) 278-2661; dwudunn@iupui.edu.