

Telephone Interpreting for BC General Practitioners

Frequently Asked Questions

1. What type of equipment should be used for telephone interpreting?

Phones with two receivers, commonly known as dual handset phones, can enhance audibility and improve the quality of the communication. Another option, if available, is to use cordless phones with two handsets. Most handsets have the option to connect a headset, allowing both the patient and the provider to move around freely without being restricted by telephone cords. It is important to sterilize the equipment before and/or after each use. Disposable mouthpiece and earpiece covers are also advisable.

If you do not have a dual handset phone, use the speakerphone function for phone interpreting. Do not pass a single receiver back and forth between the patient and provider. When using a speakerphone, reduce background noise as much as possible to ensure the interpreter is able to properly hear both speakers.

2. What is the process for making a call?

PATIENT WITH YOU IN PERSON:

- a. Dial the designated toll-free number. Once connected you will be prompted for the following information:
 - Language Needed*
 - Access Code
 - Your Name (and City in some cases)
- b. You will be placed on hold briefly, and connected to an interpreter.

PATIENT ON THE PHONE:

- a. Use the conference hold feature if the patient is on the phone.
- b. Once the patient is on conference hold, dial the designated toll-free number. Once connected you will be prompted for the following information:
 - Language Needed*
 - Access Code
 - Your Name (and City in some cases)
- c. You will be placed on hold briefly, and connected to an interpreter.

*If the patient's language is unknown, show them the Language Identification Card and let them point to the language they speak. If the patient's language is not listed on the Language Identification Card you may request the assistance of our customer service associates who are skilled in determining target languages.

3. How long will it take to get an interpreter on the line (connection time)?

Average connection time is between 30 to 60 seconds, depending on the language. Connection time is measured from the time that a language selection is made and interpreter is brought on the line.

4. How often are languages not available?

There are over 200 languages available through this modality. It is rare that a language that is required in BC is not available. Some languages are rare and therefore are not available on demand, but rather need to be pre-booked.

5. Is it true that telephone interpreters cannot perceive any non-verbal cues?

No. A great amount of non-verbal information can be perceived through tone of voice, inflection, breath patterns, hesitations and other auditory input. Interpreters who work via telephone are trained specifically in listening skills that enable them to better perceive and process this type of non-verbal information. Interpreters working via telephone cannot perceive visual cues, such as gestures and facial expressions.

6. How necessary is the visual aspect of interpreting?

It depends greatly on the context and the circumstance. For some settings, such as a setting where patient education is being provided, an interpreter might benefit from seeing the process that is being described in order to accurately interpret.

When telephone interpreting is the only option the session and accuracy can be enhanced by the health care provider being more descriptive in their instruction, e.g. rather than ‘this is an EpiPen’, say ‘what am I holding in my hand is an EpiPen, which injects a chemical that reverses symptoms of a severe allergic reaction.’”

7. How can I ensure that confidentiality and privacy of health information are maintained when using telephone interpreters?

Professional interpreters are always guided by a code of ethics and standards of practice. The three cornerstone standards of interpreting are confidentiality, impartiality and accuracy.

8. Should I document any information related to the call? If yes, what?

In order to follow up on an issue related to a call (e.g. a quality concern), we need the following information to allow us to track the call:

- the call time, i.e. the start and end time of a call with an interpreter,
- the name of the interpreter,
- the interpreter’s identification number, if possible, and
- your contact information.

9. Can a telephone interpreter help me convey written information (patient education materials, consent forms, prescriptions, etc.)?

Telephone interpreters can listen to the health care provider read information aloud from a written source document, and then render it into another language. However, this service is limited and documents for this purpose are not to exceed 3 pages.

10. Will each division of family practice receive its own usage data?

Yes, each division will receive its own usage data, which will include data related to: call length, language requested, and date and time of call.