

Communication Engagement Training: Interpreting and Communicating for Difficult Health-related Conversations

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Minnesota Center of Excellence in Newcomer Health

Acknowledgment

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The Minnesota Medical Association facilitated the CMEs. Full or partial CMEs/CEUs will be awarded based on actual attendance time.

This program is accredited for medical interpreters by CEAP for 1.5 CE hours, under 2026 CEAP accreditation #11226.

No financial conflicts of interest.



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Learning Objectives

- Identify best practices for person-centered communication during difficult health-related conversations.
- Recognize the complimentary roles of the interpreter and clinician/resettlement staff member.
- Discuss advanced skills for building rapport, communicating clearly, handling tension, and demonstrating empathy when working across languages and cultures.



Today's Speakers



Priscilla Ortiz, PhD, CMI-Spanish

Children's Hospital of
Philadelphia



Kate Yun, MD, MHS

Children's Hospital of
Philadelphia
(Moderator)

Agenda

- *Best Practices for Interpreter-mediated Communication*
– Priscilla Ortiz, PhD, CMI-Spanish
- Case Discussions in Small Groups
- Report Back
- Closing





Best Practices for Interpreter-mediated Communication



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Overview

Foundational linguistic concepts

Background on interpreting in healthcare

Best practices for working with interpreters

Communication strategies



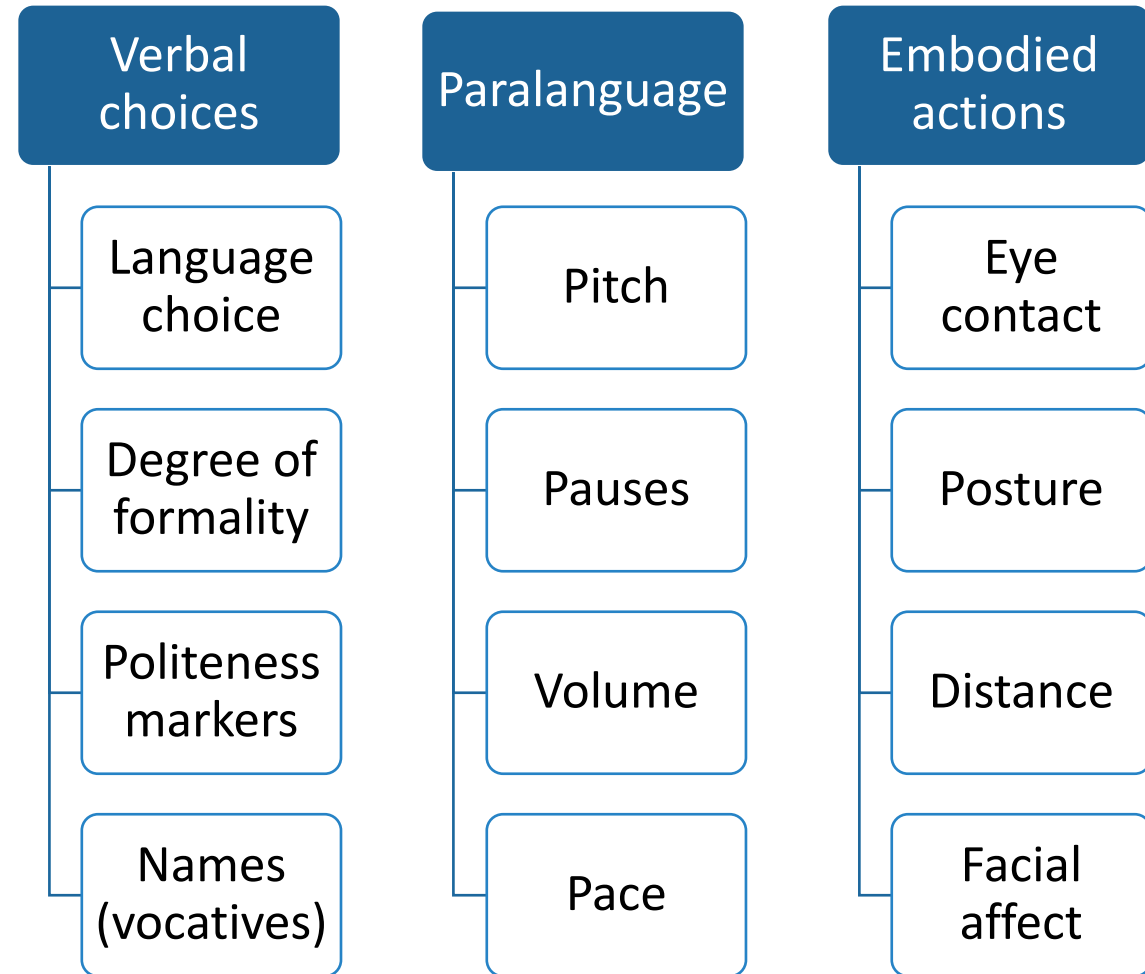


Languaculture

Agar, M. 1994. *Language Shock: Understanding the culture of conversation*. William Morrow, NY.

Photo Credit: Large banyan tree with multiple intertwined aerial roots by Shipon Karmakar
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Multimodality in Human Interaction



Contexts and Underlying Meaning: “It’s hot”

Did you taste this taco?



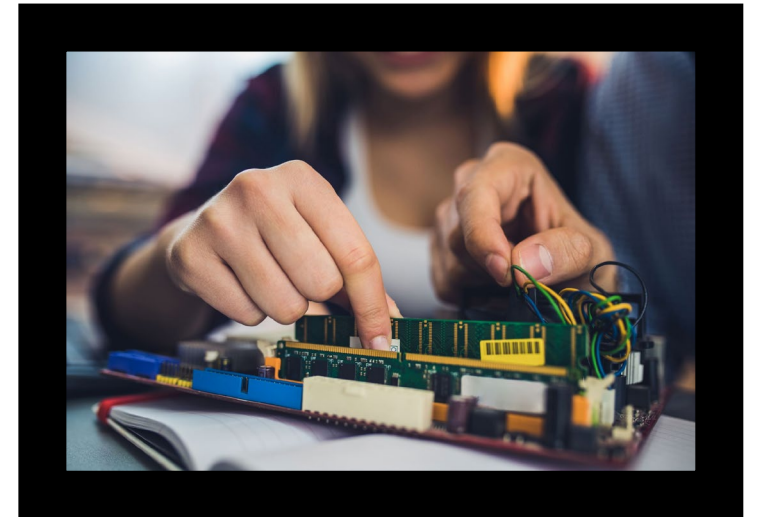
It's hot.
Spiciness
Refusal

Are you going to
mow the lawn?



It's hot.
Weather
Complaint

Are you cutting that
electrical wire?



It's hot.
Electricity
Warning

Scripts Activate Context

- **Social scripts**
- **Cultural models**
- **Speech events**
- **Mental scripts**

“for here or to-go?”

“yes, your honor, that is correct”

“the check engine light is on”

“good morning class”

“it’s in the rinse cycle”

“relax your arm, a little pinch”

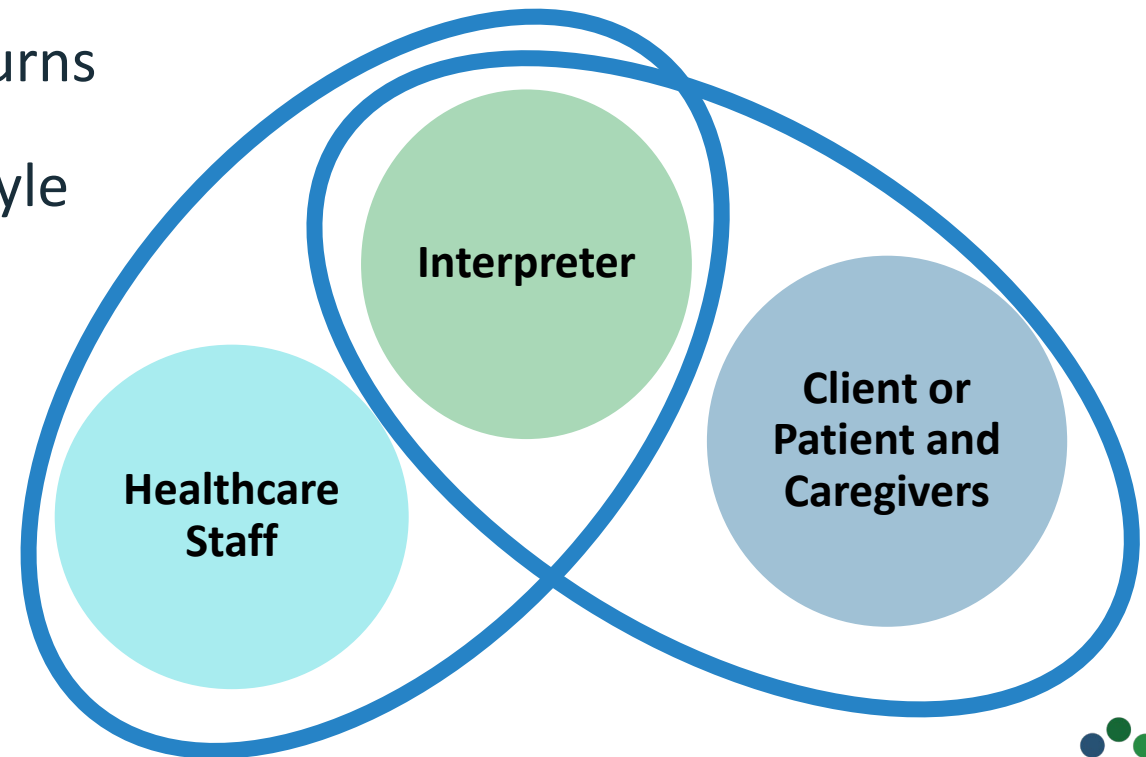
“You’re it!”

The two-fold task of interpreters

(Wadensjö 1998)

Manage conversations across two or more parties

- Alternating and moderating speaking turns
- Maintaining and mediating language style (jargon vs. lay terms)
- Producing equivalent meaning and equivalent intended effect.



Qualified Medical Interpreters

KNOWLEDGE



General Medical Knowledge



U.S. Health System

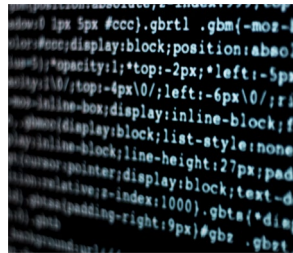


Medical Specialties & Subspecialties

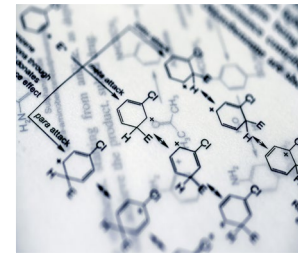


Linguistic & Cultural Backgrounds

SKILLS



Inferencing



Analytical



Professionalism



Memory



Interpersonal



Expanding or Explaining



Standards of Practice for Interpreters (NCIHC)

Accuracy

Confidentiality

Impartiality

Respect

Cultural Awareness

Role Boundaries

Professionalism

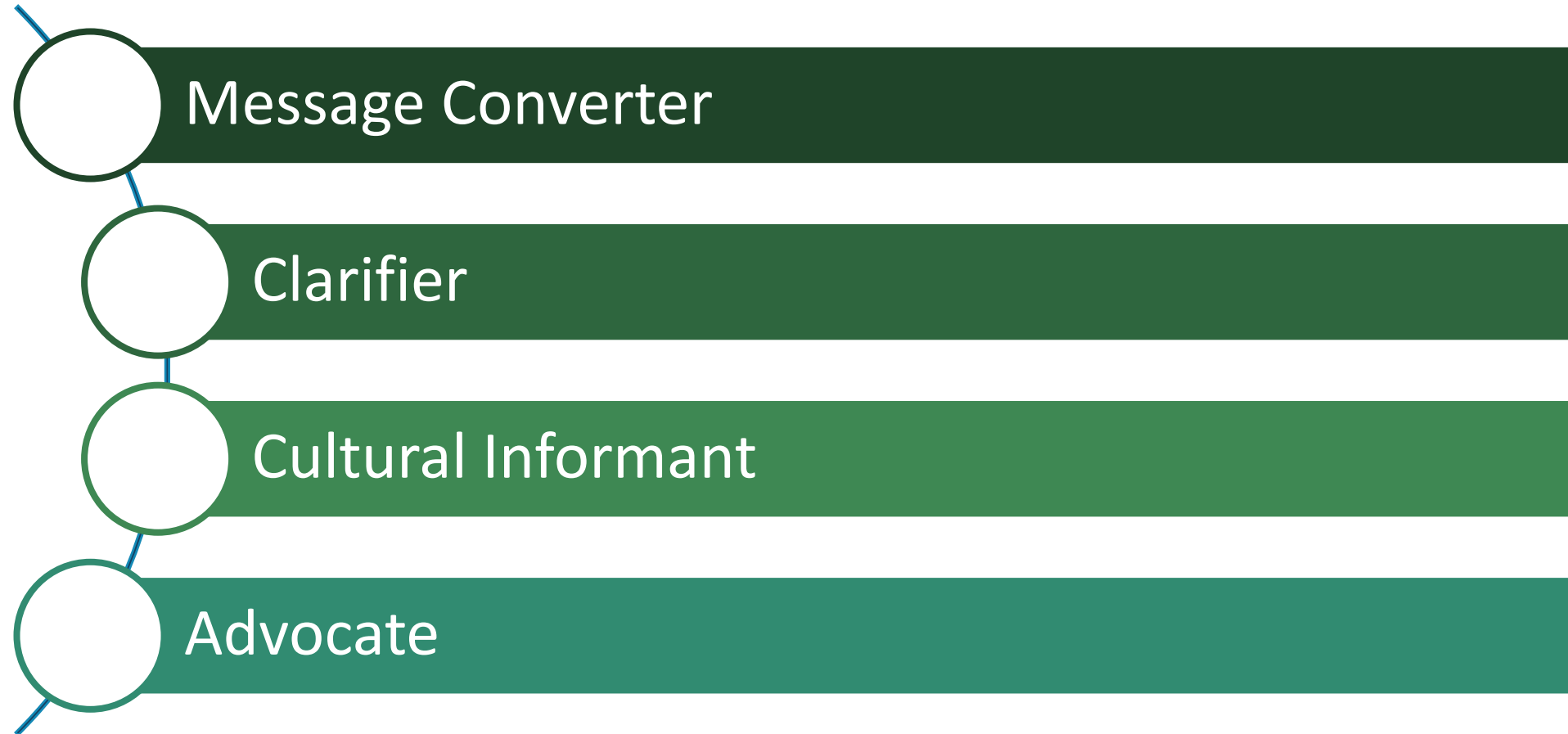
Professional Development

For more information, visit [National Council on Interpreting in Health Care \(www.ncihc.org/web-links\)](http://www.ncihc.org/web-links)



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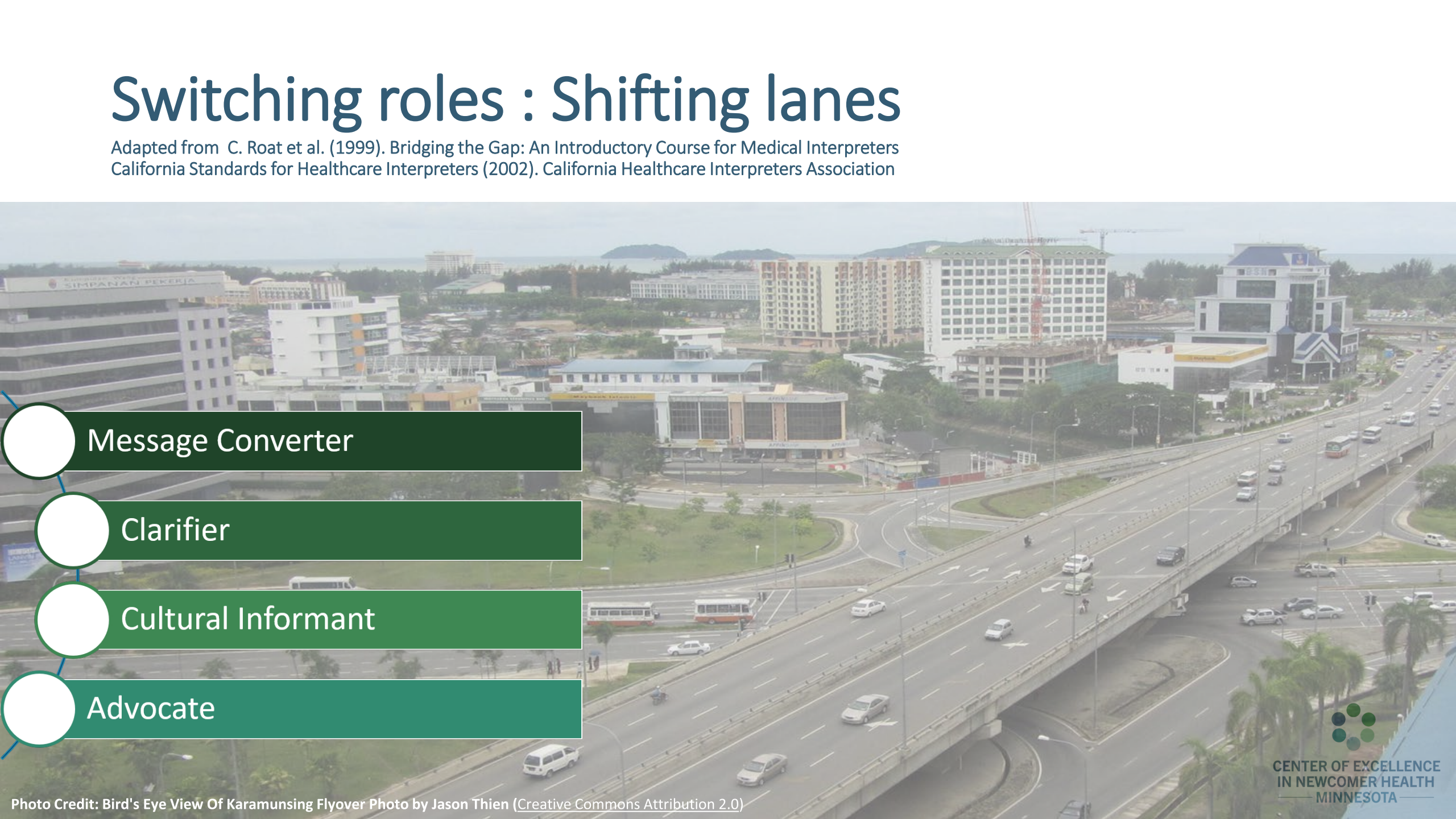
Multiple Interpreter Roles



Adapted from C. Roat et al. (1999). Bridging the Gap: An Introductory Course for Medical Interpreters
California Standards for Healthcare Interpreters (2002). California Healthcare Interpreters Association

Switching roles : Shifting lanes

Adapted from C. Roat et al. (1999). Bridging the Gap: An Introductory Course for Medical Interpreters
California Standards for Healthcare Interpreters (2002). California Healthcare Interpreters Association



Message Converter

Clarifier

Cultural Informant

Advocate

Interpreting Modalities



Phone



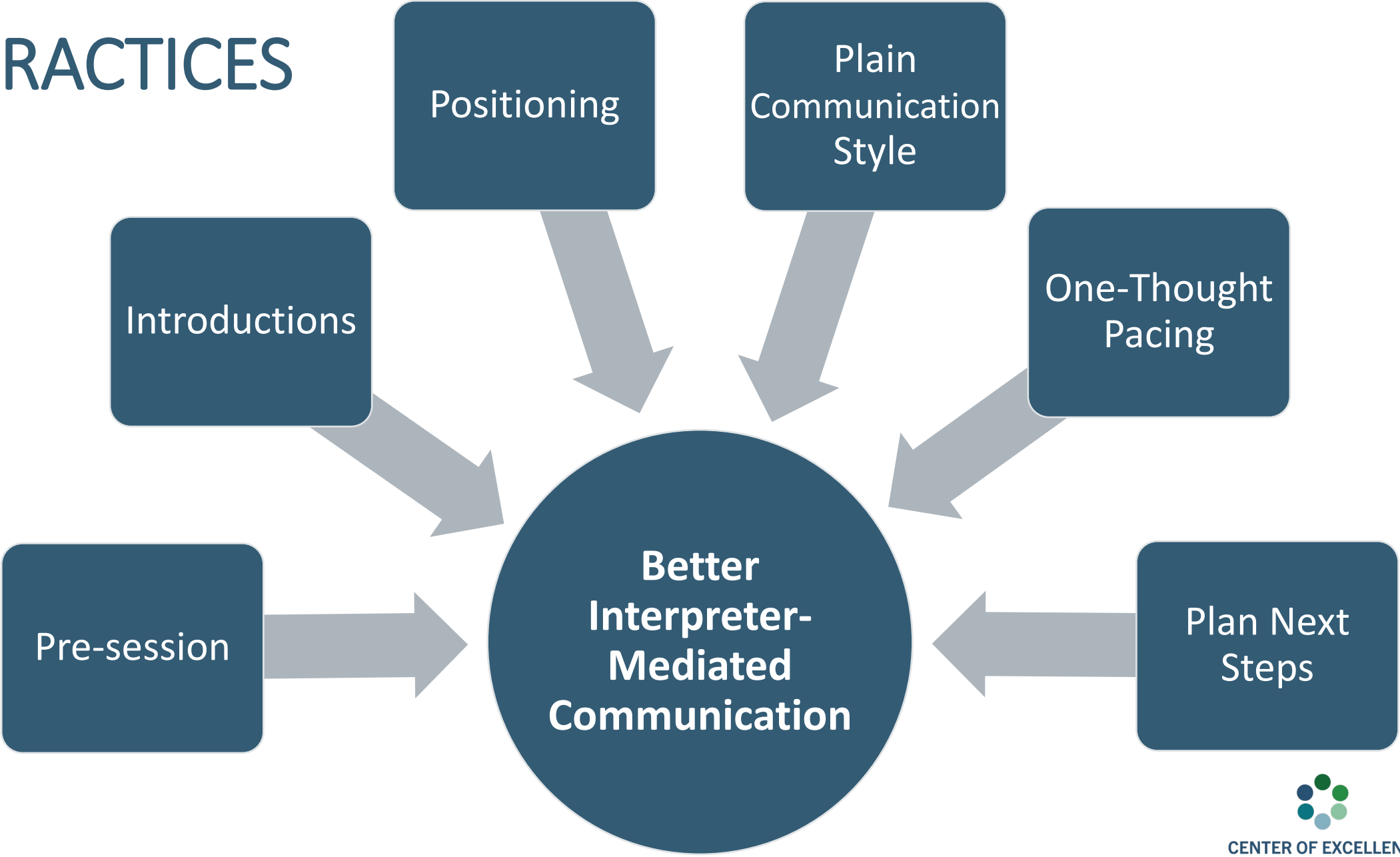
Video



Onsite



BEST PRACTICES



BEST PRACTICES: Working with Interpreters

Pre-session Briefing with Interpreter	Introductions	Positioning	Communication Style	Pacing	Next Steps
Introduces self (name <i>and</i> role) to interpreter. Briefs the interpreter on communication goals, background, or participant info, etc. Asks the interpreter if they have any relevant info to share. Allows the interpreter to hold their pre-session briefing with patients/ caregivers, if not already complete.	Introduces self and role to patient/caregivers. Includes names and/or roles of all others in the conversation— this context supports communication. Gives new information as needed, e.g., explains or asks about reason for visit, etc.	Encourages everyone to be at same eye level. Makes comfortable eye contact if able/ appropriate. Allows interpreter(s) to assist with positioning so that everyone can hear and see as appropriate. Speaks directly to the patient/caregivers, (not the interpreter). Uses 1st & 2nd person speech, “Are you able to...?” Avoids 3rd person speech, “Ask her if...”	Uses plain language; avoids jargon or explains all technical terms or phrases. Avoids idioms, jokes, and unprompted references to mainstream popular culture. Limits side conversations or personal asides; allows for all talk to be interpreted transparently. Encourages and deliberately invites questions from participants, (e.g., What haven’t I explained well? or What questions do you have?)	Allows the interpreter or patient/caregivers to finish speaking before taking another turn. Says only one complete thought at a time. Assesses comprehension with teach back techniques. Allows time for questions and responses.	Offers information, if available, about contacting clinical team, via an interpreter or bilingual team member.

Recommendations



Recommendations: Stay curious

What do you **CALL** your problem?

What do you think **CAUSED** your problem?

**Would you help me
understand how you see this?**

How do you **COPE** with your condition?

What **CONCERNS** do you have regarding your condition?



Recommendations: Partner with interpreters

Is there anything I should know
before we start?

Are you comfortable pointing out
major communication obstacles?

**How can we best collaborate
for this session?**

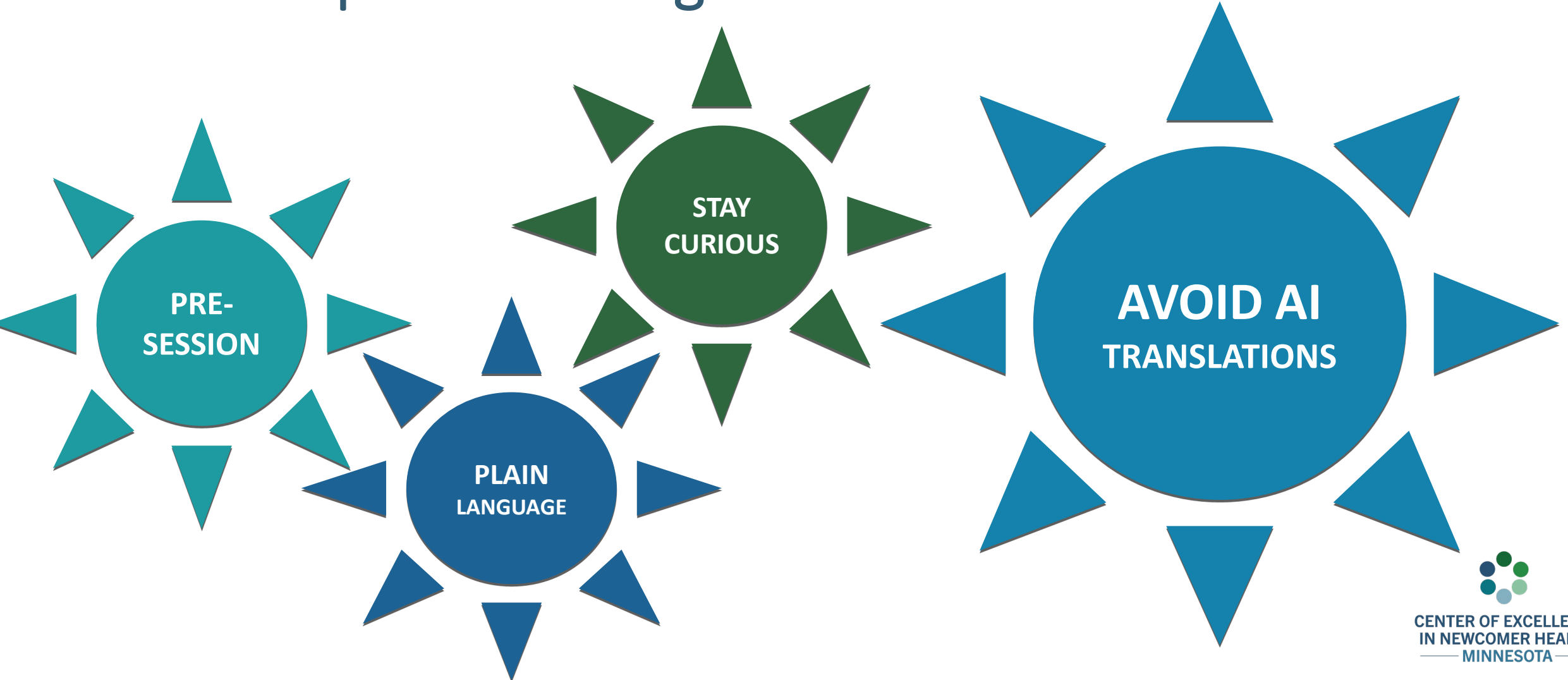
Was there any point that needs
more explanation?

Do you have any concerns about the
session?



Recommendations:

Don't use AI translations unless a qualified bilingual human edits them.



Review

Foundational
linguistic
concepts

Languaculture, multimodality, context, social
actions

Background on
interpreters in
healthcare

Tasks, knowledge/skills, standards, roles, modalities

Best practices for
working with
professional
interpreters

Pre-session, intros, positioning, style, pacing, next
steps

Communication
Strategies

Partner with interpreters, use plain language,
ask questions, avoid AI translations



Companion Resource Guide



[COMET 2026 Companion Resource Guide \(www.health.state.mn.us/communities/rih/coe/cometres.pdf\)](http://www.health.state.mn.us/communities/rih/coe/cometres.pdf)

Questions



Center of Excellence Reminders!

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- Upcoming trainings at [Trainings: Minnesota Center of Excellence in Newcomer Health \(www.health.state.mn.us/communities/rih/coe/webinars.html\)](http://www.health.state.mn.us/communities/rih/coe/webinars.html)

Thank You!

Please remember to complete your evaluation

