Challenges to Professional Interpreter Use Among Surgical Providers

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Objective

We sought to answer 4 questions.

1. Do Michigan Medicine surgical providers underutilize professional interpreters?
2. What are the major barriers to interpreter use?
3. Do multilingual surgeons use interpreters at a different rate than their colleagues?
4. Do surgeons-in-training (residents, fellows) use interpreters at a different rate than faculty surgeons?

Background

- Limited-English proficiency (LEP) patients make up 9% of the U.S. population—25 million people.
- LEP patients have worse health outcomes than English-speaking patients.
- Professional medical interpreters help address this health disparity.

However, interpreter access is only half the battle.

Methods

Data collection:
- Survey of surgical faculty and trainees from a single academic center
- Sent to all general surgery and surgical subspecialty providers
- Web-based survey

Survey content:
- Language proficiency
- Estimated need and use of medical interpreters
- Major barriers to interpreter use

Analysis:
- SPSS and Excel

Demographics

N=109

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<tbody>
<tr>
<td>Female</td>
<td>56%</td>
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<td>Male</td>
<td>44%</td>
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Results

LEP Patient Encounters

- 16.33 encounters (±16.6) per year
- Two-thirds report consistent interpreter usage
- Remaining one-third reports eight “missed” encounters per year
- No difference based on language proficiency (p=.26)
- Trend suggests faculty use interpreters more consistently than trainees (p=.0502)

Interpreter Use Consistency

Interpreter Use/Need Discrepancy

Barriers

#1 Rated Barriers to Interpreter Use

- Time constraints
- Patient preference
- Logistics/privacy
- Language proficiency

Most Frequently Cited Deterrents to Interpreter Use

1 in 3 providers underutilize interpreters.

Time is a major constraint.

Patient preference also influences decision-making.