

GUIDE TO INTERPRETER POSITIONING IN HEALTH CARE SETTINGS

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Introduction

An interpreter is called to help an English-speaking doctor and her limited -English proficient (LEP) patient. After entering the exam room, the interpreter has an important, often unnoticed decision to make: where to sit or stand? Just like everything a health care interpreter does, this seemingly small decision can make a world of difference in the outcome of the interpreted session and can set apart a truly skilled interpreter from an inexperienced one.

Why does it matter where an interpreter positions him or herself? The purpose of an interpreter in a health care setting is to facilitate understanding in communication between people who are speaking different languages. Everything an interpreter does, each technique an interpreter uses in a session, supports or compromises that end goal. The interpreter's choice of positioning is one of the often subtle ways in which an interpreter can skillfully support the patient-provider relationship, or, in some cases, undermine it.

Many factors will influence an interpreter's choice of positioning.

- Sign or spoken?
In signed interpretations, the need of the deaf individual to see the interpreter's hands and face overrides all other considerations mentioned in this paper.
- Physical configuration of the room
How big is the exam room? Is there a chair for the interpreter? Is there a curtain near the door? Is the patient sitting in a chair or lying in a bed? Is there medical equipment around the patient? Sometimes exam rooms are so small and crowded that the interpreter's position is dictated by the size and configuration of the room. However, in most situations, an interpreter may choose which position best supports the communication.
- Nature of the interpreted session
Is this a primary care appointment or a psychiatric evaluation? Is a physical exam involved? Will radiation be in use? Or is this a birthing class in which the interpreter will be doing a whispered interpretation for the LEP patient only? The nature of the session can impact where an interpreter should be positioned.
- Speakers in the room
An interpreter's positioning may be different if the patient is alone, or if there are family members present; if there is one provider or many; if the patient is an adult or a child.
- Emotional state of the patient
Is the patient overwrought? Could the patient be considered to be dangerous? This, too, will affect positioning.
- Cultural boundaries of the patient
Culture plays a large role in determining people's expectations about positioning. How close is "too close?" What conveys respect? What conveys disrespect?

All these factors come into play in an interpreter's choice of positioning. And while interpreters agree that positioning must support the patient-provider communication, there is still some disagreement about which seating arrangement accomplishes that most effectively. Since no empirical research on this issue currently exists, most interpreters' opinions on this topic are based on personal experience. In this paper, the NCIHC will explore the issues surrounding positioning and suggest some pros and cons of different scenarios, based on NCIHC members' experience, as a first step in building consensus on this important issue.

Positioning during an outpatient medical interview

In general, patients and providers tend to speak to the interpreter, because the interpreter is the only person who speaks the language of both persons. When patients and providers speak directly to each other, however, the patient-provider relationship becomes much stronger. This is why professional interpreters strive to stay in the background. The physical arrangement of the parties can directly impact the degree to which patient and provider focus on each other and so build a therapeutic relationship. The interpreter, therefore, needs to be conscious of how his or her positioning is affecting the patient-provider communication.

Several different seating arrangements are possible in a typical medical interview. Each arrangement has its positive and negative aspects.

Next to the provider

Physical Effect: The provider tends to look at the patient instead of the interpreter. The patient can see both the provider and interpreter. *Pro:* Communication from the patient is aimed in the direction of the provider. The provider and interpreter can more easily observe the patient's body language, facial expressions and gestures. The patient will more readily look at the provider. *Con:* It may discourage a reticent patient from being forthcoming because the interpreter appears to be aligning him/herself with the provider. The patient may see the interpreter as part of the medical establishment rather than a neutral party. Finally, interpreters who position themselves next to the provider may find themselves in the provider's way as he or she moves about the room to reach for equipment, etc. Standard exam room chair arrangements often prevent the interpreter from sitting right next to the provider.

Next to the patient

Physical Effect: This seating arrangement tends to promote direct communication between the patient and provider. The provider can see both the patient and interpreter. *Pro:* The patient is more likely to speak directly to the provider. In addition, this arrangement may encourage a reticent patient to be more forthcoming because the interpreter's presence at the patient's side may be felt as supportive. *Con:* The provider may tend to look at the interpreter instead of the patient. The patient may view the interpreter as an ally and might try to confide in the interpreter or seek the interpreter's advice. Patients may be more inclined to make side comments to the interpreter. In addition, some patients just do not speak to the provider and will actually turn around to talk to the interpreter at their side.

In the middle, between the provider and the patient

Physical Effect: The patient and the provider each tend to look at the interpreter instead of each other. *Pro:* This arrangement makes it possible for both patient and provider to see the interpreter as an unbiased participant. *Con:* There is a strong tendency for the patient and provider to focus on the interpreter instead of on each other. This position does not encourage direct communication between the patient and provider.

Behind a curtain

In certain situations, the interpreter may best be positioned behind a curtain. This arrangement is usually employed when patient privacy is particularly sensitive (e.g., during vaginal or urological examination). While especially important when dealing with a patient of the opposite sex from the interpreter, interpreters should offer this choice to any patient, regardless of gender, during disrobing and physical exams. *Physical Effect:* The interpreter is physically segregated from the patient-provider interaction when positioned behind the curtain. *Pro:* This arrangement affords the patient the maximum degree of privacy. *Con:* When behind the curtain, the interpreter is unable to observe the body language of the patient. When the interpreter cannot go behind a curtain because he or she is requested to remain in the room, the interpreter should try to position him or herself near the patient's head, if possible with their back to the patient, giving the patient as much privacy as possible.

Positioning during family conferences

Depending on the number of family members and health care providers involved in the conference, the interpreter needs to be close enough to the provider to hear everything that is being said in order to interpret accurately, but also in a position that allows the patient and family to hear the interpretation clearly.

When most of the family members involved speak English but only one or two persons speak the target language, the interpreter should be next to them to perform a simultaneous whispered interpretation. If

the interpreter is not trained in simultaneous interpretation, whispered consecutive interpretation should be used.

Positioning during inpatient interviews

At the bedside

It is recommended that the interpreter position be at the provider's side. If the interpreter and the provider are on opposite sides of the bed, a patient tends to move his or her head back and forth, alternating between the provider and the interpreter. Positioning next to the provider also encourages the patient and the provider to look at each other.

In radiology

Interpreters should at all times be afforded the same protection against exposure to radiation as other clinical staff. In most cases, the appropriate place for an interpreter during the use of x-rays is behind the same screen that protects the technician. If the interpreter must be near the patient during the procedure, the interpreter should be given a lead apron and throat shield. Interpreters who are pregnant should take special care to follow the appropriate protective safety measures when working in radiology.

In the trauma room/intensive care unit

This situation requires that the interpreter be at the patient's head in order to hear and be heard clearly. The interpreter also is required to move in and out of position according to equipment needs. The interpreter needs to be aware of the medical equipment in the trauma room, making sure to avoid the leads or tubes attached to the patient.

In the operating room

As instructed by the provider, typically near the patient's head.

Positioning during teaching sessions

Patient Teaching

Individual patient instruction usually takes place in a small environment. When interpreting for any kind of patient teaching (e.g., testing blood sugar levels, wound care, feeding tubes), the caregiver usually stands near the equipment. Therefore, the interpreter should also stand near the caregiver and equipment in order to allow the patient to concentrate on the equipment demonstration, thus ensuring good understanding of the instructions.

Classroom Instruction

When interpreting in a classroom situation (e.g. birthing classes, nutrition), the interpreter sits next to the patient and does a whispered simultaneous interpretation in order to avoid disrupting the class.

Special circumstances

The interpreter sometimes is required to interpret in a situation where he or she may have some actual or potential exposure to the patient's body fluids or airborne contaminants. In this circumstance the interpreter **must quickly** follow the instructions from the healthcare providers regarding the use of personal protective equipment (e.g., gloves, mask, gown), and position him or herself behind the glass or door as required.

Standing vs. sitting

Each interpreter will have to assess each situation according to the configuration of the room, number of chairs available and number of people involved. Ideally, the interpreter should either sit or stand in order to be at the eye level of both the patient and the provider.

Positioning of the interpreter's gaze

As detailed above, the interpreter's physical position can have a direct impact on the effectiveness of patient-provider communication. Many of the 'cons' in the pros and cons

section reflect the tendency of patients and providers to speak directly to the interpreter, thereby reducing the effectiveness of the patient-provider relationship. However, a skilled interpreter can manage even these difficult situations by changing the positioning of his or her gaze. When interpreters make direct eye contact with a speaker, that speaker is most likely to focus on and speak to the interpreter. In order to avoid this interpreters can avert their gaze, focusing on a spot on the wall or on the floor as they interpret. This is a non-verbal reminder to patient and provider that they should be speaking to each other, not to the interpreter. In addition, this practice helps interpreters focus primarily on what they are hearing, while keeping the speaker in their peripheral vision so as to be able to pick up on body language.

Conclusion

The interpreter's positioning, then, is one tool that he or she uses to support the development of a trusting patient-provider relationship and facilitate clear communication. Because each situation varies greatly, interpreters will need to use their judgment to decide which arrangement best serves this purpose. The considerations presented in this paper represent some of the aspects of the physical environment that the interpreter should take into account when making this decision. The ultimate test, of course, is the outcome of the interaction; if the interpreter went largely unnoticed and the communication went well, the positioning was effective in meeting its goal.

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