

This guide outlines our clinic's policies on the use of interpreting services, such as the EHHOP Spanish Interpreters Program (ESIP). Your adherence to these policies will help to maintain our high quality of care.

What are my options if I need a Spanish interpreter?

Clinical teams should use one of these four options when seeing Spanish-speaking patients:

- The clinical team is proficient enough in Spanish to conduct the encounter.
- The in-person ESIP interpreter who is volunteering at the clinic that day.
- An ESIP-trained junior clinician who volunteers to interpret.
- Pacific Interpreters service (1-800-264-1552). See: <http://ehhop0.appspot.com/translator.html>

What are some DOs and DO NOTs when working with Spanish-speaking patients at EHHOP?

- **DO** speak directly to the patient, in short phrases, using eye contact. Avoid addressing the interpreter.
- **DO** use the phone interpreter service. Do not wait for the in-person interpreter to become available.
- **DO NOT** address EHHOP patients in the familiar *tú* form when speaking Spanish. Please use *Usted*.
- **DO NOT** use ad hoc interpreters such as family members or clinic staff not trained by ESIP, even if the patient prefers them. At EHHOP we use the phone interpreter service instead.

How do I determine my level of Spanish proficiency? Do I need to use an interpreter?

At EHHOP we use a 4-point scale of language proficiency. Student clinicians whose **Spanish level is 2 or lower must use an in-person or phone interpreter** during all clinical encounters. If your Spanish level is 3, consider asking for an interpreter when seeing unfamiliar patients or during sensitive situations. The following guidelines may help you to self-assess your Spanish level more accurately:

0. Minimal proficiency
 - May be able to greet patients and use rehearsed phrases.
 - Unable to engage actively in clinical encounters conducted in Spanish.
1. Novice level
 - Able to communicate short messages on predictable everyday topics; relies on learned phrases.
 - Limited vocabulary and time/mood tenses.
 - Can greet patient, engage in small talk, and ask basic interview questions.
2. Intermediate level
 - Able to create sentence-level language in the context of familiar topics.
 - Possesses moderate command of Spanish vocabulary and time/mood tenses.
 - Can communicate some clinical information, but cannot sustain throughout a patient encounter.
3. Advanced level
 - Able to engage patient on a variety of topics, including unexpected turns in conversation, speaking in paragraph-level language.
 - Possesses wide vocabulary and is able to access most time/mood tenses.
 - Can conduct a full clinical encounter on predictable topics, but has trouble with unfamiliar patients or sensitive situations.
4. Fully fluent or Native Speaker
 - Able to speak fluently on a full range of topics, moods, and tenses, speaks in paragraph-level language and accommodates unexpected turns in conversation with ease.
 - Can conduct the full clinical encounter with similar proficiency to English-only encounters; can communicate well with unfamiliar patients and in sensitive situations.
 - Can comprehend a wide range of dialects, accents, and culture-specific vocabulary.

Thank you for volunteering at EHHOP! Please direct any questions or feedback to the ESIP Coordinator, Prashanth Rajarajan, at prashanth.rajarajan@mssm.edu.