

Guidelines for the Use of Trainees & Medical Students as Ad Hoc Interpreters

Subcommittee for Language Equity from the Committee on the Learning Environment,
The George Washington University School of Medicine & Health Sciences

The following guidelines were created in an attempt to guide faculty in the use of medical students and resident trainees as ad hoc interpreters in the hospital and clinic setting in the event that primary interpretation resources are unavailable, unsatisfactory, or in the event of an emergency. The guidelines also address the use of a language secondary to English in the event that a faculty member converses with patients in a language unknown or unfamiliar to students or trainees.

- Students reserve the right at all times, except in matters of extreme emergency, to decline to provide interpretation services between patients and the care team given lack of formal certification in medical interpretation.
- The use of a trainee or student as an interpreter at any time while on service, or refusal to serve as an interpreter, must not have any negative influence on the grading or evaluation of that student or trainee.
- Student and trainee learning and success in their daily tasks and responsibilities takes priority. In the event that a student or trainee may be able to assist in providing ad hoc interpretation services for patients and other members of the healthcare team, all parties must remain mindful of the added time and burden that this additional task takes on the student or trainee and must ensure that taking the time to perform interpretation services does not compromise the quality of the student or trainee's work or their capacity to complete their tasks.
- If a faculty speaks the same secondary language as a patient, they may choose to carry the visit in that language as this is better for the patient, so long as the faculty either intermittently interpret for the remainder of the team or set aside time to interpret for the team. Any trainee or student is welcome to see the patient prior to this encounter with an appropriate interpreter service. The use of a secondary language with patients should not hinder the student's opportunity to participate in the clinical encounter.

Further, recommendations are made below to improve primary interpretation resource access in the hospital and clinic setting so that the use of students and trainees as ad hoc interpreters might be reduced, to of patient care.

- All students and attendings should be reminded at the beginning of each year what interpretation services are available at their respective sites, *with the use of a student as an interpreter being seen as a last resort rather than a comparable option.*
- A list of language translation and interpretation resources should be made available at each GW-affiliated clinical site in shared working spaces. These resources should be high quality and readily available to all members of the clinical team.
- When an interpretation service is used by any member of the health care team, participants should take special care to use short phrases and clear sentences, and ask one question at a time to allow them to answer completely. The physician should always talk to the patient directly, rather than the interpreter, and maintain direct eye contact with the patient for the duration of the interview.

Submitted for consideration to the Committee on the Learning Environment
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References

Cowden, J. D., Naimi, B. R., Ortega, P., & Shah, M. P. (2023). A Call for the Professionalization of Medical Language Education to Prevent Misuse of Limited Language Skills and Ad hoc Interpretation. *Journal of the National Hispanic Medical Association*, 1(1), 18–23. <https://doi.org/10.59867/nhma0103>

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