

# Cross Cultural Newsletter

## “Cross Culture Health Care Issues: Would Interpreters adequately fill the gap between health staff and patients?”

*Presenter: Dr Ineke Crezee*

28<sup>th</sup> April, 2015

This is to report on a meeting we had on 28<sup>th</sup> April. More than 50 of our members attended. The topic for the evening was “Cross-cultural Healthcare issues: Can interpreters adequately fill the gap between health staff and patients?” The speaker was Dr Ineke Crezee, Senior lecturer of AUT and Fulbright New Zealand scholar.

Ineke provided an **overview** of the session which was to inform the audience of the work of Patient Navigators, the difference between this and Medical Interpreters and the need for them. She then used her experience at the **Seattle Children’s hospital as an illustration**. She also discussed, in some detail, the **different roles and outcome of the work of Patient Navigators versus Medical Interpreters**. Finally, she discussed a **dilemma confronting interpreters in New Zealand**:- whether the interpreter could perform the role of a Patient Navigator and the hurdles one has to surpass in order to do this.

The **difference between the two roles** lies in that the interpreter is supposed to be just a **mechanical conduit** and the Patient Navigator has **educational, advocacy and gatekeeper role**. One **conflict that confronts an interpreter** is that he or she is often asked to serve to clarify cultural and health issues, and become a bridge between patients and the health professionals or Services. Although often interpreters often do this informally, **they have stretched the NCIHC ethical code required of them**. Interpreters, by virtue of their work, serve where cross cultural issues are involved. A Patient Navigator’s boundary goes beyond this to



involve those with the same background language but because of other social-economic and educational factors require bridging and clarification. Scollon et al highlighted the misconception that it is often presumed that clarification and advocacy only applies where cultural and language differences exist. This misconception would deprive the needs of people from same culture but with different social-economic backgrounds. Hale differentiates between “**Pragmatic failure**” (misunderstanding through linguistic differences) and “**Socio-pragmatic failure**” which is misunderstanding caused by different degrees of health literacy. All the above authors point to the same issue i.e. apart from language, there is a need to bridge between health staff and patients. Otherwise their need would be compromised.

Ineke then further **shed light** on the topic by giving details on the **difference in training between the Medical Interpreter and the Patient Navigator**. The example of the **Seattle Children’s hospital** was used as illustration of these. (For those interested in the details, please send for the DVD). Just succinctly, Ineke described the **criteria** for involvement of Patient Navigators: where **linguistic and cultural barriers** exist (similar to interpreters); **where medically complex and multiple services** are involved; and, most importantly, **where low health literacy exists**. In these cases, **patient navigators are to provide education, explaining complex issues in terms patients and families could understand**. The clients are also expected to be trained how to **access essential information**. **More importantly, Patient Navigators are to motivate their clients, provide advocacy and guide them in the right direction to take any action required**.

The outcome criteria are based on these roles and expectations. Basing on these outcome, there are three groups of clients : those requiring constant input ( tier 3); those requiring some further support and be discharged; and those who could quickly be referred to other services and cope by having interpreter support only.

Ineke cited **several examples how a Patient Navigator could simplify or reframe complex medical issues for patient and families to understand** : viz the example of leukaemia; the case of the child with enlarged ventricles; the case of the congenital facial defects; and lastly, rheumatoid disorder.

Bringing the audience back to **New Zealand**, Ineke highlighted the **local difficulties**: whilst interpreters could perform the duty with some further training, code of ethics would prevent such. According to the **code, only when the patient's health, well-being or dignity is at risk, the interpreter may then be justified in acting as an advocate**. **Lack of training** of interpreters in **medical knowledge** would make it **hard for some of the existing interpreters to fulfil this role** which is essential to enhance understanding, cooperation and outcome for most patients.

The talk was followed by discussions which went well into the night. Further issue **concerns the over-lap of role between Patient Navigators and other support workers** including CSWs , Peer Support Specialists and other health staff.



Gongcheng Guandi Temple Fair  
June 24, 2015 to June 27, 2015

By the time you receive this newsletter, the DVD is already available. Please send for this through Diane.

### HIGHLIGHT FOR THE NEXT SESSION

We shall be taking a break in May. The next session would be on **23<sup>rd</sup> June**. We are planning a session on **"Grief across cultures: case studies and panel discussion"**. **This topic was requested by most members after our March session on "Grief Across Cultures" given by Dr Margaret Agee. Please watch for the flyer which should be out by the end of this month.**

#### Please note

**Attendances:** in the past year, we often have members not turning up for the meeting at the last minute. ***In order to assist with catering***, those of you who have enrolled but unable to come, ***please let us know , if at all possible, 24 hours in advance.***

Thank you once again for your support. I look forward to seeing you all in our next meeting which is on Tuesday **23<sup>rd</sup> June**.

Yours sincerely,

**S Wong**

**For Cross Culture Interest Group**

For a more accurate rendition of the presentation, ***please request the DVD*** from Diane Evans at [dianee@adhb.govt.nz](mailto:dianee@adhb.govt.nz) (please send \$2 stamps to help cover costs)

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link: [http://adhb.intranet/Mental\\_Health/Resources/CrossCulture.htm](http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm)