EDUCATION ATTESTATION FORM FOR MEDICAL STAFF, ALLIED HEALTH, STUDENTS, FELLOWS, RESIDENTS

I have read and acknowledge the following information:

- HIPAA Medical Staff and Allied Health Training/Orientation
- Infection Control Training/Review information
- Electrosurgery Cautery
- Physician and Visitor Safety Information
- Surgical Fire Safety Information
- Cultural Competence in Health Care

_________________________________________  ________________________________
Practitioner Signature                              Date
Confidentiality and privacy of medical records require that a patient has the right to control who will see their protected health information. With the enactment of the Health Insurance Portability and Accountability Act of 1996, a patient’s right to have his/her health information kept private, secure and confidential became more than just an ethical or state obligation of healthcare providers; it became a federal law. HIPAA also provides for civil and criminal sanctions for individuals and entities violating its provisions.

Protected Health Information (PHI) includes patient identity, address, age, social security number and any other personal information that patients are asked to provide. In addition, PHI includes why a person is ill or in the facility, what treatments and medications he/she may receive, and other observations about his/her condition or past health conditions.

Ways to protect a patient’s privacy include:

- Keep discussions about patient care private if reasonably possible by closing doors, pulling curtains or conducting discussions in a designated conference area so that others cannot overhear.
- Keep medical records secured and out of public areas.
- Do not release any patient information, unless authorized by the patient.
- Do not leave messages on answering machines regarding patient condition or test results.
- If there are persistent problems regarding the breach of confidentiality or you have any questions, please contact the administrator or area managers.

As a member of the Medical Staff or an Allied Health Practitioner at this facility, I acknowledge the patient’s right to confidentiality and my obligations under HIPAA. I understand that information relating to a patient’s physical and/or emotional status should not be released or discussed except as needed for the care of that patient.

**STATEMENT OF CONFIDENTIALITY**

As a Medical or Allied Health Staff member at this facility, I recognize the patient’s right to confidentiality and agree to abide by the patient bill of rights as posted within the facility. Additionally, I agree that information related to a patient’s physical and/or emotional status will not be released except as set forth within the policies and procedures of this facility.

I also recognize and understand that I may encounter confidential company, physician and employee information during the course of my staff membership. I also agree that this information will not be released except as set forth within the policies and procedures of this facility.
INFECTION CONTROL INFORMATION FOR MEDICAL STAFF, ALLIED HEALTH, RESIDENTS, FELLOWS, AND STUDENTS

The vision of Surgical Care Affiliates (SCA) is to be the partner of choice for surgical care. SCA’s mission is to care for our patients, serve our physicians, and improve healthcare in America. SCA remains committed to our values of Clinical-Quality, Integrity, Service Excellence, Accountability, and Continuous Improvement, with the recognition of putting clinical first as we continue to build on best practices for safe patient care and outcomes and outstanding quality services. SCA is proud to lead the ASC industry in efforts for public reporting of patient outcomes, including patient falls, burns, hospital transfers and wrong site surgeries. SCA is in process of publicly reporting other outcomes including post-procedure infections. SCA recognizes that a number of states are already requiring reporting of surgical site infections.

The Centers for Medicare and Medicaid (CMS) ASC Conditions for Coverage that went into effect May 2009 emphasize the importance for the medical staff to be knowledgeable of the center’s infection control program and related policies and procedures. This information is provided to all members of the medical staff to be apprised of the center’s Infection Control Plan and related policies and procedures in order to reduce the risk of patient surgical complications, including post procedure infections. The center’s Infection Control Plan is based on industry-recognized best practices to reduce the risk of post-procedure complications for your patients.

(For more information on the CMS Conditions for Coverage for ambulatory surgery centers, go to http://www.cms.hhs.gov/CFCsAndCoPs/16_ASC.asp#TopOfPage)

Although some surgical complications are unavoidable, surgical care can be improved through better adherence to evidence-based practice recommendations and more attention to designing systems of care with consistent safeguards. The following are the measures that have been recognized to reduce the incidence of surgical site infections at the center:

INFECTION CONTROL PLAN:
Recognizing the responsibility of the center to provide a safe environment for patient care and employees, the center has in place an Infection Control Plan. The plan is designed to facilitate the early identification of potential sources of infection in all patients served by the organization and prevent the spread of infection through surveillance, intervention and education, using nationally recognized infection control guidelines. The center has identified such guidelines from leading authorities in infection control, including the following:

a) Association for Professionals in Infection Control (APIC): www.apic.org
b) Association of PeriOperative Registered Nurses (AORN): www.aorn.org
c) The Centers for Disease Control and Prevention (CDC): www.cdc.gov
e) Society for Gastroenterology Nurses and Associates (SGNA): www.sgna.org
f) International Association of Healthcare Central Service Material Management (IAHCSMM): www.iahcsmm.com
g) Association for the Advancement of Medical Instrumentation (AAMI): www.aami.org
h) American Institute of Architects (AIA): www.aia.org

The written plan, developed by the facility leadership, has been approved by the Medical Executive Committee and Governing Body. All licensed independent physicians (LIPs), allied health professionals (AHPs), and students are responsible to participate with the requirements of the center’s Infection Control Plan.
PROPER HANDWASHING and THE HAND HYGIENE GUIDELINE:
This can be the single most important measure to reduce the spread of microorganisms. Hands are to be washed when visibly soiled, before and after contact with the patient, after contact with other potential sources of microorganisms, before invasive procedures, and after removal of gloves. Proper hand washing for most clinical settings involves removal of jewelry, avoidance of clothing contact with patients and healthcare equipment used with patient care activities, and a following manufacturer’s instructions for use of hand hygiene products including hand scrub solutions.

PROPHYLACTIC ANTIBIOTICS:
For many surgical procedures there is clear evidence supporting the use of antibiotic prophylaxis, administered in a timely manner, to prevent surgical site infections.
  a) Administering within one hour prior to the surgical incision.
  b) Type of antibiotic given is consistent with current published recommendations.
  c) Antibiotics are discontinued within 24 hours after end of surgery.
The center requests medical staff participation with appropriate and timely administration of antibiotic administration for your patients by consistently including this information within physician orders.

PATIENT SKIN PREP:
  a) Clipping vs. shaving: If you have to remove hair from a surgical site, clipping is the preference because of reducing the micro-abrasions to the skin surface. Razors will not be the preferred method of hair removal. Clippers or depilatory agents will be offered at the center for patient hair removal skin preparations. We understand that if hair will not interfere with the surgical field, it is not required to be removed.
  b) Pre-op showers/bathing protocols with antibacterial soaps are well recognized to reduce surgical site infections (SSI). The center will assist in communicating appropriate patient preoperative skin preparations to include preoperative showers with antibacterial agents according to physician orders and/or clinical practice guidelines provided to the center. Medical staff members will be responsible to make sure the center has all preoperative orders in place in writing.

PATIENT GLUCOSE CONTROL:
Controlling the glucose levels has definitely been shown — not prior to — but during and post-care, to reduce surgical site infections. The center will screen for and follow stringent steps to maintain glucose control for your patients. Physician orders must be in place for appropriate management of patients with diabetes and other endocrine disorders.

PATIENT OXYGENATION:
Infection risk is affected by tissue oxygen partial pressure and, therefore, interventions that increase tissue oxygen may reduce infection risk. The center will:
  a) Provide supplemental oxygen to patients throughout their visit at the center per physician order.
  b) Proactively screen patients preoperatively to identify those with decreased oxygen saturation and will provide appropriate oxygen treatment according to physician orders.
PATIENT NORMOTHERMIA:
Intraoperative hypothermia impairs immune function (especially oxidative killing by neutrophils) and results in dermal vasoconstriction and reduced blood flow to surgical sites, which further increases the risk of surgical site infection by lowering tissue oxygen tension. The center will:

a) Implement and maintain measures to support normal patient core temperature during procedures.

b) Provide patients with warming blankets during their care at the center.

MULTI-DRUG RESISTANT MICROORGANISMS:
The center continues to increase its focus on infection control as a critical aspect of patient safety. Prevention of transmission of multidrug-resistant microorganisms, such as methicillin-resistant Staphylococcus aureus (MRSA), and Clostridium Difficile (C-Diff), is critical in all healthcare settings. Transmission prevention and diagnosing and effectively treating infections are key components of infection prevention and control programs.

The Centers for Disease Control and Prevention (CDC) Guidelines recommend implementation of contact precautions, along with standard precautions, for controlling risks associated with multidrug-resistant organisms. The most common reservoirs for MRSA and C-Diff are infected or colonized patients. The mode of transmission is usually via the hands, especially the hands of healthcare personnel, which may become contaminated by contact with the infected or colonized patient or devices, items, and environmental surfaces contaminated with patient body fluids. A single, unidentified patient carrier could result in the infection of many other patients by spreading bacteria onto bed rails, door knobs, linens, etc.

The center requests the active participation of all physicians and allied health professionals (AHP) on staff to take a rigorous and proactive approach to detecting patients with multi-drug resistant organisms and notifying us for any patients at risk for post-procedure complications before we provide patient services, in our continuous attempt to improve the quality of surgical and postoperative care.

EMPLOYEE-TEAMMATE and PHYSICIAN HEALTH:
Measures are in place to ensure health care standards are met and to provide a safe environment as required/recommended by the State Department of Public Health and the CDC. In the event of a blood-borne pathogen exposure, physicians must immediately notify the Center management who will follow established guidelines for management of accidental exposure to blood/body fluids or needle stick injuries. Additional measures for promoting employee, LIP, AHP, and student health:

a) TB screening

b) Immunizations and vaccinations

BLOODBORNE PATHOGENS PLAN, POLICIES AND PROCEDURES:
All healthcare providers in the center will be responsible for maintaining compliance with the center’s Bloodborne Pathogens Plan and associated policies and procedures. Physicians will be responsible to use appropriate personal protective equipment, including masks, protective eyewear, gloves, gowns and shoe coverings based on the type of procedure and known exposure risks. Exposures to blood and body fluids must be reported to center management for appropriate and timely testing and treatment as indicated.

Compliance by LIPs, AHPs, and students of the center policies and procedures is a requirement for medical staff and allied health provider membership, and student rotations. If you have questions, please contact the Center Management.
**ELECTROSURGERY CAUTERY SAFETY**

Electrosurgery, the cutting and coagulation of body tissue with high frequency current, is a routine surgical technique used in the Operating Room. To protect the patient from injury from the electrosurgical unit, the following guidelines should be followed:

1. The Electrosurgical Unit should not be used in the presence of flammable agents such as alcohol or tincture-based agents.
2. Before use of the Electrosurgical Unit, the operative field should be checked for alternate ground points. Therefore, the patient should be checked to be sure that the patient’s body is not in contact with metal table parts.
3. Before each use of the Unit, the electrical plug, cord and connections, and the footswitch cord and connections should be inspected for damage. The Unit should be removed for repair if damaged.
4. Before each use, the ESU safety features (lights, activation sound) should be tested.
5. Power settings for coagulation and/or cutting should be as low as possible for each procedure, and the surgeon notified of the setting before each use.
6. Requests for increasing current output are a likely indication that a fault has developed in the circuitry between the active electrode, the dispersing electrode, and ground. Before increasing the current output, the circulator should check all connections, grounding pad adherence, and replace the electrosurgery cautery pencil.

**THE DISPERSIVE ELECTRODE (GROUNDING PAD)**

1. The Dispersive Electrode should be inspected before use for wire breakage or fraying. All connections should fit securely and the gel (if applicable) moist in all areas.
2. The Dispersive Electrode/Grounding Pad should be placed on the positioned patient on clean, dry skin over a large muscle mass as close to the operative site as possible. Bony prominences, hairy surfaces, and scar tissue should always be avoided.
3. Circumferential Dispersive Electrode pad placement, which restricts blood flow, should be avoided.
4. Defective grounding pads should never be used.
5. All Dispersive Grounding pads should maintain uniform contact with the area without gaping, tenting, or seepage of liquids under the pad.

**THE ACTIVE ELECTRODE**

1. The active electrode (bovie pencil) should be placed in a clean, dry, non-conductive and highly visible area when not in use during the procedure.
2. The active electrode tip should be secure and free of charred tissue by use of a bovie tip cleaner.
3. The active electrode tip should be used with caution around the use O2 (i.e., nasal cannula).

**ROOM VENTILATION**

The thermal destruction of tissue during the use of an electrosurgical unit can generate surgical smoke containing a number of toxic, mutagenic and carcinogenic contaminants. If the small particles and gases created during surgical procedures are not evacuated, they disperse into the air and can be inhaled. Recommended ventilation techniques include a combination of general room and local exhaust ventilation. The most effective way to protect personnel and patients from the hazards of surgical smoke is to use a mechanical smoke evacuating system with a high efficiency filter during all surgical procedures that generate smoke.
DOCUMENTATION ON OPERATIVE RECORD
The operative record should reflect the placement of the dispersive electrode (grounding pad), the machine number and the ESU settings for coagulation and cutting and condition of skin on removal of ground pad.

BIPOLAR GENERATOR SAFETY
The preference of a surgeon may be for use of the Bipolar Generator instead of the Electrosurgical Unit. When using the Bipolar Cauterization Unit, a Dispersive Electrode (Grounding Pad) should NOT be placed on the patient since it will prevent the safe, normal operation of the Bipolar Unit.

References:
3. AORN Standards, Recommended Practices, and Guidelines 2012: Recommended Practice for Skin Preparation of Patients
PHYSICIAN, ALLIED HEALTH PRACTITIONER, and VISITOR SAFETY INFORMATION

This facility is committed to providing a safe environment not only for patients and employees, but our physicians, vendors, contract, and service personnel as well. Please take a few minutes to learn about important safety issues while you are here.

This facility participates in a comprehensive safety program that includes fire, electrical, infection control, blood borne pathogen, and life safety. You will see evidence of these programs as you perform your duties. Every employee is annually trained in these areas and can guide you in the event of an emergency. In case of an emergency you should accept and agree to take instruction/direction from the center staff.

You will also have a role in the event of an emergency.

**CARDIAC ARREST- CODE BLUE**

In the event that a patient’s heart should stop while at the facility. The facility is fully equipped with ACLS trained personnel and equipment. The personnel will immediately initiate CPR.

*Your Role If you are not a physician:* Please remove yourself from the area unless instructed otherwise. You may wait in the employee lounge or waiting room until cleared to resume your duties.

**FIRE- CODE RED**

This facility meets the fire codes of both the local, state, and Federal regulations. You will notice there are red emergency fire pulls, fire extinguishers, and medical gas shut off valves in the common corridors.

*Your Role:* Always be aware of the nearest emergency exit in your work area. Should you discover a fire, remove yourself from the area, sound the alarm, close the doors adjacent to the fire. You should exit the building to safety.

**INFECTION CONTROL-**

As you can imagine, working with ill patients has special considerations for everyone in the area. The most common way to acquire infection is through touching a contaminated area. It is impossible to see bacteria and viruses with the naked eye. Please assume that all areas in the facility have bacteria. The most common way to prevent acquiring an infection is to wash your hands frequently.

*Your Role:* Wash your hands throughout your stay. Never leave the restroom without washing your hands. Make sure prior to eating or leaving for the day to again wash your hands. Do not touch areas with visible blood. Notify personnel if you see a spill of blood, so appropriate cleaning methods will be used.

**ELECTRICAL SAFETY-**

The importance of preventing electrical injuries is especially critical for our facility. Biomedical engineers and maintenance personnel routinely inspect our electrical equipment.

*Your Role:* As you perform your duties, please be mindful of electrical cords. Do not step on cords. When removing a plug from the outlet, make sure to grasp the plug- Do not pull on the cord as this will break the interior wires. If you see a frayed cord or broken piece of equipment, please notify center personnel immediately. Do not bring electrical equipment into the facility without prior arrangements with the Safety Officer. You must bring a biomedical certificate with you for facility file.
OSHA-
The Federal Government is also concerned with the health and safety of workers. Strict guidelines have been developed to protect workers. OSHA administers these guidelines. Common ways that workers can be injured in this facility are through needle sticks, splash of body fluids, chemicals, or back injuries. We adhere to the OSHA standards. The Material Safety Data Sheets and PPE (Personal Protection Equipment) are available for use at the center. If needed please contact the nurse manager or facility administrator.

Your Role: If your duties while at the facility require you to be in a patient care area, there are masks and gloves located throughout. You are required to wear a mask while in the operating room. Please do not touch any surface that is visibly contaminated with blood. Unless you are a physician or previous arrangements have been made, you are not expected to provide patient care while visiting our facility and in fact are prohibited from doing so.

Should you see a sharp instrument, syringe, or needle on the floor you are not to touch the item but inform the nurse in the area for removal.

Should you spill a chemical or come in contact with formalin, paracetic acid, gluteraldehyde or any chemical, you are to notify the nurse manager or administrator for assistance with the MSDS book.

You are not to bring unlabeled chemicals into this building. Any product brought into this facility must be accompanied with a MSDS and presented to the nurse manager or safety officer.
Only You Can Prevent Surgical Fires
Surgical Team Communication is Essential

The applicability of these recommendations must be considered individually for each patient.

At the start of surgery:
- Enriched O₂ and NO₂ atmospheres can vastly increase flammability of drapes, plastics, and hair. Be aware of possible O₂ enrichment under the drapes near the surgical site and in the fenestration, especially during head/neck surgery.
- Do not drape the patient until all flammable drapes have fully dried.
- Fiberoptic light sources can start fires. Complete all cable connections before activating the source. Place the source in standby mode when disconnecting cables.
- Moisten sponges to make them ignition resistant in oropharyngeal and pulmonary surgery.

For surgery with open delivery of supplemental O₂:
- Question the need for 100% O₂ for open delivery during head/neck surgery.
- As a general policy, use air or ≤30% O₂ for open delivery to the face.
- Arrange drapes to minimize O₂ buildup underneath.
- Keep fenestration towel edges as far from the incision as possible.
- Use an incise drape to isolate head and neck incisions from O₂ and alcohol vapors.
- Coat head hair and facial hair (e.g., eyebrows, beard, moustache) within the fenestration with water-soluble surgical lubricating jelly to make it nonflammable.
- For coagulation, use bipolar, not monopolar electrosurgery.

During oropharyngeal surgery:
- Scavenge deep within the oropharynx with separate suction to catch leaking O₂ and NO₂.
- Soak gauze or sponges used with uncuffed tracheal tubes to minimize gas leakage into the oropharynx, and keep them wet.

When performing electrosurgery, electrocautery, or laser surgery:
- Stop supplemental O₂ (if O₂ concentration is >30%) at least one minute before and during use of the unit, if possible.
- Activate the unit only when the active tip is in view (especially if looking through a microscope or endoscope).
- Deactivate the unit before the tip leaves the surgical site.
- Place electrosurgical electrodes in a holster or another location off the patient when not in active use (i.e., when not needed within the next few moments).
- Place lasers in standby mode when not in active use.
- Do not place rubber catheter sleeves over electrosurgical electrodes.


For more information, or to purchase full-color, glossy posters (11½” x 17½”) of “Only You Can Prevent Surgical Fires,” contact ECRI by telephone at +1 (610) 834-6000, by fax at +1 (610) 834-1275, or by e-mail at info@ecri.org.
Cultural Competence in Health Care

Objectives

- Define culture and cultural competence
- Explain why it is important to take cultural considerations into account when providing health services
- Explain reasons for using a professional medical interpreter
- Recognize factors influencing personal cultural beliefs

Scope of the Problem: US Demographics

- Almost 35 million U.S. residents are foreign born.
- Almost 55 million people (19.7% of the U.S. population) speak a language other than English at home.
- More than 24 million people (8.7% of the U.S. population) speak English less than “very well” and are considered Limited English Proficient (LEP).
- In addition, only 23% of teaching hospitals train physicians how to work with an interpreter.

Federal Mandates and Regulations

- Title VI of the Civil Rights Act of 1964 considers the denial or delay of medical care due to language barriers to be discrimination
- Similarly, any medical facility receiving Medicaid or Medicare must provide language assistance to Limited English Proficient (LEP) patients
- In addition, AAAHC and Joint Commission, which accredit healthcare organizations, requires that interpretation and translation services be provided as necessary
- Two major impediments to providing language services are:
  - Lack of availability of qualified medical interpreters, and
  - Inadequate funding

Culture

- Sum of beliefs, practices, habits, likes, dislikes, norms, customs, and rituals that we learned from our families during the years of socialization (Spector, 2004)
- Culture is:
  - Learned
  - Shared
  - An adaptation to conditions in the environment
  - A dynamic, changing process (Andrews & Boyl, 2003)

Cultural Competence

- A long-term developmental process
- Adaptation of care in a matter that is congruent with the patient’s culture (Giger & Davidhizar, 1999)
- Assessment of each individual to determine how culture is viewed and implement in life choices
Cultural Competence Pointers (1/1)

- Become aware of personal biases that may unconsciously affect the care of patients
- Avoid stereotypes and generalizations about culture
  - Cultural background, diet, religion and health practice can vary within a given country
- Treat every clinical situation as one with potential cultural considerations
- Ask open-minded, non-judgmental questions
- Listen carefully
- Set realistic goals for the patient in line with cultural beliefs
- Solve problems together
- Pay close attention to body language

Cultural Competence Pointers (2/2)

- Cultural misunderstandings between health care providers and patients can lead to mistrust and frustration and can have an impact on patient outcomes
- Staff education and training may be the single most important element of assessing culture competence and is closely related to improving clinical care
- Avoid use of symbols (positive nod of the head, “thumbs-up”). These can be interpreted differently in different cultures

Cultural Assessment of Patients

- It is impossible for a healthcare worker to know details of every culture
- A cultural assessment model can be utilized in any clinical setting
- A healthcare provider must first understand his or her own cultural values before assessing the patient
- Six cultural phenomena can be assessed to provide culturally competent care:
  - Communication
  - Space
  - Social Organization
  - Time
  - Environmental Controls
  - Biological Variations

Communication

- Vocabulary
  - Words may have different meanings for different individuals
- Grammatical structure
  - Use & meaning of phrases. May provide information that appears unrelated to the question because it causes them less discomfort if attention is not focused on their medical problems
- Voice qualities
  - Tone of voice can be interpreted wrongly
- Rhythm
  - May have melodic rhythm
• Speed
  - may provide clues to mood
• Pronunciation
  - may have a dialect that is difficult to understand
• Silence
  - many groups value silence
• Nonverbal communication
• Touch
  - is it considered rude? Or healing?
• Facial Expressions
  - can send opposite meaning of what is felt (may smile even when disagreeing)
• Eye Contact
  - may be considered disrespectful
• Body Posture
  - does the patient lean in to talk or listen, or does he stand with his arms crossed?

Space
• Distance in conversations
  - does the patient stand close to others when speaking, or maintain a large distance?
• Perception of Space
  - do objects in the environment affect the sense of space?
• Proximity to others
  - does the patient move when his or her space is invaded?

Social Organization
• Family Role function
  - Is patient married? Have children? Taking care of elderly parents?
  - How are women viewed?
  - What is the patient’s role in the family dynamics?
• Other social influences
  - Consider other influences such as work, church, friends, leisure
• Politics
  - Do they affect patient’s attitudes towards health and illness?
• Death practices
  - Who should prepare the body for burial?
  - How soon should the funeral be after death?

Time
• Time orientation
  - Emphasis on the past, the present, or the future?
• View of time
  - Is the patient clock-oriented or does he follow social time where he values social interactions more than timeliness?
• Physiological reaction to time
  - Look at the patient’s sleep/wake cycle
  - Consider how much sleep is needed

**Environmental Controls**

• Values
  - Does the patient believe in magic or supernatural forces?
• Definition of health & illness
  - Ask the patient how he defines health
  - Ask the patient how he defines illness
• Local control
  - Does the patient believe that he can affect change? Or is he powerless?
  - Does he believe in luck or chance?
• Cultural health practices
  - Some cultures use the concept of “hot” & “cold” illnesses and treatment (imbalance or lack of harmony)
  - If the patient believes this, treatment should be given that is in line with this belief

**Biological Variations**

• Body structure
  - Small, medium or large frame
• Skin color
  - It may be difficult to assess pallor or flushing in some darker skinned patients
• Genetic diseases common in the culture
  - Some cultures are more prone to some illnesses

**Interpreters**

• Interpreters must be provided to patients and/or family members under the following circumstances:
  - Obtaining consent;
  - Providing patient education, including discharge instructions; and
  - Having discussions about advance directive
• Professional medical interpreter must have a proficiency of both languages and knowledge of medical terms
• Untrained interpreters are more likely to commit errors in interpretation that can lead to adverse clinical consequences
• Several states have introduced legislation forbidding children under sixteen from serving as interpreters
• Concerns about untrained interpreters include:
  - Lack of knowledge of medical terminology and confidentiality,
  - Their priorities may conflict with those of the patients, and
  - Their presence may inhibit discussions of sensitive issues, such as:
    - Domestic violence
    - Substance abuse
    - Psychiatric illness
    - Sexually transmitted diseases
At one hospital, the emergency room used the Yellow Pages to find a restaurant that spoke a particular language and would ask one of the restaurant employees to interpret over the phone.

**Guidelines for working with Medical interpreters**

- Make every effort to find a professional trained medical interpreter
- Do not depend on children, relatives or friends to interpret
- If possible, request an interpreter of the same gender as the patient
- During interpretation, face the patient and direct questions to the patient, not the interpreter
- Use short, concise questions or phrases
- Ask only one question at a time
- Try to avoid medical terminology
- Speak in a normal voice, clearly, and not too fast or too loudly
- Do not say anything that you do not want the patient to hear

**Interpreting Communication Devices**

- Uses a dual-handset phone specifically designed for medical interpretation
  - Enables natural & continuous face-to-face communication to provide effective care to patient
  - Provides access to trained medical interpreters 24 hours a day, every day

**NO interpreter available?**

- Make sure the family member or friend understand the role of interpreter
  - Family member should not add or delete anything – just interpret the patient’s words
- Use the simplest vocabulary to express your meaning
- Speak in short & simple sentences
- Check to see if the message is understood

**References**