

Emre Islam¹, Laura Wu¹, Donna Goodridge^{1,2}, Olusegun Oyedokun^{1,3}, James Stempien^{1,3}

¹College of Medicine, University of Saskatchewan, ²Division of Respiriology, Critical Care and Sleep Medicine, Department of Medicine, College of Medicine, University of Saskatchewan, ³Department of Emergency Medicine, Saskatchewan Health Authority

Introduction

- Barriers to communication between physicians and patients continue to be a major source of healthcare inequity.
- Patients with limited English proficiency often face **increased return to ED, worse medication adherence, and poorer health outcomes**.^{1,2}
- Use of **trained language interpretation services (TLIS)** have proved to be effective in mitigating language barriers and improving patient outcomes.²

Objective: Establish current patterns of TLIS use by Saskatchewan emergency physicians and residents, and general perspectives towards provincial medical interpretive services.

Methods

- Data were collected through a self-administered online survey, disseminated via email following the modified Dillman method.³
- Survey was disseminated to emergency physicians & residents, and family physicians providing rural, regional, and urban ED coverage
- Quantitative data analysis via SPSS, with summarized frequencies and means.
- Thematic analysis of qualitative data was done to identify common themes.

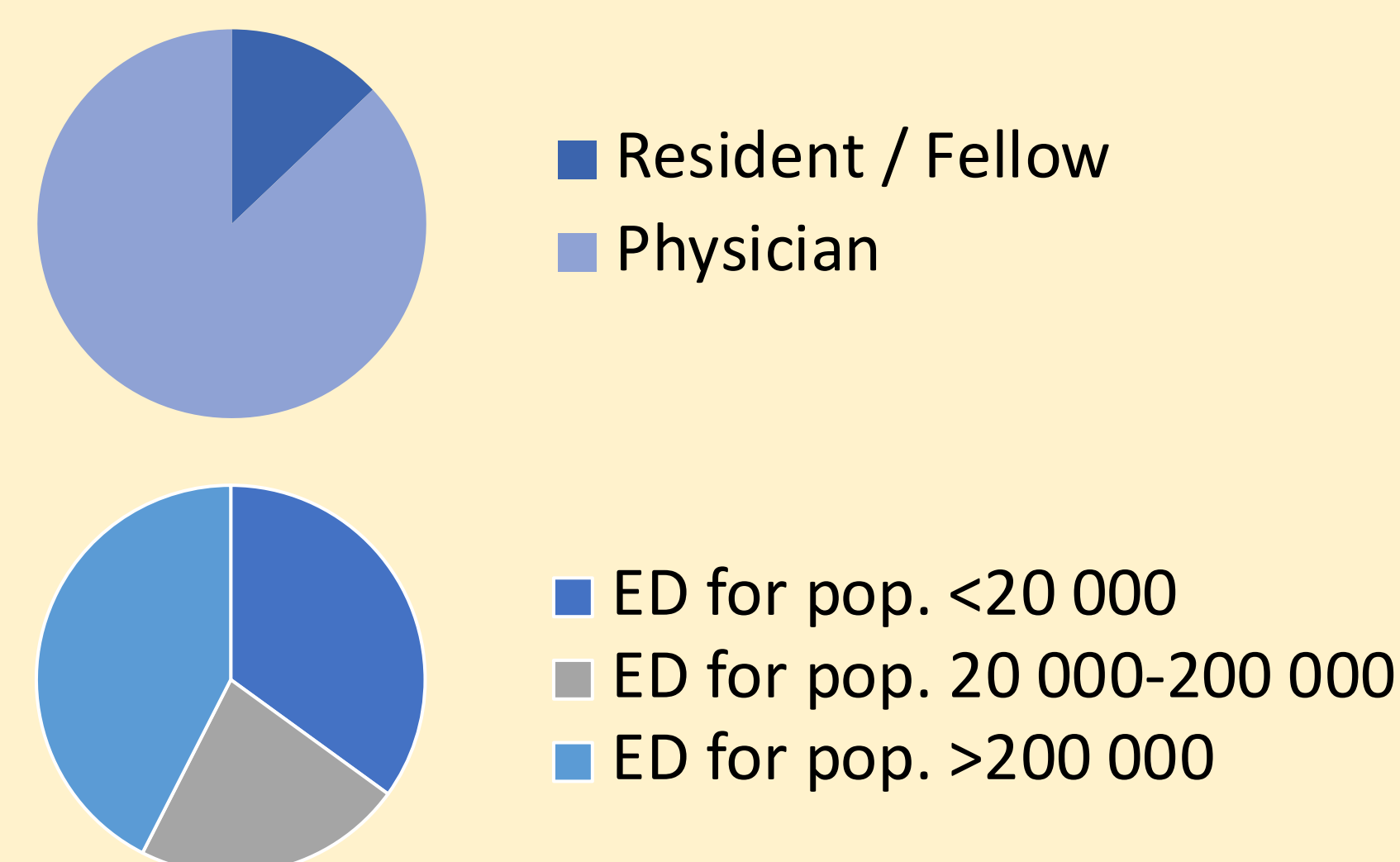
References

- Bernstein, J., Bernstein, E., Dave, A., Hardt, E., James, T., Linden, J., et al. (2002). Trained medical interpreters in the emergency department: effects on services, subsequent charges, and follow-up. *Journal of Immigrant Health*, 4(4), 171-176.
- Laher, N., Sultana, A., Aery, A. and Kumar, N., 2018 Apr. Access to Language Interpretation Services and its Impact on Clinical and Patient Outcomes: A Scoping Review. [Online] Wellesley Institute. Available at: <<http://www.wellesleyinstitute.com/wp-content/uploads/2018/04/Language-Interpretation-Services-Scoping-Review.pdf>> [Accessed 2021 Mar 29].
- Dillman DA. Mail and Internet Surveys: The Tailored Design Method 2007 Update With New Internet, Visual, and Mixed-mode Guide. Hoboken, NJ: John Wiley & Sons Inc, 2007.

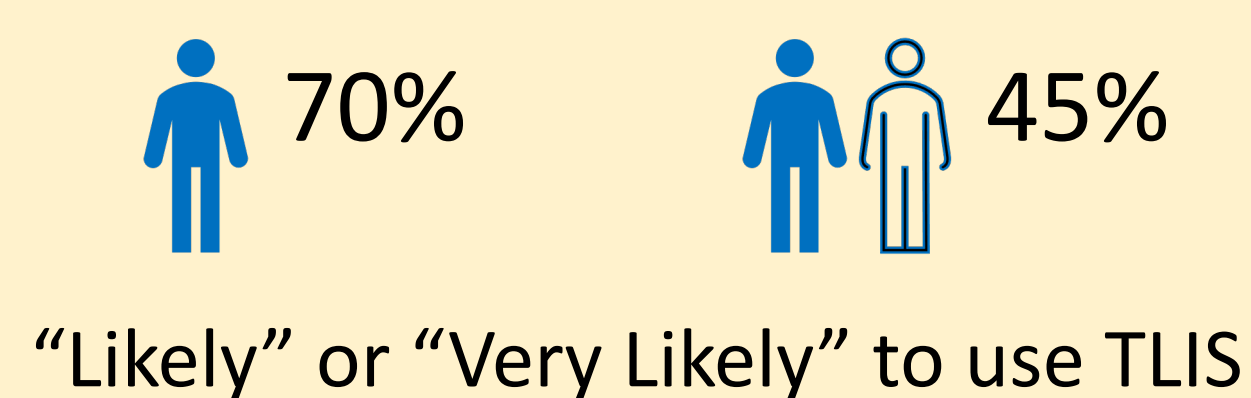
Results

Survey Response Rate: 41/175 (23.4%)

Respondent Demographics:



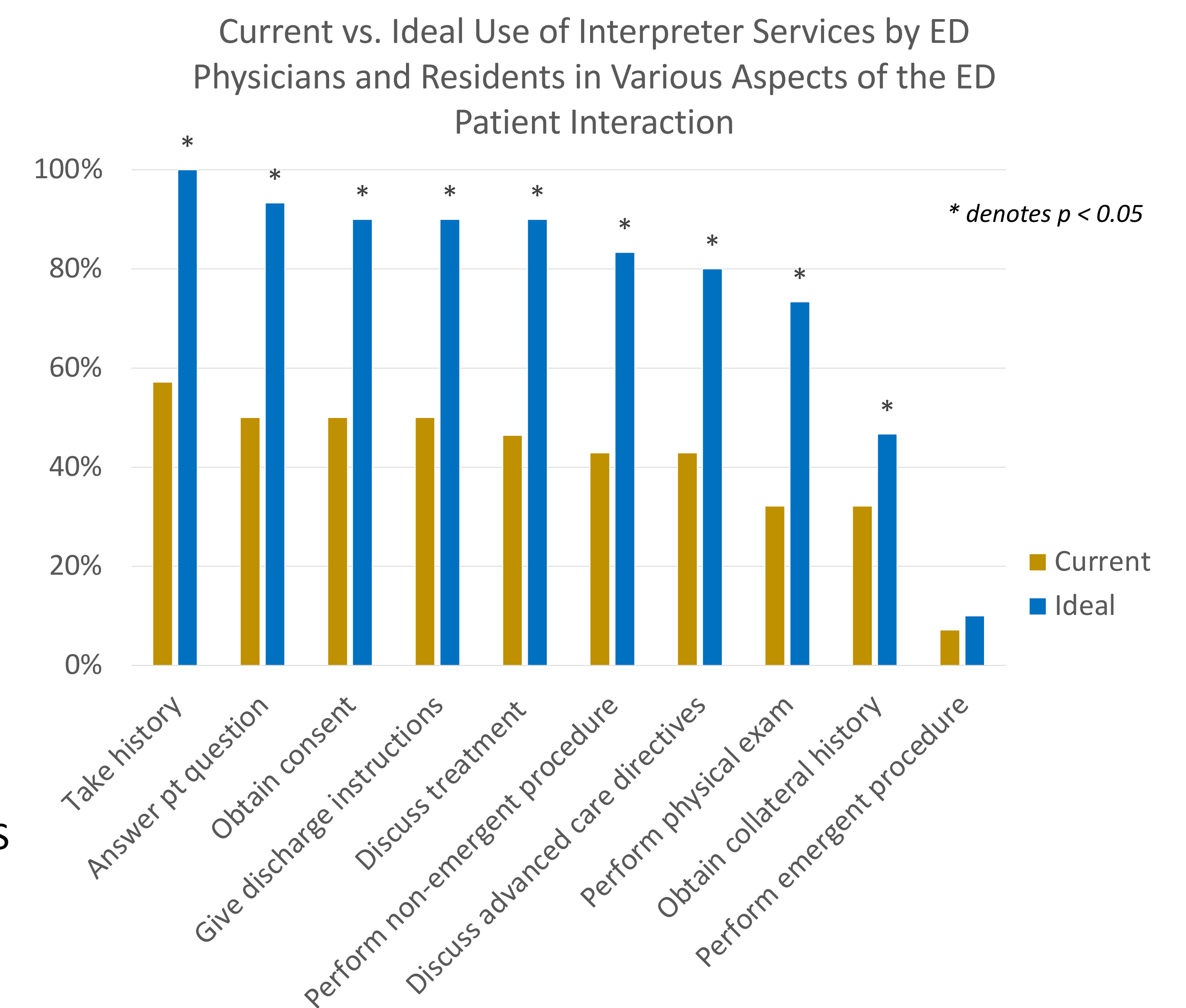
- 90%** of respondents believe TLIS are underused in the ED
- For patients with **no English/French/ASL language proficiency**, **70%** of respondents stated that they were “likely” or “very likely” to use TLIS. If the same patient was accompanied by an **untrained** language interpreter, only **45%** stated they were “likely” or “very likely” to use TLIS.



- Most reported barriers to TLIS use:
 - Limited **availability** of interpretive services
 - Lack of **physician training** of how and where to access TLIS
 - Significant **time** constraints
 - Variable **quality** of TLIS

“Time, availability of resource and lack of knowledge about how to access the resource are the biggest constraints.”

- For most aspects of the ED patient interaction, respondents reported significantly lower rates of TLIS use currently vs. their hypothetical ideals.



Discussion

- TLIS remains **underused** in EDs across urban and rural settings. However, urban physicians mainly cite lack of **time** and issues with **quality** (e.g. audio, interpretive accuracy) for not using TLIS. Rural physicians cite **lack of awareness** that such a service exists.
- Many rural settings have high # of **Indigenous language** speakers, and mainly use family members/multilingual HCPs to translate.
- Ideally, physicians want to use TLIS more frequently for most situations in the ED, yet significant barriers remain.
- Recommendations include
 - Promoting awareness of the existence of province-wide TLIS (e.g. grand rounds, QI rounds, SHA letter), and
 - Development/adoption of computer-assisted medical translation services and video translation services.