

MB ChB Programme: Medical Students acting as Interpreters

The MB ChB Programme does not endorse the use of students on clinical placement to interpret for patients with whom they share a language without their formal demonstration of adequate competence. It is important that students are aware of the issues to consider if asked to interpret.

These involve professional judgements made by the student and the clinician in charge of the patient's care. There is clear guidance from individual healthcare trusts encouraging the use of an appropriate independent professional interpreter wherever possible.

In an emergency it is clear that communication can be valuable whilst waiting for a professional interpreter to arrive. Students may feel proud to be of use; however in some instances they have felt it had a negative impact on their placement, and that the responsibilities inherent in the request have been beyond their capability.

The medicolegal responsibility to provide an adequate level of interpretation rests with the clinician and can be influenced by patient choice; however medical students may be liable to defend their position. It can be difficult for the clinician to assess language competency and for students to be aware of, or admit, their limitations in a language. GMC Promoting Excellence states, *"In timetabled educational sessions, doctors in training must not be interrupted for service unless there is an exceptional and unanticipated clinical need to maintain patient safety."* (R1.16).

"Organisations must have systems and processes to make sure learners have appropriate supervision. Educational and clinical governance must be integrated so that learners do not pose a safety risk, and education and training takes place in a safe environment and culture." (R2.11)

The following questions may be helpful in deciding whether the request is appropriate.

1. In what context is the request being made?
 - a. A simple communication of a basic need on the ward or clinic.
 - b. An emergency
 - c. A routine or planned consultation
 - d. Communication of a sensitive issue
2. What is the student's competency in the requested language?
 - a. First language with same dialect
 - b. Superficial conversational skills only
 - c. Technical medical language including informed consent
 - d. Ability to convey complex concepts, thoughts and emotions
3. Is using a student in this situation disregarding the patient's rights to an independent appropriate professional interpreter and therefore disadvantaging them?
4. What should the student be doing at the time of need for interpretation?
 - a. Engaging in a learning activity that has to be postponed.
 - b. Performing tasks essential to learning where further opportunity is unlikely.

There is a toolkit available to assess appropriate levels of interpretation at

<http://www.ncbi.nlm.nih.gov/pubmed/22377550>