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# **Practice Guidance: Communication Challenges & Equitable Care in Clinical Practice**

All patients have a right to access appropriate health care. It is both professional and ethical, and in many situations required by law, that registrants exercise fairness in making decisions about access to care. The College investigates all allegations from patients who claim they have been denied access to healthcare services. Registrants should be thoughtful when they make decisions about access and ensure due rigour in meeting the professional standards of both the College and the courts.

## How can communication affect the delivery of equitable care?

Persons who do not speak the same language as their healthcare provider or experience other challenges with communication and/or comprehension of information, may be at a disadvantage when seeking equitable care. Addressing this issue requires registrants to acknowledge that any barrier to effective communication can impair understanding between parties by limiting open discussion and informed decision making.

Effective communication is a key area of clinical practice that includes other factors beyond language; culture, non-verbal signals and choice of language/terminology also have significant roles to play. In the context of culture, the College has a <u>Practice Standard on Indigenous Cultural Safety, Humility, and antiracism</u> which specifically addresses ways in which registrants are expected to provide culturally safe and anti-racist care for Indigenous clients/patients. The expectations within this Standard are applicable to all practice settings and may serve as framework from which to work when providing care to all people.

The second section of the <u>Career Span Competencies</u> for the <u>Practice Support Program</u> directly references the importance of effective communication by interpreting it's meaning in the following way:

## 2. Communicate effectively:

You provide others with information in a way they can understand, adapting your language and communication approach as appropriate. You communicate clearly and as concisely as possible and take steps to ensure that you are understood. You listen carefully to what other have to say. You are alert to, and address, non-verbal signals that suggest discomfort, lack of understanding or unspoken concerns. You identify and take action to resolve conflicts.<sup>1</sup>

**Practice Note**: What may be considered appropriate in one culture may come across as rude in another. Similarly, the use of technical words or jargon may be understood by some, but not by all. It is important

<sup>&</sup>lt;sup>1</sup> <u>Career-Span Competencies & Interpretative Statements | College of Traditional Chinese Medicine</u> Practitioners & Acupuncturists of British Columbia (ctcma.bc.ca)



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for registrants to be continually mindful of the ways in which language and culture inform communication and apply this knowledge to all areas of practice.

Examples of language/communication barriers:

- Language & cultural differences
- Lack of clear speech (speech that is too fast or too soft for the listener to understand)
- Use of technical words or jargon
- Word choice (using words with two meanings or said in a way that may be misinterpreted by the listener)

#### What are the considerations for informed consent?

Language and other communications challenges increase the chance of misunderstandings and may also contribute to difficulty in obtaining informed consent. For consent to be valid, it must be informed. Whether through the patient themselves, or through an alternate decision maker, everyone has the right to informed consent. For consent to be informed, the patient must have been given an adequate explanation about the nature of the proposed investigation or treatment and its anticipated outcome, as well as the risks involved. Barriers can arise in obtaining informed consent, often when there are challenges with communication and comprehension, which can be caused by a variety of factors, both directly and indirectly.<sup>2</sup>

Both the College's <u>Jurisprudence handbook</u> (page 10) and <u>Practice Standard on Consent to Treatment</u> outline the expectations for registrants in obtaining informed consent, including the requirements to determine capacity.

**Practice Note:** Obtaining properly informed consent is a requirement for professional practice that ensures a patient fully understands their rights, the risks, and benefits to, a proposed treatment. Where appropriate the use of translation/interpretation services can be helpful to aid in decision making.

## Who can act as an interpreter?

While patients may have someone whom they trust accompanying them to appointments, the use of professional interpretation ensures that the information is appropriately communicated, especially when there are complex medical terms. The use of family members may be convenient but can pose unintended risks of coercion. The use of other interpreters who may be conveniently present in a facility such as other staff members must be avoided as this may be deemed a serious breach of patient confidentiality.<sup>3</sup>

Registrants should consider each unique circumstance and use professional judgment to determine when it is appropriate to use family members/others as interpreters rather than professional

<sup>&</sup>lt;sup>2</sup> PSG-Consent-Registrant-Resource.pdf (cpsbc.ca)

<sup>&</sup>lt;sup>3</sup> PSG-Consent-Registrant-Resource.pdf (cpsbc.ca)



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interpreting services. Alternatively, registrants may offer to refer patients to other registrants who share the same language.

When interpretation or translation is required, registrants should:

- Obtain patient consent before disclosing any personal health information.
- Document in the patient's clinical record when such services were provided, by whom, and all discussions that occurred as part of the visit.

**Practice Note**: The <u>Provincial Language Services</u> offers high quality language access services to health authorities, family practice practitioners, specialists offices and other allied health professionals<sup>4</sup>. Using an equity-driven approach, Provincial Language Services works to ensure that communication between the patient and provider is accessible. Their services assist to create equitable access to health care for patients who speak immigrant and refugee languages, official minority language speakers (French in B.C.) and members of the Deaf, Deaf-Blind and Hard of Hearing community. Deaf, Deaf-Blind and Hard of Hearing patients <u>eligible</u> to receive communication access for interpreters, CART, etc., must be residents of B.C. and enrolled with <u>the Medical Services Plan</u> and be beneficiaries of Supplementary Healthcare Benefits.<sup>5</sup>

<u>Canada VRS (Video Relay Services)</u> is a free service provided to Deaf, hard of hearing and speech impaired Canadians who use sign language and require sign language interpretation in real time for telephone calls. The services uses internet and cellphone-based technologies and users must be registered prior to utilizing the service.

When people have a work-related injury or disease, and are insured through <u>WorkSafe BC</u>, interpretation, translation and sign language professionals are available to help them get the health care and rehabilitation services they need.

## **Practical Applications & Scenarios**

#### Scenario 1

A new patient books an initial acupuncture appointment online for a work-related injury. In the comments section of the booking, the patient mentions that they are deaf and that they have an open WorkSafeBC claim. When the patient arrives for their appointment, both patient and registrant try to communicate by using an iPad, typing text back and forth. It becomes apparent to the registrant that obtaining all of the required details necessary for consent and treatment are more challenging and time consuming than they anticipated. The appointment runs longer than the allotted time, and the registrant, frustrated, tells the patient that they have other patients waiting and that they do not have additional time to spare. At reception, the registrant asks staff not to book the patient again unless they have an interpreter present. The patient leaves the clinic not having received treatment and does not book any additional appointments.

<sup>&</sup>lt;sup>4</sup> Provincial Language Services (phsa.ca)

<sup>&</sup>lt;sup>5</sup> Service Eligibility (phsa.ca)



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**Practice Note:** This scenario highlights how communication challenges can affect the delivery of equitable care in clinical practice. Here, the registrant correctly identified their difficulty in obtaining the required details necessary to provide care to the patient but did not adequately prepare for the

patient's communication needs despite advance notice. Furthermore, by instructing staff not to book the patient without an interpreter, the registrant abandons the patient and fails to provide equitable patient-centered care. The registrant in this scenario could have taken the following actions:

- Contact the patient via email prior to their first appointment to ask if they require or prefer sign language (ASL) interpretation and pursue the necessary accommodations as identified.
- During the appointment explain to the patient how communication challenges may affect the provision of quality care, and ask permission to contact the patient's WorkSafe BC Board Officer to request ASL interpretation services be provided for future appointments.
- Provide the patient with a questionnaire relevant to their injury prior to their appointment and ask them to respond in writing using as much detail as possible.
- Schedule a longer appointment time to accommodate potential or known communication challenges.

#### Scenario 2

An existing patient wants to refer an adult member of their family to a registrant for treatment. The patient mentions that their family member is not as proficient in the same spoken language as the registrant and offers to attend the appointment to help translate. The registrant appreciates the offer of help but is concerned that due to their close relationship, the referred family member might not feel comfortable to fully disclose sensitive personal information. The registrant suggests that some of the clinic materials used as part of the intake process be translated and provided to the referred family member prior to booking and that if they agree to have someone present for translation purposes, the registrant would allow it.

When the referred family member (patient) arrives for their first appointment with their relative present to provide translation, the registrant notes that they are more proficient in their same spoken language than the relative initially inferred. Before going into the treatment room, the registrant asks the patient if they need their relative present for translation purposes. The patient shakes their head "no" and says that they do not. The registrant then thanks the relative for attending the appointment for the purpose of translation and reiterates that the patient has indicated they do not need them to be present (i.e. they do not consent). The registrant takes the patient into the treatment room alone and makes a mental note to document the scenario into the patient's clinical record.

**Practice Note:** This is a common scenario in clinical practice that can have unintended consequences if not managed appropriately. As mentioned above, registrants should consider each unique circumstance



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#### **Useful links and resources**

Adapted from Consent to treatment-equity considerations (CPSBC)

PSG-Consent-Registrant-Resource.pdf (cpsbc.ca)

Practice Standard Access to Medical Care Without Discrimination (CPSBC)

https://www.cpsbc.ca/files/pdf/PSG-Access-to-Medical-Care.pdf

Language Barriers in Access to Health Care (Health Canada)

https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/language-barriers.html

Translated Resources (Health Link BC) <a href="https://www.healthlinkbc.ca/more/resources/other-languages">https://www.healthlinkbc.ca/more/resources/other-languages</a>
<a href="Provincial Language Services">Provincial Language Services</a> (phsa.ca)

WorkSafeBC Interpretation, translation & sign language services

https://www.worksafebc.com/en/health-care-providers/provider-types/interpret-translate-sign

Patient Centered Communication

<u>CMPA - Physician-patient | Patient-centred communication | CMPA Good practices (cmpa-acpm.ca)</u> Canada VRS (Video Relay Service)

https://srvcanadavrs.ca/en/