

Understanding and Improving Trauma Debriefing Sessions for URMC Spanish Interpreters

Nilsa Ricci, MS4

Dr. Daniel Yawman (Preceptor), Dr. Kevin Fiscella (Mentor), URMC Spanish Interpreter Services



INTRODUCTION

Spanish Interpreters relay information in the firstperson, which helps patients and providers build rapport directly with each other. However, brain imaging results show that "reflecting on negative experiences using 'I' instead of one's own name is associated with significantly more activity in a region of the medial prefrontal cortex identified as playing a role in selfreferential processing."¹

Speaking in the first-person may blur the boundaries between self and non-self, which means that debriefing sessions are especially important for the Spanish Interpreter population. There is limited data on trauma and debriefing protocol among Spanish Interpreters.

This quality improvement project aims to determine:

- How URMC Spanish Interpreters define trauma
- If URMC Spanish Interpreters have experienced trauma without formal debriefing
- How to improve the protocol surrounding debriefing if needed

COMMUNITY PARTNER

URMC Spanish Interpreter Services:

- Main Office at Strong Memorial Hospital
- 24/7 in-person availability
- Specialize in linguistic and cultural interpretation
- Interpret in the first-person

Target Population of Community Partner:

 Patients with limited English proficiency, their relatives, and their clinical teams

I have worked as a Time-as-Reported URMC Spanish Interpreter since August 2021

COMMUNITY HEALTH IMPROVEMENT PROJECT

Methods:

- Interviewed URMC Spanish Interpreters:
- 1. As a URMC Spanish Interpreter, what is your definition of trauma experienced in the healthcare setting?
- 2. While working as a Spanish Interpreter at URMC, have you ever experienced trauma?
- 3. Have you ever debriefed after experiencing trauma at URMC?
- 4. Is there a debriefing need that is not being met? If so, what does ideal debriefing after trauma look like for you as a Spanish Interpreter at URMC?
- Qualitative coding of responses
- Presented findings to URMC Spanish Interpreter Services

Results:

- 60% (12/20) of URMC Spanish Interpreters were interviewed
 - 10 allowed their interview to be recorded (13 56 minutes each); 2 provided written responses
- Trauma "An intensely emotional or physical event/occurrence, for which you felt helpless and unprepared, that is distressing, stressing, disturbing, shocking, sudden, and unexpected and, although it makes you disregard your own feelings to maintain objectivity in the encounter, it still impacts you, affects you, shakes you to the core, and sticks with you."
- 2. 92% (11/12) had experienced such trauma at URMC
 - Examples include seeing a patient die, being with a patient shortly before death, breaking bad news (especially in a culturally insensitive way), interpersonal conflicts (e.g., interpreting rude remarks), being expected to console relatives in an emergency (e.g., being left alone with a patient's family member during a Code Blue), patients vividly recounting traumatic events
 - Impacts include avoiding eye contact with devastated patients, inability to continue interpreting
 without a significant break, projection of patient experiences onto loved ones leading to
 arguments, crying, insomnia due to rumination, feeling uneasy during future similar situations
- 3. 45% (5/11) debriefed at least once with the medical team
 - All were helpful and after a patient's death; interpreters not always invited even after a death
- 4. 92% (11/12) participants endorsed a debriefing need. All gave suggestions, which include:
 - Invitation to all formal post-trauma debriefing sessions with the medical team
 - Structured debriefings and handoffs among URMC Spanish Interpreters
 - Standardization of pre-sessions with providers since preparation helps reduce impact of trauma
 - Standardization of post-session debriefings (30 seconds 2 minutes) with providers in order to give each other feedback, ask questions, provide answers/clarifications, build rapport
 - Interdisciplinary educational sessions since Spanish Interpreters work interdepartmentally
- Daily Team Huddles were implemented on November 28th, 2022
- Monthly Interdisciplinary Educational Session/Supervision Session (optional and paid)
 - Ethics Committee Introductory Session on December 22nd, 2022
 - 70% (14/20) of URMC Spanish Interpreters attended

CONCLUSIONS

This project brings attention to the population who often becomes invisible while giving a voice to our community's Spanish-speaking patients. Since URMC Spanish Interpreters view knowledge as protective against trauma, monthly interdisciplinary educational sessions and daily team huddles were implemented. Even Spanish Interpreters who did not participate in the interview attended the first educational meeting and want to attend more. Spanish Interpreters/Leadership are discussing ways to establish and sustain additional interdepartmental resources.

The scope of this project is much larger than anticipated and there is a lot more to be done on this topic, across other types of interpretation, across other languages, and at other institutions. With more awareness and intervention, I am confident that the trauma Spanish Interpreters experience will be better addressed through prevention and debriefings.

IMPACT AND SUSTAINABILITY

- Chaplaincy Services session in February 2023
- Planning "Theatre of the Oppressed" workshops to empower URMC Spanish Interpreters to assert their need of pre-sessions and post-session debriefings as well as to practice notifying patients/providers of when they must break the first-person
- Only Latinx Health Pathway medical students can currently enroll in the LHP605 Interpretive Services Experience Elective
 - Suggestion: Create a similar elective so all medical students can engage with Interpreter Services before becoming providers
 - Sustainability assistance from medical students

Reference: