

Integrating Interpreters into the Clinical Research Team

February 23, 2022

Boston Medical Center (BMC) takes pride in serving the diverse communities in their region. Nearly one-third of BMC patients do not speak English as their primary language. BMC's 64-member-strong Interpreter Services Program — one of the oldest hospital-based interpreter programs in the country — plays an integral role in BMC's ability to deliver quality medical care and services in more than 250 languages.

Along with addressing misinformation and fostering trust in science-based information, a key goal of the NIH CEAL is to work to ensure inclusive participation in research so that all benefit from findings. Engaging diverse communities as clinical trial participants has proven difficult, especially when potential participants speak languages other than English.

Even with bilingual and bicultural staff, BMC research teams have had difficulty recruiting participants who represent the diversity of the surrounding communities, says Benjamin Linas, M.D., M.P.H., Principal Investigator for the Massachusetts CEAL research team. "You're not fulfilling the goals of distributive justice if you fail to make the effort to include people who don't speak your language," Linas says.

The Massachusetts CEAL research team hopes to change that through the active engagement of medical interpreters as skilled partners and support to the research team. They are developing a groundbreaking new training program designed to teach interpreters the language of research and empower them to work on behalf of patients in the informed consent process.

CME for medical interpreters

Certified medical interpreters receive training in medical terminology and the role of the interpreter in increasing access to quality health care. Many interpreters feel the mission of that role. The Massachusetts CEAL research team believes that, with a greater understanding of the research process, that mission could extend to increasing diversity and inclusion in clinical trials as well as improving the safety and quality of the participants' experience. That is the end goal of the continuing education program they are developing.

It's critical that participants feel comfortable speaking up about side effects or other concerns while part of a research study, says Michael Paasche-Orlow, M.D., co-investigator. "Researchers

want participants to feel comfortable in these projects and to be safe in them. If we're trying to expand participation to people who don't speak English, we have to consider this."

The team started work on this project in fall 2021. Involving members of the Interpreter Services department in the process, they developed a glossary of terms used in clinical trials. This isn't just a list of definitions, says Paasche-Orlow. The glossary also offers tips on how to explain the terms more conversationally to potential participants. The immediate plan is to translate the glossary into Spanish and Haitian Creole, the two most common languages used at BMC after English, followed by Cape Verdean Creole, Portuguese, Vietnamese, and other languages as possible.

The team is also developing a three-part training program that will address harms and bias experienced by communities of color (past and current) within the healthcare system and the importance of diversity in clinical trials to advance medicine and improve health outcomes for all people. The training will also cover the mechanics of clinical trials, such as regulations and measures designed to ensure the safety of participants.

Many interpreters have had their own experiences of marginalization or witnessed bias in the medical context, says Paasche-Orlow. "Interpreters are just like anyone else and may come to this with their own misgivings, worries, and concerns" about the safety, history, and motivations of clinical trials, especially in minority communities, he says. These ideas can get inadvertently communicated to potential participants if interpreters don't have the background knowledge to combat misconceptions or explain the importance of diversity to the quality of research efforts.

The team plans to pilot the training program with their own Interpreter Services Department and then offer it to the state network on interpreters. This will enable them to tweak the curriculum before making it available to other CEAL teams as well as researchers generally.

The Massachusetts CEAL research team is clearly excited about the possibilities. "We want to empower interpreters to take an active role in increasing diversity and inclusion as well as the quality and safety of clinical trials," says Paasche-Orlow.



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