Guidelines for Determining Interpreter Modalities

This guide will help determine acuity of need in order to request appropriate interpreter modality for patient and provider needs. If one modality does not have the available interpretation, UWMC staff must access another modality to ensure there is no delay in care for patients, and to ensure patient safety.

Prioritized Needs for In-Person Interpreters

Below is a list of patient situations where in-person interpreters are most appropriate to meet patient needs.

- New medical history and physical exam
- Patient is a child and must communicate with provider; such as CHDD
- Significant physical or emotional trauma or anxiety during medical encounter
- Informed consent for procedure, advance directives, living will, and healthcare power attorney
- Major or high-risk invasive procedure
- Active labor and infant delivery
- Disclosure of serious, worsening, or terminal health diagnosis and abnormal results
- Family conferences, health education classes, hands-on training, or extensive case conference
- Group or individual therapy, mental health evaluations and treatment
- Cognitive condition that impairs ability to communicate and vulnerable patents
- Patients who are deaf, def blind and hard-of-hearing

Prioritized Needs for Video Interpreters

Below is a list of patient situations when an in-person is needed but not available and over the phone is not adequate.

- Emergent patient communication/situations that are not scheduled
- Simple, brief or routine clinic visits/communications
- Follow up appointments that don't involve new diagnosis, new treatment, teaching, or complex or sensitive conversations
- ED triage or patient rooming
- Social work, nutrition, consultation, weight management
- Routine diagnostic imaging and screenings
- When visual input may be helpful to patients or interpreters

Prioritized Needs for Telephonic Interpreters

Below is a list of patient situations when a telephonic interpreter is appropriate

- When an in-person or video interpreter is needed but not available
- Begin or end to any encounter if an in-person interpreter is not yet or no longer present
- Simple or brief conversations that are straightforward such as food menu decisions, scheduling appointments or billing
- Conversations when patient is not physically on site
- Routine results, medication refills and instructions
- Impromptu emergent conversations that are not scheduled or planned