

health seems a priority. I wonder if, as health professionals, we are ready for this.

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Training healthcare professionals to work with interpreters

I was encouraged to see articles published on interpreted consultations in the February 2013 issue of the *BJGP*. Seale *et al* observed significant differences in the content of interpreted consultations as opposed to same-language consultations, including, fewer questions from the patient, less questioning of the patient agenda, less patient involvement in management, and a lack of humour.¹ However, as the majority of the fluent English consultations were with white patients rather than with ethnic-minority patients fluent in English, it does not necessarily follow that the differences observed were as a direct result of the consultation being interpreted. Although we can assume that proficiency in English also points to a level of acculturation in ethnic-minority patients, some of the observed differences may be explained by cultural distance between the patient and provider rather than a language barrier. Cultural distance between patient and provider has been shown to challenge the delivery of patient-centred care, even where there is no language barrier.^{2,3} Any training on working with interpreters, therefore, also needs to incorporate diversity training that encourages examination of unconscious biases/stereotypes and enables providers to deal with the uncertainty created by cultural distance.⁴

In his editorial on the subject, Joe Kai points to many excellent areas of research to help improve interpreted consultations.⁵

These suggestions are very welcome. However, perhaps as a first step, we should prioritise implementing research linking the use of professional interpreters with patient safety. We already know that professional interpreters improve clinical care to patients with limited English to approach that of English-speaking patients.⁶ Additionally, there are fewer problems with accuracy, confidentiality, and control when using professional interpreters as opposed to family or bilingual workers.⁷ Despite this, and even when interpreting services are available, healthcare professionals under-use the services of professional interpreters, tending instead to use family interpreters, bilingual workers, or 'getting by' without services.⁸ Furthermore, training healthcare professionals on how to consult effectively through interpreters not only improves skills with all kinds of interpreted consultations but more importantly increases the likelihood of using professional interpreters in the future.⁹

Our responsibility for patient safety demands that we address the inadequate provision of training for healthcare professionals on consulting through interpreters at both undergraduate and postgraduate level.

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Dissemination of ear, nose, and throat information for GPs in a departmental website

There is a growing demand for web-based information that is accessible and relevant for patients and doctors. Despite the plethora of information available, its quality is not guaranteed.¹ We aimed to identify GP perceptions about the clinical value of such a tool. The Scarborough Hospital ear, nose, and throat (ENT) departmental website was upgraded (<http://www.yorkhospitals.nhs.uk/?ob=1&id=95>) to provide information of clinical use in four easy to use links. First we adapted the referral guidelines created at the department of ENT at the Freeman Hospital in Newcastle, with permission.² In the second link, 'recommended ENT literature', we suggested a number of evidence-based articles. In the third we introduced the patient information page of the 'ENT UK' and in the fourth a selection of useful ENT websites.

We promoted the site through the hospital communication department, personal e-mails sent to key GPs, including information about it in departmental clinical information letters sent to GPs, and advertising it during a GP ENT study day.

We sent a questionnaire to 100 randomly-selected GPs in the area. Forty-three GPs replied (43%). Nineteen were aware of the website, while 24 were not until they read the questionnaire: 10 of these expressed an interest in using it in the future. From the positive responders, a significant percentage scored the site as very useful. Seven gave it a top score of 5/5, while seven scored it with a 4/5. Most (14/19) felt that the referral guidelines were the most useful link on the site, while there were no votes for the recommended literature. In the question 'did the website change your practice?' one GP gave it a top score (5/5 strongly agree) while ten scored it with a 4/5: 17/19 GPs would recommend it to a colleague.

It is apparent that the GPs who were

aware of the website found it a helpful and valuable tool. There is no general consensus on what material should be included in a web page such as ours, and it may well be that different communities have different needs. Doshi's work³ concentrated more on the syllabus after a decision was taken to include common ENT operations and emergencies as topics. It did not come as a surprise to us that the referral guidelines were judged to be the most useful part on the site. Despite consistent efforts to advertise, it appears that the promotion of the website was only partially successful. The fact that a number of GPs expressed an interest in the site highlights the clinical relevance and the efforts required for better promotion.⁴ In our view the use of electronic communications and websites like these is going to increase. Electronic referrals and virtual clinics have already been piloted and are used in the UK and other countries.⁵

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