**Appendix e-1**

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| **Domains identified in qualitative analyses.** | |
| **Theme** | **Quotations** |
| **A need to improve systems to arrange PMI services.** | “It [(PMI)] works well, as long as I know in advance that an interpreter is needed.”  “Needs to be more consistent with asking [patients] their preference, having this reflect accurately in [the medical record], and having front desk respond in the same way each time.”  “It would be valuable to know in advance that a new patient does not speak English proficiently, and it would be useful in such cases for clinic coordinators to automatically coordinate interpreter services.”  “Recommend improved pathway for scheduling an in-person interpreter -- for example, flagging patients who require interpreters such that interpreters are scheduled on an opt-out instead of an opt-in basis -- would improve interpreter use. Problem being, if the interpreter hasn't been called by the time you start seeing the patient, then you only have time to use the phone.”  “If [interpretation equipment] is necessary, would be helpful to have assistance to have this ready when the patient arrives to expedite appointments.”  “It is a real bonus when the interpreter is booked ahead of time by the administrative staff for my clinic appointments.”  “Would be helpful if appointments with interpreters could be coordinated in advance to minimize wait time when patients/[clinicians] waiting.” |
| **Preference for in-house in-person interpretation.** | "The [in-person] interpreter was wonderful. He conveyed accurate information and it was a real benefit to have a trained interpreter in person to facilitate communication.”  "I always have excellent experiences with MGH in person interpreters. Some phone interpreters, however, have not been as good.”  “Quality of phone interpreter service (particularly for less frequently used languages) seems to vary quite a bit.”  "Most of the in-person interpreters are fairly good. Telephone is not adequate.”  “In-person [interpreter] didn’t show up and phone person spoke Saudi Arabic and [patient] was Lebanese and said [Arabic] was not effective.”  “[In-person] excellent for Spanish--other languages, esp[ecially] Chinese, Arabic not as good since usually done via phone interpreter and quality in general NOT good.”  “Perhaps add another Mandarin and Arabic [in-person] interpreter to the service.” |
| **PMI as cultural allies.** | "Satisfied that we were able to optimize communication.”  “Interpreter was a life-saver - Patient and caring and professional.”  “I don't feel culturally very competent in dealing with patients I can't understand, and that level of support from an interpreter [is] rare.”  “Need more attention not just to language but also to culture and medical literacy.” |
| **Variable quality of PMI services.** | “Some are very good but some are not.”  50 “My last video Spanish interpreter was not interpreting everything (I can understand Spanish).” |
| **Time constraints.** | “I think the process on how to use interpreter services is not very well explained.”  “My only complaint with the interpreters is that I often have to wait a long time for them. Also, if I am running late and the interpreter has already shown up, they often only wait 5 minutes and then they leave. Often times I can not control being late so it is frustrating to have the interpreter leave, and then I cannot conduct the visit with the patient. Once they are in the visit, they are generally very good at their job. I do not have any complaints other than what I described above.”  “[I] call interpreter services in the daily basic to schedule an interpreter (with weeks in advance). The overall service is great; however, some time the time wait[ing] on the phone is quite a lot.”  “It's hard to get a hold of an actual interpreter, but when you do they are wonderful.”  "The system can be slow, i.e. take a long time to set up. It complicates things significantly to have an interpreter.”  “If you are using an interpreter [,] over the phone is much faster to get one, but I prefer in person, but they take too long to get someone available.”  “The delay in getting an in-person interpreter is a barrier to their use.”  “At times [interpreters] have to run off to another area in the building due to staffing. Otherwise service [is] very good.”  “Medical interpreter are alway[s] available when I need them. However, sometimes they seem to be in a rush when they are with a patient (at an app[ointmen]t). Service seems to be better when contacting them on the phone.”  "Often late - appointments start 20 to 30 minutes late while waiting; however, interpreter staff are friendly and generally provide good service.”  “Dissatisfied that [interpretation] took so much more time than using a loved one as an interpreter and was difficult to coordinate with clinic schedule.”  "In person [interpreters] will not come up until you bring patient back. We have had to wait 20 min for them to arrive. Not efficient. They are also in a rush to leave.”  “The interpreter often arrives late, throwing off the schedule.”  "In-person [interpreter] didn't show up.”  “I sometimes do not have in-person interpreter services ordered for patients who should have them and then there are few options at the last minute.” |
| **The complexity of including clinical trainees.** | Difficult to work with interpreter when running behind in clinic, particularly with fellows, as they arrive at the time of the scheduled visit, not when the patient is actually seen.”  "Refused to interpret my communications to other trainees in the room even though I explained it would also be beneficial for the patient and that the teaching was also directed to the patient to help educate her about her disease." |
| **Using phone and video interpretation.** | “Please standardize the position of the telephone based translator equipment so that it can be quickly accessed when needed.”  "Phone call has poor audio.”  “[Video] VPOP has been very satisfactory. Need to urge physicians more to make use of these services and less use of family for med[ical] interview.”  “[Recommend] additional [video] VPOP in clinic. My first choice is [video] VPOP but if [equipment is] being used I have to arrange for in-person. ”  “Improved access to video services, may make it easier to use phone services when needed particularly for languages less commonly requested (not Spanish)” |
| **Constraints to technology usage.** | “One patient needs [an in-person interpreter] because of her aphasia which makes telephone interviews impossible.”    “Parkinson's disease and other movement disorder require a complex exam and history. I haven't been shown how to use the [video] v-pop yet but telephone is inadequate. In person is great but not enough interpreters.” |
| **Use of ad-hoc interpretation.** | “Although it is discouraged, a friend/family member is often superior to the phone interpreter.”  “I have not encountered any problems with interpreter services. Usually the patient will bring a family member who speaks English. On occasion, I have communicated with the patient using hand motions and tools to demonstrate what is involved during the test.”  “[Recommend] training on what to do when family wants to interpret.”  “[Video] VPOP has been very satisfactory. Need to urge physicians more to make use of these services and less use of family for med[ical] interview.” |