



Appendix 4.10

*Effective
Communication
Frequently Asked
Questions*

These are examples of commonly asked questions by staff and clinicians when implementing effective communication. Example answers are provided for each question, which should be adapted to local context.

Which patients do effective communication laws cover?

These laws apply to **all** patients with disabilities, including but not limited to those with hearing, speech and language, cognitive, motor, developmental, and visual disabilities.

How do I effectively communicate during an appointment when I have such limited time with patients?

Clinician time constraints are a concern for both clinicians and patients, so you can be upfront about the amount of time available. However, remember that federal law requires any patient communications, even when limited, to be just as effective for patients with disabilities as it is for patients without disabilities.

There are effective communication strategies that do not add time to an encounter, such as looking directly at the patient and speaking in short phrases and sentences. Even when pressed for time, do not interrupt the patient. If necessary, ask for permission to guess what they are saying. These strategies can make communication more efficient as they decrease miscommunications and the need to repeat oneself.

Patients' communication and accommodation needs should be asked ahead of the visit to prepare (i.e., a patient that needs extra time to talk could be scheduled for two time slots or given the last appointment of the day). While it's mandated that all after-visit summaries, notes, and follow-up communications be accessible to all patients, this is especially important when there is limited time to discuss their care during the visit.

What if a patient requests a communication aid or service (accommodation) that our organization doesn't have?

First, acknowledge their request and your intention to ensure they can access information about their care. Apologize that the specific accommodation is not available and tell them which accommodations you have that might meet their needs. Let the appropriate staff at your organization know of the request so clear procedures can be established to better accommodate the need in the future.

Remember that healthcare organizations are required to ensure communication with people with disabilities is just as effective as communication with people without disabilities, including by providing *reasonable* auxiliary aids and services when necessary. With the exception of providing qualified interpreters for sign language users, there is no required list of specific communication accommodations.

Do sign language interpreters need to be certified?

No. However, the interpreter must be "qualified," meaning they can interpret effectively, accurately, and without bias, using any necessary specialized vocabulary. Certification is not

required for someone to be qualified. In fact, certified interpreters might not always be qualified for certain situations, especially if they are unfamiliar with medical terminology.

Should qualified interpreters be available outside of regular hours?

Yes.

Who decides what communication accommodation is the right one?

Always ask the patient if they have a preferred communication strategy and/or accommodation—they know their needs best. While the healthcare team is ultimately responsible for deciding what reasonable accommodation is provided, the U.S. Department of Justice (DOJ) [expects](#) organizations to consult with the patient and consider their preferred communication methods. The accommodation provided, if not the one requested by the patient, must enable equally as effective communication.

What happens when a patient does not report their communication needs ahead of an appointment, and I am not prepared?

The DOJ [states](#) that “walk-in” requests should be honored to the extent possible. Healthcare organizations can require *reasonable* advance notice of a need for aids or services based on the length of time needed to acquire that aid or service, but such notice requirements must not be “excessive”.

Can I rely on a patient’s family member or friend to interpret for them?

No. Healthcare organizations cannot require patients to bring their own interpreter or rely on an adult accompanying a patient to interpret for them, except:

- In an emergency when a qualified interpreter is not available; or
- When a patient requests the accompanying adult interpret for them, the accompanying adult agrees, and it is appropriate under the circumstances.

However, even when requested by the patient, healthcare organizations cannot rely on the accompanying adult, “when there is reason to doubt the person’s impartiality or effectiveness,” such as when they have a personal stake in the outcome of their care. In other words, **friends and family members cannot be relied on to interpret for a patient. A qualified interpreter must be called.**

Minor children also cannot interpret for a patient, even when requested by the patient, except in an emergency when a qualified interpreter is not available.

Can I charge my patients for use of an interpreter, or when I provide them with an aid such as a hearing amplifier?

No. Under the ADA, healthcare organizations are obligated to provide disability accommodations at no cost to the patient, including communication aids and services.

Do I need to provide a sign-language interpreter for all staff and clinician interactions with Deaf patients who use sign-language?

It depends. Ideally, an interpreter is present for all staff and clinician interactions. In practice, the level of accommodation depends on the patient and circumstances—or, per ADA

guidance, "the complexity and nature of communications required." For example, if a patient stops at the volunteer desk to ask for directions to a clinic, the volunteer could initiate the process to arrange a sign language interpreter at the clinic while, in the meantime, using a combination of writing, showing, or walking the patient to the clinic, depending on the complexity of the directions.

Once more complex discussions related to the patient's participation in their care begin—such as with clinicians regarding the patient's health—a sign language interpreter must be present. Even in seemingly non-complex situations, such as checking in or scheduling an appointment, some patients may require an interpreter to fully participate in the activity as patients without disabilities do.

Do caregivers with disabilities also have the right to accommodations?

Yes. Effective communication laws apply to caregivers with disabilities when they are involved in a patient's care or decision-making.