

การให้บริการล่ามทางการแพทย์ในประเทศ สหรัฐอเมริกา ประเทศญี่ปุ่น และประเทศไทย : การเปรียบเทียบจากมุมมองด้านการทำงาน ร่วมกันระหว่างแพทย์และล่ามทางการแพทย์*

Elisa Nishikito**

บทคัดย่อ

บทความนี้ศึกษาเปรียบเทียบการให้บริการล่ามทางการแพทย์ของประเทศสหรัฐอเมริกา ประเทศญี่ปุ่น และประเทศไทย โดยจะมุ่งเน้นไปยังพื้นฐานเชิงโครงสร้างที่เป็นตัวส่งเสริมการจัดระบบบริการนี้ ในประเทศสหรัฐอเมริกา เนื่องจากหน่วยงานด้านสุขภาพตระหนักถึงความสำคัญของภาษาจึงทำให้สถาบันการศึกษาพยายามจัดอบรมทั้งแพทย์และล่ามเพื่อให้สามารถทำงานร่วมกันได้อย่างมีประสิทธิภาพ แต่สำหรับประเทศญี่ปุ่นและประเทศไทย ถึงแม้จะมีความพยายามฝึกอบรมล่ามให้มีความรู้พื้นฐานด้านการแพทย์และเทคนิคในการแปล แต่ยังไม่มี การฝึกอบรมแพทย์ผู้เกี่ยวข้องเกี่ยวกับวิธีการทำงานร่วมกับล่ามหรือวิธีใช้ล่ามอย่างเหมาะสม

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Medical Interpreting Services in the United States, Japan, and Thailand: Comparisons of the Teamwork between Physicians and Medical Interpreters*

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Abstract

This study compares the medical interpreting services in the United States of America, Japan, and Thailand by focusing on the background structure that has contributed to systematization of this service. In the United States, the recognition of the importance of language in the healthcare sector has fostered efforts by educational institutions to train both physicians and interpreters in how to work effectively as a team. However, in both Japan and Thailand, in spite of the efforts made in training interpreters with basic medical knowledge and interpreting techniques, physicians are not trained in how to work with or use interpreters properly.

Key words

Physicians, Medical interpreters, Teamwork, Cultural competence, Medical education

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1. Introduction

In our globalized world, cross-border and cross-continental movements of people have become increasingly common. Such phenomenon has stimulated changes in different sectors of society, including healthcare. Healthcare providers in different parts of the world need to deal with an increasing diversity of patients, who have different ethnic, racial, linguistic and socio-cultural backgrounds.

Thailand is no different. The large number of foreigners who come to the country for either a short-term or long-term stay has promoted changes in the healthcare sector. Major private hospitals that have a big concentration of foreign patients have been offering interpreting service through their multilingual staff for more than 30 years. According to the 2012 Private Hospital Survey (in Sanguanphon, 2013, p.1) 1,100,000 foreigners received medical care in the country, with the top four nationalities being Burmese, Chinese, American, and Japanese.

In order to better understand the situation of medical interpreting service in Thailand, we conducted a literature review on the topic and found out that one key element for quality service is the teamwork between physicians and interpreters, a topic that has been little explored. Therefore, we present a description of the medical

interpreting service provided in two first-world countries, the United States and Japan, and compare their services with the medical interpreting service provided in Thailand. Then, we summarize the discussion by offering some recommendations for the medical education.

2. Medical Interpreting Service Abroad and in Thailand

2.1 Medical Interpreting Service in the United States

We will start by describing the medical interpreting service in the United States because of its long history in providing interpreting services to patients at no cost, based on federal law.

It started in the late 1970's and according to Chen, et al. (2007), its legal foundation lies in Title VI of the 1964 Civil Rights Act, which prohibits discrimination on the grounds of race, color or national origin. Under this act, healthcare providers that receive federal funding are required to provide language services for patients with limited English proficiency (LEP). Later, the Executive Order (EO) 13166 issued by President Clinton in 2000, which aimed to improve language services to LEP individuals, came to reiterate Title VI requirements.

More recently, by trying to cover all uninsured Americans, the Patient Protection and Affordable Care Act of 2010 ('ACA' or

‘Obamacare’) dramatically increased the number of LEP patients who have insurance, along with the need for language services. It can be said that ACA extended the federal regulations in such a way that currently, all 50 states in the States have laws regarding the provision of interpreting services (Texas Health Institute, 2013).

Interpreters can work directly with hospitals either as staff or free-lancers; however, many healthcare providers typically contract language service companies that provide interpreting service. According to Takesako (2014, p.7-8), in a 2010 survey conducted by the International Medical Interpreters Association (IMIA) covering 46 states with 1,083 respondents, it was found that the majority of medical interpreters worked at hospitals or other medical centers with a considerable number working for agencies. Many worked on a per-diem basis, and more than one third worked on an hourly wage system.

Although states across the United States have tried to implement the federal law, there are significant policy differences among them. However, some initiatives that are particularly notable are:

- Certification of medical interpreters;
- Continuing education for health professionals.

Regarding certification of medical interpreters, the United States does not have a federal certification system for medical interpreters. However, it has two certifying bodies: The National Board of Certification for Medical Interpreters (NBCMI) and the Certification Commission for Healthcare Interpreters (CCHI) (Takesako, 2014, p.7). In addition, groups, associations, colleges and universities offer courses, conferences and seminars, in an attempt to establish standards for best practice.

Continuing education for health professionals refers to educating health professionals on how language barriers can impact access to and the quality of healthcare. As more health professionals become aware of the need and importance of interpretation services, more LEP patients can benefit from medical care that is mediated by medical interpreters. In addition, related literature reveals that some universities have recently started to include courses such as appropriate ways to work with interpreters (Marion, et al., 2008; McEvoy, et al., 2009; Cha-Chi Fung, et al., 2010), and cultural competence (Cha-Chi Fung, et al., 2010) in the medical curriculum in order to prepare professionals to carry out more appropriate cultural exchanges with their patients.

2.2 Medical Interpreting Service in Japan

Medical Interpreting Service in Japan is still recent, dating back to about fifteen years ago. The 1990s was a time of change in the composition of the Japanese population. It was a period characterized by a shortage in the Japanese labor force due to aging population and a decline in birthrate. This led the country to revise the Immigration Control Act in 1990, in an attempt to attract foreign workers to fill the shortage of labor. After that, the number of foreign residents in Japan grew steadily, reaching 2,130,000 in 2010 (Sanguanphon, 2012, p.94).

One noticeable problem in this changing society is the communication barrier due to the foreigners' limited proficiency of Japanese, which restricts their access to different types of services, including healthcare.

With the efforts of some medical professionals, non-profit organizations across the country and prefectural associations, medical interpreting services started to be provided in different languages especially in areas with high concentration of foreigners. Interpreters registered in these organizations or associations are dispatched

to hospitals or healthcare centers upon appointment, which means that the majority work on an hourly wage basis.

One hospital, Mie Hospital, has a full-time Portuguese-Japanese Interpreter (Sanguanphon; 2012, p.100), but it is still a rare case in Japan. Mizuno (2008, p.47) calls attention to the fact that medical interpreters have very low income rates when compared to court interpreting. This could be attributed to the prevailing view that medical interpreting in Japan is 'volunteer' work.

However, we believe that efforts are being made to improve the quality of medical interpreters, as well as to upgrade medical interpreting as a profession. In addition to seminars and short courses regarding medical interpreting offered by non-profit organizations and prefectural associations, one medical interpreting course offered by the Graduate School of Medicine of Osaka University¹ is of particular interest for the following reasons:

- (1) It is a course organized by a "medical school" for those who are proficient in Japanese and one foreign language (English, Chinese, Portuguese, Spanish);

¹ The interpreting course is a special course under the "International and Future Health Care Studies" of the Department of Medical Studies (大阪大学大学院医学系研究科、国際・未来医療学講座)

- (2) It is an 80-hour one year course;
- (3) It covers theoretical knowledge that includes basic medical knowledge, medical terms, interpreting techniques, cross-cultural issues, in addition to providing practice hours;
- (4) Its teaching staff is a multi-disciplinary team that includes specialists from the medical field, social sciences and languages.

There have been significant improvements to upgrade the quality of medical interpreters, but there is still much to be done in regards to the education of healthcare professionals. Kawauchi (2011, p.25-28) describes the insufficient knowledge regarding the interpreters' work, lack of preparation in caring for foreign patients and communication problems faced by nurses in 30 different hospitals across Japan where the research was conducted.

Similar observations are made by Serizawa (2007, p.141) in that "an apparent failure by the healthcare workforce to deliver culturally congruent healthcare service has resulted in dissatisfaction with the healthcare system on the part of foreign nationals and increased potential for negative healthcare outcomes". She explains that the preparation of healthcare providers that are sensitive to foreign patients' cultural backgrounds still remains a challenge

for this country that has historically valued homogeneity and recommends the integration of contents addressing cultural competence into the academic curricula of nursing and medical education.

2.3 Medical Interpreting Service in Thailand

As previously described, statistics show that the number of foreigners who use medical services in Thailand is rather high. It includes tourists who come on a short-term basis, long-term residents, expatriates and more recently affluent foreigners who come with a medical visa for the specific purpose of receiving medical care.

In order to better serve the needs of the foreign clientele, major international hospitals across the country have been offering interpretation and translation services in more than 20 different languages.

Watanabe (2012, p.21) provides a detailed description of the unique features that characterize Thai private hospitals or the so-called international hospitals where there is a big concentration of foreign patients. Some of these features that are particularly relevant for this study are: international hospitals, which are privately operated, are exclusively marketed to foreigners and affluent Thai people; they have each their own specific management policies, one of which is to remain luxurious

and ‘international’; they can determine medical fees, which are ‘high’ enough for them to use more expensive, state-of-the-art medical equipment and procedures; major international hospitals are accredited

by the Joint Commission International (JCI), an American accreditation body that ensures the quality of medical services.

We present below a list of private hospitals that offer interpreting services.

Table 1. List of hospitals and the languages interpreting service is offered in
(Summarized by the author)

Location	Hospital	JCI Accreditation	Languages interpreting service is offered in
Bangkok	Bangkok Hospital Medical Center http://www.bangkokhospital.com	✓	English, Arabic, Bengali, Cambodian, Chinese, French, German, Japanese, Korean, Malay
	Bangpakok Hospital http://bangpakokhospital.com	✓	English, Cambodian, Chinese
	BNH Hospital https://www.bnhhospital.com	✓	Chinese, French, German, Japanese
	Bumrungrad International Hospital https://www.bumrungrad.com	✓	English, Amharic, Arabic, Bengali, Burmese, Cambodian, Chinese, French, German, Japanese, Korean, Mongolian, Vietnamese
	Piyavate International Hospital http://www.piyavate.com		Arabic, Bangladesh, Chinese, Filipino, Hindi, Italian, Japanese, Urdu, Vietnamese
	Praram 9 Hospital http://www.praram9.com	✓	English, Arabic, Burmese, Chinese, Japanese, Korean
	Pyathai 2 Hospital http://www.phyathai2hospital.com	✓	English, Arabic, Bangladeshi, Burmese, Cambodian, Chinese, French, German, Spanish
	Samitivej Hospital Samitivej Srinakarin Hospital Samitivej Sukhumvit Hospital https://www.samitivejhospitals.com	✓ ✓ ✓	English, Arabic, Burmese, Japanese, Korean
	Sikarin Hospital http://www.sikarin.com	✓	English, Arabic, Cambodian, Chinese, Filipino, Japanese
	Thainakarin Hospital http://www.thainakarin.co.th		English, Chinese, Japanese
	Vejthani Hospital http://www.vejthani.com	✓	English, Amharic, Arabic, Bengali, Burmese, Cambodian, Filipino, French, German, Hindi, Japanese, Korean, Laos, Mandarin, Norwegian, Russian, Spanish, Swedish, Tamil, Urdu
	Vibhavadi Hospital http://www.vibhavadi.com	✓	English, Arabic, Burmese, Chinese, Japanese

Location	Hospital	JCI Accreditation	Languages interpreting service is offered in
Bangkok	Yanhee Hospital http://yanhee.net	✓	English, Arabic, Burmese, Cambodian, Chinese, French, Filipino, German, Italian, Japanese, Korean, Russian, Spanish, Vietnamese
Chonburi	Bangkok Hospital Pattaya https://www.bangkokpattayahospital.com	✓	Arabic, Chinese, Dutch, English, Filipino, Finnish, French, German, Italian, Japanese, Korean, Norwegian, Russian, Spanish, Swedish
	Pyathai Sriracha Hospital http://www.pyathai-sriracha.com		English, Arabic, Chinese, Japanese, Korean, Russian
	Samitivej Sriracha Hospital https://www.samitivejhospitals.com/	✓	English, Arabic, Burmese, Japanese, Korean
Chiang Mai	Bangkok Hospital Chiang Mai http://www.bangkokhospital-chiangmai.com	✓	Burmese, Chinese, Japanese
	Chiangmai Ram Hospital http://www.chiangmairam.com	✓	English, Burmese, Chinese, French, German, Hindi, Japanese
	Lanna Hospital http://www.lanna-hospital.com		English, Japanese
	Rajavej Hospital http://www.rajavejchiangmai.com		English, Burmese, Chinese, Japanese
Nonthaburi	The World Medical Center http://theworldmedicalcenter.com	✓	English, Arabic, Burmese, Chinese, Japanese, Russian
Phuket	Bangkok Hospital Phuket http://www.phukethospital.com	✓	Arabic, Danish, Dutch, English, Filipino, Finnish, French, German, Indonesian, Italian, Japanese, Norwegian, Russian, Swedish
	Phuket International Hospital http://www.phuketinternationalhospital.com	✓	English, French, Japanese, Russian
Prachuap khirikhan	Bangkok Hospital Hua Hin http://www.bangkokhospital.com	✓	Arabic, Chinese, German, Japanese, Russian
Rayong	Bangkok Hospital Rayong http://www.bangkokrayong.com	✓	Chinese, Japanese, Korean, Swedish
Samui Island (Koh Samui)	Bangkok Hospital Samui http://www.bangkokhospitalsamui.com	✓	French, German, Italian, Swedish, Russian

* The table above is based on the information the author gathered from the JCI official website, hospitals' websites, Sanguanphon's (2013, p.10) list of hospitals that provide Japanese-Thai interpreting service, and by contacting hospitals to check the accuracy of information.

From the table above, we can notice that:

- (1) The majority of private hospitals that provide interpreting services are accredited by the JCI;
- (2) Bangkok metropolitan area has the biggest concentration of such hospitals, followed by the provinces of Chonburi and Chiang Mai;
- (3) Chinese and Japanese are languages with the highest demand. Interpreting services in these two languages are offered in all provinces listed above.
- (4) Taking a close look at each region, the following observations can be made:
 - In Bangkok metropolitan area and surroundings such as Chonburi, there is a huge linguistic diversity, but Arabic, Chinese, Japanese and Burmese are languages notably in demand;
 - In Chiang Mai, Chinese, Japanese and Burmese are basically the languages in demand;
 - In beach areas such as Phuket and Samui, inter-

preting service is offered in several European languages, reflecting the nationalities of tourists visiting these places.

Regarding interpreters, previous studies (Sanguanphon, 2013, p.55; Watanabe, 2012, p. 22) and interviews conducted with some medical interpreters working in Bangkok and Chiang Mai reveal that they are either full-time or part-time employees. When they start work, they receive training in the hospital, the so-called on-the-job training. New interpreters accompany more experienced interpreters to observe them in action. They gradually perform interpretation under the supervision of senior interpreters, until they can work independently.

International hospitals in Bangkok provide interpretation services 24 hours a day. "Providing interpretation in the consultation room is important, yet it is only part of the job. Hospital interpreters also support Japanese inpatients, attend phone calls for scheduling and rescheduling appointments, work at the Japanese reception desk, and liaise with insurance companies. It is also noteworthy that patients pay no extra charge" (Watanabe, 2012, p.22).

However, when we look at the level of professionalization of interpreters, there is not yet a certification for medical

interpreters recognized by the Thai government, either at local or national level. Training or courses offered outside hospitals are practically non-existent. There was once an attempt by Chulalongkorn University (Sanguanphon, 2013, p.72-73) that created a curriculum for Community Interpreters (Medical Interpreter) in the year 2010, after a survey confirmed the high demand of Arabic-Thai and Japanese-Thai medical interpreters. Unfortunately, there were not enough applicants and the course could not open.

Sanguanphon (2013, p.103) proposes a guideline for a training program for medical interpreters that could be carried out in hospitals. It is a 3-month program that could be developed in 3 phases. Phase 1 would focus on teaching the duties and roles of the interpreter, the necessary skills to deal with patients, and basic medical knowledge including medical terms. Phase 2 would consist of teaching interpreting techniques, and in phase 3, interpreters would practice interpreting through the so called on-the-job training. In addition, Sanguanphon (2013, p.103) also recommends collaboration between interpreters and physicians. Physicians could cooperate by not only teaching basic medical knowledge

to interpreters, but also help with organizing model conversations that reflect real doctor-patient interactions. Teaming up with universities is another suggestion made by Sanguanphon (2013, p.103). Mutual benefits can be expected from such partnerships: hospitals getting academic advice regarding the course curriculum, medical interpreting being included in the interpreting courses offered at universities, and the development of an internship program for students majoring in languages.

On the side of health care professionals, however, related literature does not mention any government or educational institutions that offer training for medical students regarding appropriate ways to work with interpreters. Neither is there any related literature mentioning the teaching of cultural competence in the medical curriculum.

3. Comparison of the Medical Interpreting Services in the United States, Japan and Thailand

3.1 Health Care Providers, Interpreters and Patients

From the description above, the medical interpreting service in the three countries can be summarized as follows:

Table 2. Interpreting Services in the United States, Japan and Thailand
(Summarized by the author)

Country	Healthcare providers that offer interpreting services	Interpreters	Patients
U.S.A.	<ul style="list-style-type: none"> Hospitals and Medical Centers that receive federal funding 	<ul style="list-style-type: none"> Hospital staff; Registered at agencies; Volunteers. 	<ul style="list-style-type: none"> Immigrants Refugees
Japan	<ul style="list-style-type: none"> Public Hospitals Private Hospitals 	<ul style="list-style-type: none"> Registered at Non-Profit Organizations; Registered at government organizations; Volunteers. 	<ul style="list-style-type: none"> Immigrants; Temporary workers; Foreigners with a medical visa.
Thailand	<ul style="list-style-type: none"> Private Hospitals 	<ul style="list-style-type: none"> Hospital full-time or part-time employee. 	<ul style="list-style-type: none"> Affluent foreigners

Health Care Providers

In regards to health care providers, the most evident difference between health care providers in Thailand and the two other countries is that medical interpreting in Thailand is offered at and limited to private hospitals. In addition, the majority of hospitals that offer interpreting service are those called ‘international hospitals’, holders of the JCI accreditation. Consequently, it is a service that only those who can afford treatment at private hospitals can have access to.

In comparison, in the United States, federal and state laws enforce the provision of language interpreting services for LEP patients and therefore, medical interpreting service can be considered ‘public service’ that anyone in need has the right to use. In Japan, although medical interpreting service is offered to immigrants and temporary workers similarly to the United States, according to Mizuno (2008, p.96) efforts by the federal government regarding the provision of such services has been limited. It is socially considered volunteer work, with mainly prefectural organizations and non-profit organizations backing up such services.

Interpreters

Interpreters in Thailand are either full-time or part-time employees of private hospitals. Regardless of their employment status, they must ensure quality service to patients, by presenting themselves as hospital staff, being service-minded and conveying the image of a hospital environment that is friendly for foreigners.

In the United States and Japan on the other hand, an interpreter's status varies from volunteer to hospital staff. A considerable number of interpreters in the United States are registered at agencies. In Japan many interpreters are registered at prefectural organizations or non-profit organizations, being extremely rare that the interpreter is a full-time employee of the hospital. Therefore, interpreters are not necessarily considered part of the hospital team. Many of them are professionals dispatched from outside organizations to assist and facilitate the communication between medical personnel and patients. As such, they do not necessarily have the employer-employee relationship and/or attachment to the hospital.

Patients

While in the United States and Japan medical interpreting is a service provided to support minority groups, in Thailand

medical interpreting is a service provided to a 'financially privileged' minority, that is, affluent foreigners, pensioners and tourists with international health insurance that allow them to receive treatment at private hospitals.

In recent years, both Japan and Thailand have been investing in medical tourism. According to the June 5, 2012 issue of Japan Times, Japan has been promoting their medical services abroad through pamphlets along with seminars and its clientele is mainly comprised of Chinese and Russians. As for Thailand, according to the official website of the JCI², forty private hospitals have already been awarded accreditation.

Additionally, according to the February 2, 2015 issue of the Nikkei Asian Review, Nagoya University and Bangkok Dusit Medical Services (Thailand's leading health care provider) signed a contract in January 2015 to collaborate on educational programs as well as exchange nurses and physicians. In spite of the large number of Japanese nationals residing in Thailand and Thai nationals visiting Japan, a cross-border health care management system has not yet been established. Therefore, both institutions expect to further reciprocal arrangements, and provide a sense of security to patients.

² 50 organizations all together, including dental and eye clinics, one home care institution and one sanatorium have received the JCI accreditation in Thailand. However, we limited our count to general hospitals, which at the moment is at the number of 40 institutions.

Such a scenario indicates changes that might be expected in the near future with regards to foreign clientele receiving medical care in both countries which, in turn, will probably foster advancements in the field of medical interpreting as a profession, as well.

3.2 Background structure supporting the medical interpreting service

From a broader perspective, the background structure that has supported and contributed to the systematization of interpreting service in the three countries can be shown as follows.

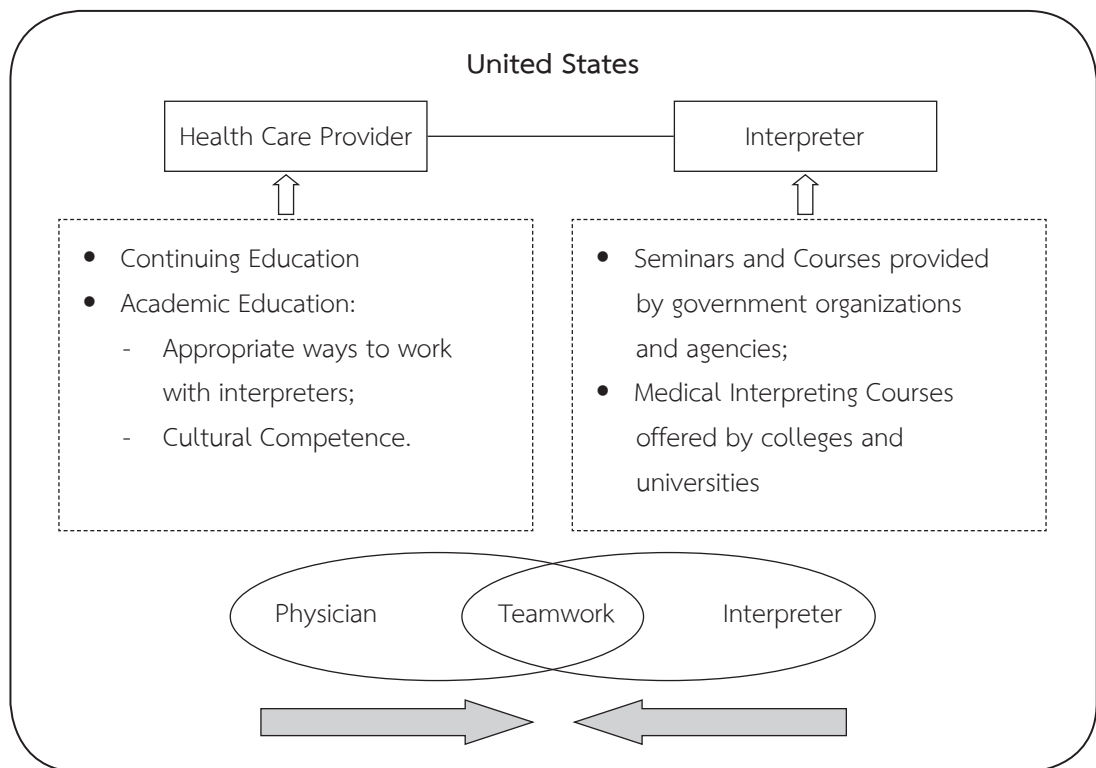


Figure 1. Physician-Interpreter Teamwork in the United States

In the United States, training has been carried out with both the interpreters and physicians. As for the former, governmental organizations and agencies provide short-term seminars and courses for medical interpreters. These courses cover both

basic medical knowledge necessary to work as an interpreter, as well as language issues ranging from technical terms to interpreting techniques. In addition, colleges and universities also offer medical interpreting courses.

As for the physicians, there are short-term courses that provide continuing education for those already in practice. The training courses include ‘appropriate use of interpreters’ and ‘cultural competence’ that will help physicians develop proper skills in dealing with patients of different ethnic and cultural backgrounds. Some universities have already included these two topics in the medical curriculum. Researchers at one north-eastern university have

even developed a model Spanish course specific for the healthcare context by a collaborative effort between health sciences and language programs (Cobb, et al., 2011).

In short, researchers and educational institutions in the United States have realized the importance of language in the healthcare setting. We can notice then, that efforts have been made to prepare both physicians and interpreters to be able to work cooperatively.

In Japan, the current situation is somewhat different from the United States, as shown in the figure below.

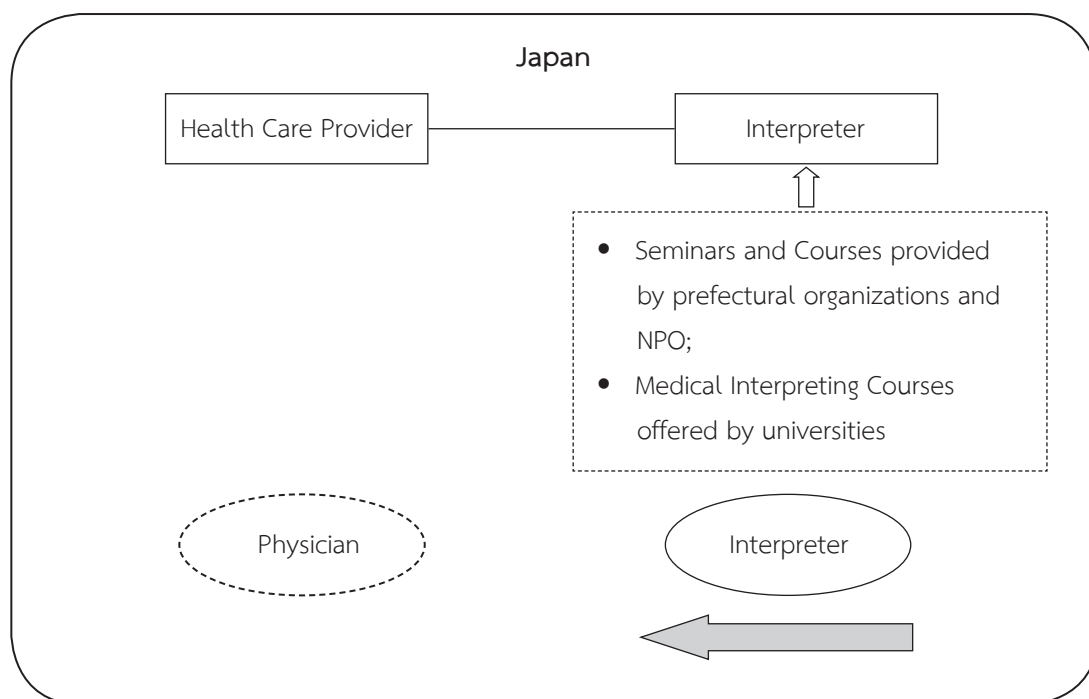


Figure 2. Physician-Interpreter Teamwork in Japan

Regarding the interpreters, prefectural organizations and non-profit organizations regularly offer short-term courses as continuing education for those already in the profession or those who are interested in starting a career as medical interpreters. As mentioned previously, the course for medical interpreters offered by the Graduate School of Medicine of Osaka University has the unique feature of being a course offered by a ‘medical school’. However, it

does not liaise with the medical education side, that is, they do not train physicians on how to make proper use of interpreters or about cultural competence. This situation confirms Serizawa (2007)’s observation that Japan still needs to produce healthcare professionals who are culturally sensitive when dealing with foreign patients. The intersection between interpreters and physicians when working together is yet to be developed.

In Thailand, the situation is even more unique since there is no outside organization or institution involved in training interpreters and physicians on how to work cooperatively. Training of interpreters is done within each hospital with its own system.

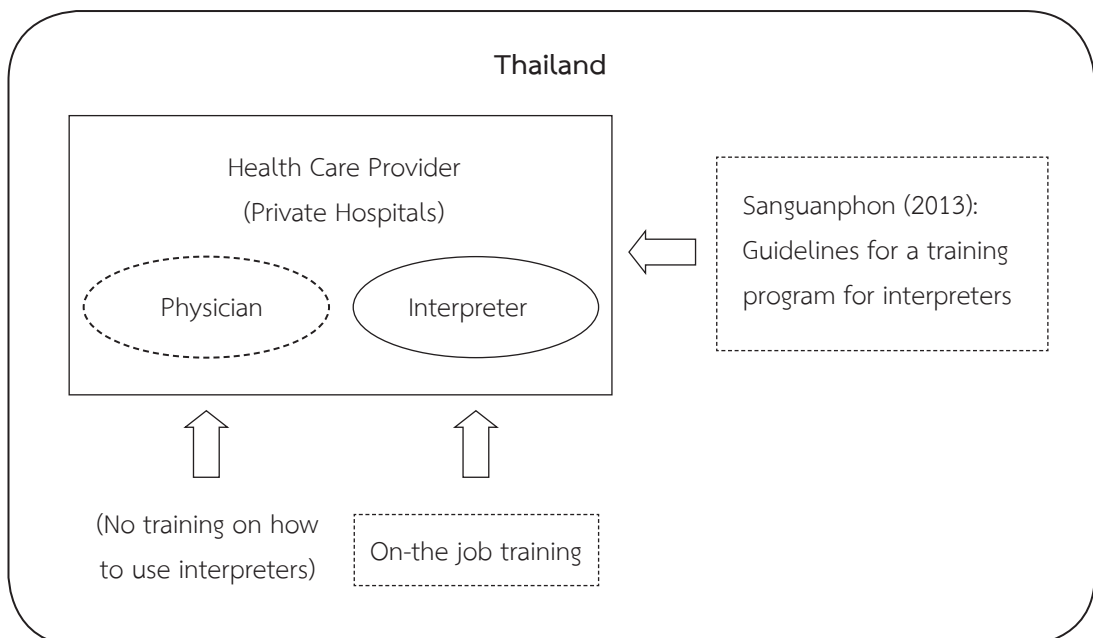


Figure 3. Physician-Interpreter Teamwork in Thailand

As mentioned previously, there was once an attempt to provide training for medical interpreters by Chulalongkorn University, but it has not yet become an established regular course. Sanguanphon (2013) has recently suggested a guideline for a training program for interpreters that can contribute greatly to improving the quality of medical interpreters, only if it can be implemented.

However on the physician side, the literature regarding training on how to properly work with interpreters or cultural competence is still non-existent.

4. Discussions and Conclusions

As the number of linguistically diverse patients increases in our globalized world, healthcare professionals recognize the need to address cross-cultural communication skills and proper use of interpreters in the medical curriculum. In the United States, efforts have been made to teach cultural competence to medical students, and to promote the teamwork between physicians and medical interpreters when providing care for LEP patients. Japan is still behind in this aspect; however, researchers such as Kawauchi (2011) and Serizawa (2007) draw the attention to the need and importance to address cultural competence into the curricula of nursing and medical education to produce healthcare professionals who are sensitive to foreign patients' cultures.

Thailand is also a country with a large number of foreigners who use the country's healthcare service, especially at private hospitals. Considering the country's policy to promote medical tourism and the socioeconomic changes that might happen in the near future with the implementation of the ASEAN Economic Community (AEC), it is likely that healthcare professionals will have to deal with a greater diversity of patients, as well as face situations where they need to work with medical interpreters.

From this perspective, we would like to present a few suggestions for further consideration. Since Sanguanphon (2013) has proposed a guideline for a training course to improve the work and professionalize the status of interpreters, we would like to offer some recommendations on the medical education side:

- 1) Include a special topic regarding cultural competence in the 'doctor-patient communication' course that is commonly taught to medical students;
- 2) Design and develop workshops for medical students to teach them both cultural competence and proper use of interpreters.

In regard to 'cultural competence', the idea is to help medical students to develop the ability to deal with patients from different cultural backgrounds. If the physician can identify and understand cer-

tain traits that are culture specific in the patient's behavior, attitude, way of thinking, etc., he/she can deliver care that is culture sensitive and appropriate to that particular patient. Cultural issues could be distributed across clinical topics that are presented to medical students when teaching them about interviewing techniques or the interviewing process.

An alternative option would be to organize workshops for medical students. The one developed by the UCLA School of Medicine in 2005 can serve as a reference. It was a 3 hour 'Working with Interpreters' Workshop for second-year medical students, with one clinical examination practice carried out 8 weeks following the workshop to assess the students' skills. The workshop featured demonstrations with two actors participating as a Spanish

speaking patient and an interpreter, with discussions and students' active participation (Cha-Chi Fung, et al., 2010).

Such workshop can be twofold: teach medical students about cultural competence and at the same time teach them the basics of how to work with interpreters.

Either suggestions (1) or (2) are feasible to implement, once there is collaboration between medical instructors and language specialists. However, regarding cultural topics to be taught, since there are as many different cultures as many different languages, it would probably be necessary to narrow down to the languages with the highest demand. In Thailand, the literature review reveals that Arabic, Japanese, Chinese, and Burmese are currently the ones in demand.

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