

Intercultural Mediation through the Internet



Hans Verrept

Intercultural mediation and policy support unit



2 Structure of the presentation

- What is intercultural mediation through the internet?
- Why do we need it?
- Where are we now?
- Evaluation of the project
- Conclusions and recommendations



3 What is intercultural mediation through the internet?



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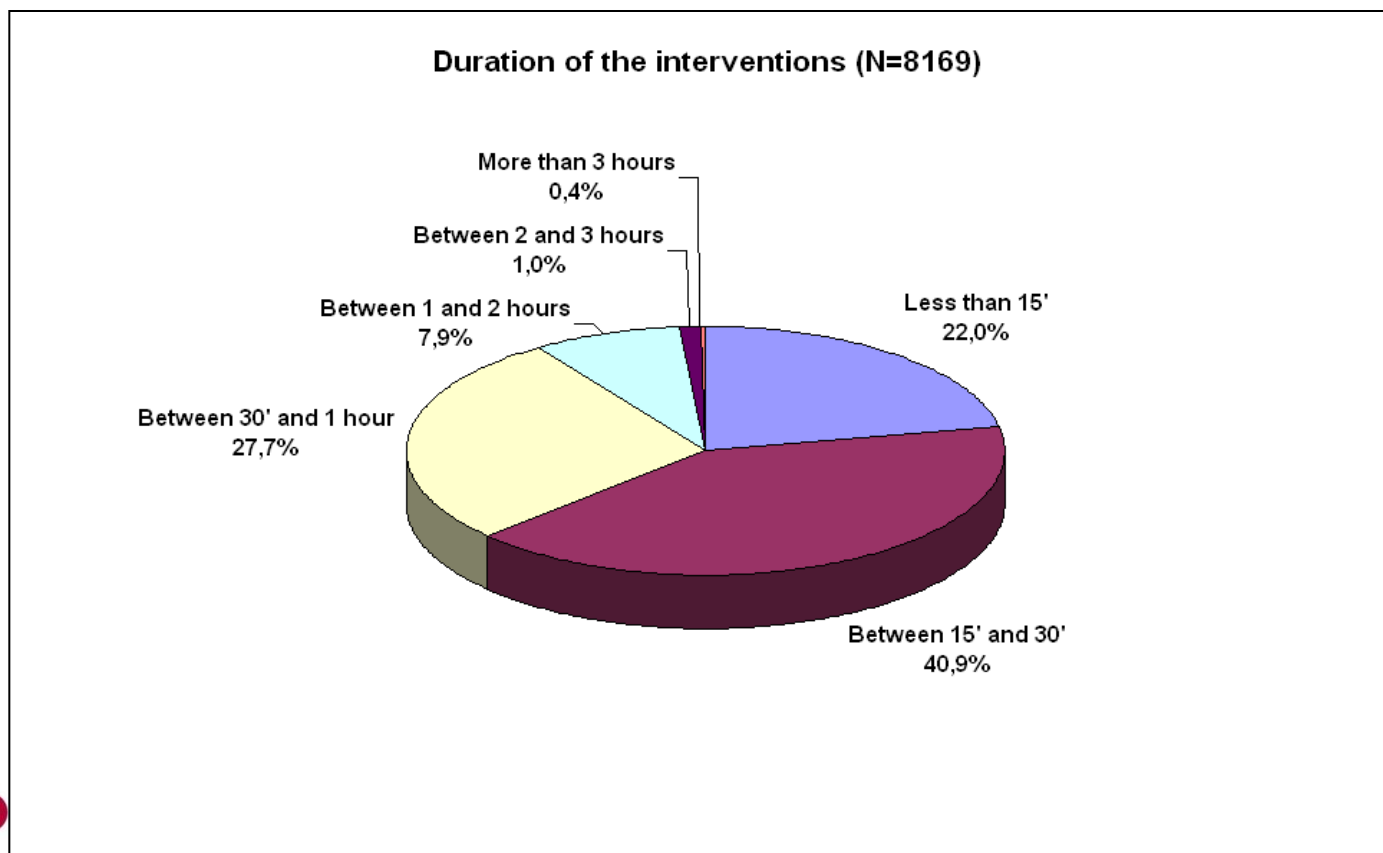


Why do we need intercultural mediation through the internet?

- Existence of ethnic health care disparities
- Consensus on negative effects of linguistic and cultural barriers in health care
- The offer of intercultural mediators and interpreters in health care is insufficient
- Economic and political situation



7 Duration of the interventions



8

Where are we now?

- Technical equipment installed at one of the participating hospitals
- 14 hospitals
- 17 primary health care centers
- 18 languages available
- On call system for 3-5 languages



- Special training provided for intercultural mediators and health care providers
- Manual (how to work with Movi4)
- Intensive coaching of participating hospitals
- Theoretical evaluation - elements of an evaluation in the field
- Team building and PR-activities



Evaluation

Traditionally we distinguish:

- *theoretical evaluation*
- *evaluation in the field (empirical)*
 - *structure*
 - *process*
 - *outcome*



Theoretical evaluation

Review of the literature + interviews with experts

- Important methodological limitations of existing research
- Consensus: VRI can have an equal effect on the accessibility and quality of care for MEM's and deaf patients in most situations
- Patients, care providers prefer face to face interventions



- Patients, care providers and interpreters prefer VRI-interventions to telephone interpreting
- VRI is more difficult for the interpreters
- Care providers and interpreters need extra training to work efficiently and effectively with VRI

(report: www.intercult.be)



Evaluation in the field

Based upon:

- Reports provided by the participating hospitals
- Viewing of video-taped interventions (N=16)
- Discussions with those in charge of the program at the hospitals
- Survey (N=101)
- Participant observation during training sessions



Satisfaction questionnaire Views of health care providers (N= 64)

Waiting time acceptable	93 %
Improves the understanding of the patient's problems	96 %
Consultation proceeds more smoothly	95 %
I would recommend the use of the system to colleagues	94 %



15 Preferences (health care providers)

	Telephone	Video remote	Intercultural mediation on site
First choice	0 %	5 %	95 %
Second choice	0 %	93 %	3 %
Third choice	98 %	0 %	0 %



16 Satisfaction questionnaire (patient) N= 37

I was able to make myself understood	89%
I understood everything that was said	97 %
This new kind of technology did not scare me	81 %
I would rely on VR Intercultural Mediation in the absence of an on site IM	95 %
I would recommend the use of VR Intercultural Mediation to other patients	97 %



17 Preferences (patients)

	Telephone	Video remote	Intercultural mediation on site
First choice	2 %	13 %	85 %
Second choice	9 %	77 %	6 %
Third choice	81 %	2 %	2%



18 Satisfaction questionnaire (Intercultural mediator)

Sufficient preparation of intervention (technical)	96 %
Introduction / presentation of parties involved	71 %
Informed on the goal of the intervention	59 %
Audio quality sufficient	63 %
Image quality sufficient	86 %



Mediator's role is limited to interpreting	68 %
This new type of technology scares me	0 %



Other observations

Low number of interventions → cost!

- Lack of complementarity among hospitals
- Use of caddies to transport the equipment
- Technical problems



- Project increases number of language groups that can be helped
- Intercultural mediators react positively and become enthusiastic after some time (comfort, safety, ...)
- Hospitals react positively
- Difficult to reach health care providers and to make them rely on the system



Conclusions and recommendations

- The implementation of VRI seems to be a sensible strategy to improve the availability of interpreters / intercultural mediators at a very limited extra cost
- Videoconference systems lack the reliability of the telephone
- Institutions have to be intensively coached during the implementation of VRI
- The number of interventions should be raised to make VRI economically acceptable

