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"Provider, patient, and interpreter perspectives on remote medical interpreting: a mapping review"

BACKGROUND: With remote medical interpreting (RMI) infrastructure already in place after its massive uptake during the COVID-19 pandemic, it should receive further attention so that it may continue serving limited-English proficiency (LEP) populations best. The purpose of this study is to identify common drawbacks and solutions directly reported by key participants of RMI encounters over a twenty-three-year period (2002-2025) in order to build a consensus on common issues for future improvement.

METHODS: A systematic search was conducted using the databases PubMed and Taylor & Francis Online for abstracts published between 2002 and 2025. Boolean search terms included "remote medical interpreting" and "remote interpreting" and "video interpreting" and "telephone interpreting". The results were screened based on the following three criteria: involves interpreting in a medical setting, involves remote interpreting, and directly assesses the interpreting taking place. Twenty studies were identified. Studies were separated into three overlapping categories based on the perspectives involved: provider/clinician, interpreter, or patient. The RMI modality (video or telephone call) was noted. The "issue" categories chosen were technological issues, poor training/education, lowered rapport, inadequate briefing, and overall translation issues. The "solution" categories chosen were clinician training, interpreter training, patient education, equipment improvement, and securing visual contact. Categories were chosen based on their frequency across the identified studies.

RESULTS: All parties generally noted technological issues stemming from improper equipment or software usage (*n*=12). Interpreters noted inadequate briefing (*n*=3) while both interpreters and patients felt issues building group rapport (*n*=7). Interpreters and clinicians both proposed improved clinician training as a recommended solution (*n*=10). Generally, all parties perceived a lack of digital etiquette (*n*=9) and overall decreased translation efficacy (*n*=9) due to the remote modality. Most commonly, the three parties desired as much reciprocal visual contact as possible (*n*=12).

CONCLUSIONS: This mapping review identified three important trends across the RMI literature: 1) a strong preference for visual contact shared by all parties, 2) interpreter desire for better group inclusion practices (more briefing, sense of rapport, digital etiquette), and 3) a call for increased clinician training, education, and exposure to RMI. Clinician training that targets the common complaints identified in this review should be the shared priority moving forward for smoother, more fruitful RMI encounters.