

# Videotolkning af patienter med rygsmerter, som har anden kulturel baggrund

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14. marts 2025



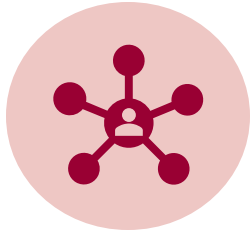
# Videotolkning af patienter med rygsmerter, som har anden kulturel baggrund

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# Baggrund



Rygsmarter er en af de mest udfordrende sundhedstilstande at håndtere for både patienter, klinikere og beslutningstagere.



Sprogbarrierer og kulturelle forskelle i opfattelsen af smerter, sundhed og sygdom kan resultere i et negativt forhold mellem patient og behandler.



Der er begrænset viden om patienter med rygsmarter, som har anden kulturel baggrund, de interventioner, de tilbydes samt tilfredsheden med dem.

# Formål

- At beskrive karakteristika hos patienter med rygsmerter, som har anden kulturel baggrund.
- At beskrive en intervention med videotolkning.
- At undersøge klinikernes oplevelse af denne intervention.



Foto: Agata Lenczewska-Madsen, Hospitalsenhed Midt

# Metode

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## Design

Et beskrivende studie.

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## Deltagere

Patienter med rygsmerter og anden kulturel baggrund.

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## Setting

Medicinsk Rygklinik, Regionshospitalet Silkeborg, Region Midtjylland.

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## Kvantitative data

Indsamlet fra den elektroniske patient journal (MidtEPJ).

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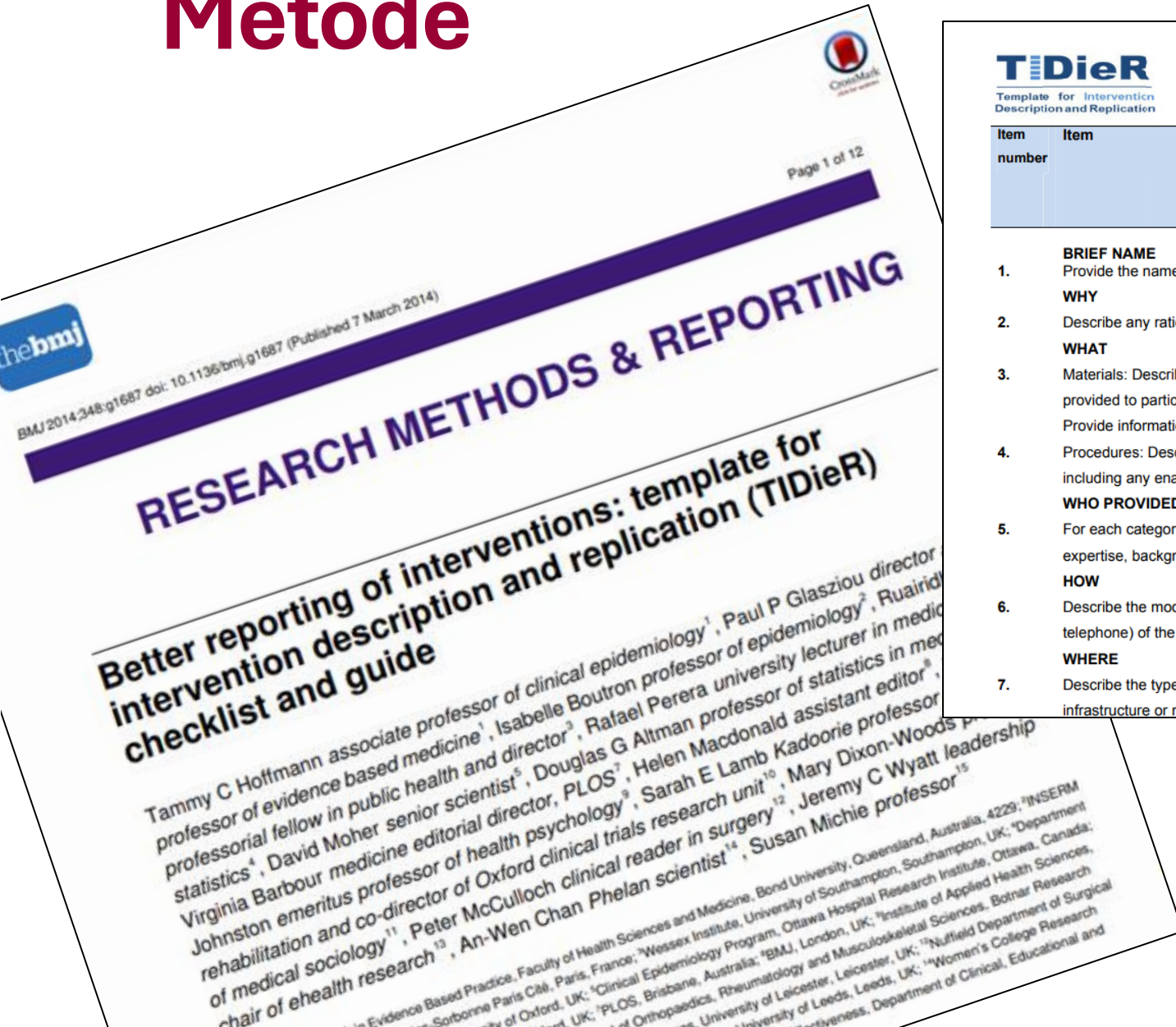
## Kvalitative data

To fysioterapeuter og to reumatologer deltog i et gruppeinterview med anvendelse af TIDieR.

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# Metode



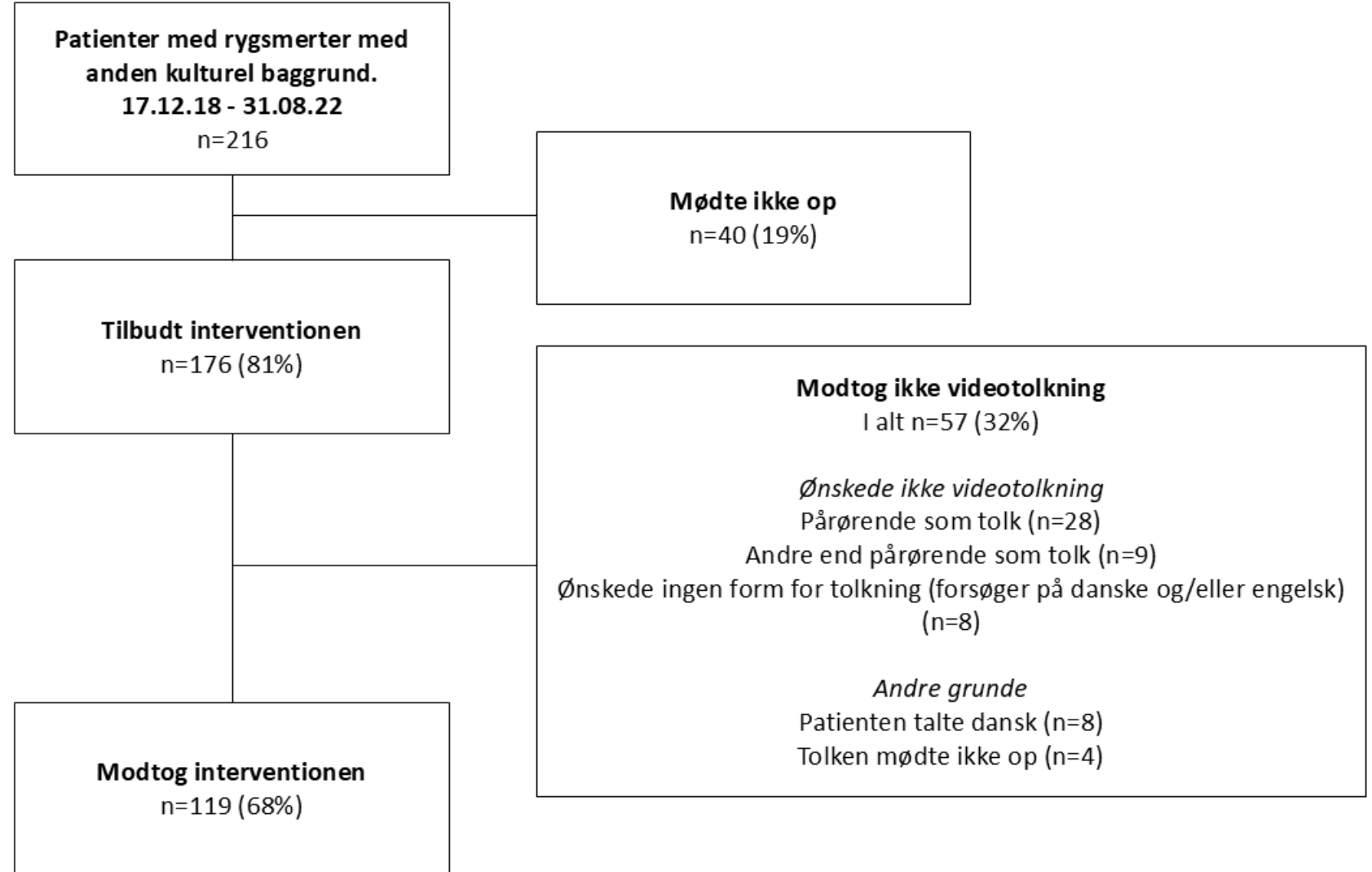
## The TIDieR (Template for Intervention Description and Replication) Checklist\*

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	<b>BRIEF NAME</b> Provide the name or a phrase that describes the intervention.	_____	_____
2.	<b>WHY</b> Describe any rationale, theory, or goal of the elements essential to the intervention.	_____	_____
3.	<b>WHAT</b> Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	_____	_____
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	_____	_____
5.	<b>WHO PROVIDED</b> For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	_____	_____
6.	<b>HOW</b> Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	_____	_____
7.	<b>WHERE</b> Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	_____	_____

<https://www.equator-network.org/>

# Resultater



# Resultater

	Patienter som modtog tolkeinterventionen n=119
<b>Køn (kvinder), n (%)</b>	63 (53)
<b>Alder (år), mean (SD); range</b>	44 (11); 17-79
<b>Hospitalsregistrerede diagnose 1 år før konsultationen*, n (%)</b>	
0-1	88 (74)
≥ 2	31 (26)
<b>Sprog, n (%)</b>	
Arabisk	60 (51)
Polsk	11 (9)
Kurdisk	5 (4)
21 andre sprog (rumænsk, tyrkisk og tamilsk som de hyppigste)	43 (36)

\*Den primære ICD-10 hospitalsregistrerede diagnose 1 år før konsultationen var "Sygdomme i bevægeapparatet og bindevæv" eller "Sindslidelser og adfærdsmæssige forstyrrelser".



# Resultater



## Op til 2 timers konsultation (en enkelt gang)

Klinikerne oplevede, at den udvidede tidsramme gav bedre tid til at nå hele vejen rundt om patienten.



## Tolken deltager via video

Klinikerne oplevede videotolkning mere fokuseret og med få forstyrrelser.



## Tværfaglig konsultation

Klinikerne oplevede, mulighed for umiddelbar sparring, at de undgik overlevering, og at patienterne ikke skulle gentage sig selv.

# Konklusion og perspektivering



Beskrivelse af population, intervention og klinikernes perspektiv.



Grundlag for at udvikle og forfine lignende interventioner i klinisk praksis - også til patienter med andre diagnoser.



Anbefale brug af TIDieR eller anden tjekliste – også i klinisk praksis.

## Observational Studies

Anne Mette Schmidt\*, Stine Aalkjær Clausen, Karina Agerbo, Anette Jørgensen, Charlotte Weiling Appel, Vibeke Neergaard Sørensen

# Video interpretation in a medical spine clinic: A descriptive study of a diverse population and intervention

<https://doi.org/10.1515/sjpain-2023-0100>  
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### Abstract

**Objectives** – Back pain is one of the most challenging health conditions to manage. Healthcare providers face additional challenges when managing back pain for patients with culturally diverse backgrounds including addressing linguistic barriers and understanding patients' cultural beliefs about pain and healthcare. Knowledge about patients with culturally diverse backgrounds experiencing back pain and the interventions available to them is limited. Therefore, this study aims to describe the characteristics of patients with culturally diverse backgrounds experiencing back pain and the video interpretation intervention offered to them and further to explore the clinician's perspective on this intervention.

**Methods** – Data were collected from the electronic medical records and the Interpreter Gateway. Four clinicians participated in a group interview, where they described and evaluated the video interpretation intervention in detail inspired by the template for intervention description and replication (TIDieR) checklist and guide.

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**Results** – A total of 119 (68%) patients accepted the intervention (53% women, mean 44 years). These patients represent 24 different languages, with 50% having at least one hospital-registered diagnosis and a mean number of five outpatient contacts, 1 year before receiving the intervention. Fifty-seven patients did not accept the intervention and declined interpretation or opted to use relatives or through video conferencing equipment. The intervention was positively evaluated by the clinicians.

**Conclusions** – The detailed description of the population and the intervention together with the clinician perspective provides a valuable foundation for developing and refining similar interventions, allocating resources, and designing future research studies. The intervention consisted of a consultation lasting up to 2 h delivered by a rheumatologist and a physiotherapist, with a remote interpreter connected.

**Keywords:** back pain, communication barriers, ethnicity, emigrants and immigrants, telemedicine, translations

## 1 Introduction

Back pain, encompassing low back and neck pain, is highly prevalent affecting over 748 million people worldwide [1]. It currently stands as the leading cause of years lived with disability [1]. Development and persistence of back pain and associated disability result from the intricate interplay between biophysical, genetic, psychological, social, and lifestyle factors, as well as co-morbidities [2–5]. In addition

# Patienternes perspektiv



# Tak

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- Danske Fysioterapeuter



Foto: Agata Lenczewska-Madsen, Hospitalsenhed Midt