Introduction:
Emergency Department (ED) clinicians are increasingly confronted with patients who do not speak their language. Emergency medicine is a predominantly oral activity in which medical errors result from poor communication. Outcome-based studies have shown that language barriers in the ED lead to prolonged consultations, diagnostic insecurity, extra test orderings, and have a negative impact on patient health. Less attention has gone out to unravelling how miscommunication arises in these consultations and what can be done to prevent or overcome it. To fill this gap, this paper describes the dynamics of communication during consultations across a language barrier in the ED.

Methods:
Language-discordant ED consultations were audio-taped and multimodal contextual data were collected via ethnographic participant observation. The transcripts of the audio-recordings were analysed from a clinical and an interactional sociolinguistic perspective by an interdisciplinary research team.

Results:
Communication across a language barrier generates a considerable amount of confusion. The causes, often invisible to the participants in the consultation, include misalignment of frames and goals, lack of mutual background information, lack of an adequate shared language repertoire and role conflicts. These causes are exacerbated by a context of stress, anxiety and tiredness. Language barriers are not absolute. Depending on the questions asked, the clinical tasks performed, and the communicative resources at the interactants’ disposal, the intensity of a language barrier can vary over the course of the consultation, generating a “communicative swing”. Interactants can use various strategies to prevent or repair miscommunication.

Conclusion:
Our research generates new insights that are relevant for clinical practice in language discordant environments and can be embedded relatively easily into clinical skills training.