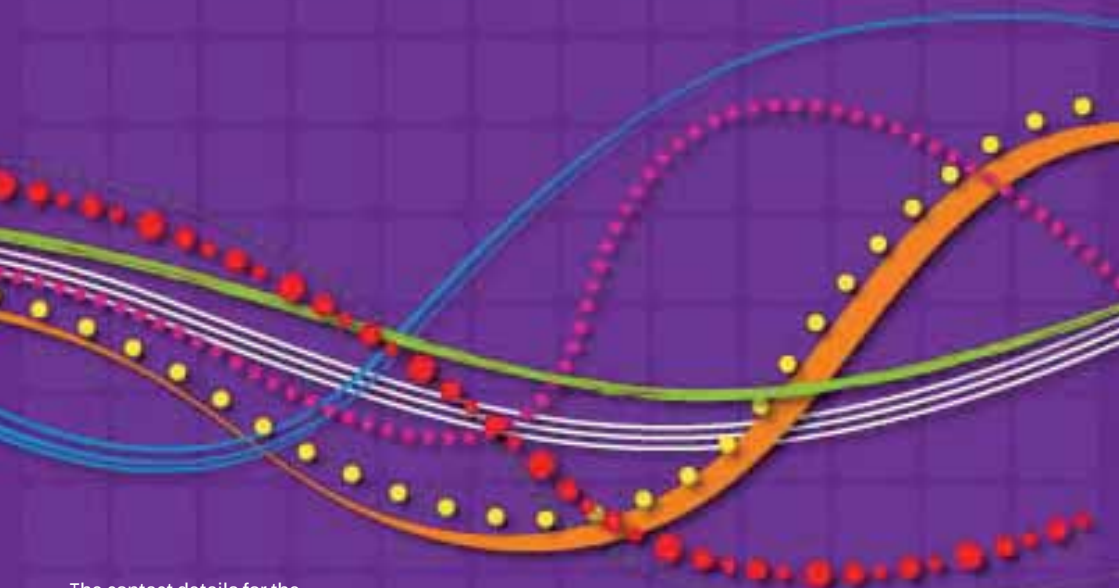




Working with Interpreters Guidelines



The contact details for the
Queensland Health External Interpreter
Service Provider are detailed on the
Queensland Health Electronic Publishing
Service (QHEPS) multicultural website.
qheps.health.qld.gov.au/multicultural

Queensland Health Interpreter Service



© Queensland Health 2007

Acknowledgement

These guidelines were based on a review of existing guidelines used by government and non-government agencies in Queensland and Australia. These guidelines were developed by the Interpreter Services Working Party which comprised representations of National Accreditation Authority for Translators and Interpreters (NAATI), Australian Institute of Interpreters and Translators Incorporated (AUSIT), Multicultural Affairs Queensland, Queensland Deaf Society, Multicultural Development Association (Brisbane), Spiritus, Local Government Association Queensland, Policy and Legislation Branch, Southside Health Service District, Mater Hospitals, Princess Alexandra Hospital, Queensland Transcultural Mental Health Centre, Royal Brisbane and Womens' Hospital and West Moreton Health Service District.

○ Table of contents

Purpose	2
When interpreters should be engaged	2
How to identify if an interpreter is needed	4
Why you need to work with accredited interpreters	6
How to ensure the most skilled and appropriate interpreters are engaged	6
Limited circumstances where unaccredited bilingual speakers, including family and friends, can be used.....	9
Risks of communicating through unaccredited interpreters	10
Procedure to follow when people refuse the offer of an accredited interpreter	11
○ The Queensland Health Interpreter Service – how it works	13
How to work with an interpreter – on site	14
How to work with an interpreter – telephone	22
How to work with an interpreter – videoconference	27
Assessing the quality of a professional interpreting session	31
Support	33
Feedback	33
Attachment 1: The Triangle of Communication.....	34

Purpose

The purpose of these guidelines is to give effect to the Queensland Government and Queensland Health Language Services policies. The aim is to facilitate effective interpreting services for people accessing or receiving Queensland Health services and who require an interpreter.

An interpreter is someone who conveys an oral message or statement from one language to another.

A translator is someone who conveys written messages or statements from one language to another.

When interpreters should be engaged

An accredited interpreter should be engaged when the information to be communicated is significant for health and/or health outcomes, the person has a Queensland interpreter card, the person requests an interpreter or the person's English skills are assessed to be inadequate for the situation.¹

The specific health care events where interpreters should be engaged include:

Key phases of care

- admission/intake
- interviews to establish clinical histories
- assessments, diagnosis and development of treatment plans
- discussions seeking consent for surgery, invasive procedures, investigation, treatment and research
- pre-operative and post operative instructions
- informing people of results of investigations and procedures
- providing information about medications
- discharge procedures and referrals.

1. Queensland Health Language Services Policy 2000.



And the following special circumstances

- mental health assessment, diagnosis and treatment
 - counselling
 - psychological assessment
 - speech pathology
 - death of a person and bereavement counselling
 - seeking consent for autopsy
 - following the birth of a child with disability
 - seeking consent for organ donation
 - situations involving any suspected abuse, violence or assault²
 - Patient Review and Mental Health Review Tribunals
 - complaint procedures
- 
- discussions concerning patient status, health insurance and accounts for services.

An example of a situation where an accredited interpreter is not required is during routine and ongoing renal dialysis.

Interpreters may be requested by reception and administration staff and staff providing direct health service delivery.

Interpreters may also be requested by management or staff undertaking community engagement or health promotion/community education.



2. This is an update of the Queensland Health Language Services Policy as some mandatory reporting has been introduced since 2000.

How to identify if an interpreter is needed

Some people may be unable to communicate in English at all or will have such minimal English proficiency that the decision to request an interpreter will be obvious. A person's proficiency in English may indicate they may not understand medical terms such as informed consent or medication compliance. Some will bring a Queensland Government 'I need an Interpreter card'. However, if there is any doubt, here are some simple tests to help you make your decision:

- ask a question that requires the person to answer in a sentence. Avoid questions that can be answered with a 'yes' or a 'no' or a familiar question such as 'Where do you live?'
- ask the person to repeat a message that you have just given in his/her own words.

Remember – the interpreter is there to enable you to do your job competently, not only for the person.

If you decide that an interpreter is required, you will need to discuss this with the person prior to arranging the interpreter. Consider engaging a telephone interpreter for this.

The Queensland Health Language Identification Card has been developed as a tool to help you identify a person's language. The Language Identification Card contains the following statement in 66 community languages: "Please point to your language. We will arrange an interpreter at no charge."

Should I engage an interpreter? Tips for Queensland Health staff

The following cues may indicate a person's English-language ability is not sufficient for the situation and indicate to staff that they will require an interpreter:

- person states they speak little or no English
- person requests an interpreter
- person nods or says "yes" to all of the professional's comments and questions. This may be a culturally based demonstration of respect or it may reflect a lack of understanding
- person speaks a language other than English at home. This is a strong indicator of proficiency, because the language spoken at home is the language in which the person expresses emotions and has the largest vocabulary. If English is not the language used at home then that person may lack the vocabulary for self-expression, especially regarding emotional issues, sensitive topics or health related subjects and terminology
- person speaks a language other than English with friends
- person's preferred language for reading is other than English. This may indicate the person's limited English vocabulary. However, many professionals trained in other countries read English well because English language textbooks are frequently used for advanced education. Thus, the person may comprehend written English better than spoken English
- person has a brief residence in the country. However, length of residency alone is not a good indicator of proficiency
- it is important to remember that although a person may have attained a high level of level of English proficiency, in times of extreme stress, illness and with ageing, a person's proficiency in their second language is likely to decrease and an interpreter may be required
- person is unable to explain or demonstrate key information. An appropriate method of assessment is for the professional to ask the person to summarise important aspects of information they have told them during the encounter. Inability to repeat the information suggests a lack of understanding.

Why you need to work with accredited interpreters

Working with accredited interpreters ensures that you communicate through a trained, bilingual person, who is guided by a code of ethics and respects the confidentiality of the person, is impartial, accountable and strives for accuracy.

Working with an accredited interpreter should not only meet the person's needs but also your duty of care obligations to understand and be understood by people receiving a health service from you. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.

How to ensure the most skilled and appropriate interpreters are engaged

Queensland Health has put in place arrangements so that Health Service District Interpreter Service Coordinators allocate bookings in the order of preference, in relation to accreditation.

Accredited interpreters are those that have demonstrated the necessary skills and knowledge and operate within a professional code of ethics. This accreditation is provided by the National Accreditation Authority for Translators and Interpreters (NAATI) which has responsibility for setting and maintaining the standards of interpreting and translating in Australia. Preference for use of accredited interpreters is as follows:

- NAATI accredited as professional interpreters with health experience
- NAATI professional interpreter (Level 3)
- NAATI para-professional interpreter (Level 2)
- NAATI recognised.

Within each level, there will be a preference for those interpreters that have participated in training about interpreting in a general health setting or a mental health setting.

It is acknowledged that non-accredited interpreters will be engaged for newer language groups to Queensland where NAATI accreditation or recognition are not available. Queensland Health will work with NAATI to facilitate training courses being provided for these newer language groups and as NAATI accreditation becomes available, Queensland Health will monitor increases in the standard of interpreters provided for newer language groups.

NAATI has introduced Revalidation of Accreditation and Recognition as a means to retain the highest level of competency and currency among practitioners in the interpreting profession. Revalidation of Accreditation and Recognition will reinforce the standards of initial NAATI accreditation and give increased confidence to the consumers of interpreting services.

The new system will:

- demonstrate that practitioners have maintained their skills through continuing work experience and have participated in professional development activities
- foster long term sustainability and integrity of the interpreter profession
- demonstrate that the interpreter industry is joining other professions in ensuring practitioner standards are maintained and enhanced
- be promoted as a preferred standard for the profession.

The Queensland Health Interpreting Service will include revalidation in its process for allocating interpreter requests.

Based on information in 'Revalidation Keeping a Professional Edge' NAATI March 2007.

Health Service District Interpreter Service Coordinators are responsible for checking that the interpreter is acceptable to the person involved (particularly for gender and cultural preference and where people have concerns about confidentiality in small communities). The Health Service District Interpreter Service Coordinator will rely on information provided by staff requesting the booking for this.

Queensland Health has also put arrangements in place so that all interpreters providing services for Queensland Health understand and comply with the AUSIT Code of Conduct and privacy and confidentiality requirements.

What is the difference between recognition and accreditation?

Recognition is a separate award, with no specification of level of proficiency. Recognition is only granted in exceptional cases and only for the languages not tested by NAATI. Should the demand for services of interpreters and translators in the recognised language increase to the level where the marketplace requires accredited interpreters/translators, NAATI will establish an examination panel and begin to test and accredit interpreters and translators in that language. Recognition is valid only from the date of the initial award until such time as NAATI offers the opportunity to obtain accreditation by testing.

Recognition does not have equal status to accreditation because NAATI has not had the opportunity to testify by formal assessment of the applicant's standard of performance. Recognition is in fact purely an acknowledgement, at the time of the award that the candidate has had recent and reasonably regular experience as a translator and/or interpreter, but no level of proficiency is specified.

○ Limited circumstances where unaccredited bilingual speakers, including family and friends, can be used

Telephone interpreters can be accessed 24 hours a day and at short notice. However in those very limited instances where there is no on-site or telephone interpreter available, staff may use bilingual speakers in the following order of preference:

1. recognised interpreters for languages where accreditation is not possible
2. Queensland Health staff (health professionals and other health employees), and
3. relatives or friends.

Situations where this may occur could include medical emergencies.

In circumstances where a bilingual speaker has been used, staff should clearly document on Patient Progress Notes that it was not possible to access an accredited interpreter.

- Unaccredited bilingual speakers (family, friends, and people without accreditation) may be used for simple, day-to-day communications.

Who should assist if I do not need an accredited interpreter?

The order of preference for using bilingual speakers is:

1. recognised interpreters for languages where accreditation is not possible
2. Queensland Health staff (health professionals and other health employees), and
3. relatives or friends.

Risks of communicating through unaccredited interpreters

There are significant risks in communicating through unaccredited interpreters:

- inaccuracy because you cannot be certain an unaccredited interpreter is competent in both languages
- possible withholding or distorting information because of family relationships or due to the emotional or sensitive nature of the issues
- possible inadequate communication because of lack of knowledge of interpreting techniques
- undermining the authority relationships in the family eg. by using children as interpreters
- staff unable to be assured that information necessary for safe and quality health care is being communicated appropriately and accurately
- confidentiality standards may not be met.

These risks can lead to:

- inappropriate health care decisions being made or decisions being made by someone other than the person receiving the health service
- incorrect use of medications or attention to treatment details
- complaints and even litigation if accredited interpreters are not used.

Staff must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.

Children under 18 years of age are not appropriate interpreters in any context.

○ Procedure to follow when people refuse the offer of an accredited interpreter

Many people in the community are not aware of their right to access an accredited interpreter and may be unfamiliar with using accredited interpreters when accessing health services.

If a person indicates a preference to manage without interpreter support, indicates a preference to use a bilingual speaker for language support or clearly identifies a preference not to use an accredited interpreter, staff should:

- highlight the benefits of using accredited interpreters eg. accuracy and impartiality
- emphasise that the accredited interpreter is to assist you, the health professional, to access all the information you need to make a thorough assessment and diagnosis and to be confident that information provided to the person is clearly and accurately communicated and understood
- stress that the interpreter has a professional obligation to maintain confidentiality and that any information discussed will not go outside of the room
- indicate that the family member/friend is still able to be present as a support person without the additional burden of also having to undertake a role in aiding communication
- communicate that you have an obligation to ensure effective communication through the use of an interpreter when required eg. duty of care, quality and safety

It is preferable for an interpreter to be there for at least the first session, however, if this is refused an interpreter should be renegotiated at the next appointment/meeting.

The reasons why people may refuse the offer of an accredited interpreter are many and varied and may relate to the level of comfort or trust an individual (participating in an interpreting session) has with an accredited interpreter. Sometimes refusal can be due to the person and interpreter knowing each other, particularly those who are members of small communities. Other reasons may include the language spoken by the interpreter may not be the right dialect (eg. Egyptian Arabic rather than Sudanese Arabic); or the interpreter being viewed as the 'wrong' gender or to have different political or religious affiliations from the person needing the interpreter service.

Confirmation to use the interpreter service must be obtained from the person. Use of a telephone interpreter may be required to confirm acceptance and/or refusal of the service.

If a person indicates a clear preference for not using an accredited interpreter this should be clearly documented on Patient Progress Notes in their Medical Record or other relevant documentation.

○ The Queensland Health Interpreter Service – how it works

The Queensland Health Interpreter Service operates on two tiers:

- preferential use of HSD internal interpreters where possible (ie. where demand for a language is high enough)
- all other interpreter services, including those for the hearing impaired, across the state provided through the Queensland Health External Interpreter Service Provider.

Interpreters can be requested to provide a service onsite or over the telephone. Queensland Health staff can determine what type of interpreter they require by the nature of the health related appointment. Generally, onsite interpreters will be required for most health related appointments. Telephone interpreters can be engaged at short notice for simple administrative communication, when a person presents without an appointment, for medical emergencies or when an onsite interpreter is not available (eg. rural or remote areas).

- For planned interpreting requirements, administration staff and clinicians will request an interpreter by completing an online request form (or by faxing a form to the Health Service District Interpreting Coordinator if the electronic database is not available).

Staff will need to register to be able to make requests on the Interpreter Service Information System (ISIS). To find out more, go to the multicultural website on QHEPS at qheps.health.qld.gov.au/multicultural.

The HSD coordinator will be responsible for coordinating, booking, confirming and verifying invoice charges for interpreter services, monitoring and evaluating HSD interpreter services, raising awareness of the new service and facilitating staff training on working with interpreters. The HSD coordinator will preferentially allocate bookings to Queensland Health internal interpreters and then to the Queensland Health External Interpreter Service Provider.

For after hours or telephone interpreting, staff will directly telephone the Queensland Health External Interpreter Service Provider.



How to work with an interpreter – on site

Preparation

- check the interpreter is aware of the nature and overall aim of the session
- if possible, have a pre-session discussion with the interpreter about any cultural factors that may affect the session but remember that interpreters do not consider themselves to be cultural experts
- arrange a place where the session can be conducted in private
- allow for extra time – up to double the standard time
- arrange the seating to allow for easy communication: in a circle or triangle or place the interpreter to the side and just behind you
- the ideal seating arrangement is where all three parties are at an equal distance apart eg. a triangle (please see Attachment 1)
- identify if there is any existing relationship between the person and interpreter. Knowing family and/or community relationships may provide insight into power and communication dynamics. Even if they are not relatives, the interpreter may know the person because many culturally and linguistically diverse communities are small, with everyone knowing most of the members. As a result, the person may fear that exchanges will be shared within the ethnic community. Also, the individual's social and political status individual's in their homeland may be barriers to honest, open communication
- review the content of the session, especially sensitive topics (eg. mental health status, sexual conduct). This allows the interpreter time to ask questions, clarify terminology, or express discomfort about certain topics
- explain the need for precise interpretation. The interpreter should repeat the questions and responses to maintain the same meaning, tone, and register as the original message. Nothing should be omitted, and nothing should be added unless it is only to explain a word or phrase the person does not understand. The health care provider wants to know as close as possible what the person said and the emotional tone that the person's message conveys. This approach will most accurately portray the person's understanding and emotional state

- ■ explain that the interpreter may ask for clarification of information at any time, and may encourage the person to ask questions
- clarify the role of the interpreter. You should explain that the interpreter is to function as a voice to repeat the questions and responses of you and the person without giving additional information, paraphrasing, or polishing with professional terminology. Unless otherwise specified, the interpreter is not expected to be a 'cultural broker' for the health care system nor the person's culture. If the interpreter perceives that a question should be modified to make it acceptable or a situation needs clarification, the interpreter should discuss it with the staff member conducting the session
- if the session needs to be interrupted to allow for clarification, this should be conveyed to the person, so they are kept aware of the discussion.

Requesting an interpreter

Fill in an Interpreter Request Form on the Interpreter Service Information System (ISIS) (or fax to the Health Service District Interpreter Service Coordinator if not available). Staff will need to register to be able to make requests. To find out more, go to the multicultural website on QHEPS (qheps.health.qld.gov.au/multicultural).

○ You will need to have the following information available:

Information you will need

Patient/Consumer/Group information:

- name
- phone contact number
- gender
- date of birth

Service information:

- date, time and duration of interpreting session
- your AHS, district, facility, service, ward/clinic/unit
- the location of the interpreting session
- cost centre
- requesting clinician's name

Interpreter requirements:

- language
- cultural requirements (eg. dialect, accent, ethnicity and religion)
- gender preference
- level of specialised training (eg. mental health trained interpreter)
- appointment type (eg. cardiac, mental health, renal)
- any notes to convey to the interpreter (eg. bereavement session)

Requester information:

- name
- phone number
- any notes to the coordinator

○ Medical emergency situations

During business hours, telephone the Queensland Health External Interpreter Services Provider. If you have any problems, contact your Health Service District Interpreter Service Coordinator.

After hours, telephone the Queensland Health External Interpreter Services Provider.

Cancellations

Should there be any changes or cancellations to pre-booked services, it is important to advise the Health Service District Interpreter Service Coordinator at least 24 hours in advance to enable cancellation of the interpreter. Cancellations less than 24 hours notice will be charged to the Health Service District if the external provider was booked.

Conducting the session

General Pointers

- ■ sit facing the person
- look at the person and maintain awareness of body language.
Avoid looking at the interpreter unless you are directly addressing him/her
- speak directly to the person as you would with an English speaker
- always use the first person eg. “how are you feeling?” Not (to the interpreter) “ask her how she is feeling”
- don’t try to save time by asking the interpreter to summarise
- be aware that it may take more words than you have spoken to convey the message
- do not let the interpreter’s presence change your role in the session.
It is not the interpreter’s role to conduct the session.

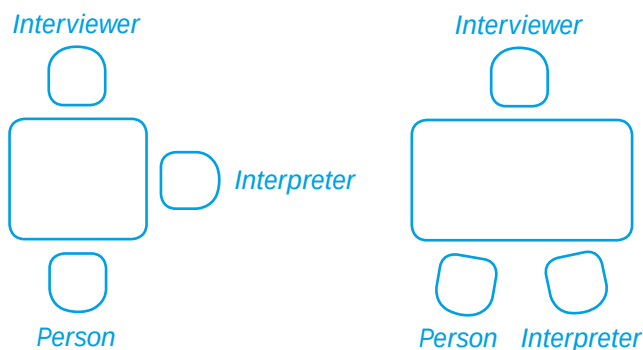


Introduction and set up

- introduce yourself and the interpreter
- make sure the person knows you are conducting the session and understands the interpreter's role
- stress that both you and the interpreter are bound by codes of ethics to maintain the confidentiality of the session
- explain the purpose of the session and how it will proceed
- allow the person to ask questions and raise any concerns they may have.

Seating arrangements

The ideal seating arrangement is where all three parties are seated at an equal distance apart allowing the free flow of linguistic and paralinguistic signals and presenting an even distribution in the power relationship. For example:



Refer to Attachment 1 for alternative seating arrangements.

Conducting the session – speaking style

- speak a little more slowly than usual in your normal speaking tone. Speaking louder does not help
- use plain English where possible. Avoid complex terminology and acronyms
- pause after two or three sentences to allow the interpreter to relay the message
- summarise periodically when complex issues are involved
- if the person does not understand it is your responsibility (not the interpreter's) to explain more simply
- seek the person's permission if you need to obtain cultural information from the interpreter if it is required
- avoid long discussions with the interpreter. If you need to talk to the interpreter directly then the interpreter should explain to the person about the nature of the conversation
- ask the interpreter to sit to the side, with you and the person facing each other
- introduce yourself to the person. Then introduce yourself and the person to the interpreter
- follow conventions of etiquette to show respect (eg. stand up when the person enters, shake hands if they initiate, use titles such as Mr and Mrs)
- speak to the person, not the interpreter
- address questions to the person as “you” rather than to the interpreter as “he” or “she”
- use short, simple sentences with fewer than sixteen basic words
- ask one question at a time
- use active words rather than passive voice (eg. “I will examine your abdomen” rather than “Your abdomen needs to be examined”)
- avoid metaphors (eg. like a maze), colloquialisms (eg. pull yourself up by your bootstraps), and idioms (eg. kick the bucket) because such phrases are unlikely to have equivalents in the second language
- avoid subjunctive mood (eg. verbs with could or would) because not all languages have a subjunctive mood
- repetition is an effective communication method
- use specific rather than general terms (eg. daily rather than frequent)

- avoid medical terminology unless the interpreter and the person receiving the health service are familiar with the equivalent term
- it is Queensland Health staff's responsibility to explain terminology (eg. work-up, computerised tomography scan)
- use diagrams, pictures, and translated written materials to increase understanding. Prescription information and detailed instructions should be translated into the person's language. If the person is illiterate, provide instructions in both English and the primary language because others in the support network may read for the person, or provide the instructions on audio-tape or videotape
- when speaking or listening, primarily watch the person rather than the interpreter so non-verbal messages can be observed. This can be accomplished by having the interpreter sit next to you and across from the person
- be aware of non-verbal communication and verify its meaning in the person's culture
- be aware of your own non-verbal communication (eg. norms for direct eye contact, touch and proximity often differ among cultures)
- be culturally sensitive and knowledgeable, but do not stereotype. The best source of information on cultural appropriateness is the person. Invite correction of your understanding of cultural information, and admit ignorance of the person's culture
- do not make comments that you do not want interpreted. The person may understand more than you realise
- do not ask the interpreter about the person's history or state of mind. The interpreter may not know the person's history and probably will not have the expertise to judge someone's mental state.

After the session

- check that the person has understood the key messages in your session. Ask for any questions
- if the person requires another appointment, make those arrangements with the person while the interpreter is still there
- thank the person and explain that you may need to have a post-appointment discussion with the interpreter. For example, you may require clarification on a language and/or cultural issue. Say good-bye formally
- debrief the interpreter if the session was emotionally taxing and clarify any questions you have arising from the session. This may need to happen later as it may make the person uncomfortable if you are seen to be in a detailed conversation with the interpreter
- provide feedback to the Health Service District Interpreter Service Coordinator if required.

How to work with an interpreter – telephone

Preparation – for a planned telephone session

- arrange a place where the session can be conducted in private
- allow for extra time – up to double the standard time
- brief the interpreter prior to the session where possible
- ask the interpreter for any cultural factors that may affect the session but remember that the interpreters do not consider themselves to be cultural experts
- identify if there is any existing relationship between the person and interpreter. Knowing family and/or community relationships may provide insight into power and communication dynamics. Even if they are not relatives, the interpreter may know the person because many culturally and linguistically diverse communities are small, with everyone knowing most of the members. As a result, the person may fear that exchanges will be shared within the ethnic community. Also, the individual's social and political status in their homeland may be barriers to honest, open communication
- review the content of the session, especially sensitive topics (eg. mental status, sexual conduct). This allows the interpreter time to ask questions, clarify terminology, or express discomfort about certain topics
- explain the need for precise interpretation. The interpreter should repeat the questions and responses to maintain the same meaning, tone, and register as the original message. Nothing should be omitted, and nothing should be added unless it is only to explain a word or phrase the person does not understand. The health care provider wants to know as close as possible what the person said and the emotional tone that the person's message conveys. This approach will most accurately portray the person's understanding and emotional state
- explain that the interpreter may ask for clarification of information at any time, and may encourage the person to ask questions

- clarify the role of the interpreter to the person. You should explain that the interpreter is to function as a voice to repeat the questions and responses of you and the person without giving additional information, paraphrasing, or polishing with professional terminology. Unless otherwise specified, the interpreter is not expected to be a 'cultural broker' for the health care system nor the person's culture. If the interpreter perceives that a question should be modified to make it acceptable or a situation needs clarification, the interpreter should discuss it with the provider
- if the session needs to be interrupted to allow for clarification, this should be conveyed to the person, so they are kept aware of the discussion.

You will also need to check that the equipment is available to support the interpreting session (eg. double handset available, speaker phone).

Booking

Fill in an Interpreter Request Form on the Interpreter Service Information System (ISIS) (or fax to the Health Service District Interpreter Service Coordinator if not available). Staff will need to register to be able to make requests. To find out more, go to the multicultural website on QHEPS (qheps.health.qld.gov.au/multicultural).

Information you will need

Patient/Consumer/Group information:

- name
- phone contact number
- gender
- date of birth

Service information:

- date, time and duration of interpreting session
- your AHS, district, facility, service, ward/clinic/unit
- the location of the interpreting session
- cost centre
- requesting clinician's name

Interpreter requirements:

- language
- cultural requirements (eg. dialect, accent, ethnicity and religion)
- gender preference
- level of specialised training (eg. mental health trained interpreter)
- appointment type (eg. cardiac, mental health, renal)
- any notes to convey to the interpreter (eg. bereavement session)

Requester information:

- name
- phone number
- any notes to the coordinator

Medical emergency situations or unplanned situations

During business hours, telephone the Queensland Health External Interpreter Services Provider. If you have any problems, contact your Health Service District Interpreter Service Coordinator.

After hours, telephone the Queensland Health External Interpreter Services Provider.

○ Cancellations

Should there be any changes or cancellations to pre-booked services, it is important to advise the Health Service District Interpreter Service Coordinator at least 24 hours in advance to enable cancellation of the interpreter. Cancellations less than 24 hours notice will be charged to the Health Service District if the external provider was booked.

Conducting the session

- introduce yourself to the interpreter
- advise the interpreter if it is an emergency situation
- brief the interpreter. Describe the telephone equipment you are using (conference phone, dual handset, single phone) and where you are (counter, office, hospital ward)
- clearly indicate the need of the session to the interpreter
- ensure you can comfortably take notes during the session
- introduce yourself and the interpreter to the person. Describe the purpose of the session
- try to use short sentences in plain English when you speak
- speak clearly and modify the speed of your speech
- speak directly to the person (eg. “Mr ..., how can I help you?”)
- pause after two or three sentences to allow the interpreter to speak
- make allowances for possible clarification by the interpreter because he/she has no visual cues (eg. body language) to assist in the interpreting
- ensure that all required information is collected from and provided to the person while the interpreter is on the line – there will be no chance to speak directly to the person receiving the health service after the interpreter hangs up.

After the session

- check that the person has understood the key messages in your session. Ask for any questions
- if the person requires another appointment, make those arrangements with the person while the interpreter is still there
- thank the person and explain that you may need to have a post-appointment discussion with the interpreter. For example, you may require clarification on a language and/or cultural issue. Say good-bye formally
- debrief the interpreter if the session was emotionally taxing and clarify any questions you have arising from the session
- provide feedback to the Health Service District Interpreter Service Coordinator if required.

○ How to work with an interpreter – videoconference

The Queensland Health Interpreter Service will focus on the use of onsite and telephone interpreters for the first year of operation (October 2007-2008). Interpreting via videoconferencing will then be promoted with a range of supporting strategies for staff. This section is provided for staff who have used videoconferencing in the past or those who have staff available to assist.

Preparation

You need to request an interpreter who has been involved in remote interpreting where possible. The pool of interpreters with this experience will increase over time as more videoconference interpreting is undertaken.

If you are unsure about how to conduct an interpreting session via videoconferencing, the training available to staff on Working with Interpreters will include a module on this from October 2008.

○ Fill in an Interpreter Request Form on the Interpreter Service Information System (ISIS) (or fax to the Health Service District Interpreter Service Coordinator if not available). Staff will need to register to be able to make requests. To find out more, go to the multicultural website on QHEPS (qheps.health.qld.gov.au/multicultural).

Information you will need

Patient/Consumer/Group information:

- name
- phone contact number

Service information:

- date, time and duration of interpreting session
- your AHS, district, facility, service, ward/clinic/unit
- the location of the interpreting session
- cost centre
- requesting clinician's name

Interpreter requirements:

- language
- cultural requirements (eg. dialect, accent, ethnicity and religion)
- gender preference
- level of specialised training (eg. mental health trained interpreter)
- appointment type (eg. cardiac, mental health, renal)
- any notes to convey to the interpreter (eg. bereavement session)

Requester information:

- name
- phone number
- any notes to the coordinator

○ Booking a videoconference

The Health Service District Interpreter Service Coordinator will book the videoconference. You need to work with the videoconference site coordinator to ensure that the room they have booked is suitable (ie. not too large, uncluttered, private).

You should encourage the person to have a significant other present during consultation.

You should also try to provide an opportunity for the person to become familiar with videoconferencing (ie. the technology, room).

Cancellations

Should there be any changes or cancellations to pre-booked services, it is important to advise the Health Service District Interpreter Service Coordinator at least 24 hours in advance to enable cancellation of the interpreter. Cancellations less than 24 hours notice will be charged to the Health Service District if the external provider was booked.



Conducting the videoconference

At the start of the videoconference

You need to liaise with the Video Conference Site Coordinator to ensure that they understand their role includes:

- ensure that camera is 'square on'; in focus and set up in such a way that promotes the best 'eye line'
- identify any immediate technical difficulties and remedy them in a timely fashion, explaining to the person what is going on at all times via the interpreter
- arrange seating so that the person can see the interpreter and the clinician well
- check with the person that the colour and brightness/contrast, seating arrangements etc are suitable.

The person and interpreter will need time to interact with one another.

The clinician and interpreter will need time to discuss any special terminology or assessment techniques they might want to use.

Once these steps have taken place, the clinician should start the session by introducing themselves to the person and their significant other and the interpreter, explain the 'rules' (ie. it is OK to ask questions, if you need a break just let us know), and purpose and content of the session.

During the videoconference

The Video Conference Site Coordinators should also be near by in case a technical difficulty arises.

After the session

- check that the person has understood the key messages in your session. Ask for any questions
- thank the person and explain that you may need to have a post-appointment discussion with the interpreter. For example, you may require clarification on a language and/or cultural issue. Say good-bye formally
- debrief the interpreter if the session was emotionally taxing and clarify any questions you have arising from the session. This may need to happen later as it may make the person uncomfortable if you are seen to be in a detailed conversation with the interpreter
- provide feedback to the Health Service District Interpreter Service Coordinator if required.

○ Assessing the quality of a professional interpreting session

Achieving a high quality interpreting service will involve feedback from Queensland Health staff about the quality of interpreting sessions. You can assess the quality of an interpreting session using the following guide.

A professional interpreter:

- arrives early before an assignment
- contacts the agency that provided his/her services to advise that they would be late if this happens (and the agency should contact Queensland Health subsequently)
- wears their NAATI identity card
- always keeps a notepad and a pen/pencil ready to take notes
- speaks clearly and at reasonable speed
- ■ introduces herself/himself and if need be, is able to provide a very brief (one sentence) statement on the process of interpreting (“I am your interpreter today and I will interpret everything that will be said in this room accurately and to the best of my abilities”)
- takes notes when detailed information (or long pieces) is given to ensure accuracy. Such information includes names of medication, dosages, times of the day specific medication is taken, dates of tests, treatments, checkups, etc
- asks questions for clarification and advises the other side that clarification is sought to avoid suspicion of ‘side conversations’ being held without involving the other person
- checks their dictionary occasionally during an assignment if unsure of a term
- provides some cultural input but refers the health practitioner directly to the patient for specific cultural/traditional information (because people from the same cultural background do not necessarily follow the same customs and traditions)

- does not censor the vocabulary used by the person but advises the practitioner when a person uses impolite/swear words. Some interpreters would interpret them directly; others would say “the patient has used an expletive, would you like me to interpret this for you?”
- provides input into how the person reacts during the session/examination. For instance, if a patient appears anxious, agitated or upset and makes a comment to the interpreter about their anxiety, the interpreter will advise the health practitioner of this
- follows the professional Code of Ethics which provides standards of ethical conduct recognised by all practising interpreters (and translators) in Australia
- behaves in a professional manner – just like any other professional
- maintains confidentiality principles
- engages in professional development activities to maintain high levels of knowledge, skills and competence to enable them to perform in the language areas for which he/she is accredited by NAATI
- observes impartiality in all professional contracts
- takes reasonable care to be accurate in relaying complete messages
- respects and supports their fellow professionals
- maintains the communication flow during a session/examination so that, at the end of the session, everyone involved feels that they had sufficient time to discuss matters, ask questions, obtain answers and feel satisfied with its linguistic outcomes.

○ Support

The Health Service District Interpreter Service Coordinator is there to coordinate the booking and confirmation of interpreter services. The coordinator will also monitor the quality of the interpreter service provided in the District. If you have any concerns about the interpreter service or need assistance to use an interpreter, contact your Health Service District Interpreter Service Coordinator. The contact details will be on the Queensland Health Multicultural website (available on the internet and QHEPS). You may also contact the Health Service Area Interpreting Quality Officer for support. Their contact details are also on the multicultural website.

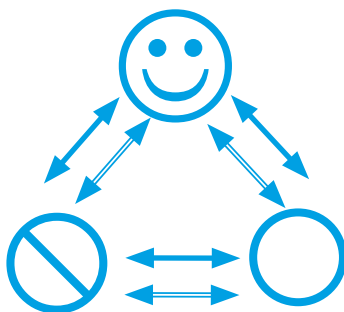
Feedback

Feedback for staff is essential for the provision of a high quality and responsive service. The Health Service District Interpreter Service Coordinator will be conducting surveys with staff and patients. However, your comments would be welcomed at any time and particularly if there is a problem. Please contact your Health Service District Interpreter Service Coordinator. Contact details are available on the multicultural website.

○ A feedback form will be developed to make it easier for staff to provide their comments. This form will be available from the multicultural website.

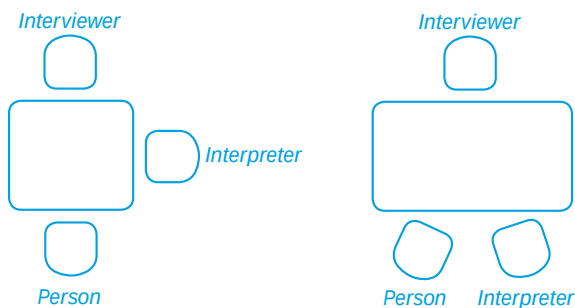
Attachment 1: The Triangle of Communication³

The inclusion of an interpreter in the communication process results in a 'triangle' of communication developing. Within this triangle there are three separate sets of pair relationships at work. At all times the paralinguistic relationship between the pairs is in operation though only one linguistic pair is operative at any given time.



Seating arrangements

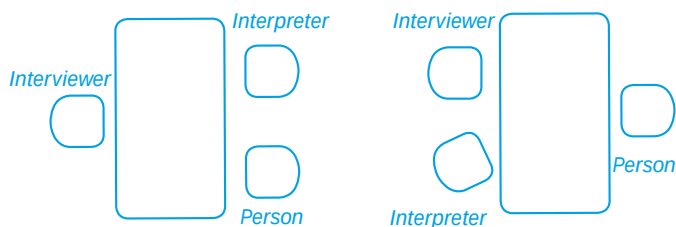
As a result of the triangular nature of the communication process, the seating of each person becomes extremely important when working with an interpreter. The ideal seating arrangement is where all three parties are at an equal distance apart allowing the free flow of linguistic and paralinguistic signals and presenting an even distribution in the power relationship. For example:



3. NAATI Interpreter handbook.

Of course, it is not always possible for the interpreter to be equally distant from the other parties eg. when one is a patient in hospital. In these cases, the interpreter should adopt a position which does not encourage over-identification on the part of either person.

Ideal seating arrangements are not only important for the free flow of linguistic and paralinguistic signals but are also important for an interpreter from an ethical viewpoint. The following are non-ideal seating arrangements:



The contact details for the Queensland Health External Interpreter Service Provider are detailed on the Queensland Health Electronic Publishing Service (QHEPS) multicultural website.

qheps.health.qld.gov.au/multicultural