# **Interpreter sessions**

Checklists for clinicians

Please use the following checklists during interpreter sessions to meet briefing, debriefing, medicolegal documentation and reporting requirements.

### Interpreter session details

Date: Clinician name(s): Patient name and Identifier: Interpreter full name: Language/dialect: Ethnicity: Aboriginal: Y/N Torres Strait Islander: Y/N Gender: Interpreter booking ID: Interpreter level of accreditation:





# **Briefing**

#### Acknowledge and Introduce

- □ Interpreter's full name
- Check that language, dialect, ethnicity and geographical location matches that of the client (e.g. Dari can be spoken in Afghanistan and Iraq)
- Any other languages spoken (accredited and non-accredited)
- All clinicians' names and roles
- Interpreter's previous experience working in healthcare and with the specific types of professionals in the room

#### Duration

□ Length of the session +/- possibility of extended session or subsequent session

#### Explanation

- **S**ituation: Type of session (e.g. case history, assessment, therapy, combination)
- Background: Health, communication and social background (including migrant vs. refugee vs. asylum seeker background)
- Assessment: Tasks, resources, purpose, interpreter's role in each activity
- □ **R**ecommendations:
  - □ Expectations for interactions
  - □ Confidentiality and professionalism
  - □ Interpreting style (consecutive vs. simultaneous vs. whispered)
  - □ Signal/procedure for pausing/resuming interpreting and resolving miscommunications
  - □ Seating/standing arrangements
  - □ Specific terminology for the session

#### Thank You

- □ Consent for audio/video/photo recordings
- Questions
- Conflicts of interest
- □ Other potential ethical issues
- Opportunity for interpreter to decline assignment

Adapted from Studer Group (2019) AIDET® Patient Communication and Institute for Healthcare Improvement (2016) SBAR: Situation-

background-assessment-recommendation.





# Debriefing

- Content of session
- □ Interpreting issues and clarification
- Ethical issues
- □ Traumatic/emotional content (and appropriate follow up)
- □ Further learning opportunities

## **Documentation**

# At a minimum: □ Interpreter's full name □ Specific language/dialect □ Consents obtained via interpreter □ Consents for audio/video/photo recordings of the interpreter (if applicable) □ If interpreter not available, full name of person interpreting □ Family members who have declined an interpreter despite clinician request If available: Booking ID Level of accreditation If applicable: Conflicts of interest □ Conflicting information Factors impacting validity of assessment Ethical and professional issues Scan to client's records: This checklist

- Photocopy of interpreter timesheet (clinician to sign)
- Any sight translated English documents





# **Reporting issues**

Issues directly attributable to an interpreter/translator request, booking or session:

- □ Speak directly with the interpreter to discuss the issue and reach a resolution
- □ Flag the issue with your line manager and clinical team
- □ If the issue is unresolved, email <u>CHQ-InterpreterServices@health.qld.gov.au</u>
  - □ Full name of interpreter
  - □ Specific language/dialect
  - Booking ID
  - □ Session date, time
  - □ Specific issue (refer to relevant <u>AUSIT</u> or <u>ASLIA</u> Code of Ethics)

All issues, risks, potential harms and actual harms related to interpreting, translation, language, culture or communication difficulties as a result of these:

- □ Flag the issue with your line manager and clinical team
- Report via Riskman

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