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

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| **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
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| **Duration*** Length of the session +/- possibility of extended session or subsequent session
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| **Explanation*** **S**ituation: Type of session (e.g. case history, assessment, therapy, combination)
* **B**ackground: Health, communication and social background (including migrant vs. refugee vs. asylum seeker background)
* **A**ssessment: 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
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Adapted from Studer Group (2019) AIDET® Patient Communication and Institute for Healthcare Improvement (2016) SBAR: Situation-background-assessment-recommendation.

Debriefing

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

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| 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
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Reporting issues

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| 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 CHQ-InterpreterServices@health.qld.gov.au
* Full name of interpreter
* Specific language/dialect
* Booking ID
* Session date, time
* Specific issue (refer to relevant [AUSIT](file:///C%3A/Users/BaylyLu/Desktop/SP%20training%20handouts/AUSIT%20Code_Of_Ethics_Full.pdf) or [ASLIA](file:///C%3A/Users/BaylyLu/Desktop/SP%20training%20handouts/ASLIA-Code-of-Ethics.pdf) 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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