

## Important Things to Note:

- Face to face interpreting - a huge percentage (93%) of face to face communication is brought across from non-verbal communication and "the way we say things" (eg. tone of voice, intonation, stress, pitch, speed, volume).
- For telephone interpreting – there is no visual cues, and in order for interpreters to interpret effectively, ES need to consider asking basic and succinct information and use simple languages and watching the speed to overcome heavy accent and pronunciation which impact over the phone communication significantly.

## How to work with a Telephone Interpreter

NB: Appointment location must have a speaker phone.

*Once the Interpreter is on the phone (before the session)*

- I:** Identify his/her name and role, and confirm start time with ES staff/doctor.
- ES1:** Introduce his/her name and role to the Interpreter. Agree interpreting mode (consecutive/ simultaneous) to be used for the session. Brief the Interpreter the purpose and / objectives of the session. Obtain cultural background / greetings (if necessary). Identify leader for the session if there are more than one ES staff joining the call.

*During the session: ES staff directs information, questions and answers to NES client through the Interpreter (using 1st person singular). Must pause for interpreting at regular intervals (after 3 short sentences and allow time for Interpreter to assimilate and interpret for effective interpreting).*

- ES2:** Good morning I am Dr XXXX and I am doing a physical examination... We have an interpreter to support your communication and his/her name is ZZZZZ.

**ES3:** Please note that everything said in the session will be interpreted ie no private discussions between parties during the session) and that confidentiality applies to both practitioner and interpreter.

*At the end of the session:*

**ES4:** If there is a need to clarify with the Interpreter regarding any cultural context or communication issues (must let client know that this is happening before doing this).

**ES5:** Confirm the session end time with the Interpreter (HH:MM).

## How to work with Interpreters:

### Face to Face session

Same as above except for the following:

- Before session: check the Interpreter's ID Card to verify the name and role
- During the session: maintain eye contact with client
- At the end of the session: confirm session end time and sign the Interpreter Job Form

### What is Consecutive Interpreting

The interpreter speaks after the source-language (SL) speaker has finished speaking. When the SL speaker pauses or finishes speaking, the interpreter then renders the entire message in the target language (TL). This is the most common mode used by health professionals and most preferred by interpreters. This interpreting process will double the time required for consultation session. This is the most commonly used mode.

### How to access WATIS interpreting service

(see How to Access or go to [www.watis.org.nz](http://www.watis.org.nz) for booking and contact details).

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# How to Work With Interpreters

## Working together to:

Ensure health services are accessible

Improve communication

Improve and maintain clinical safety

Reduce inappropriate and preventable use of emergency and secondary care services



## Interpreters' roles are threefold ONLY:

- To act as a **Conduit** – to process spoken language, with meaning, so that the exact equivalent is provided in the target language, with no omissions, additions or editing.
- To act as a **Clarifier** – to interpret underlying and metaphorical meanings within the cultural context.
- To act as a **Cultural Advisor** – to provide a necessary framework for the message being interpreted. The interpreter would inform either party about relevant cultural practices and expectations, ethics and etiquette when there is either apparent or potential misunderstanding, and assist in maintaining a good therapeutic relationship through mutual respect and understanding.

## Trained Interpreters

Trained Interpreter refers to someone who has received certified professional qualifications. Competencies expected from trained interpreters include:

- Understanding of their roles.
- Ability to provide consecutive interpreting (ie interprets after 2<sup>nd</sup> party has finished speaking).
- Ability to provide sight translation (ie translate documents in sessions such as consent forms, Mental Health Act etc. Written translations are not part of the role).
- Have knowledge of NZ health system and basic health terminology.
- Adheres to the Interpreters' Code of Ethics (Accuracy; Confidentiality; Impartiality; No conflict of interest; Professional courtesy; Declining work; contractual obligations; Standard of conduct).

*It is recommended that trained interpreters be used when required to communicate effectively with clients especially when:*

- Determining client's medical history, injury, ailment.
- Explaining confidential/ sensitive issues / bad news (serious medical issues).
- Client and / or family are distressed/emotional.
- Client is undergoing invasive procedure/treatment.
- Discharge or referral information needs to be given.
- Managing an entire episode of complex care.
- Client is undergoing therapy /counseling and crisis intervention.

## Untrained Interpreters

Untrained interpreter refers to family members, friends, support persons, volunteers, or staff or anyone who has not had professional training as an interpreter.

*Untrained interpreters should only be used when:*

- Clients insist because of confidential/sensitive issues/bad news
- It is really urgent and there is no interpreter available
- It is only for very simple/non-medical related information

**Commonly committed errors in interpreting especially when using untrained interpreters:** Omission; Addition; Substitution; Role exchange; Closed/open statements; Normalisation; Condensation.

## How to assess the need for an interpreter

- Ask your client open ended questions that require more than a YES/ NO answer.
- Ask your client to repeat what you have just said in their own words.

*It would be more effective when working with an interpreter to make time for a short pre-briefing session, and also for a de-briefing session after the appointment time.*

## Pre-session briefing

- Introduce yourself (your role).
- Identify a leader for the session (if more than one health professional).
- For face to face sessions, arrange an appropriate seating arrangement to facilitate the communication.
- Brief interpreter the purpose and objectives of the session.
- Obtain cultural background from the interpreter (if necessary or if you wish to understand cultural etiquette).
- Establish mode of interpreting – consecutive or simultaneous.
- Brief on confidentiality protocol (this also includes not discussing client in the session).

## Session Structuring

- Introduce interpreter and explain your and their role to the client (include fact that everything said in the session will be interpreted ie no private discussions between parties during the session).
- Assure client that rule of confidentiality applies to both practitioner and interpreter.
- Establish ground rules of speaking through the interpreter (ie not to).
- For face to face sessions, maintain eye contact with your client (if appropriate) not with interpreter.
- Expect the interpreter to use the 1<sup>st</sup> person singular when interpreting.
- Direct questions/statements to the client or family not directly to the interpreter.
- Do not enter into direct conversation with the interpreter.
- Do not ask the interpreter for their opinion (only for cultural clarification).

- Pause at regular intervals for the interpreter to assimilate and interpret.
- Allow enough time for the interpreter to convey information (it may only take 3 words to explain but it may take more time for the interpreter to convey the information in their language).
- Use short sentences.
- Check with interpreter about any cultural contexts for information by patient (if necessary).

## De-briefing after the session

- Summarise session and discuss whether objectives were met (there may be language or cultural reasons if objectives were not met).
- Clarify diagnostic /treatment issues where necessary.
- Clarify any cultural issues, interpretation of words or concepts.

## General guidelines

In the interests of clinical safety it is advisable that interpreters are not left alone with the client/family either before or after the session. (They may require a private place to wait before the session begins). Since clients often identify strongly with the interpreter for cultural reasons, they may divulge information to the interpreter before or after the session which they do not share with the practitioner. This leaves the client vulnerable and the interpreter holding information they may not be equipped to deal with. For this reason interpreters are not to transport clients. Interpreters are expected to engage with the client/family in a professional capacity only, for the purposes of the health intervention. It is understood that interpreters may know clients from a social context given the small communities to which many migrant and refugee clients belong. This can be addressed in the pre-briefing session if necessary.

(Refer to Intranet for WDHB Interpreting Policy).

