

AUSIT Guidelines for Health Professionals Working with Interpreters

(With reference to special interpreting contexts such as mental health and speech pathology.)

Discretion, initiative, interaction between interpreters and health professionals and dissemination of information are of paramount importance in enhancing communication with patients and clients via an interpreter, particularly in the health and law areas.

Communication with patients who don't speak your language can present a major challenge to health care professionals. A professional interpreter can greatly facilitate communication with your non-English-speaking or deaf patients.

Professional interpreters are trained to maintain ethical standards of confidentiality, accuracy and impartiality wherever they work and to apply high standards of competence and professional conduct (see AUSIT Code of Ethics¹). However, while the reason for the interpreter's presence is to facilitate your communication with patients, the patient's care remains the responsibility of the health professional at all times.

Following earlier guidelines developed in Western Australia in 1996, the present 2007 guidelines are intended for health professionals to provide them with insights into the work of interpreters in health and with more specific advice relating to the specialised fields such as mental health and speech pathology². They have been developed by AUSIT in an effort to keep in step with new technologies, health administration processes and procedures and other factors that impinge on the conduct of an interpreter working in the 21st century.

Comprehensive advice on working with interpreters can be found in the AUSIT brochure "Interpreting – getting it right"³. Also, NSW Health has published a detailed policy directive "Interpreting – Standard procedures for Working with Health Care Interpreters" now available online⁴. The AUSIT guidelines for health professionals working with interpreters begin with a simple chronological guide to booking and working with interpreters, with tips on what to do before, during and after an interpreting session. This is followed by additional information on key aspects of interpreting in health, and some useful material for further reading.

¹ [AUSIT Code of Ethics](#):

² The 1996 guidelines were developed following discussions between health and interpreting representatives, after the first mental health interpreting course held in Western Australia. (see Acknowledgments)

³ Copies are available from AUSIT (Tel. 1800 284 181) or from the AUSIT Website

⁴ NSW Health Department: [Interpreters - Standard Procedures for Working with Health Care Interpreters Document Number PD2006_053](#) Publication date 11-Jul-2006

1. BOOKING AN INTERPRETER

When you book an interpreting session it is useful to inform the booking agency of :

- the nature of the appointment (oncology, speech pathology, etc.)
- whether you think it would be preferable for the gender of the interpreter to be the same as that of the patient (this preference cannot always be met)
- any especially sensitive matters that you think may arise during the meeting.
- brief information on the patient's condition

2. BEFORE THE INTERPRETING SESSION

If you or your patient haven't worked with an interpreter before or are unsure about how to proceed, interpreters can briefly explain their role and reassure both you and your patient that they will maintain accuracy, impartiality and confidentiality. They will also remind you and the patient to speak directly to each other. Interpreters can do a better job if they are well prepared. Information about the session can help interpreters review relevant vocabulary and predict the nature of the language that may be used⁵.

The following points are recommendations based on principles of best practice:

2.1 Try to arrange a pre-session briefing with the interpreter.

This is particularly important for mental health, speech pathology or particularly sensitive or difficult cases (culturally sensitive, dealing with "taboo" subjects). The interpreter may need to withdraw from the interview if interpreting performance is likely to be adversely affected for any reason, such as conflict of interest, potential compromising of impartiality (religious beliefs) or other reasons (see AUSIT Code of Ethics). During the briefing you can decide with the interpreter who will explain the role of the interpreter, if necessary, and discuss preferred position and mode of interpreting.

2.2 If the interpreter and patient meet before you arrive,

this brief contact can help the interpreter establish a positive rapport with the patient, which may contribute to better communication. A well-briefed and competent interpreter can be relied on to exercise initiative and discretion. However, if there is any likelihood of threatening or violent

⁵ If because of the Privacy Act or other factors you are concerned about divulging information you may prefer to brief the interpreter before the session starts.

behaviour on the part of the patient towards the interpreter, arrangements must be in place to protect the interpreter.

3. DURING THE SESSION

Communication through an interpreter can take place smoothly and effortlessly if a few simple rules are followed. It is important that all parties are kept informed about what is happening at all times. For example, the interpreter will let the patient know if they need to ask you for clarification. This is to avoid the patient feeling that you are having a private conversation about them with the interpreter.

3.1 The position of the participants

The best position is one where you and the patient can see each other to help you speak directly to each other through the interpreter. The interpreter may also suggest their preferred seating arrangement, which may be different from the above. Particularly in mental health interpreting, it may be helpful to have the interpreter seated within the health professional's visual field to note signs conveyed as part of the interaction.

3.2 Mode of interpreting

Interpreters will generally use the short consecutive mode of interpreting in health care, i.e. you and the patient will speak in short segments and the interpreter will interpret these immediately. However, at times you or the patient may enter into an extended monologue (e.g. when the patient is relating their history) in which case some interpreters may prefer to use the simultaneous mode in chuchotage ("whispered" interpreting, where the interpreter "shadows" the speaker with a short time lag). If you or the patient find chuchotage confusing or hard to follow, you can ask the interpreter to use only the short consecutive mode.

3.3 Interpreting conditions

Interpreting is a demanding cognitive activity and the following simple rules will help the interpreter to maintain a high level of accuracy in their interpreting and avoid unnecessary fatigue:

- Avoid lengthy speech segments. The interpreter may need to interrupt you or the patient if speech segments are too long. Long segments place an unnecessary load on the interpreter's short-term working memory
- Avoid highly technical language which may be difficult to interpret. The interpreter may request an explanation
- The interpreter may ask you or the patient to pause or repeat on occasions, to ensure that they have correctly heard and have accurately conveyed all information

- The interpreter will tell you if there are any interpreting difficulties such as a patient's reluctance to work with the interpreter or problems posed, for example, by a patient's dialect or speech impediment.

3.4 Cultural issues

During the course of a session, the interpreter may become aware of cultural issues which are preventing clear communication (such as different beliefs about illness and treatment). You should allow the interpreter to briefly indicate what may be causing a cultural misunderstanding if this is impeding good communication with the patient. However, interpreters should not be expected to be cultural “experts”, and lengthy explanations of a cultural nature should be avoided (see also 6.3 below).

4. AFTER THE SESSION

Interpreters may need to leave promptly at the end of the session to meet their next appointment, and if a post-session briefing is needed, discuss this with the interpreter. Interpreters should not be asked to escort patients to other departments within the hospital. However the interpreter can accompany staff and patient to the next department (or rejoin them there).

When a session has been particularly distressing or disturbing, counselling or debriefing should be offered to the interpreter after the session.

5 OTHER ASPECTS OF WORKING WITH INTERPRETERS IN HEALTH

5.1 The health professional team

While the interpreter's role in the therapeutic team is generally limited to facilitating communication, in some circumstances health staff want them to be part of the “therapeutic team” and participate in activities more in line with a clinical role. Under these circumstances you should discuss your requirements with the interpreter to ensure that this will not compromise their adherence to the code of ethics or influence the expectations of the patient.

5.2 Inappropriate communication

It is important to remember that if both parties had been speaking the same language, each party would have heard everything just the way it was said. It is the interpreter's role to ensure that all those involved still get the full message although they do not speak the same language. All parties need to understand that the interpreter will interpret **everything** that is said, and does not take a mediating role, regardless of whether any speaker's words or attitudes may be inappropriate or unacceptable (see also section 7 below).

If unacceptable comments are made between you and the patient during the interview, this is a matter for direct resolution between those two parties. In cases where unacceptable remarks or obscene language are part of a mental illness (such as coprolalia), it is advisable that you brief the interpreter beforehand about this condition (especially in the case of less experienced interpreters) in order to prepare them for such a situation.

6. LIMITATIONS OF INTERPRETER'S RESPONSIBILITIES

It is not appropriate for a health professional to ask interpreters to give explanations or answer patient enquiries on **any** aspect of treatment or procedures. This is not the responsibility of the interpreters, nor are they trained to respond to medical emergencies. Further, they are not necessarily indemnified against unforeseen incidents. Clinical staff should work through the interpreter to make explanations, and handle queries themselves.

6.1 Patients' conversation with interpreters

Interpreters may choose to avoid being alone with patients, or being seated with them during waiting-time. It is natural for patients to want to share information about their health, and normal for interpreters to feel and express sympathy. However, some interpreters feel uncomfortable about this proximity to patients with whom they have worked before, as they already know much of their patient's medical history, and patients may try to rely on interpreters as intermediaries or advisors.

If health professionals have to leave the room, interpreters have the option to excuse themselves and leave as well. However, this may cause offence or suspicion in the patient so it should be done in a polite and discreet manner.. If interpreters do stay in the room, they will take special care not to continue the conversation with the patient, or at least to limit conversation to topics not related to the consultation. If the patient nonetheless provides information relating to their condition before the health professional arrives, interpreters will encourage the patient to keep and repeat this information to the professional when s/he comes back, reminding the patient of

interpreters' ethics relating to impartiality and confidentiality, which means that interpreters may not advise the patient independently on any medical condition, symptom or procedure (impartiality) and that interpreters may not repeat anything heard outside of session without the patient's permission (confidentiality). Patients will be encouraged by interpreters at all times to clear any medical concerns with the health professional.

6.2 'Sight translation' of written documents

Interpreters are at times asked to '**sight translate**' (render orally) written documents that relate to the patient's condition or treatment, such as medications, physiotherapy instructions, appointment schedules. Under these circumstances, the interpreter may assist you by providing a 'sight translation' or spoken version of what a document contains.

However, you should be aware that sight-translation is to be used sparingly and for brief documents only (200-300 words). Documents such as procedural consent forms and/or consent for participation in research will only be sight translated by an interpreter in the presence of the responsible health professional, who will answer questions from the patient while the interpreter is present. It is the full and sole responsibility of the health professional to ascertain understanding of the content of consent forms (and supplementary information) by the patient, not the interpreter's.

We **strongly recommend** that **consent forms** for treatment or for research, or other complex medical reports or documents with extensive information on conditions, procedures, options of treatment and risks be translated (in writing) by a qualified translator in the specific language prior to consultations.. You should not expect or require interpreters to provide an accurate rendering of complex and long documents such as these on the spot.

6.3 Cultural information

Under the normal circumstances of general health interpreting, you should not be asking interpreters to give information about the patient's culture, unless communication has broken down. The importance of culture can be over-emphasised. All patients have different personalities, temperaments and life experience, and may vary considerably in the way they manifest their cultural background. However, professional interpreters know that language expression does not happen in isolation from customs and beliefs, especially in the health area. Interpreters are not producing word-by-word renditions of the patients' messages, but are passing on information across cultures to each party. They provide the **full meaning** of what is said by all parties in the languages spoken and understood by them.

There may be rare occasions when you need to request essential cultural information from the interpreter, or the interpreter may consider that without certain information the message (from either party) may be distorted or there may be a total breakdown in communication. Under these circumstances, the information given by the interpreter should be factual (i.e. verifiable) and generally applicable to the patient's cultural background. Where possible, the patient should be involved in the discussion via the interpreter. Sensitive issues can also be discussed with the appropriate multicultural health unit (e.g. Queensland Transcultural Mental Health Centre, Multicultural Access units, Transcultural Psychiatric or mental health units).

6.4 After-hours privacy of interpreter or patient

Following an interview, it may be wise for the interpreter not to leave with the patient. If it is unavoidable, the interpreter will need to maintain professional detachment. If the patient insists on involving the interpreter in issues unrelated to the interpreter's role, they will explain to the patient the importance of respecting their privacy. Similarly, if interpreters have learned of a patient's traumatic or embarrassing past experiences during an interpreted interview, patients may not wish to acknowledge acquaintance with the interpreter later. It is quite likely that interpreters will be part of, or associated with the same community as the patient, especially in new and emerging communities and in regional areas. Interpreters may try to avoid after-hours socialising between interpreter and patient. In any case, the interpreter will maintain professional detachment during eventual social gatherings and interactions:

7. SPECIAL CIRCUMSTANCES AND PROBLEMS

Special circumstances sometimes prevail (specifically within certain health contexts such as Mental Health or Speech Pathology where general ethical principles may have a different application from other interpreting situations). Such interpreting may present extraordinary challenges to interpreters and clinicians. Interpreters may need to have undertaken specialised training for simultaneous interpreting and chuchotage if they are intending to work in such contexts.

If there are special or sensitive circumstances concerning the interpreting assignment, the agency should be informed, if possible, when the interpreter is booked (see section 1). If problems arise during the course of the interview (e.g. something causing embarrassment for both parties, or the exposure of a conflict of interest), the interpreter should refer these to you, the language services co-ordinator or the interpreting agency for clarification. It is strongly suggested that interpreters and clinicians have a **pre-interview meeting** to discuss relevant aspects of the upcoming interpreting session, especially if culturally sensitive or "taboo" subjects will be touched upon

(suicide, sexual health, contraception, amongst others). Usually the clinician will discuss the objectives of the session, interview techniques that may be unfamiliar to the interpreter (some of which may seem confrontational) and any other specific aspect that the interpreter should be aware of before the start of the session. An open and honest pre-interview meeting with the interpreter may be helpful for them to dispel some concerns about consultations that may touch upon religious beliefs or culturally sensitive or “taboo” topics. An interpreter is entitled to withdraw from an assignment where they may believe their impartiality or otherwise accuracy of interpretation may be jeopardised by reasons of culture, religion or any other. Likewise, after the session (**post-interview**), you may need to discuss unclear culturally or linguistically challenging aspects of the interview.

7.1 The patient's speech rate and repetitions

The interpreter should reproduce for you, or approximate the patient's rate of speech, as this may be an important diagnostic clue. This also applies to repetitions, where repetition is not an inherent feature of the specific language.. It may be necessary for the interpreter in the post-interview discussion to make you aware of uncommon speech features that might not have been evident to you but could be relevant to the diagnosis. The interpreter should convey examples of this where possible, leaving the course of the interview to the health professional's discretion.

7.2. Rambling, circumlocutory, emotional or jumbled speech

If the health professional is aware of this tendency, it may be helpful for you and the interpreter to agree before the interview itself on how the situation will be handled. As part of the strategy, interpreters may be asked to summarise the patient's speech, in which case the health professional should alert the interpreter on what the priorities are for the summary. If possible, the interpreter should provide interpreted sample passages of the patient's exact discourse for the health professional to decide on a strategy.

A patient's outburst of speech with a strong emotional content should not be interrupted by the interpreter. If, as a consequence, full and accurate interpreting is not possible, a summary and examples of what the patient is saying could be provided in consultation with you as above. You could ask the interpreter to perform simultaneous interpreting or chuchotage (whispered simultaneous interpreting) so as not to interfere with the flow of thought or speech (signs) of the patient, but only if the patient is comfortable with this mode of interpreting. For example, patients under medication or with delusional tendencies may be disturbed by the rapid and continuous simultaneous interpreting, thinking they are hearing voices. Interpreters should explain to the health professional that they will interpret at the pace that suits the patient, and will listen and watch patient's verbal and non-verbal behaviour and alert the health professional if necessary.

7.3. Dialect, grammatical and mixed language issues

If the patient's speech is unclear, perhaps because of illness, unfamiliar dialect, ungrammatical expressions or mixed English and first language, interpreters may ask for clarification from the patient, while informing you that they are doing so. The interpreter should convey the speech as accurately as possible, while retaining its "flavour".

7.4. Body language and gestures

The patient may make gestures (including vulgar or indecent ones) during the interview. These may be an important part of the communication, and should be conveyed by the interpreter by gesture or explanation. However, repetitive meaningless gestures need not be copied by the interpreter.

7.5. Angry or insulting remarks

A trained interpreter will understand that the patient is not reacting to them, and should maintain a calm and detached manner and continue to interpret accurately. You may need to discuss with interpreters conventions for interpreting 'rude' language. Basically, it is expected that rude language, including swearing, will be interpreted. However the interpreter and the clinician may agree at the pre-interview meeting to utilise a scale between RL1 (slightly rude language) to RL5 (extremely rude language), for example, and refer to this scale instead of having to interpret the words themselves⁶

7.6 Silent and unresponsive patient

The interpreter should remain silent and wait for the health professional to speak or act.

7.7 Threats of self-harm from patients.

Interpreters are bound by confidentiality in the course of their work, however the possibility of a life-threatening situation arising and the potential to save a life overrides any other concern. Interpreters should discuss in private and in a timely manner with the health professional any threats of self-harm disclosed to them by the patient, especially threats made outside of the interview room

⁶ (AUSIT has published material on this topic in its February 2007 Newsletter).

8. DEBRIEFING FOR INTERPRETERS WORKING IN MENTAL HEALTH OR OTHER COMPLEX SETTINGS

When they work in such health settings interpreters are exposed to situations which may range from slightly out-of-the-ordinary to quite traumatic and shocking. Usually clinicians will be aware of the potential impact of traumatic situations on the interpreter, and will offer appropriate counselling post-interview or a further appointment to air any issues concerning the interpreter's reactions to these situations.

If such assistance is not offered, interpreters are encouraged to recognise relevant signs of job related stress which may be caused by such interventions and to seek professional help to recover a healthy balance between work and personal wellbeing.

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Further reading

AUSIT Code of Ethics: <http://server.dream-fusion.net/ausit2/pics/ethics.pdf>

AUSIT “*Interpreting – Getting it right*” www.ausit.org/eng/showpage.php?id=7046”

NSW Health Department: “*Interpreters - Standard Procedures for Working with Health Care Interpreters*”

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http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_053.pdf

We hope you find this publication useful when working with interpreters;
we would appreciate your feedback.

Please contact AUSIT on national@ausit.org or 1800 284 181
with your comments and suggestions.