

Guide to working with interpreters in health service settings

How can you tell if an interpreter is required especially if the person can speak some English?

Some people can't communicate in English at all or will have such minimal English proficiency that the decision is obvious. Some will bring an '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 very 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*.

If you consider an interpreter is required then arrange one after discussing this with the patient/client. Remember the interpreter is there to enable you to do your job competently, not only for the patient/client.

How do you identify which language the person speaks before requesting an interpreter?

Sometimes the language needed is conveyed to you in advance or the patient/client brings a card naming the language required. However, you may need to seek this information out from the person or via an accompanying relative.

Consult the attached list containing translations of the following statement in 22 community languages: *Please indicate which language you speak and we will try to obtain an interpreter to help us*. Print this list and get the person to point to the appropriate language.

How do you conduct face to face interviews with an interpreter present?

Before an interview

- Arrange a place where the interview can be conducted in private.
- Allow for extra 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.
- Brief the interpreter prior to the interview where possible.
- Ask the interpreter for any cultural factors that may affect the interview but remember that interpreters do not consider themselves to be cultural experts.

During the interview

General pointers

- Sit facing the patient/client.
- 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 patient/client 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've spoken to convey the message.
- Don't let the interpreter's presence change your role in the interview. It is not the interpreter's role to conduct the interview.

Introduction and set up

- Introduce yourself and the interpreter.
- Explain both your and the interpreter's role.
- Stress that both you and the interpreter are bound by codes of ethics to maintain the confidentiality of the interview.
- Explain the purpose of the interview and how it will proceed.

Interview style

- Speak a little more slowly than usual in your normal speaking tone. Speaking louder doesn't help.
- Use plain English where possible.
- Pause after 2 or 3 sentences to allow the interpreter to relay the message.
- Stop speaking when the interpreter signals by raising a hand or starting to interpret.
- 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 patient/client's permission if you need to obtain cultural information from the interpreter.
- Avoid long discussions with the interpreter. If you need to talk to the interpreter directly then the interpreter should explain to the patient about the nature of the conversation.

Ending the interview

- Check that the patient/client has understood the key messages in your interview. Ask for any questions.
- Thank both the patient/client and the interpreter. Say good-bye formally.
- Debrief the interpreter if the interview was emotionally taxing and clarify any questions you have arising from the interview. This may need to happen later as it may make the patient/client uncomfortable if you are seen to be in detailed conversation with the interpreter.