



Guidelines for working with interpreters

This resource provides guidance for health practitioners to work more effectively with face-to-face and remote interpreters.

The guidelines include processes and protocols for:

- **pre-briefing before the session** for practitioners to establish an alliance and to agree the interpreting process with interpreters
- **structuring the session at the start** for practitioners to familiarise clients with the interpreting process
- **structuring during the session** for practitioners to guide the communication process when involving an interpreter
- **debriefing** interpreters if needed.



PRE-BRIEF
BEFORE THE SESSION



STRUCTURING
START OF SESSION



STRUCTURING
DURING THE SESSION



DEBRIEF
AFTER THE SESSION



Pre-briefing

The following guidance is for practitioners to establish the working relationship and to agree the process with the interpreter (preferably before the patient joins the session).



PRE-BRIEF
BEFORE THE SESSION

- Introduce yourself, role and service.
- Provide a brief description of the purpose or nature of the consultation or session.
- Establish how to work together or the process, eg:
 - agree the use of consecutive interpreting mode (which will require all parties to pause for the interpreter to interpret regularly, ie after three short sentences)
 - establish how you want the interpreter to interpret (eg to interpret literally without meaning when working with clients with a cognitive or thought disorder or verbal expression issues)
 - If more than one health professionals are involved, identify who will be facilitating the session
 - confirm a cue for pausing the session when needed.
 - explain that, if the content is distressing or the interpreter is emotionally affected, they can indicate the need to pause the session
 - offer guidance about how to manage emotions during the session
 - Inform them a debrief is available at the end of the session.
- When working with a face-to-face client involving a remote interpreter:
 - confirm with the remote interpreter that they are in a quiet, private and confidential space
 - for telephone interpreting, place the speakerphone in a position to ensure all parties can hear each other
 - for video interpreting, position the PC or the device to enable the interpreter to see and hear all parties.
- For face-to-face settings, arrange an appropriate seating arrangement.
- Explore cultural greetings, gestures, customs to observe if needed.

If you are in a hurry or have limited time, you could do a quick pre-brief with lesser detail. A quick pre-brief is still better than no pre-brief, especially when it is your first time working with the interpreter.



Session structuring at the start of the session

The following guidance is for practitioners to familiarise clients with the interpreting process at the start of the session.

- Greet the client (and family members).
- In face-to-face sessions: direct the client (and family members) to a pre-arranged seating arrangement.
- Introduce yourself and explain your role (including professionals present, as well as the interpreter).
- Explain that everything said in the session will be interpreted.
- Assure the client about confidentiality.
- Familiarise the client with the interpreting process, eg the need to pause after 3 short sentences for the interpreter to translate.
- For remote sessions: emphasise the need to speak louder, slower, not to talk over each other, and be mindful of background issues.



STRUCTURING
START OF SESSION

Avoid asking interpreters to introduce themselves and explaining the process directly to clients and families because some clients and their family may refuse having a person from their community translating for them and they may insist that the interpreter is not needed. Some clients/families may not know the role of healthcare interpreters and may have concerns with confidentiality and privacy issues, especially those who come from small communities.

Session structuring during the session (communication protocols)

The following is useful for practitioners to guide the communication process when involving an interpreter.

- Use the first person singular when communicating via the interpreter, eg “Mrs Wong, how are you feeling today” and not “Please ask Mrs Wong how she feels today”.
- Direct the questions/statements to the client or family, and not directly to the interpreter
- Avoid entering into direct conversation with the interpreter without alerting the client.
- Pause at regular intervals for the interpreter to interpret, eg pause after every three short sentences.



STRUCTURING
DURING THE SESSION



- Allow enough time for the interpreter to convey information (it may only take three words to explain, but it may take more time for the interpreter to communicate the information in the target language).
- Use simple English.
- Explain concepts or medical terminologies.
- Avoid using idioms, jargons, metaphors and double negatives.
- Avoid asking more than one question at a time.
- Reframe questions if the responses from the client are not what you expected, eg you could ask specifically "When was the last time this symptom occurred i.e. 1 month, 2 months or more?" instead of an open-ended question.
- Pause the client politely if they are not stopping for the interpreter to interpret.
- Watch the speed of conversation to minimise accent and pronunciation issues
- Speak clearly and loudly, but do not rush and talk over each other.
- Manage the situation if the interpreter is emotionally affected by the discussion.

Additional protocols to consider when working with remote interpreters

- Engage (**eye contact**) with the client, instead of looking at the phone or device or PC when communicating with a face-to-face client using a remote telephone or video interpreter.
- If you are asking the patient to point to the part of the body where there are symptoms or pain, remember that the interpreter cannot see the **non-verbal communication, over the phone.**
- **Speak clearly and loudly** when using a phone interpreter.
- When **walking away from the phone or device**, remember to inform the interpreter of what is going on.
- When **giving written instructions** to the patient, remember that the interpreter will not be able to provide verbal translation from written text (sight translation) over the phone.
- If you need **written documents (eg legal document or treatment or service information) translated verbally to clients during a consultation (sight translation)**, the document must be sent to the interpreter in advance of the consultation.



Debriefing

Debriefing with the interpreter after the client session is optional for practitioners. It could involve any of the following.

- **Summarise the session outcome and identify any issues**
- **Clarify interpreting or cultural issues**
- **Check for transference issues**
 - Health practitioners need to be aware that it is not uncommon for interpreters (especially from refugee backgrounds) to experience distress in response to patient's experience.
 - It is good practice after a session involving traumatic and distressing issues to ask if the interpreter has been personally affected and distressed by the information discussed in the session.
 - If the interpreter felt emotionally affected and distressed by the session, allow the interpreter to talk about how they felt before concluding the debrief.
 - If emotional transference issues are seriously affecting the interpreter, suggest they contact their Interpreting Service Provider to access counselling/supervision/employee assistance programme/support immediately.



DEBRIEF
AFTER THE SESSION

A debriefing need not be a lengthy process. However, allocate sufficient time, especially if the interpreting session becomes very emotional. It is useful to consider, when working with interpreters, to book at least an extra 15 minutes per client, to allow time for pre-briefing, and additional time with the client to explain protocols (session structuring), and time for debriefing

Courses for “Working with interpreters” for health practitioners

Many health practitioners experienced ‘lost in translation’ when working with a face-to-face interpreter, especially when working with a remote interpreter.

The following are courses available for health practitioners:

- **Online "Module 4: Working with interpreters"** course for health practitioners. Duration: 3-hour e-learning
- **Face-to-face "Module 4: Working with interpreters"** course for health practitioners. Duration: 4-hour delivered in-person



- **Remote face-to-face via Zoom "Module 4: Working with interpreters"** course for health practitioners. Duration: 1.5-hour delivered via zoom

The above courses will provide practical skills training for health practitioners to understand how to effectively utilise remote or in-person interpreting sessions to interact with patients.

Go to the [eCALD.com](https://www.eCALD.com) website Login page to register for an account if you are not an existing user. If you have an account you can enrol for any of the above courses.