

Working with interpreters: Checklist

Working effectively with interpreters should be a clinical competence that every speech and language therapy possesses. This ensures that equal opportunities are upheld and that bilingual individuals are not denied access to speech and language therapy services. Children under 18 years of age, other clients, carers and the child's siblings, family and untrained volunteers should *never* serve as interpreters (National Council on Interpreting in Health Care, 2011).



Key recommendations for practice

- The interpreter is qualified and appropriate for the consultation/meeting
- The interpreter speaks the language and/or dialect needed (e.g. Marathi) _____

PRE_SESSION BRIEFING:

- 10–15 minutes briefing time is allocated in advance of the session to brief the interpreter about the purpose and format of the meeting.
- Ask the interpreter to brief you about any cultural behaviours which may have an impact on the session (e.g. shaking hands, eye contact, etc.)
- Explain what is your role/job and aim(s) of the session
- Discuss key terminology; explain with examples rather than using technical or complex labels
- Discuss background information about the client, and as principles of confidentiality
- Show the interpreter how to use any materials/resources that you plan to use during the session
- Ask the interpreter if they have any questions or concerns

INTERACTION:

- Introduce yourself and the interpreter to everyone in the room, including the client/patient
- Keep track of the time as sometimes using an interpreter requires longer sessions
- Speak using short phrase, with more pauses than usual to allow the interpreter to capture the verbal interaction. Use simple vocabulary and direct the information directly to the audience (i.e., child, adult, family, carer etc.)
- When taking a language sample or completing an assessment (rather than carrying out an interview) ask the interpreter to write down what the client says 'word for word' in the home language. The interpreter may use the appropriate script, or transliterate using the English alphabet if this is easier.



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- Keep your “clinical eye” open and record any non-verbal information that you consider important
- Don't surprise the interpreter with tasks that haven't been planned during the pre-session briefing

POST SESSION DE-BRIEFING:

- Discuss and share the information gathered during the session
- Translate any language samples recorded, using the translation protocol. Always add the original client language samples to the case notes as well as the direct translation, and never just the translation alone.
- Discuss with the interpreter any important information that came to light during the session. This should be taken into account during clinical management
- Discuss any concerns, difficulties or mishaps that occurred during the session, and how to avoid them with this family and other speakers from this community or cultural group in the future. Write a reflection for your *Continuing Professional Development* (CPD) log, if appropriate.
- Gather the information/documentation – always record that an interpreter was present during the session, including their full name and the language/dialect used

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