



Best Practice Guide When Using Interpreters



Customer Services:
0330 20 20 270
(0808 1601 786 or 0845 370 2002)

NHS
England



Best Practice Guide When Using Interpreters

Introduction

All our patients or their carer's have the right to effective communication in a form, language and manner that enables them to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.

We are aware of the need to ensure that patients understand the health issues facing them, the treatment options available and the steps required to recover or maintain well-being. Similarly, patients who use our services need to be able to express themselves fully and freely. To communicate accurate information to clinicians and practitioners so that symptoms and their meanings can be understood, correctly diagnosed and the best available treatment offered.

In general, interpreting means bridging a language and cultural gap between two people who need to communicate with each other but who may have different cultural backgrounds, do not share a common language and therefore would be unable to communicate effectively.



1. The role of our staff working within UHSM including Withington Hospital and our community services is to:

- Arrange interpreting or translating services as soon as the need becomes apparent.
- Inform patient and carers that an interpreter can be arranged at no cost to them.
- Provide accurate information to the Interpretation and Translation service provider.

2. The role of the interpreter is:

To facilitate communication between people who do not have a language in common.

The key factors which influence the requirements for interpreting are:

- Ensuring best patient outcome
- Facilitate communication to all involved
- Work towards fostering trust and maintaining confidentiality



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3. When to use an interpreter



An interpreter should be used:

- When the person has a limited use of English.
- When there is a concern that the person does not understand the clinical information given in English.
- the patient is deaf or has a hearing impairment or uses sign language.
- When information such as a referral form or medical records indicates someone needs an interpreter.
- When there are concerns that the patient or carer is unable to express themselves fully and freely due to language barriers.

4. Using Family or Friends for Interpreting

NHS CCG advocates that professional interpreting is used where possible.

There could be some risks in using friends and family members of the patient or bilingual staff who are not trained to do interpreting. These include:

4.1 Inaccuracy of interpretation:

Vital information from the patient may be left out as untrained interpreters might not fully understand the patient or might change the information given based on lack of knowledge. They may not be willing to say that they do not understand something that you or the patient has said for fear of 'losing face'.

4.2 Lack of completeness:

Friends and family may omit swear-words or abusive language so as not to 'offend' you (the practitioner). This information could be vital for example, when assessing the mental state. They may "censor" information they may perceive to be "embarrassing", "inappropriate" or "shameful".



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4. Using Family or Friends for Interpreting

4.3 Lack of confidentiality:

Family members may not fully understand the need for strict confidentiality. Furthermore, if a family member is interpreting, the patient may not want to disclose issues about family problems or conflicts which might be the origin of the current crisis.

4.4 Lack of impartiality or conflict of interest:

A relative may 'side' with the practitioner or the patient, or not pass on information they do not agree with.

4.5 Advice giving or advocacy:

Often with an understandable wish to be 'helpful' or 'supportive', friends and family may misinterpret the practitioner's instructions or advise the patient what to say.

5. What language does the person speak?



It is important not to make assumptions about the language that the patient speaks. But where only the ethnicity is stated or information is sparse, you may need to check further to ensure a correct match. There may be sensitivities around ethnic or regional tensions or dialects. Therefore, if unsure, please check with the patient.

6. What is the best type of interpretation to use?



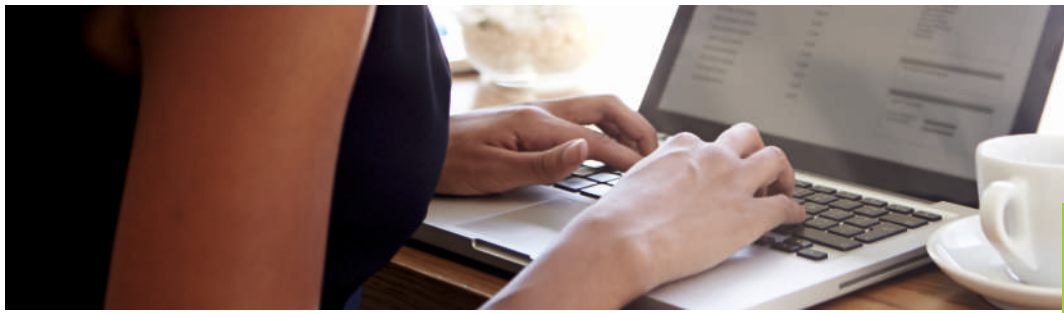
Telephone



Face to Face



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6.1. Telephone Interpreting

To increase accessibility to our services for patients who don't speak English, telephone interpreters should be considered as an option, however face to face interpretation is considered to be the best option when dealing with sensitive and complex issues.

Telephone interpreting is where the interpreter delivers the interpreting over the phone.

Telephone interpretation is appropriate where the communication is brief and straightforward or in circumstances that cannot be planned for such as when someone visits unexpectedly, in an emergency situations when you need immediate assistance or when all other attempts to get a face to face interpreter has been exhausted and unsuccessful.

Telephone interpreting can also be used to establish the language spoken and the nature of an enquiry before a face to face interpreter is called for.

Alternatively, some patients who do not speak English take great comfort from the anonymity of a telephone interpreter, particularly in small or closely knit ethnic communities. Some patients may feel a level of distress due to cultural or social pressures from within his/her community. If the patient is forced to talk to his/ her practitioner with another member of her community in the room, even if that person is a professional interpreter, he/she may feel unable to speak openly and honestly.

Telephone interpreting may not be suitable for all assessment or interviews owing to its complexity or sensitivity. It may not be advisable in situation that would exacerbate the patient's symptoms such as paranoid delusion or auditory hallucination. This form of interpreting may also interrupt the flow and may not be conducive to building rapport between patients and practitioners. To most patients (and practitioners) this form of interpreting can seem somewhat artificial.

Telephone interpreters cannot take account of non-verbal signals and some patients, carers, family or friends may not be comfortable using the telephone.

Telephone interpreting is not suitable for service users with hearing impairment.



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6.2. Face to Face Interpretation

Face to face interpretation facilitates oral communication, either simultaneously or consecutively, between users of different languages and should be the chosen form of interpretation particularly when dealing with more complex or sensitive cases when over the phone interpretation is not sufficient to bridge the gap in communication or the cultural gap.

Seating arrangements are very important and you should ensure that everybody should face each other – a semi-circle is always a good arrangement with the interpreter between the health care professional and the patient *where practical).

For British Sign Language it may be more useful for the arrangement of the room to be slightly different. Where possible, it is important to remember that the patient will need to face the interpreter and not the health care professional.





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During the session:

- ✓ At the beginning of the session the interpreter should introduce him/herself to those in attendance; the health care professional should introduce themselves to the interpreter, to the patient and clearly explain everyone's roles.
- ✓ Explain that the interpreter is bound by a confidentiality agreement and will not discuss the case with anyone external to the session.
- ✓ Explain the purpose of the meeting/session.
- ✓ The health care professional should talk directly to the patient, maintain good eye contact (where culturally appropriate) while speaking and always addressing the patient directly, e.g. "how are you today?"
- ✓ The health care professional should observe the patients non-verbal communication but bear in mind that gestures can mean different things in different countries or cultures.
- ✓ The health care professional should speak clearly and slowly. Pause after each sentence to allow the interpreter to translate a manageable amount of information at a time.
- ✓ Speak in simple, plain English and try to avoid jargon and acronyms where possible.
- ✓ Keep explanations simple. Longer, condensed information packed sentences may make it difficult for the patient to understand.
- ✓ Be aware that interpreters are not trained to interpret behaviours.





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7. What can you expect?

Professional interpreters should always:

- Act in an impartial and professional manner
- Not discriminate against the patients, carers, family, friend and professional directly or indirectly, on the grounds of ethnic origin, age, nationality, religion, gender, sexuality or disability.
- Be fluent in the language(s) specified.
- Have a good understanding and knowledge of medical terminology including psychiatric terminology.
- Not pretend to understand something when they haven't.
- Introduce themselves to the patient/family and reassure them that confidentiality will be respected.
- Interpret accurately without anything being added to or omitted from the interaction.
- That they are punctual to their appointments. If they are running late for the session, he or she should call the Authorised User in advance to inform them of their expected arrival time.
- Dress appropriately and professionally at all times.

8. Interpreters should not:

- Engage in long conversations with the patient or family and then provide summarised versions of what he or she said at the end.
- Assume that they have to advocate for the patient, replying on their behalf or helping them to answer the questions.
- Pass on their personal details i.e. mobile telephone numbers to patients to contact them outside of the consultation. All bookings for interpreters should be managed via the Authorised Users and the Interpretation Booking System.



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