

Guidelines for effective communication in an interpreted consultation

Focus on the patient to establish a good relationship with them

Speak directly to the patient

- maintain normal eye contact with the patient
- talk directly to the patient as if you speak the same language (i.e., use “I” and “you”)

Speak so that you are easy to understand and interpret

Use clear, succinct and unambiguous language

- use plain English
- avoid medical jargon
- avoid colloquial language/slang
- avoid double negatives

Note: you can use the time while the interpreter is speaking to the patient, to think about how you want to word the next thing you want to say.

Speak briefly

- in short chunks (no more than 3-5 sentences in each chunk)
- with frequent breaks
- ask one question at a time

Be patient

- Allow time for the interpreter to finish speaking
- Don't interrupt or talk over others

Encourage/expect the interpreter to ask clarifying questions

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Think beyond minimal verbal communication of content

Don't forget the importance of non-verbal skills, including body language, gestures and facial expressions.

Use small talk to establish rapport (as you would with any patient)

Keep control of the interaction

Remember that as the health professional, it is your responsibility to ensure that the communication is adequate. It is your job to maintain overall control of interaction, although the interpreter is also a professional and may assist.

If side conversations occur between the interpreter and the patient or between the patient and another person who is present, these should be interpreted also. If necessary, ask for side conversations to be interpreted for you.

If you need to say something to the patient that may be sensitive or delicate, ask the interpreter to explain to the patient in the most appropriate way.

Check patient understanding

Check the patient has understood (as you would with any patient) – ask them to explain back to you