Cancer Institute NSW

FACT SHEET:

INTERPRETER ENGAGEMENT GUIDE

This guide outlines key steps for engaging Interpreters in Clinical Trials to ensure effective communication and consent for patients with language barriers.



# Instructions

## 1. Determine the Need for an Interpreter

* **Assess patient’s understanding**: Ask open ended questions about their health and if the patient does not understand and is unable to discuss them, book an Interpreter.
* **Ask the patient if they would like an Interpreter:** ensure they are aware the service is at no cost to them **(free service**).
* **Review medical record**: If the medical record indicates that an Interpreter is required and the patient had Interpreters booked for them before, book an Interpreter.
* **Verify language/dialect**: Confirm the correct language and dialect with the patient or family.
* **Note:** Sometimes family members insist on interpreting for the patient. Explain that they cannot interpret for the patient and you must engage a professional Interpreter.

2. Booking the Interpreter

* **Contact your Health Care Interpreter Service (HCIS) and request an Interpreter in the required language/dialect**
* **Indicate that this booking is required for a Clinical Trial. State the urgency, where applicable (this is often the case with visit windows) and whether the patient prefers a female or male Interpreter**
* **Send Participant Information Sheet and Consent Form** (PICF) to HCIS: Ensure these documents are sent to HCIS at the time of the request. Interpreters should have paid time allocated in the clinical trial budget for them to be allocated 1 hour to read them before the appointment.
* **Note:** If re-consenting: Send a tracked version of PICF and explain to the Interpreter Service that only changes will require interpreting.

3. Pre-Appointment Preparation

* **Prepare for in-person Interpreter:**
  + Meet with the Interpreter 5 minutes before the session.
  + Discuss the details of what will happen during the consultation.
  + Ask the Interpreter if there are any specific terms in Clinical Trials that may be difficult to interpret or culturally inappropriate?
* **Room Setup:** Ensure the room can accommodate all participants (patient, Interpreter, and Health Care staff).
* **Prepare for phone Interpreter:**
  + Ensure a speakerphone is available.
  + Ensure the space is quiet and private for phone interpreting.

4. During the Appointment

* **Maintain clarity:** Speak directly to the patient using first-person language (e.g. ‘I’ and ‘you’) and ensure that all statements are clear and concise.
* **Interpreter's Role:** Allow the Interpreter to interpret everything, this takes time.

5. Conclusion of Appointment

* **Offers debrief:** At the end of the visit, offer the Interpreter the opportunity to debrief and discuss any potential challenges or issues.

6. Documentation in Medical Record

* **Document Interpreter’s details:**
  + **Full name** and **Staff Link number if using NSW Health Care Interpreter Service** (If using a private or Commonwealth Interpreter service such as TIS National they will not provide their name but the job number. Please document the job number).
  + **Language** and dialect.
  + **Date and time** of Interpreter’s attendance.
  + **Version/date of the PICF** used.
* **Witness Requirement:** Ensurethat if consent was obtained via an Interpreter, a witness is present.
  + Witness must sign the **witness section** of the PICF. The witness must be over 18 years of age, and must not be the Health Care Interpreter, nor a member of the study team.

7. CTU and HCIS Best Business Practices

* **Interpreting Services costs agreement** – negotiate fees with Interpreter service for the following:
  + Initial PICF- informed consent process.
  + PICF amendment- reconsenting process.
  + Standard follow-up visit – visit explanations.
* **Clinical Trial Research Agreement (CTRA):** Include cost of Interpreter with overhead – ensure schedule 2 includes Interpreter fees.
* **Scheduling with Interpreting Services:**
  + Timeline for providing PICF (minimum 24 hours prior to session) and other trial documents.
  + Time to discuss the trial with Interpreter - just before session.
  + Reminder that training about cancer clinical trials is available online to Interpreters.