Criterion C1.4 – Interpreter and other communication services

Indicators

C1.4►A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.

C1.4►B Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.

C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

Why this is important

Patients have a right to understand the information and recommendations they receive from their practitioners.[4]

Practitioners have a professional obligation to communicate effectively and to understand their patients' health concerns.

Meeting this Criterion

Communication with patients who do not speak the primary language of our practice team

Unless specifically requested by the patient, avoid using a family member or friend of the patient as an interpreter because:

- information about the patient's diagnosis may not be translated effectively, which might result in harm to the patient (eg a complaint was made to the Medical Board of Australia that alleged that a patient had died because the practitioner used the patient's daughter to translate instead of using an interpreter)[5]

- it may impose unreasonable responsibility and stress on the selected individuals, particularly if they are young or a very close relative (eg a child)

- it might upset the friendship dynamics and family relationships.[6]

Appropriately qualified medical interpreters are the preferred choice. Private medical practitioners (defined as GPs and medical specialists) providing services eligible for Medicare rebates can access interpreters free of charge, as can reception staff who need to arrange appointments and provide results of medical tests. This free service is available through TIS National. More information is available at www.tisnational.gov.au

Consider developing a policy that explains how the practice team can communicate with patients who have low or no English proficiency. The policy could include:

- how to identify that a patient requires an interpreter or communication service (eg placing a specific flag in the patient's health record)

- how to use the practice's telephones when using interpreting services (eg setting up a three-way conversation or using speaker phones)

- displaying the national interpreter symbol in the reception area where patients can easily see it

- what information (such as the need for an interpreter, the patient's preferred language, and gender and cultural sensitivities) is to be recorded in a patient's health record and referral letters

- training the practice team in using interpreters.

Although Aboriginal and Torres Strait Islander peoples may appear comfortable with English, they may still benefit from being offered an appropriate interpreting service.

Communication with patients who have a communication impairment

The practice team must consider the needs of patients who need assistance with communication due to hearing, speech or vision impairment, disability, or cognitive impairment.

The practice team could consider the following when communicating with a patient with a communication impairment:[7]

- Ask the person about the best way to communicate if you are unsure

- Speak directly to the patient, even if they are accompanied by someone without disability

- Confirm that you have understood the reason for their visit, their symptoms and other issues, and confirm that the patient has understood the information you have given them

- Your practice needs to know how to access the National Relay Service (NRS) for patients who are deaf or have a hearing or speech impairment. More information is available at www.relayservice.com.au

- Further information about how your practice can communicate with patients who have communication impairments is available at Communication Rights Australia (www.caus.com.au) and at Novita Children's Services (www.novita.org.au)

Translated and plain English resources

Consider having a directory of resources, services, online tools and websites that will help you provide information in languages other than English. If most of your patients speak English, you may not need to have printed copies of these, as you might not use them often.

The Health Translations Directory provides health practitioners with access to translated health information if they are working with culturally and linguistically diverse communities. Further information is available at www.healthtranslations.vic.gov.au

Meeting each Indicator

C1.4▶A Our practice endeavours to use an interpreter with patients who do not speak the primary language of our practice team.

You must:

- provide evidence that interpreters are used with patients who do not speak the primary language of your practice team

- document in the patient's health record details of any translation services used for that patient.

You could:

- have a policy addressing the use of interpreter and communication services

- register all your practitioners with TIS National

- use appropriately qualified interpreters

- make sure all team members can access a list of contact details for interpreter and other communication services.

C1.4►B Our practice endeavours to use appropriate communication services to communicate with patients who have a communication impairment.

You must:

- provide evidence that appropriate communication services are used to communicate with patients who have a communication impairment
- enter in the patient's health record details of any communication services used.

You could:

- educate practice team members so they know how to contact and use services such as Auslan interpreting services for patients who are hearing impaired.

C1.4C Our patients can access resources that are culturally appropriate, translated, and/or in plain English.

You could:

- maintain a list of websites and services from which patients can access translated resources
- keep information sheets in the common languages of the patient population in the consultation spaces.