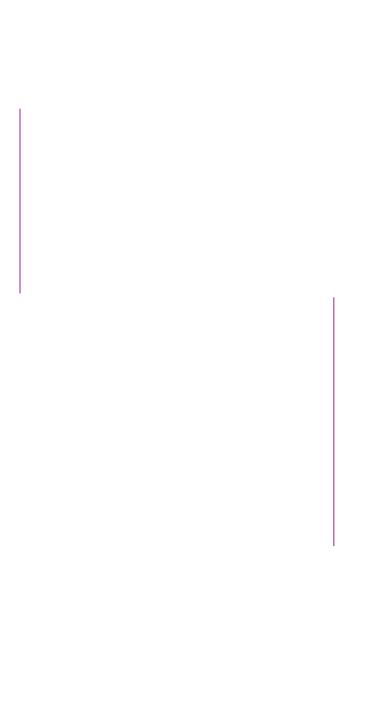
Guide for Clinicians Working with Interpreters in Healthcare Settings

JANUARY 2019

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- 2.1 Clinicians acknowledge and address barriers to discussing the risks and benefits of a proposed procedure, and obtaining informed consent.
- 2.2 Clinicians acknowledge and address barriers to quality use of medicines and ensure education about medication safety.

- 4.1 Clinicians respect people's right to communication assistance and ensure that an interpreter, appropriate to the person's language and gender-concordance preferences (including a Auslan/English or a Deaf interpreter), is engaged when assessed as necessary or requested by the person.
- 6.1 Clinicians undertake e ective handover of care, through both verbal and written communication, including information about relevant individual cultural and linguistic considerations, needs and preferences.
- 6.2 Clinicians build and use referrals—across community health and allied health sectors—to support the provision of quality and safe health care.

- 5.1 Clinicians provide clear, accurate, culturally appropriate and timely information in appropriate formats to enable people to understand the health issues being discussed, including the diagnosis, management and recommended follow up.
- 5.2 Clinicians recognise that people may require involvement of their families in managing their health issues and provide adequate information to those whom the person wishes to include in their care.
- 5.3 Clinicians gather feedback from people in an appropriate manner and recognise the impact of language, literacy and cultural considerations on the person's participation in their care.

- 7.1 Clinicians recognise the role of interpreters in healthcare settings, including their skills, responsibilities and scope of practice.
- 7.2 Clinicians work e ectively with interpreters, following Practice points for clinicians working with interpreters in healthcare settings.

- 8.1 Clinicians lead the creation of culturally responsive and accessible environments by informing whole-of-organisation practices that:
 - recognise and respond to cultural di erences in the provision of care;
 - enable community input; and
 - · collect relevant data.
- 8.2 Clinicians promote a whole-of-organisation use of interpreting services by informing persons about their right to access interpreting services, and by ensuring that their clinical and non-clinical colleagues have information about:
 - · when an interpreter may be required;
 - how to arrange for an appropriate interpreter; and
 - the importance of documenting the need for an interpreter in the patient management system once the need is identified.

- 9.1 Clinicians incorporate health literacy, preventative health education, and health system literacy in their work, taking into account relevant individual cultural, linguistic and literacy considerations, as well as pre-migration experiences.
- 9.2 Clinicians support migrant and refugee communities to facilitate community-led health literacy and preventive health activities by actively seeking community insights on their needs and by contributing to appropriate responses, including education and resource development.

- 10.1 Clinicians continually learn and develop cultural responsiveness, including learning how to work e ectively with interpreters, by attending courses, in-service programs and reading journals, and by demonstrating awareness of practical, informed and quality data and research regarding cultural diversity demographics and population health.
- 10.2 Clinicians maintain ongoing practice innovation through the use of resources, including technology, to facilitate the provision of culturally responsive care to people from migrant and refugee backgrounds.

11.1 Clinicians contribute to improving the cultural responsiveness of the profession, both within their own discipline and interprofessionally, through modelling appropriate conduct, teaching students, peer learning, review and practice support.

- 12.1 Clinicians develop and maintain an awareness of their own culture, beliefs, values and biases, and their impact on the clinician's interactions in healthcare settings.
- 12.2 Clinicians recognise the presence, and understand the impact, of systemic biases in institutional policies, resource allocation, and laws.
- 12.3 Clinicians adhere to high ethical standards and are committed to the principles of:
 - person-centred and family-focused care;
 - access and equity;
 - quality and safety;
 - dignity and respect; and
 - e ective communication

when providing culturally responsive care to people from migrant and refugee backgrounds.



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