Competency Checklist for Bilingual Staff Interpreting Clinical Encounter |2020

Organization Name:	Form # Related to Policy #					Date Started:	
Employee Name:	Employee Position:					Completion Date:	
Section I. Basic Requirements (Complete the following requirements per each staff member who will be providing interpr	the following requirements per each staff member who will be providing interpreter services)				е	Notes	
. Completion of a written and oral proficiency test of both the source and the target languages (e.g. English and Spanish)							
2. Completion of basic interpretation training							
3. Observation of a face-to-face professional interpretation session							
4. Completion of one or more supervised interpretation sessions							
5. Other:							
ection II. Competencies applicable for all interpretation sessions. (Observe employee during one complete interpretation session to evaluate proficiency in all orale following competencies). Employee should:		Demonstration Date:			Date:	Evaluator Notes/ initials	Re-Check Date (If applicable)
		YN			N		
Self-introduce and explain the interpretation process							
2. Inform both parties that all information will be repeated in the two languages	Inform both parties that all information will be repeated in the two languages						
3. Assure and demonstrate confidentiality and neutrality (i.e. avoiding giving more importance to provider or patient words)							
4. Select the best position in the room to facilitate patient-provider interaction							
5. Avoid summarization, demonstrating accuracy and completeness in the rendition of the observed interpretation session							
6. Serve as cultural broker, if needed							
7. Use a hand signal to request a speaker to pause or slow down							
8. Inform parties when clarification is needed							
9. Demonstrate ethical conduct by avoiding bias or inappropriate advocacy							
10. Avoid establishing one-way communication with patient or provider							
11. Demonstrate knowledge of colloquial terms used by the population (e.g. they "measure" my pressure, etc.)							
ection III. Competencies that may or may not be applicable to the interpretation session being evaluated. (Observe employee during one complete				ation [Date:	Evaluator Notes/ initials	Re-Check Date (If
interpretation session and, if applicable, evaluate proficiency of the following competencies). Employee should:			N/A Y N				needed)
Demonstrate knowledge of medical terminology applicable to the observed clinical interaction (e.g. pediatric, prenatal,	etc.)	Ιп		\neg			
Demonstrate understanding of the basic clinical procedures interpreted (e.g. vital signs, access to after-hours care, etc.)	2)	 					
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Section IV. Follow-up plan (If lack of proficiency in one or more competencies are identified, employee and supervisor	can agree on a plan of action (e.g. complete to	wo more	supe	rvised	d inter	pretation sessions, study the list of	of common colloquial terms
used by Spanish-speaking patients; etc.) and schedule a re-check date.							
Section V. Verification (Acknowledgment of employee and supervisor) Signatu							ate
E	imployee Su	pervisor					
Proficiency Demonstrated ☐ YES ☐ NO							
[] If "NO", Re-evaluation date and time:							
Proficiency Demonstrated on Re-evaluated competencies PES INO	ant of Hoolth and Human Camina (1110)	do: :		n4i:			raining and Taskaisal
"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of the U.S. Department for \$1,433,856 with 0% of the total NCA project financed with non-	, ,		'		•	,	•
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