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| **Competency Checklist for Bilingual Staff Interpreting Clinical Encounter |2020** | | | | | | | | | | | | |
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| 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 interpreter services) | | | | Completion Date | | | | | | Notes | | |
| 1. 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: | | | |  | | | | | |  | | |
| Section II. Competencies applicable for all interpretation sessions. (Observe employee during one complete interpretation session to evaluate proficiency in all of the following competencies). Employee should: | | | | Demonstration Date: | | | | | | Evaluator Notes/ initials | | Re-Check Date (If applicable) |
| Y | | | N | | |
| 1. Self-introduce and explain the interpretation process | | | |  |  |  |  |  |  |  | |  |
| 2. 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.) | | | |  |  |  |  |  |  |  | |  |
| Section III. Competencies that may or may not be applicable to the interpretation session being evaluated. (Observe employee during one complete interpretation session and, if applicable, evaluate proficiency of the following competencies). Employee should: | | | | Demonstration Date: | | | | | | Evaluator Notes/ initials | | Re-Check Date (If needed) |
| N/A | | Y | | N | |
| 1. Demonstrate knowledge of medical terminology applicable to the observed clinical interaction (e.g. pediatric, prenatal, etc.) | | | | □ | | □ | | □ | |  | |  |
| 2. Demonstrate understanding of the basic clinical procedures interpreted (e.g. vital signs, access to after-hours care, etc.) | | | | □ | | □ | | □ | |  | |  |
| 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 two more supervised interpretation sessions, study the list of common colloquial terms used by Spanish-speaking patients; etc.) and schedule a re-check date. | | | | | | | | | | | | |
| Section V. Verification (Acknowledgment of employee and supervisor) | Signatures | | | | | | | | | | Date | |
| Employee | | Supervisor | | | | | | | |
| **Proficiency Demonstrated 🞎 YES 🞎 NO** |  | |  | | | | | | | |  | |
| **[🞎] If "NO", Re-evaluation date and time:** |  | |  | | | | | | | |  | |
| **Proficiency Demonstrated on Re-evaluated competencies 🞎 YES 🞎 NO** |  | |  | | | | | | | |  | |
| *"This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09737, Training and Technical Assistance National Cooperative Agreement for $1,433,856 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government"* | | | | | | | | | | | | |
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