Culturally Responsive Clinical Practice: Working with People from Migrant and Refugee Backgrounds


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AUSTRALIA

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GLOSSARY

Deaf interpreter also known as a Deaf Relay Interpreter means an individual who provides interpreting for those individuals who do not use standard Auslan.

All NAATI credentialed interpreters are bound by the Australian Institute of Interpreters and Translators (AUSIT code of ethics, or by the Australian Sign Language Interpreters' Association (ASLIA code of ethics, respectively obliging them to maintain impartiality objectivity and con, dentiality.

Language includes Auslan and other sign languages.

Person or people from migrant backgrounds means person or people who are permanent migrants including , rst generation (born overseas and second generation (at least one parent born overseas Australians as well as temporary migrants. People from migrant backgrounds include people from culturally linguistically and religiously diverse backgrounds.

Person or people from refugee backgrounds means person or people with refugee like experiences including people who are humanitarian migrants granted permanent or temporary protection asylum seekers and permanent or temporary migration program entrants, People from refugee backgrounds include people from culturally linguistically and religiously diverse backgrounds.

Person, persons or people means those individuals and healthcare consumers who have entered into a therapeutic relationship with a clinician including patients their family members and carers,,

Person-centred care means an approach to the planning delivery and evaluation of health care that focuses on developing mutually bene, cial partnerships between clinicians and persons and their carers and is respectful of and responsive to the preferences needs and values of persons and consumers, ,

Preferred language means a language most preferred by a person for communication, Preferred language may not be related to country of birth and may be a language other than English even where the person can speak , uent English,

Professional with bicultural skills means a professional employed in a range of positions within an organisation and able and willing to use their cultural skills and knowledge to facilitate communication between the organisation and communities with whom they share similar cultural experiences and understandings. Some professionals with bicultural skills are employed speci, cally for their cultural skills, ‘

Professional with bilingual skills means a professional who is employed in a range of positions within an organisation and is not an interpreter but able and willing to utilise their pro, ciency in a language other than English as an additional skill. Some professionals with bilingual skills are employed speci, cally for their pro, ciency in a language other than English,

Reflexivity means the clinician's ability to understand how their social positions and experiences of advantage and disadvantage have shaped their worldview including their understanding of own biases and the larger systemic biases that may be embedded in policies and institutional arrangements and how these can create unsafe environments for speci, c populations and thereby either exclude people from access to health care altogether or result in diminished quality of care. Re exivity informing clinical decisions can lead to improvements in healthcare provision and health outcomes,

Register means a variety of language features used for a particular purpose or in a particular setting including level (formal vs informal and , eld (specialist vs general .

Sight translation means the process whereby an interpreter or translator presents a spoken translation of a written text.

Simultaneous interpreting means a mode of interpreting where speech is interpreted while it is being spoken (usually with a delay of no more than a few seconds .

Social determinants of health means the circumstances in which people are born grow up live work and age and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces including economics social policies and politics, ’

Teach-back method means a way for a clinician to con, rm that the clinician explained to the person what they need to know in a manner that the person understands by asking them to teach back directions,

Translator means a practitioner who conveys written information from one language into another language in the written form.

Trauma-informed care means care provision that is based on knowledge and understanding of how trauma a ects people's lives and their service needs to ensure that individuals are not re traumatised, ‘

INTRODUCTION

The development of the Framework was led by the Working Group of the Partnership with support from the Partnership Secretariat. A specialist Sub Working Group was established to develop the standards relating specifically to clinicians communicating effectively with people with limited English proficiency and working with interpreters in healthcare settings. Another Sub Working Group provided specialist expertise with regard to working with people with refugee like experiences and settlement.

The Partnership's work to develop the Framework was supported by the Australian Government

Purpose

The Competency Standards Framework (the Framework establishes recommended and optimal cultural responsiveness competency standards for clinicians in all healthcare settings. The Framework is aimed exclusively at clinicians and not health service organisations.

The purpose of the Framework is to inform the development of clinical education training professional development curricula and competency standards for clinicians. The Framework is intended to be flexible and is designed to apply across a range of healthcare settings and across a range of curricula and competency standards models.

The Framework embodies the benchmark to which all clinicians in Australia should aspire in their education and practice. It does not justify a reduction in competency standards already in place across clinical education training and professional development that exceed these standards.

It is proposed that all clinical education training and standard setting bodies consider and adapt the Framework to meet their respective needs circumstances and context.

Principles

The Framework is underpinned by the following key principles:

- Person centred and family focused care
- Access and equity
- Quality and safety
- Dignity and respect
- Effective communication.

Provision of care that respects and is sensitive to different cultures is essential to the implementation of person centred health care.

Insensitivity regarding cultural expectations and failure of clinicians to acknowledge understand and manage sociocultural variations in the health beliefs and behaviours of people they work with may

- impact negatively on the person's experience
- a ect trust
- lead to the person experiencing anxiety and apprehension about accessing health care
- impede e ective communication
- lead to the person's dissatisfaction and non adherence to health advice
- result in unsafe use of medicines
- lead to failures with regard to obtaining consent
- contribute to poorer health outcomes.

However clinicians making cultural assumptions also risk misinterpretation and can lead to negative outcomes. It is important that clinicians are responsive to individual needs and preferences and provide care without presumptions while remaining aware of and sensitive to the impact of cultural considerations. Clinicians should respect and acknowledge individual values beliefs and behaviours to support shared decision making and to ensure customised and quality care to meet individual needs and preferences.

Clinicians should be aware of and acknowledge their own skills limitations and the impact of their own cultural values and beliefs to provide care in a way that re ects an understanding of the diversity between and within cultures.

Clinicians should seek to adopt the explanatory model of care when providing care in cross cultural settings and to elicit the person's understanding of illness and their condition. This includes working with people and where appropriate their families to understand what matters most to them in the experience of illness and treatment. When working with people from migrant and refugee backgrounds clinicians should recognise the person's ability to inform the clinician of how they choose to interact and how their personal cultural and health needs intersect.

l pa to r u ■ p r n s

People from refugee backgrounds including those seeking asylum and other migrants with refugee like pre migration experiences are a particularly vulnerable group. They have often experienced traumatic events

As a minimum clinicians should,

- assess the person's understanding of the information provided to consent to treatment taking into consideration both the complexity of the issues and the individual's English language pro, ciency
-

Engaging interpreters is recognised as a best practice[1] and has been found to[2]:

- decrease communication errors[3]
-

(Starting or adjusting medication

At minimum clinicians should ensure an interpreter is engaged when,

- Starting or changing the dose of high risk medicines (e.g. anticoagulants insulin opioids chemotherapy digoxin and other medications with a narrow therapeutic range '
- Starting a medication that requires the use of therapeutic devices (e.g. spacers or injecting devices that need to be explained by the clinician
- In situations where people are taking multiple medications or multiple daily doses or their doses have been changed by other clinicians or in another health service organisation.

spons t not to n nors s tators o nt rpr tat on

Engaging minors to facilitate interpretation poses a number of ethical dilemmas including undermining the parent's authority and potentially a ecting family dynamics. Certain topics are out of bounds in some cultures and may result in breach of con, dentiality and privacy for the parent. Further enormous emotional burden is placed on minors when facilitating interpretation for a parent about a serious or even terminal illness. In some situations this may lead to further trauma for the minor including negative emotional and psychological well being.

Importantly minors from migrant and refugee backgrounds may be , uent in English but not necessarily in their parents' , rst language and languages. Their knowledge of clinical terminology may be very limited or non existent. The risks are therefore high and range from omitting to interpret to misinterpreting the diagnosis or proposed treatment or to telling a parent to sign a consent form without interpreting the information about the procedure and its risks. This may lead to an erroneous procedure unnecessary tests extended length of hospital stay or possible fatal outcomes.'

s s o r n on rs nt t partn rs r n s n w s trans t on pp t ons s tators o nt rpr tat on

Clinicians must consider the potential ethical professional and legal consequences and signi, cant adverse outcomes of permitting personally involved individuals including family members and intimate partners to facilitate interpretation. Failure to e , J Tcteir knowledy dosedecis TJT and (deed TJeJ TL(is e es the use oequirerminal j

DOMAIN 1 COMMUNICATOR

Clinicians should err on the side of caution when assessing whether an interpreter is needed.[1] A person's ability to engage in a general conversation in English is not a measure of their capacity to discuss and understand health related matters. People may appear to have sufficient English proficiency for every day social engagement but insufficient English to understand technical terms medical terminology and procedures or pharmaceutical information.[2]

En ag n ag nt rpr t r

Once the need for an interpreter has been established it is the clinician's responsibility to ensure that steps are taken to engage an interpreter. It is important to have necessary arrangements in place with an appropriate language service provider. Interpreters can be engaged either in person or via telephone depending on circumstances. Engaging interpreters over telephone is particularly appropriate in regional and remote areas.

In requesting an interpreter clinicians should consider the person's ethnicity religion language or dialect and preference for gender of the interpreter. The interpreter's ethnicity and religion may be important to some people in view of a perceived bias if the interpreter is from an ethnic group which is or has been in con ict with the person's ethnic group. Some people may request the same interpreter throughout their care or have preference for an interpreter of the same gender. This is particularly likely to occur in consultations related to sexual and reproductive health or in some cases mental health and may be a high priority in people from some cultural backgrounds. In gender discordant consultations where the clinician and the person are not of the same gender engaging a gender concordant interpreter can improve the person's satisfaction with the consultation. When the available interpreter is of a di erent gender than the person's preference the person should be informed and telephone interpreting should be o ered instead.

People from migrant and refugee communities may prefer interpreting services over the telephone even when an interpreter is available in person due to their con dentiality concerns if it is likely that the interpreter is from the same small and tight knit community. Telephone interpreting may also be preferred if the consultation involves a sensitive topic such as mental or sexual health and particularly if the available interpreter is of the opposite gender. Engaging a telephone interpreter especially one from a di erent jurisdiction can reduce con dentiality concerns for people with particularly sensitive issues.

It may not be possible to accommodate all individual preferences with regard to interpreter requirements (e.g. ethnicity or religion in view of language service provider policies. However understanding people's concerns and informing them of available options while clarifying the role of interpreters as facilitators of communication who are bound by con dentiality and impartiality helps build trust and e ective partnerships.

Competency standard – Clinicians understand the impact of cultural and linguistic di erences on participation of people from migrant and refugee backgrounds in their care and support their informed decision making

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.

Explanatory notes

I pa t o u tura ons rat ons

Cultural considerations as well as a person's religious and spiritual beliefs are varied and may in uence people's,

- health beliefs including their understanding and acceptance of health illness and healthcare interventions: notions of health problems: and realisation they may need professional help

An e ective way to con, rm understanding is the teach back method whereby the clinician asks the person to explain in their own words what they have been told. [3]

Performing teach back through an interpreter reinforces good communication practices and is an appropriate way to check that the message has successfully been transferred via the interpreter to the person." [4]

F

There are a range of factors that can impact on the capacity or the willingness of people from migrant and refugee backgrounds to provide feedback or to complain including language health literacy and cultural norms. Certain feedback and complaint mechanisms such as rating scales may not be commonly used in certain cultures and alternate avenues for feedback should be considered that are culturally appropriate. [4]

Both formal and informal feedback interactions are important. Feedback should be sought without assumptions while ensuring dignity and respect.

People should be informed about their right to provide feedback or to complain and the mechanisms for doing this should be clear and easily accessible. This may require documentation and resources to be translated or for interpreters to be involved to discuss this information.

DOMAIN , COLLABORATOR

and sustained approaches and clinicians should seek to secure partnerships across sectors to share learnings and amplify bene ts of other health strategies. Multi sectoral networks including with the community health and allied health sectors support better coordination and integration of healthcare services.

Community health and allied health networks o er a wide variety of services and some are specialised in the particular needs of people from migrant and refugee backgrounds. Where possible at risk people should be referred to a culturally appropriate community resource or a specialist service that is best suited for the person (e.g. culturally sensitive education or intervention for drug and alcohol related problems: mental health related care occupational therapy assessment and intervention regarding the life skills required in the new setting or a long standing physical or mental health disability as it a ects function in the new setting .

DOMAIN 4, LEADER

DOMAIN , SCHOLAR

Explanatory note

Cont nuous u tura r spons v n ss arn n

Developing cultural responsiveness in one's clinical practice is an ongoing process Clinicians should embrace and develop cultural responsiveness in their work and continuously update and enhance their

DOMAIN , , PROFESSIONAL

Competency standard , , - Clinicians are committed to cultural responsiveness re, exivity and self awareness in all aspects of practice

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.

Explanatory notes

Clinicians should respect the in, uence of culture on the healthcare decisions and choices of people from migrant and refugee backgrounds be aware of their own cultural values and beliefs and re, ect on their own cultural background and how that in, uences their interactions. Clinicians should have the capacity to use re, ection to self assess their ability to provide , exible and responsive care to people from di erent cultures and to interact in a manner appropriate to that person and their culture, , ,

Clinicians should seek to minimise culturally insensitive practices that negatively impact health outcomes such as bias inadequate communication prejudices and limited cultural knowledge, , ,

Clinicians should recognise the autonomy of people from migrant and refugee backgrounds over their care and respect the in, uence of their culture on their healthcare decisions and choices.

ANNEX: PRACTICE POINTS FOR CLINICIANS WORKING WITH INTERPRETERS IN HEALTHCARE SETTINGS

> Practice point: Clinicians inform interpreters on the nature of the consultation prior to its commencement where possible recognising the need to assist the interpreter to prepare for the information that may need to be interpreted

Where possible and relevant clinicians should provide brief information to interpreters describing the context of the consultation immediately before it occurs. This is to ensure quality and effective communication and achieve best possible outcomes for the person in the consultation.

Interpreters will be in a better position to accurately interpret if they have a clear understanding of the purpose of the consultation and have an overview of the session including as appropriate a description of the activities that will take place and whether the consultation may be distressing. If it is anticipated that the consultation will include counselling or other complex matters the clinician should inform the interpreter before the consultation.

Informing the interpreter is particularly relevant for highly specialised consultations (e.g. if the person has a speech defect) sensitive or difficult consultations (e.g. a mental health consultation palliative and end of life consultations delivering bad news or in situations where additional occupational risks for the interpreter may be anticipated (e.g. consultations with regard to abuse or violence .

Interpreters may also take a proactive approach and request the clinician to brief them if this is possible in accordance with the AUSIT Code of Ethics which encourages interpreters to "request a briefing and access to reference material and background information before their work commences.

Opportunities to inform an interpreter may be limited in the event of a consultation interpreted via telephone or a consultation interpreted via video for a Deaf person and may only include tagging the nature of the consultation with the interpreter if it is known.

A process of iterative briefing may also be needed if the consultation moves to cover issues for which the interpreter was not prepared (e.g. sexual and reproductive health matters when the telephone interpreter is of a different gender to the person .

> Practice point ‘ Clinicians introduce the interpreter to the person and explain the role of the interpreter as a non clinical member of the healthcare team who is tasked with facilitating e ective communication in the clinical consultation through accurate interpretation is bound by con, dentiality and maintains impartiality

Clinicians should begin the consultation by introducing the interpreter and explaining their role as a non clinical member of the healthcare team who is,

- tasked with accurate interpretation
- bound to con, dentiality
- bound to impartiality.“

Alternatively the clinician can ask the interpreter to introduce themselves and state their role to the person.

It is good practice for clinicians to ensure that,

- conversations with other clinicians in the person's presence are always interpreted and that the person's linguistic presence is maintained
- interpreters are never directed not to interpret particular segments of what is being said as it would be a breach of the interpreter's ethical

> Practice point 4, When working with an onsite interpreter clinicians interact directly with the person using direct speech and maintaining appropriate body language and facial expressions

When assisted by an interpreter either on site or via telephone clinicians should use direct speech and , rst person pronouns with a non English speaking

> Practice point ,, Clinicians speak clearly use plain English and explain complex concepts and terminology to enhance the person's understanding

Speaking clearly using simple language and avoiding colloquialisms idioms technical language and acronyms is important when working with interpreters , as technical clinical terms and abbreviations in particular may complicate the interpretation. Interpreters may ask for clari, cations or repetitions if needed. If technical terms are unavoidable they should be explained in plain English so the interpreter can convey those explanations to the person. Clinicians should take responsibility for explaining complex concepts and terminology to the person and not expect the interpreter to simplify or explain those.

While the interpreter can assist in bridging the language gap the cultural meaning embedded within language adds further complexity to cross cultural consultations. Languages are not equal in terms of available vocabulary and some English clinical terms do not have a direct equivalent in other languages resulting in the interpretation being a paraphrase of the information. This may take longer and does not indicate that the interpreter is adding an opinion or comment.

Where the clinician assesses the person on intimate or sexual and reproductive health matters they may have to address the person using a certain descriptive vocabulary employing terms and descriptions of intimate body parts or acts. In these situations it is important to warn the person about the sensitive nature of the questions about to be asked. If there is gender discordance between the person and the clinician or the person and the interpreter it is important to ensure that the person is comfortable enough to have the conversation about sensitive issues.

> Practice point , Clinicians speak at a reasonable speed with appropriate pauses and avoiding overlapping speech so as to enable the interpreter to interpret

While Auslan. English interpreters mostly work in the simultaneous mode spoken language interpreters work primarily in the consecutive mode (i.e. they start conveying the message from one language to the other after each speaker , nishes their utterance . Speaking with reasonable pauses or breaks facilitates accurate interpretation. While some interpreters may use various strategies to manage long speech segments (e.g. taking notes cutting in to interpret while speakers are talking asking for repetitions or interpreting simultaneously it is best for the clinician to speak in manageable segments to avoid omissions in the delivery of the messages.

> Practice point ,, In the context of a multidisciplinary team consultation clinicians ensure adequate speech rate pauses and turn taking for all parties to facilitate good quality and accurate conveyance of messages to the person

If interlocutors do not observe turn taking this will result in overlapping speech and content loss damaging the accuracy of interpretation.

Clinicians do not need to give the interpreter a turn to talk if they are talking amongst each other or with a family member. In these situations interpreters keep the person informed by interpreting simultaneously in the chuchotage (i.e. whispering mode. Interpreters have to keep people linguistically present' even when clinicians are having a discussion among themselves or with family members.

Should the interpreter experience di- culty interpreting in the consultation that involves a number of family members as well as a multidisciplinary team they will indicate this by raising their hand or interrupting if they are interpreting by phone and asking participants to speak one at a time.

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ATTACHMENT, RESOURCES

E ective communication

E ective Cultural Communication in Oncology (UNSWelearning

- Chinese patient **www.youtube.com/playlist?list=PLHSIfioizVW3lZx9iBwMOr-2Y6qgMd8mk**
- Arabic patient **www.youtube.com/playlist?list=PLHSIfioizVW3vtbvYsb5FO-cvMGnIJnQ5**

Interpreter _ Royal College of Obstetricians and Gynaecologists (University Hospital Southampton NHS Foundation Trust

Working with interpreters

Using Interpreters a Guide for GPs (C. Phillips
Australian family physician

https://www.racgp.org.au/afp/201004/36589

Medical interpreting, Improving Communication with Your Patients (H. Tebble,

https://eric.ed.gov/?id=ED426614

Translated health resources

- Health Translations is an initiative of the Victorian Government managed by Centre for Culture Ethnicity and Health. The platform provides access to reliable accurate and up to date health information in many languages.

www.healthtranslations.vic.gov.au

Occupational therapy

Culturally Responsive Caring in Occupational Therapy (Occupational Therapy international

www.onlinelibrary.wiley.com/doi/pdf/10.1002/oti.238

Mental health

Framework for Mental Health in Multicultural Australia (Mental Health Australia

- The Framework was developed to assist organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for culturally and linguistically diverse communities.

www.mhima.org.au/framework

Community pro, les

Multicultural Health a Guide for Health Professionals (Queensland Health

- Community pro, les for di erent multicultural communities in Queensland to help healthcare providers better understand the health beliefs pre migration experiences and communication considerations.

www.health.qld.gov.au/multicultural/health_workers/cultdiver_guide

Community pro, les for 4 di erent communities (ACT Health based on the Census data

www.health.act.gov.au/public-information/consumers/multicultural-health/community-profiles

Multicultural Clinical Support Resources, Health Carork pr

culturaldiversityhealth.org.au