CONSENT AND UNDERSTANDING CHECKLIST

Purpose: This checklist helps ensure patient understanding, informed consent and communication accuracy during sensitive or complex healthcare appointments supported by interpreters.

STEP 1 – PRE SESSION CONFIRMATION

- [ ] **Interpreter introduced by name and role explained clearly to the patient.**
- [ ] **Confidentiality confirmed – all parties aware that interpreter will share no information outside the session.**
- [ ] **Patient informed they may request clarification at any time.**
- [ ] **Communication preferences discussed (for example, pace, visual aids, note taking).**
- [ ] **All written documents (consent forms, medical reports) explained to the interpreter before the discussion starts.**

STEP 2 – DURING THE SESSION

- [ ] **Patient engaged directly by clinician, maintaining eye contact in person or through camera on video calls.**
- [ ] **Interpreter delivers communication neutrally without giving personal opinions or advice.**
- [ ] **Sensitive topics introduced gradually with regular pauses for patient processing.**
- [ ] **Clinician checks understanding after each complex or emotional point.**

FOR TELEPHONE APPOINTMENTS:

- [ ] **Pauses used regularly to allow interpretation.**

FOR VIRTUAL SESSIONS:

- [ ] **Verbal cues or visual signals used effectively to manage turn taking.**

STEP 3 – CONFIRMING UNDERSTANDING AND CONSENT

- ☐ **Patient accurately summarised what was discussed in their own words.**
- ☐ **Interpreter confirmed all key details and terms were clearly understood.**
- ☐ **Clinician verified that the patient understood next steps, treatment decisions or follow up actions.**
- ☐ **Any signs of confusion, distress or misunderstanding were identified and clarified.**
- ☐ **Written or verbal consent documented appropriately.**

STEP 4 – POST SESSION REVIEW

- ☐ **Interpreter given opportunity for short debrief and to raise safeguarding or communication concerns.**
- ☐ **Clinical record updated with clear notes on communication quality and consent confirmation.**
- ☐ **Any issues requiring escalation logged using the approved escalation process.**

SESSION COMPLETED BY:

Name: _____

Position: _____

Date: _____