



Improving interpreting for dementia assessments: The MINDSET Study National Implementation (Stage 3) - Final Report

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Acknowledgement of Country

NARI acknowledges the Wurundjeri Woi-Wurrung people as the Traditional Owners of the land on which our office in Naarm (Melbourne) is situated, and the Ngunnawal people as the Traditional Owners of the land on which our office in Canberra stands. As a national organisation, we recognise the enduring connection that Aboriginal and Torres Strait Islander peoples maintain with lands, skies, water, and communities throughout Australia.

We extend our deepest respect to all Aboriginal and Torres Strait Islander cultures, and we honour the wisdom and contributions of Elders, both past and present.

Executive Summary

The Improving Interpreting for Dementia Assessments (MINDSET) Study was designed to improve the quality of interpreter communication in a cognitive assessment for dementia. Following the development of the training and a randomised control trial, funding provided by the Commonwealth Department of Health and Aged Care allowed the national implementation of the MINDSET training to all interpreters across Australia regardless of language, qualification, or experience level. To ensure maximum uptake and reach, the marketing strategy included one in-person and one online launch, social media posts, and engagement with interpreter agencies.

Over 12 months, from 24 November 2023 to 12 December 2024, 865 interpreters of 97 languages from all states and territories completed the training, with a high overall pass rate of 99%. This is approximately 13% of the active interpreter workforce in Australia.

Interviews with interpreters and interpreting agency managers indicated that the main facilitators of training uptake included ease of access, that the training was free, availability of professional development points, ability to re-take the final assessment, the suitability of the difficulty level for the final assessment for undertaking the training, and administrative support. Barriers to interpreters accessing and completing the MINDSET training were time constraints, technical issues/lack of computer literacy, and difficulty level of the content.

Impacts on interpreter practice included the opportunity to apply the training to improve timely dementia diagnosis for culturally and linguistically diverse (CALD) patients, better preparedness for various interpreting jobs, reinforcement of prior interpreter knowledge or skills, application in personal life, and ability to leverage the training skills by applying them in other challenging work environments (e.g. interpreting for mental health consults).

Interviews with clinicians revealed their varied training, confidence, and skill in working effectively with interpreters during cognitive assessments. This highlighted the need for similar training to support clinicians in how to best work with interpreters, which emerged as a strong theme across all the participant groups. Delivering training to both interpreters and clinicians is crucial to ensuring the delivery of accurate, culturally appropriate cognitive assessments for dementia.

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1. Introduction and overview of methods

1.1 Introduction

The MINDSET Study was designed to improve the quality of interpreter communication in a cognitive assessment for dementia.^{1, 2} We have undertaken this work because our research found that interpreters were servicing increasing numbers of people with dementia but had variable experience and knowledge about dementia. This resulted in inconsistencies in interpreting which reduced the validity of cognitive assessments, diminished clinician and patient satisfaction, and overburdened health services.³⁻⁵ Subsequently, interpreters themselves recognised the need for specialist training in dementia.

Our solution has been to work with interpreters, clinicians, culturally and linguistically diverse (CALD) people with dementia, and their carers to co-design, trial, and implement online training targeted at interpreters. Training included familiarising interpreters with all aspects of dementia and its impact on cognitive and linguistic ability; explaining the tools used to assess and diagnose dementia; and engaging interpreters with effective interpreting strategies for cognitive assessments.^{1, 2}

By upskilling interpreters in the delivery of healthcare during dementia assessments, the outcomes of this study realise Action 4 of the National Dementia Action Plan, to “Improve dementia diagnosis and post-diagnostic care and support.”⁶

With a 67% projected growth in the proportion of older CALD Australians living with dementia by 2056, there will be a rise in the number of non-English speaking people living with dementia.⁷ The national benefit of this study is that it will enable interpreters to be prepared and confident in performing their role impartially, effectively, and accurately.

The training will ultimately sit on the National Accreditation Authority for Translators & Interpreters (NAATI) website and provide opportunity for every interpreter working with older CALD Australians to access training in interpreter mediated cognitive assessment for dementia.

1.2 Overview of the MINDSET Methodology

Stage 1 – Codesign

The MINDSET training was codesigned with input from interpreters, clinicians, and CALD family members of a person with dementia to ensure it reflected diverse stakeholder perspectives. Two iterative online co-design workshops were conducted in October and

November 2021, using a World Café approach. The training was user-tested and trialled by interpreters to ensure it met their needs.

For more information, the publication on the codesign phase can be found here: <https://doi.org/10.1177/14713012231190578>

Stage 2 – Trial

The training was then evaluated in a national randomised clinical trial (RCT) with 127 interpreters of the six most common languages spoken by older CALD Australians, including Arabic, Cantonese, Greek, Italian, Mandarin, and Vietnamese. The training resulted in improvements in interpreters' knowledge of dementia and ability to brief and debrief. The effect was stronger for interpreters who completed >70% of the training, who showed significant improvements in their interpreting for dementia assessments overall, as well as in knowledge of dementia, cross-cultural communication, and ability to brief and debrief.

For more information on the trial,

- The study protocol can be found here: <https://doi.org/10.1002/trc2.12349>
- The trials results will be published in *JAMA Network Open* on the 12th of February 2025, "*Interpreter communication quality and cognitive assessments for dementia: The MINDSET trial.*"

Stage 3 – Implementation

The training was subsequently rolled out nationally and made freely available to all interpreters regardless of language, qualification or experience level.

To better understand the impact that MINDSET training has had on interpreters working with people with dementia, and to understand barriers and facilitators of training uptake, we conducted qualitative interviews with interpreters, interpreter agencies managers, and clinicians who frequently work with interpreters during cognitive assessments for dementia.

This report will describe the methods and findings of the national implementation of the MINDSET training.

1.3 What is in the MINDSET training?

The training included 5 modules:

1. What is dementia?
2. Culture and dementia
3. Briefings and introductions
4. Interpreting a cognitive assessment
5. The code of ethics

Completion of the training took approximately 4 hours.

For the trial it was accessed online via AssessmentQ (Televic) and interpreters were asked to complete an audio-video recorded simulations of interpreting a cognitive assessment. These simulations were then assessed by NAATI accredited assessors using the NAATI rubric. Such an assessment method is suited to the rigour of a trial but is time consuming and resource intensive, thus rendering it not feasible for larger scale rollout. For the implementation study, the training was migrated to NARI's Learning Management System, Acorn, with the assessment simplified to a one-off quiz at completion of the training and an option to download a completion certificate at the end (Figure 1).

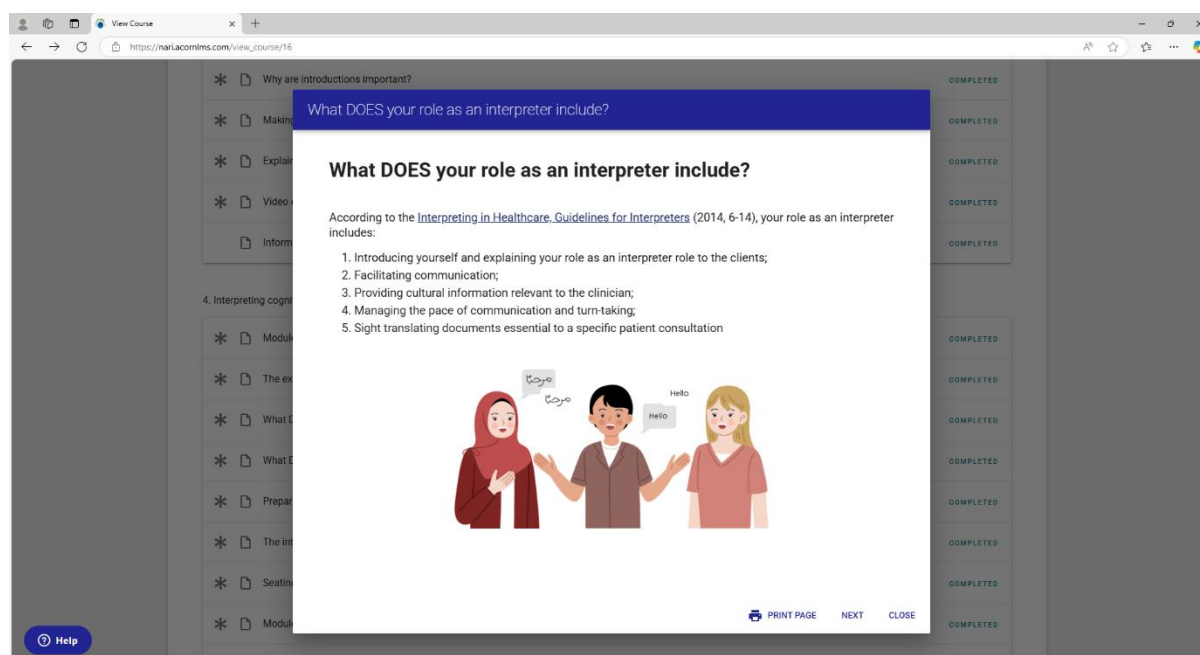


Figure 1. The MINDSET training accessed via Acorn, NARI's Learning Management System.

2. Training rollout and marketing strategy

2.1 Official launch of the training

Led by Professor Bianca Brijnath and Dr Marina Cavuoto, the implementation study officially launched on the 24th of November 2023 at the AUSIT conference in Sydney. The launch included a panel discussion with representatives from NAATI, TIS National, All Graduates, and an interpreter who participated in the trial (Figure 2).



Figure 2. Professor Bianca Brijnath facilitating a discussion with panel members Aurelie Sheehan (General Manager, NAATI), Elizabeth Robertson (Director, TIS National), Fatih Karakas (Interpreter/Head of training, All Graduates) and Suzan Gendy (Arabic Interpreter).

To further advertise the launch, a postcard providing information on the MINDSET training was distributed throughout the conference (Figure 3).



Figure 3. Front and back of postcard for AUSIT conference

2.2 MINDSET Online Launch

To maintain momentum with recruitment and reach different interpreter audiences than was possible with the in-person launch at the AUSIT conference, J.T. Production Management (JTPM) was engaged to conduct an online launch of the training, which was held on 21 May 2024. The launch involved a presentation on the MINDSET training, a discussion panel with key research partners, and testimonials from interpreters who had completed the training.

The event was facilitated by Professor Lee-Fay Low, an investigator on the MINDSET study, and the chief guest was Mr Mark Painting, CEO of NAATI. The panel included Eliza Hazlett, Acting Assistant Secretary of the Dementia Diversity and Design Branch, Department of Health and Ageing Care; Vesna Dragoje, Industry Partner and Director of Sydney Health Care Interpreter Service; Dr Jim Hlavac, an interpreter and Chief Investigator of the MINDSET Project and Dr Huong Nguyen, a Consultant Geriatrician at the Royal Melbourne Hospital (Figure 4).



Figure 4. Professor Lee-Fay Low facilitating a discussion with panel members Eliza Hazlett (Acting Assistant Secretary of the Dementia Diversity and Design Branch, Department of Health and Ageing Care), Vesna Dragoje (Director, Sydney Health Care Interpreter Service), Dr Jim Hlavac (Chief Investigator of the MINDSET Project) and Dr Huong Nguyen (Consultant Geriatrician, Royal Melbourne Hospital).

Overall, there were 708 registrations for this free event, 650 views of the launch video on the day of the launch, and 290 delegates who attended the 'live' event. Following the launch, we saw an increase in training registrations from 1438 to 1917 participants, of which 1263 were

eligible to complete the training. There was also an increase in training enrolment from 538 to 826 enrolled users and in completion of the training from 380 to 495 completed users.

Promotion of the webinar was done predominantly on social media. Refer to Figure 5 for an example of content created for the event.



Figure 5. Social media content created to promote the MINDSET Online Launch.

2.3 Marketing strategy

Social media posts

In addition to the launches, our marketing strategy also included posting content on NARI's social media accounts. Overall, 43 social media posts were created and shared across LinkedIn, Facebook, and X. The highest engagement was seen on LinkedIn, with one post receiving over 50 likes/reactions (Figure 6).



Figure 6. Social media content created to promote the MINDSET training.

Mass emailing

Mass emails were successfully used to remind participants who had expressed interest to enrol and complete the training. Weekly reminder emails from the training platform also helped to increase enrolment and completion numbers.

We contacted 47 Australia-based interpreting agencies, interpreting course coordinators, and other relevant organisations (not including partner organisations) to request they promote the training to their interpreters. Examples of organisations that subsequently promoted the training include:

- Amigos Interpreters & Translators
- Interpreting and Translating Service NT
- Oncall Languages Services
- Sweeney Interpreting
- NSW Health Care Interpreter Services (HCIS)
- Deaf Connect
- Australian Sign Language Interpreters' Association (ASLITA)

AUSIT Conference 2024

Dr Marina Cavuoto presented the MINDSET RCT results at the AUSIT conference on Saturday 23rd November 2024 and issued a final call for participation in the implementation study.



Figure 7. Dr Marina Cavuoto presenting at the AUSIT conference in 2023.

3. Study participation

3.1 Overall enrollments

Overall, 1213 interpreters enrolled in the online course and 865 completed the training (see Figure 8 for further details).

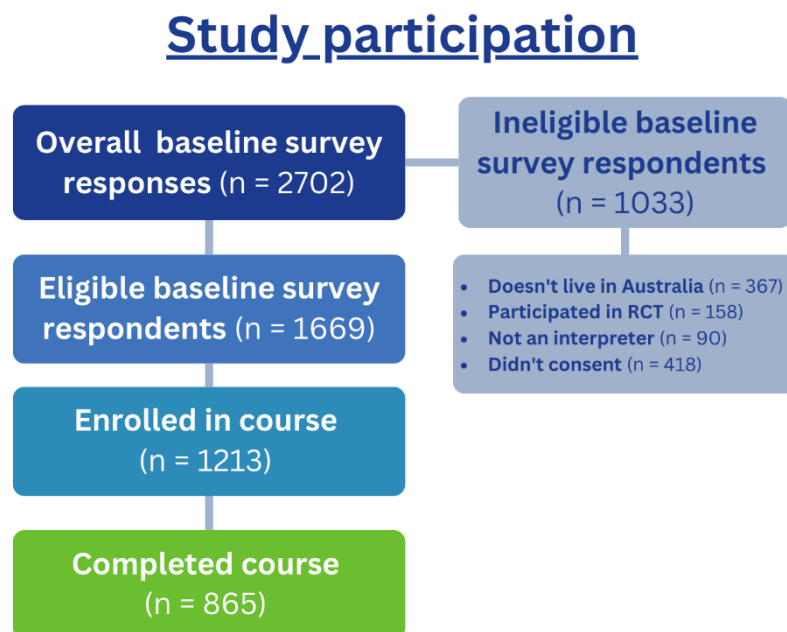


Figure 8. Overall participation for the MINDSET training

3.2 Participant characteristics

As shown in Table 1, participants were predominantly women, ranged in age from 24-83 years of age, and had a range of educational attainment levels and NAATI credential status reflecting the variety and breadth of participants who registered for the training. There was representation from all Australian states and territories, with the majority coming from New South Wales and Victoria, in-line with the higher proportion of the interpreting workforce in these states. Interpreters of 97 languages participated in the implementation study, with the top 3 languages including Mandarin, Arabic, and Auslan interpreters (Figure 9). See Figure 10 for examples of the variety of established and emerging languages spoken by participants.

Table 1. Baseline characteristics for interpreters who registered for the MINDSET training

Baseline participant characteristics (n = 1669)	
Gender, n (%)	
Female	1241 (74.4)
Male	413 (24.7)
Non-binary	7 (0.4)
Prefer not to say	8 (0.5)
Age	
Mean (SD)	49.6 (14.2)
Median	49.5
Range	24-83
Location, n (%)	
New South Wales	593 (35.5)
Victoria	504 (30.2)
Queensland	198 (11.9)
Western Australia	116 (7.0)
South Australia	121 (7.2)
Tasmania	64 (3.8)
Australian Capital Territory	27 (1.6)
Northern Territory	44 (2.6)
Unknown	2 (0.1)
NAATI credential status, n (%)	
Certified Interpreter	608 (36.4)
Certified Provisional Interpreter	677 (40.6)
Recognised Practicing Interpreter	54 (3.2)
Specialised Health Interpreter	7 (0.4)
None	234 (14)
Other	89 (5.3)
Highest level of education, n (%)	
High school graduate	52 (3.1)
Certificate III-IV	62 (3.7)
Diploma or Advanced Diploma	318 (19.1)
Bachelor Degree	471 (28.2)
Bachelor Honours Degree, Graduate Diploma or Graduate Certificate	151 (9.0)
Postgraduate Degree (Masters or Doctoral)	590 (35.4)
Other	25 (1.5)

Highest level of education in interpreting, n (%)	
None	334 (20.0)
TAFE Short Course	84 (5.0)
Diploma or Advanced Diploma	595 (35.7)
Bachelor Degree	122 (7.3)
Bachelor Honours Degree, Graduate Diploma or Graduate Certificate	96 (5.8)
Postgraduate Degree (Masters or Doctoral)	251 (15.0)
Other	187 (11.2)

Top 20 interpreting languages

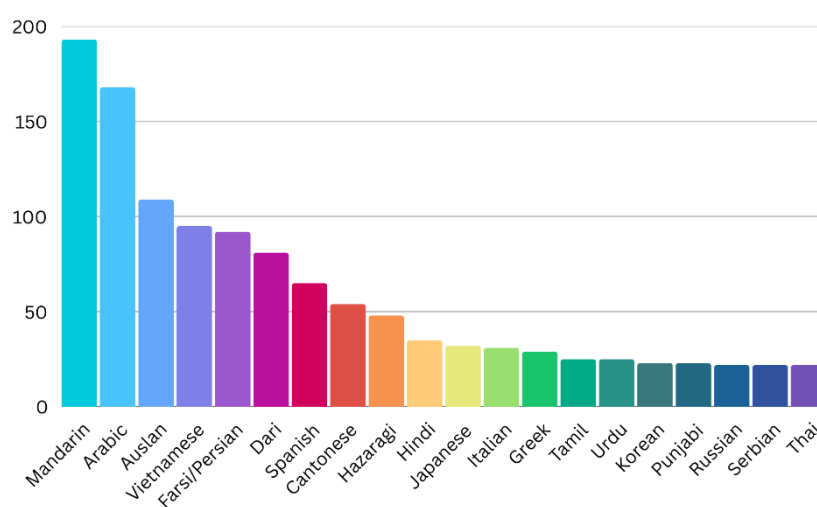


Figure 9. Top 20 interpreting languages for interpreters who registered interest in the MINDSET training.

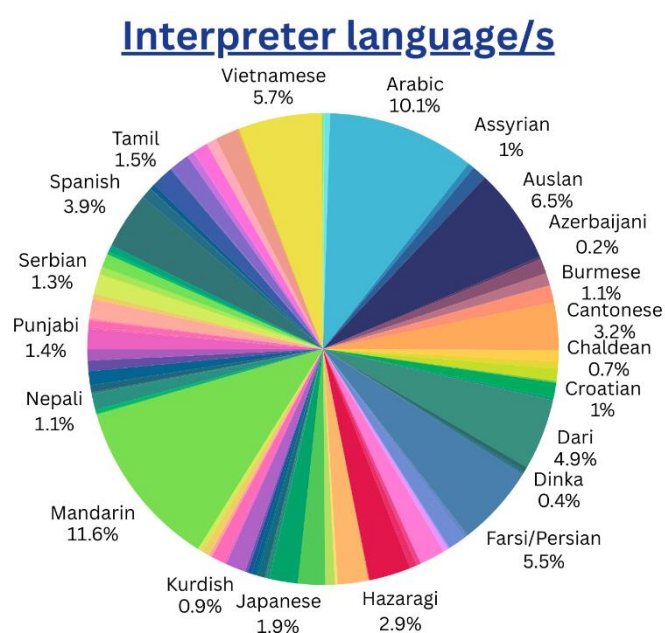


Figure 10. Pie chart of interpreter languages, with 97 languages overall.

3.3 Assessment results

Results of the assessment quiz on completion of the training indicted a high overall score, with an average of 25.06 out of a possible 29, and a high overall pass rate of 99% of participants, based on all attempts at the quiz. As participants had unlimited attempts to re-take the quiz, the average score and pass rate were higher when considering their highest attempt, with an overall average of 25.40, and pass rate of 99.8%, respectively (Figure 11).

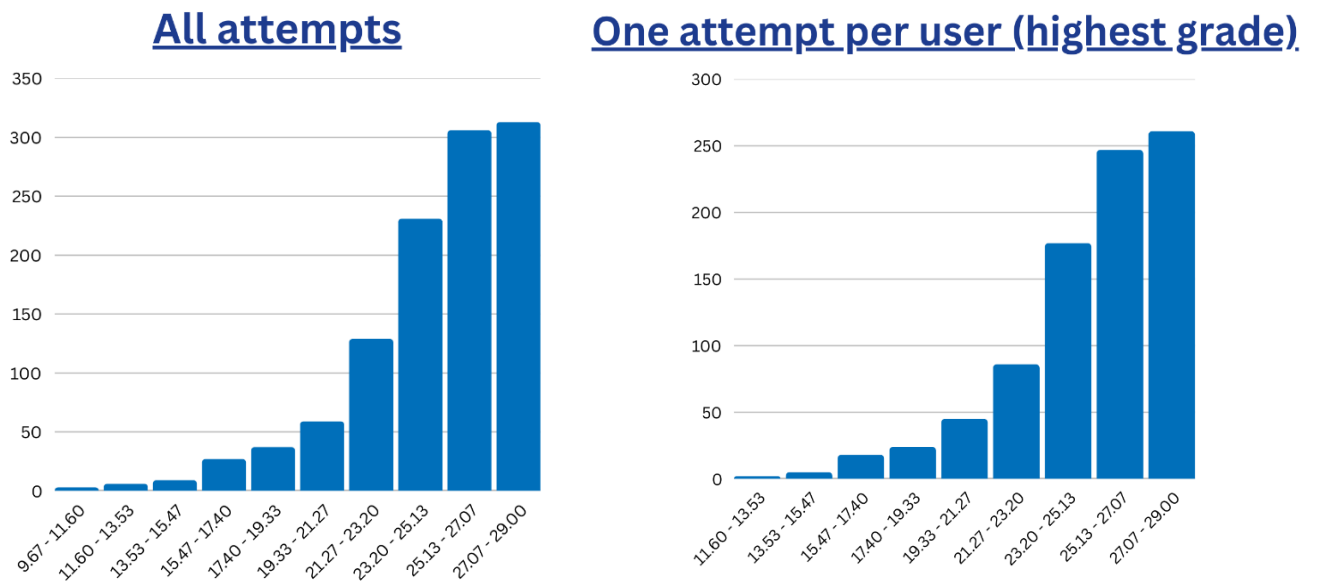


Figure 11. Assessment results based on all attempts at the quiz (left) and assessment results based on highest grade attempt per user (right).

4. Qualitative interviews

To evaluate the impact of the MINDSET training, semi-structured qualitative interviews were conducted with 24 interpreters who completed the training, 6 interpreting agency managers with oversight of interpreter Continuing Professional Development, and 16 clinicians employed at memory clinics with a high caseload of CALD clients.

4.1 Participant characteristics

Twenty-four interpreters of emerging and established languages were interviewed about the training (Table 2). Most interpreters were in Victoria (n = 7) or New South Wales (n = 6), with the rest in South Australia (n = 4), Western Australia (n = 3), Tasmania (n = 2), Queensland (n = 1) and the Australian Capital Territory (n = 1). The majority were located in urban areas (n = 20), with a very small number in inner regional (n = 2) and outer regional areas (n = 1).

Interpreting agency managers who participated in interviews were from Victoria (n=4), New South Wales (n=1), and the Northern Territory (n=1).

Interviews were conducted with clinicians predominantly from Victoria (n = 13), as well as New South Wales (n = 2) and Queensland (n = 1). Most clinicians were geriatricians (n = 6) or clinical neuropsychologists (n = 4). Other participating clinicians included social workers (n = 3), a physiotherapist (n = 1), psychiatrist (n = 1) and occupational therapist (n = 1).

Table 2. Interpreting languages for interpreters who were interviewed about the training.

Interpreting language (n = 24)	n
Amharic and Oromo	1
Arabic	1
Assyrian and Chaldean	1
Auslan	3
Cantonese	1
Dari, Hazaragi and Persian (Farsi)	1
Greek	1
Hindi, Punjabi and Urdu	1
Italian	2
Kurdish Kurmanji	1
Macedonian	1
Mandarin	3

Persian (Farsi)	2
Sinhalese	1
Slovak	1
Spanish	1
Ukrainian and Russian	1
Vietnamese	1

4.2 Interview findings

Theme 1: Facilitators to accessing and completing the MINDSET training

The main facilitators to interpreters accessing and completing the MINDSET training were ease of access and incentives, a straightforward final assessment, and administrative support.

Ease of access and incentives

Most interpreters reported no issues accessing and completing the MINDSET training, as they found the training platform and enrolment process easy to navigate.

"In terms of enrolling or registering, that was all fine and that was all pretty straightforward online. That was really easy." - Slovak interpreter, SA

The self-paced aspect of the training was appreciated by most interpreters, as it provided flexibility to complete it around their work schedule.

"Because it's a self-paced, so I can just [...] use my spare time, do some reading, watch some videos and answer some questions. And so yeah, I think it's quite flexible. So, I like that kind of training. It's better than like a workshop, something that you have to be very attentive and you have to keep yourself available for that certain time. But this one you can do that in your own time." - Mandarin interpreter, SA

The training being freely available was greatly valued by many of the interpreters. Some interpreters mentioned not being able to afford expensive training courses when compared to their remuneration.

"Unfortunately, most of them [courses] are not free and it is very, very expensive compared to the earning of an interpreter, so what I liked about this. So basically, when I receive these information, I just go through that to find out if they're free, then I do it because some of good ones are actually free. [...] When I went through that, I thought this is really good, good things to know. So, I'm glad that we don't have to pay for it." - Persian (Farsi) interpreter, VIC

Some interpreters expressed willingness to pay a nominal fee to access the MINDSET training.

"Some other trainings in other ones it might be very costly. Sometimes I don't, I can't register because of the cost they put in those trainings, but I tried sometimes to, uh, join when the cost is not that much. Like if it's up to \$30, I can join. Sometimes a little bit less, a little bit more, no problem, but if it's free 100% everyone will join, especially if it's relevant to what you're looking for as well, yeah." - Arabic interpreter, NSW

On completion of the MINDSET training interpreters were able to claim 20 professional development (PD) points which are required for NAATI recertification. This was a beneficial incentive for many of the interpreters, especially those needing to recertify.

"NAATI, you know, does have its requirements and we have to abide by them. So yes. I do undertake training that doesn't have PD [professional development] points also, but yes, look the PD points are always an incentive and they're always a bonus." - Italian interpreter, VIC

Straightforward final assessment

For most interpreters the final assessment was at a suitable difficulty level, with the questions being not too challenging but also not too easy.

"It was pretty straightforward, and it made total sense and I liked it that in some of the training sometime, I think it was at the right kind of level."

So, it was like not too difficult but at the same time not too easy. You know, in some of the trainings, the assessment is just there for the sake of being there. And sometimes the multiple-choice questions and answers are, I don't know the options given are very easy." - Interpreting agency manager, NT

Several interpreters found it beneficial that they could retake the final assessment if they made any errors. This allowed them to correct their mistakes and further develop their understanding of the training content.

"Actually, the quizzes. I love them. Yeah. Because it makes me like, go back. And if I did answer one wrong, I go back and I find it like, after I read it again, like it sticks in my mind." - Assyrian and Chaldean interpreter, VIC

Administrative support

Being able to easily contact and receive support from the MINDSET administrators was greatly appreciated by some of the interpreters who initially experienced technical difficulties.

"I put my name down and then I was not able to access it. So, it was good that I was able to discuss it with you, email you. So, what I liked was that you were really quick in answering. So that was the great thing. Yeah, because sometimes with some organizations, you email them and then you keep waiting until you hear from them." - Persian (Farsi) interpreter, VIC

A few interpreters who had initially forgotten about the training mentioned that the weekly email reminders had helped them remember to complete it.

"I'd done half and then sort of forgot about finishing it, got distracted with other things. The reminder was very handy that I have to get back to finishing it. Yes, and I finished it in another deep, long session." - Ukrainian and Russian interpreter, QLD

Theme 2: Barriers to accessing and completing the MINDSET training

The main barriers to interpreters accessing and completing the MINDSET training were time constraints, technical issues/lack of computer literacy, and difficulty level of the content.

Time constraints

Due to work and other commitments, many interpreters found it difficult to make time to complete the training.

"I think the only issues were really with my time. Thought I had time, so I enrolled at that particular time and then a big job came. So, I had to focus on the job." - Slovak interpreter, SA

Some interpreters struggled to complete the training within the one-month timeframe and required an extension.

"I found accessing in that sense a bit difficult and challenging, because then I did not know that I only have a limited time to finish. [...] And then towards the end I started to panic and then I emailed you and said can I have more time? But then it sort of like, it was a bit stressful to be honest, because then you know, I had to get up very early just to finish this training." - Persian (Farsi) interpreter, VIC

Technical issues/lack of computer literacy

One interpreter disclosed that a few of her colleagues ended up abandoning the training as their progress was not being saved. These interpreters were accessing the training using their smartphones, which may have contributed to this technical issue.

"The modules were not, they weren't saving my progress and I also, I got lost a couple of times where you can't go back and then you open a new window, but the other window is lost. [...] I ask other people and they said the same thing happened to them and I think a few people abandoned completely. They did not complete the modules because it was just time consuming and also frustrating, so they didn't actually end up doing it." - Greek interpreter, VIC

Issues with logging in and navigating the training site were brought up by some interpreters. In most cases these issues were either resolved by the participant themselves or by contacting the training's technical support team.

"With any training of this sort, you know, when you have to go into a portal and do it, whether it's NAATI or whether it's any other organization. Initially I think it's not always clear as to how you have to use it. [...] If you are using it regularly then it's so easy. But when you use it for the first time, I think it's always an issue. You don't know unless you have got very clearly written instructions." - Hindi, Punjabi and Urdu interpreter, WA

According to several interpreting agency managers, a lack of computer literacy amongst the interpreter cohort is often the cause of technical issues during online interpreter training.

"There's certainly instances where 'I can't log into this. I can't remember my password to the learning platform. I can't find it.' So you've got to be quite specific and quite deliberate in the materials you provide them, you've got to keep it very simple. You've got to keep it quite narrow in terms of not giving them too many options and not giving them the opportunity to click away too much. [...] And keeping in mind, we've got a lot of 60+ in this cohort and they're not necessarily natural computer users or lifelong computer users." - Interpreting agency manager, VIC

Difficulty level of content

Some interpreters found the final assessment questions difficult to answer due to the use of long, complicated sentences.

"The questions at the end. [...] Some of them were tricky because it can be this or that sometimes. It's not very clear cut. And the answers, well the questions there were, some of them were too long or something, so then it's easy to get confused, for some people to get confused about to answer." - Macedonian interpreter, NSW

For some interpreters, difficulties engaging with the training may be attributed to a lack of English proficiency or comprehension skills.

"Many of the interpreters that currently have NAATI qualifications, the English skills are lacking. I think NAATI tests the target language very well but doesn't test the English language very well. So although I was able to, let's say breeze through the course, I can imagine some of the interpreters

that I've taught in PD [professional development] courses over the past 10 years would find some of the things more difficult because their English and particularly their written and comprehension skills of English is not as high as it should be." - Italian interpreter, NSW

Theme 3: Impact on interpreter's practice

Approximately half of the interpreters interviewed had interpreted for a cognitive assessment since completing the training. Most interpreters who went on to interpret a cognitive assessment after the training felt well prepared for the session.

"I'm happy to say that after the training I had two occasions interpreted for the dementia patient and also family members. Yes, and some of the knowledge did help. [...] I know how the assessment works and how to communicate to a dementia patient and try to like make my interpreting as accurate as possible by like, sometimes parroting the way they were talking. So that we can make an accurate diagnosis, so it helps." - Mandarin interpreter, SA

For interpreters who already had extensive experience with cognitive assessments, most felt that the training hadn't changed the way they practice. Instead, the training reinforced their prior knowledge and skills, making them feel more confident in their abilities.

"It's the same. Look, I've been doing it for a long time. I felt more, I felt confident and there wasn't any need for me to change anything. But I felt if need be that I've got more of confidence to do so. If there's something that I find that it's not right. I mean, in the past I have experiences where things were not done properly and I was like, not shy but you're not sure. But now I feel more confident." - Greek interpreter, VIC

While not all interpreters had been able to directly apply the training, many noted how it also helped prepare them for interpreting jobs in mental health and aged care settings.

"I feel it's not only applicable, you know, to dementia. It could be other similar scenarios. So, I think it's always, any kind of training is always useful and especially in the space of mental health, I think, yeah, dementia could be easily transferred to other mental health issues. [...] I think especially, so

when patients are, some of them are taking lots of medication and then, you know, their mental health is a bit impaired and they can become a bit aggressive or not be fully aware of what they're saying in that moment. So, mainly around how to deal with information that you can't really understand sometimes. Cases like that we have a lot." - Interpreting agency manager, NT

Theme 4: Future directions, importance of MINDSET clinician

The need for a clinician version of the MINDSET training was brought up by many of the interpreters interviewed.

"Most of the clinicians are pretty good, but there are some that you know probably could do with a little bit of training as to what exactly the interpreter's role is and how they should interact with the interpreter, debriefing first and a post session briefing. Some of them are very good with that, but others not as thorough." - Italian interpreter, VIC

Important aspects to include in training for clinicians include the need for briefing and debriefing, understanding the role of interpreters in cognitive assessments and improving the cultural appropriateness of cognitive tests.

"When they are testing the cognitive, they are asking that "What is the date today?" or "What is today or which year is this year?" And with the illiterate people? It doesn't work to me because they are illiterate. They are especially housewives or elder people like men also, you know, they are at home or just concentrating on the sunrise or sunset and they have no idea what is the date or which day is this or which year especially you know, English calendar". – Dari, Hazaragi and Persian (Farsi) interpreter, WA

Clinicians noted limited prior training in working with interpreters, the need to develop skills in this area for accurate cognitive assessments with CALD patients, and reduced confidence in working with interpreters.

"The amount of education that we're getting [on] working with interpreters is probably quite minimal if I think back to the experiences in medical school, working with interpreters. Maybe we had, I don't know,

half an hour at most. We sort of got told who to look at and who to speak to, you know, continue looking at the patient and speaking to the patient. But not necessarily our role with the interpreters. How to explain to them what we're doing? How much do we assume that they already know? I think the difficulty really is that medicine is a whole different language itself. So now we're sort of almost talking in three languages.... I probably I don't feel as confident [as] I could be in other areas of my work.” - Geriatrician, VIC

“I don't think you come out of uni or you know if you never work with interpreters much, you probably wouldn't have the skills. It's something you do need to build skills in. I have sat in sessions where everything's been, “Now can you ask her this and can you please ask her that?” And then there's occasions where people give the interpreter [...] a massive long paragraph, without giving time for the interpreter to relay it. But then there's lots of talking between the patient and the interpreter for ages. And you're like, surely they can't remember this whole conversation and give it back to me accurately? Yeah, I guess just being aware to try not to let that happen in your session. If you want accuracy.” - Occupational Therapist, VIC

Clinicians also reported broader challenges in working with interpreters such as the expectation to complete assessments via phone which is inappropriate for dementia assessments, and challenges around privacy in small communities.

“The main challenge is if it's not booked face to face, then doing [cognitive assessments] on the phone is just a nightmare.” - Geriatrician, QLD

“And I actually have people ask me not to book an interpreter because they know it's a small community. They know people working as interpreter and they don't want the family privacy to go out” - Physiotherapist, VIC

5. Conclusions

5.1 Key findings

The national roll out of the MINDSET training has been a success with 865 interpreters of 97 languages having completed the training over 12 months, reflecting ~ 13% of the active interpreter workforce in Australia. Engagement with partners and industry, a targeted marketing strategy, and accessibility of the training have enabled its reach and successful roll out.

MINDSET is a world first study that has met its aims of improving the quality of interpreter communication in cognitive assessment for dementia and national implementation of the training so that older CALD Australians have access to high quality care during dementia assessments. The project is now being replicated in Europe.

5.2 Policy implications

Programs such as MINDSET help the government realise key aspects of the National Dementia Plan, specifically Action 4 on timely diagnosis. By training interpreters who are involved in the delivery of healthcare during dementia assessments, MINDSET delivers on "improv[ing] understanding of unique issues CALD communities experience in relation to dementia"⁶.

5.3 Next steps – Train clinicians

Findings from the interviews during the MINDSET implementation indicate that clinicians have varying levels of training, confidence, and skill in working effectively with interpreters during dementia assessments. As such there is consensus on the need for separate training to be developed for clinicians in working with interpreters and culturally appropriate cognitive assessments for dementia. This would also help in realising the key elements of Action 4 of the National Dementia Plan and would enable interpreters and clinicians to form strong and effective collaborations during the delivery of healthcare to CALD Australians with dementia.

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MINDSET Implementation Profit and Loss Summary

Trading Income	
C'wealth Govt - Other C'wealth Project Receipts	260,000.00
Total Trading Income	260,000.00
Gross Profit	260,000.00
Operating Expenses	
Employment - Annual Leave Provisioning	15,442.48
Employment - Long Service Leave Provisioning	3,860.62
Employment - Salaries & Wages	128,343.57
Employment - Superannuation	14,440.67
Employment - Workcover	643.43
Research/Project Exp – Conferences	547.41
Research/Project Exp - Consumables (recruitment postcards, participant gift cards and reimbursements)	17,221.57
Research/Project Exp - Overhead Exp	66,033.65
Research/Project Exp - Taxis, Tolls, Parking	154.50
Research/Project Exp - Third Party Contracts (online launch, Acorn LMS)	17,000.00
Research/Project Exp - Travel & Accommodation (Flights to AUSIT launch in Sydney)	458.13
Total Operating Expenses	264,146.03 (exc. GST)

