APPENDIX F

INFORMATION SHEETS AND CONSENT FORMS

Information sheet for Patients and Caregivers (available in English , Zulu & Sotho)

Hello, my name is Munyane Mophosho. I am a Ph.D. student at the University of the Witwatersrand.

I will be doing a study to find out how the Speech –language therapists and interpreters talk to each other when they are speaking to care givers of children with disabilities. The purpose of the research is ultimately to help Speech-language therapists in hospitals and other people who work in the hospital to communicate better with people speak differing languages in South Africa.

I would like to invite you to take part in my study. While you are talking with the speech therapist through the interpreter, I would like to use a video camera to record this. I will ask you questions about this after the consultation. All the information taken during the interview with the speech therapist and an interpreter will be kept private. I will not ask your name or tell other people about you or what happened to you and your child. The videos will only be shown to my supervisor and to a person helping me to translate and write down the interview. These people will also keep this information private. After I finish this study the videos will be destroyed.

You can choose to be part of this study. If you accept, you will be allowed to withdraw at any time during the course of the interview without providing reasons. You will not get into trouble for doing that.

If you need further clarification regarding this study please speak to me or contact me at (011-717 4575). If you choose to take part in the study, you must please read and sign the two agreement sheets : one for the video recording and one to be part of this study.

Thank you,

M. Mophosho(Mrs)

APPENDIX G

INFORMED CONSENT FORM FOR CARE GIVERS AND THEIR CHILDREN (Available in English, Zulu & Sotho)

I, _____agree to take part, and I also agree for my child_____to participate in the study, investigating communication between speech therapist and interpreter during an interview with me about my child with a disability.

I understand what is written in this form.

I understand that participation is my free will and can pull out from the study at any time, with no problem.

I understand that when I talk with the speech therapist and an interpreter this will be video recorded and I agree to this.

I understand that all the information will be kept private and no identifying information will be used.

Signed:_____ Date:_____

Witness:_____

INFORMED CONSENT FORM FOR VIDEO RECORDING FOR CARE GIVERS & THEIR CHILDREN (Available in English, Zulu & Sotho)

I, _____agree to will take part, and I also agree for my child _____to participate in the study to investigate about communication between speech therapist and interpreter during an interview with me about my child with a disability.

I understand that when during interview with the speech therapist and an interpreter about my child, will all be video recorded and I agree to this.

I understand that all the information will be kept private and no identifying information will be used.

Signed: _____ Date: _____

Witness: _____

APPENDIX H

INFORMATION SHEET FOR SPEECH THERAPISTS

Good day, my name is 'Munyane Mophosho. I am a Ph.D. student at the University of the Witwatersrand.

I am conducting a study to investigate the interaction between Speech –language therapists and interpreters when they are conducting interviews with care givers of children with disabilities. The purpose of the research is ultimately to develop communication guidelines for Speech-language therapists in a multi-lingual and multi-cultural context in South Africa.

I would like to recruit you as a speech therapists and audiologists working in this hospital to participate in this study. The procedures for the study will include the following:

- Conducting observations and informal interviews to acquaint myself with the procedures and practices.
- Video and audio record several initial interviews that involve care givers of children with disabilities.
- Conducting individual interviews with the speech therapist and interpreter post the consultation, to find out about their opinion and perceptions of the interaction in an interpreted situation. These interviews will be for approximately 30 to 45 minutes.

All information including the taped material will remain confidential throughout the duration of the study. You will not be identified in any way, in any reports or publications resulting from this research. The videos will be used for analysis and be shown to my supervisor and the research assistants helping with transcription and translations. You can withdraw at any time during the course of the study without providing reasons. If you agree to participate you will be requested to sign the informed consent form for participating in the study. All information pertaining to participation will be kept confidential and any written reports or publications emanating from this research will be kept confidential. After completion of the study, the videos and audio recording will be destroyed

After the completion of this study, feedback of results and training pertaining to effective communication strategies in a multilingual and multicultural context will be provided to the speech therapy and audiology department.

If you need further clarification regarding this study please contact me at (011-717 4575).

Thank you,

M. Mophosho (Mrs.)

APPENDIX I

INFORMED CONSENT FORM FOR SPEECH-LANGUAGE THERAPISTS

I, _____ consent to participate in the study investigating communication between speech therapist and interpreter during an interview with a care giver of a child with a disability.

I have read and understood and acknowledge the contents of the information sheet.

I agree to allow the researcher to observe and record what happens in the speech therapy department and during my initial interview with a care giver of a child with disability.

I understand that my interpreted interview with the care giver and with the researcher will be video and/or audio recorded and I agree to this.

I understand that my interactions with the interpreter and care giver may be included in a report, however, I will not be personally identified and all information will be kept confidential.

I understand that participation is voluntary and can withdraw from the study at any time, with no negative consequences.

Signed: _____ Date: _____

Witness: _____

INFORMED CONSENT FORM FOR VIDEO & AUDIO RECORDING FOR SPEECH-LANGUAGE THERAPISTS

I, _____ agree to take part in the study, investigating communication between speech therapist and interpreter.

I understand that my interpreted interview sessions with care givers of children with disabilities will be video recorded and I agree to this.

I understand that my post consultation interview with the researcher will be audio recorded and I agree to this.

I understand that all information will be kept confidential and I will not personally identified in any way.

Signed: _____ Date: _____

Witness: _____

APPENDIX J

INFORMATION SHEET FOR INTERPRETERS

Good day, my name is 'Munyane Mophosho. I am a Ph.D. student at the University of the Witwatersrand.

I am conducting a study to investigate the interaction between Speech –language therapists and interpreters when they are conducting interviews with care givers of children with disabilities. The purpose of the research is ultimately to develop communication guidelines for Speech-language therapists in a multi-lingual and multi-cultural context in South Africa.

I would like to recruit you as an interpreter working in this hospital to participate in this study. The procedures for the study will include the following:

- Conducting observations and informal interviews to acquaint myself with the procedures and practices.
- Video and audio record several initial interviews that involve care givers of children with disabilities.
- Conducting individual interviews with the speech therapist and interpreter post the consultation, to find out about their opinion and perceptions of the interaction in an interpreted situation. These interviews will be for approximately 30 to 45 minutes.

All information including the taped material will remain confidential throughout the duration of the study. You will not be identified in any way, in any reports or publications resulting from this research. The videos will be used for analysis and be shown to my supervisor and the research assistants helping with transcription and translations. You can withdraw at any time during the course of the study without providing reasons. If you agree to participate you will be requested to sign the informed consent form for participating in the study. All information pertaining to participation will be kept confidential and any written reports or publications emanating from this research will be kept confidential. After completion of the study, the videos and audio recording will be destroyed

After the completion of this study, feedback of results and training pertaining to effective communication strategies in a multilingual and multicultural context will be provided to the speech therapy and audiology department.

If you need further clarification regarding this study please contact me at (011-717 4575).

Thank you,

M. Mophosho (Mrs.)

APPENDIX K

INFORMED CONSENT FORM FOR INTERPRETERS

I, _____ consent to participate in the study investigating communication between speech therapist and interpreter during an interview with a care giver of a child with a disability.

I have read and understood and acknowledge the contents of the information sheet.

I agree to allow the researcher to observe and record what happens during the speech therapy initial consultation with a care giver of a child with disability.

I understand that the interpreted interview with the care giver and the individual interview post consultation with the researcher will be video and/or audio recorded and I agree to this.

I understand that my interactions with the speech therapist and care giver may be included in a report, however, I will not be personally identified and all information will be kept confidential.

I understand that participation is voluntary and can withdraw from the study at any time, with no negative consequences.

Signed: _____ Date: _____

Witness: _____

INFORMED CONSENT FORM FOR VIDEO & AUDIO RECORDING FOR INTERPRETERS

I, _____ agree to take part in the study, investigating communication between speech therapist and interpreter.

I understand that my interpreted interview sessions with care givers of children with disabilities will be video recorded and I agree to this.

I understand that my post consultation interview with the researcher will be audio recorded and I agree to this.

I understand that all information will be kept confidential and I will not be personally identified in any way.

Signed: _____ Date:_____

Witness: _____

APPENDIX L

INFORMATION SHEET FOR RESEARCH ASSISTANTS (employed by researcher)

Dear Research Assistant

I am conducting a study to investigate the interaction between Speech –language therapists and interpreters when they are conducting interviews with care givers of children with disabilities. The purpose of the research is ultimately to develop communication guidelines for Speech-language therapists in a multi-lingual and multi-cultural context in South Africa.

I would like to recruit you as a research assistant to participate in this study as someone experienced in research and communication to participate in my study as a transcriber. The procedures for the study will include the following:

- Conducting observations and informal interviews to acquaint myself with the procedures and practices.
- Video and audio record several initial interviews that involve care givers of children with disabilities.
- Conducting individual interviews with the speech therapist and interpreter post the consultation, to find out about their opinion and perceptions of the interaction in an interpreted situation. These interviews will be for approximately 30 to 45 minutes.

I will provide you with training before the study begins, so that you may know what your role is and what is expected from you. I would pay you R28.13 per hour or R211.00 per 8 hour working day. I plan to collect data in Johannesburg and Witbank over a period of six months, from March 2010 to August 2011.

You will be responsible in assisting with transcribing the video and audio recorded material, and translating from vernacular into English.

All information including the taped material will remain confidential throughout the duration of the study. The videos will be used for analysis and be shown to my supervisor and to you as the research assistants helping with transcription and translations. After completion of the study, the videos and audio recording will be destroyed.

The benefits of this study are that after the completion of this study, feedback of results and training pertaining to effective communication strategies in a multilingual and multicultural context will be provided to the speech therapy and audiology department.

Your assistance and involvement in this study will be appreciated. You have the right to not agree to be part of this process. Please feel free to contact me regarding any questions on this project. My telephone number is 011 717 4575.

INFORMED CONSENT (VIDEO & AUDIO TRANSCRIBING) FOR RESEARCH ASSISTANCE

I, _____ agree to avail myself as a research assistant in the study, investigating communication interactions between speech therapists, caregivers and an interpreter.

I understand that my involvement in this study will entail

- Assisting with transcribing the video and audio recorded data;
- Translating it from vernacular into English;
- Handling of sensitive material; and
- I understand that all information has to be kept confidential and not discussed beyond this study in any way.

Signed: _____ Date: _____

Witness: _____