

A decorative graphic on the left side of the slide. It features a large orange circle at the top, a smaller orange circle below it, and a square containing a globe with a red border. Below the square are two more orange circles of different sizes. The background has vertical orange stripes of varying widths.

MEDICAL INTERPRETERS STANDARDS OF PRACTICE

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Culture Advantage

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GOAL:

- This educational activity is intended to prepare bilingual employees, or bilingual healthcare professionals, with basic interpreter skills in the medical setting based on general standards as published by national interpreter organizations.
- Our emphasis is on patient safety and quality of care for all patients.



LEARNING OUTCOMES

1. Demonstrate awareness of the terminology used in the medical interpreting profession based on the IMIA, CHIA, and NCIHC standards.
2. Explain the three major task areas of interpreting: interpretation, cultural interface, and ethical behavior.
3. Summarize the medical interpreter's standards of practice based on the International Medical Interpreter's Association (IMIA) published standards.
4. Given a medical encounter scenario, choose the most appropriate interpreter action based on the Standards.
5. Demonstrate basic medical interpreter skills in English and in a second language.



STANDARDS OF PRACTICE

EXCERPT FROM THE IMIA STANDARDS.

- *The Medical Interpreting Standards of Practice are founded on the premise that an interpreter's primary task is interpretation, that is, the transformation of a message expressed in a source language into its equivalent in a target language, so that the interpreted message has the potential of eliciting the same response in the listener as the original message (Seleskovitch, 1978; Cokely, 1988; Downing and Swabey, 1992).*
- *To be able to do this, the interpreters must not only be fluent in both the source and target languages but must also have the skills and knowledge base to be able to comprehend the message quickly in the source language and just as quickly re-express it in the target language.*



IN THIS COURSE, WE WILL BE FOCUSING ON THE FOLLOWING STANDARDS:

1. Accuracy and completeness
2. Confidentiality and privacy
3. Impartiality and transparency
4. Cultural awareness and respect
5. Pre-session and closure activities
6. Professional integrity

References:

International Medical Interpreters Association Standards of Practice

National Council on Interpreting in Health Care National Standards for Interpreters

California Healthcare Interpreting Association



LEARNING OUTCOME:

- Demonstrate awareness of the terminology used in the medical interpreting profession based on the IMIA, CHIA, and NCIHC standards.



TERMINOLOGY

- In this course, you will become familiar with the following terminology used in the medical interpreting profession:



WHAT IS AN INTERPRETER?

- A person who renders a message spoken or signed in one language into a second language, and who abides by a code of professional ethics.



WHAT IS INTERPRETING?

- The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.
- The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages.



WHAT IS AN ADHOC INTERPRETER?

- An untrained person who is called upon to interpret, such as a family member interpreting for her parents, a bilingual staff member pulled away from other duties to interpret, or a self-declared bilingual in a hospital waiting-room who volunteers to interpret. Also called a chance interpreter or lay interpreter.



WHAT IS A BILINGUAL PERSON?

- A term describing a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter but by itself does not insure the ability to interpret.



WHAT IS A BILINGUAL PROVIDER?

- A person with proficiency in more than one language, enabling the person to provide services directly to limited-English-proficient patients in their non-English language



WHAT IS A BILINGUAL WORKER / EMPLOYEE?

- An employee who is a proficient speaker of two languages and may provide direct services in both languages, but who without additional training is not qualified to serve as an interpreter



WHAT IS MEDICAL INTERPRETING OR HEALTHCARE INTERPRETING?

- Health care interpreting or medical interpreting: interpreting that takes place in health care settings of any sort, including doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations.
- Typically the setting is an interview between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members).



WHAT IS FIRST-PERSON INTERPRETING?

- The promotion by the interpreter of direct communication between the principal parties in the interaction through the use of direct utterances of each of the speakers, as though the interpreter were the voice of the person speaking, albeit in the language of the listener.
- For example, if the patient says, “My stomach hurts,” the interpreter says (in the second language), “My stomach hurts,” and not “She says her stomach hurts.”



WHAT IS FACE-TO-FACE INTERPRETING?

- Interpreting in which the interpreter is present in person with both, or at least one, of the persons for whom interpreting is provided.



WHAT IS CONSECUTIVE INTERPRETING?

- The conversion of a speaker or signer's message into another language after the speaker or signer pauses.



WHAT IS SIMULTANEOUS INTERPRETING ?

- converting a speaker or signer's message into another language while the speaker or signer continues to speak or sign.



WHAT IS SIGHT TRANSLATION?

- Translation of a written document into spoken/signed language. An interpreter reads a document written in one language and simultaneously interprets it into a second language.



WHAT IS A CERTIFICATE?

- A certificate or a document, such as a certificate of attendance or completion, that attests to participation in a course of study and attainment of some learning objective.
- A person who holds a certificate related to interpreter training is not thereby **certified**.



WHAT IS A PROFESSIONAL INTERPRETER?

- A bilingual person who has been trained in medical terminology and principles of medical interpreting and who abides by a code of professional ethics



WHAT IS A CERTIFIED INTERPRETER?

- An interpreter who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria.
- Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not considered certified.



WHAT IS A CERTIFICATION?

- Certification is a process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service.
- Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job.



WHAT IS COMMUNITY INTERPRETING?

- Interpreting that takes place in the course of communication in the local community among speakers of different languages. The community interpreter may or may not be a trained interpreter.
- Community settings include schools, social service agencies, clinics, legal services, and businesses that serve a diverse clientele.



WHAT IS A LANGUAGE PAIR?

- The two languages that serve as source and target languages for an individual interpreter in a particular encounter.



WHAT IS A SOURCE LANGUAGE?

- The language of a speaker/signer who is being interpreted.



WHAT IS A TARGET LANGUAGE?

- The language of the person receiving interpretation; the language into which an interpreter is interpreting at any given moment.



LIMITED ENGLISH PROFICIENCY (LEP)

- A legal concept referring to a level of English proficiency that is insufficient to ensure equal access to public services provided in English without an interpreter



LITERAL TRANSLATION

- A form of rough translation in which every word or word-element is translated in sequence without regard to how the message would normally be expressed in the other language, giving insight into the workings of the source language. Example: (French) “Il y avait beaucoup de gens,” literally “It there had many of people,” which means “There were lots of people (there).”
- Literal interpreting is not considered useful or part of professional interpreting; literal translations (written) are sometimes useful for analysis of the source text, but are not suitable when the aim is to assist communication.



WHAT IS A MACHINE TRANSLATION?

- Translation that is accomplished by entering text in one language into a computer software program and obtaining a computer generated translation in a second language.
- Machine or computer translation programs have difficulties recognizing idioms, context, regional differences and metaphorical language and tend toward literal translation.



WHAT IS PROFICIENCY?

- The quality or level of a skill or competence acquired through training and practice.



WHAT IS REGISTER?

- A style of speaking or writing (intimate, casual, vulgar, formal, etc.) or a way of communicating associated with a particular occupation or social group (slang, medical jargon, business jargon, legal language, etc.).
- Interpreters are expected to maintain the register of the person whose utterances they are interpreting.



WHAT IS ADVOCACY?

- Any action taken (by an interpreter) on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes.
- In general, advocacy means that a third party (in this case, the interpreter) speaks for or pleads the cause of another party, thereby departing from an impartial role.



WHAT IS RELAY INTERPRETING?

- An interpreting process in which two individuals attempting a conversation communicate through two interpreters, each of whom speaks only one of the two languages required as well as a common third language.
- Examples of this would be interpreting Quechua into Spanish, which in turn is interpreted into English or interpreting sign language into ASL and then into English.



WHAT IS REMOTE INTERPRETING?

- Interpreting provided by an interpreter who is not in the presence of the speakers , e.g., interpreting via telephone or videoconferencing.
- Examples: telephone interpreting, video interpreting, on-site interpreting.



WHAT IS A TRANSLATOR?

- A person who translates written texts, especially one who does so professionally.
- Translation: the conversion of a written text into a corresponding written text in a different language.
- Within the language professions, translation is distinguished from interpreting according to whether the message is produced orally (or manually) or in writing. In popular usage, the terms “translator” and “translation” are frequently used for conversion of either oral or written communications.



WHAT IS TRANSPARENCY?

- The principle that everything that is said by any party in an interpreted conversation should be rendered in the other language, so that everything said can be heard and understood by everyone present.
- Transparency is maintained when everything said by any party present, including the interpreter speaking for him/herself, is interpreted into a language that others present can understand.



LEARNING OUTCOME

- Explain the three major task areas of interpreting: interpretation, cultural interface, and ethical behavior.



1. INTERPRETATION

Interpreting Protocols (CHIA*)

Protocol 1: Pre-Encounter, Pre-Session, or Pre-Interview

This protocol outlines information interpreters should provide in pre-session introductions to assure confidentiality and gain the cooperation of patient and providers for a smooth interpreted encounter. The protocol also allows for a pre-encounter briefing of the interpreter or provider as necessary.

Protocol 2: During the Encounter, Session, or Interview

This includes encouraging direct patient-provider communication through practices such as positioning, verbal reminders or gesturing for patient and providers to address each other directly, and use of first person interpreting. This protocol addresses the need to manage the flow of communication and facilitate or seek clarification of messages as well as how to conduct more active interventions when necessary.

Protocol 3: Post-Encounter, Post-Session or Post-Interview

This ranges from ensuring that the encounter has ended and no other questions or concerns are outstanding, to facilitating follow-up appointments and scheduling of interpreter services, as necessary, and debriefing with the provider or interpreter's supervisor as needed.

*California Healthcare Interpreting Association



2. CULTURAL INTERFACE

- The interpreter should be knowledgeable about the language and culture of both speakers
- The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
- This includes knowledge of technical terms, terminology, the US healthcare system in general and terminology in specialized healthcare settings.
- Includes knowledge of healthcare practices in the patient's culture and of the idiomatic expressions, metaphors, and other linguistic and nonlinguistic expressions and their meaning



3. ETHICAL BEHAVIOR

- Commitment to the Code of Ethics
- Accuracy
- Confidentiality and respect for privacy
- Impartiality
- Professional Distance
- Advocacy



DISCUSSION OF THE STANDARDS OF MEDICAL INTERPRETING

- Accuracy
- Confidentiality
- Impartiality
- Cultural Awareness and Respect
- Pre-session and closure protocols
- Professional Integrity



LEARNING OUTCOME:

- Summarize the medical interpreter's standards of practice based on the International Medical Interpreter's Association standards.



STANDARD: ACCURACY

- The most basic task of the interpreter is to transmit information accurately and completely.
- Therefore, interpreters must operate under a dual commitment:
 - (1) to understand fully the message in the source language, and
 - (2) to retain the essential elements of the communication in their conversion into the target language.



ACCURACY

- Managing the flow of communication
 - Interpreting “untranslatable words” such as bacteria
 - Facilitating communication and understanding
 - Clarification of unfamiliar words or technical words
 - Verification of understanding
 - Preserving register (sociocultural style, linguistic, emotional, technical)
 - Optimizing visual and audio reception
-
- Language : words used
 - Visual and nonverbal cues
 - Cultural: what does it mean in the speaker’s culture
 - Technical: what is the equivalent term in non-technical language



EXPECTATIONS

SOURCE: NCIHC

1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting. For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.
2. The interpreter replicates the register, style, and tone of the speaker. For example, the interpreter would clarify technical terms that the medical provider uses. An example, if the provider says, NPO, the interpreter would clarify the term, "By NPO, do you mean, nothing to eat or drink?"
3. The interpreter advises parties that everything said will be interpreted. For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."
4. The interpreter manages the flow of communication. For example, an interpreter may ask a speaker to pause or slow down.
5. The interpreter corrects errors in interpretation. For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.
6. The interpreter maintains transparency. For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."



CONFIDENTIALITY

The interpreter treats all information learned from the encounter as confidential.

1. The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.

For example, an interpreter does not discuss a patient's case with family or community members without the patient's consent.

2. The interpreter protects written patient information in his or her possession.

For example, an interpreter does not leave notes on an interpreting session in public view.

3. If receiving information regarding suicidal/homicidal intent, child abuse, or domestic violence, acts on the obligation to transmit such information in keeping with institutional policies, interpreting standards of practice, the code of ethics, and the law.



CONFIDENTIALITY AND PRIVACY

- Respects patient's physical privacy, and maintains spatial/visual privacy of patient.
- Respects patient's personal/emotional privacy: Refrains from asking personal probing questions outside the scope of interpreting tasks
- The interpreter limits personal involvement with all parties during the interpreting assignment. For example, an interpreter does not share or elicit overly personal information in conversations with a patient.



IMPARTIALITY

1. The interpreter does not allow personal judgments or cultural values to influence objectivity. For example, an interpreter does not reveal personal feelings through words, tone of voice, or body language.
2. The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary. For example, an interpreter avoids interpreting for a family member or close friend.
3. Refrains from contact with the patient outside the scope of employment, avoiding personal benefit.



IMPARTIALITY

4. The interpreter maintains transparency. For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."



CULTURAL AWARENESS AND RESPECT

To facilitate communication across cultural differences:

- The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
- For example, an interpreter learns about the traditional remedies some patients may use
- The interpreter alerts all parties to any significant cultural misunderstanding that arises.
- For example, if a provider asks a patient who is fasting for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.



CULTURAL AWARENESS AND RESPECT

- The interpreter uses professional, culturally appropriate ways of showing respect. For example, in greetings, an interpreter uses appropriate titles for both patient and provider.
- The interpreter promotes direct communication among all parties in the encounter. For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.
- The interpreter promotes patient autonomy. For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.



CULTURAL AWARENESS AND RESPECT

- Pays attention to verbal and nonverbal cues that may indicate implicit cultural content or culturally based miscommunication (e.g., responses that do not fit the transmitted message; display of discomfort or distress when certain topics are brought up)
- Shares cultural information with both parties that may be relevant and may help clarify the problem (e.g., says, ‘It’s possible this is what is happening, because often people from ... believe that ...’)
- In cases where ‘*untranslatable*’ terms are used, assists the speaker in developing an explanation that can be understood by the listener
- *Untranslatable words are words that represent concepts for which an equivalent word does not exist in the society using the target language.*



PRE-SESSION AND CLOSURE ACTIVITIES

- A. When possible, holds a pre-conference to find out the provider's goals for the encounter and other relevant background information
- B. Introduces self and explains role briefly and succinctly to provider and patient as follows:
 - Gives name
 - Indicates language of interpretation
 - Checks on whether either provider or patient has worked with interpreter before
 - Explains role, emphasizing:
 - Goal of ensuring effective provider patient communication
 - Confidentiality
 - Accuracy and completeness (i.e. everything said by either will be transmitted)
 - Use of first person form, especially if provider and/or patient are unfamiliar with this
 - Asks if there are any questions about interpreter's role
 - Answers any questions



PRE-SESSION AND CLOSURE ACTIVITIES

- **Interpreter will assist the provider with interview closure activities.**
- Encourages the provider to give appropriate instructions, making sure the patient is clear about next steps and has asked any questions she or he may still have
- Checks with the patient on the need for an interpreter at any of the follow-up appointments
- Observes “closure etiquette” by making closing remarks appropriate to each party
- Encourages the provider to make the appropriate referrals
- Understands or asks about the institution’s system of service delivery
- Makes sure patient gets appointment with the appropriate resources and with an interpreter if needed



PROFESSIONAL INTEGRITY

- **The interpreter limits his or her professional activity to interpreting within an encounter.** For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider.
- **The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.** For example, an interpreter who is also a nurse does not confer with another provider in the patient's presence, without reporting what is said.
- **The interpreter discloses skill limitations with respect to particular assignments.** For example, an interpreter who is unfamiliar with a highly technical medical term asks for an explanation before continuing to interpret.
- **The interpreter avoids sight translation,** especially of complex or critical documents, if he or she lacks sight translation skills.
- For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.



PROFESSIONALISM

- **The interpreter continues to develop language and cultural knowledge and interpreting skills.** For example, an interpreter stays up to date on changes in medical terminology or regional slang.
- **The interpreter seeks feedback to improve his or her performance.** For example, an interpreter consults with colleagues about a challenging assignment.
- **The interpreter supports the professional development of fellow interpreters.** For example, an experienced interpreter mentors novice interpreters.
- **The interpreter participates in organizations and activities that contribute to the development of the profession.** For example, an interpreter attends professional workshops and conferences.



CULTURE ADVANTAGE

- Is a member of the International Medical Interpreters Association (IMIA)
- Adheres to the Code of Ethics and Standards of Practice as published by the IMIA, NCIHC and CHIA.
- Prepares interpreters with the medical terminology knowledge and medical interpreting skills to practice consecutive interpreting, telephonic interpreting, and limited sight translation within the guidelines of the interpreter professional organizations.



THANK YOU.

- Thank you for joining our group of future professional medical interpreters!

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