

STANDARDS OF PRACTICE FOR INTERPRETERS

The following Standards of Practice for Interpreters¹ "are a set of guidelines that define what an interpreter does in the performance of her or his role, that is, the tasks and skills the interpreter should be able to perform in the course of fulfilling the duties of the profession. These standards describe what is considered 'best practice' by the profession and ensure a consistent quality of performance. For health care interpreters, the standards define the acceptable ways by which they can meet the core obligations of their profession – the accurate and complete transmission of messages between a patient and provider who do not speak the same language in order to support the patient-provider therapeutic relationship."

These standards are to be used as a reference by those serving as interpreters in ODCHC medical and dental centers, and by those who work with, train, rely on and supervise interpreters. They are intended to guide the practice of all interpreters and to acquaint those employees and providers who rely on interpreters with the performance expected of ODCHC interpreters.

These standards are based on the definitions contained in the glossary appearing at the end of this document.

ACCURACY

TO ENABLE OTHER PARTIES TO KNOW PRECISELY WHAT EACH SPEAKER HAS SAID.

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 or irrelevant.*
2. **The interpreter replicates the register, style and tone of the speaker.** *For example, unless there is no equivalent in the patient's language, an interpreter does not substitute simpler explanations for medical terms a provider uses, but may ask the provider to re-express herself or himself in language more easily understood by the patient.*
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, the 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 what was just said, so I am going to ask for an explanation."*

CONFIDENTIALITY

TO HONOR THE PRIVATE AND PERSONAL NATURE OF THE HEALTH CARE INTERACTION AND MAINTAIN TRUST AMONG ALL PARTIES.

7. **The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent of 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.*
8. **The interpreter protects written patient information in her or his possession.** *For example, an interpreter does not leave notes on an interpreting session in public view.*

IMPARTIALITY

TO ELIMINATE THE EFFECT OF INTERPRETER BIAS OR PREFERENCE.

9. **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.*
10. **The interpreter discloses potential conflicts of interest, withdrawing from assignment if necessary.** *For example, an interpreter avoids interpreting for a family member or close friend.*

RESPECT

TO ACKNOWLEDGE THE INHERENT DIGNITY OF ALL PARTIES IN THE INTERPRETED ENCOUNTER.

11. **The interpreter uses professional, culturally appropriate ways of showing respect.** *For example, in greetings, an interpreter uses appropriate titles for both patient and provider.*

¹ Adapted From: *National Standards of Practice for Interpreters in Health Care*, National Council on Interpreting in Health Care, September 2005.

12. 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.
13. The interpreter promotes patient autonomy. For example, an interpreter directs a patient who asks her or him for a ride home to appropriate resources within the clinic.

CULTURAL AWARENESS

TO FACILITATE COMMUNICATION ACROSS CULTURAL DIFFERENCES.

14. 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 (culturally specific) remedies some patients may use.
15. 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.

ROLE BOUNDARIES

TO CLARIFY THE SCOPE AND LIMITS OF THE INTERPRETING ROLE, IN ORDER TO AVOID CONFLICTS OF INTEREST.

16. 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.
17. 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.
18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting. For example, an interpreter who is also a medical assistant does not confer with the provider in the patient's presence, without reporting (interpreting) what is said to the patient.

PROFESSIONALISM

TO UPHOLD THE PUBLIC'S TRUST IN THE INTERPRETING PROFESSION.

19. The interpreter is honest and ethical in all business practices. For example, an interpreter accurately represents her or his credentials and other roles within the clinic as appropriate.
20. The interpreter is prepared for all assignments. For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.
21. 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 from the provider before continuing to interpret.
22. The interpreter avoids sight translation, especially of complex or very important documents, if she or he lacks sight translation skills. For example, when asked to sight translate a procedure consent form, an interpreter instead asks the provider to explain its contents and then interprets the provider's explanation.
23. The interpreter is accountable for professional performance. For example, an interpreter does not blame others for his or her interpreting errors.
24. The interpreter advocates for working conditions that support quality interpreting. For example, an interpreter on a lengthy assignment indicates when fatigue may compromise interpreting accuracy.
25. The interpreter shows respect for professionals with whom he or she works. For example, an interpreter does not spread rumors that would discredit another interpreter. If any employee has concerns about another employee, he or she should follow ODCHC policy for reporting such concerns to supervisors, risk management or human resources.
26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting. For example, an interpreter dresses appropriately and arrives on time for appointments.

PROFESSIONAL DEVELOPMENT

TO ATTAIN THE HIGHEST POSSIBLE LEVEL OF COMPETENCE AND SERVICE.

27. 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 and regional slang.
28. The interpreter seeks feedback to improve her or his performance. For example, an interpreter consults with colleagues about a challenging assignment.
29. The interpreter supports the professional development of other interpreters. For example, an experienced interpreter mentors novice interpreters.

30. **The interpreter participates in organizations and activities that contribute to the development of the profession.** *For example, an interpreter attends training sessions sponsored by ODCHC and, if time and funding permit, attends professional workshops and conferences. Interpreters are encouraged to bring such opportunities to the attention of their supervisors.*

ADVOCACY

TO PREVENT HARM TO PARTIES THAT THE INTERPRETER SERVES.

31. **The interpreter may speak out to protect an individual from serious harm.** *For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy if the condition has been overlooked. An interpreter may intervene if a misunderstanding of cultures or cultural norms appears to be interfering in the communication process, that is, the interpreter may discuss with the parties the problems they are observing in the communication. Further, if certain words, phrases or actions could complicate, disrupt or stop the communication, the interpreter may discuss this observation with the parties.*
32. **The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.** *For example, an interpreter may alert her or his supervisor, risk management or human resources to patterns of disrespect towards patients.*

I have read the above Standards of Practice for Interpreters. I have been given an opportunity to discuss any questions I may have regarding these standards with the Corporate Risk Manager. I voluntarily agree, as part of my duties as an employee of Open Door Community Health Centers, to abide by these standards of practice whenever called up to serve as an interpreter.

Printed Name

Signature

Date

GLOSSARY

Advocacy: Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of support good health outcomes. In general, advocacy means that an interpreter speaks for or "pleads the cause" of another party, thereby departing from an impartial role.

Health Care Interpreting: Interpreting that takes place in health care settings of any sort within an ODCHC medical or dental center, including telephone and written communications. This can also include interpreting within the context of providing behavioral, substance abuse and mental health services. Typically, the interpretation occurs during an interview or encounter between a health care provider (e.g., provider, nurse, lab tech) and a patient or the patient and one or more members of the patient's family or other representative.

Interpreter: A person who renders a message spoken or signed in one language into a second language.

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. Within the language profession, the term translation is restricted to the process of converting written messages. At times, those individuals who serve as interpreters may be called upon, to the extent they feel comfortable in the role, to serve as translators.

Interpreting Assignment: A period of time during which an interpreter performs her or his duties. An interpreting assignment may involve multiple encounters with patients and providers, and may include assisting a patient throughout the many contacts he or she may have while in an ODCHC center, including contacts the patient may have with the front desk, medical assistants, providers, lab, nurses, medication room and others.

Limited English Proficiency (LEP): The inability to speak, read, write or understand the English language at a level that permits an individual to interact effectively with health care providers and social service agencies. Someone who can understand English sufficiently to interact effectively in a grocery store or other casual environment may not have the ability to understand the more complex communications involved in medical or dental care, particularly understanding diagnoses, medications, medications schedules, side effects, and self-care instructions.

Register: A stylistic level of language used by a speaker. A speaker's choice of register is generally adapted to a particular topic, the parties spoken to, and the perceived formality of the situation. For example, the "register" used during the front desk interaction may be different than the "register" used during the provider's examination.

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

Transparency: The principle that during the encounter the interpreter informs all parties of any action she or he takes, including speaking for herself or himself, outside of direct interpreting.

Treating Team: All health care providers involved in the care of a particular patient within a single facility.

Verification of Proficiency: A process by which ODCHC affirms that an individual is qualified to provide a particular service, in this case, that of interpreting. ODCHC uses a process that has been tested and determined to accurately identify those individuals who can serve as interpreters in health care encounters and settings. Bilingual employees who desire to act as interpreters and are found to be lacking in certain areas of necessary knowledge may be further trained by ODCHC.