

## Notes for Consecutive Interpreting

1. Do not interrupt the speaker
2. Do not add anything to the message
3. Do not omit/subtract from the message
4. Do not change the message
5. For Spanish interpreters, use the formal YOU – (Spanish example: *usted*)
6. Take brief notes – write down concrete information such as names, descriptions, colors, numbers, etc.
7. No extraneous noises – Do not make any sounds such as, uh, uhm, well, okay, etc.
8. No double interpretations – provide a one word interpretation for one word heard.
9. Maintain the same register/tone
10. Speak loudly, clearly, and confidently – you must project professionalism at all times.
11. If you do not know the interpretation for a word or expression, then make your best educated guess.
12. When an idiomatic expression is utilized, then you must provide the equivalent expression to convey the meaning and not explain the expression.
13. Interpret all filler words utilized by the speaker such as, “well”, “you know”, okay”, etc.
14. Remember the source language so that you may go into the correct target language.
15. Remember the gender of all speakers- this is a must when going into Spanish.
16. Follow the story
17. Interpret all profanity – do not use more bland terms (euphemisms) for vulgarisms.
18. Do not use any conversions – Pesos or kilos, etc. need to be interpreted in the same fashion.
19. You must wait at least two complete seconds before commencing your interpretation.
20. You may ask for repetitions – State, “May the interpreter have a repetition, please?”
21. For Spanish interpreters, no Spanglish is allowed.
22. Concentrate 100 percent – Visualize the message. Sound self-assured and poised.

## Section 1.

# Ethical Principles for Healthcare Interpreters



**T**hese Standards of Practice reflect CHIA's view of the healthcare interpreter as one of the three parties involved in the *therapeutic* relationship between patient and provider. As such, the interpreter shares the *healthcare team's* common interest in supporting the patient's health and well-being. Thus, the Ethical Principles and many of their applications (as detailed in the Performance Measures) are quite consistent with the values and principles of other professions in the healthcare field.

These principles will support the healthcare interpreting profession in setting guidelines for professional and ethical conduct and to increase interpreting quality. This will also enhance the trust vested in interpreters by healthcare professionals and LEP patients. Each ethical principle is equally important and reflects a different aspect of the complex interpreting task. While they are numbered here for easy reference, no one principle should take precedence over any other.

In the daily course of their work, healthcare interpreters will likely face situations where some ethical principles will seem to collide with one another, thus creating confusion about an appropriate course of action. Interpreters will then be called upon to exercise their professional judgment to address such ethical dilemmas.

In dealing with ethical dilemmas, the interpreter must remember that their actions need to be aligned with the ultimate goal of supporting the patient's health and well-being. It may not always be possible to support the patient/provider relationship if that relationship is impeding (or getting in the way of) the patient's access to quality healthcare services.

## *Ethical Principle 1. Confidentiality*

Interpreters treat all information learned during the interpreting as confidential.

### *Performance Measures*

Interpreters maintain confidentiality by acting to:

- a. Advise all parties that they will respect the confidentiality of the patient/provider interaction, and, when applicable, to explain to the patient what "confidentiality" means in the healthcare setting.
- b. Advise all parties in the interpreting *session* to refrain from saying anything they do not wish to be interpreted.
- c. Decline to convey to providers any information about the patient gained in a community context (more likely to occur in linguistic communities that are demographically small).

*Note:* In cases where interpreters are privy to information regarding suicidal/homicidal intent, child/senior abuse, or domestic violence, interpreters act on the moral, if not legal, obligation to transmit such

information to the provider, in keeping with institutional policies, interpreting standards of practice and code of ethics, and the law.

d. Decline to convey to patient any personal information about the provider.

## *Ethical Principle 2. Impartiality*

Interpreters are aware of the need to identify any potential or actual conflicts of interest, as well as any personal judgments, values, beliefs or opinions that may lead to preferential behavior or bias affecting the quality and accuracy of the interpreting performance.

### *Performance Measures*

Interpreters maintain impartiality by attempting to:

- a. Demonstrate no preferential behavior or bias towards or against either party involved in the interpreting.
- b. Allow the parties to speak for themselves and to refrain from giving advice or counsel, or taking sides.
- c. Respect the right of the parties in a conversation to disagree with each other, and to continue interpreting without becoming drawn into the disagreement.
- d. Refrain from interjecting personal opinions, beliefs or biases into the patient/provider exchange even when interpreters disagree with the message, or perceive it as wrong, untruthful, or immoral.
- e. Avoid exhibiting non-verbal body language or facial expressions (e.g., eye-rolling, shoulder-shrugging, or any display of shock or disgust) that convey bias and lack of impartiality.

- f. Disclose personal ties between the patient and the interpreter to the healthcare professional. Consider withdrawing and requesting substitution by another interpreter when personal ties cause discomfort or embarrassment, leading patients to avoid speaking freely.
- g. Request permission to withdraw if it is perceived that pursuing the interpreting session would cause undue mental or emotional distress to the interpreter, due to personal trauma or experiences, thus impeding the interpreting task.

*Note:* In cases where there is no alternative interpreter, interpreters will give thorough consideration to the situation and act responsibly, in a manner respectful of both self and others.

### *Ethical Principle 3. Respect for Individuals and their Communities*

Interpreters strive to support mutually respectful relationships between all three parties in the interaction (patient, provider and interpreter), while supporting the health and well being of the patient as the highest priority of all healthcare professionals.

#### *Performance Measures*

Interpreters demonstrate and promote respect for individuals by seeking to:

- a. Treat all parties equally and with dignity and respect, regardless of ethnicity, race, age, color, gender, sexual orientation, religion, nationality, political viewpoint, socioeconomic status, or cultural health beliefs.
- b. Recognize that the concept of patient **autonomy**, including the process for patient informed consent for treatment valued by the healthcare system, may conflict with the world view of many patients and their families from

other cultural backgrounds, and to alert the provider or others (e.g., nurse, social worker, patient-advocate, risk-manager, interpreter supervisor) that such conflicts exist.

- c. Recognize the expertise all parties bring into the interaction by refraining from assuming control of the communication, and to provide a full and complete interpreting of all voices in the interaction.
- d. Allow for physical privacy, maintaining necessary spatial and visual privacy of the patient while positioning themselves in the interaction.
- e. Advise the provider of potential communication barriers due to gender differences between patient and provider, or patient and interpreter.
- f. Refrain from influencing patient decisions and healthcare choices (e.g., informed consent, medical procedures, or treatment options).
- g. Respond to disrespectful remarks by reminding all parties in the interaction of the ethical principle requiring accurate interpreting for everything that is spoken, including rudeness, and discriminatory remarks and behaviors.

### *Ethical Principle 4: Professionalism and Integrity*

Interpreters conduct themselves in a manner consistent with the professional standards and ethical principles of the healthcare interpreting profession.

#### *Performance Measures*

Interpreters demonstrate professionalism and integrity by acting to:

- a. Respect the boundaries of the professional role and to avoid becoming personally involved to the extent of compromising the provider-patient therapeutic relationship.

- b. Protect the interpreter's own privacy and safety.
- c. Avoid personal, political or potentially controversial topics with all parties at all times.
- d. Refrain from soliciting or engaging in other business while functioning as the interpreter.
- e. Resist creating expectations by either party that the interpreter role cannot fulfill, including functions related to the work of other health professionals, such as taking patient histories, physically moving patients, or assisting the provider in examining the patient, or acting as the patient's counselor.
- f. Inform both parties about limitations in interpreting skills and experience when necessary and to consider declining assignments requiring skills beyond the interpreter's level of language proficiency (in either language) and interpreting skill.
- g. Dress in appropriate attire in accordance with the setting, environment, and organizational policies.
- h. Ensure their professional level of language proficiency (in both languages) and interpreting skills through appropriate and available assessments, testing, accreditation, and certification.
- i. Participate in basic training and ongoing professional development through related continuing education activities, such as community college classes, workshops provided by the interpreter's organization, and health seminars.
- j. Decline bribes, gratuities, or favors from any party involved in the interpreting in a culturally-sensitive and appropriate way, although small gifts of food from patients and their families may be graciously accepted and shared with other staff, when culturally appropriate.

## Ethical Principle 5: Accuracy and Completeness

Interpreters transmit the content, *spirit* and cultural context of the original message into the target language, making it possible for patient and provider to communicate effectively.

### Performance Measures

Interpreters demonstrate accuracy and completeness by acting to:

- a. Convey verbal and non-verbal messages and speaker's tone of voice without changing the meaning of the message.
- b. Clarify the meaning of non-verbal expressions and gestures that have a specific or unique meaning within the cultural context of the speaker.
- c. Maintain the tone and the message of the speaker even when it includes rudeness and obscenities.  
*Note:* different cultural understandings and levels of acceptance exist for the usage of obscene expressions and profanities, and we understand the resistance most interpreters have towards uttering such expressions, although interpreters need to honor the ethical principle of "Accuracy and Completeness" by striving to render equivalent expressions).
- d. Reveal and to correct interpreting errors as soon as recognized.
- e. Clarify meaning and to verify understanding, particularly when there are differences in accent, dialect, *register* and culture.
- f. Maintain the same level of formal/informal language (register) used by the speaker, or to request permission to adjust this level in order to facilitate understanding when necessary to prevent potential communication breakdown.



- g. Notify the parties of any medical terms, vocabulary words, or other expressions which may not have an equivalent either in the English or target languages, thus allowing speakers to give a simplified explanation of the terms, or to assist speakers in doing so.

## *Ethical Principle 6. Cultural Responsiveness*

Interpreters seek to understand how diversity and cultural similarities and differences have a fundamental impact on the healthcare encounter. Interpreters play a critical role in identifying cultural issues and considering how and when to move to a **cultural clarifier** role. Developing **cultural sensitivity** and **cultural responsiveness** is a life-long process that begins with an introspective look at oneself.

CHIA recommends that both providers and interpreters continually participate in **cultural competency** training that includes introspection and self-reflection on personal beliefs, values and practice in order to:

- Gain awareness of how one's personal values impact the ability to work within and across cultural groups
- Increase knowledge about similarities and differences between diverse cultural groups
- Develop skills to create, adapt and implement strategies to bridge these cultural differences

### *Performance Measures*

Interpreters demonstrate cultural responsiveness by seeking to:

- a. Identify and to monitor personal biases and assumptions that can influence either positive or negative reactions in themselves, without allowing them to impact the interpreting.

- b. Recognize and identify when personal values and cultural beliefs among all parties are in conflict.
- c. Monitor and to prevent personal reactions and feelings, such as embarrassment or frustration, that interfere with the accuracy of the message, and to recognize such reactions may be a result of their own personal acculturation level, which may be similar to or different from the patient and provider.
- d. Identify statements made by providers and patients indicating a lack of understanding regarding health beliefs and practices, and to use applicable strategies suggested in the cultural clarifier role (Section 3. Guidance on Interpreter Roles and Interventions) to prevent potential miscommunication.
- e. Seek continually to update their knowledge and understanding of the dynamic cultures of patients, healthcare providers, and the culture of the healthcare system in the United States.

## Section 2.

# Standardized Interpreting Protocols



**T**his standardized interpreting protocol is the framework that guides the interaction between interpreters, patients and providers. In many circumstances, patients and providers are unfamiliar with the functions of an interpreter and do not know how to effectively utilize an interpreter. Protocols allow for patients and providers to understand the role of interpreters, how to proceed, and what to expect from interpreters throughout the encounter. Standardized protocols also enable interpreters to set the stage for a smooth interaction and help them focus on their interpreting task.

While time limitation and the actual context and urgency of any specific interpreting session may require making some modifications, interpreters strive to use the following protocols *before*, *during*, and *following* the encounter.

### *Protocol 1. Pre-Encounter, Pre-Session, or Pre-Interview*

Before the session begins, interpreters establish the basic guidelines to the interpreting encounter by acting to:

- a. Provide their name, the language of interpreting, and, if needed, their organizational affiliation.

- b. State that they will maintain the confidentiality of the encounter regarding both provider and patient, and to explain to the patient what ‘confidentiality’ means in the healthcare setting when indicated.
- c. Inform the parties of the elements necessary for a smooth interpreted encounter, including:
  - 1. The requirement for interpreters to interpret everything spoken by either party.
  - 2. The importance of the patient and provider addressing each other directly.
  - 3. The need for the parties to pause frequently to allow for interpreting.
  - 4. The possibility that interpreters may need to intervene for clarification.
- d. Ask if the provider needs to brief the interpreter about anything in advance of the upcoming interaction, and to share any concerns the interpreter might have.

## *Protocol 2. During the Encounter, Session or Interview*

During the session, interpreters facilitate communication to support the patient/provider relationship by acting to:

- a. Position themselves to maximize and encourage direct communication between patient and provider.
- b. Remind the patient and provider verbally or with gestures to address each other directly, as needed.
- c. Use the *first person* (“I”) as the standard form of interpreting, to enhance

direct patient/provider communication, and to exercise discretion in switching to the “third person” when the first person form causes confusion or is culturally inappropriate for either or both parties.<sup>1</sup>

- d. Attend to verbal and nonverbal cues that may indicate the listeners are confused or do not understand, and to check whether clarification is needed.
- e. Manage the smooth flow of communication by, for example, pacing the amount of information presented, avoiding side conversations with either party, and preventing parties from speaking simultaneously.
- f. Intervene for clarification when interpreters do not understand the terminology or message.
- g. Indicate clearly when interpreters are speaking on their own behalf (instead of interpreting the words of either patient or provider) when intervening for any purpose.
- h. Consider interrupting the communication process in extreme circumstances to privately discuss with the provider or patient issues of concern to the interpreter that may not be openly discussed within the session (e.g., sensitive matters requiring privacy may arise when multiple family members are present or when a patient’s safety is in jeopardy).

### *Protocol 3. Post-Encounter, Post-Session or Post-Interview*

Interpreters provide closure to the interpreted session by taking measures to:

- a. Inquire about any questions or concerns the parties may have for each other, and to ensure that the encounter has indeed ended.

- b. Provide directions or to accompany the patient to subsequent appointments that day.
- c. Facilitate the scheduling of follow-up appointments and to remind the patient or the receptionist to request an interpreter.
- d. Document the provision of interpreting services, as required by each organization's policies.
- e. Debrief providers or the interpreter's supervisor, when appropriate, about concerns of interpreters or providers arising from the session.

## Section 3.

# Guidance on Interpreter Roles and Interventions



The fundamental purpose of healthcare interpreters is to facilitate communication between two parties who do not speak the same language and do not share the same culture. Various barriers to cross-cultural communication exist. These include language differences, language complexity, and differences in cultural norms, in addition to organizational or broader systemic barriers facing LEP patients. This section describes roles and strategies available to interpreters within the healthcare encounter to help the parties address these barriers.

CHIA recognizes that interpreters employed by any particular organization may have other duties and responsibilities associated with their employment outside of the role of interpreting. These duties will vary from organization to organization. They may include acts of customer service (not to be confused with patient advocacy) such as helping patients with directions, escorting patients to different locations, and informing patients of operating hours.

## *Role 1. Message Converter*

In the **message converter** role interpreters listen to both speakers, observe body language, and convert the meaning of all messages from one language to another, without unnecessary additions, deletions, or changes in meaning.<sup>3</sup> To do so, interpreters must manage the flow of communication between all the parties present. Interpreters need to intervene (verbally or nonverbally) when parties speak too fast or fail to allow the interpreter time to interpret. They also need to manage turn-taking, indicating to individuals speaking at the same time that they will be heard in sequential order or that a party must be allowed to finish speaking.

## *Role 2. Message Clarifier*

Interpreters acting in the **message clarifier** role are alert for possible words or concepts that might lead to a misunderstanding. When there is evidence that any of the parties, including the interpreter, may be confused by a word or phrase, interpreters may need to:

- a. Interrupt the communication process with a word, comment, or a gesture to the party currently speaking.
- b. Alert the parties that the interpreter is seeing signs of confusion from one or more of the parties and identify the confusing word or concept.
- c. Request or assist the speaker of a word or concept unfamiliar to the listener or interpreter to restate or describe the unfamiliar word or concept in a simpler way.
- d. Explore ways to assist speakers to describe concepts using analogies, or “word pictures” when there are no linguistic equivalents in either language.



In any of the roles, when interpreters begin speaking in their own voice and no longer converting messages of either patient or provider, it is critical they clearly state to both parties that the message is from the interpreter. (For example, the interpreter may interject, “The interpreter would like to say...”)<sup>4</sup>

Finally, interpreters should allow the patient and provider adequate opportunity to communicate common understandings without interpreter intervention. Unless communication is seriously impaired, interpreters preferably wait until either of the parties asks for interpreter help in clarifying words or concepts that are not understood before interrupting the flow of the communication.

### *Role 3. Cultural Clarifier*

Culture determines how people behave, make decisions, communicate and interact with each other. Culture and language are inseparable. Concepts and words sometimes exist in one language but not another. Finding equivalent expressions is complex. This accounts for the different number of words required to express a concept in a second language.<sup>5</sup>

Cultural beliefs about health and illness around the world vary significantly from the biomedical perspective. Many traditional health beliefs, practices, and healers lack equivalent terms. Interpreters have a fundamental role in helping both parties understand each other’s explanations on health and illness (Kaufert & Koolage, 1984; Kleinman, Eisenberg, & Good, 1978; Kleinman, 1988).

The ***cultural-clarifier*** role goes beyond word clarification to include a range of actions that typically relate to an interpreter’s ultimate purpose of facilitating communication between parties not sharing a common culture.<sup>6</sup> Interpreters are alert to cultural words or concepts that might lead to a misunderstanding, triggering a shift to the cultural clarifier role.

The patient may perceive a provider's questioning strategy or remarks as culturally inappropriate. The same is true of the provider's perception of patient's comments. This occurs even though no disrespect was intended by either party. It happens more frequently when patient and provider do not share a common understanding of illness and medical treatment.

When there is evidence that any of the parties, including the interpreter, may be confused by cultural differences, interpreters need to:

- a. Interrupt the communication process with a word, comment, or a gesture, as appropriate.
- b. Alert both parties to potential miscommunication or misunderstanding (Interpreters may say, for example, "As an interpreter, I think that there may be potential danger for miscommunication/ misunderstanding...").
- c. Suggest cultural concerns that could be impeding mutual understanding.
- d. Assist the patient in explaining the cultural concept to the provider, or the provider in explaining the biomedical concept. When requested, interpreters also need to explain the cultural custom, health belief or practice of the patient to the provider, or educate the patient on the biomedical concept.

#### *Role 4. Patient Advocate*

"Interpreters cannot and should not be responsible for everything that everyone does, or doesn't do. But, if they happen to notice something starting to go wrong, it is reasonable to bring it to the attention of someone who can correct it before it becomes a problem, rather than sit back and watch a disaster unfold" (Kontrimas, 2000).

Limited-English speakers can face major cultural and linguistic barriers in

accessing and utilizing services at all levels of the healthcare system (e.g., eligibility and enrollment, making appointments, clinician visits, billing, understanding prescriptions). Many immigrants may be unfamiliar with U.S. healthcare system services available and their healthcare rights. Individuals with limited English proficiency find it difficult to advocate for their own right to the same level of care as English-speaking patients. Given the backdrop of such disparities, interpreters are often the only individuals in a position to recognize a problem and advocate on behalf of an individual patient. **However, the Patient Advocate role must remain an optional role for each individual healthcare interpreter in light of the high skill level skill required and the potential risk to both patient and interpreter.**