Working with Interpreters

Wallace Medical Concern
Introduction
Who are interpreters?

- Interpreters convert spoken or signed utterances from one language (the source language) into a different language (the target language).
- Interpreters may also provide sight translation, conveying the content of a written document in one language orally in a different language.
- Not to be confused with translators, who deal with written documents.
What is interpreting?

- Interpreting vs interpretation
  - **Interpreting**: the action or the profession
    
    *Example sentences*: Interpreting is harder than translation because it requires memory skills; Ana V. is great at interpreting.
  
  - **Interpretation**: the spoken utterance of the interpreter
    
    *Example sentences*: She couldn’t use a word-for-word interpretation because that idiom doesn’t exist in Spanish; Maria’s interpretations are very accurate.
What skills does interpreting require?

- Language skills
- Memory
- Knowledge of terminology
- Note-taking
- Knowledge of ethics
- Managing the encounter
- Multitasking
Review

- What is the difference between interpreting and translation?
- What does “interpretation” mean?
- Name 3 skills that interpreters need in order to be successful
I need 3 volunteers:

- 1 provider
- 1 patient
- 1 interpreter
For the audience...

- “Good afternoon, sorry for that wait. My name is Tom Stewart. So, the medical assistant told me what symptoms you’ve been having—you’ve been very thirsty, urinating a lot, and you’ve had some tingling in your hands and feet. All of those symptoms can be due to diabetes, which is when you have high blood sugar levels, either because the body is not producing enough insulin or because your cells aren’t responding properly to the insulin being produced. I’m going to order an A1c test, so we can see what your average blood sugar levels have been over the last couple of months. That way we can tell if your symptoms are due to diabetes or if there’s something else that could be causing them. Any questions so far?”
How did our interpreter do?

- What information was left out?
- How would this affect the encounter?
- What can we do to make sure no information is omitted in our actual office visits?
Qualification and Certification
What credentials must interpreters have?

- Oregon requires the use of certified or qualified interpreters
- The Oregon Health Authority provides credentials to interpreters
- Qualification is valid for three years.
- After an interpreter receives qualification, they may renew it only if certification is not available for their language
- Certification is valid for 3 years and may be renewed if the interpreter has earned the appropriate CEUs and maintained national certification.
Qualification Requirements

- 18 years of age
- 60 hours formal health care interpreter training
- Demonstrated proficiency in English
  - Language proficiency test
  - Graduation from high school in an English-speaking country
  - BA or higher with English as the language of instruction
- Demonstrated proficiency in the target language
  - Language proficiency test
  - BA or higher from an institution with the TL as the language of instruction
  - Graduation with a BA or better majoring in the TL
- 40 hours of interpreting experience
Certification Requirements

- 18 years of age
- 60 hours formal health care interpreter training
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  - Language proficiency test
  - Graduation from high school in an English-speaking country
  - BA or higher with English as the language of instruction
- Demonstrated proficiency in the target language
  - Language proficiency test
  - BA or higher from an institution with the TL as the language of instruction
  - Graduation with a BA or better majoring in the TL
- 80 hours of interpreting experience
- Proof of passing the oral and written national certification tests from NBCMI or CCHI, and valid credential from one of these organizations
NBCMI Exams

- NBCMI stands for National Board of Certification for Medical Interpreters
- In order to receive certification from NBCMI, interpreters must pass an oral and written exam

- The **written exam** is evaluated on:
  - Medical Terminology in Working Languages (38%) - not translation of terms, but understanding of terminology - in English
  - Medical Specialties in Working Languages (23%)
  - Medical Interpreter Ethics (15%)
  - Roles of the Medical Interpreter (8%)
  - Cultural Competence (3%)
  - Interpreter Standards of Practice (5%)
  - Legislation and Regulations (3%)

- The **oral exam** is evaluated based on:
  - Mastery of Linguistic Knowledge of English (15%)
  - Mastery of Linguistic Knowledge of Working Language (15%)
  - Interpreting Knowledge and Skills (25%)
  - Cultural Competence (10%)
  - Medical Terminology in Working Languages (25%)
  - Medical Specialties in Working Languages (10%)
CCHI Exams

- CCHI stands for Certification Commission for Healthcare Interpreters
- In order to receive certification from CCHI, interpreters must pass a written and oral exam
- The **written exam** is evaluated based on:
  - Manage an Interpreting Encounter (30% – 35%)
  - Understand Healthcare Terminology (22% – 25%)
  - Interact with Other Healthcare Professionals (20% – 24%)
  - Prepare for an Interpreting Encounter (16% – 20%)
  - Demonstrate Cultural Responsiveness (3% – 6%)
- The **oral exam** is evaluated based on:
  - Interpret Consecutively (75%–80%)
  - Interpret Simultaneously (10%–15%)
  - Sight Translate/Translate Healthcare Documents (10%–15%)
Review

- Which two organizations offer certification exams?
- What is the difference between qualification and certification in Oregon?
Code of Ethics
NCIHC stands for “National Council on Interpreters in Health Care”

They represent interpreters in the US (there are other international organizations, like AIIC, but we will focus on NCIHC because certification/qualification exam questions are drawn from their standards)

The NCIHC sets minimum standards that all medical interpreters should abide by

They published the National Code of Ethics and Standards of Practice
Interpreter Code of Ethics

1. The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

2. The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.

3. The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.

4. The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

5. The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.

6. The interpreter treats all parties with respect.

7. When the patient’s health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.

8. The interpreter strives to continually further his/her knowledge and skills.

9. The interpreter must at all times act in a professional and ethical manner.
Core Values Reflected

- There are three core values reflected in the interpreter code of ethics:
  - **Beneficence:** The importance of the well-being of the patient
  - **Fidelity:** The importance of accuracy in interpreting, maintaining the original message of the speaker
  - **Respect for culture/cultural differences:** The importance of recognizing cultural differences and understanding how they may influence the interpreting encounter
Review

- Who published the Code of Ethics?
- What are the core values reflected?
- What are 2 things the interpreter must do in order to comply with the Code of Ethics?
- What are 2 things the interpreter must NOT do in order to comply?
Interpreter Standards of Practice

- The Standards of Practice are divided into nine categories, which correspond to the 9 elements of the Code of Ethics:
  - Confidentiality
  - Accuracy
  - Impartiality
  - Role boundaries
  - Cultural Awareness
  - Respect
  - Advocacy
  - Professional Development
  - Professionalism
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Confidentiality

“To honor the private and personal nature of the health care interaction and maintain trust among all parties.”

- 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.

- 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.
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Accuracy

“To enable other parties to know precisely what each speaker has said.”

- **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.

- **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 speaker to re-express themselves in language more easily understood by the other party.

- **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."

- **The interpreter manages the flow of communication.**
  For example, an interpreter may ask a speaker to pause or slow down.

- **The interpreter corrects errors in interpretation.**
  For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.

- **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."
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Impartiality

“To eliminate the effect of interpreter bias or preference.”

- 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.

- 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.
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Interpreter Code of Ethics
Role Boundaries

“To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.”

- 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.

- 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.
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Cultural Awareness

“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.
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“To acknowledge the inherent dignity of all parties in the interpreted encounter.”

- 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.
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Advocacy

“To prevent harm to parties that the interpreter serves.”

- 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.

- The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.
  For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.
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Professional Development

“To attain the highest possible level of competence and service.”

- 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.
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Professionalism

“To uphold the public’s trust in the interpreting profession.”

- The interpreter is honest and ethical in all business practices.
  For example, an interpreter accurately represents his or her credentials.

- The interpreter is prepared for all assignments.
  For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.

- 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.

- The interpreter is accountable for professional performance.
  For example, an interpreter does not blame others for his or her interpreting errors.

- The interpreter advocates for working conditions that support quality interpreting.
  For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy.

- 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.

- 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.
Review

- How does the Code of Ethics relate to the Standards of Practice?
- Name 3 of the core values reflected in the Code of Ethics and explain them
Working with Interpreters
Before the appointment

- Keep track of which of your patients will need an interpreter and who will be interpreting (for us at WMC, this should be documented in the appointment notes)
- Introduce yourself to the interpreter
- Let the interpreter know when you are ready to go in with the patient, and give them a minute or two to prepare (get notebook and pen/pencil, go over appointment notes, etc.)
During the appointment

- Do not interrupt the interpreter—if you think of something you would like to add, let the interpreter finish then add the additional information.
- Remember, the interpreter may not omit anything.
- Speak in short phrases, pausing in between ideas. Try not to ask more than one question at a time—this way, you will know which question the patient is responding to.
- Speak to the patient, not the interpreter (use second person).
  - Example: “Does your leg hurt?,” not “Ask him if his leg hurts.”
- Do not say anything to the interpreter that you do not wish to be interpreted.
- If you have a question or comment for the interpreter, wait until after the visit if possible.
- Do not leave the interpreter alone in the room with the patient—even if you have nothing to add, wait for him/her to finish interpreting what you said. This way, you are there if the patient has a question.
After the appointment

- Now is the time for questions or comments from during the session!
  - **Example:** “Do you know what information she needs to bring in to apply for PANOW?”
- Discuss how the session went
Review

- What is 1 thing you can do ahead of time to prepare for appointments that require an interpreter?
- What is 1 thing you should avoid during an appointment if an interpreter is present?
- Why should you wait until after the appointment to ask the interpreter questions?
Questions?

Comments? Concerns?
THANK YOU!