

Standards of Practice for Medical Interpreters

Pre-conference:

When possible hold a Pre-conference to determine the provider's goal for the medical interview.

Introduction:

Formally introduce yourself to both the patient and provider.

Referrals:

The interpreter is able to refer the patient to the appropriate support services rather than assuming the social work role.

Positioning:

The seating arrangement will be adjusted to ensure the most interaction between the provider and patient.

Privacy:

Allow privacy as dictated by the appointment type.

Body Clues:

Observe and report any body language, cues that might not be observed by the provide.

Communication Modes:

Choose the appropriate mode of interpretation for the specific medical event. First or third person, consecutive versus simultaneous.

Accuracy:

Accurately transmits information between the patient and provider.

No omissions, additions:

The interpreter will not omit, delete or add information to the interpretation session.

Transparency:

Employ transparency as to ensure that communication can be reestablished.

Clarification:

Asks for repetition, explanation or verification of concepts when appropriate.

Confidentiality:

Ensure that confidentiality and the interpreter's Code of Ethics are maintained.

All verbalization will be transmitted:

Informs all parties in the appointment that everything will be transmitted with no exception.

Limited advocacy:

Advocacy is only done upon systemic barriers and is done within a team operation.

Cultural Brokerage:

Cultural brokerage is only done when communication breaks down and is requested by the provider to assist in understating a cultural nuance. Although the interpreter may be a cultural expert it cannot be assumed that an individual will be knowledgeable to all the diversity given within an ethnic group.

The voice of the patient and providers:

The interpreter does not advise, counsel or interject personal opinions.

The interpreter is not the educator or the provider but rather the voice and ears for the parties involved.

Diplomacy:

Diplomatically negotiates difficult situations with patients, providers and staff.

Conference calls:

Encourages conference calls to facilitate communications between the providers and patient.

Transmission of information:

Interpreters shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the person whom they service.

Professional conduct:

Interpreters shall accept assignments using discretion with regard to skill, setting, and the consumers involved.

Role:

Formally establishes the interpreter's role from the beginning of the medical appointment. Clearly established that the interpreter is only the bridge of communication for all spoken prose.

These standards are a compilation of ideas and adaptations from several resources: Medical Interpreting Standards of Practice, Bridging the Gap, Sign Languages Code of Ethics, and OHSU'S Medical Interpreter Program and now used with National Council of Healthcare Interpreting.