

The Medical Interpreter

A Foundation Textbook for Medical Interpreting

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Dedication

*For medical interpreters, who support access to health services,
promote quality care and give a voice to patients, families and providers
around the world.*

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Introduction

Purpose of this textbook

This textbook offers an introduction to the field of medical interpreting. It shows interpreters what medical interpreting is, its requirements, ethics, standards and protocols, and how to perform it well.

This book can also be used as the basis for a foundation program for the training and education of medical interpreters. It is designed for use both in short training programs (40 to 100 hours) and university and college programs lasting one or two semesters.

Audience for this textbook

This book is intended for any working interpreter and for any interpreter new to the profession. It primarily targets the U.S. market. It therefore addresses U.S. national requirements, laws and best practices relevant to medical interpreting.

However, interpreters in other countries might also find this textbook useful because the book covers a great deal of basic information and because it is written in simple English.

How is this textbook different from *The Community Interpreter®: An International Textbook*?

In some ways, *The Medical Interpreter: A Foundation Textbook for Medical Interpreting* (published in 2016) and *The Community Interpreter: An International Textbook* (published in 2015), must cover the same ground because they are both introductory textbooks whose audiences include medical interpreters.

In other ways, the two books are quite different. Here are two tables. The first table addresses how the two books are similar and the second table shows how these books are different.

Similarities between <i>The Medical Interpreter</i> and <i>The Community Interpreter</i> textbooks	
Both books address an entry-level audience.	
Both books are structured in five chapters with roughly similar topics, content areas and pedagogical approaches.	
Both books can be used for the training and education of medical interpreters.	
Both books can support 40-, 60- or 100-hour medical interpreting programs.	
Both books can be used to teach <i>The Community Interpreter</i> , the leading national training program in the United States for both medical and community interpreting.	
Both books are the only comprehensive, academic-level textbooks of their kind for training medical and community interpreters, respectively.	
Both books include some general content (such as interpreting skills and protocols) that is the same or at least roughly similar.	
Both books are research based and up to date with current information.	
Neither book was written with direct input from a signed language interpreting author, yet both books make every effort to be inclusive of signed language interpreters.	
Future editions of both books will include an American Sign Language (ASL) author.	

Differences between <i>The Medical Interpreter</i> and <i>The Community Interpreter</i> textbooks	
<i>The Medical Interpreter</i>	<i>The Community Interpreter</i>
Addresses only medical interpreters.	Addresses medical, educational and social services interpreters.
Has a narrow, specific focus on medical interpreting.	Has a comprehensive, broad focus that includes medical interpreting.
Addresses a U.S. audience.	Addresses both a U.S. and an international audience.
Written in basic English.	Written in simple but not basic English.
Might be preferred for audiences composed of newly arrived refugees, indigenous interpreters and/or interpreters who lack higher education.	Might be overwhelming for audiences who struggle with written English and/or literacy.
Shorter book (316 pages).	Longer book (453 pages).
Includes U.S.-specific information, e.g., U.S. national ethics and standards, protocols, requirements and language access laws.	Includes international information on ethics, standards, requirements and language laws and policies.
Can support 40-100 hour programs for training medical interpreters.	Can support short or long training programs or higher education degree programs for medical, education and/or social services interpreting.
Includes a significant quantity of content specific to medical interpreting and U.S. healthcare.	Includes a wealth of information on many areas of community interpreting, including medical interpreting.
Addresses U.S. national ethics and standards for interpreters in healthcare.	Includes international ethics and standards (developed by the authors) for interpreters in healthcare, education and social services.

Finally, it is important to note that while both books are based on up-to-date research on interpreting in general, medical and community interpreting, *The Medical Interpreter* cites that research much less often than *The Community Interpreter*. The reasoning is that *The Medical Interpreter* is more likely to be used for self-study and short trainings while *The Community Interpreter* was designed and written as a university-level textbook.

Which textbook is right for you?

Whether you are an interpreter or a trainer/educator, you can make a decision about which of these two books is right for you. Perhaps you are enrolled in a training program or a college or university course. Perhaps you are an interpreter who wants to purchase a textbook for self-study. Both books are useful for training medical interpreters. How can you decide which one is better for you?

For interpreters

Here are some guidelines about which book might better meet your needs.

The Medical Interpreter: A Foundation Textbook for Medical Interpreting

As an interpreter, you might find *The Medical Interpreter* better for your needs than *The Community Interpreter: An International Textbook*, if any of the following applies to you (and especially if several items below apply to you):

- You have never interpreted before.
- You are new to medical interpreting.
- You find English can be hard to read.
- You are a hospital staff interpreter.
- You are a bilingual employee in healthcare who interprets part-time.
- You do not have a university degree.
- You are enrolled in a basic introductory program.
- You are a recently arrived immigrant or refugee.
- You will primarily perform medical interpreting and not educational or social services interpreting.
- You are not interested in performing educational or social services interpreting.

The Community Interpreter: An International Textbook

As an interpreter, you might find *The Community Interpreter* textbook better for your needs than *The Medical Interpreter* if the following applies to you:

- You read English well.
- You want a reference book that is fairly comprehensive.
- You look for content that addresses many community settings, not only healthcare.
- You perform (or plan to perform) educational and/or social services interpreting.
- You are enrolled in a college or university interpreting program.
- You perform (or want to perform) legal interpreting in community settings (outside courts).
- You live and interpret in a country that is not the United States.

Structure of this book

This book is divided into five chapters, each of which is devoted to one topic. Each chapter and its topic can correspond to one full day of class time or more. In this respect, the book is a mirror image of *The Community Interpreter: An International Textbook*.

That similarity is no accident. Having a similar structure and roughly similar content for both books is a unique publishing decision. The goal was to help trainers and educators who are familiar with one book switch to the other book as needed and teach with the other book instead.

Although the content is addressed in a different way in each book, certain basic core content is addressed in both books in a way that makes it possible to choose between the books as needed for teaching purposes.

In addition, both books are designed for use by trainers licensed to teach the program known as *The Community Interpreter® International*. Such trainers are often referred to in the United States as “TCI licensed trainers.”

The Community Interpreter® (TCI)-licensed trainer

General guidance for licensed trainers

If you are a licensed trainer for *The Community Interpreter® International*, a trademarked program owned by Cross-Cultural Communications (CCC), be aware that you can choose to teach with either this book or *The Community Interpreter: An International Textbook*. (In fact, it is possible to offer your participants the choice of which textbook they would prefer. However, it might confuse them to have both books in one classroom.)

The reason for offering you this flexibility as a trainer or educator is that both books support and can be used to teach *The Community Interpreter International*. As the trainer, you can make a decision about which book is better for your audience. You can also contact CCC by telephone or email for guidance as you make that decision. (See the end of the Introduction for contact information.)

Making the choice

Here is more specific information that can help a licensed trainer for *The Community Interpreter International* decide which book to use when teaching that program.

Which Book Should the TCI-Licensed Trainer Choose?	
<i>The Medical Interpreter</i> <i>A Foundation Textbook for Medical Interpreting</i>	<i>The Community Interpreter</i> <i>An International Textbook</i>
<i>The following criteria are for your guidance only. The trainer or educator will make the best choice for each group.</i>	
For training interpreters who will perform only medical interpreting ("The Medical Edition").	For interpreters who will perform general interpreting in many settings.
For hospital interpreters.	For school or social services interpreters.
For classes preparing for national medical interpreter certification.	For classes preparing for a general interpreting career.
For low-literacy audiences.	For university and college audiences.
For groups that struggle with reading English.	For groups stronger in written English.
For groups overwhelmed by a big textbook.	For groups that want a reference textbook.
For short programs that require little to no homework.	For groups that must submit written assignments.
For groups that support U.S. national ethics and standards for healthcare interpreters.	For groups that prefer a more general code of ethics and standards of practice.

Teaching "The Medical Edition"

Since its creation in 2004, *The Community Interpreter* (which in its sixth edition, which was also the first international edition, became *The Community Interpreter International*) has been used by many of its licensed trainers to teach all-medical audiences of interpreters and/or interpreters who also interpret in educational and social service settings.

As a result, this program has developed a number of resources, including professionally designed PowerPoint slide kits, handouts, templates for activity cards, a written test that is periodically updated and revised with an answer key and other materials. Specifically, there are enough medical-only materials and resources (such as role plays in the companion workbook) that can be used for teaching what is called "The Medical Edition" of *The Community Interpreter*.

At any given point in time, CCC estimates that about 50 percent of its currently licensed trainers are teaching The Medical Edition of the program. As a result, this textbook was developed in great part to facilitate the work of those trainers who teach The Medical Edition of the program.

However, all these licensed trainers may choose to use either textbook for training interpreters in healthcare, since both textbooks explicitly support the training and education of medical interpreters.

Ethics and standards

It is particularly important to be clear that this book includes and supports the national code of ethics and national standards of practice published in 2004 and 2005 respectively by the U.S.-based National Council on Interpreting in Health Care (NCIHC).

In contrast, *The Community Interpreter: An International Textbook* includes its own international code of ethics and standards of practice for community interpreters at the beginning of the textbook. This code, which exists as a separate document (that can be downloaded at no cost at www.cultureandlanguage.net), was written by the five authors for use as an international training

tool. It was also written because no such ethics and standards existed that could be used to train interpreters in any part of the world.

As a result, making the choice about which textbook to use can also depend, at least in part, on whether the reader or the trainer/educator wishes to follow the NCIHC national ethics and standards or prefers a book based on more general ethics and standards for medical, educational and social services interpreting.

For example, *The Community Interpreter: An International Textbook* specifically does not include advocacy as a tenet (whether as an ethical principle or a standard of practice) due to international controversy and disagreement about advocacy and interpreters. Both textbooks *teach* advocacy, but both books also treat advocacy as an instance of “stepping out of role.” In fact, however, the NCIHC national ethics and standards also treat advocacy as a special case of “stepping out of role.”

Engaging in advocacy as an interpreter can be justified, for example, in the name of patient safety, but advocacy is not widely viewed as being part of the interpreter’s “job” and, as such, even within the United States, this topic arouses heated discussions. Its treatment in both the textbooks is very nuanced. However, *The Medical Interpreter* bases that discussion on the definition of advocacy and concepts related to advocacy included in the NCIHC *National Code of Ethics for Interpreters in Health Care* (2004).

ASL interpreters

No book authored by spoken language interpreters can lay claim to being an ideal textbook for signed language interpreters. The five authors of this textbook have, however, made a sustained effort to take signed language interpreters into consideration, and future editions of both this book and *The Community Interpreter* textbook will include an ASL author.

For the time being, it is important to note that the same national U.S. ethics and standards for interpreters in healthcare published by NCIHC, and on which this book is based, apply equally to spoken and signed language interpreters.

As a result, ASL interpreters might find points of disagreement in the guidance provided in this book but in general should find that the vast majority of the content applies very well to the work they perform as signed language interpreters in healthcare settings. Many ASL interpreters have found the models, principles, techniques and strategies proposed in this textbook helpful in their day-to-day work.

Contact the authors

For questions for the publisher or the authors, please do not hesitate to contact us. We welcome comments and suggestions.

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Medical Interpreter Credentials

SECTION 1.2

LEARNING OBJECTIVE 1.2

After completing this section, you will be able to:

List and compare interpreter credentials, including certificates and certification.

DEFINITION

Credential

A quality, skill, or experience that makes a person suited to do a job.

A document which shows that a person is qualified to do a particular job.

Merriam-Webster Dictionary

Overview

A credential shows one's ability to carry out a certain job or task. It can be proof of one's qualifications. Although many credentials exist for medical interpreters, they often lead to confusion. For example, many interpreters do not understand the difference between a *certificate* and *certification*.

This section examines what you need to know about credentials for medical interpreters and which credentials are important to obtain.

Learning Content

Basic credentials for interpreters

Types of credentials

The United States has a number of credentials for interpreters, including national and/or state certification for medical, court and ASL interpreters. The common types of credentials that an interpreter should keep in his or her portfolio include proof of:

- Education
- Training
- Language proficiency testing
- Skills testing
- Certification

At a very basic level, medical and other community interpreters in the United States should be able to produce:

- Proof of age (18 years of age or older).
- A high school diploma or equivalent.⁷
- Proof of bilingualism, such as a language proficiency test certificate.
- Proof of training: in the United States, the widely accepted minimum is 40 hours of training in healthcare interpreting.

⁷ An "equivalent" might be a U.S. General Educational Development (GED) diploma or a secondary studies diploma from another country.

Basic Skill Requirements for Medical Interpreters

Excerpted from NCIHC (2011, pp. 13-15)

1. Message conversion

- a) Accurate and complete
- b) Active listening
- c) Message analysis
- d) Target language equivalence (e.g., figurative language, expletives, idioms, and colloquialisms)
- e) Managing regional dialects
- f) Maintaining / changing register
- g) Memory skills (e.g., chunking, prediction, visualization, and note-taking)
- h) Self monitoring and self-assessment

2. Modes of interpreting

- a) Consecutive
- b) Simultaneous (exposure to)
- c) Sight translation

3. Interpreting protocols

- a) The role of the interpreter
- b) Use of the first person
- c) Positioning
- d) Conducting a session introduction and post-session
- e) Intervention techniques (e.g., speaking as the interpreter in the third person and maintaining transparency)
- f) Managing the flow of communication
- g) Monitoring comprehension among listeners
- h) Interpreting for groups (e.g., team and family conferences and teaching sessions)
- i) Interpersonal skills (e.g., how to work with healthcare professionals, dealing with disrespectful providers or difficult patients, and de-escalating conflict)

4. Cultural brokering

- a) Skills for mediating cultural differences
- b) Recognition and management of cultural conflicts and misunderstandings
- c) Ability to recognize the interpreter's own cultural biases and maintain objectivity in the interpreting encounter

5. Decision-making

- a) Ethical decision-making—The ability to think through an ethical dilemma and make an informed choice based on accepted ethics
- b) Critical thinking—The ability to think through a situation and make an informed choice about the best course of action to take and to justify this action

6. Translation in the interpreting context

- a) Ability to decide when on-the-spot translation or transcription is appropriate
- b) Ability to respond to requests for translations/transcriptions ethically and professionally

International standards for community interpreters developed by ISO (2014, p. 7) echo many of these requirements and the need for these skills.

Professional conduct in the field

Medical interpreting is still a young profession. You will need to show professionalism in your appearance, manners and behavior at all times. Try to show you are there as a *working professional*. Learn what other professionals in that setting do or don't do. Here are a few examples of professional conduct:

- Do not accept assignments unless you are qualified to take them.
- Prepare for your assignments (time permitting).
- Correctly represent your qualifications.
- Plan to arrive at least 15 minutes early to allow for delays.
- Dress in business suits or semi-formal business clothing: avoid jeans, shorts, tops that expose the chest, open-toed shoes and other casual clothes.
- Be courteous and warm.
- Avoid accepting gifts.

The rest of this textbook will discuss how to behave professionally.

Review of Section 1.3

This section introduced you to professional ethics for interpreters and discussed the nine principles from *A National Code of Ethics for Interpreters in Health Care* published by NCIHC. Professional healthcare interpreters in the United States are expected to follow that code. This section also introduced you to a professional pledge, based on the NCIHC ethics, which you can make a commitment to follow in your professional practice:

The Medical Interpreter's Pledge

As a community interpreter, I will support the communicative autonomy of the parties I interpret for. To help them maintain responsibility for and control over their own communication, I will:

Observe confidentiality.
Strive for accuracy.
Display impartiality.
Respect professional boundaries.
Develop cultural awareness.
Treat all parties with respect.
Consider careful advocacy.
Further my knowledge and skills.
Maintain professional conduct.

Note: This version of the pledge is based on the NCIHC *A National Code of Ethics for Interpreters in Health Care*.

By following a code of ethics, you enhance your professionalism and help providers and patients know what to expect from professional interpreters.

Interpreting Protocols and Skills 2

Denis Socarrás-Estrada, MA, and Katharine Allen, MA

OVERVIEW OF CHAPTER 2

After completing this chapter and its corresponding exercises, the learner will be able to:

Objective 2.1 Stages and Steps of the Encounter

Identify three stages and seven steps in a typical interpreting assignment.

Objective 2.2 Protocols for Medical Interpreting

Practice four interpreting protocols: positioning, professional introduction, direct speech (first person) and managing the flow.

Objective 2.3 Memory Skills

Explore chunking and imagery.

Objective 2.4 Message Transfer Skills

Engage in anticipating, parroting and paraphrasing.

Objective 2.5 Modes of Interpreting

Describe three modes of interpreting: consecutive, simultaneous and sight translation.

Objective 2.6 Note-taking for Medical Interpreting

Practice three effective techniques for note-taking in consecutive interpreting.





- **Position 2: *The triangle position.*** This position is not favored for medical interpreting in the United States because it can focus attention on the interpreter and help to draw the interpreter into the conversation.

- **Position 3: *Near the provider.*** Standing just behind the provider might reinforce the provider's power. However, it has benefits, especially if the patient keeps speaking to the interpreter.



- **Position 4: *Beside, but slightly behind, the patient.*** This position, often preferred by U.S. medical interpreters, can help to make the patient feel comfortable and supported.

Viewpoints on positioning

There is no one “right position.” Every situation is unique. Still, *positioning makes a difference*. The wrong position, at the wrong time, can make you the center of attention. It can lead everyone to speak to you instead of each other.

Medical Concerns About Positioning

When you decide where to stand or sit, *keep health and safety issues in mind*. In healthcare settings, you might need to keep a safe distance from patients with mental disorders and/or contagious diseases. You will also need to consider privacy and you might have to interpret from behind a curtain.

Medical equipment and protocols, testing procedures and tiny exam rooms will all affect your choice of position. Take into account that as you move from one area to another, you could help spread disease. Use the hand sanitizer when you go in and out of any room, ward, clinic or hospital, as medical providers do. In inpatient and hospital settings, you might also need to keep a safe distance from detainees or violent offenders brought in by police officers.

Here is an example:

SAMPLE INTRODUCTION

Hi, I'm Huda from the World Languages Agency, and I'll be your interpreter today.

- I will be interpreting everything you say [or sign].
- I'll keep everything confidential.
- Please speak to the provider [or patient], not to me.
- Please speak clearly and pause often.
- If I make this gesture [make the gesture], please pause.

What would *you* add to this sample introduction?

If time permits, you might want to add something you find helpful. Here are examples of things that some medical interpreters include in their introduction:

- I may **take notes** to help me be accurate but I always destroy them after the session.
- Please don't tell me anything you don't want me to interpret.
- Do you have any questions before we start?

The "Short" Introduction

No time for a full introduction? Then at least make sure you say that *everything* stated will be interpreted. Also (for the patient) try hard to say that you will keep everything confidential.

Direct speech (first person)

Direct vs. indirect speech

Use **direct speech** (first person) to interpret. In other words, if someone says, "I have a headache," repeat that statement in the other language.

Avoid indirect speech (third person). In other words, do not say, "He says he has a headache."

Why use first person?

Compared to indirect speech, interpreting in direct speech (first person) is:

- Faster.
- Easier to interpret.
- More accurate.
- Better for direct communication.



The Strategic Mediation Model

SECTION 3.4

LEARNING OBJECTIVE 3.4

After completing this section, you will be able to:

Perform strategic mediation in five simple steps.

Overview

The Strategic Mediation Model is a simple, five-step model that will help you to intervene effectively in nearly any interpreted session that involves a barrier to communication or service delivery. The Strategic Mediation Model is especially helpful in healthcare settings and community services.

Although *mediation* as a term has many meanings, this textbook focuses on *strategic mediation*. In this context, as mentioned earlier, *mediation* refers to any act of utterance of the interpreter that goes beyond interpreting and is intended to remove a barrier to communication or service delivery.

Successful mediation means more than knowing scripts. Knowing *how* to mediate is also important. Think of mediation as a “lightning strike”: you want to get in and out. The goal is to be quick and efficient. Avoid side conversations. You are not there to fix problems or explain them. Simply point out the communication barrier or problem and let the parties resolve it. Then go back to your real job: interpreting. This section will show you how to perform efficient and effective mediation.

Learning Content

The Strategic Mediation Model: Five simple steps

Here are the five steps for performing strategic mediation:

1. Interpret what was just said or signed.
2. Identify yourself as the interpreter.
3. Mediate briefly.
4. Report your mediation to the other party.
5. Continue interpreting.



The Medical Interpreter

Chapter 3 Review

1. In your own words, define *bias*.

2. Define *intervening*.

3. Define *mediation*.

True or false

Circle the best answer.

- | | | |
|--|----------------------------|----------------------------|
| 4. Only some people are biased. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 5. Each time you intervene, whatever you say to one party you should interpret or report to the other party. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 6. You should try to avoid providing cultural information yourself, where possible. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 7. You should consider performing mediation when the risks of <i>not</i> intervening <i>exceed</i> the risks of intervening. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 8. When you perform cultural mediation, explain what the patient thinks about a cultural issue that is causing a misunderstanding. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 9. When you perform cultural mediation, you should avoid suggesting that everyone in a country engages in a certain practice. (e.g., avoid saying, "In her country they do coining/cupping/spooning.") | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 10. It is important to explain to the LEP patients you interpret for how the U.S. healthcare system works. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 11. A "mental script" for mediation should be short and simple. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 12. Decades of research show that people unconsciously stereotype others. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 13. The five steps of the Strategic Mediation Model look easy but they need lots of practice. | <input type="checkbox"/> T | <input type="checkbox"/> F |

Multiple choice

Circle the best answer.

14. Having a few “mental scripts” for mediation that you can adapt to each situation:
 - (a) Helps some medical interpreters but not most of them.
 - (b) Can save time and avoid many kinds of problems for interpreters.
 - (c) Can lead to side conversations.
 - (d) Works well if they are very detailed and specific.
15. Transparency is important when you mediate because:
 - (a) If you are not transparent, the provider and/or patient might not trust you.
 - (b) Without transparency, you are not accurate.
 - (c) It is easier to say biased things to one party or to be paternalistic if you are not transparent.
 - (d) None of the above.
 - (e) All of the above.
16. Whenever you intervene:
 - (a) It's all right to say something different to one party than the other.
 - (b) Keep your voice down.
 - (c) Avoid speaking of yourself as “the interpreter.”
 - (d) Get in and out as quickly as possible.
17. If you explain a cultural misunderstanding yourself (as an interpreter):
 - (a) You could be wrong.
 - (b) You could take away that person's voice.
 - (c) You interfere with communicative autonomy.
 - (d) You might sound patronizing or paternalistic.
 - (e) You could contribute to stereotypes.
 - (f) None of the above.
 - (g) All of the above.

Cross out

Cross out any sentence in the bullets below that is not a good example of the statement in Question 18.

18. What does it mean to *identify* or *point out* a cultural misunderstanding *without explaining it*? Here are a few examples in the case of a patient who has just refused to take off her amulet before surgery, but does not say why and the doctor is frustrated.:
 - You could suggest that you notice a break in communication about the *cultural meaning of the patient's amulet*.
 - You could suggest there might be a *cultural misunderstanding about the importance of this kind of amulet to many patients*.
 - You might suggest that in the patient's country, amulets like hers contain a *written prayer inside them and are used to protect the patient, and therefore she might feel too scared to take the amulet off before surgery*.
 - You might recommend that the provider *ask the patient about the cultural significance of the amulet*.



Figure 4-A: Elements of Professional Identity

Professional identity

When you engage with others in your work, you enter a public sphere. Here you build your sense of *professional* identity. This process means developing a sense of self in a work-related context.

Professionals such as lawyers, doctors or teachers develop over time a set of beliefs and attitudes about their profession and how it relates to other professions. That understanding of their role helps them to forge their own professional identity. A professional identity is the result of who you are, what you do, whom you interact with, how you conduct your work and why you do it in the *work* environment.

Building Professional Identity: One Snapshot

My training was informal. I attended medical school in Mexico and started studying English as a second language.

I first saw the need for medical interpreters when we did an exchange program with a university in Houston. We had to rotate through the emergency room of a hospital and we'd get a significant amount of patients with limited English proficiency.

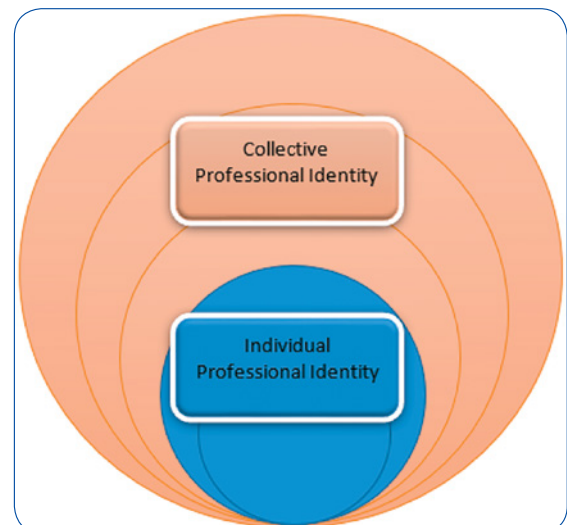
The look on their faces and the sense of relief when they would hear somebody speaking their own language and helping them communicate with the physician was an experience that left a profound impression on me.

—Cynthia Holbrook (Duluth, Georgia)
Ten years as a medical interpreter³⁸

Developing your professional identity

Medical interpreting is a profession in rapid evolution, and interpreters in healthcare are struggling for recognition. As interpreters, the journey to professional identity starts from the individual level (the interpreter) and moves to the collective level (the professional body as a whole). We will need to understand who we are as medical interpreters first to see where we fit into the profession.

To understand our own professional identity, let's step back a moment and look at how we fit into the profession.



³⁸ Retrieved from <https://www.publicinsightnetwork.org/2012/07/20/the-experience-of-medical-interpreting/>

Employed vs. Self-employed Interpreters		
	Employed interpreters	Self-employed interpreters
Business mindset	I prefer the security of a fixed salary without constantly pursuing work or payment. I do not want to run a business, worry about professional insurance or deal with a lot of paperwork. I am not detail oriented and prefer not to track all my expenses.	I need to be self-disciplined and organized. I must track assignments and expenses (mileage, travel time, tolls, etc.) and consult a qualified accountant. I need to invoice clients and follow up. I set financial goals to earn a living. I must consider getting insurances such as liability and errors and omissions insurance.
Marketing mindset	I don't want to talk about myself or think about marketing materials. I am not comfortable inventing ways to promote myself.	I need to promote myself. Paying for promotional materials like business cards is an investment in my career. I might want a blog or a website.
Flexibility and adaptability	I like a set schedule with full freedom outside my working hours. I like planning ahead and having a schedule. It is fun to climb up the employment ladder.	I like to control my time and decide when to work. I like being my own employer. I want to turn down work I don't like. I don't want a predictable routine—life is an adventure!
Open to freedom, new experiences and irregular schedule	I prefer working with only one organization where I have close ties, colleagues and friends. I want a structured work environment.	I like deciding whom to work for and looking for new clients. I meet new people all the time and have many new and exciting experiences.

Figure 4-D: Costs and Benefits of Being an Employed vs. a Self-employed Interpreter

Your business toolkit

To conduct yourself as a professional, consider the following practices as your “business tools.” These tools are standard in many professions. They can be slightly different depending on whether you are an employee or an independent contractor.

The Professional Interpreter's Business “Toolkit”		
	Employee	Self-employed
Résumé	√	√
Portfolio of credentials	√	√
Trade name		√
Business cards	(perhaps)	√
Professional email	√	√
Mobile telephone with professional voice mail	(perhaps)	√
Business forms (e.g., invoice template, mileage and/or travel time log, expense report for tax purposes)		√
Website or social-media presence		√
Branding statement		√

Figure 4-E: The Professional Interpreter's Business “Toolkit”

Chapter 4 Summary

In Chapter 4, “Interpreting in Healthcare Settings,” you explored your professional identity as a medical interpreter and how you fit into the larger profession and the U.S. healthcare system.

Section 4.1, Professional Identity, focused on what professional identity is, why it matters and how to develop it. It addressed both *personal* professional identity (who you are and what you do) and *collective* professional identity (how you fit into the profession as a whole). It explored reasons why supporting the profession helps you as well as other interpreters. This section also looked at major stakeholders in healthcare interpreting and suggested the importance of joining a professional association. Above all, it urged you to act first and foremost as a *professional* in your work.

Section 4.2, Professional Practice, addressed basic business practices for medical interpreters. It discussed several differences between being an employed or self-employed interpreter and showed the importance of knowing basic business practices. It also identified a number of business tools and strategies, common business-practice challenges and the expectations and requirements of ISPs.

Section 4.3, The U.S. Healthcare System, offered an overview of the U.S. healthcare system, which is a complex maze of organizations, programs and services. It began with a brief history followed by a discussion of access to care and how public and private health insurance programs work. It briefly reviewed how healthcare is provided and introduced four special topics: HIPAA, SOAP, differential diagnosis and informed consent.

Section 4.4, Language Access Laws, such as Title VI of the U.S. Civil Rights Act of 1964, protect LEP patients and clients of publicly funded services from discrimination. Many federal, state and local language access laws exist today. They often require healthcare organizations to provide competent and, if possible, certified interpreters. Medical interpreters should be aware of such laws and support them as they contribute to the professionalization of medical interpreting, protect patients and save lives. They also prohibit requiring family or friends to interpret. Medical interpreters who educate others about these laws support the profession, increase work opportunities and enhance patient safety and quality of care.

Section 4.5, Legal Interpreting in Healthcare, explored what legal interpreting is and situations in healthcare that can involve legal interpreting. It compared codes of ethics for legal and medical interpreters and offered a six-step protocol to help interpreters make decisions about whether or not to perform legal interpreting in healthcare settings. It examined many of the implications of performing legal interpreting without formal training in that field. Finally, it suggested that those who perform legal interpreting in medical settings without specialized training try to limit their activities to interpreting and seeking clarification while avoiding cultural mediation and advocacy.

Section 4.6, Medical Terminology, explored how to develop and expand one’s medical terminology. It suggested strategies for building terminology and researching subject matter online. It emphasized the importance of purchasing monolingual and bilingual dictionaries and glossaries and showed how to build glossaries. This section also covered resources for expanding specialized and general vocabulary.

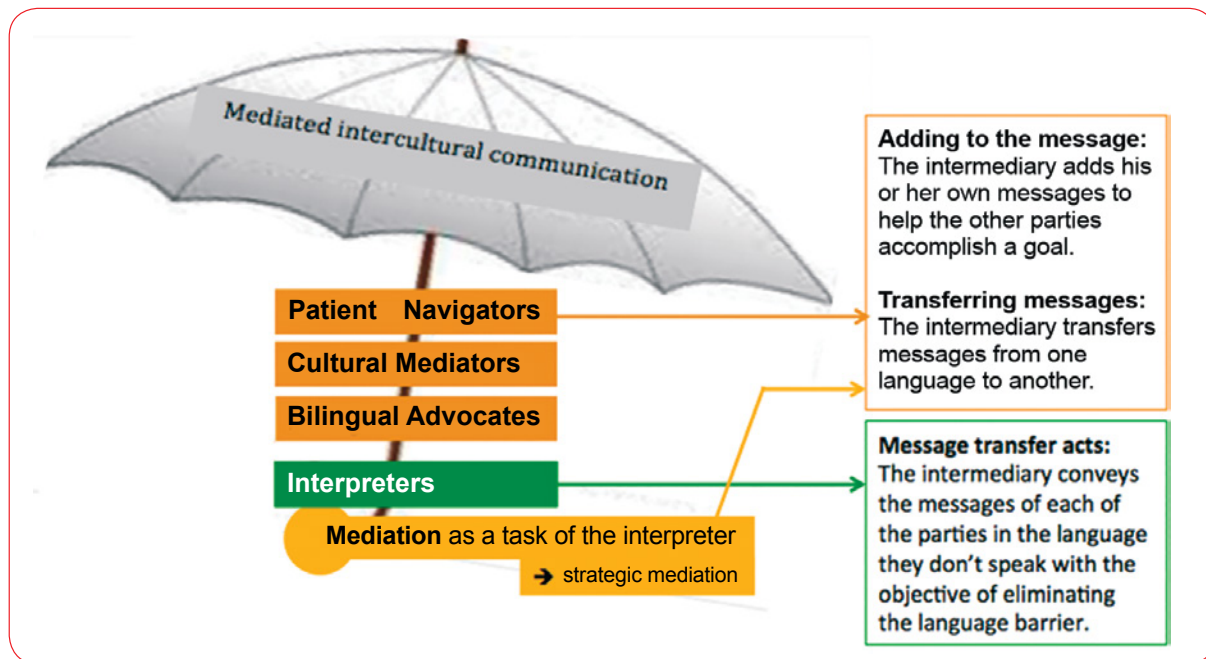


Figure 5-A: Adding to the Message vs. Transferring Messages

Intermediaries who interpret

Who is trained and qualified to interpret?

It is important to understand that both interpreters and other types of intercultural intermediaries can and do interpret in healthcare. Whether intermediaries who are not medical interpreters are *qualified* to interpret is another question. Professional associations of healthcare interpreters and language access advocacy groups suggest that anyone who lacks the qualifications to perform medical interpreting should not interpret in healthcare settings (see, for example, www.ncihc.org and www.imiaweb.org).

The difference should be visible

Whether an intercultural intermediary is interpreting or a medical interpreter is performing strategic mediation, the differences between the two functions need to be clear and visible. Any confusion can lead to problems.

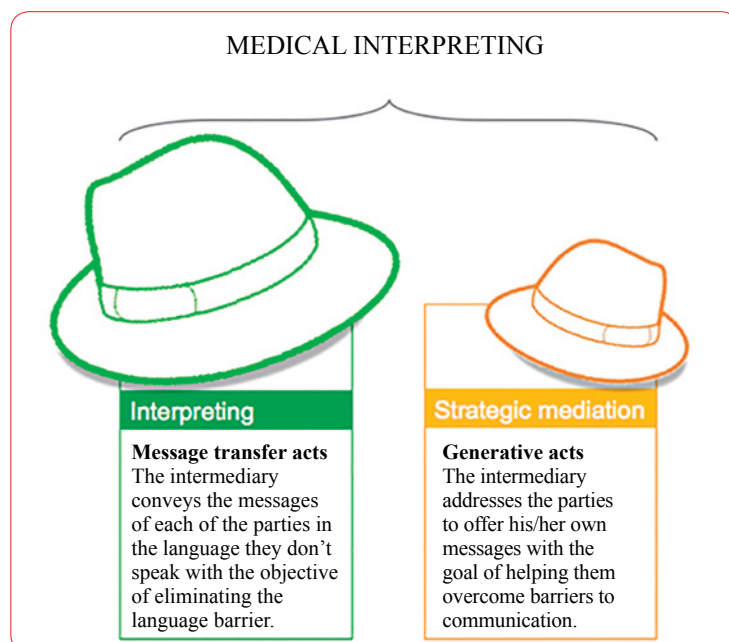


Figure 5-B: The Community Interpreters Different Hats. Source: García-Beyaert (2015)

Should I advocate?

The Advocacy Road Map

How to use the road map

Making decisions about advocacy is not easy. In García-Beyaert (2015), community interpreters were introduced to a simple “road map” to help them make decisions about advocacy—starting with whether or not to advocate at all. After all, only when the risk is important enough should you even consider advocating. Deciding whether a risk is serious enough to justify advocacy is your decision.

The road map discussed on the next pages will help by walking you through three simple steps to guide your decision-making process. The steps are presented in the form of questions. You decide the answer to each question before moving on to the next step.

Step 1: Decide why you want to advocate

The first step when you make a decision about advocacy as an interpreter is self-awareness. *Why* do you want to advocate? What causes you to feel or think the need to do so? If you are doing so for yourself, to feel better or because you are angry or upset—please do not advocate. Instead, ask yourself: *Is there a risk to someone’s safety, health, well-being or human dignity?*

How Not to Advocate

Too often, interpreters advocate because they think they know better than others or because they have a great desire to help. These are not good or sufficient reasons to advocate. Advocacy is a decision to make based on the serious risk of harm to the patient.

Even when advocating is the right thing to do—it must be done in an appropriate and professional way. Here are examples of advocacy that were inappropriate.

I once interpreted for a poor family that had come to the U.S. for medical treatment. They had very little money and felt quite isolated due to the language barrier. So I went to church and told their story to my congregation. Soon, the family began to receive visits from church members. I know this helped them feel better during their stay in this country.

If I’m interpreting and I feel that the patient should get a second opinion, I probe the patient to see if this is what s/he wants. After I interpret the provider’s diagnosis, I ask the patient (in the target language, of course), “Do you want to see another doctor?”

One provider was so rude to my patient, that at the end of the session, I offered to rebook the patient’s appointment with a different provider. I never want any of my patients to be seen by that provider!⁵⁵

Step 2: Assess risk

The second step is to determine how serious the risk is. If you didn’t advocate, would someone’s safety, health, well-being or human dignity be at *serious* risk? If not, there is no need to take action. You can always monitor the situation to decide whether or not to advocate later. Your opinion might change if the risk changes.

⁵⁵ Retrieved from https://embracingculture.com/wp-content/uploads/2014/12/ce_express_02_08.pdf

If you think the risk is very serious, so serious that you are willing to step out of your professional role, consider advocacy. But remember: now you are acting as a human being. You have stepped out of your role as a professional interpreter. There might be consequences, even serious consequences. You could lose your job—or never be asked to interpret for the language service again. You might be stripped of your certification or even trigger a lawsuit or a court case. Be careful when you assess risk. Take this decision seriously.

Step 3: Take action

The third step helps you decide *when* and *how* to take action—if it is truly needed. First, you will need to decide if the risk to the patient (or, in principle, anyone else) is *imminent* or not. Imminent means that something is about to happen. For example, if you know a domestic violence victim's bruises are from her husband because she told you so in the waiting room, but the patient doesn't tell the nurse, there is no *imminent* danger that you know of. The situation is serious and requires taking action soon, but it is not imminent. It would be imminent if the patient told you that she saw her husband following her before she came into the hospital and that she fears for her life right now.

If the risk is truly imminent, you would take action on the spot. You could disclose the situation to a health professional or call 911.

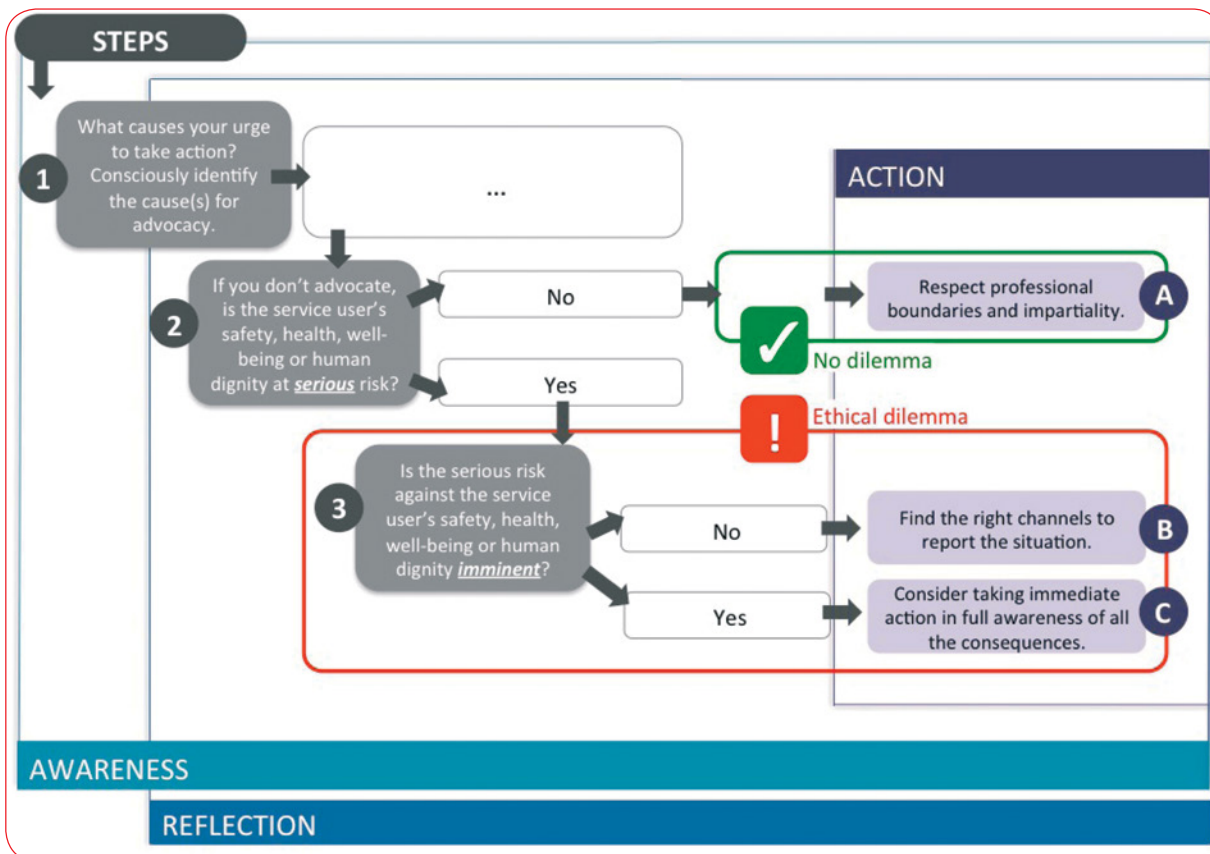


Figure 5-C: A Road Map for Advocacy. Source: García-Beyaert (2015).

Role Boundaries Are Also Important for Your Well-being

In a study about the experience of interpreters in mental health settings, Lor (2012, p. 23) found the following:

All the participants except one...continually emphasized the need to maintain clear boundaries between themselves and the clients in the work setting and in session. The three aforementioned participants identified different sitting positions; constant transparency; continuous reminders to clients before, during, and after sessions; being emotionally neutral or impartial; and staying away from advocacy roles as all strategies to avoid dual relationships and set clear limits on their sphere of influence and role responsibility.

For bilingual staff who interpret, the following tips can help you wear only one hat during the session:

- If you are asked to provide another service while interpreting, apply the SAY NO model and ask if the requester would like you to assist as the interpreter or as a provider.
- Refrain from taking over another provider's role during an interpreted session.
- If the provider leaves, you are encouraged to leave (and return) with the provider.
- Avoid consulting with another provider while the patient is present; if you absolutely need to do so, always report what is said and respect transparency.

It is important to set clear boundaries about your role. "Helping," giving advice, doing favors, attending social events with patients or giving your personal telephone number can erode professional boundaries. Sometimes it might feel culturally rude

and inappropriate to be a bit distant, for example, not hugging certain patients. But your boundaries help to build trust between the patient and provider. That relationship is the most important one. Honor it by respecting your role boundaries.

Here are a few tips that can help you avoid getting personally involved with the patient:

- Avoid staying alone with the patient.
- Try not to take on a rescuer role.
- Do not disclose personal or contact information to patients.
- Refrain from post-session contact with the patient unless it is part of your other job.

NAD-RID

Conduct assignment.

3.3 Avoid performing dual or conflicting roles in interdisciplinary (e.g. educational or mental health teams) or other settings.

#7: Maintain professionalism

There are many different aspects to professionalism for medical interpreters. Several aspects of your conduct can help the stakeholders develop trust in you. Keep in mind: to earn trust from all parties, show fairness toward all parties. Here are a few examples to help you maintain professional behavior.

Because so many see you as an ally or confidant, there is always a risk that you might have to interpret a statement intended only for you, perhaps making you seem a betrayer. Make sure that everyone knows you will interpret everything as follows:

- Keep your personal belongings, such as a wallet or purse, small enough to go under a gown.
- Try and keep your wallet or bag on you. If you put it down, wipe it off with gel or sanitizer.

Finally try to get *specialized training* in infection control, occupational hazards and industrial safety.

Stress-related occupational hazards

Stress-related conditions

Figure 5-D shows different types of stress-related conditions. Not everyone agrees with the definitions. Often, definitions can overlap. However, understanding these labels can still be useful. They can help you understand what might make you feel drained, tired or upset.

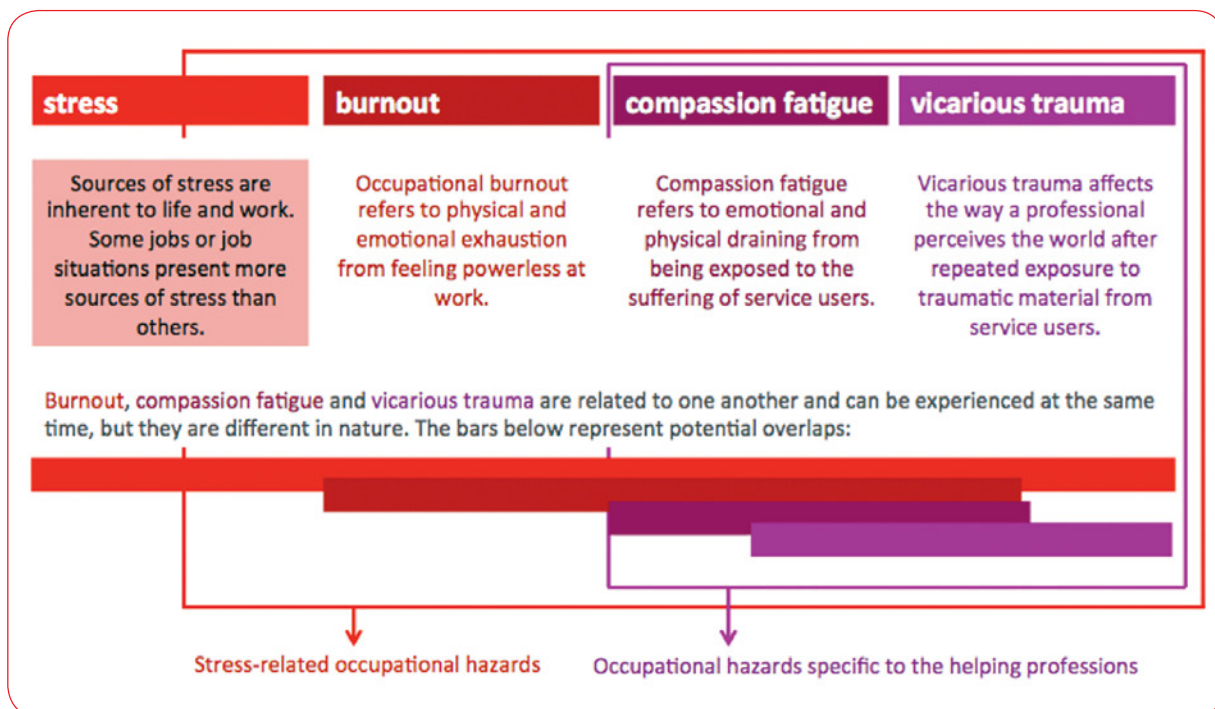


Figure 5-D: Stress-related Occupational Hazards. Source: García-Beyaert (2015).

Stress

Interpreters and stress

Interpreters encounter stress every day. Their work is demanding. You will need to learn how to manage stress.