



California Healthcare Interpreters Association

Committed to setting standards of excellence that ensures equal access to quality medical care for all people by supporting and promoting the healthcare interpreting profession.

CHIA STANDARDS OF PRACTICE FOCUS GROUP PROTOCOL

November 2001

Contents

CHIA CODE OF ETHICS AND STANDARDS OF PRACTICE COMPLETION	
TIMELINE:.....	Error! Bookmark not defined.
July, 2001	Error! Bookmark not defined.
August, 2001	Error! Bookmark not defined.
September, 2001	Error! Bookmark not defined.
October, 2001	Error! Bookmark not defined.
November, 2001	Error! Bookmark not defined.
CHAPTER FOCUS GROUP PLANNING MAP:.....	2
Now (July, 2001) :	Error! Bookmark not defined.
3 weeks in advance of Event:.....	3
One week in advance of Event:.....	3
FOCUS GROUP PROTOCOL.....	4
Before the meeting:	4
At the Start of the Session:.....	4
During the Session:	5
FOCUS GROUP QUESTIONS:.....	6
Section 1: Introduction & intro to interpreter roles	6
Section 2: Questions on the Ethics and the Standards:.....	6
Draft Letter to Participants.....	16
Informed Consent to Participate in CHIA Focus Group.....	18
Draft Thank You Letter to Participants.....	20

CHAPTER FOCUS GROUP PLANNING MAP:

1. Chapter contact (the Chair?) arranges for no more than 15 focus group participants (all interpreters), who fit the following criteria:
 - a) Have interpreted for three or more years
 - b) Represent the breadth of language groups found in the Chapter area
 - c) ideally, do not know each other
 - d) are able to attend a 2-hour event at the time which may be arranged in advance of the participant selection.

2. Chapter contact arranges for a location and time for the focus group. The location will ideally be a large boardroom, or a room with chairs that can be arranged in a circle, in a quiet location in the facility. The timing will be a combination of when the facility is available, when the most interpreters are available, and when Niels & Venus (focus group facilitator/support) are available. (See Plan of Action focus group windows. Contact may advise the interpreters that an honorarium will be given for their participation. (12 would be an ideal number for a focus group¹ – and may be reached through attrition, if some interpreters are unable to attend. Should more than 12 interpreters agree to attend, a decision will be made regarding the possibility of splitting the group into two focus groups, or reducing the participant group through a selection based on language representation and experience.)

3. Chapter contact sends name/address/email of prospective focus group participant to E-D (Niels). Venus will then mail out:
 - a) a **letter** from Niels on behalf of CHIA thanking the participant for their participation in the focus group, giving the individual details of when and where the focus group will be held, advising them that there will be a \$50 honorarium for participation, and,
 - b) including a copy of the focus group **draft of the Code of Ethics and Standards of Practice** document, and
 - c) **2 copies** of a participant **release form** for the individual to sign and return to Niels/Venus. The release gives the individual's permission for the focus group session to be audiotaped, and that their comments may be used in both analysis of the focus group results as well as potentially the Standards document itself. An attached draft release is appended to this document. The signed document, if not mailed/faxed to the CHIA office, will be available at the focus group event(s) for individuals to sign prior to the start of the focus group activity. In no case will a focus group event begin where a participant has not signed a release form authorizing the audiotaping of the session.

4. The Chapter contact, in turn, will work with Niels/Venus and the facility offering to host the focus group, on arranging a time for the event.

¹ Lee, Tomas W. (1999). Using Qualitative Methods in Organizational Research, Organizational Research Methods Series, edited by Williams, Larry. Sage Publications . (Thousand Oaks) pp. 67-75.

3 weeks in advance of Event:

5. Venus/Niels sends out a reminder notice to participating interpreters reminding them of the focus group event location and time and reminding them to fax/send their release form.
6. Niels will supply the audiotape recording equipment, (professional audio-cassette recorder and a PZM microphone) which will be used for all focus group sessions.
7. Niels & Venus will arrange for hotel rooms and transportation to the cities in which the focus groups will be held (except for LA, where Niels/Venus will drive home to Santa Barbara)
8. Venus will work with the hosting agency to arrange for refreshments and a light snack.
9. Niels/Venus will work with the Chapter Contact / Standards & Certification Committee member who will be in attendance at the focus group. This individual, aside from a brief introduction at the beginning of the focus group meeting should NOT participate in the dialog of the session, allowing the participants to present their views, and should ONLY respond if there are direct questions about the Committee/Chapter work or involvement.

One week in advance of Event:

10. Niels/Venus will contact the facility contact of the location where the focus group will be held, and the Chapter contact to ensure all details are in hand.

FOCUS GROUP PROTOCOL

The focus group protocol for each of the sessions in the Chapters involves the following procedures:

Before the meeting:

1. Focus group facilitator (Niels) and support (Venus) will arrive at the location of the focus group at least 30 minutes prior to the announced start of the focus group.
2. If not already set up in this format, the room for the focus group activity will be set up with a conference table in the middle, or chairs set up around tables set together in the middle of the room as a conference room.
3. Refreshments and a light snack will be provided for participants. Refreshments will include coffee, hot water and a selection of teabags, and some cold soft drinks.
4. A list of the participants will be at the reception area of the facility where the focus group is being held. Venus will greet participants as they arrive, and check off the names of the arriving participants from the list of expected participants. The release forms of all participants will also be at the reception, as well as enough blank forms for those who have not yet completed this. As participants check in, Venus will ensure that all participants have signed a release form and that they have given us their name and address, and e-mail (if they have this). No participant will be allowed to continue to the actual focus group room without having signed the release.
5. The microphone for the audiotaping will be set up in the middle of the table and the levels for the recording already set. 2 one-hour audiocassettes will be labeled with the date and location of the focus group prior to the arrival of participants.

At the Start of the Session:

6. At the announced time, or as soon as everyone who has arrived is in the room, Niels will review the task of the focus group, remind the group of the release that they signed which allows CHIA to audiotape the session and that participants have the right to withdraw from participation if they so choose. Niels will also remind the group that an honorarium of \$50 will be sent to them following the focus group.
7. Once the group has been reminded of their release agreement and the audiotaping, Venus will start to record the remainder of the session. Venus will ensure that the audiotape is actually recording, that the sound levels are in order, and flip the audiotape when the side of the cassette is full (every 30 minutes).

8. Niels will continue with (5) and give an overview of how the focus group time will be divided.
9. Niels will start the focus group rolling by asking each participant to introduce themselves in no more than 30 seconds.

During the Session:

10. Niels will begin by asking for overall comments about the standards and protocols, noting that the group will have an opportunity to discuss the ethics in detail.
11. Niels will then continue by looking at each ethic by asking the basic 3 questions of all of the Ethical Standards, rather than singling out any of the sub-points. The purpose of this is to allow for comments on the ethic itself, as opposed to spending the time on each individual sub-point.
12. If it becomes evident that participants have concerns or are in particular support with the ethic or any of the behavioral sub-points, the facilitator will ensure that others have an opportunity to comment on the specific sub-point before moving on.
13. Niels (as facilitator) will ask the basic protocol questions, and then go around the table, ensuring that everyone has an opportunity to provide a comment on each question.
14. The facilitator may ask clarifying questions, summarize the themes of comments that are made, and ask whether emerging concerns / themes are shared by other participants, or whether there are dissenting opinions.
15. If it becomes clear that there is consensus on the point, it may be helpful to briefly jot down the summary point.
16. When the ethics and protocols have been discussed, Niels will ask whether the ethics and protocols should include anything else, whether something was left out.
17. The session will conclude by thanking all participants, and asking whether participants have any questions of the facilitator (CHIA ED) or the CHIA chapter representative.

FOCUS GROUP QUESTIONS:

The focus group will be asked the following initial questions:

Section 1: Introduction & intro to interpreter roles

- Question 1: Please just tell the group your name, the organization you work for, and whether you have had healthcare interpreter training.
- Question 2: We will be looking at each of the Standards in detail, but do you have any general comments about the standards we have developed?

Section 2: Questions on the Ethics and the Standards:

About 10-12 minutes for each ethic/protocol (about 100 min. total)

- Question 3: Please look at the first Ethic: 1: Maintains Confidentiality.
- Is this an appropriate Ethic for health-care interpreter to uphold? Please look at the different sections of the performance measures for this ethic on confidentiality.
 - Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this ethic?
 - Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

Ethic 1: Maintains Confidentiality:

The interpreter treats all information learned during the interpretation as confidential.

Performance Measures:

The interpreter performs the following duties:

- a) Advises all parties that the interpreter will respect the confidentiality of the patient/provider interaction outside of the healthcare setting;
- b) Interprets everything communicated within the session to all parties. Advises all parties to refrain from saying anything they do not wish to be interpreted;
- c) Shares information related to the previous interpreting sessions within the healthcare team, when necessary;
- d) Does not disclose any information without the full approval of the Limited English Proficient (LEP) person and his/her provider;
- e) Does not share information gained in a community context without the patient's full approval;

- f) In cases where the interpreter is privy to information regarding suicidal/homicidal intent, child abuse, or domestic violence, the interpreter acts on the obligation to transmit such information, in keeping with institutional policies, interpreting standards of practice and code of ethics, and the law.

Question 4: Should an interpreter intervene in the interaction on behalf of the patient, if the communication is not going well?

Question 5: Please look at the Second Ethic: 2: Interprets Accurately and Completely.

- Is this an appropriate Ethic for a health-care interpreter to uphold?
- Please look at the different sections of the performance measures for this ethic.
- Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
- Could you describe an experience you had as an interpreter with this ethic?
- Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

2: Interprets Accurately and Completely:

Interpreter transmits the content, spirit and cultural context of the original message into the target language, making it possible for patient and provider to interact as if they were communicating directly with one another.

The interpreter performs the following duties:

- | | |
|----|---|
| a) | Conveys verbal and non-verbal messages from source language into a target language in terms that the listener can understand without omitting, modifying, condensing or adding to the original message; |
| b) | Conveys the meaning of gestures, body language, and tone of voice; |
| c) | Does not attempt to change the tone or soften the message, even when it includes rudeness and obscenities; |
| d) | Makes no personal judgment, even when she/he disagrees with the message, or perceives it as wrong, untruthful, and/or immoral, and refrains from interjecting personal opinions, beliefs or biases into the exchange; |
| e) | Reveals and corrects interpreting errors made as soon as recognized; |
| f) | Clarifies meaning and verifies understanding particularly when there are differences in accent, dialect, register and culture; |
| g) | Maintains the same level of language register used, allowing for adjustments of register to facilitate understanding when necessary. |
| h) | States untranslatable medical terms in English and then alerts provider of the problem |

- Question 6: Please look at the third Ethic: 3: *Maintains Impartiality*.
- Is this an appropriate Ethic for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this ethic.
 - Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this ethic?
 - Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

3: Maintains Impartiality

The interpreter refrains from accepting assignments or withdraws at any point where personal ties, beliefs or biases, including conflict of interest, may affect impartiality, unless there is no alternative interpreter.

Performance Measures:

Interpreter performs the following duties:

- | |
|--|
| a) Discloses any personal ties with the patient to the health care professional; |
| b) Declines to interpret when there is a perceived conflict of interest, or a belief that may influence objectivity; |
| c) Demonstrates no preferential behavior or bias towards either party involved in the interpretation; |
| d) Allows the parties to speak for themselves by not giving advice or counsel, or taking sides. |

Question 7: Please look at the fourth Ethic: *4: Maintains Professional Distance*.

- Is this an appropriate Ethic for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this ethic.
- Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
- Could you describe an experience you had as an interpreter with this ethic?
- Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

4: Maintains Professional Distance

The interpreter understands the boundaries of the professional role; monitors his/her own behavior and needs; and refrains from personal involvement.

Interpreter performs the following duties:

- a) Protects his/her own privacy and safety;
- b) Does not become personally involved to the extent of compromising the provider-patient therapeutic relationship;
- c) Avoids personal, political or potentially controversial topics with all parties;
- d) Does not create expectations in either party that the interpreter role cannot fulfill.

Question 8: Please look at the 5th Ethic: *5: Demonstrates Professionalism and Integrity*.

- Is this an appropriate Ethic for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this ethic.
- Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
- Could you describe an experience you had as an interpreter with this ethic?
- Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

5: Interpreter Demonstrates Professionalism and Integrity

The interpreter demonstrates professionalism in a manner consistent with the professional standards and code of ethics of the healthcare interpreting profession.

Interpreter demonstrates professionalism and integrity by:

- a) Understanding his/her role, responsibilities, and accountability;
- b) Ensuring level of language proficiency and interpreting skills through appropriate assessment;
- c) Informing both parties about limitations in skills and experience when necessary. Considers declining assignments requiring skills beyond one's level of language proficiency and interpreting skill;
- d) Declining bribes, gratuities, or favors from any party involved in the interpretation;
- e) Participating in basic training and ongoing professional development through related continuing education activities, such as community college classes, interpreter's organization workshops, or health seminars;
- f) Dressing in appropriate attire;
- g) Refraining from fulfilling any functions or services that are not part of the interpreter role.
- h) Avoiding conflict of interest by not soliciting future assignments or engaging in any other business.

- Question 9: Please look at the 6th Ethic: *6: Cultural Competency*.
- Is this an appropriate Ethic for a health-care interpreter to uphold?
Please look at the different sections of the performance measures for this ethic.
 - Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this ethic?
 - Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

<u>6: Cultural Competency</u>
The interpreter strives to bridge the cultural differences between all parties to facilitate communication and mutual respect.
Interpreter demonstrates cultural competency by:
a) Understanding the impact that diversity and cultural differences could have on the healthcare encounter;
b) Acquiring knowledge of the cultures of the patient communities and the US healthcare system;
c) Alerting all parties to potential cultural misunderstandings;
d) Assisting all parties to reframe culturally inappropriate questions or statements, with permission or when requested;
e) Explaining cultural difference or practices while avoiding stereotypes;
f) Describing concepts when there are no linguistic equivalents.

- Question 10: Please look at the 7th Ethic: *1: Respect for Individuals*
- Is this an appropriate Ethic for a health-care interpreter to uphold?
Please look at the different sections of the performance measures for this ethic.
 - Would you be willing to implement and uphold the guidelines for this ethic in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this ethic?
 - Do you think this ethic gives you (as an interpreter) a better understanding of how you could respond when questions involving this ethic come up in the future?"

7: Respect for Individuals

The interpreter strives to support mutually respectful relationships between all three parties in the interaction: the patient, provider and interpreter.

Interpreter demonstrates and promotes respect for individuals by:

- | | |
|----|---|
| a) | Treating all parties, equally, with dignity and respect regardless of ethnicity, race, age, color, gender, sexual orientation, religion, nationality, political persuasion or life-style choice; |
| b) | Recognizing the expertise that all parties bring into the interaction, by refraining from assuming control of the communication, and providing a full and complete interpretation of all voices in the interaction; |
| c) | Allowing for physical privacy, and maintaining spatial/visual privacy of patient as necessary, while positioning themselves in the interaction; |
| d) | Advising the provider of potential communication barriers due to gender differences between the patient and the interpreter; |
| e) | Refraining from influencing patient decisions and health care choices (e.g. informed consent, medical procedures, or treatment options); |
| f) | Responds to disrespectful remarks by reminding all the parties in the interaction, that everything that is said will be interpreted, including rudeness, and discriminatory remarks and behaviors; |

- Question 11: Please look at the first Protocol 1 relating to the *Pre-session*;
- Is this an appropriate Protocol for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this protocol.
 - Would you be willing to implement and uphold the guidelines for this protocol in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this protocol?
 - Do you think this protocol gives you (as an interpreter) a better understanding of how you could respond when questions involving this protocol come up in the future?"

Protocol 1: Pre-session, Pre-encounter, or Pre-Interview	
At the beginning of the session, the interpreter establishes the basic guidelines to the interpreting encounter, by:	
a)	Providing his/her name, the language of interpretation, and organizational affiliation;
b)	Stating he/she will maintain the confidentiality of the encounter to both provider and patient;
c)	Informing the parties about how the flow of communication in the interpreted encounter will take place. This includes the following:
	1. The interpreter will interpret everything spoken by either party;
	2. The patient and provider should address each other directly (first person)
	3. The parties need to pause to allow for interpretation
	4. The interpreter may potentially need to intervene for clarification.

- Question 12: Please look at the Second Protocol 2: *During the Session*
- Is this an appropriate Protocol for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this protocol.
 - Would you be willing to implement and uphold the guidelines for this protocol in the course of your duties? Why or why not?
 - Could you describe an experience you had as an interpreter with this protocol?
 - Do you think this protocol gives you (as an interpreter) a better understanding of how you could respond when questions involving this protocol come up in the future?"

<u>Protocol 2: During the Interview or Encounter</u>	
During the session, the Interpreter facilitates cross-cultural communication to support the patient-provider relationship by:	
a)	Positioning her/himself to maximize and encourage direct communication between patient and provider;
b)	Reminding the patient and provider verbally or with gestures to address each other directly, as needed;
c)	Using the first person ("I") as the standard form of interpreting, to enhance direct provider/patient communication ² . Exercises discretion in switching to the "third person" when the first person form causes confusion or is culturally inappropriate for either or both parties;
d)	Indicating clearly when the Interpreter is speaking on his/her own behalf, instead of interpreting the words of either patient or provider;
e)	Attending to the verbal and nonverbal cues that may indicate the listeners are confused or do not understand and checking whether clarification is needed;
f)	Managing the smooth flow of communication by, for example, pacing the amount of information presented, or avoiding side conversations with either party;
g)	Intervening for clarification when the interpreter does not understand the terminology or message;
h)	Considering 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. For example, sensitive matters requiring privacy may arise when there are multiple members of the patient's family in the room, when a patient's safety is in jeopardy, or there could be harm to others;

² The Interpreter avoids using third person references, such as "the patient said," or "the doctor asked."

Question 13: Please look at the Protocol 3: *Post-session*

- Is this an appropriate Protocol for a health-care interpreter to uphold? Please look at the different sections of the performance measures for this protocol.
- Would you be willing to implement and uphold the guidelines for this protocol in the course of your duties? Why or why not?
- Could you describe an experience you had as an interpreter with this protocol?
- Do you think this protocol gives you (as an interpreter) a better understanding of how you could respond when questions involving this protocol come up in the future?"

Protocol 3: Post-session, Post-encounter or Post-Interview

At the end of the session, the Interpreter provides closure to the interpreted session by:

- | | |
|----|--|
| a) | Facilitating the scheduling of follow-up appointments, and reminding the patient or the receptionist to request an interpreter; |
| b) | Directing the patient to their next appointment; |
| c) | Filling out all required documentation on the interpreted session; |
| d) | Considering reporting and documenting issues that have arisen in the session and may impact the quality of patient care (for example, incident reports); |
| e) | Handling confidential written information about the patient in an appropriate manner under Health Information Portability and Protection Act (HIPA, 2000); |
| f) | Recording interpretation session in the patient chart, as required; |
| g) | Debriefing with the provider about concerns of the Interpreter arising from the session, and giving feedback on the interaction, if possible or appropriate; |
| h) | Addressing the needs to recover from highly emotional and stressful encounters by taking a brief time out or finding resources for emotional support within the boundaries of patient confidentiality. |

Question 14: Do Participants have any questions for CHIA or Chapter reps?



California Healthcare Interpreters Association

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Draft Letter to Participants

July 8, 2002

Dear Participant,

We greatly appreciate your making time available to participate in a focus group to review the draft of the Health-care Interpreter Code of Ethics and Standards of Practice document developed by the CHIA Standards and Certification Committee. CHIA's goals and objectives in creating this document are to present a set of ethical principles and standards of practice by which health care interpreting may be delivered and evaluated across California.

We are pleased that you have agreed to participate in this critical development. You were selected to participate because you are an interpreter with three or more year's experience, and you were available to help us with this initiative. We are also trying to involve interpreters representing at least some of the range of languages (123 at last count) spoken in California. Finally, you should know that we are conducting focus groups in all of CHIA's Chapters – the San Francisco Bay Chapter, the Central Valley Chapter, the Los Angeles Chapter, as well as in San Diego, where we are helping to create a new CHIA chapter.

In the _____ Chapter, the focus group will be conducted at (location) . The time of the focus group will be two (2) hours in length, from _____ to _____, on (date) .

Please review the attached draft of the CHIA Standards. You will not have time during the focus group to read through the entire document, although we will ask you for your comments about each section. We intend to audiotape the focus group and analyze the comments made by all participants, with the intention of both finalizing the standards themselves, and building understanding, support and leadership about the standards among CHIA's members and Chapters, and within the healthcare profession throughout California.

Two copies of an informed consent / release form are attached. Please review and sign one copy and return it to the CHIA office. As discussed, CHIA would like to compensate you, at least in part, for your time and expenses by giving you an honorarium of \$50 for participating in the focus group.

At the focus group event, you will get a chance to meet other interpreters and discuss the Standards document and your thoughts about interpreter professionalization. The focus group audiotape will be transcribed, and the comments reviewed for suggestions, and consistent themes or patterns between the different focus groups. Comments may be used in the final Code of Ethics and Standards of Practice document. As part of the ethics of focus groups, you are free to withdraw from participating at any time during or after your interview.

Please call the CHIA office if you have any questions about the research. The Standards & Certification Committee of CHIA would like to, again, thank you for your willingness to participate.

Sincerely,

Ann Chun, Co-Chair, CHIA Standards & Certification Committee

Elizabeth Nguyen, Co-Chair, CHIA Standards & Certification Committee

Niels Agger Gupta, PhD., CHIA Executive Director

CHIA Office: 16 West Mission St., Suite D
Santa Barbara, CA 93101
682-1215 / 682-1276 (fax)
<http://www.CHIA.ws>
email: agger@attglobal.net



California Healthcare Interpreters Association

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Informed Consent to Participate in CHIA Focus Group

You have been asked to participate in a focus group research study conducted by the California Healthcare Interpreters Association. This focus group study is a review of a draft health-care interpreter Code of Ethics and Standards of Practice document. You have been selected for this study because you meet all three of the following selection criteria:

- You are a health care interpreter with more than 3 years experience in the field,
- You interpret for one of the language communities in California, and;
- You are willing to help develop an Ethics and Standards of Practice document for interpreters such as yourself.

Each focus group will be about 2 hours in length. In the focus group, you will be asked to briefly introduce yourself, and talk about your thoughts about the ethics and standards of practices outlined in the document in the context of your personal, professional and organizational experiences. By signing this document, you are giving your consent and permission to allow CHIA to tape record the focus group session.

As an honorarium for your time and expenses involved in participating in the focus group activity, CHIA will mail you a check in the amount of \$50. At the conclusion of this study, CHIA will also mail you a copy of the final Standards document.

In addition, the audiotapes and transcripts for this research will be kept in a secure file cabinet in the CHIA office in Santa Barbara, and destroyed five years after the completion of the study. The results from these interviews and subsequent analysis and interpretation of the data will be integrated into a final Code of Ethics and Standards of Practice document, scheduled to be completed by the end of October, 2001.

You will have an opportunity to meet and share your experiences and knowledge of health care interpreting with other interpreters.

The risks to be considered in participating in this focus group are minimal.

Two copies of this informed consent have been provided. Please sign both, indicating that you have read, understood and agreed to participate in this focus group research. Return one to the Researcher via mail or fax, and keep the other one for your files.

If you have any questions about this focus group study or your involvement in it, now or at any time during the study, please call Niels Agger-Gupta, PhD. for further information (805-682-1215). Your willingness to participate in this work is greatly appreciated.

SIGNATURE OF PARTICIPANT

DATE

NAME OF PARTICIPANT (please print)

Address

City

e-mail address

Thank you!

California Healthcare Interpreters Association (CHIA)
16 W. Mission St., Suite D., Santa Barbara, CA 93101
805-682-1215 (voice) 805-682-1276 (fax)
<http://www.CHIA.ws>

(If you have any questions, please call Niels Agger-Gupta, PhD. Executive Director, at the CHIA office.)



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Draft Thank You Letter to Participants

July 8, 2002

Dear Participant,

Thank you for your participation in CHIA's focus group in _____, that reviewed the draft health-care interpreter Ethical Principles and Standards of Practice document. Your participation has helped to establish health interpreter ethics and standards of practice. We are very proud of the work done to date and strongly feel your participation has made a significant contribution. This document will help set the standard by which health care interpreting will be delivered and evaluated across California.

We are including a check for \$50 for your participation in our focus group in this letter. We will send you a copy of the final standards document when this is ready.

If you have any questions, or would like any more information on CHIA, please do not hesitate to call us at the CHIA office!

On behalf of the Standards & Certification Committee:

Ann Chun, Co-Chair, CHIA Standards & Certification Committee

Elizabeth Nguyen, Co-Chair, CHIA Standards & Certification Committee

Niels Agger Gupta, PhD., CHIA Executive Director

CHIA Office: 16 West Mission St., Suite D
Santa Barbara, CA 93101
682-1215 / 682-1276 (fax)
<http://www.CHIA.ws>
email: agger@attglobal.net