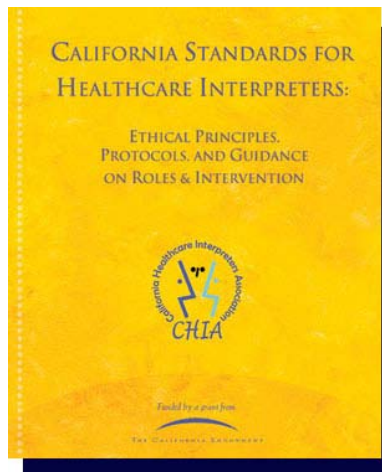




EXECUTIVE SUMMARY

CALIFORNIA STANDARDS FOR HEALTHCARE INTERPRETERS:

Ethical Principles, Protocols, and Guidance on Roles & Intervention



CALIFORNIA HEALTHCARE INTERPRETING ASSOCIATION

CHIA's mission: Healthcare Interpreters and Providers

Working Together to

Overcome Linguistic and Cultural Barriers to

Quality Care

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Objective:

The goal of this document is to standardize healthcare interpreting practices by providing a set of ethical principles, interpreting protocols, and guidance on roles particular to the specialty of *healthcare interpreting*. We hope that increased availability of quality interpreting will result in better access to healthcare for limited English proficient (LEP) patients.

This document was designed for a number of target audiences: healthcare interpreters, bilingual workers, administrators, providers, interpreter trainers, community advocates, legislators and government agencies, foundations, policy-makers, and researchers and others in the academic community. These Standards of Practice will serve as a reference for all healthcare interpreters. They will be the basis for the development of job descriptions, performance evaluations, and organizational policies and procedures that will ultimately contribute to quality control. The standards will also form the foundation of training curricula developed by groups such as educational institutions and healthcare, community-based, and interpreter service organizations. This document can serve as the basis for the development of tests for California state accreditation, certification, or licensure. The result could lead to increased state reimbursement for healthcare interpreter services. Ultimately, these standards of practice will contribute to the recognition and acceptance of the value of healthcare interpreting as a profession.

Background:

Fundamental ethical aspects of healthcare between providers and patients are compromised when people who have not received healthcare interpreter training are asked to interpret. These include, among others, the loss of confidentiality, potential misdiagnosis, and potential invalid informed consent. These consequences increase healthcare costs and liability, and lead to poor health outcomes (we have a substantial reference section citing numerous studies, reports and earlier standards documents to make our case).

There is a misconception that bilingual individuals without training can provide adequate interpreting. Unfortunately, the parties most affected by the interpreting lack the skills to judge its quality. They assume the person providing the interpreting is doing an adequate job. This may create a misplaced sense of security that effective communication is taking place.

The creation of the CHIA standards was a complex process involving ongoing feedback from healthcare interpreters, including four formal focus groups in centers across California. The Standards and Certification Committee began its work in January 2001, with a review and synthesis of earlier standards of practice. In producing these standards, CHIA has based its work on both research and practice described in the current literature of the various academic fields, as well as healthcare interpreter training literature.

This document was written and produced by the Standards & Certification Committee of the California Healthcare Interpreting Association (CHIA) through a grant from The California Endowment. The co-authors (members) of the Standard & Certification Committee are: **Ann Chun, M.P.A.**, Co-Chair, Alameda County Children & Families Commission; **Elizabeth Nguyen**, Co-Chair, L.A. Care Health Plan; **Niels Agger-Gupta, Ph.D.** Consultant, former CHIA Executive Director; **Claudia Angelelli, Ph.D.**, San Diego State University; **Carola E. Green**, Vista Community Clinic; **Linda Haffner**, former CHIA President (1998-2001); **Marilyn Mochel, R.N.**, Healthy House Annex/California Health Collaborative; **Linda Okahara**, Asian Health Services, Oakland; **Beatriz Solis, M.P.H.**, LA Care Health Plan; and **Gayle Tang, M.S.N., R.N.**, Kaiser Permanente, Program Office, Oakland.

Overview:

The document's three main sections guide interpreters through the complex tasks of healthcare interpreting. Interpreter training will be essential to help interpreters put into practice the ethical principles in Section 1, the protocols in Section 2, and the complex roles outlined in Section 3. The view reflected throughout this document is that healthcare interpreters, as members of the team of healthcare professionals working with the patient, have a responsibility to support the health and well-being of patients.

Section 1: Ethical Principles

Section 1 consists of the ethical principles that guide the actions of healthcare interpreters. Each ethical principle has an underlying value description followed by a set of performance measures which demonstrate how the interpreter's actions follow the principle. The principles are followed by a section on an ethical decision-making process to help interpreters

address the frequent ethical conflicts and dilemmas that arise for interpreters. Dilemmas occur when any action in support of one or more ethical principles conflicts with one or more other ethical principles. This process is also helpful for making decisions about interpreter roles.

Each of the following ethical principles is to be considered in the context of the health and well-being of the patient.

1. Confidentiality

Interpreters treat all information learned during the interpreting as confidential.

2. Impartiality

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

3. Respect for individuals and their communities

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

4. Professionalism and integrity

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

5. Accuracy and completeness

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

6. Cultural responsiveness

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

We believe the addition of an **ethical decision-making process** for healthcare interpreters is a critical contribution. These steps assist interpreters in determining a course of action in ethical dilemmas, when actions to support one or more ethical principles may conflict with one or more other ethical principles. Appendix B gives an example of how this ethical decision-making process is used in practice. The steps to the process are:

- 1. Ask questions to determine whether there is a problem.**
- 2. Identify and clearly state the problem, considering the ethical principles that may apply and ranking them in applicability.**
- 3. Clarify personal values as they relate to the problem.**
- 4. Consider alternative actions, including benefits and risks.**
- 5. Choose the action and carry it out.**
- 6. Evaluate the outcome and consider what might be done differently next time.**

Section 2: Protocols

Section 2 describes procedures standardizing how interpreters work with patients and providers in the healthcare encounter before, during and after their interaction or session. The protocols specifying interpreter actions are seen as a direct consequence of the Ethical Principles. This section also includes recommendations to the employers of interpreters on how to provide support to healthcare interpreters in their often stressful work.

1. Protocol 1: Pre-Encounter, Pre-Session, or Pre-Interview

This protocol outlines information interpreters should provide in pre-session introductions to assure confidentiality and gain the cooperation of patient and providers for a smooth interpreted encounter. The protocol also allows for a pre-encounter briefing of the interpreter or provider as necessary.

2. Protocol 2: During the Encounter, Session, or Interview

Interpreting practices to support the patient-provider relationship during the medical encounter are presented in this section. This includes encouraging direct patient-provider communication through practices such as positioning, verbal reminders or gesturing for patient and providers to address each other directly, and use of first person interpreting. This protocol addresses the need to manage the flow of communication and facilitate or seek clarification of messages as well as how to conduct more active interventions when necessary. This section also flags the importance of interpreters to clearly identify when they intervene and speak on their own behalf, and describes how this may be done.

3. Protocol 3: Post-Encounter, Post-Session or Post-Interview

This protocol addresses steps interpreters take to provide closure to the interpreted session. This ranges from ensuring that the encounter has ended and no other questions or concerns are outstanding, to facilitating follow-up appointments and scheduling of interpreter services, as necessary, and debriefing with the provider or interpreter's supervisor as needed.

Section 3: Guidance on Interpreter Roles and Intervention

Section 3 identifies communication barriers LEP patients experience in the healthcare setting. CHIA recognizes these barriers create a need for multiple roles for healthcare interpreters. This section defines these multiple roles and describes performance strategies to facilitate communication and assist the interpreter to set appropriate boundaries for the benefit of all parties in an encounter.

Four roles are discussed:

1. Message Converter

In this role, interpreters listen, observe body language, and convert the meaning of all messages from one language to another without unnecessary additions, deletions, or changes in meaning.

2. Message Clarifier

In this role, interpreters are alert for possible words or concepts that might lead to misunderstanding and identify and assist in clarifying possible sources of confusion for the patient, provider, or interpreter.

3. Cultural Clarifier

The cultural clarifier roles goes beyond message clarification to include a range of actions that typically relate to an interpreter's ultimate purpose of facilitating communication between parties not sharing a common culture. Interpreters are alert to cultural words or concepts that might lead to misunderstanding and act to identify and assist the parties to clarify culturally-specific ideas.

4. Patient Advocate

In this role, interpreters actively support change in the interest of patient health and well-being. Interpreters require a clear rationale for the need to advocate on behalf of patients, and we suggest the use of the ethical decision-making process to facilitate this decision.

We stress that the complex patient advocate role is an optional role which must be left to the careful judgment of trained, experienced interpreters to decide whether to pursue in a given situation. The patient advocate role has not previously been clearly defined, and the guidelines here are intended to assist interpreters better understand the ethical thinking process required and suggest appropriate actions for this role. We anticipate feedback and suggest an ethical advisory committee be established to provide feedback on case studies.

Section 4: Appendices

Appendix A includes a brief overview of language barriers and health outcomes; **Appendix B**, an example of an ethical dilemma and the application of the ethical decision-making process; **Appendix C**, a discussion of group *advocacy* (outside of the role of the individual interpreter); **Appendix D**, a glossary of bolded and italicized words used throughout the document; and **Appendix E**, references for all citations.

The document is available in spiral bound format from CHIA and from The California Endowment (<http://www.calendow.org>). The document is also available on the CHIA website (<http://www.chia.ws>) in Adobe PDF format. Comments and feedback on the standards may be addressed to standards@chia.ws.