Code of Ethics and Standards of Practice as published by the IMIA, NCIHC and CHIA.

STANDARD: ACCURACY

The most basic task of the interpreter is to transmit information accurately and completely.

Therefore, interpreters must operate under a dual commitment:

(1) to understand fully the message in the source language, and

(2) to retain the essential elements of the communication in their conversion into the target language.

ACCURACY

Managing the flow of communication

Facilitating communication and understanding

Clarification of unfamiliar words or technical words

Verification of understanding

Preserving register (sociocultural style, linguistic, emotional, technical)

Optimizing visual and audio reception

Language : words used

Visual and nonverbal cues

Cultural: what does it mean in the speaker's culture

Technical: what is the equivalent term in non-technical language

EXPECTATIONS SOURCE: NCIHC

1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting. For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.

2. The interpreter replicates the register, style, and tone of the speaker. For example, the interpreter would clarify technical terms that the medical provider uses. An example, if the provider says, NPO, the interpreter would clarify the term, "By NPO, do you mean, nothing to eat or drink?"

3. The interpreter advises parties that everything said will be interpreted. For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."

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

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

6. The interpreter maintains transparency. For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not

understand, so I am going to ask for an explanation."

CONFIDENTIALITY

The interpreter treats all information learned from the encounter as confidential.

The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.

For example, an interpreter does not discuss a patient‟s case with family or community members without the patient‟s consent.

The interpreter protects written patient information in his or her possession.

For example, an interpreter does not leave notes on an interpreting session in public view.

If receiving information regarding suicidal/homicidal intent, child abuse, or domestic violence, acts on the obligation to transmit such information in keeping with institutional policies, interpreting standards of practice, the code of ethics, and the law.

IMPARTIALITY

The interpreter does not allow personal judgments or cultural values to influence objectivity. For example, an interpreter does not reveal personal feelings through words, tone of voice, or body language.

The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary. For example, an interpreter avoids interpreting for a family member or close friend.

Refrains from contact with the patient outside the scope of employment, avoiding personal benefit.

The interpreter maintains transparency. For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."

CULTURAL AWARENESS AND RESPECT

To facilitate communication across cultural differences:

The interpreter strives to understand the cultures associated with the

languages he or she interprets, including biomedical culture.

For example, an interpreter learns about the traditional remedies some patients may use

The interpreter alerts all parties to any significant cultural misunderstanding that arises.

For example, if a provider asks a patient who is fasting for religious reasons to take oral medication, an interpreter may call attention to the potential conflict.

PRE-SESSION AND CLOSURE ACTIVITIES

A. When possible, holds a pre-conference to find out the provider‟s goals for the encounter and other relevant background information

B. Introduces self and explains role briefly and succinctly to provider and patient as follows:

Gives name
Indicates the language of interpretation

everything said by either will be transmitted)

Use of first-person form, especially if the provider and/or patient are unfamiliar with this

Asks if there are any questions about the interpreter‟s role
Answers any questions

Checks on whether either provider or patient has worked with the interpreter before

Explaining the role, emphasizing: Goal of ensuring adequate interpretation

provider-patient communication Confidentiality
Accuracy and completeness