

Working Effectively with Interpreters: SMP Checklist

When working with interpreters, it is important to plan ahead and consider the options available! Use this checklist as a guide to help you prepare to work effectively with interpreters in your SMP.

- Familiarize yourself with the National Standards of Practice for Interpreters in Health Care (*developed by the National Council on Interpreting in Health Care – see pages 3-4*)
 - Are you familiar with these interpreting best practices so that you can help prepare your interpreters for the needs of your SMP?
 - How do the national standards apply to your SMP?
- Determine your audience
 - What are the major **language** groups of target beneficiaries in your area?
 - Within those language groups, which **cultural** groups are represented?
- Determine the interpretation forum and style
 - Will interpretation be used for a large group, small group, or one-on-one?
 - If a group session is being held, do you have the option to offer it in the target language instead of interpreting? If not, which interpreting style will be more appropriate for the situation: simultaneous or consecutive? Do you have the option of headsets or one-on-one whispering for simultaneous interpretation?
- Find an appropriate interpreter
 - Will you use volunteers or paid interpreters?
 - Can you find an interpreter within the target language and cultural group?
 - Can you find an interpreter who is familiar with the vocabulary of SMP work? If not, can you provide him/her with a script or a list of common terms in advance?
- Set expectations with the interpreter
 - Have you made sure that the interpreter is familiar with the National Standards of Practice for Interpreters in Health Care?
 - Can you meet with the interpreter in advance to explain the purpose of the session and determine logistics? If not, can you provide your expectations in another way (i.e. via e-mail)?
 - If the interpreter is not familiar with SMP work, can you provide a sample of SMP work in advance (i.e. the 'Protect, Detect, and Report' brochure)?

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Working Effectively with Interpreters: SMP Checklist, continued

- Schedule accordingly
 - Have you added extra time at the beginning of your interpreting session to review logistics and set expectations with both the interpreter and the beneficiary?
 - Have you allowed time for the interpreter to meet briefly and quietly with the beneficiary before the session to create rapport and to let the interpreter gauge the beneficiary's educational/vocabulary level?
 - Have you allowed sufficient time for interpreting, remembering that using an interpreter usually takes double the time of an ordinary interchange?
- Identify challenges
 - What additional challenges might you face when working with interpreters in your community? What are some possible solutions?
- Follow the National Standards of Practice for Interpreters in Health Care
 - Are you speaking in short sentences, without holding overly complex discussions on more than one topic at a time?
 - Are you looking at and speaking directly to the beneficiary, not the interpreter?
 - Are you using simple language, avoiding technical terminology, abbreviations, professional jargon, colloquialisms, abstractions, idiomatic expressions, slang, and metaphors?
 - Did you make sure the interpreter realizes he/she must not omit any information or insert his or her own ideas or interpretation?
- Check for understanding
 - During the session, are you listening to the beneficiary and observing nonverbal communication signals which indicate confusion, unhappiness, annoyance, or any other emotion associated with the meeting?
 - Before finishing the session, did you remember to check to make sure that the beneficiary understands by asking him or her to summarize the content of the meeting in his/her own words and his/her own language?

Excerpt from **NATIONAL STANDARDS OF PRACTICE for Interpreters in Health Care**

Developed by the National Council on Interpreting in Health Care, www.ncihc.org

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Accuracy: Enable other parties to know precisely what each speaker has said.

1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.
2. The interpreter replicates the register, style, and tone of the speaker.
3. The interpreter advises parties that everything said will be interpreted.
4. The interpreter manages the flow of communication.
5. The interpreter corrects errors in interpretation.
6. The interpreter maintains transparency.

Confidentiality: Honor the private and personal nature of the health care interaction and maintain trust among all parties.

7. The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.
8. The interpreter protects written patient information in his or her possession.

Impartiality: Eliminate the effect of interpreter bias or preference.

9. The interpreter does not allow personal judgments or cultural values to influence objectivity.
10. The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.

Respect: Acknowledge the inherent dignity of all parties in the interpreted encounter.

11. The interpreter uses professional, culturally appropriate ways of showing respect. For example, in greetings, an interpreter uses appropriate titles for both patient and provider.
12. The interpreter promotes direct communication among all parties in the encounter. For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.
13. The interpreter promotes patient autonomy. For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

Cultural Awareness: Facilitate communication across cultural differences.

14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.
15. The interpreter alerts all parties to any significant cultural misunderstanding that arises.

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Role Boundaries: Clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.

16. The interpreter limits personal involvement with all parties during the interpreting assignment. For example, an interpreter does not share or elicit overly personal information in conversations with a patient.
17. The interpreter limits his or her professional activity to interpreting within an encounter.
18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

Professionalism: Uphold the public's trust in the interpreting profession.

19. The interpreter is honest and ethical in all business practices.
20. The interpreter is prepared for all assignments.
21. The interpreter discloses skill limitations with respect to particular assignments.
22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.
23. The interpreter is accountable for professional performance.
24. The interpreter advocates for working conditions that support quality interpreting.
25. The interpreter shows respect for professionals with whom he or she works.
26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.

Professional Development: Attain the highest possible level of competence and service.

27. The interpreter continues to develop language and cultural knowledge and interpreting skills.
28. The interpreter seeks feedback to improve his or her performance.
29. The interpreter supports the professional development of fellow interpreters.
30. The interpreter participates in organizations and activities that contribute to the development of the profession.

Advocacy: Prevent harm to parties that the interpreter serves.

31. The interpreter may speak out to protect an individual from serious harm.
32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For the complete document ***NATIONAL STANDARDS OF PRACTICE for Interpreters in Health Care*** developed by the National Council on Interpreting in Health Care, visit the NCIHC website at www.ncihc.org. The document is found in the *Resources* section under *Ethics and Standards*, or at <http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf>.

Resources

National Council on Interpreting in Health Care

- www.ncihc.org
- **NATIONAL STANDARDS OF PRACTICE for Interpreters in Health Care**
 - Go to www.ncihc.org, click **Resources**, then click **Ethics and Standards**
 - <http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf>

National Hispanic Council on Aging

- www.nhcoa.org
- **Cultural Competence Course**
 - <http://elearning.nhcoa.org>
 - *Module 2: National Standards on Culturally and Linguistically Appropriate Services (CLAS); Section 2.3: The Importance of Language*

National Hispanic SMP (NHSMP)

- Developed and implemented by the National Hispanic Council on Aging in collaboration with the Administration on Aging.
Toll-free line: 1-866-488-7379
- Regional Affiliate Office: Senior Community Outreach Services, Inc.
Rio Grande Valley, Texas
Toll-free line: 1-866-943-7289

National Asian Pacific Center on Aging

- <http://www.napca.org/>
- **Toll-free Helpline Numbers**
 - Chinese 1-800-582-4218
 - Korean 1-800-582-4259
 - Vietnamese 1-800-582-4336
 - English 1-800-336-2722