The COMMUNICATOR Express

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HEALTHCARE INTERPRETER ETHICS VS. YOUR WORK PERSONALITY PROFILE

How do you measure up?

In the beginnings of any profession, pioneers struggle to define the parameters of best practice. As leaders in the professional healthcare interpreter movement developed early training curricula, most held the belief that mastering medical terminology was the primary key to "good" interpretation. As a result, our profession developed such a strong focus on the "medical" of "medical interpretation" that the dynamics of triadic interaction went almost unnoticed.

IN THE BEGINNINGS OF ANY PROFESSION, PIONEERS STRUGGLE TO DEFINE THE PARAMETERS OF BEST PRACTICE.

This situation is changing, as demonstrated by the creation of codes of ethics for healthcare interpreters that address the relationship between provider, patient and interpreter, as well as such matters as a patient's dignity, an interpreter's cultural awareness, and general professional deportment.

In this edition of the Communicator Express, we will walk you through the basics of one of the newest sets of interpreter guidelines, the NCIHC Code of Ethics for Interpreters in Health Care, published in July 2004. This document is available for download at www.ncihc.org. CCCS encourages all of its interpreters to familiarize themselves with these guidelines.

The NCIHC Code of Ethics for Interpreters in Health Care can be summarized in the following nine principles:

- The interpreter treats as confidential, within the treating team, all information learned in the performance of professional duties, while observing relevant requirements regarding disclosure.
- The interpreter strives to render the message accurately, conveying the content, spirit, and cultural context of the original message.
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.
- The interpreter treats all parties with respect.

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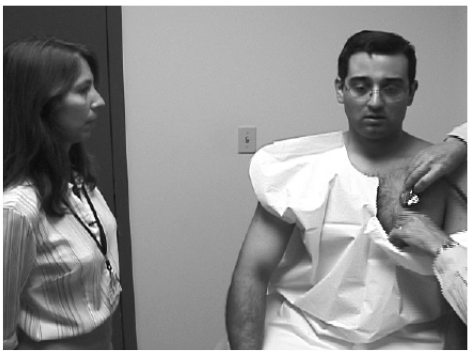
- When the patient's health, wellbeing, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy must only be undertaken after careful and thoughtful analysis of the situation.
- The interpreter strives to continually further his/her knowledge and skills.
- The interpreter must at all times act in a professional and ethical manner.

The NCIHC Code of Ethics for Interpreters in Health Care has gained nationwide acceptance, and many healthcare institutions and interpreting agencies openly declare that their interpreters follow these guidelines. Nevertheless, whether staff or freelance, we interpreters work mostly alone, and faced with the daily challenges inherent to our profession, even those of us who have learned the right techniques (or memorized the Code of Ethics) can revert to bad habits. In order to function under great pressure, and often with minimal supervision, many of us have unwittingly reverted to survival techniques.



These survival techniques generally fall into one of six categories or "work personality profiles", which we will briefly describe below. You may find that you display characteristics of one or several of these profiles. Remember that being an interpreter is only one piece of your identity, and that the profiles were not designed to define you as a person. Rather, they were created with the intent of speaking to powerful trends among interpreters and as a tool for interpreter self-analysis.

The Honeymooner
Has fully embraced the dominant culture. Ashamed of culture-specific beliefs and practices, edits patient's comments to avoid embarrassment.

The Mini-Provider
Likes the idea of "fixing" problems. Is comfortable with knowledge of medicine and often "diagnoses" and "prescribes". Unconsciously inhibits provider-patient relationship by over-asserting self.

The Mouse
Afraid to question authority figures, omits certain comments for fear of provider's reaction. Concerned with "wasting the provider's time", doesn't interpret non-medical information.

The Ice Person
Always in a hurry to finish, believes that efficiency, not sensitivity, is what makes a good interpreter. Rarely steps out of "conduit role", believes that ongoing training and professional development are not important for the interpreter.

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The Busy Bee
Gossipy, deflects criticism by pointing out faults of fellow interpreters or providers, breaks patient confidentiality, is often overaggressive about "recruiting" more cases.

The Super-Advocate
Advises patients on how to work the system in order to receive as many benefits as possible, gives patients personal opinions about providers, feels the need to "fight" for "our people".

Take a critical look at the following four cases and apply what you have learned about the NCIHC Code of Ethics for Interpreters in Health Care and the interpreter work personality profiles. In each case, underline the passages that tell you something about the work profile of the interpreter in question and the ethical principle that was violated.

- A freelance interpreter is unable to do a previously assigned case, so she sends her husband, who is not an interpreter, to fill in for her. When the contracting agency discovers this substitution, the interpreter is asked to provide an explanation. "I don't see what the problem is", she argues, "My husband is a scientist, and bilingual!"
- While in the waiting room, an interpreter tells a patient to answer only the questions the doctor asks, and to answer in short sentences, since doctors in America don't have a lot of time. The patient is offended and a bit nervous, and reports this conversation to another interpreter at a later appointment.
- When an interpreter explains that his job is to interpret only what each party actually says, the patient replies, "Don't worry about it. The other interpreter knew all my medications and how often I was taking them. He didn't need to wait for me to speak-he would just answer the doctor himself".
- A patient called to say that the interpreter forgot to pick her up on the way to the hospital. When the interpreter was questioned about the practice of picking up patients, she explained that patient had no other means of transport, and that she felt bad about the situation and had been driving for several weeks. "Somebody has to take care of our people", she explains.

Points for Reflection:

1. What principle of professional interpretation was violated in each of the four cases above?
2. Under which "Work Personality Profile" did each interpreter fall?
3. Why might possessing some of the positive qualities in these profiles make it difficult to not also possess some of the flaws?
4. Do some of your own behaviors as an interpreter fit into any of the profiles described above? If so, which of these behaviors might you want to change, and why?

STAYING CONNECTED TO THE PROFESSIONAL COMMUNITY

As mentioned in the cover article, interpreters, whether staff or freelance, work primarily alone. There are many ways, though, to avoid a sense of isolation and stay connected to the professional community.

CCCS encourages its interpreters to join a professional interpreter association, attend ongoing skill development workshops and trainings, and form study groups with colleagues. Another essential practice for professional interpreters is regular home study. Set aside some time each week for reading about recent developments in medical interpretation.

This month, CCCS recommends two key reports made available by The California Endowment at http://www.calendow.org/reference/publications/cultural_competence.stm.

- **Language Services Resource Guide for Health Care Providers** – This guide, developed by the National Health Law Program, aids providers, administrators, interpreters, and others in improving language access and improving health care for their patients.
- **Certifying Health Care Interpreters** – This report provides an overview of certification issues for health care interpreters in the United States, examines specific programs currently in existence, and explores the potential for the development of a national certification process for spoken-language healthcare interpreters.

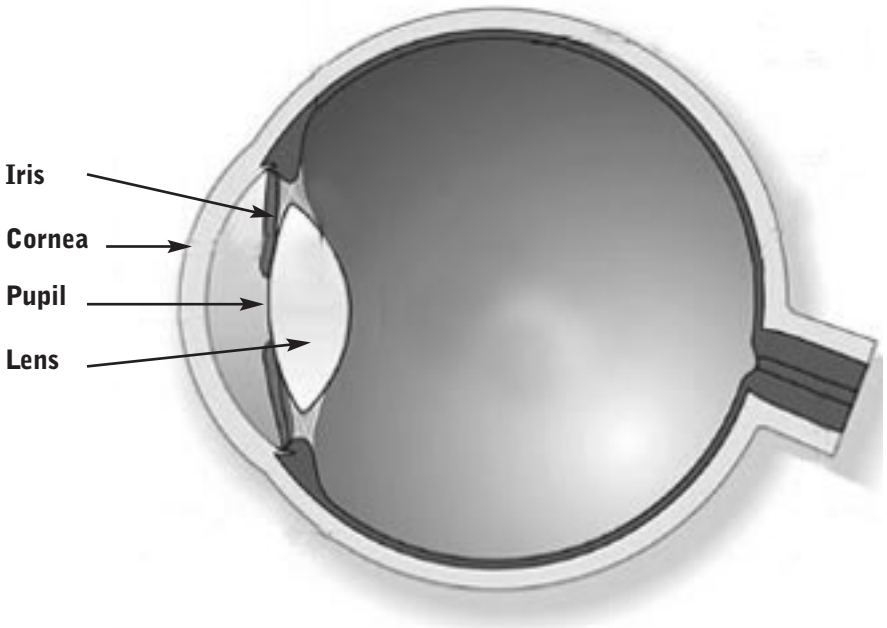
USE IT OR LOSE IT! APPLIED ANATOMY

No matter how many anatomy courses we've taken, if we don't apply our knowledge, we'll get a little rusty. In 2007, each edition of the Communicator Express will feature an anatomy game. The first interpreter to fax in a correctly labeled diagram and exercise within 15 days of newsletter publication will win a complimentary one-year individual membership to the Massachusetts Medical Interpreters Association. So grab a pen or pencil, and put your knowledge to the test! Fax your completed diagram and exercise to Stefanie DiMeo, CCCI Administrative Assistant, at 781.729.1217.

Label the following diagram in your target language.

Match each term to its corresponding definition.

Cornea	A clear part of the eye behind the iris that helps to focus light, or an image, on the retina.
Pupil	The clear outer part of the eye's focusing system located at the front of the eye.
Iris	The colored part of the eye that regulates the amount of light entering the eye.
Lens	The opening at the center of the iris.



Eye definitions copied from National Eye Institute, U.S. National Institutes of Health, http://www.nei.nih.gov/health/eyediagram/)

OUCH! THE CCCS IMMUNIZATION DRIVE

CCCS has embarked on a system-wide Immunization Drive. All CCCS interpreters will be required to submit proof of MMR vaccination and a yearly PPD (TB) test as a pre-requisite to work eligibility. In addition, interpreters are strongly encouraged to undergo vaccination against other communicable diseases.

According to the US Centers for Disease Control and Prevention (CDC), healthcare workers are considered to be at significant risk for acquiring or transmitting hepatitis B, influenza, measles, mumps, rubella, and varicella. All of these diseases are vaccine-preventable.

Hepatitis B

Hepatitis B virus (HBV) infection is the major infectious hazard for health-care personnel. During 1993, an estimated 1,450 workers became infected through exposure to blood and serum-derived body fluids. An estimated 100-200 health-care personnel have died annually during the past decade because of the chronic consequences of HBV infection.

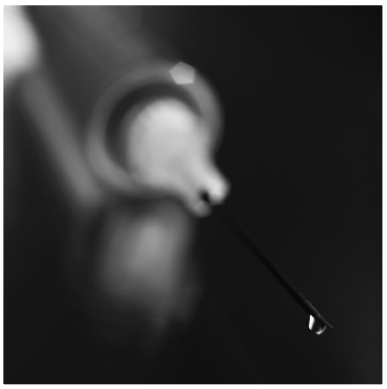
Influenza

During community influenza outbreaks, admitting patients infected with influenza to hospitals has led to transmission of the disease from patients to staff and from staff to patients. In a recent study, patients in long-term care facilities in which greater than 60% of the staff had been vaccinated against influenza experienced less influenza-related mortality and illness, compared with patients in facilities with no influenza-vaccinated staff.

Measles, Mumps, and Rubella

Measles transmission has been documented in the offices of private physicians, in emergency rooms, and on hospital wards. The risk for measles infection in medical personnel is estimated to be thirteenfold that for the general population.

Although vaccination has decreased the overall risk for rubella transmission in all age groups in the United States by 95% or more, the potential for transmission in hospital and similar settings persist. Because any healthcare worker, medical or nonmedical, can contract and transmit measles or rubella, we all have a responsibility to avoid causing harm to patients by preventing transmission of these diseases.



ACCORDING TO THE US CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), HEALTHCARE WORKERS ARE CONSIDERED TO BE AT SIGNIFICANT RISK FOR ACQUIRING OR TRANSMITTING HEPATITIS B, INFLUENZA, MEASLES, MUMPS, RUBELLA, AND VARICELLA. ALL OF THESE DISEASES ARE VACCINE-PREVENTABLE.

Varicella (VZV)

Sources for varicella exposure include patients, hospital staff, and visitors who are infected with either varicella or zoster. In hospitals, airborne transmission of VZV to persons who had no direct contact with the varicella-stricken patient has occurred. Pregnant women, premature infants and immunocompromised persons of all ages are especially susceptible.

Information on vaccinations and communicable diseases adapted from the US Centers for Disease Control and Prevention at http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm)

LIFE BRINGS CONSTANT CHANGES, AND YOUR PORTFOLIO SHOULD REFLECT THESE CHANGES.

CCCS NEWS

2007 INTERPRETER PORTFOLIO UPDATE

It is time once again for the annual CCCS Interpreter Portfolio Update. Life brings constant changes, and your portfolio should reflect these changes. You will soon be contacted by a CCCS representative and asked to visit CCCS with the following documents, which should be updated each year:

- W9 Request for Taxpayer
- Employment Eligibility Verification
- Current cell phone, pager and email contact information
- Training Certificates (any recent trainings not listed at time of contract)

To facilitate portfolio updates and the creation of 2007 Interpreter Identification Badges, CCCS has scheduled a special Portfolio Update Clinic on Thursday, December 28th, from 8AM to 6PM. All active CCCS interpreters are invited to stop by our Woburn headquarters with the original documentation listed above. CCCS representatives will be on hand to assist in a portfolio update and badge creation process that takes just 15 minutes per interpreter. The first 20 interpreters to stop by will receive a $5Dunkin Donuts gift card.

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