



NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE

CHALLENGES IN STANDARDS OF PRACTICE: ROLE BOUNDARIES AND ADVOCACY

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Introductions

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Educational Objectives

1. Have a greater understanding of the two Standards
2. Have an increased ability to respond to unique and challenging interpreting events
3. Be able to apply enhanced critical thinking skills in unique and challenging interpreting events
 - a. Identify personal boundaries
 - b. Articulate the potential for conflict in a given situation
4. Be able to utilize decision-making strategies and tools offered in the training



Housekeeping

- Cell phones
- Snacks
- Bathrooms



Overview of time

- Intro
- Thoughts on ethics
- NCIHC Ethical decision-making tool draft
- Role boundaries
- Break
- Advocacy
- Wrap up



Source Material

- Specific wording are from The National Code of Ethics for Interpreters in Health Care (2004) and The National Standards of Practice for Interpreters in Health Care (2005).

<http://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf>



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THOUGHTS ON ETHICS

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Ethics in General

Codes of ethics and standards of practice are not the same as moral or civil laws. They are guides rather than prescriptive limits. This is why critical thinking skills are so important for interpreters.



Reality Check

“Codes (of ethics) cannot preempt all potential ethical conflicts.” p. 136.

Devaux, Jérôme. 2017. Virtual presence, ethics and videoconference interpreting: Insights from court settings. [pp 131-150] In: Ideology, ethics and policy development in public service interpreting and translation, ed. by Carmen Valero-Garcés and Rebecca Tipton. [Translation, Interpreting and Social Justice in a Globalised World:1] Bristol, England: Multilingual Matters



Reality Check

...the values to be pursued in virtue ethics must not be individual values, but those sanctioned by a collective body. (p 145 Camayd-Freixas in Devaux.)

Devaux, Jérôme. 2017. Virtual presence, ethics and videoconference interpreting: Insights from court settings. [pp 131-150] In: Ideology, ethics and policy development in public service interpreting and translation, ed. by Carmen Valero-Garcés and Rebecca Tipton. [Translation, Interpreting and Social Justice in a Globalised World:1] Bristol, England: Multilingual Matters



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NCIHC ETHICAL DECISION- MAKING GUIDE--DRAFT

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NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

1. State the problem or issue taking into account the following:
 - a. Core Values, National Code of Ethics, and National Standards of Practice (or ethics and standards of practice from other professional interpreting organizations). Professional ethics and standards of practice for interpreters and other staff/providers
 - b. Interpreter's personal opinions, feelings, biases, experiences
 - c. How much and what each speaker has contributed to the situation
 - d. Institutional and/or agency policies.



NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

2. Identify the urgency of the problem or issue taking into account the following:
 - a. Level of risk to patient's or staff member's physical or emotional well-being.
 - b. Patient autonomy
 - c. If anyone else should be informed.



NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

3. When action is needed (immediate or delayed)
 - a. Formulate possible plans of action
 - b. Identify the benefits and risks
 - c. Choose best plan of action
 - d. Identify the person in the situation with decision-making authority, bring the matter to his or her attention in the manner most likely to be heard and attended to.



NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

4. *If you **don't** need to act immediately:*
 - a. Think through the situation carefully.
 - b. Consult or seek guidance from a reliable person (for example your supervisor, nurse manager, provider, a senior interpreter).



NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

5. Implement the plan.
6. Inform your supervisor of your action.



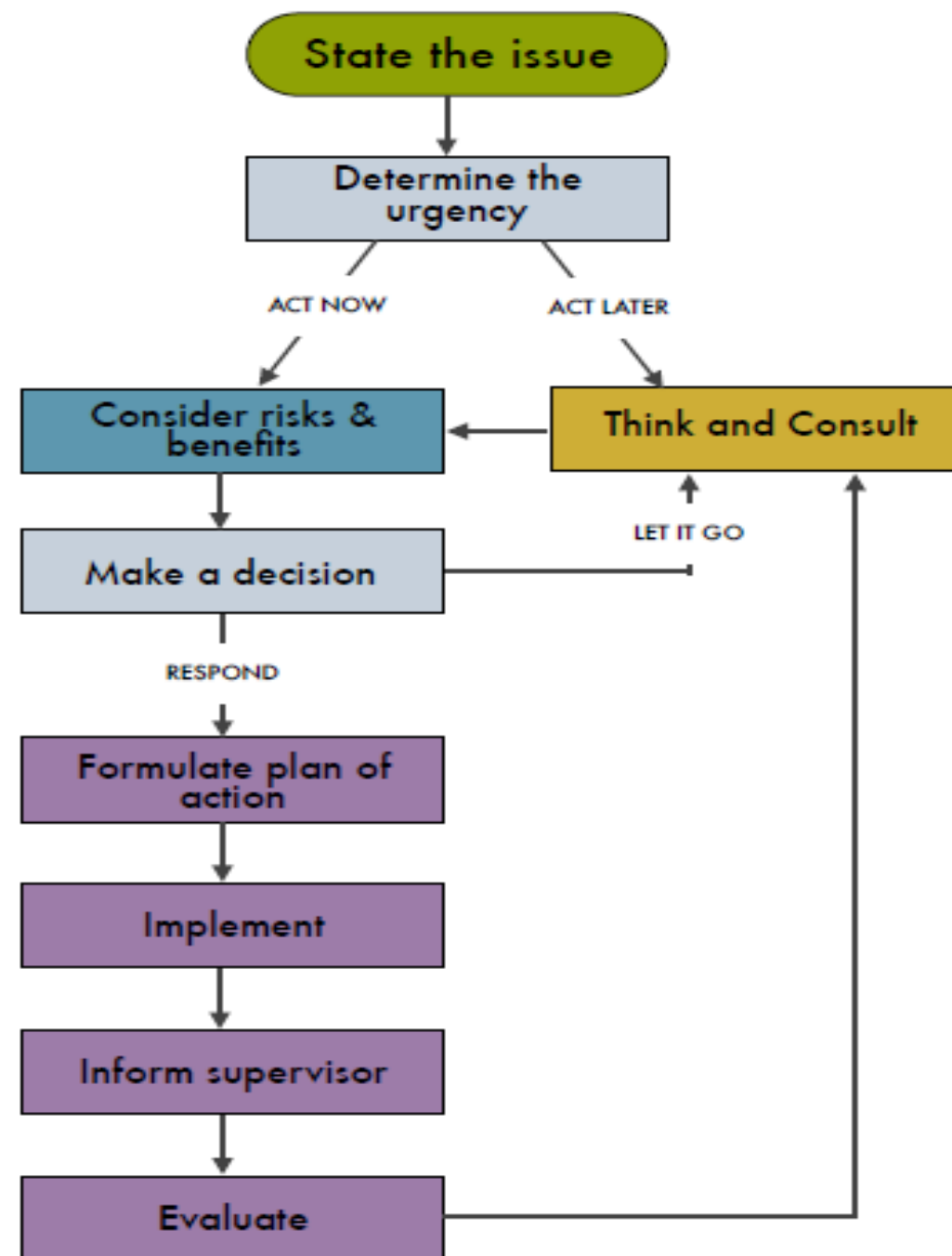
NCIHC Decision-Making Guide for Healthcare Interpreters **DRAFT**

7. Evaluate the result of your plan:
 - a. Was the outcome positive?
 - b. Did you adhere to the standards of the profession?
 - c. Could the plan have been improved?
 - d. When appropriate, seek feedback from the participants involved.



Graphic DRAFT

The graphic is a **guide**, not a law or a rule. Interpreters must always employ **critical thinking skills** and **self-reflection practice** to decide how and in what order to apply some of the steps





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SCENARIOS





Activity I

- Practice Scenarios with guide



Scenario Practice with Tool

You helped two families on the same day with surgeries. Family *A* has a baby who is having a serious heart surgery; Family *B* is there for an adult who is having a hernia repair. The two families start to talk with each other and Family *B* provides emotional support during the time they are in the waiting area.

Two weeks later you find yourself at the follow-up appointment for Family *B*. They ask about Family *A*'s baby.



Scenario Practice with Tool

A mom brings her toddler into the emergency department with a high fever, which the child has had for over 30 hours and which acetaminophen is not helping to bring down. The mom speaks Spanish, but there are enough language features that the interpreter suspects that it is not the mom's first language. This is confirmed when mom talks to the child in another language.

The doctor does tests which come back with a severe bacterial infection. The doctor wants to give the child an antibiotic injection, but the mother refuses the shot. She wants medicine for her child but nothing by injection.



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ROLE BOUNDARIES

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Related ethical principle

The interpreter maintains the boundaries of the professional role, refraining from personal involvement.



Role boundaries

National Standards of Practice

OBJECTIVE:

To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.



Conflict of Interest

In the field of healthcare interpreting, conflict of interest refers to situations when interpreters (staff, dual-role, contract or free-lance) have financial, personal, or other considerations which compromise, may compromise, or have the appearance of compromising, their ability to complete their duties with integrity and impartiality.



Role Boundaries description

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.



Role Boundaries description

17. The interpreter limits his or her professional activity to interpreting within an encounter.

- For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider.



Role Boundaries description

18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

- For example, an interpreter who is also a nurse does not confer with another provider in the patient's presence, without reporting what is said.



Factors which may make this standard easier or harder

- a. Large and small communities
- b. Remote or in-person
- c. Staff or contract or free-lance
- d. Dual role

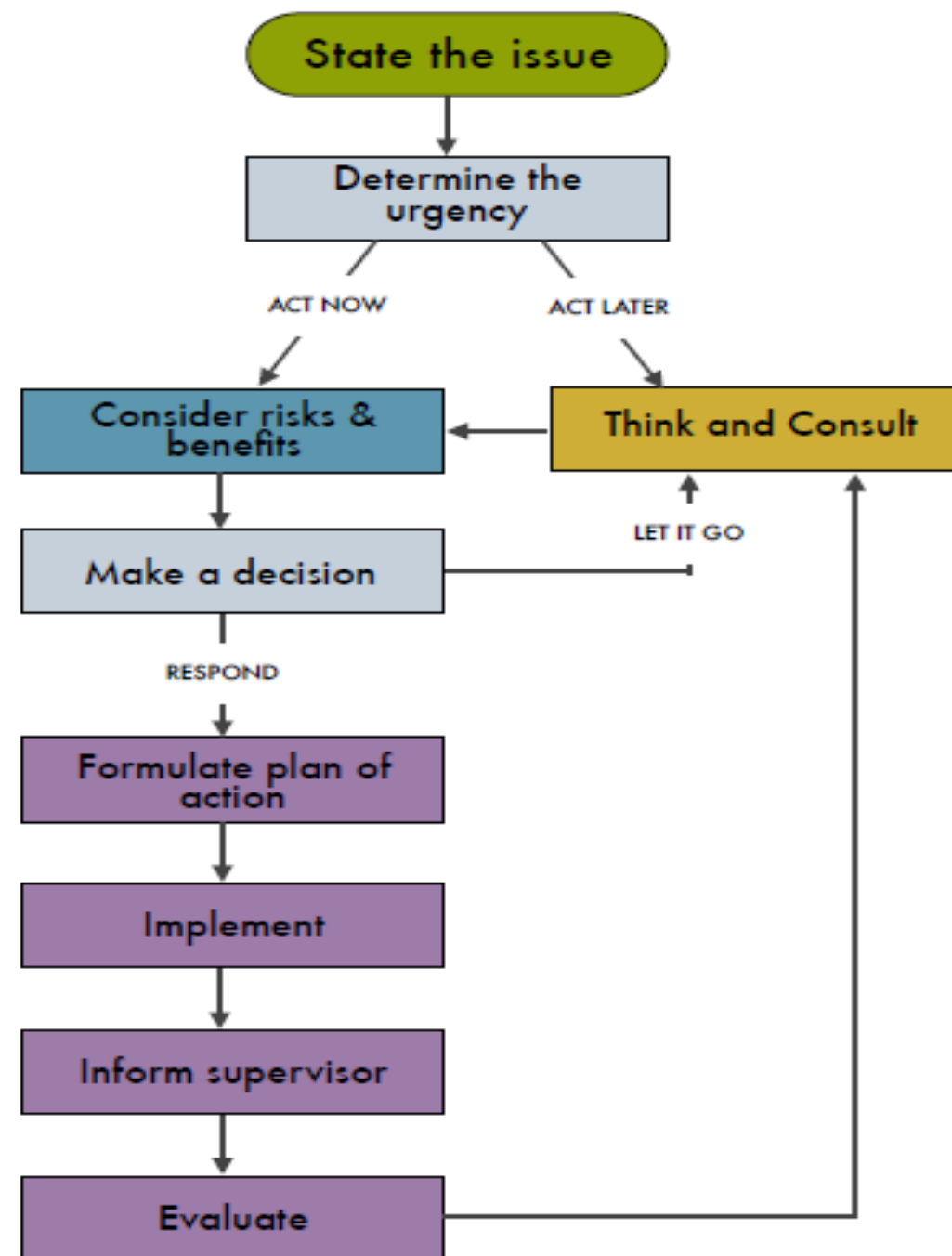


Summary of Key Points: Role Boundaries

1. Promote trust in the interpreting process
2. Prevent conflict of interest
3. Promote awareness of how personal relationships (with either provider or patient) can affect the actual or perceived reliability of the rendition
4. Promote transparency and professionalism for dual role interpreters.
5. Promote patient autonomy
6. Promote direct communication between the primary participants



NCIHC Ethical Decision-Making Tool--Draft





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ROLE PLAY & DISCUSSION





Process

1. Watch the role play
2. Discuss the scenario at your table using decision making tool.
3. Report out to the larger group.



Scenario Practice with Tool

You have interpreted for a 16-year-old Haitian girl who confides in you that she is pregnant, but that she hasn't told her mother yet because, "My mom will kill me! She thinks I'm still a virgin." A few weeks later, you end up interpreting for her again at the hospital where she has presented with her mother. She has been having back pain and she has been sent for an X-Ray. The technician asks the girl if there is any chance she might be pregnant. She glances up at her mother, then answers, "No, I'm not pregnant."



Scenario Practice with Tool

An elderly man who is 87 years old has been hospitalized for a few days, and is being advised to undergo a transurethral excision of the prostate. He has refused, saying that he is too old for such procedure.

The nurse explains to the patient that this procedure will help with his severe and persistent incontinence symptoms, and that it is due to an obstruction of the prostate. The physician then explains the procedure and asks the patient to sign the consent form. The physician is rushed and is pressuring the patient to just sign the consent. The patient refuses to sign.

The nurse and doctor would like you to help convince the patient that he must have this procedure or he runs the risk of further complications and complete obstruction of the prostate.



Overlap with other standards and tenets

- a. Cultural Awareness
- b. Impartiality
- c. Confidentiality
- d. Professionalism
- e. Advocacy (will look at later)



Scenario 3

The interpreter attends the same Jehovah's Witness Temple as the patient and know one another. At a surgery consult, the doctor explains the general surgical process, reasons for doing the surgery and potential benefits and risks of doing or not doing the surgery. The surgeon has not mentioned the possibility of blood transfusion. The patient indicates willingness to undergo the surgery. The physician hands the patient the consent form to sign.



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Break time



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ADVOCACY

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Advocacy - Focus

Today's discussion will be on the application of Advocacy to individual situations and encounters – not on Advocating on behalf of the profession or our communities.



Standard: Advocacy

- **OBJECTIVE: To prevent harm to parties that the interpreter serves.**
 - 31. The interpreter may speak out to protect an individual from serious harm.
For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.
 - 32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.
For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.



Advocacy - Overview

- What is Advocacy?
- What to consider before choosing to advocate
- What to do or not to do:
How to advocate effectively



Advocacy / Advocate – Definitions

- public support for, or recommendation of, a particular cause or policy. Oxford Dictionary
- (v.) to support or urge by argument; recommend publicly Word Reference Random House Learner's Dictionary of American English © 2017
- (n.) someone who speaks or writes in support or defense of a person, cause, Word Reference Random House Unabridged Dictionary of American English © 2017



Advocacy - Definition

- What is Advocacy?
 - Historic perspective
 - Examples of standard usage
 - Conduit interpreting
 - Everything else



We had...

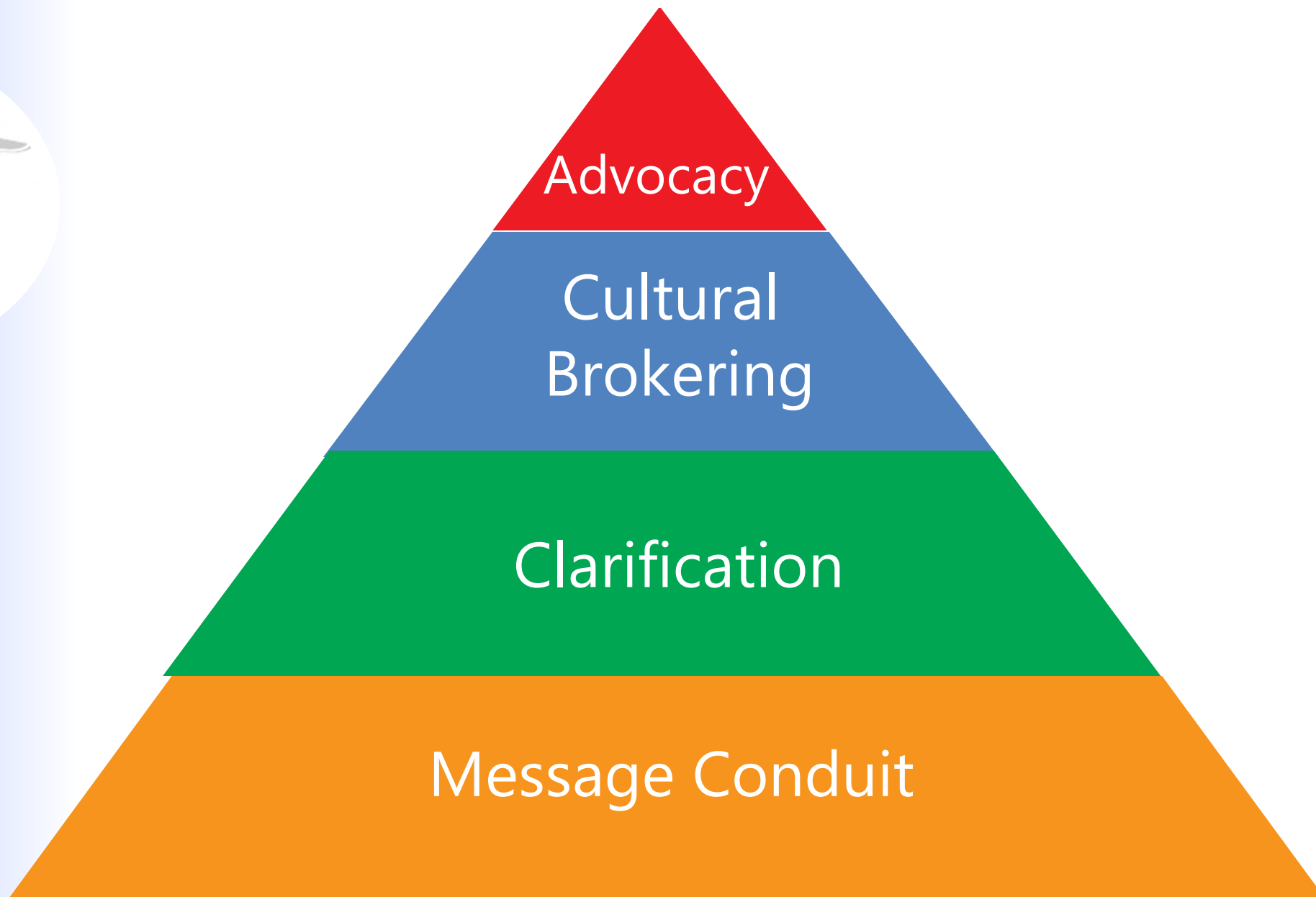
35 years ago

Everything
else

Interpreting /
message conduit/
machine model



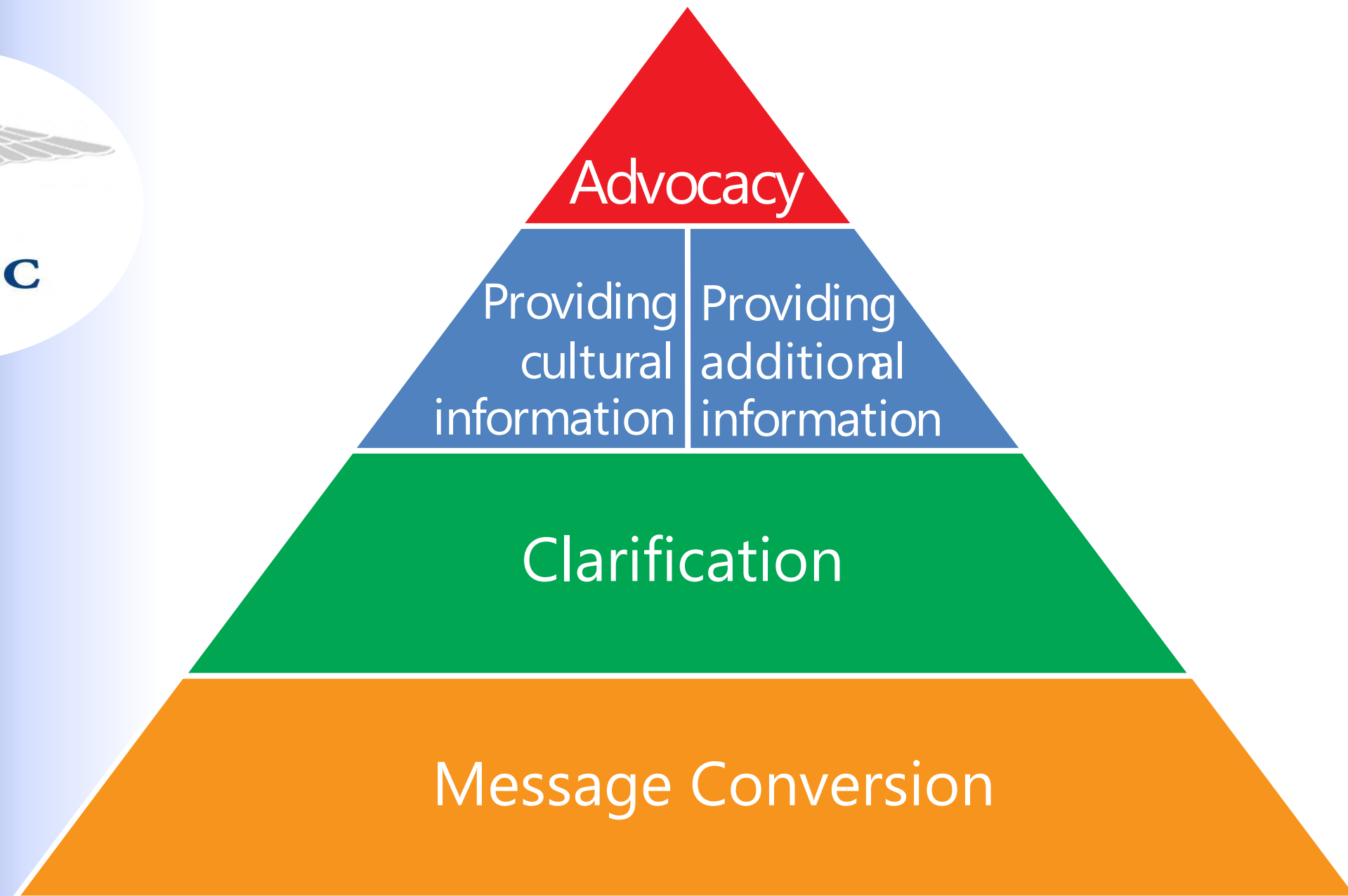
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From *Bridging the Gap: Medical Interpreter Training*
by The Cross Cultural Health Care Program (CCHCP) 1995 Cindy Roat



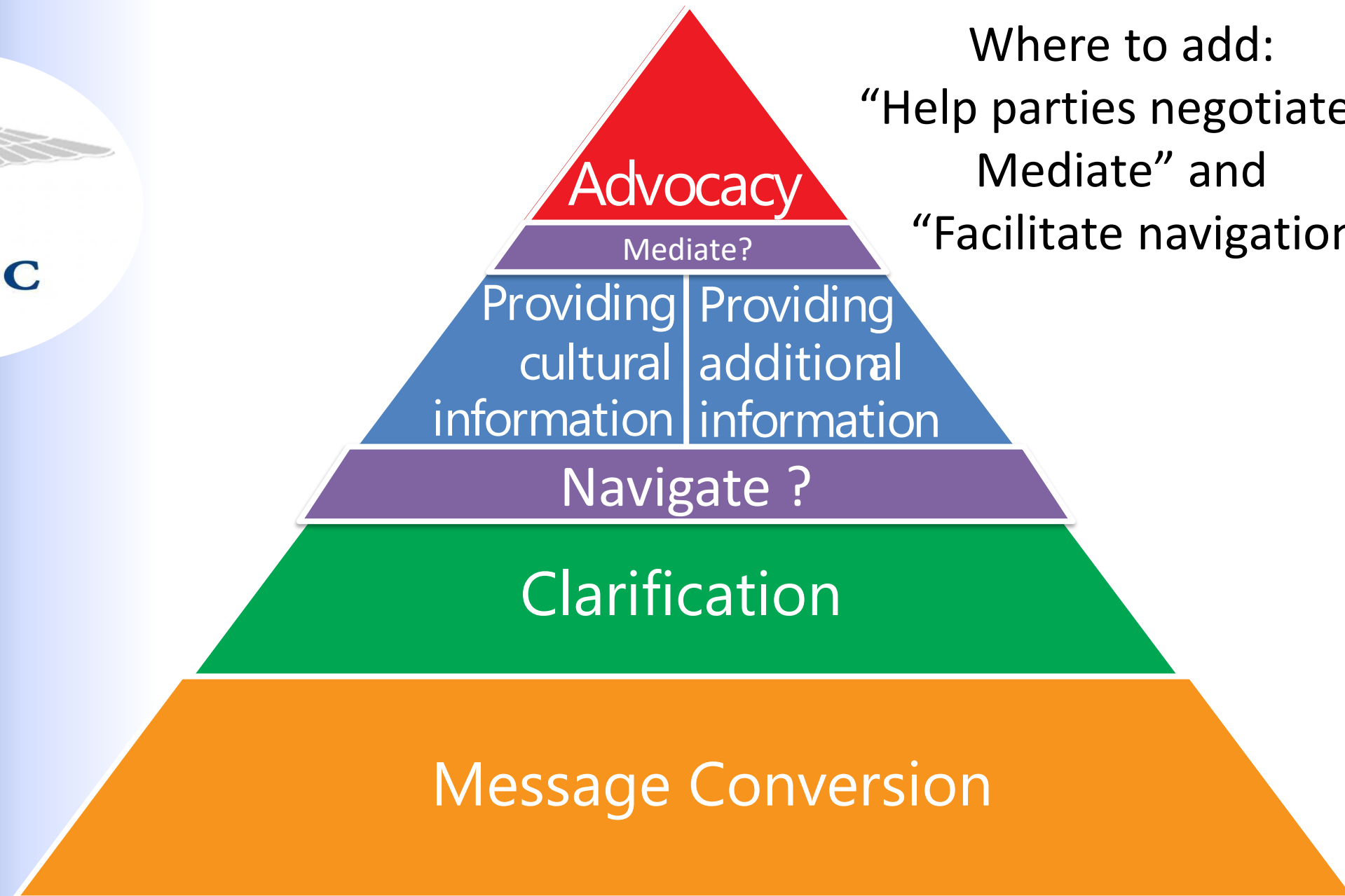
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*Adaptation: by Jane Kontrimas



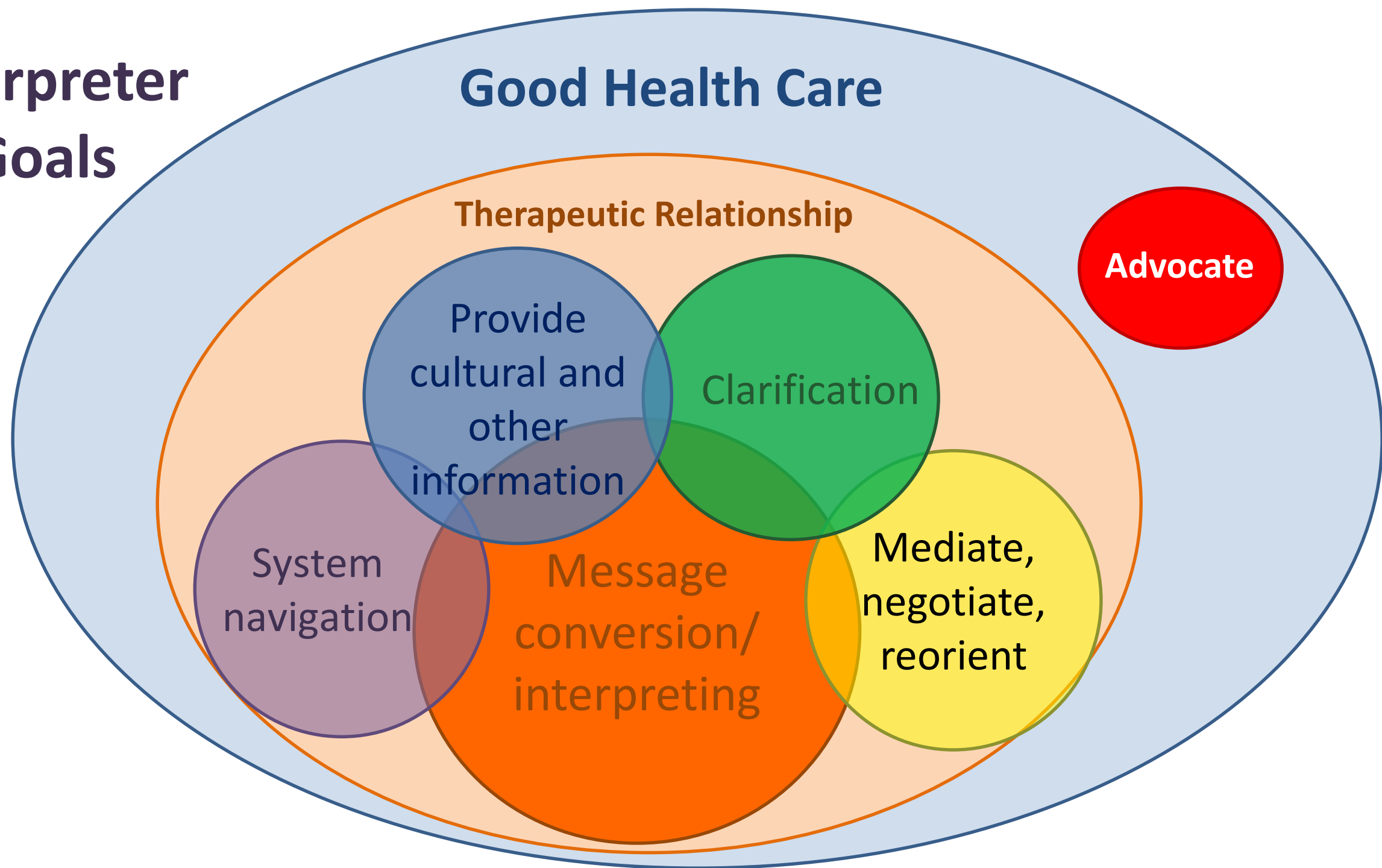
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Where to add:
“Help parties negotiate /
Mediate” and
“Facilitate navigation”

*Adaptation: by Jane Kontrimas

**Interpreter
Goals**





Advocacy – Standard Usage Example

The parents and teachers of the PTO are advocating for safer playground equipment.

Advocacy

Propositions (embedded meaning)



- PTO members have an opinion:
“Playground equipment is not safe.”
- PTO members want to make it safer.
- PTO members are not responsible for & lack the authority to fix equipment.
- They are acting to convince (people who can fix it) to do whatever is needed to make it safer.



Advocacy

Advocacy includes these main ideas:

- You have a idea of what should happen.
- You don't have the authority to do it.
- You act to convince someone to do it.



Advocacy...

Most of the time—we do not advocate



Our clients trust us because we...

- Do not add, omit, or edit;
- Do not include our own personal opinions, emotions, or reactions;
- Deliver their message faithfully.



So, is Advocacy ever part of Interpreter Role??

■ ADVOCACY

OBJECTIVE:

To prevent harm to parties that the interpreter serves.

Related ethical principle:

When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

31. The interpreter may speak out to protect an individual from serious harm.

For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.

32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.



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When is Advocacy Appropriate or Needed?



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ROLE PLAY





Is Advocacy ever necessary?

Encounter: Pre-op holding area

Patient (through interpreter): "Nurse, you are preparing the wrong leg; the doctor wants to amputate the other foot."

RN: You've had some sedation. You may be confused. This is what it says in the chart.

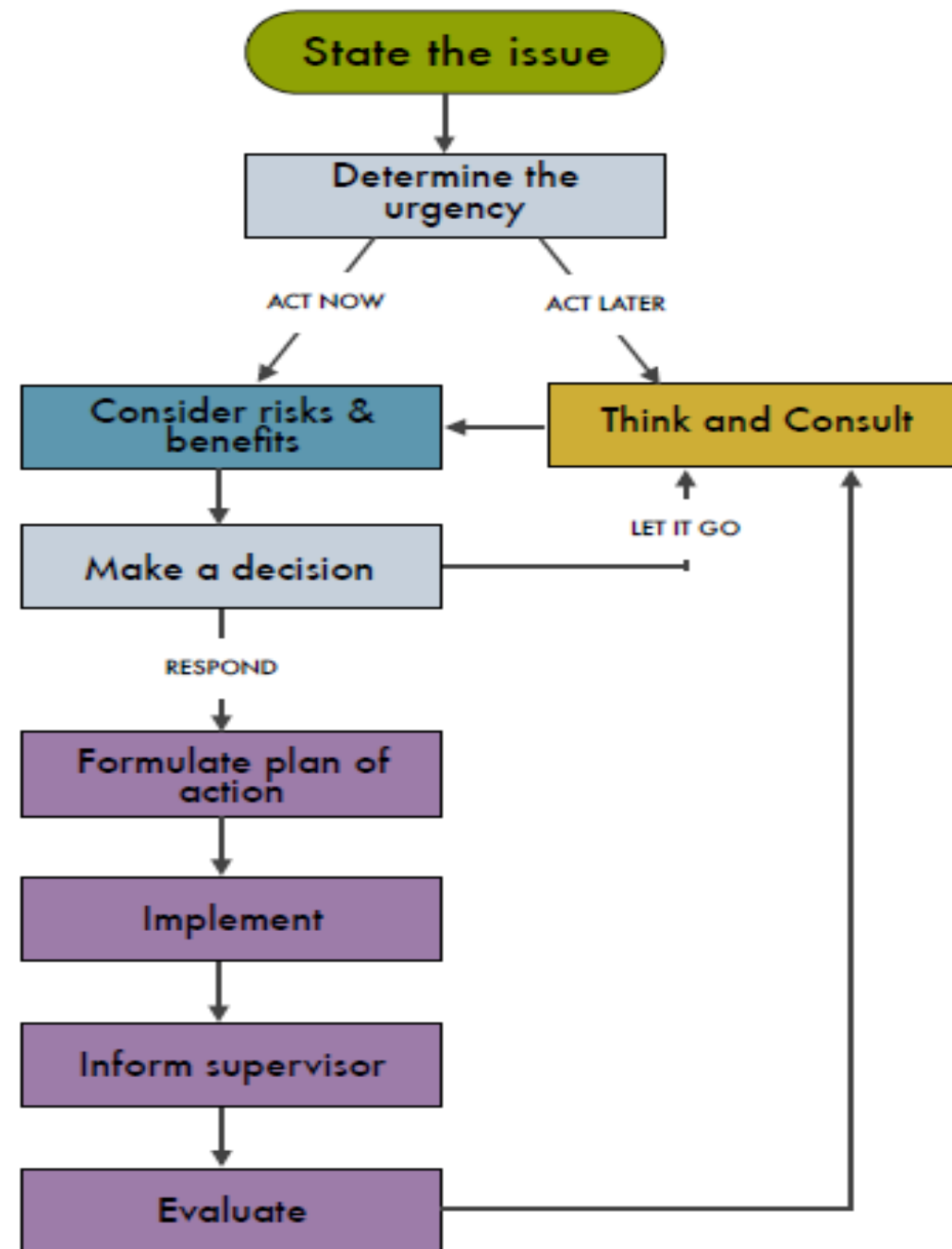
Interpreter: By chance, this interpreter was at the outpatient appointment and also remembers the surgeon intended to amputate the other foot.

RN: The sedation has taken effect; the patient is asleep. We won't need any more interpreting until afterward when she wakes up. Thank you and good bye.

Example by Karin Ruske from ATA Panel Discussion (2005)



Decision-Making Tool DRAFT





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...DÉNOUEMENT.





Avoid Advocating Use other approaches

- Clarify ideas / terms
- Share relevant information
- Cultural brokering
- Help parties reorient toward goals
- Facilitate negotiation, mediate, bridge



Evaluate the need for advocacy

- Wait to see if the parties resolve the issue themselves
- Consider the patient's preference
 - Some patients advocate for themselves
 - Some prefer you do nothing.



Consider your relationship with the organization

- What are the hospital's expectations
- Are you a staff interpreter, on assignment from an agency, or an independent contractor hired directly by a hospital



Evaluating whether to Advocate — How urgent?

- Is the situation life threatening?
- Weigh the urgency against your standing and the clinician's willingness to listen



If you need to Advocate... When and to whom?

- During or after the interpretation
- Is it a individual or a system issue?
- Can it wait until you consult with your supervisor?



How To Advocate Effectively

- Find your center of calm (breathe)
- Restate points of agreement
(e.g.: shared goal of good patient care)
- Show how what you are advocating for aligns with their goal (if possible)
- Avoid implying blame (I statements)



How To Advocate Effectively

- Assume they want the best
- Build consensus if possible
- Avoid threatening language



Advocate Effectively— maintain transparency

- Interpret everything
- Make sure everyone understands when you are speaking as the interpreter
- Refer to yourself in the third person “The interpreter believes ”



How To Advocate Effectively

- Explain the problem succinctly
- Present your suggestion about what should happen clearly and concisely



Afterwards

- Can you continue to interpret
 - by remaining neutral and impartial for this particular patient, provider, or institution
- Should you excuse yourself and find a replacement



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ACTIVITY TIME



SCENARIO

Background: A non-English speaking female patient presents for a pre-natal visit (to confirm a home pregnancy test result) at a Women's and Children's center where she is seen by a fourth year resident. The patient has a history of epilepsy. There is both an interpreter and a nurse present for the encounter.

Situation:

- **Doctor:** We have confirmed you are pregnant. You need to stop taking your epilepsy medication due to the affects to the baby.
- **Patient:** Yes, I stopped two weeks ago after the home pregnancy test results.
- **Doctor:** You don't understand, YOU HAVE TO STOP taking the medication.
- **Patient:** I just said, I have already stopped taking my epilepsy medication.

(This continues for a couple of more rounds – additionally, the nurse is embarrassed – but quiet while standing in the corner)

What would you do?



Activity

- Group discussion of the scenario at your table.
- Select a representative to report out to the larger group or present your solution as a role play



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**What
we
know**

**What we know
we don't know**

**What we don't know
that we don't know**

Slide courtesy of Kalen Beck



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ACTIVITY TIME



SCENARIO

Background: late 80's male consult with cardiac surgeon with son/daughter and two PA. Two interpreters: One new to facility (experienced interpreter) and a mentoring interpreter.

Situation:

Doctor: *Reviews test results and explains the need for open-heart surgery.*

Patient: "No, thank you" (refuses surgery)

Family: "Don't be crazy dad – you have to have the surgery."

Patient: "Absolutely NOT!"

Doctor: *Reviews all the potential risks and benefits (including longevity results with/without surgery.*

Family: "You must have this done – see? What would mom do without you?"

Patient: "NO!!!!!"

Doctor (to the patient): "Is there something I can clarify?"

Patient: "I just don't want to do it. I'm old."

Interpreter (to doctor): "Can I try and explain it to him so he will understand?"

As the mentoring interpreter, what would you do?



Activity

- Group discussion of the scenario at your table.
- Select a representative to report out to the larger group.



Pitfalls in Advocacy

Messiah Complex

Paternalism

Righteous Indignation

Implicit Bias

Evaluations and Continuing Education Credits



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Cám ơn

Thanks

Tlascamatl

Matiox

Danke

Pinagigi

Gracias

Merci

Hvala

спасі́бо

Mahad sanid

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