

Section 3

ASL/English Medical Interpreter

Domains and Competencies

Overview

A Medical Interpreter: ASL/English is a credentialed professional with national certification, CDI or CSC or CI and CT or NIC Advanced or NIC Master¹, who facilitates communication between users of signed and spoken languages in health care settings throughout the life span. Qualifications include:

- Bilingual fluency in English and ASL including the ability to produce and comprehend sociolinguistic variation.
- Understanding of linguistic, social and cultural influences that impact health care interactions (e.g., specialized vocabulary, discourse styles, language register, dynamics of power and prestige between interlocutors, and triadic communication).
- Adhering to the Registry of Interpreters for the Deaf and the National Association of the Deaf Code of Professional Conduct and familiarity with the NCIHC code of ethics.
- Balancing the need for maintaining professional distance with empathy and flexibility.
- Knowing the laws and policies related to health care settings (e.g., liability, ADA, state's human rights laws, hospital policies).
- Knowing the general physiological and psychological implications of health care.
- Understanding of various health care approaches (e.g., Chinese medicine, ayurvedic, holistic, homeopathic, Western medicine, hospice).
- Understanding underlying practices of various health care delivery systems and the role of self and others on the health care team (e.g., employing CDIs, Deaf Community Healthcare Workers [CHWs] and advocates when they can enhance the communication).
- Sharing information and resources about communication through advocacy, leadership, education in health care settings.

¹ All of the following credentials are offered by the national Registry of Interpreters for the Deaf in the United States: CDI-Certified Deaf Interpreter, CSC-Comprehensive Skills Certificate, CI-Certificate of Interpretation, CT-Certificate of Transliteration, NIC-National Interpreter Certification.

Domain 1. Health Care Systems

- a. The interpreter demonstrates knowledge of the health care context including differences between public and private health care systems and hospitals, various venues where medical care is provided, common diagnoses and treatments, institutional hierarchy, and roles and responsibilities of health care personnel.
- b. The interpreter demonstrates knowledge of medical terms, procedures, and protocols of the health care system and specialized environments.
- c. The interpreter possesses bilingual competence with technical vocabulary pertaining to common medical procedures, diagnoses and treatment (e.g., medications, physical exams, MRIs, radiation).
- d. The interpreter discusses the role and function of the interpreter as part of the health care team in a professional manner.
- e. The interpreter applies knowledge of health care systems and the rights and needs of Deaf, deaf-blind and hard of hearing people to affect positive and systemic change (e.g., health care literacy).

Domain 2. Multiculturalism and Diversity

- a. The interpreter exhibits behaviors and practices that demonstrate respect for patients and healthcare providers from diverse backgrounds and with diverse beliefs, striving to provide interpreting services that respect the cultures, values and norms of the consumers involved. The interpreter demonstrates strategies for working with consumers for whom healthcare settings provoke increased anxiety.
- b. The interpreter provides information to health care professionals regarding the importance of creating a visually accessible environment for Deaf, deaf-blind and hard of hearing people (e.g. communication boards, use of lights, avoid responding through an auditory intercom when patient presses call button).
- c. The interpreter demonstrates strategies for working with Deaf people and health care professionals who have had prior negative experiences with access to health care (e.g., experiences of discrimination due to socioeconomic status or cultural beliefs).
- d. The interpreter assesses and accommodates varied levels of language competency, knowing when to call in a specialist such as a CDI or Deaf Community Health Worker (CHW).

- e. The interpreter demonstrates respect for consumers' autonomy allowing consumers to make their own decisions.
- f. The interpreter maintains awareness of changes in the communities in which s/he works, such as an infusion of immigrants, and is able to interpret in medical settings effectively for patients and providers with varying cultural and religious needs.

Domain 3. Self-Care

- a. The interpreter recognizes issues in the work environment that may create distress within oneself and employs strategies for dealing with feelings (e.g., vicarious trauma).
 - Mental, emotional, social and spiritual wellness (e.g., journaling, exercising, seeking support from a trusted confidante or professional counselor).
- b. The interpreter monitors personal health and avoids unnecessarily exposing vulnerable patients to germs or contagious illnesses (e.g., cold, flu, tuberculosis).
- c. The interpreter demonstrates awareness of personal safety practices in health care settings (e.g., stands behind a shield when x-rays are taken, wears a mask when a patient has an airborne disease, applies universal precautions).
- d. The interpreter demonstrates physical and emotional stamina necessary for interpreting in health care settings, including how and when to call in a team member (e.g., procedures that last several hours such as births or procedures with intense smells).

Domain 4. Boundaries

- a. The interpreter declines medical interpreting assignments that are beyond his/her capability, be it emotional, physical, or level of language competence.
- b. The interpreter limits personal involvement with all parties during interpreting (e.g., not sharing or eliciting overly personal information in conversations with patients or health care providers).
- c. The interpreter separates one's own personal values and beliefs from those of other parties (e.g., interprets all reproductive choices to Deaf patient regardless of own beliefs).
- d. The interpreter does not assume the right to make decisions for the patient and his/her treatment or healthcare plan and is aware of how the interpreter's use of language can subtly change or influence decisions.

- e. The interpreter works as part of an extended interpreting team sharing important information, language approaches, etc. with other interpreters serving the same patient, allowing for continuity of service.
- f. The interpreter discloses or attempts to avoid potential conflicts of interest where professional boundaries may be compromised (e.g., does not interpret for a family member or close friends, may decline to interpret for a person's performance appraisal at work if that person is a regular consumer in a health care setting).
- g. The interpreter promotes patient autonomy (e.g., does not offer patients a ride home, or offer to pick up patients' prescriptions).
- h. The interpreter determines when it is appropriate to protect an individual from serious harm (e.g., intervenes on behalf of a patient with a life-threatening allergy, if the condition has been overlooked).
- i. The interpreter consults with professional colleagues on matters of importance and concern (e.g., other interpreters, members of the health care team), and suggests ways to overcome communication or language challenges using a Deaf Interpreter, social worker, Community Health Worker (CHW) or patient advocate
- j. The interpreter works as part of an interdisciplinary team to ensure effective communication.

Domain 5. Preparation

- a. The interpreter demonstrates awareness of one's own emotional filters, attitudes, and health care biases, beliefs and values.
- b. The interpreter obtains relevant information prior to the specific interpreting assignment and has the skills to sufficiently research the background on various procedures and treatments to allow effective visual representation of the procedures.
- c. The interpreter attempts to obtain appropriately relevant information prior to and during the specific interpreting assignment (e.g., reason for the appointment, reading brochures, studying charts on the walls).
- d. The interpreter possesses a readiness plan for working in various situations such as with refugees and immigrants, for example, who may not have acquired ASL or English (e.g., uses models and pictures, knows when/how to get a CDI or Deaf CHW).
- e. The interpreter maintains a sufficient amount of professional liability insurance.

Domain 6. Ethical and Professional Decision Making

- a. The interpreter applies ethical principles in decision making, and understands the ramifications of decisions (e.g., when to accept or decline assignments).
- b. The interpreter demonstrates awareness of the impact of demographics on decision-making (e.g., Deaf people may be known very well to the interpreter in a small town).
- c. The interpreter demonstrates knowledge that the decision-making processes and the expectation to disclose and/or report certain information may be different between staff interpreters and freelance interpreters (e.g., staff interpreters may have more access to pertinent information and make different decisions than freelance interpreters).
- d. The interpreter has advanced decision-making skills and knows when ethical dilemmas need to be resolved in collaboration with the patient and healthcare provider in order to lead to the best outcome for patient treatment and recovery.
- e. The interpreter recognizes the need for patient privacy and exercises discretion about staying in the room or leaving (e.g., during medical procedures, private family conversations).

Domain 7. Language and Interpreting

- a. The interpreter demonstrates ASL and English interpreting skills, linguistic competency, cultural knowledge and fluency in medical discourse in both English and ASL.
- b. The interpreter is able to interpret both consecutively and simultaneously, understanding the ramifications of each format and demonstrating the knowledge and skills to move effectively between these formats during a single appointment or procedure (e.g. considers factors such as acute care needs and the potential for disrupting a participant's train of thought when deciding whether or not to use consecutive interpreting).
- c. The interpreter determines when an explanation of a specific interpreting process is required, and provides a rationale for its use (e.g. consecutive interpreting, simultaneous interpreting, or the use of a CDI).
- d. The interpreter adapts the interpretation for age, gender, and culture (e.g., immigrants).
- e. The interpreter adapts for individuals who are not proficient in ASL or English (e.g., uses a CDI when appropriate).

- f. The interpreter communicates assertively in interactions with patients and service providers, in order to render an effective interpretation (e.g., if the health care provider is ready to leave the room before the interpretation is completed, the interpreter may intervene and ask the provider to wait for a moment in case there are questions).
- g. The interpreter demonstrates skills in working as part of a team with CDIs and spoken language interpreters.
- h. The interpreter is able to describe how language barriers can compromise access to health care for Deaf patients and health care providers.
- i. The interpreter strives for accuracy when interpreting between all parties (e.g., knows when to seek clarification of the message).
- j. The interpreter demonstrates strategies for interpreting in settings when the Deaf individual cannot see the interpreter (e.g., x-ray, eye exam, informs the providers that the resulting silence during the event does not constitute agreement).
- k. The interpreter demonstrates strategies for interpreting in situations where the patient may become violent or is restrained (e.g., positioning self with ready access to the door).
- l. The interpreter demonstrates strategies for use of first and third person pronouns and what to do when the health care provider uses the first and third person.
- m. The interpreter demonstrates effective practices related to sight translation of relevant health care related documents (e.g., seeks medical staff input when unsure, medical staff present for signing forms such as surgery consent, informed consent, and other forms of a litigious nature).
 - As possible, the interpreter notes on consent forms and legally binding forms that the materials have been interpreted.

Domain 8. Technology

- a. The interpreter demonstrates knowledge of medical technology necessary to accurately interpret a procedure (e.g., use of classifiers for colonoscopy).
- b. The interpreter is knowledgeable about video remote interpreting, pagers, video relay services and other forms of communication technology appropriate or necessary for the health care of Deaf, deaf-blind and hard of hearing individuals.
- c. The interpreter uses information technology to broaden knowledge and research specific topics related to health care.

Domain 9. Research

- a. The interpreter remains current by reading professional journal articles and incorporating new knowledge into practice and shares this knowledge with team members (e.g., other interpreters, mentees).
- b. The interpreter critically evaluates research relevant to interpreting issues (e.g., uses appropriate analytical methods to make inferences linking research to practice).
- c. The interpreter demonstrates awareness of current health care policies.
- d. The interpreter maximizes the commonly available resources in the medical setting (grand rounds, lectures, observation of procedures) that can increase familiarity with the treatments and situations to be encountered.
- e. The interpreter continually seeks available resources in the community (e.g., maintains and adds medical related literature and resources to a personal library).

Domain 10. Legislation

- a. The interpreter demonstrates awareness and understanding of state and federal access and legislation related health care (e.g., HIPAA, Tarasoff, ADA, 504).
- b. The interpreter demonstrates awareness of liability issues related to ineffective interpretation with grave errors, including risk to the participants and risk to the interpreter.

Domain 11. Leadership

- a. The interpreter may serve as a liaison between interpreting services and the health care system (e.g., agencies, regional and national interpreting organizations).
- b. The interpreter may serve as a liaison between interpreter education programs and the health care system.
- c. The interpreter provides mentoring and evaluation opportunities to staff and new interpreters in the health care setting (e.g., displays positive role modeling).
- d. The interpreter promotes the establishment of policies and education that improve access for Deaf, deaf-blind and hard of hearing people to health care interpreting services.
- e. The interpreter maintains positive and strong connections to the Deaf community.

- f. The interpreter locates and uses community resources, both Deaf and non-deaf, when necessary to support their work (e.g., patient assistant, ombudsman, social worker, advocate).

Domain 12. Communication Advocacy

- a. The interpreter demonstrates awareness of the political, sociological and cultural implications of advocacy (e.g., does not serve as an advocate when Deaf patients are capable of advocating on their own behalf).
- b. The interpreter demonstrates knowledge of resources locally and nationally that can support a patient's health care (e.g., awareness of group homes or other facilities and entities that can assist in patients' health care).
- c. The interpreter demonstrates understanding of health care culture and institutional hierarchy. When faced with patient care discrepancies, the interpreter reports the discrepancy to the appropriate personnel.
- d. The interpreter encourages and supports self-advocacy when possible (e.g., may discuss self advocacy with the Deaf or hard of hearing patient).
- e. The interpreter demonstrates standard and professional responses to common issues that arise regarding provider and patient rights, laws and procedures (e.g., may provide information to a patient about accessing grievance procedures).
- f. The interpreter practices effective timing of providing communication advocacy (e.g., may provide information pre-, during, or post-patient/provider interactions, improve skills and enhance knowledge for how to work with interpreters).
- g. The interpreter may work collaboratively with the Deaf community for advocacy efforts in health care settings (e.g., may present at Deaf meetings and events on health care advocacy issues).
- h. The interpreter demonstrates knowledge of the RID/NAD Code of Professional Conduct and the implications of providing advocacy. The interpreter is also aware of the NCIHC code of ethics and its position on advocacy.
- i. The interpreter provides health care providers with information about interpreting, and refers providers to Deaf, hard of hearing and deaf-blind people who can discuss Deaf culture, deafness, blindness and how the needs of individuals from these communities can be best met in the health care system.
- j. The interpreter may provide family members of the Deaf patient with information about interpreting and may discuss the communication needs of the Deaf person and how to obtain access through interpretation.

- k. The interpreter may provide Deaf, deaf-blind and hard of hearing communities with information about interpreting and how their needs can be best met in the health care system.

Domain 13. Professional Development

- a. The interpreter stays current with practices in health care settings (e.g., immediately aware of universal precaution changes and updates, and may shadow health care personnel for educational purposes).
- b. The interpreter develops and implements annual professional development plans (e.g., assesses gaps in knowledge addressing them with measurable goals).
- c. The interpreter promotes the use of mentors from the Deaf, deaf-blind and hard of hearing communities (e.g., seeks out qualified mentors to assist in professional development activities).
- d. The interpreter attends continuing educational opportunities related to health care and interpreting (e.g., medical-related seminars, workshops and conferences).
- e. The interpreter develops a portfolio for interpreting in healthcare, including credentials and professional experience (e.g., certifications, research, evidence of workshop attendance, independent studies).

