



GUIDELINES

Interpreting and companion services models to facilitate access to health services for Francophone and Acadian minority communities (INTACC)

Summary

These guidelines were written as a guide for service providers to gain an understanding of the competencies, roles, responsibilities, and limits of interpretation and accompaniment services. They also lay out an Interpreters' Code of Ethics. The document was prepared for the Société Santé en français' INTACC project by Dr Sarah Bowen, Renée Chartier and Lise Richard



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Background

The Société Santé en français wishes to provide some guidelines to INTACC project networks and proponents. Some will pilot intervention projects showcasing bilingual community escorts or trained, paid interpreters, and others will emphasize awareness initiatives with political decision-makers and institution managers. Use of interpreting services for Francophone minority communities in the context of Canada's health systems is one of the solutions intended to abolish language barriers; it is not, of course, the IDEAL solution. Direct communication with a health professional able to understand and speak French is still the best option.

Calling upon untrained interpreters has major risks for both the patient and the service provider. The error rate of untrained interpreters (including family members and friends) is so high that in some circumstances, using them is more dangerous than having no interpreter at all. The illusion of effective communication is a trap and must be avoided.

Types of errors made by informal interpreters have been extensively documented. Here is a list:

- Omitting information provided by the client or the health provider;
- Adding information to what the client or health provider has said;
- Substituting words, concepts or ideas;
- Using inaccurate or inappropriate words for describing anatomy, symptoms or treatment;
- Failing to clearly relay a message;
- False fluency;

Ad hoc interpreters are not bound by professional standards. They may not be capable of giving an impartial interpretation and are thus at greater risk of seriously compromising the accuracy of the remarks made and of patient confidentiality.

*There is solid agreement amongst professional interpreting bodies on **ethics and standards of practice** (HIN, 2007), although there remain some differences in approaches to the **specific roles** considered appropriate for interpreters in the health field (Sleptsova, 2014). Roles range from being a simple message "conduit", to a "clarifier", to "a culture broker", to "a patient advocate" (Betran Avery, 2001). In some cases an interpreter role may also be combined with another role (such as that of a health educator, or patient navigator.) A simple conduit role brings many challenges, and may at times prevent good communication. However, experts agree that roles at the other end of the continuum may result in the interpreter inappropriately participating in the clinical encounter (e.g. by speaking for the patient, or adding his/her own perspectives). A key component of interpreting training is to prepare interpreters on how to play an active clarifying role: learning how to promote clear communication while staying within the boundaries of good interpretation practice. Where an interpreter may also play another role, appropriate training is essential to ensure that the boundaries of these roles are clear to both the patient and the health provider.*

In order to provide quality interpreting services (paid) and patient companion services (paid or volunteer), selection, continuing education, oversight and regular evaluation protocols must be implemented.

Interpreter and Patient Companion Skills, Responsibilities, Roles and Limits in the context of the INTACC project

	TRAINED AND PAID INTERPRETER IN THE COMMUNITY SETTING	BILINGUAL COMPANION SERVICES (OR NAVIGATOR), PAID OR VOLUNTEER
DEFINITION	<ul style="list-style-type: none"> Individual who facilitates communication between two or more parties who do not speak the same language by conveying as faithfully as possible the original message from the source language into the target language. Is proficient in both languages so that complete and appropriate interpretation is possible in both languages (consecutive interpretation). Is familiar with the health field and is able to direct clients in their relationships with the organizations and the professionals. Is aware of his or her role as an intermediary and abides by the profession's code of ethics. 	<ul style="list-style-type: none"> Individual who accompanies a client, at the client's request, in his or her interactions with a health organization or professional to facilitate certain aspects of communication and to assist the clients in navigating the system and to better understand general information. Has an adequate degree of competence in the language of the health system and that of the client to be able to support the client in going through the steps. Informs the client on how health services work in terms the client can understand, helps the client ask questions and may direct the client to services in the community.
REQUIREMENTS	<ol style="list-style-type: none"> Individual whose skills have been validated (tested) in both languages Individual who has been successfully trained as an interpreter Individual who has adequate competence in the health field or who has taken appropriate training in medical terminology Individual with recognized certification (Non-cumulative requirements) 	<ol style="list-style-type: none"> Bilingual individual who has some level of skill in both languages Individual who has been trained as a patient companion or is in the process of becoming certified as an interpreter Individual who has general knowledge of the health field and the services in the community (Cumulative requirements)
WHAT HE/SHE MAY DO	<ul style="list-style-type: none"> The interpreter can interpret for all interactions between the client and the health professional in consideration of the experience acquired in the field. 	<ul style="list-style-type: none"> The companion may provide short translations for activities related to: <ul style="list-style-type: none"> ✓ Support to the individual (physical and emotional comfort, conveying the client's requests); ✓ Client services (orientation, registration for and making appointments, general information, assist in completing administrative forms).
WHAT HE/SHE MAY NOT DO	<ul style="list-style-type: none"> The interpreter may not interpret in situations where there may be the appearance of a conflict of interests or when the interpreter feels under-prepared or unqualified. 	<ul style="list-style-type: none"> The patient companion may not translate/interpret clinical information or information dealing with medical history, diagnosis, the treatment plan, consent, etc. The patient companion IS NOT an interpreter.

Interpreters' Code of Ethics

ACCURACY AND FAITHFULNESS – Interpreters must aim to convey the whole message, as faithfully as possible, without additions, distortions or omissions, and without embellishment to the meaning.

CONFIDENTIALITY – Interpreters shall disclose no information received, whether heard or read while performing their professional duties, and they shall treat this information as confidential while also respecting the task-related requirements.

IMPARTIALITY – Interpreters must aim to remain impartial, showing no preference for and taking no side of any party involved in an interpreting session.

RESPECT– Interpreters show respect for all the parties involved in the interpreting session.

STAY WITHIN THE BOUNDS OF THEIR ROLE – Interpreters strive to perform their professional tasks and abstain from becoming personally involved.

ACCOUNTABILITY – Interpreters are responsible for the quality of the interpretation provided and are accountable to all the parties and agencies that retain their services.

PROFESSIONALISM – Interpreters shall at all times conduct themselves in a professional and ethical manner.

PROFESSIONAL DEVELOPMENT – Interpreters undertake to continual learning, as they acknowledge that languages, people and services evolve over time and that a competent interpreter must work to maintain the high quality of his/her interpreting.

CULTURAL COMPETENCE – Interpreters are aware of the cultural similarities and differences encountered in carrying out their responsibilities

The Phase II projects of the INTACC project have three key focuses shown in the table below:

Networks/Proponents	Better awareness of the needs and gathering evidence	Test or plan the implementation of an approach or service model	Improve, expand or give new access to an existing approach
Réseau santé en français Terre-Neuve-et-Labrador	X		
Réseau Santé en français de la Saskatchewan		X	
CANAVUA (Alberta)		X	
Partenariat communauté en santé (PCS – Yukon)		X	
Centre de santé communautaire Chigamik (Southern Ontario)		X	
L'Accueil francophone de Thunder Bay (Northern Ontario) (Resource-proponent)			X

The guidelines are for supporting and steering the networks/proponents in key areas (identifying needs, testing or improving).

Sources

- Bowen, Sarah (2004). Language Barriers within The Winnipeg Regional Health Authority. Evidence and Implications, 54.
- Dysart-Gale, D. (2005). Communication models, professionalization, and the work of medical interpreters. *Journal of Health Communication*, 17, 91–103.
- Dysart-Gale, D. (2007). Clinicians and medical interpreters: Negotiating culturally appropriate care for patients with limited English ability. *Family and Community Health*, 30(3), 237–246.
- Nova Scotia Coalition on Community Interpreting (2014). Guidelines and Standards for Language Interpretation in Nova Scotia, 9.
- Healthcare Interpretation Network (2007). Guide des normes nationales destiné aux services d'interprétation en milieu social, 55.
- Winnipeg Regional Health Authority (2013). Language Access. Code of Ethics and Standards of Practice for Interpreters, 23.
- Winnipeg Regional Health Authority (2013). Policy Interpreter Services – Language Access, 6.
- Sleptsova et al. (2014). The Role of the Health Care Interpreter in a Clinical Setting – A Narrative Review, *Journal of Community Health Nursing*, 167-184.