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LANGUAGE ACCESS

Code of Ethics and Standards of Practice for Interpreters

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WRHA Language Access Code of Ethics and Standards of Practice for Interpreters

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The present work is an adaptation of the following key documents (other materials consulted are listed in the Reference section):

- Healthcare Interpretation Network (HIN) – Toronto. **National Standard Guide for Community Interpreting Services**. 2007
- International Medical Interpreters Association (MMIA). **Medical Interpreting Standards of Practice**. 2007
- National Council on Interpreting in Health Care (NCIHC). **National Standards of Practice for Interpreters in Health Care**. 2005
- Across Languages Interpreter Translation & Interpretation Service (ALITS) – London, Ontario. **Standards of Practice for Interpreters**. 2003
- California Healthcare Interpreters Association (CHIA). **California Standards for Healthcare Interpreters – Ethical Principles, Protocols, and Guidance on Roles and Intervention**. 2002

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Preamble

Introduction

Communication is essential to the patient²-provider relationship regardless of the health care situation. In the presence of a language barrier, the patient-provider relationship is compromised. In addition, patient satisfaction, health status and health outcomes are also often greatly affected.

The services of a trained interpreter improve the quality of care provided, and subsequently health outcomes, enhance patient safety, improve risk management and result in more appropriate resource utilization. In addition, both the patient and the provider are more satisfied with the health encounter.

Role of the WRHA Interpreter

The role of an interpreter is to facilitate communication between people who do not share a common language. The interpretation process involves converting a message from one language (source language) into an equivalent message in another language (target language).

Health interpretation extends beyond simple message conversion and conveyance. It is grounded in the best interest of the patient. This is key to the health-interpreting encounter – both the provider and the interpreter are concerned with the patient’s health and well-being. This ultimately means that an interpreter is more than a conduit for transmitting everything that is said, exactly as it is said. The interpreter, while remaining neutral, modifies the form of the message in order to accurately preserve its meaning. This neutral role allows the interpreter to actively promote accurate communication and understanding.

It is recognized that the interpreter role is at times combined with other roles such as resource worker, case manager, cultural broker, educator, or advocate. All WRHA Interpreters (see definition in the Glossary) are expected to play a neutral interpreter role, as outlined in this document. Whenever a WRHA Interpreter with a combined role (e.g. interpreter/resource worker) engages in activities beyond the neutral interpreter role, the Interpreter has a duty to inform all parties that she³ has moved outside of the neutral interpreter role and is acting in another capacity.

This Code of Ethics and Standards of Practice provides guidance to WRHA Interpreters. It is important to emphasize that WRHA Interpreters who are employees of the health authority are unequivocally integral members of the healthcare team. As employees, they are empowered and expected to identify and address potential safety issues for all parties involved in the patient-provider encounter for which they are providing interpreter services, in accordance with relevant policies, procedures and legislation.

² The term “patient” is used generically to include clients, residents and substitute decision-makers.

³ The feminine pronoun is used throughout this document when referring to the health interpreter. This practice avoids the cumbersome use of she/he and her/him.

Skills and Professional Conduct of the Interpreter

The patient and the provider both rely on the skills and professional conduct of the interpreter. The interpreter must transmit the conveyed messages in a non-biased, accurate, respectful and confidential manner.

A WRHA Interpreter is a trained professional who has demonstrated competency in verbal communication in two or more languages, including mastery of standard, colloquial and specialized terminology. As is the case with other professionals, WRHA Interpreters are sometimes faced with ethical dilemmas in the performance of their duties. They must quickly evaluate and decide on the right course of action for a given situation. This decision-making framework is embedded in the interpreter code of ethics and related standards of practice.

Code of Ethics

The primary moral objective of a code of ethics is to promote the integration of ethical reflection and decision making into daily professional practice.⁴ A code of ethics delineates the values and principles that guide what is considered right and wrong by members of a given profession in the exercise of their professional duties.

A code of ethics for interpreters provides the ethical framework that allows for accurate, complete, confidential and impartial interpreting during patient-provider encounters. It provides guidance for interpreter decision making regarding the evaluation of possible actions to take when faced with a difficult choice.

Standards of Practice

Standards of practice are a set of professional guidelines grounded in a code of ethics that encompasses related values and principles. Standards of practice are often used to identify desired qualifications, specify performance expectations and evaluate the execution of required skills within a given profession.

The primary objective of standards of practice for interpreters is to clearly outline how interpreters are to conduct themselves in the performance of their duties during patient-provider encounters.

Core Values

The core values in health interpreting⁵ are:

- **Beneficence** (health and well-being of the patient);
- **Fidelity** (accuracy and completeness in message conveyance);
- **Respect for the importance of culture and cultural differences** (cultural frame of reference of the patient regarding symptoms, diagnosis, care and treatment, prognosis).

⁴ Meulenbergs, Verpeet, Schotsmans, Gastmans. Professional codes in a changing nursing context: literature review. *Journal of Advanced Nursing*, 46(3). 2004

⁵ National Council on Interpreting in Health Care. *A National Code of Ethics for Interpreters in Health Care*. 2004

WRHA Mission, Vision, and Strategic Directions

The core values in health interpreting (beneficence, fidelity, respect) are congruent with the WHRA Mission, Vision, Values, and Strategic Directions:

Mission

To co-ordinate and deliver safe and caring services that promote health and well-being

Vision

Healthy People. Vibrant Communities. Equitable Care for All.

Values

Dignity - as a reflection of the self-worth of every person

Care - as an unwavering expectation of every person

Respect - as a measure of the importance of every person

Equity – promote conditions in which every person can achieve their full health potential

Accountability – as being held responsible for the decisions we make

Strategic Directions

Enhance Patient Experience –Enhance the experience of those we serve by striving to provide outstanding, compassionate, dignified care in everything we do.

Improve Quality and Integration –Continuous efforts to improve the services we provide, with specific emphasis on population health, access, patient safety, client-centeredness, continuity, effectiveness, efficiency, and addressing health inequities.

Involve the Public–. Work with the community, patients and families to improve health and well-being by forging partnerships and collaborating with those we serve. We will listen to those we serve to engage them in our improvement efforts.

Advance Research and Education –Partner with research and academic stakeholders to provide innovative, evidence-informed, sustainable programs and services. We will further evolve the academic health sciences network where clinical and population health education and research activities are aligned and integrated.

Build Sustainability – Balance the provision across the continuum of healthcare services within available resources (fiscal, human, infrastructure) to ensure a sustainable healthcare system. Deliver the right health services in the right place and at the right time.

Engage Service Providers – Create a work environment that is engaging to service providers, enhancing their contribution to achieving priorities on a cost-effective basis, and striving to meet the needs of those we serve.

Conclusion

The *WRHA Code of Ethics and Standards of Practice for Interpreters* aim to:

- Identify and define optimal practices and performance expectations in interpreting;
- Provide guidance for applying these practices, even in challenging encounters; and
- Provide a means to measure and evaluate the performance of interpreter duties.

WRHA Language Access Code of Ethics for Interpreters

1. **Accuracy and Fidelity** – Interpreters render the original message accurately and faithfully into the target language.
2. **Confidentiality** – Interpreters treat as private and confidential all information learned in the performance of their professional duties and adhere to requirements regarding disclosure.
3. **Impartiality** – Interpreters maintain impartiality, refrain from counseling, advising or projecting personal biases or beliefs and disclose potential or actual conflicts of interest.
4. **Respect** – Interpreters treat all parties with respect.
5. **Cultural Responsiveness** – Interpreters are aware of cultural similarities and differences encountered in the performance of their duties.
6. **Role Boundaries** – Interpreters maintain the boundaries of their professional role and refrain from personal involvement.
7. **Accountability** – Interpreters maintain high quality in the performance of their professional duties and adhere to standards of practice, policies and legislative requirements.
8. **Professionalism** – Interpreters conduct themselves in a professional and ethical manner.
9. **Professional Development** – Interpreters continually further their knowledge and skills, through independent study, continuing education and actual interpreting practice.

WRHA Language Access Code of Ethics and Standards of Practice for Interpreters

Ethical Principle 1: Accuracy and Fidelity

Objective: To preserve precisely the meaning of conveyed messages.

1. Interpreters render the original message accurately and faithfully into the target language.

Performance Expectations

1. The interpreter renders all messages accurately and completely, without distortion of the original message through additions, omissions, substitutions or explanations, using a consecutive interpreting mode, or whispered simultaneous interpretation, and the same grammatical person used by the speaker.
2. The interpreter advises all parties that everything said will be interpreted (including side conversations).
3. The interpreter maintains the register, style, and tone of the speaker (including obscenities).
4. The interpreter retains English words and culturally bound terms that have no direct equivalent in the target language.
5. The interpreter notifies the speaker of any words or expressions for which there is no equivalence, or that may have more than one meaning in the target language, thus allowing the speaker to provide an alternate term or expression.
6. The interpreter asks for repetition, rephrasing or explanation if anything is unclear.
7. The interpreter conveys non-verbal expressions and gestures of the speaker by replicating what has been seen or heard. When necessary, the interpreter intervenes to clarify with the speaker the meaning of non-verbal expressions and gestures that may have unintended meanings in a given cultural context, and informs the listener of the intervention and the meaning of the expressions/gestures.
8. The interpreter manages the flow of communication and when necessary asks the speaker to pause or slow down.
9. The interpreter reveals and corrects interpretation errors as soon as possible.
10. The interpreter maintains transparency. When asking for clarification, or for any other reason, the interpreter indicates that she is speaking on her own behalf.

Ethical Principle 2: Confidentiality

Objective: To protect the privacy of all parties and the confidentiality of information; to maintain the trust of all parties.

2. Interpreters treat as private and confidential all information learned in the performance of their professional duties and adhere to requirements regarding disclosure.

Performance Expectations

1. The interpreter advises all parties that she will respect the confidentiality of the patient-provider encounter in keeping with applicable legislation, policies and procedures.
2. The interpreter maintains confidentiality and does not disclose information outside the patient-provider encounter without the consent of the parties involved, unless required by law.
3. The interpreter takes steps to ensure that confidentiality is not breached and that any private or personal information related to the parties is not improperly disclosed. This includes the protection of all documentation in the interpreter's possession.
4. The interpreter may be briefed and debriefed by members of the service provider team, including other interpreters and authorized members of the interpreter service.

Ethical Principle 3: Impartiality

Objective: To eliminate interpreter bias or preference towards any party involved in the patient-provider encounter.

3. Interpreters maintain impartiality, refrain from counseling, advising or projecting personal biases or beliefs and disclose potential or actual conflicts of interest.

Performance Expectations

1. The interpreter maintains impartiality, not allowing personal judgements, religious or cultural values to influence her objectivity. She informs all parties of her duty to remain impartial and unbiased.
2. The interpreter declines to interpret or withdraws from assignments when personal, religious or cultural biases or beliefs have the potential to interfere with her ability to remain impartial.
3. The interpreter refrains from personal involvement and outside contact with the patient.
4. The interpreter declines to interpret when any relationship with any of the parties may affect, or be perceived to affect, impartiality.
5. The interpreter declines to interpret when she has any vested interest in the outcome of the encounter.
6. The interpreter discloses potential conflicts of interest, including any relationships, withdrawing from assignments if necessary.
7. The interpreter is mindful of her own non-verbal expressions and body language, and avoids emotional displays (surprise, shock, disgust, etc.) that might lead to a perception by any of the parties that the interpreter has not remained neutral.

Ethical Principle 4: Respect

Objective: To acknowledge and respect the dignity of all parties involved in the patient-provider encounter.

4. Interpreters treat all parties with respect.

Performance Expectations

1. The interpreter treats all parties equally with dignity and respect for ethnicity, race, age, colour, gender, sexual orientation, religion, nationality, political viewpoint, socio-economic status and cultural health belief.
2. The interpreter supports direct communication among all parties in the patient-provider encounter and uses professional and culturally appropriate ways of showing respect.
3. The interpreter maintains the necessary spatial and visual privacy of the patient when positioning herself in the patient-provider encounter.
4. The interpreter engages in behaviour that promotes autonomy and personal choice of the individuals involved in the encounter.

Ethical Principle 5: Cultural Responsiveness

Objective: To foster effective communication during the patient-provider encounter whenever miscommunication may occur due to cultural differences.

5. Interpreters are aware of cultural similarities and differences encountered in the performance of their duties.

Performance Expectations

1. The interpreter strives to be aware of and understand the cultures associated with the languages she interprets, including health culture.
2. The interpreter maintains the rules of cultural etiquette appropriate to all parties.

Ethical Principle 6: Role Boundaries

Objective: To clarify the scope and limits of the interpreting role.

6. Interpreters maintain the boundaries of their professional role and refrain from personal involvement.

Performance Expectations

1. The interpreter respects the boundaries of the interpreting role and refrains from expressing opinions, giving advice, or showing any reaction to any of the parties.
2. The interpreter avoids unnecessary contact with the parties involved in the patient-provider encounter.
3. The interpreter who is also a clinical professional and is called upon to interpret adheres to all interpreter standards of practice, unless the interpreter standards are contrary to professional obligations as a member in good standing of a professionally regulated group recognized in the province of Manitoba⁶ (also see *Preamble – Role of the Interpreter* and *Role of the WRHA Interpreter* on page 4).
4. The interpreter refrains from performing duties that are outside the interpreter role.
5. The interpreter does not filter communication, mediate, speak or advocate on behalf of any party.
6. The interpreter protects her privacy, well being and safety.

⁶ For example, a nurse acting as an interpreter remains bound by professional obligations to a nursing association code of ethics.

Ethical Principle 7: Accountability

Objective: To ensure responsibility for professional conduct.

7. Interpreters maintain high quality in the performance of their professional duties and adhere to standards of practice, policies and legislative requirements.

Performance Expectations

1. The interpreter is accountable for professional performance and conducts herself in keeping with standards of the profession and policy or legislative requirements.
2. The interpreter provides sight translation in accordance with her training and competencies, and does so in the presence of the provider and the patient.
3. The interpreter declines assignments (including sight translations) that require knowledge, e.g. specialized lexicons, or skills beyond her competence.
4. The interpreter informs all parties of any circumstance or condition that impedes full compliance with any standard in this document, including but not limited to conflict of interest, interpreter fatigue, inability to hear or inadequate knowledge of specialized terminology, and declines to continue any assignment under conditions that make such compliance clearly impossible. However, if no other interpreter is available and all parties agree to the disclosed limitations, the interpreter may continue with the assignment at her discretion.
5. The interpreter identifies and corrects interpretation errors as soon as possible.
6. The interpreter maintains transparency and indicates when she is speaking on her own behalf.
7. The interpreter stores and disposes of confidential information in a manner consistent with policy and legislative requirements.

Ethical Principle 8: Professionalism

Objective: To maintain professional conduct and uphold public trust in the interpreting profession.

8. Interpreters conduct themselves in a professional and ethical manner.

Performance Expectations

1. The interpreter meets or exceeds the established proficiency standards, behaves in a manner consistent with the highest professional standards and is honest and ethical in all related practices.
2. The interpreter is prepared for all assignments, is well groomed and dresses in appropriate attire for face-to-face assignments.
3. The interpreter arrives on time at the appointed location and completes assignments she has accepted.
4. The interpreter refrains from practising in a state or in conditions liable to compromise the quality of the interpretation.
5. The interpreter shows respect for others, including other interpreters and performs her duties as unobtrusively as possible.
6. The interpreter refrains from conducting personal or other business while on an interpreting assignment.
7. The interpreter follows due process before bringing other persons to any assignment.
8. The interpreter refrains from soliciting gifts or favours from any of the parties, and declines gifts or favours from all parties, in a culturally appropriate manner. When it is not possible to decline a gift or favour, the interpreter discloses the situation to her supervisor at the first possible opportunity.
9. The interpreter providing remote interpreting ensures a working environment that is professional and private.
10. The interpreter notifies her supervisor as soon as possible if she is unable to fulfill an assignment and refrains from assigning work to another interpreter.

Ethical Principle 9: Professional Development

Objective: To attain the highest possible level of competency and continually improve and maintain skills.

9. Interpreters continually further their knowledge and skills through independent study, continuing education and actual interpreting practice.

Performance Expectations

1. The interpreter continues to improve general, cultural and specialized knowledge, and linguistic competency and interpreting skills through self-teaching as well as formal and informal continuing education.
2. The interpreter practices self-evaluation and seeks feedback to improve her performance.
3. The interpreter engages in and supports the professional development of others, including other interpreters.
4. The interpreter participates in activities and organizations that facilitate the exchange of professional information, research and support.

Glossary

accreditation	The recognition of educational institutions or training programs as meeting and maintaining standards that then qualify its graduates for professional practice.
accredited interpreter	An interpreter who has passed the screening criteria of a particular organization and has been awarded a certain recognition or accreditation. An accredited interpreter is NOT necessarily a Certified Interpreter, a Certified Court Interpreter or a Certified Conference Interpreter.
advocacy	An intervention by an interpreter that does not specifically relate to the interpreting process and takes place outside of the interpreting encounter; an intervention intended to further the interests of one of the parties for whom the interpreting is done. See transparency .
autonomy (patient)	A fundamental ethical principle in Western health care, in which patients have the right to make decisions about their medical care without their health care provider trying to influence the decision.
beneficence	The act of doing good, of being generous or kind, of having concern for the health and well-being of others.
certificate	A document that attests to the attainment of specific learning objectives. A person who holds a certificate related to interpreter training is NOT necessarily a Certified Interpreter, a Certified Court Interpreter or a Certified Conference Interpreter.
certification	A process by which a professional organization attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to provide interpreting services. A training certificate does NOT constitute certification.
certified interpreter	A professional interpreter who is certified as competent by a professional organization through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing legal, health, interpreter or referral agency are NOT considered certified.
colloquial terminology	Vocabulary derived from colloquialisms (familiar or informal terms and expressions or idioms not used in formal speech or writing, e.g. gonna, ain't nothing, birds of a feather flock together, kick the bucket).
conduit	An interpreter who transmits everything said, exactly as the message is said, without additions or omissions.

consecutive interpreting	Interpretation of segments of a conversation. The speaker will pause after a sentence or two, allowing the interpreter to convey the message into another language. In this type of interpreting, the interpreter may interrupt the speaker and ask him/her to repeat, clarify or rephrase the utterances to ensure accuracy and completeness in the delivery of the message. This is in contrast to simultaneous interpreting which involves the conversion of a speaker's message into another language while the speaker continues to speak without pauses.
cultural broker	An interpreter who, in addition to linguistic interpretation of the message, provides cultural information to empower each party to understand the other better. See transparency .
culture	Aspects of individual and group identities that include language, religious beliefs, values, customs, health beliefs, ethnicity, gender role definitions, experience of migration, social class, political affiliation, family influences, age, sexual orientation, geographic origin, and other life experiences. Culture shapes how an individual perceives reality, acquires a sense of self, thinks, feels, behaves and understands the behaviour of others (worldview). The degree and extent of a shared culture varies across individuals within a cultural group.
due process	Established rules and procedures ensuring an individual satisfies administrative policy requirements.
face-to-face interpreting	Interpreter services delivered at the site of health service delivery so that an interpreter is in the room with the provider and the patient. Also called <i>on-site interpreting</i> . See remote interpreting, telephone interpreting, videoconference interpreting .
fidelity	Extent to which an interpreted message accurately renders the meaning of the source message, without additions or omissions, and without changing any part of the meaning.
first-person interpreting	Promotion by the interpreter of direct communication between the patient and the provider through the use of direct utterances of each of the parties, as though the interpreter were the voice of the person speaking, albeit in the language of the listener. For example, if the patient says, "My leg hurts," the interpreter says (in the second language), "my leg hurts," and not "she says her leg hurts."
interpretation	The oral (or manual) conversion of a message in one language into another language to facilitate the exchange of communication between two or more persons speaking different languages. See interpreting .
interpreter	A person who facilitates spoken (or visual) language communication between two or more parties who do not share a common language by delivering, as faithfully and accurately as possible, the original message from source (see source language) into target language (see target language). Also see health interpreter .
interpreting	(noun) The process of analyzing and understanding a spoken (or manual) message and converting that message faithfully, accurately and impartially in another language. (adjective) Concerning or involved with interpreting, e.g. <i>interpreting services</i> .

lexicon	A list of terms used in a particular profession, e.g. medical terminology. These terms are typically presented in alphabetical order together with a definition for those terms. Interpreters often use bilingual lexicons that include linguistic equivalencies for each source language term in a target language.
neutral interpreter	Interpreter who remains neutral but may as necessary also play an active role in facilitating communication and understanding of all parties.
proficiency	Thorough language competence derived from training and practice.
register	A stylistic and/or social level of language used by a speaker for a particular social or professional setting. A speaker's choice of register is generally defined by the particular topic, the parties spoken to, and the perceived formality of the situation. The register is also related to the type of activity, the level of education of the speakers, etc. (e.g. formal, neutral, informal, very informal, colloquial, legal, medical, scientific, religious).
remote interpreting	Interpreting provided by an interpreter who is not in the physical presence of the parties involved in the encounter, e.g., interpreting via telephone or videoconferencing. See face-to-face interpreting , telephone interpreting , videoconference interpreting .
respect (for the importance of culture and cultural differences)	Respect of a patient's or a service provider's cultural frame of reference regarding symptoms, diagnosis, care, treatment and prognosis.
sight translation	Conversion from written material in one language to a spoken version (oral translation) in another language.
source language	Language <u>from</u> which interpretation or translation is carried out. See target language .
target language	Language <u>into</u> which interpretation or translation is carried out. See source language .
telephonic (telephone) interpreting	A form of remote interpreting that offers the delivery of interpreter services through telephone technology. The interpreter is at a different physical location than the patient/provider encounter. Telephone interpreting allows for an audio connection between the patient, provider and interpreter and is typically provided through a dual-handset phone, a speakerphone or headsets. See remote interpreting .
transparency	The principle that everything said by any party in an interpreted conversation (including side conversations) is rendered in the other language (target language), so that everything said can be heard and understood by all parties. Whenever the interpreter enters into a conversation by speaking directly to either party in either language, the interpreter must subsequently interpret both her own utterances and that of the party spoken to, for the benefit of the party who does not understand the language used.

videoconference interpreting

A form of interpreting that offers the delivery of interpreter services through videoconference technology. In this format, the interpreter is at a different physical location than the patient/provider encounter. Videoconferencing units show a visual image of the patient and provider to the interpreter and a visual image of the interpreter to the patient and provider, along with an audio connection of their exchange. See **remote interpreting**.

WRHA Interpreters

Authorized and trained/qualified individuals, who meet WRHA requirements relative to the provision of Interpreter Services, are able to interpret with consistency and accuracy, and perform their duties in accordance with the *WRHA Code of Ethics and Standards of Practice for Interpreters*. Such individuals are employees of, or independent contractors with, WRHA Aboriginal Health Program, WRHA Language Access, Kivalliq Inuit Services, and agencies that provide American Sign Language (ASL) interpretation, intervener, and related services.

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