Merriam-Webster's Dictionary defines the word protocol as a "system of rules that explain the correct conduct and procedures to be followed in formal situations". Protocols establish what is and what is not to be expected from an interpreter and allow for a smooth interpreting session.

We can talk about protocols by commenting on the correct conduct and procedures to be followed by the interpreter before, during and after the interpreting session.

A) BEFORE THE INTERPRETING SESSION BEGINS (THE PRE-SESSION)

It is important for the interpreter to establish some guidelines before the interpreting session begins. This is known as "the pre-session". The interpreter will, 99% of the times, first make contact with the patient before they see the provider. So they should do the following upon encountering the patient:

1) **Greeting**: Tell them your **name**, that you are the **interpreter**, **languages** you interpret in, provide a business card if appropriate,
2) **Confidentiality**: this means that what you interpret you will **keep to yourself** (you are after all bound by HIPAA).
3) **Completeness**: that you will **interpret everything** that is said. So if there is something that the patient does not want the provider to know, to please simply not say it during the session.
4) **Direct Communication**: to speak directly to the provider.
5) **Manage Flow**: request that they speak in 2 or 3 short sentences, **pausing frequently** to give you time to interpret.
6) **Intervention**: that you may intervene to ask for **clarification**, **a repetition**, etc.
7) Is there anything you need to tell me before we begin?

The pre-session with the provider is basically the same.

**Example of a pre-session with a patient:**

Hello, Mr. New Patient, my name is Jane Interpreter, I am a source/target language (ENGLISH/SPANISH for example) interpreter. I will be interpreting for you during your visit with Provider A. I want you to know that I will keep everything that you say confidential. I must interpret everything you say, so if there's something you don't want interpreted, please don't say it. Please speak directly to the provider and make frequent pauses for me to interpret. I may interrupt if I need to clarify something. Is there anything you need to tell me before we begin?

This take less than a minute to do and makes you look very professional! You only need to do this the **first time** you are to interpret for a given patient or provider. The pre-session is not always done (ER or over-the-phone interpreting).

Now let's talk about the protocol for the SESSION itself...
B) DURING THE SESSION

1) **Position**: it is recommended that, whenever possible, the interpreter be located to the side and slightly behind the patient. This position is not always possible but **favors direct communication**.

   P (provider)

   P (patient)

   I (interpreter)

This positioning is conceptually correct but space is generally tight in the examining rooms and it is difficult to move things around so as to assume this suggested position. If you can't assume the recommended position then try to find a “neutral” space from which to interpret which is generally by sitting or standing in one of the corners of the room.

At certain times the patient may be in a gown and it is appropriate to **turn around or look away** if the provider is examining certain private parts or if the skin of parts that are usually covered is being exposed. If you feel that any part of the physical exam would be embarrassing for you if you were the patient, then that is a good reason to turn around or look away to give them the privacy they need to feel comfortable. This also holds true for a patient in a gown who is asked to lie face up for **straight leg raises**. If you are at the foot of the table this is a clear cut indication to move away from the foot of the table as straight leg raises have the potential to expose a patient's private parts and thighs when they are in a gown.

2) **Interpret in the first person**. So if the patient says: “my nose bled last night” you will NOT interpret “the patient says their nose bled last night”. You will simply interpret in the target language: “my nose bled last night”. **Exception**: if first person is causing confusion. Older patients may become confused because they don’t quite know if it is the interpreter or the patient who is addressing them. This is especially true for over-the-phone interpreters where a patient-who's passing a phone back and forth between themselves and the provider- may get confused as to who is saying what! In these cases things go smoother by switching to the third person (“the doctor wants to know if...”) so that they are clear that it is the provider and not you whom is asking.

3) **Look at body language**. If the patient looks confused or answers something different from what is being asked, this may warrant your intervention to check for understanding. You may want to say something like: “As the interpreter, I need to check for understanding” and then ask the patient: “Mr/Mrs/Ms. Patient A, can you please tell me what you've understood regarding...” You don't ask IF they understood, you ask them to explain what they understood. That way you know exactly what they understood or misunderstood.

4) **Manage the flow of communication**.
   
   • **Slow 'em down**: At times the speaker may forget to pause. First try waiting for them to breath and at that point jump in and interpret. You can also try raising a hand, palm facing the speaker to suggest a pause. If they still don't get the message, ask them to “please speak in 2 or 3 short sentences, so I can accurately and completely interpret everything you are saying”. Last resort: continue interpreting in simultaneous mode or if you are not proficient in simultaneous interpreting then take notes and summarize at the end.
• **One at a time please!** Prevent parties from speaking simultaneously by asking them to please “speak one at a time”.

• **The Chit chat.** Avoid side conversations between yourself and the provider (or other party). This is rude and disconcerting for a patient who may be left wondering if there is something being said about them. Acknowledge the provider's friendly gesture but suggest either leaving the chat for after the session is over or to interpret the conversation so that the patient doesn't feel left out.

5) **Ask for clarification:** when you do not understand a term.

6) **Be transparent.** When you are needing to ask or say something, make sure both parties know that it is you who are the one asking by saying I, the interpreter, want to …say, ask, etc.

7) **Interruptions.** Consider interrupting the session only under **extreme circumstances** to discuss any issue of concern with the other party (let's say that the patient says: “don't tell anyone but I don't want to live anymore”, etc) or if you notice that there was something important missed during the session that should be known (provider about to prescribe amoxicillin when you clearly heard the patient tell the nurse that he was allergic to it).

8) **Family Members:** interpret what any family member says. It may be necessary to switch to simultaneous interpretation to interpret that side conversation occurring between the family member and the patient.

9) **Interpreter's services are declined.** If, for whatever reason, the patient refuses your services always tell them that you are willing to withdraw but offer to stay as a backup (for any terms they may ultimately not understand). Sometimes a well-meaning family member wants to interpret but does not have the proper training or knowledge of medical terminology and a term like “pool therapy” may wind up interpreted as “pull therapy”! Please assess if it is the patient or the family member who does not want you to interpret. If it is the family member discuss this with the provider. Keep cool, offer to stay as a backup. Follow any policies that may be in place regarding this situation (hospital's policy or interpreting agency's policy) and always let the doctor know so he can decide. **Do not leave before someone with the proper authority dismisses you!**

10) **Technical Discussions amongst colleagues.** At times a provider who is supervising another professional (like for example an attending physician who supervises a resident, or an MD who supervises a PA for example) may come in for a case discussion. Due to the high register of the language used, just let the patient know that the senior doctor is teaching/discussing the case with the younger doctor/colleague using very technical words. You do not need to try to interpret that case discussion unless you are asked to. In the rare event that that should occur, you will need to switch to simultaneous mode to do so.

**C) AFTER THE SESSION (THE POST-SESSION)**

1) **Closing.** If, at the end of the session, the provider does not ask the patient if he has any questions or concerns then please take the liberty of doing that yourself. It is good practice to do so because this gives the patient the opportunity to ask. He cannot later turn around and say that he was not given the opportunity to do so.
2) **Additional aid.** Please help the patient with any further matters like: scheduling a follow-up visit for example or if they need to go to another part of the clinic or hospital you may also accompany them to assure that they get where they need to go. Document the provision of interpreting services, if necessary, by having the patient sign an interpretation verification form.

3) **Report ending time.** If you are working for a language services provider (aka interpreting agency) don't forget to report your ending time and the date and time of any follow-up appointments so they can schedule an interpreter (you or someone else).

4) **Problems with a rude provider.** If you feel you were mistreated or disrespected by someone during your work as an interpreter, the time to complain about that is not during the session but with your supervisor at the hospital after the session has ended.

If you are working as an independent contractor, things are a little different as you have more control over who you work with. My personal advice: when you run into rude, disrespectful providers/staff: just **do not interpret for them any more.** Let the agency know why. There is not much more you can do but by not going there anymore, at least you can keep your stress level down. You also won't be doing the patients a favor by going in to interpret in a hostile environment where you can't focus well on the most important thing you need to do: INTERPRET!