

Slovene Standards of Practice for Community Interpreters

Table of Contents

Authors of the Standards	1
Acknowledgment	2
Who are community interpreters?	2
What are the <i>Standards of Practice</i> and why do we need them?	3
Sources for the <i>Slovene Standards of Practice for Community Interpreters</i>	4
How to use the <i>Slovene Standards of Practice</i>?	5
Glossary	5
Slovene Standards of Practice for Community Interpreters	7
2. Impartiality	7
3. Confidentiality	8
4. Professional role	9
5. Respect	10
6. Cultural competence	10
7. Professional development	11
8. Professional and collegial conduct	11

Authors of the Standards

A mixed-member commission for the drafting of the Standards:

President

Nike K. Pokorn, PhD, president of STRIDON, the Slovene Association of Translation Studies

Members

Jasna Bauman, director of the Association of Slovene Sign Language Interpreters,

Nataša Hirci, PhD, STRIDON, the Slovene Association of Translation Studies,

Tamara Mikolič Južnič, PhD, secretary of STRIDON, the Slovene Association of Translation Studies,

Agnes Pisanski Peterlin, PhD, vice-president of STRIDON, the Slovene Association of Translation Studies,

Barbara Rován, EULITE secretary and president of the Association of Translators and Interpreters of Slovenia,

Andreja Skarlovnik Zihlerl, MA, president of the of Slovene Association Conference interpreters,

Jana Zidar Forte, PhD, vice-president of the Slovene Association of Conference interpreters.

Standards were approved in January and February 2021 by the executive boards of the following professional associations and institutions:

Association of Translators and Interpreters of Slovenia

STRIDON, the Slovene Association of Translation Studies

Association of Slovene Sign Language Interpreters

Slovene Association of Conference interpreters

Acknowledgment

We would like to express our gratitude to all community interpreters who participated in the TRAMIG (Training newly arrived migrants for community interpreting and intercultural mediation) project, and were willing to share their experience with us.

Who are community interpreters?

Community interpreters provide their services to non-Slovene-speaking users and limited Slovene proficient (LSP) users, and enable them to access public services and the services of other segments of society under equal terms as Slovene proficient users. Their activities ensure quality public services as they act against the social exclusion of any groups or individuals who do not speak Slovene or lack proficiency in this language. Community interpreters establish communication between the foreign users of public services and the providers of public services both at national and local levels, in health and educational settings, in police procedures (e.g., in asylum procedures, at asylum centres and migration centres), in humanitarian, religious and other non-governmental organisations, in enterprises and the industry, and in crisis situations (in case of natural disasters, epidemics and similar).

Community interpreters interpret verbal and non-verbal parts of discourse thus enabling communication between Slovene users and those who are not proficient users of or do not understand Slovene. Hence they make sure that all parties assume an equal position in the interpreted interaction. Community interpreters can interpret from Slovene into a foreign language and vice versa. They have to be competent in both languages as well as in consecutive interpreting (except sign-language interpreters, who typically practice simultaneous interpreting), chuchotage and remote interpreting (e.g., video or telephone interpreting). Community interpreters strive to remain impartial and professional at all times; they need to be familiar with and adhere to the standards and codes of ethics governing community interpreting. Community interpreters are also bound by confidentiality and non-disclosure of any private data.

Moreover, community interpreters are bound by accuracy and adequacy; when interpreting, they need to understand the original utterance and render it in the target language so that the original message is retained and has a communicative function in the target language. They need to be aware of the role of community interpreters in interpreted interactions, and be fully aware of their own responsibilities and limitations.

International ISO 13611:2014 standard *Interpreting – Guidelines for community interpreting* lists among the subcategories of community interpreters also sign language interpreters and court interpreters in cases when court interpreting is not regulated by law in their country. The *Slovene Code of Ethics for Community Interpreters* is not binding for interpreters providing their services in the interpreting settings which are specifically regulated in Slovenia.

Translators and interpreters engaged to interpret in legal settings in Slovenia are referred to as court interpreters; they interpret in judicial interaction (for example in a courtroom), while translators provide translations required for official procedures. Their activities are regulated by the *Judicial Experts, Court Appraisers and Court Interpreters Act* (Official Gazette of the Republic of Slovenia, No. 22/18) and the *Rules on Forensic Experts and Court Appraisers* (Official Gazette of the Republic of Slovenia, No. 88/10, 1/12, 35/13, 50/15 and 22/18 – ZSICT).

Slovene sign language interpreters are bound by the *Code of Professional Ethics* of the Association of the Slovene Sign Language Interpreters. The profession of sign language interpreters is defined in the *Act on the Use of Slovene Sign Language* (Official Gazette of the Republic of Slovenia, No. 96/02), while the standards for the profession are outlined in the special *National Vocational Qualifications for Sign Language Interpreters* (7756558011).

Community interpreters are not conference interpreters, as they are not commissioned to interpret at congresses, conferences or political meetings, and are not equipped with the knowledge required to work in interpreting booths. As a profession, conference interpreters in Slovenia can obtain a degree after a successful completion of an MA degree programme. Conference interpreters

are also bound by the *Code of Professional Ethics* of the Slovene Association of Conference Interpreters.

Last but not least, community interpreters are not intercultural mediators: community interpreters have a highly developed language competence, can interpret and, as a rule, assume an impartial position during interpreting. If, for example, intercultural mediators assist LSP users in accessing healthcare services, as, for example, when they need to choose their personal physician, and empower LSP users to express their needs, and present their concerns, community interpreters have the required interpreting competence and a high competence in both languages of the two parties engaged in interaction. With their precise and accurate transfer of all of the elements of communication, community interpreters help overcome any language barriers which might occur in communication between the LSP users of healthcare services and healthcare providers in the Slovene healthcare system during their treatment (i.e., during admission, history-taking, therapeutic encounters, discharge, and similar).

As a profession, community interpreting has been certified in Slovenia (National Vocational Qualifications for Community Interpreters for Albanian (8048327011)), in the United Kingdom and Northern Ireland, in Norway, Sweden, Finland, Australia and in Canada (Hlavac 2013, 2015). Community interpreters are referred to with different terms in different languages, such as *skupnostni tolmač*, *public-service interpreter*, *l'interprète communautaire*, *Kommunaldolmetscher*innen*, to name only a few.

The activities of community interpreters are outlined by the European Commission¹, there exists the European Network for Public Service Interpreting & Translation², and community interpreters can also join several professional associations and societies, depending on their expertise and specialisation, in particular associations of community interpreters for healthcare, such as IMIA (International Medical Interpreters Association³).

What are the *Standards of Practice* and why do we need them?

In 2020 the new occupational standards and vocational qualification for community interpreters for Albanian were adopted in Slovenia, followed by occupational standards for community interpreters for Arabic and Farsi (Persian) in 2021. These occupational standards with their respective catalogues present an important step towards the regularization of the status of the profession of the community interpreter in Slovenia. As community interpreters work in special environments, the need for fundamental ethical and deontological documents, which would offer support to interpreters in their work, arose. Thus, the *Slovene Code of Ethics for Community Interpreters* (henceforth: *Code of Ethics*) was created first, followed by the *Slovene Standards of Practice for Community Interpreters* (henceforth: *Standards of Practice*).

Four professional associations of interpreters and translators, Association of Translators and Interpreters of Slovenia, Slovene Association of Translation Studies STRIDON, Association of Slovene Sign Language Interpreters and Slovene Association of Conference Interpreters, collaborated on the drafting of both documents, and both documents are the consensual result of this collaboration. Even though representatives of associations of sign language interpreters, court interpreters and conference interpreters also contributed to the documents, the two deontological documents for community interpreters do not apply to these groups of interpreters, since they have their own clearly defined ethical guidelines.

Finally, the conference interpreters who are members of the Slovene Association of Conference Interpreters and the court interpreters on the list of court interpreters of the Slovene Ministry of Justice, (i.e., those interpreters who performed the work of community interpreters in

¹ https://ec.europa.eu/education/knowledge-centre-interpretation/public-service-interpreting/public-service-interpreting-definition-and-context_en

² <http://www.enpsit.org/>

³ <https://www.imiaweb.org/>

Slovenia at the time when the *Code of Ethics* was drafted) were asked to express their opinion on the proposed *Code of Ethics* in February of 2021. 43% percent of those invited responded to the survey. For each of the principles in the proposed *Code of Ethics*, the respondents were asked whether they agree that they be included in the final version of the *Code of Ethics*, and, if they replied that the principle should not be included, to explain why not. The results showed that an average of 98% of the respondents support each principle, and no principle received less than 95% support.

What is the difference between the *Code of Ethics* and the *Standards of Practice*? The *Code of Ethics* is a list of fundamental principles or values which determine the actions of community interpreters. The *Code of Ethics* thus outlines how community interpreters “should” work professionally, establishing what is acceptable and desirable professional behaviour and conduct of community interpreters. The *Standards of Practice* outline “how” an individual interpreter implements the ethical principles in practice. The *Standards of Practice* thus highlight the practical aspects providing guidelines on how an interpreter should behave when interpreting, and which strategies are considered “good practice” in the every-day professional practice of the interpreter.

Codes of ethics and standards of practice exist for different professions: in various countries there exist also codes and standards for community interpreters (some of these are listed in the next section). Codes and standards are particularly relevant for interpreters working in healthcare settings. The authors of the Slovene deontological documents of community interpreters believe that such documents are also needed in Slovenia, above all because the field is not yet fully regulated. Up until now, relatives and acquaintances of patients, as well as individuals who occasionally work as interpreters were tasked with interpreting in healthcare and similar situations and settings. Given this fact and given the results of international and national studies that show how damaging unprofessional interpreting assistance can be, we wish to outline the expectations involving community interpreters and good professional practice, as well as provide guidelines for the training and professional development of community interpreters, thus further contributing towards enhancing the quality of the service provided.

Sources for the Slovene Standards of Practice for Community Interpreters

In order to draft the *Slovene Standards of Practice for Community Interpreters*, an overview of all the deontological documents providing guidelines on the ethics of interpreters in Slovenia was carried out. These documents include the *Code of Professional Ethics* of the Association of Slovene Sign Language Interpreters,⁴ the *Code of Professional Ethics* of the Slovene Association of Conference Interpreters⁵ and the *Code of Ethics of the Court Interpreters Section* of the Association of Translators and Interpreters of Slovenia.⁶

In addition to these Slovene sources, international standards of practice outlining good practice for community interpreters and healthcare interpreters, one of the most important groups of community interpreters, were also taken into consideration. The following standards were thus also considered: several US standards, including *National Standards of Practice for Interpreters in Health Care* (2005),⁷ *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention* (2002),⁸ *International Medical Interpreters Association Guide on Medical Interpreter Ethical Conduct* (2010),⁹ *Medical Interpreting Standards of Practice* (2007),¹⁰ the Canadian standard *National Standard Guide for Community Interpreting Services* (2007),¹¹ the

⁴ www.tolmaci.si/wp-content/uploads/2017/10/kodeks_poklicne_etike.doc.

⁵ <https://www.zkts.si/kodeks-poklicne-etike>.

⁶ <https://www.dpts.si/sekcija-sodnih-tolmacev/eticni-kodeks>.

⁷ www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf.

⁸ www.chiaonline.org/resources/Pictures/CHIA_standards_manual_%20March%202017.pdf.

⁹ www.imiaweb.org/uploads/pages/376_2.pdf.

¹⁰ www.imiaweb.org/uploads/pages/102.pdf.

¹¹ [www.saludycultura.uji.es/archivos/HIN_National_Standard_Guide_for_CI_\(Canada\).pdf](http://www.saludycultura.uji.es/archivos/HIN_National_Standard_Guide_for_CI_(Canada).pdf).

British standard *Code of Professional Conduct* (2016)¹² and the Australian deontological document *AUSIT Code of Ethics and Code of Conduct* (2012).¹³ The content of the Slovene *Standards of Practice* was also aligned with the ISO-standards (ISO 13611:2014 Interpreting — Guidelines for community interpreting in ISO/DIS 21998(en) Healthcare interpreting — Requirements and recommendations). The Slovene *Standards of Practice* incorporate all the key elements found in the various international standards, but they have been adjusted to the situation in Slovenia.

How to use the Slovene *Standards of Practice*?

The Slovene *Standards of Practice for Community Interpreters* were drafted parallel to and in a dialogue with the Slovene *Code of Ethics for Community Interpreters*. The individual standards are aligned with the eight basic principles of ethics listed in the Slovene *Code of Ethics for Community Interpreters*. In accordance with the US *National Standards of Practice for Interpreters in Health Care*, each standard is listed parallel to its corresponding ethical principle, along with examples taken from Slovene settings or from the literature or standards listed among the references. The examples taken from Slovene settings have been anonymised, only the gender of the participants in the conversation has been retained.

The examples have been used above all to illustrate the individual standards: they suggest a possible solution of an ethical dilemma. They do not substitute an individual standard, but rather illustrate how it might be implemented in practice under the circumstances described. It should be highlighted that the individual standards should always be understood as part of a whole package, not as isolated, individual suggestions: the implementation of each standard is ethical only if other ethical principles in this text are also implemented. For instance: it is ethical to interpret offensive words only if all the participants are informed in advance that all of what has been said will also be interpreted.

The *Standards of Practice* are intended above all for the community interpreters who are already working in this profession and who will be able to use this deontological text to inform their clients about the nature of their profession and the standards of good practice. The *Standards of Practice* are furthermore intended for those individuals who wish to obtain the certificate for the national vocational qualification for community interpreters. It can also serve as a guideline for those involved in community interpreter training and in training the clients of community interpreters, including healthcare workers, social workers, teachers, educators and public administration workers. They are also useful for those who will employ community interpreters, and later assess and evaluate them in their workplace. Finally, the *Standards of Practice* are also intended for customers of community interpreters, i.e., those who need community interpreters to access public services.

To sum up, the overall aim of the *Standards of Practice* is to raise the quality of community interpreting in Slovene society, to reach a consensus on what constitutes good professional practice and to inform the public about the nature of the profession.

Glossary

HEALTHCARE INTERPRETING: Interpreting in healthcare settings, such as hospitals, private or public clinics, home health visits etc.

INTERPRETER: A person who transfers a spoken message in a source language into a target language.

INTERPRETING: The process of transferring a spoken message of a person from a source language into a target language.

¹² www.nrpsi.org.uk/for-clients-of-interpreters/code-of-professional-conduct.html.

¹³ https://ausit.org/wp-content/uploads/2020/02/Code_of_Ethics_Full.pdf.

NATIONAL VOCATIONAL QUALIFICATION: A national vocational qualification is a national formal recognition that a person has the necessary skills and competences to do a job effectively and is able to achieve the required standards.

PRIMARY SPEAKER: A participant in an interpreted encounter who needs the help of an interpreter. The interpreter usually interprets to two primary speakers, such as for instance a patient and a doctor.

PROFESSIONAL INTERPRETER: An interpreter who adheres to the code of ethics for interpreting.

REGISTER: Register is a way of using the language in certain circumstances, and it reflects the speaker's social and regional affiliation, age, education. Special speech registers are spoken language, slang, dialect etc.

SIGHT TRANSLATION: The translation of a written document into a spoken message. An interpreter reads a text in one language and simultaneously interprets it in the target language.

SOURCE LANGUAGE: A language which is to be interpreted or translated into another.

TARGET LANGUAGE: A language into which another language is translated or interpreted.

TRANSLATION: Written transposition of a text from one language into another.

WORKING LANGUAGE: A language into and from which an interpreter interprets or a translator translates.

Slovene Standards of Practice for Community Interpreters

1. Accuracy and adequacy

Aim: To ensure that each participant in the communication act knows what the other speaker has said.

Ethical principle	Instances of good practice
<p>Community interpreters strive to transfer the message from one language to the other as accurately and adequately as possible, while maintaining the tone of the original message and taking into account the cultural context of the utterance.</p>	<p>Interpreters strive to the best of their abilities to transfer everything that is said in the conversation from one language into another, without adding or omitting any content or replacing it with different content.</p> <p>Example: When a psychiatric diagnosis is made, the interpreter renders everything that has been said, even if the primary speaker does not finish his thought, repeats the content, talks about unimportant things, and offends the people present. Accuracy is particularly important, as a psychiatric diagnosis is often based on the way a patient talks.</p> <p>Example: In an asylum procedure, the asylum seeker is confused, corrects his statements, jumps from one topic to another and gives incorrect data (e.g., names places that are not in the country he is referring to). The interpreter renders his words in the same way, without correcting or explaining, as the official must determine for himself whether there are any inaccuracies, and what the reason for this kind of talk is.</p> <p>Example: An interpreter and a home health nurse come to visit a new mother at her home. When they ring the bell, the woman opens the door, invites them in and before the interpreter has the chance to introduce herself, the woman mutters: "What does this cow want!" The home health nurse looks at the interpreter and expects a translation. The interpreter explains to the woman that she will interpret everything that is going to be said during the visit, and asks her whether she really wants her to interpret what she has just said.</p>
	<p>An interpreter strives to recreate the register, style and tone of what is said.</p> <p>Example: Interpreters do not change medical technical terms with simpler words, but they can ask the healthcare worker to use simpler expressions, so that the user can understand them.</p>

2. Impartiality

Aim: To eliminate the effect of the interpreter's prejudices or beliefs.

Ethical principle	Instances of good practice
<p>Community interpreters avoid taking sides while interpreting and refrain from expressing any kind of personal bias or prejudice. They do not give</p>	<p>Interpreters do not allow their own beliefs and cultural values to influence their objectivity.</p> <p>Example: Interpreters do not express their personal opinion about the topic they are interpreting through</p>

<p>advice to speakers or side with either party in the communication event. Community interpreters may depart from impartiality only if the well-being, dignity, life or health of one of the parties is severely compromised or in jeopardy. The interpreters may intervene for a speaker whose well-being is in danger only if they acquire the speaker's explicit consent.</p>	<p>the choice of words, their gestures, the manner of speaking or other behaviour.</p>
	<p>An interpreter does not answer on behalf of any of the primary speakers and does not advise them in their decisions. Example: A child's mother asks the interpreter whether or not she should vaccinate her child. The interpreter answers that she cannot help her with the decision but that she will interpret all her questions addressed to the healthcare worker.</p>
	<p>An interpreter discloses a potential conflict of interests and does not accept an interpreting job where there is a conflict of interest. Example: An interpreter does not interpret for a family member or a close friend.</p>
	<p>Interpreters can step out of their role in order to protect an individual from serious harm. Example: In an Emergency Room, a patient is asked whether she is allergic to any medications. The patient's answer is 'No'. The interpreter intervenes in the conversation and says that the patient is allergic to penicillin, as he has already witnessed a life-threatening allergic reaction on another occasion when he interpreted for the same patient.</p>
	<p>Interpreters may advise an individual or a group of people on how to act if during their work they witness abuse or inappropriate treatment of the people involved in the interpreted encounter. Example: During an examination, one of the healthcare professionals makes fun of the patient and humiliates her. The interpreter may advise the patient to contact a patient rights advocate.</p>

3. Confidentiality

Aim: To honour the private and personal nature of the shared data and to maintain trust among all participants in the interpreted encounter.

Ethical principle	Instances of good practice
<p>Community interpreters do not disclose any information that they acquire in the performance of their professional duties. They are nevertheless aware that in specific</p>	<p>Interpreters do not disclose information that they acquire in the performance of their professional duties, unless when they have obtained the express permission from all the participants.</p>

<p>and exceptional cases allowed by the law (142/2 KZ-1)ⁱ they may disclose information if the disclosure is made for the general good or for the legitimate interest of the public, some other person's benefit, and where the good or benefit therein is greater than that of withholding the disclosed information. Similarly to the regulations and laws defining the work of physicians (45/3 ZpacP)ⁱⁱ, as members of the treating team the interpreters may also disclose confidential information should the non-disclosure lead to a life-threatening situation or result in a serious physical harm. The interpreters may disclose confidential information only to a party who, in their view, is in a position to prevent the negative consequences of non-disclosure.</p>	<p>Example: An interpreter does not reveal the medical condition of a patient she has interpreted for to anyone, not even to her family or friends. Similarly, she does not talk about a child's troubles at school, which has been the topic of an interpreted parent-teacher meeting.</p>
	<p>Interpreters protect all private data about clients they have interpreted for. Example: Interpreters make sure that no one has access to their interpreting notes and therefore do not leave them in a public place or a place where their family or acquaintances could access them. Interpreters do not open confidential documents in a public place, do not allow access to their computer and do not leave printed notes in an accessible place.</p>
	<p>An interpreter is released from secrecy when non-disclosure of data would endanger human life, compromise health or pose a significant threat to the well-being of the individual. Example: An interpreter accompanies a home health nurse visiting a new mother; before leaving, the woman, who has met the interpreter previously, whispers in confidence that she has suicidal thoughts and would like to kill herself and the child. She asks her not to tell that to the home health nurse. The interpreter should nevertheless tell the home health nurse what the woman said. This information, however, should not be disclosed to the interpreter's family or acquaintances, nor should the interpreter reveal it to the woman's husband. The interpreter must be aware that her decision can affect her relationship with the woman.</p>

4. Professional role

Aim: To ensure a clear scope and limitations of the interpreter's role in the interpreted encounter.

Ethical principle	Instances of good practice
Community interpreters maintain and are aware of the boundaries of their professional role, know their duties and their limitations, and refrain from personal involvement. Community interpreters must not assume the roles of other speakers in the interpreted encounter.	The interpreter does not get personally involved in the situation, and does not associate with any party in the interpreted encounter. Example: The interpreter does not disclose his personal data and experience in the interpreted interaction. For example, if interpreting for a person with cancer, he does not say that his mother has also got cancer.
	An interpreter only performs the professional duties of an interpreter. Example: An interpreter does not comfort the patient. Instead of giving the patient advice on what decision to take, she encourages the patient to address further questions to the healthcare professional. Example: A human smuggler hurt his arm trying to escape. The police call an interpreter to escort the smuggler to the emergency room. While waiting for treatment, the injured smuggler asks the interpreter to send a message to his girlfriend via her phone and explain what has happened. The interpreter rejects such a request, and explains to him that her task is merely to establish communication between him and the medical staff.

5. Respect

Aim: To acknowledge the inherent dignity of all the participants in the interpreted encounter.

Ethical principle	Instances of good practice
Community interpreters show respect to and for all participants in the interpreted encounter, regardless of their race, gender, language or dialect, nationality, religious or political orientation, sexual orientation, disability or age.	The interpreter shows respect in a professional and culturally appropriate manner. Example: If the interpreter directly addresses adult primary participants in the interpreted interaction, she is respectful and addresses them with the polite form of address.
	The interpreter promotes the autonomy of a non-Slovene user of interpreting services. Example: If the user asks an interpreter for advice on which offices she should go to in order to solve a particular problem, the interpreter refers her to the relevant NGOs, migrant societies or centres or to a suitable intercultural mediator.

6. Cultural competence

Objective: To facilitate successful communication despite cultural differences.

Ethical principle	Examples of good practice
Community interpreters have a high competence in the cultures of their working languages and strive to	Interpreters understand the cultures of their working languages. Example: The interpreter is aware of the traditional remedies used within a certain culture, e.g.

improve their cultural knowledge throughout their careers.	the use of medicinal plants to treat typhoid fever, and informs the healthcare provider about the possibility that the patient has taken such remedies. Example: The interpreter understands the culture-specific educational patterns (e.g., in the Chinese culture it is considered rude to look the interlocutor directly in the eye), and informs the educators about them.
	Interpreters alert all participants in the conversation of any cultural misunderstandings in the interpreted encounter. Example: If a healthcare provider advises the patient to drink plenty of fluids during the period when the patient is fasting for religious reasons, the interpreter alerts the healthcare provider of the potential problem.

7. Professional development

Objective: To attain the highest possible level of interpreting competence.

Ethical principle	Examples of good practice
Community interpreters continuously seek to maintain and improve their knowledge and skills.	Interpreters continue to develop linguistic and cultural knowledge and interpreting skills throughout their careers. Example: The interpreter stays up to date with spoken language and the field-related terminology in both working languages. The interpreter follows current events in the countries of the working languages.
	Interpreters seek feedback to further improve their skills. Example: The interpreter consults other colleagues about a problematic interpreting task, and follows the advice of experienced colleagues.
	Interpreters support the professional development of their fellow interpreters. Example: An experienced interpreter advises and mentors novice interpreters.
	Interpreters participate in organizations and activities contributing to the development of the profession. Example: The interpreter attends professional workshops and conferences, and is engaged in professional associations.

8. Professional and collegial conduct

Objective: To provide quality interpreting services, to strengthen the interpreting community and the public confidence in the interpreting profession.

Ethical principle	Examples of good practice
Community interpreters continuously strive to act in a professional and collegial manner. They do not accept assignments for which they do not have enough	Interpreters introduce themselves by name at the beginning of the encounter, and explain their role in the interpreted encounter to all the participants. Example: "My name is XY and I will interpret from language B to Slovene and vice versa. In my work, I am

<p>knowledge or skills, or where they could not act impartially. They advocate for adequate working conditions, and draw attention to any circumstances or other issues that might influence the quality of their service, such as fatigue, poor sound quality, poor visibility, their unfamiliarity with the technical terminology or with a particular dialect. They treat other community interpreters in a friendly and respectful way, and reject any assignments they cannot complete at the required professional level or those that could harm or negatively reflect on the community interpreting profession.</p>	<p>bound to confidentiality, which means I will not disclose any information that will be discussed here today. Please, address the person you are talking to directly during the conversation and avoid using phrases, such as “tell him/her” or “ask him/her”. I will interpret everything that is said today, and everything will be interpreted in the first person – when you say “I”, I will also say “I”. Please make a pause after a few sentences to let me interpret everything you have said. If I raise my hand like this, please, pause, so I can catch up. I don’t want to miss anything.”</p>
	<p>The interpreter suggests the appropriate spatial positioning to facilitate quality interpreting. Example: The interpreters and the primary speakers agree upon the spatial positioning that allows them to see both (or all) primary speakers. It is advisable to allow for a triangular configuration, where the interpreter stands or sits in the middle between the provider and the patient, or a parallel configuration, where the interpreter stands slightly behind one of the primary speakers, enabling them to address each other directly and maintain direct eye contact. The interpreter is able to adapt when such configurations are not possible: e.g., during a gynaecological examination, the interpreter sits next to the patient’s head and faces away from the healthcare provider or interprets behind a folding screen.</p>
	<p>The interpreter acts in a manner that preserves the dignity of the profession, and is appropriate to the setting. Example: The interpreter dresses appropriately and arrives on time for the appointments.</p>
	<p>The interpreter is adequately prepared for every accepted interpreting assignment. Example: The interpreter inquiries about the topic of the interpreted encounter, and prepares for it by reviewing the relevant terminology.</p>
	<p>Interpreters are honest about their lack of knowledge and skills not allowing them to properly perform the interpreting assignment. Example: When interpreters are unfamiliar with a certain medical term, they ask the healthcare provider for an explanation before continuing with the interpretation. When additional information is needed, the interpreter</p>

	says to all the parties involved: "I, the interpreter, did not understand, so I am going to ask for an explanation." Example: When an important word has been omitted, the interpreter corrects the mistake as soon as possible.
	The interpreter is not a passive participant, but actively intervenes in the conversation if necessary. Example: The interpreter can ask the primary speaker to speak more slowly.
	The interpreter is responsible for the quality of interpretation. Example: Interpreters do not blame others for their interpreting errors. Interpreters correct their own errors and apologise for them.
	The interpreter advocates for suitable working conditions that facilitate quality interpreting. Example: An interpreter on a lengthy assignment is aware that fatigue might compromise the quality of interpreting, and asks the primary speakers for a break.
	Interpreters show respect for the professionals with whom they work. Example: Interpreters do not spread rumours that could discredit other interpreters and avoid passing judgement on the work or skills of other (community) interpreters and other participants in the interpreted encounter.
	The interpreter asks for a fair compensation for the provided service. Example: The interpreter does not offer services to other interpreters' clients for a lower fee.

The authors of the *Slovene Standards of Practice for Community Interpreters* hope that these *Standards* will help the interpreters and will be used to benefit and promote the profession of the community interpreter, but do not assume any possible responsibility, in case the reference to the *Standards* should lead to any unacceptable conduct and undesirable consequences.

ⁱ <https://www.wipo.int/edocs/lexdocs/laws/en/si/si045en.pdf>

ⁱⁱ <https://zakonodaja.com/zakon/zpacp/45-clen-varovanje-poklicne-skrivnosti>.