



A Medical Interpreter's Guide to Telephone Interpreting

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Medical interpreters often have questions about telephone interpreting, but often do not have access to general information about this area of interpreting. As a result, medical interpreters have frequently relied on the experiences and anecdotes of interpreting colleagues in order to obtain answers to questions about telephone interpreting. Or, interpreters have made their own assessments based on experiences with individual providers of such services.

In July of 2007, the **International Medical Interpreters Association** offered to respond to questions from its membership about this topic. This query, along with subsequent discussions with organizational members with extensive experience in providing telephone interpreting services, resulted in the compilation of questions and answers that follow.

The questions and answers mainly reflect the experience of individuals engaged in this practice in the United States, where the majority of telephone interpreting is provided by commercial entities. However, telephone interpreting is used in many countries around the world.

As a medical interpreter, why do I need to know about telephone interpreting?

With increasing frequency, medical interpreters are requested to perform interpretation via telephone. In many cases, full-time staff interpreters at health care organizations are asked to provide telephone interpreting services. This is sometimes requested as a measure to cut down on interpreter travel time between one building to another, or to provide interpreting services for situations in which visual information will not be conveyed (conversations that take place between a patient and provider via telephone). Telephone interpreting is also requested for settings in which it would be preferable for the interpreter not to be present during the encounter (for example, where the patient's privacy or modesty is of extra importance), and for urgent scenarios when an interpreter is needed quickly.

In some cases, telephone interpreting is also used as an alternative to on-site interpreting, especially for languages that are less commonly requested. Even if you do not perform telephone interpreting, it is helpful to be informed about this modality and its role within the greater realm of interpreting in health care.

Who typically provides telephone interpreting for medical settings?

In some countries, such as Australia, telephone interpreting is provided as a fee-free service. In other countries, such as the United States, it is

more common for telephone interpreting to be supplied by for-profit providers. In either situation, the service is provided remotely by interpreters who are typically located in a separate location from the place where the call originates.

The interpreters may be located in a central location, such as a call center or office. Or, they may work from home offices that are dispersed across a wide geographic area. Interpreters may not necessarily be located in the same country in which the provider is located. Some providers have global workforces and offices in various countries. Also, in the United States, it is increasingly common for hospitals and health care systems that employ interpreters to ask them to log on and provide telephone interpreting when they are not in person with providers and patients. Many hospitals are now setting up internal call centers that specialize in providing telephone interpreting.

Is telephone interpreting inferior in quality to in-person or video interpreting?

The quality of interpreting services, no matter what the medium of delivery, depends greatly on the interpreters in question and the level of training and quality assurance offered. Quality in all modalities of interpreting depends on the training and skills of interpreters.

Quality can be measured in a number of ways. For efficient and effective communication to take place through telephone interpreting, three key factors are usually taken into account by end users: (1) the skills and knowledge of the interpreters who provide the services, (2) the sound quality, and (3) the speed with which the interpreter is connected to the line. However, the quality of the communication is also greatly impacted by (4) the end user's ability to work effectively with the interpreter.

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With regard to the first category, it is essential that all interpreters who provide telephone interpreting services receive specific training in *guidelines for telephone interpreting*, which can be different from guidelines for interpreting in person. Telephone interpreters must be tested in language proficiency, interpreting skills and terminology knowledge. In addition, ongoing observation of the interpreters is critical in order to ensure quality and consistency.

The impact of the sound quality on the ability to communicate can also vary depending on the technology that is utilized to deliver the service.

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This has a major effect on the interpreter's ability to hear all parties and render the information accurately.

The quality may also vary depending on the type of equipment being used by all three parties, including the interpreter. In addition, the technology used by the client can impact quality. For example, if the provider uses a speaker phone instead of a dual handset phone (a phone with two receivers), this can sometimes impact the interpreter's ability to adequately hear the information in order to interpret it effectively.

The end user's level of competence in working with a telephone interpreter can have a direct impact on quality. Inexperienced users of telephone interpreting services may do things such as interrupt the interpreter, use third person speech ("interpreter, ask her how she's feeling"), accidentally create background noise that can impact the interpreter's ability to hear or ask the interpreter for his/her opinion.

In summary, rather than ask whether telephone interpreting is "better" or "worse" than other interpreting modalities, it may prove more helpful to train interpreters effectively to provide telephone interpreting services, to educate users of interpreting services regarding the most effective uses of telephone interpreting, and to request information about quality assurance, technology and training from providers.



Patricia Correia, a professional medical interpreter for Cambridge Health Alliance, performs telephone interpreting frequently in her role as a staff interpreter. Photo courtesy of Cambridge Health Alliance.

Keeping in mind the Institute of Medicine's quality guidelines related to services that are safe, effective, person-centered, timely, efficient and equitable, telephone interpreting fares quite well in most categories, especially in timeliness of access and ensuring

that equitable services are provided to less commonly requested languages or to populations in rural areas.

Don't telephone interpreters miss out on all the "non-verbal" information?

Non-verbal information is not necessarily visual information. With telephone interpreting, body language is not observable by the interpreter. However, if both other parties are in the same room, they can still see each other's body language. A great deal of non-verbal information is reflected in tone of voice, breath patterns, inflection, vocal volume, and other auditory cues. All of these are perceivable to telephone interpreters.

However, interpreters who have not received training on the specifics of telephone interpreting may need to receive additional guidance and practice on these unique aspects to this modality in order to maintain a high level of quality. In addition, telephone interpreters require specific training in techniques to improve memory and increase the amount of information they are able to retain and interpret.

What qualifications do I need in order to work as a telephone interpreter?

The qualifications may vary greatly from one job opportunity to another. For example, if you are applying to work as an interpreter with a hospital, telephone interpreting may just be one small part of your job. Therefore, the same requirements that apply to on-site interpreters may apply to you.

If you are applying to work with a commercial provider, a great deal of diversity exists. Where training is concerned, some companies offer extensive programs for interpreters, including the provision of internally-developed training manuals, glossaries and other proprietary materials. Such companies may even offer a structured certification program, through which interpreters may complete a series of requirements in order to receive a certificate.

Other companies may in some cases waive training requirements if the interpreter already has extensive experience in telephone interpreting, or if the interpreter holds an advanced degree. However, even interpreters with extensive experience and degrees in interpreting will benefit from training in the unique specifics of telephone interpreting.

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Certain qualifications, such as education, training and professional work experience, are important for all interpreters. It is also commonly seen as a positive sign when an interpreter is a member of professional associations for the field.

Some commercial providers may inquire about an applicant's customer service experience or interpersonal skills as well, since this is often an important part of telephone interpreting. In addition, any experience working in a telephonic environment can be extremely helpful, since this indicates that the applicant may have experience with communicating regarding diverse topics via telephone in a professional environment, something that is extremely important for telephone interpreters.

It is also important for telephone interpreters to have a clear speaking voice that can be easily understood in both languages. Interpreters with a heavy accent in either language, a tendency to mumble, or a voice that is very loud or soft, may have more difficulties making themselves understood in the auditory environment of telephone interpreting. Telephone interpreters often find that, with sufficient practice, they develop a better "interpreting voice", which is usually a pleasant, steady and professional voice.

Telephone interpreters also need to be highly skilled at managing the flow of the conversation, and they must be able to diplomatically manage external barriers to the communication, such as poor sound quality, interference on the line, distracting noises, sounds in the background of either party's environment, along with many other unique situations encountered in telephone interpreting work.

For example, there may be non-duplex speakerphones that cut words off, requiring the interpreter to either verify or request clarification. There are sometimes providers and patients who are not able to speak loud enough for the interpreter to hear, requiring that the interpreter assertively yet politely employ techniques to manage the situation and maintain a high quality of communication.

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Lastly, telephone interpreters must be highly adept at note-taking. Given that the consecutive mode is used, and because lengths of utterances can be extremely long with telephone interpreting, the majority of telephone interpreters rely heavily on notes to support memory and ensure accuracy and completeness. Medical interpreters who are accustomed to working in on-site settings may not have experience in note-taking, so this may be a new skill that they will need to work to develop in preparation for telephone interpreting work.

Should I work as a telephone interpreter from home or in a call center/office environment?

Working from home often conjures fantasy-like images for individuals who have not experienced it. However, working from home as a telephone interpreter often requires many strict limitations. For example, most providers have policies regarding noise-free backgrounds to ensure quality. This means that the work environment must be entirely clear of any background noise throughout the work shift. Common sources of noise, such as other family members, especially children, are not tolerated, as they could impact communication. Family pets must be controlled to prevent any interruptions to communication.

Noise from radios, televisions and other home appliances must be eliminated completely. In addition, measures must be taken to prevent visitors from arriving at the home, or even ringing the doorbell, during the work shift. For this reason, many employers request telephone interpreters to secure a dedicated work space within the home.

Call center or office environments can present similar challenges regarding quality control. Noise from other interpreters can be a distraction, and depending on the distance between individuals, could impact the quality of communication. Some interpreters may have difficulty concentrating in such an environment, affecting performance.

Where can I find work as a telephone interpreter?

Sometimes, telephone interpreting employment opportunities are advertised on web-based job boards for the interpreting and translation industry. With commercial providers, it may prove helpful to conduct a web search to locate telephone interpreting companies and apply with them directly. Searches can be performed using any of the common terms used to refer to this service, such as, “telephone interpreting”, “over-the-phone interpreting (OPI)”, “telephonic interpreting”, or “phone interpreting”.

In addition, it may be helpful to search job boards, discussion forums and other web resources for descriptions of other interpreters’ experiences working with specific providers. Each provider has different arrangements, policies, client bases and areas of specialization. These factors may influence one’s decision to work with a provider.

Telephone interpreting is not only meaningful work, but can be a good source of extra income, especially for individuals who interpret for less commonly requested languages. While there are some companies that specialize in medical interpreting, other companies provide services in an array of industries, which can be a good opportunity to diversify one’s knowledge of terminology and familiarity with other fields.

It is advisable to do some basic research on the organization to which you are applying, and to ask other colleagues for feedback about their experiences with the organization, prior to accepting work.

What can I expect of a telephone interpreting organization?

All employers of telephone interpreters should take reasonable measures to provide detailed guidelines to interpreters to ensure the highest quality, while providing a comfortable and effective work environment for its interpreting professionals. Specifically, employers should consider providing the following:

Frequent breaks

Typically, telephone interpreters, like other workers, require a minimum break of 15 minutes for every 4 hours of work, and if a full (8-hour) shift is worked, a lunch break ranging from 30 to 60 minutes. In addition, telephone interpreting providers should do their best to staff enough interpreters to maintain an occupancy rate for interpreters that enables them short breaks between calls, in order to combat the physical fatigue of speaking consistently at high speeds for long periods of time.

Telephone interpreting, without proper rest time, can cause significant physical and mental fatigue. Interpreters need a brief rest between calls, especially after calls 20 minutes or longer. Ensuring that interpreters have enough “down time” protects not only the interpreter’s health, but ensures that the interpreter is able to avoid the detrimental effects that fatigue can have on the quality of interpretation.

Equipment

Depending on the environment and company, the employer may provide the interpreter with a high-quality headset and/or other telephone equipment. In some cases where interpreters work from home, the organizations reimburse the interpreters for the monthly fee associated with the phone line, provided that this line is used exclusively for telephone interpreting. If working in call centers, providers may provide interpreters with work stations that are similar to the soundproofed booths used for conference interpreting.

Reference materials

Some employers provide interpreters with monolingual and bilingual glossaries of commonly used terms, descriptions of situations the interpreter is likely to encounter and other materials, such as diagrams, dictionaries, training manuals, videos, CDs and other study aids. Professional associations often offer resources on their website to reference materials. Ultimately it is the professional’s responsibility to be equipped with all the resources required to perform adequately.

Training

The premise that a telephone interpreter can handle every setting equally well is unsustainable unless provided with constant training, supported by testing and service observation. Many companies offer a “tiered” system in which telephone interpreters are exposed to one industry setting at a time, in order to prevent them from feeling overwhelmed by the plethora of settings and terminology required.

In addition, organizations that have a strong commitment to quality may go so far as to develop client-specific glossaries and materials for interpreters, in order to support them each time a new client is added. When properly trained and supported by the employer, telephone interpreters are able to adeptly handle calls from many industries. This requires a significant investment of both time and monetary resources on behalf of the employer.

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The hiring organization should also give detailed instructions related to the expectations and standards of practice for interpreters. These may be different than for on-site interpreting.

For example, telephone interpreters do not usually perform any advocacy-related tasks on behalf of the patient. However, the employer organization may have a customer service and feedback process in place, by which the interpreter may register a complaint or provide feedback in the case that a patient is mistreated.

What compensation arrangements exist for telephone interpreting?

There are several arrangements that exist. One possibility is for the provider to hire the interpreter as a full-time employee who will work a fixed schedule of up to forty hours per week. Another possibility is that the interpreter may work as a contractor for the company, usually with a flexible schedule.

As a contractor, the interpreter may be paid an hourly wage or a per-minute rate. If the interpreter receives an hourly wage, he or she will be paid this rate for each hour in which he or she is logged into the system and available to receive calls. In these cases, even if the interpreter does not interpret a single call, he or she will be paid for his time. This situation frequently applies to languages that are less commonly requested, because the organization may be required to staff interpreters for a language to ensure coverage, even if the number of requests for the language is infrequent.

Persons who interpret in less commonly requested languages may be in high demand at certain companies, and may be able to secure a higher hourly wage as full-time or part-time employees. If they chose to work from home on a per-minute contract basis, the higher per-minute pay rate will not offset the lower call volume. They may wish to ask for either an hourly pay arrangement or a retainer fee if they want to be paid appropriately for their skills.



When an interpreter works a fixed and ongoing schedule, depending on the nature of the arrangement, employment law may require that payroll taxes be paid by the employer. The rules and regulations regarding contractors and employees are often very different, and every

organization's business practices may vary. Also, these practices are guided by employment law, which may vary widely from one location (country, state or province) to another.

Employers have different requirements for recruiting, screening and training, as well as quality assurance. These practices may also vary depending on the type of employment relationship.

If the interpreter receives a per-minute rate of pay, the interpreter is usually paid only for the actual minutes of interpretation. In this case, it may be advisable for the interpreter to inquire about what the typical rates of utilization or levels of occupancy are, in order to determine whether or not the position will provide sufficient compensation for hourly work.

Many interpreters perform telephone interpreting as a supplement to other work. However, many also work full time as telephone interpreters. The type of compensation and employment arrangement that is most beneficial will depend on the interpreter and the employer in question. The IMIA salary surveys include information about compensation for telephone interpreters in the U.S.

What do patients think about telephone interpreting?

Patients are becoming more familiar with the idea of using telephone interpreting as a way of communicating with providers. This modality is not perfect for every conceivable setting. For patients who are hard of hearing or dealing with mental health issues, telephone interpreting may be inadequate. Also, for certain very difficult settings, such as sharing bad news or end-of-life scenarios, it is usually preferable to work with an interpreter who can be present at the scene. This is not always possible, however, especially for less commonly requested languages.

“Patients who speak less commonly requested languages and those who would not otherwise have a qualified interpreter available often welcome interpreting as an equalizer of language access for all.”

However, there are patients who actually prefer remote telephone interpreting, according to a study done at Cambridge Health Alliance that compared on-site, telephonic and video interpretation. When asked why they preferred telephone interpreting, many patients referred to the increased privacy of not having a third person in the room when being examined. They also stated that they did not want to see a community member they knew who worked as an interpreter in their community hospital.

Patients who speak less commonly requested languages and those who would not otherwise have a qualified interpreter available often welcome telephone interpreting as an equalizer of language access for all. There are also patients, however, that prefer to have an interpreter on site that can serve as an advocate and intercultural mediator outside encounters as well as a medical interpreter during their encounters with providers.

Patients will often travel great distances to obtain what they perceive as more personalized service, and this is sometimes a preference rooted in culture. These patients want to develop a relationship with their interpreters much like they wish to do this with their providers. When a patient has the same interpreter for several providers or appointments, the interpreter becomes a key resource and a familiar face in a complex medical system in which patients can easily feel lost.

Similarly, when services are provided via telephone, in the cases of case management largely done via telephone, for example, the same telephone interpreter can be requested, so that the patient receives a call from the same “team” (social worker or nurse and interpreter, for example) on every occasion.

Even in settings for which the patient and provider are in the same location, when telephone interpreting is used, the patient may be comforted by knowing that there is a consistent voice on the other end of the line to assist with language barriers. This is not always possible, since the interpreter in question may be assisting another customer.

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What do providers think about telephonic interpretation?

Just as with patients, provider preferences vary. Some providers who have been accustomed to working with on-site interpreters have a difficult time getting used to the telephonic modality. Much like their patients, providers often rely on the cultural feedback and team-based relationships they have developed with on-site interpreters they come to know well.

They also sometimes feel that they are being assisted more with an on-site interpreter than with an interpreter over the phone. They are sometimes willing to wait for long periods to be able to have what they perceive to be a more personable triadic interaction. These providers tend to prefer on-site interpreters, relying on telephonic interpretation as their “back-up plan”.

Other health care providers, especially in areas where in-person interpreters were not historically easy to access, were given the telephonic option first and foremost. These providers quickly became accustomed to having rapid access to an interpreter at all times. These providers frequently prefer the unobtrusiveness of not having a third person in the room, and of a perceived sense of greater control over the communication with their patients.

Providers who favor telephone interpreting often feel that they are able to develop a therapeutic rapport with the patient that is not triadic in nature, but seems more dualistic as the interpreter is truly invisible (not physically present). The voice of the interpreter will normally change at every encounter unless the provider requests the same interpreter each time, meaning that the patient may be more likely to bond directly with the provider and vice versa.

Providers who prefer telephone interpreting over on-site interpreting often use it at all times and tend to place more value on having an objective, accurate interpreter easily accessible over the phone rather than waiting for long periods for an in-person interpreter. These providers tend to prefer telephonic interpretation, relying on face-to-face interpretation as their “back-up plan”.

There are also providers who employ a mixture of both telephone interpreting and on-site interpreting, depending on the language, availability and in some cases, the patient in question. Providers who strongly favor one modality over another may have either extremely positive or extremely negative things to say about their experiences with telephone interpreters.

Also, the views of providers are shaped significantly by their experiences. If a provider has significant obstacles in getting on-site interpreters in a timely manner, for example, he or she may become reluctant to use on-site interpreters in the future. Likewise, if a provider experiences a long wait time for a telephone interpreter, or if a non-duplex speakerphone causes the telephone interpreter to request clarification excessively, this may be frustrating to the provider and make him/her less likely to use telephone interpreting in the future.

In what settings is telephone interpreting preferable to on-site interpreting, and vice versa?

There are many situations for which telephone interpreting is the most appropriate modality. For example, when a provider has to call his/her patient, telephone interpreting is really the best option. When a triage nurse has to ascertain the patient's condition quickly, telephone interpreting might be the quickest option, and therefore, the best option to ensure the safety of the patient. Front desk queries, registration processes, and other communications of this nature that do not involve a provider frequently lend themselves to telephone interpreting.

There are also many situations that are not well-suited to telephone interpreting, such as giving bad news, long interactions, procedures that require demonstrations, settings that prevent the patient from being close to a telephone, and situations where visual cues may be especially important, such as patient education and teaching scenarios.

However, for some languages, especially in emergency settings, telephone interpreting may be the only option available, even for such settings that make it less than ideal. Whenever telephone interpreting is used in those types of settings, the provider needs to be sure to describe the procedures and setting with as much detail as possible to help the interpreter maintain the necessary level of quality. Likewise, telephone interpreters in these settings must request clarification frequently to ensure accuracy of comprehension prior to interpreting.

Is telephone interpreting training being offered by educational programs for interpreters?

Currently, telephone interpreting is not frequently included in the standard curriculum for educational programs, and it is not widely incorporated into most training programs for health care interpreters. There is a list at the end of this guide with trainings that specifically address telephone interpreter training.

While some telephone interpreting providers train their own interpreters extensively, the majority of higher education programs for interpreters are not currently covering this important medium of interpretation. Interpreting students should learn about the intricacies of telephone interpreting as well as opportunities to practice interpreting on the phone in a classroom setting or via remote education. In hospital settings, an option that is sometimes used is to contract a telephone interpreting trainer to provide specialized trainings for interpreters, either via telephone or in person.

There is still a significant gap between actual practice and training/education. However, this guide may serve as a useful tool to orient students and trainees, so that they can at least have basic familiarity with this modality. With greater frequency, researchers are writing about telephone interpreting and other modalities influenced by technology, and the one book that has been written on this topic so far can serve as an introductory textbook and/or a source of course readings for educational programs.

What other suggestions should I follow for learning more about telephone interpreting?

Ask questions.

Whenever interviewing with any potential employer, come to the table armed with many questions about the telephone interpreting provider. For example: What training do you provide? Will I be tested, and if so, can I obtain detailed information about the test? What kind of situations will I encounter as an interpreter with your company? Do you provide me with any equipment or training materials? What are the terms of payment, and can these be guaranteed to me in writing?

Enroll in a class.

Increasingly, courses on telephone interpreting are available through universities and community colleges. For a sampling of options, see the list of courses at the end of this document.

Make sure you have the right equipment.

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A high-quality headset is mandatory in order to provide good telephone interpreting services. Ideally, the headset should have independent volume control, as well as a mute button. A corded headset is often preferable to a wireless model, which can create interference or run out of battery strength in the middle of a call. Some companies may provide you with a standard headset model and require that you use it, while others may require that you purchase your own.

Be prepared to learn continually.

As a telephone interpreter, you are likely to encounter situations that you might never come across as an in-person interpreter. The sheer diversity of terminology may be especially challenging. In a single day, you may find yourself interpreting for a medical equipment provider, a health insurance provider, a medical supply catalog, a telephone-based ordering center for medications, a poison control center, an emergency room, a pharmacy, a pre-natal care appointment and a telephonic nurse advice line.

Remain involved.

Even if you take a full-time job as a telephone interpreter, be sure to stay connected to the professional associations for the field. Not only is this important so that you can continue contributing your experiences and insight from the perspective of telephone interpreting, but so that, in the event that you ever wish to explore other work possibilities within the interpreting field, you can avail yourself of these resources at that time. It will also allow you to remain abreast of the latest developments of this rapidly evolving profession.

Conclusion

As with all areas of interpreting, telephone interpreting in health care can be both rewarding and challenging. This interpreting modality may not be ideal for every interpreter, provider, patient or setting. However, the demand for interpreters with experience and skills in telephone interpreting continues to grow along with the field of interpreting in health care at large. The technologies by which interpreting services are delivered are also evolving.

Therefore, it is helpful for all working medical interpreters to be familiar with the basic information outlined here, to understand the role of telephone interpreting within the greater context of medical interpreting, as well as to recognize that telephone interpreting comprises a key part of this growing profession.

GENERAL REFERENCES ON TELEPHONE INTERPRETING FOR MEDICAL INTERPRETERS

Kelly, Nataly. **Telephone Interpreting: A Comprehensive Guide to the Profession** (In Press) www.telephoneinterpreting.net. This publication includes detailed advice for prospective telephone interpreters, including a quiz to help individuals determine whether a call center or work-at-home environment is best, and numerous scenarios that can be used to practice interpreting skills with a partner or as self-study. This text can also be used as a course material for educational and training curricula.

Moreno, Aura and Ramsey, Lilian. “**Telephonic Interpreting in Health Care: Answers to a Few Questions.**” *Interpreters Voice* (Fall 2006) www.ata-divisions.org/ID. This article by professional health care interpreters answers several questions posed regarding telephone interpreting.

Kelly, Nataly. “**Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions.**” *Chronicle* (June 2007) http://www.atanet.org/chronicle/feature_article_june2007.php. This client education piece can be used to help providers learn more about telephone interpreting.

COURSES ON TELEPHONE INTERPRETING FOR MEDICAL INTERPRETERS

Telephonic Healthcare Interpreting Concepts, offered by Summer Institute for Health Professionals, Portland Community College. <http://www.pcc.edu/business/ihp/documents/summer07.pdf>

Protocol in Telephonic Interpretation, offered online and on-campus by the Southern California School of Interpretation. <http://www.interpreting.com/folder1/protocolonline.htm>

Interpreting Medical Matters Over the Phone, offered online and on-campus by the Southern California School of Interpretation. <http://www.interpreting.com/schedule.pdf>

Remote Interpreting, offered by London Metropolitan University. <https://intranet.londonmet.ac.uk/prog-plan/postgrad-line/modules/ln/lnp027.cfm>

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ABOUT THE GUIDE

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ABOUT THE INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION

The **International Medical Interpreters Association** is committed to the advancement of professional medical interpreters as the best practice to equitable language access to health care for linguistically diverse patients. Founded in 1986, with over 1,600 members, most providing interpreting services in over 70 languages, the IMIA is the oldest and largest medical interpreter association in the country. While representing medical interpreters as the experts in medical interpreting, membership to the IMIA is open to those interested in medical interpreting and language access. We currently have a division of providers, corporate members, and trainers. Policy makers, health care administrators, and others interested in medical interpreting are also welcome to join us as associate members. For more information about the organization, please go to www.imiaweb.org.

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Nataly Kelly spent more than a decade of her professional career working on various aspects of telephone interpreting with some of the largest providers worldwide. She is the author of a book on the subject (www.telephoneinterpreting.net). She works as a Senior Analyst with Common Sense Advisory (www.commonsenseadvisory.com), a market research firm that covers business issues related to interpreting, translation, and other services that enable people to communicate across languages, cultures, and borders. She writes for the firm's public blog (www.globalwatchtower.com), and is a frequent panelist and presenter at the IMIA annual conference.