



National Standards for Healthcare Interpreter Training Programs





Background



Building a Profession

- Working group discussions (1994-2000)
- Agreement on Healthcare Interpreters' **Role** (2000)
- National **Code of Ethics** (2004)
- National **Standards of Practice** (2005)
- National **Standards for Training**
(est. 2010)
- National **Certification** (est. 2011)



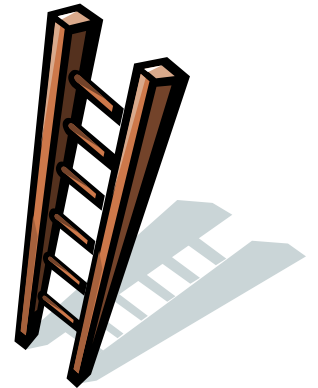
Why Standards for Interpreter Training Programs?

- **Curriculum developers** will know what content is essential and what methodologies are most effective.
- **Interpreters** will know how to evaluate potential trainings.
- **Employers** will know what to expect from interpreters who have completed different levels of training.
- **Test designers** will know what to include on a national certification test.



Steps to Developing National Standards for Training

- Core research / Literature review
- Body of Knowledge / Interpreter Task Analysis
- Form Advisory Committee
- Draft standards (April 2010 - in process)
- Solicit feedback (October 2010)
- Revise and finalize (November 2010)
- Publish and disseminate (December 2010)





Accomplishments to date



Core Research

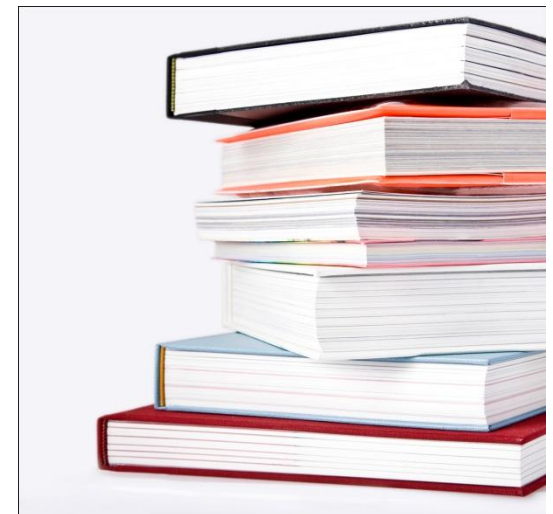
We wanted to learn about:

- Setting standards for training in other fields.
- Effective methods of training.
- Healthcare interpreter competencies.

We reviewed:

- books and articles
- conference proceedings
- interpreter job descriptions
- DACUM analyses

We analyzed 10 well-known
interpreter curricula.





Body of Knowledge Survey

- A BOK analysis answers the questions
 - What do interpreters need to know or demonstrate?
 - When do they need to learn it -- before entering training, during training, on the job or as continuing education?
- The Body of Knowledge survey was conducted with the Interpreter Job/Task Analysis by Atvantus, a professional test development company.



- Over 1500 respondents completed the on-line survey.



Results of BOK Study - 1

Respondents (1653)

- 71% interpreters, 16% managers, 13% trainers
- 50% Spanish-speakers
- Training
 - 65% > 40+ hours of training but < AA; 17% < 40 hours;
 - 9% no training; 5% an AA degree; 2% a BA; 1% an MA
- Experience
 - 55% 2-10 years; 29% > 10 years; 15% < 2 years.
- Service delivery
 - 83% in-person; 14% telephone; 2% video



Results of BOK Study - 2

Before training (examples):

- Ability to speak in English and non-English language fluently
- Skill in active listening
- Short-term memory skills

In training (examples)

- Knowledge of interpreting protocols
- Universal precautions

On the job (examples)

- Knowledge of healthcare facility policies and procedures
- Ability to work with a team to evaluate a problem
- Establishing self as a professional in the field

Continuing education

No agreement.



Advisory Committee

Laurie Swabey, Ph.D. Professor of ASL & Interpreting, St. Catherine University, St. Paul, MN

Elizabeth Nguyen, MA, Senior Diversity Specialist Children's Hospital, Los Angeles, CA

Katherine Langan, PhD, Interpreter/Translator/Trainer, Mercy Medical Center, Des Moines, IA

Marjory Bancroft, MA, Director, Cross-Cultural Communications, Columbia, MD

Robert Pollard, PhD, Professor of Psychiatry, Director, Deaf Wellness Center, University of Rochester School of Medicine, Rochester, NY

Agustin Servin de la Mora, President, Florida Institute of Interpretation and Translation, Lead Interpreter for the Ninth Judicial Circuit, Interpreter Trainer, FL

Nora Goodfriend-Koven, MPH, Healthcare Interpreter Certificate Program, City College of San Francisco, San Francisco, CA

Eduardo Berinstein, Translator/Interpreter/Trainer, Boston, MA

Marilyn Mochel, RN, Clinical Director, Healthy House Within a MATCH Coalition, Merced, CA

Committed to reviewing the Standards, but unable to attend:

Barbara Rayes, Translator/Interpreter/Trainer, Phoenix, AZ

Holly Mikkelson, MA, Monterey Institute

Catherine Ingold, PhD, The National Foreign Language Center at the University of Maryland



Discussed Standards

April 16-17, 2010

Chicago, IL





Focus Groups to date

- California Healthcare Interpreters Association (March, Los Angeles)
- NCIHC Annual Membership Meeting (April, Washington, DC)
- Iowa Interpreter and Translator Association (June, Des Moines)
- Southeast Regional (June, Charleston, SC)
- Merced Trainers' Convening (July, Merced, CA)
- Texas Association of Healthcare Interpreters and Translators (August, Houston)



Results of CHIA Focus Group

“How will you use the Standards?”

- Trainers want to use them:
 - as a guide and yardstick.
 - as a way to justify what they are teaching.
 - as a means to provide validity and credibility to their programs.
- Interpreters want to use them:
 - to distinguish between the quality of various programs.
 - to help secure financial aid by attending “accredited” programs.
 - to help them prepare for a certification exam.
- Employers want to use them:
 - to establish comparability between programs.
 - to avoid requiring retraining of interpreters.



Results of other Focus Groups

- Discussed content, training methods, trainer qualifications, participant pre-requisites at
 - NCIHC Annual Membership Meeting
 - Iowa Interpreter and Translator Association
 - Southeast Regional
- Discussed the meaning of “entry level”
 - Merced Trainers’ Convening



Next steps

- Remaining Focus groups
 - NCIHC Webinar (September, online)
 - Upper Midwest Translators and Interpreters Association (September, Minneapolis)
- Draft Standards - underway
- On-line survey for feedback - October
- Finalize Standards with Advisory Committee - November
- Release Standards - December



Comments? Questions?

Please contact
the Standards, Training and Certification
Committee
at

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