

**2022 NCIHC Annual Membership Meeting (AMM)
April 29-30, 2022**

LANGUAGE ACCESS CAFE

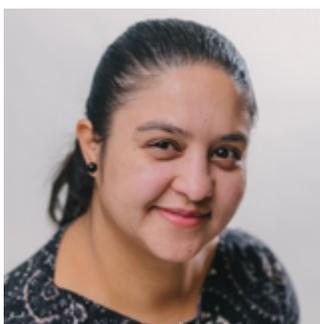
Room 1

When words are not available in your language - challenges for LLD interpreters

When you are an interpreter who speaks a language of lesser diffusion then it is very common that many English words are not available in your language. Even when available it is not word for word and often is a description versus a single word. We often get questioned by providers on why it takes much longer to interpret in your target language while it is a quick sentence in English. We also get mistaken for having a side conversation with our patients. While in every single encounter, deep under we are struggling to come up with the best equivalent in our language. Dictionaries and glossaries are not readily available to consult. Google search may result in a wrong equivalent. Let's brainstorm in this cafe and come up with a few strategies we can apply on a daily basis to mitigate this challenge.

Objectives:

- Identify challenges LLD interpreters face during interpreting encounters
- Apply 3-4 strategies to improve quality of encounters - while tackling challenges associated with words where linguistically equivalent words are not available in the target language
- Shortlist some resources to help with creating glossaries, scripts to use for providers etc.
- Recognize and gather best practices applied by other interpreters in the field



Bindiya Jha, believes in language access and equity. She is a community-based healthcare administrator, an advocate, and educator with a focus on healthcare interpreting. She speaks Nepali and is actively involved with the Bhutanese refugee population. She has a Masters in International Development and Social Change from Clark University. She is a freelance CCHI certified Medical Interpreter and a Certified Court Interpreter in Nepali. She is a lead trainer for interpreting programs at Found in Translation and also a language coach for Nepali medical interpreter students

in various platforms across the state. In all her roles, she has been a passionate advocate for languages of lesser diffusion like Nepali. Bindiya also ventured into remote interpreting way before the pandemic hit and has been reflecting on the sweeping changes in the remote interpreting field with the onset of COVID-19.

Room 2

NCIHC and DEI - Charting a Path Forward

The NCIHC has begun a strategic diversity, equity and inclusion planning process to determine future priorities and to create a Strategic DEI Action Plan. The Board has engaged BCT Partners, a Black-owned, national management consulting and training firm with extensive DEI experience to assist in this process. As part of our assessment, we are inviting NCIHC members to meet virtually with David Hunt, BCT's project manager for this effort to share their thoughts on top NCIHC DEI goals, objectives and priorities for future action.

Objectives:

- To conduct a "listening session" with NCIHC members to obtain their input on top NCIHC DEI goals, objectives and priorities for future action.
- Based on the NCIHC mission, identify and prioritize top DEI issues for future action.
- Based on the NCIHC mission, identify DEI issues that should be left to other organizations.
- Overall, what types of programs, services and resources should NCIHC be offering to best support its members and influence language access practices throughout the US healthcare system?
- How satisfied are you with NCIHC's current mix of programs, services and resources?



David B. Hunt, JD, is the Senior Director of Health Equity at BCT Partners, one of the nation's 100 largest Black-owned enterprises which is nationally known for its work on diversity, equity, and inclusion issues. Mr. Hunt is a former employment law and civil rights attorney with over 25 years of experience in the DEI field. Before joining BCT, David served as the President and CEO of Critical Measures, a national management consulting and training firm focusing on racial and ethnic disparities in healthcare, the law of language access and global medicine.

David has given keynote addresses and national webinars on the law of language access, created CME-accredited e-learning programs on that topic and regularly conducts language access audits for leading hospital systems. He was selected by the American Hospital Association as their national consultant for the #123forEquity program, a major national program to reduce racial and ethnic disparities in hospital care.

Room 3

Preparing for the Oral Certification Exam: Strategies and Study Techniques

As soon as an interpreter begins to prepare for the oral certification exam, they realize that the exam will be significantly different from their typical medical encounter. They understand that their usual interpreting technique will not easily translate to the exam. If an interpreter does not take into account these differences, it is quite possible that they will struggle on the exam. Therefore, what strategies and study techniques can be implemented to achieve the best results on the exam? What role should note-taking play during the exam? What strategy should the interpreter utilize when deciding which utterances should be repeated during the exam? In this language access cafe we will discuss these questions and others in an effort to compile strategies and study techniques that will help the interpreter feel confident and prepared for their oral certification exam.

Participants will:

- Discuss how individual strengths and weaknesses will impact their performance on the oral certification exam
- Discuss strategies and study techniques that will help interpreters to effectively prepare for the Oral Certification Exams



Andrew Jerger, Primary Instructor for medical interpretation courses is an experienced interpreter and instructor who has partnered with CCCI to develop curriculum and create online courses. Mr. Jerger spent 11 years in the Dominican Republic, teaching public speaking courses in Spanish, English language classes and Spanish reading and writing classes. Mr. Jerger successfully completed the Art of Medical Interpretation course at CCCI (54-hour certificate of accomplishment by CCCS, Inc.™) and went on to become a language coach before joining CCCI faculty in 2009. He has since completed certifications in both CHI™ & CMI.



Zarita Araújo-Lane, President & founder of Cross Cultural Communication Systems, Inc.,™ is a Primary Instructor for Interpreting in Mental Health Settings and serves as an adjunct instructor in our other classes. She has over 30 years of experience working with cross-cultural populations in medical and mental health organizations. Ms. Araújo-Lane was the director of a mental health cross-cultural team for over ten years at Health and Education Services in the North Shore area. She has published articles on cross-cultural management including chapters written in 1996 and 2005 on “Portuguese Families” for the second and third editions of the book, *Ethnicity and Family Therapy* by Monica McGoldrick. Ms. Araújo-Lane leads the creative team responsible for the development of *The Art of Medical Interpretation®* training material series and has authored multiple articles for publications of the American Translators Association and other scholarly journals.

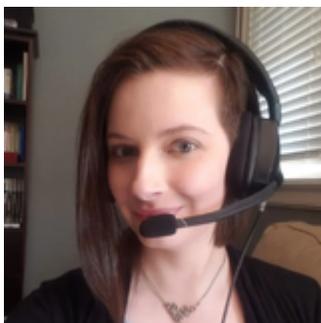
Room 4

Beyond Self-Care: Interpreter Self-Advocacy and Camaraderie

Now more than ever, interpreter mental health is of paramount importance. Conversations about the mental health of medical interpreters have historically revolved around the topic of vicarious trauma, but the impact of the interpreter role on mental health extends well beyond this. In this discussion, we explore the common external factors that negatively impact interpreter mental health and flip the script on self-care by focusing on how to be an agent of change. Core Questions:- What do you think are the most common struggles interpreters (on-site and remote) face in terms of mental health?- What are some ways medical interpreters can engage in self-advocacy?- How can I, as a medical interpreter, support the mental health of my colleagues? Oftentimes our ideas surrounding self-care focus on the “internal” (i.e. self-work, mindfulness, etc.) versus the “external” (i.e. systemic issues) and are only putting a band-aid on the things that continue to negatively impact us. Kelly Grzech, BA, CMI-Spanish, CHI™ (Certified Medical Interpreter - Spanish, Certified Healthcare Interpreter™) Richmond, Virginia <http://www.kghinterpretation.com> Co-founder of InterpreMed.com Interpreter Trainer with Americans Against Language Barriers

Objectives:

- Recognize external factors that impact both on-site and remote interpreter mental health
- Explore ways in which interpreters can engage in self-advocacy to mitigate these factors
- Explain how interpreters can support the mental health of their colleagues



Kelly (Grzech) Henriquez is a dual-certified Spanish medical/healthcare interpreter in Richmond, Virginia. She acquired her BA from Virginia Commonwealth University (VCU) with a concentration in Spanish and completed their SETI (Spanish/English Translation and Interpretation) program. Kelly began her professional journey in the provision of language services as a Bilingual Patient Advocate at a local safety net clinic and has since been engaging in on-site interpretation as an independent contractor in both medical and mental health facilities. She also served as an interpreter with VCU Health's Enhanced Teaching Practice clinic, in which teams of medical

and pharmacy students provided care to patients while being overseen by supervising physicians and pharmacists. Kelly began producing interpreter educational materials during the COVID-19 pandemic in response to a large number of interpreters finding themselves without work and concerned about maintaining their skills. It was at this time she began her YouTube channel for interpreters, co-founded the interpreter practice community InterpreMed, and began teaching medical interpretation with Americans Against Language Barriers (AALB), which has gone on to receive IMIA's 2021 Distinction in Medical Interpreter Education Award. Kelly's (many) passions include the provision of LGBTQIA+ affirming interpretation, medical interpreting ethics, developmental-behavioral pediatrics, fair labor practices for interpreters, collaboration between remote/in-person interpreters, and not only mental health interpreting, but interpreter mental health as well.

Room 5

Exercising leadership in language access in health care: how NCIHC will stay up to date with information relevant to our mission

Exercising leadership in the current environment requires us to keep up with the continuous evolution and multiple challenges that we face. The National Council is committed to obtaining feedback from its members. In this language access café, we will discuss current NCIHC initiatives relevant to its mission, such as policy, research, and education; and will gather participants' valuable insights as to what resources, partnerships, and initiatives the National Council should be pursuing.

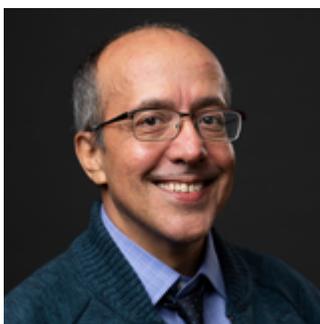
Participants will:

- Receive information regarding NCIHC's current initiatives.
- Offer and discuss ideas and recommendations about future resources, partnerships, and initiatives that the National Council should be pursuing to strengthen relationships in the U.S. healthcare realm.



Tatiana F. Cestari, PhD, CHITM has 20 years of combined experience in healthcare as a pharmacist, pharmacologist, researcher, professor, manager, and remote interpreter. Tatiana currently serves as the Director of Language Service Advocacy at Martti by UpHealth where she helps partners in healthcare with best practices, compliance and cultural sensitivity in language access. She is part of the NCIHC Board of Directors and Policy, Education and Research committee; contributor of the Martti's blog; and co-author of *The Remote Interpreter: a comprehensive*

textbook on how to perform remote interpreting in almost any specialization from Cross-Cultural Communications. Tatiana has mentored; developed trainings; presented at symposia, conferences, and workshops; published peer-reviewed scientific articles; and has lectured for undergraduate and graduate students. Tatiana obtained her pharmacy degree and her Ph.D. in pharmacology from Universidad Central de Venezuela.



Jaime Fatás-Cabeza is the director of the undergraduate degree program in healthcare and legal translation and interpretation at the University of Arizona since 2006, where he has also developed medical Spanish courses for the biomedical schools and teaching hospitals. He is a United States Court Certified Interpreter (USCCI English/Spanish), a certified healthcare interpreter (CCHI-Spanish), formerly accredited by the American Translators Association (Eng<Spa). Jaime serves as a commissioner with CCHI, has served on the Board of

Directors of NCIHC and is a member of its Policy, Education and Research and Trainers of Trainers committees. He is a published translator and author and active as a medical, legal and conference interpreter.

Room 6

Language Access and Health Equity!

This is a continuation of the previous year's discussion involving language Access and Health Equity. The issues are many and complex, and despite laws and policies long in place, and awareness of language access as a social determinant of health, communication for all continues to be elusive at the service level. In ordinary times, trying to make needed changes can seem overwhelming or even impossible. While not news to us, when the COVID-19 pandemic began early last year, long-standing inequities in health and healthcare among BIPOC communities nationwide were laid bare to the general public, including a focus on language barriers as an extra level of disparities. The public health emergency has served to engage more individuals, organizations, and agencies all around the country to engage in efforts to reverse the situation. and build new alliances. We will share basics of advocacy how-to's, examples of current language access advocacy work in progress, and ideas and practices that can be replicated across a range of organizational and jurisdictional (local, regional, state, and national) levels. Discussion will focus on identifying next steps for participants to take action on specific issues of concern they bring to the table. The context of advocacy work will be addressed, acknowledging the challenges inherent in equity efforts, how to deal with setbacks and get support for ourselves and our causes.

We will continue to focus on the following objectives. Participants will:

- Learn from other participants about language access issues and problems in their respective communities, and current language access policy work related to health and healthcare.
- Know how to start to research and identify the organizational structures and systems issues underlying specific language access challenges
- Be able to begin to plan next steps and collaborations towards specific language access goals at any level (local, state, national, organizational or other), including action items for each scenario , e.g. action planning for hospital employees, community advocates, public agency staff, language agency, contractors, free-lance interpreters, etc.



Wilma Alvarado-Little MA, MSW Associate Commissioner, New York State Department of Health Director, Office of Minority Health and Health Disparities Prevention. Ms. Alvarado-Little joined the New York State Department of Health as Associate Commissioner and Director of the Department's Office of Minority Health and Health Disparities Prevention in July 2017. She focuses on health equity issues from a linguistic and cultural perspective in addition to her interests in public policy, research, health literacy and health disparities prevention, racial and health equity. She has been instrumental in the development and implementation of hospital and clinic-based programs and is a healthcare interpreter and trainer. She

is the former Co-chair of the Board of the National Council on Interpreting in Health Care, serves as a member of the National Project Advisory Committee for the Review of the CLAS Standards, HHS Office of Minority Health, and has served as a member of the National Academy of Sciences, Engineering and Medicine Roundtable on Health Literacy and past Chair of the New York State Office of Mental Health Multicultural Advisory Committee. She also serves on various boards, at the state and local levels, which address multicultural and language access issues. She has a Master Arts degree in Spanish Literature and a Master's in Social Welfare.



Joana Ramos, MSW is a health policy consultant, and a founding member of the Washington State Coalition for Language Access and chairs WASCLA's Healthcare Committee. Her policy work has focused on health equity, education, language assistance services, emergency management, immigrant rights, and accountability of government agencies and public-serving institutions. Joana's background in health and human services, research, education, child welfare, patient advocacy, and medical interpreting, guide her involvement in language justice efforts. As a former Portuguese medical interpreter, Joana was in the pilot group to earn the CoreCHI™ national credential from the Certification Commission on

Healthcare Interpreting, and also held DSHS Medical Interpreter Authorization. She is a graduate of Boston University and the University of Washington School of Social Work.

Room 7

What would you suggest to make the NCIHC Standards of Practice more useful and accessible?

Language Access Café discussions have traditionally been a chance for members to share ideas, suggestions, and offer feedback. The National Standards of Practice (NSoP) were developed with input from stakeholders across the country in 2005. The NSoP work group, (on the Standards & Training Committee), is again seeking input from stakeholders as it begins to review the Standards of Practice. We would like to hear your thoughts about the following questions:

1. Which Standards of Practice are most challenging for interpreters-in-training and working interpreters to understand and apply? What would help clarify the challenges?
2. What challenges do the Standards present in applying them to remote interpreting situations? What examples can you share?
3. What would help trainers teach the Standards of Practice? How can we encourage interpreters, trainers, and other stakeholders to read, teach and implement the Standards of Practice?
4. Should a second edition of the Standards document include a brief explanation of each standard and/or additional examples, or, should supporting materials be available separately such as the in-depth recently published paper Interpreter Advocacy in the Healthcare Encounter?

Objectives:

- Consider how the Standards of Practice could be clarified for deeper understanding.
- Discuss challenges in applying the Standards of Practice to remote interpreting.
- Share ideas for how to help trainers teach the Standards of Practice.
- Brainstorm and discuss ideas for presenting supporting materials.



Jane Crandall Kontrimas CoreCHI™, M.S., Interpreter Training Coordinator, has been a Russian Interpreter at Beth Israel Hospital—now Beth Israel Deaconess Medical Center—since 1979. In 1985 she co-hosted the first meeting of what became the MMIA (Massachusetts Medical Interpreter Association), now called the International Medical Interpreter Association. She co-authored the first MMIA Code of Ethics for interpreters in 1987, chaired the MMIA Standards of Practice Committee while the “Standards of Practice for Medical Interpreters” was developed and published in 1995. She chaired the Certification Committee of the MMIA until December 2007. In 2016 she was a CCHI (Certification Commission for

Healthcare Interpreters) subject matter expert for Job Task Analysis review. From 2018-2020 she was a Director of the National Council on Interpreting in Health Care and a member of the National Standards of Practice (NSoP) work group of the NCIHC Standards and Training Committee (STC), which recently published INTERPRETER ADVOCACY IN HEALTHCARE ENCOUNTERS: A CLOSER LOOK.



Maria-Paz Beltran Avery, PhD, began her work in health care interpreting over 25 years ago when she directed a federally-funded project to develop a college level certificate program to prepare bilingual adults as healthcare interpreters. Through this project, she collaborated with the Massachusetts Medical Interpreters Association to develop standards of practice for the profession. Published in 1996, the Medical Interpreting Standards of Practice were adopted by the MMIA as its official standards of practice and has continued to be used by healthcare professionals to date. As a member of the National Council on Interpreting in Health Care

(NCIHC), she has written a number of position papers including one on the role of the health care interpreter. As a member of the Standards, Training, and Certification Committee (STC) of the NCIHC, she was involved in the development of the National Code of Ethics for Interpreters in Health Care and was the primary author of the accompanying document “Understanding the National Code of Ethics for Interpreters in Health Care.” Through the STC, she was also involved in developing the National Standards of Practice for Interpreters in Health Care and the National Standards for Healthcare Interpreter Training Programs. In 2015, she received NCIHC’s Language Access Champion Award. She is a member of the National Standards of Practice (NSoP) work group of the NCIHC Standards and Training Committee (STC), which recently published INTERPRETER ADVOCACY IN HEALTHCARE ENCOUNTERS: A CLOSER LOOK.

Room 8

Assistive Devices That Enhance Effective Communication

Facilitator will provide a brief overview of how assistive devices enhance communication. There will be a 'Show and Tell' of assistive devices with an explanation of their use and benefits. How these devices are used and stored in healthcare settings will also be discussed.

Objective:

- Participants will learn about the use and benefits of assistive devices.
- Participants will be able to identify at least 2-3 assistive devices and explain what they are used for.
- Participants will receive a resource list for purchasing assistive devices.



Dawn Welshman is the Interpreter Program, ADA/504 Coordinator at Cheshire Medical Center, a member of Dartmouth-Hitchcock Health, located in Keene New Hampshire. She joined Cheshire Medical Center in 2012 to establish systems that support meaningful access to effective communication. She created the Language Services and Access Department, a department that continues to flourish today. Dawn holds a BS in Sign Language Interpretation from the University of New Hampshire at

Manchester and a BA in Business Management from Newbury College. She is a licensed Sign Language Interpreter living in New Hampshire.

Room 9

Let's Talk About Outsourcing: The Impact of Large Scale Offshoring on Spoken Language Healthcare Interpreters in the United States

The Covid-19 pandemic brought unprecedented growth to the interpreting market. The combined revenue of the top 10 interpreting companies rose by more than 20% over pre-pandemic levels, exceeding 1 billion USD in 2020. To meet the rising demand for telephonic and video interpretation, particularly in healthcare, language service providers have rapidly “scaled up”, some ranging from 400 to more than 1,000 percent increase in interpreter staffing since March 2020.*In the same period, healthcare interpreters across the country have reported job loss and reduced economic opportunities. Many hospitals have downsized their in-house interpreter teams, increasing reliance on interpreting companies, some of which now offer significantly lower per-minute rates for telephonic and video interpretation than the pre-pandemic market standard. Major language service providers have closed interpreter call centers in the United States, moving operations to Latin America and the Middle East – and leaving U.S. healthcare interpreters unemployed and in competition with overseas interpreters in what has become a race to the bottom in compensation and working conditions.*The 2021 Nimdzi Interpreting Index

In this Language Access Café, participants will:

- Learn more about the large-scale offshoring of spoken language healthcare interpreter services.
- Explore the current and future impact of offshoring on the healthcare interpreting profession in the U.S.
- Articulate the implications of offshoring for patient safety and patient experience for the more than 25 million U.S. residents who receive care in non-English languages.



Vonessa Costa is a CoreCHI™ practitioner credentialed by the Certification Commission for Healthcare Interpreters, and a CCHI Commissioner since 2020. She is Sr. Director of Quality and Member Engagement for the Health Care Interpreter Network, a collaborative of health systems that share interpreter resources. Vonessa was director of Multicultural Affairs and Patient Services at Cambridge Health Alliance, home to one of New England’s largest hospital-based language access programs. She is a graduate of the America’s Essential Hospitals Fellows Program, and a 2019 MassAHEC Tony Windsor Award recipient. She has served as secretary of the Forum

on the Coordination of Interpreter Services, and on the Education Committee of America’s Essential Hospitals.



Andy Schwieter leads the language access team at Cincinnati Children’s Hospital Medical Center, helping them systematically turn language barriers into opportunities. Andy has worked as a Spanish interpreter since 2006, was certified by the Supreme Court of Ohio in 2013, and was certified by the National Board of Certification for Medical Interpreters in 2015. He recently co-authored a paper published in Hospital Pediatrics on improving discharge instructions for hospitalized children with limited English proficiency.

Room 10

Afghanistan Refugees Come to Oregon: Health Care Needs, Language Access, and Professional Health Care Interpreting

The United States has been the new home for thousands of Afghanistan refugees since 2021, of which Oregon has received approximately 1200. In 2021, Oregon's legislature approved 18 million dollars to assist in resettlement of the Afghani evacuees. IRCO (Immigrant & Refugee Community Organization) is one of the long-standing agencies who have been involved in resettling refugees in Oregon. Founded in 1976 by refugees for refugees, IRCO has over 40 years of history and experience working with Portland's refugee and immigrant communities. Following the 1970s political upheavals in Southeast Asia, Oregon and Washington were two of the first states to offer new opportunities and homes to refugees. The resettlement of refugees, political asylees and evacuees takes a great deal of experience of the language, culture and history of a given group and as we all witnessed of August 2021, we saw the true horror of people trying to flee Afghanistan. Resettlement is complicated as we try to provide a sense of security and stability for those who have arrived. Amongst a myriad of issues, language barriers pose many challenges for new refugees. Ensuring accurate and professional interpreting is key to communicating so that proper services can be rendered. Our café will discuss what we have experienced so far with our new population, what barriers we are facing and what we don't know yet. We know NCIHC is no stranger to these types of scenarios and as a discussion group we can work together in sharing experiences others have had and what IRCO is presently going through so as to come up with ideas that will be helpful to other resettlement organizations and healthcare organizations throughout the nation.

Objectives:

- Identify language access challenges for Afghani refugees.
- Develop a shortlist of strategies that will be helpful for health care organizations nationally as they provide care.
- Create strategies to recruit bilingual (or established interpreters already) Afghanis who can become health care interpreters.
- Identify resources that can be of use to ensure professional health care interpreter services for Afghanis who know no English or very limited English.



Maryam Khajavi, is an immigration and disability attorney at the Immigrant & Refugee Community Organization , where she provides services for the immigrant and refugee community of the Portland metropolitan area. Since 2016 she has represented immigrants in removal proceedings in Federal Immigration Court, has served as the sole in-house immigration law expert in a law practice and has worked collaboratively in a team office on affirmative immigration petitions. Moreover, she has represented immigrants in removal proceedings in Federal Immigration Court.

Maryam is a native Persian speaker and has limited working proficiency in Spanish and is passionate about the work she does.

Room 11

Case Conferencing using Demand Control Schema

Much of what we do as interpreters is based on knowledge of two languages and cultures, but interpreting involves so much more. We are expected to make split-second decisions, in the moment, based on interpreting codes and best practices, patient/provider goals, and our analysis of the situation. Traditionally, interpreters learn how to make ethical decisions through trial and error. But it doesn't have to be that way. This session introduces a practice-based approach to professional development through reflective practice using the framework of Demand Control Schema. This tool enables interpreters to explore the unique demands of medical interpreting assignments and provides a safe space to discuss how our responses and decisions impact our work.

Objectives:

- Introduce the concept interpreting as a practice profession
- Demonstrate how Demand Control Schema is used as a tool for reflective practice
- Discuss the restorative benefits of case conferencing using DCS



Debbie Lesser, M.S., CI/CT, QMHI, CoreCHI, HUB-CMII

learned sign language from the Deaf communities in the Northeast and have been a certified sign language interpreter and business owner since 1999. I hold a bachelor's degree in psychology with a focus in crisis intervention and a master's degree in healthcare interpreting. I also hold certifications as a Qualified Mental Health Interpreter (QMHI), CoreCHI and Hub-CMI. In addition to freelance interpreting, I worked in the video interpreting industry for over 10

years and managed interpreters remotely for most of that time. I gained a deep appreciation for the medical field both as an interpreter and as the Director of ASL services with a national company specializing in healthcare interpreting. Currently, I am the Director of Language Access Services for a large healthcare system in Atlanta, GA, where I manage spoken language and signed language interpreters, as well as vendor and translation services.

Room 12

Impact of the Pandemic on our Profession: Defining the Future Through the National Job Task Analysis Survey

The U.S. healthcare interpreting profession has experienced the national interpreter certification since 2010. Over 4,700 interpreters have been certified by the Certification Commission for Healthcare Interpreters since then. From its inception, CCHI's national certification program is designed to reflect the current professional practices and standards. CCHI's certification exams are based on the national Job Task Analysis (JTA) survey conducted in 2010 and 2016. To maintain the validity of the certification, CCHI carefully follows professional trends and innovations, and understanding the impact of the Covid-19 pandemic on the profession is of utmost importance. Therefore, in 2022, CCHI is conducting another national Job Task Analysis survey of the healthcare interpreter profession. The purpose of this JTA is to update and validate the current definition of the profession and the corresponding certification examinations. The conversation will focus on how answering the survey questions helps clearly delineate the importance of specific knowledge domains, tasks, skills, and abilities necessary to carry out the responsibilities of the job of the healthcare interpreter today.

Objectives:

- Define the purpose of the national Job Task Analysis (JTA) of the healthcare interpreting profession and its impact on the content of certification exams.
- Identify areas of the professional practice affected by the pandemic.
- Analyze the implications of the JTA results for healthcare interpreters, trainers and curriculum developers.



Natalya Mytareva, M.A., CoreCHI, ICE-CCP, is Executive Director of the Certification Commission for Healthcare Interpreters, and a Commissioner of the National Commission for Certifying Agencies (NCCA). In 2000-2013, Natalya was Communications Director at the International Institute of Akron, a refugee resettlement agency in Ohio. She developed and taught several courses for healthcare and court interpreters, with the focus on languages of lesser diffusion. Natalya is a Russian interpreter/translator, and started her career as instructor

of interpretation/translation courses at Volgograd State University (Russia) in 1991. She holds a combined BA/MA degree from VSU in Philology & Teaching English as a Foreign Language.