



MODELS FOR THE PROVISION OF HEALTH CARE INTERPRETER TRAINING

The National Council on Interpreting in Health Care

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INTRODUCTION

The need for well-prepared, competent medical interpreters continues to grow. As a result, the demand for training programs in medical interpreting has also increased. Currently, medical interpreter training programs are being offered by hospitals, other health care facilities, Area Health Care Education Centers (AHECs), community agencies, interpreting agencies, and a few institutions of higher education. However, there appears to be little consistency among these programs with respect to the overall skill development of medical interpreting. And in many facilities, individuals acting as interpreters have no access to training opportunities at all.

The numerous training approaches, the variety of available curricula, the lack of governmental regulations and the lack of training requirements from health care facilities demonstrate the need for a standardized, comprehensive training curriculum for medical interpreters. The use of inadequately trained interpreters can often result in increased risk to patient care. When reviewing the various training programs offered throughout the states, we find that the word “training” is used with reference to programs of varying length and complexity. Most trainings seem to fall into one of the following categories.

- Less than one day¹ of instruction without testing
- A language proficiency test followed by less than one day of instruction
- Two days of instruction occasionally accompanied by a practicum
- Forty hours or more of instruction with a practicum and a final exam
- A language proficiency test followed by more than forty hours of instruction and a practicum
- A combination of medical and court interpreter training
- One semester at the community college level with a practicum
- More than one semester at the college level
- Advanced degrees in interpreting

Currently available training programs for medical interpreting have the following characteristics:

- the quality of the training varies tremendously from program to program
- many programs are basically orientational and informational in nature and do not provide adequate skill-building in the practice of interpreting
- there is no indication of the level of competence of those who complete the various training programs
- programs are conducted monolingually instead of bilingually

This lack of a standardized interpreter training curriculum has resulted in the proliferation of training approaches to medical interpreting and is ultimately due to the absence of national standards within the medical interpreting profession itself. It would, however, be a disservice to interpreters who do not have access to a comprehensive training program to disqualify any of the above approaches on the grounds that a standardized training approach does not yet exist. We

¹ One day = eight hours

need to consider all existing approaches, since even an 8-hour orientation exposes potential interpreters to the complexity of the role of interpreter.

The fundamental issue then is to establish minimum criteria for a standardized medical interpreting training program. Which begs the question, “What constitutes a “training” program?” Is “training” directed teaching with a purpose – implying scope and adequacy of curriculum, qualifications of instructors and session leaders and a minimum number of sessions and hours? Or can “training” be simply defined as an orientation, and therefore presumably less rigorous? Should sessions be classified as “training” or “orientation” depending on the numbers of hours of required attendance?

Most professionals in the field would agree that medical interpreter training should, at a minimum, include the following topic areas: medical terminology, interpreting skills, code of ethics or ethical issues, role play, cultural awareness, and include an oral final to test interpreting skills. A practicum where interpreters can actually practice what they learned is also an important training component. However, there is ongoing discussion about whether or not trainings also need to include discussions on self-care, assertiveness, professionalism, managing cultural differences between interpreters and patients, among other topics.

Training models that currently exist beyond the level of short orientations or periodic on-the-job training, usually fall into one of the five following categories:

1. *Academic training programs*
2. *Bilingual health care employee training programs*
3. *Community training programs*
4. *Intensive training of at least 40 hours*
5. *Agency training programs.*

ACADEMIC TRAINING PROGRAMS

Training for interpreters offered in academic settings can be quite varied. Institutions of higher education usually have the flexibility to offer degree programs at various levels. They can also offer certificate programs that complement majors in other areas, as well as individual courses or sets of courses which may or may not carry academic credit. Courses of study may be offered full-time or take the form of evening classes (through continuing education programs) or short intensive courses. A third dimension is added through the use of electronic media, including interactive television and internet-assisted courses, for distance learning.

Training for sign-language interpreters is well established in the U.S. community college system, typically offering an Associate of Arts degree. A Bachelor of Arts program in medical interpreting for American Sign Language and English is available, but there are few if any interpreting degrees offered for other languages at the 4-year college level. Georgetown University offers a graduate certificate in conference interpreting. The Monterey Institute of International Studies offers a Master of Arts in Interpretation and Translation in certain languages, and in addition offers short courses in community and legal interpreting. The

University of Charleston (South Carolina) offers an M.A. degree in legal interpreting for Spanish.

There is, however, no comparable program anywhere in health care interpreting. Many universities or community colleges offer either intensive summer programs or evening courses in court or medical interpreting. A number of colleges and universities offer one or more interpreting courses, often restricted to a single language, usually Spanish. These examples illustrate the variety of interpreter education offered by institutions of higher education. The fact that academic training in interpreting can essentially be described by naming a few institutions suggests how little responsibility academic institutions have assumed in the preparation of professional interpreters: only a small percentage of colleges and universities offer interpreter training of any sort.

Advantages

- College and university programs are generally longer than other programs, and more likely to expose students to relevant research and theory, with emphasis on analysis of interpreter performance and the communication process.
- Courses are generally available to anyone rather than just those associated with a particular institution or interpreting agency (except that for degree programs there may be admission requirements).
- The curriculum is less likely to be focused exclusively on health care interpreting. Instead, what is offered is a more general interpreting curriculum designed to prepare interpreters for employment in various areas of community, business, medical and legal interpreting (or exclusively for conference interpreting).

Disadvantages

- Internships or on-the-job training may not be available.
- Trainings are concentrated in specific languages like Spanish and there is little opportunity for individuals from smaller communities to be trained.
- Training programs can be quite expensive.
- There may be educational prerequisites for admission that make entry difficult for some community interpreters.
- The training may not be worth the time investment for interpreters of languages that are infrequently requested.

BILINGUAL HEALTH CARE EMPLOYEE TRAINING PROGRAM

In this model, health care interpreter training is provided by the institution – that is, the health care facility, a medical center, or an HMO – for its bilingual employees. These bilingual personnel are currently working at the institution in a range of positions, such as receptionist, nurse, lab technician, etc. Because they are bilingual, they are often given the opportunity to be formally trained as interpreters. Once trained, they become part of a pool of resources internal to

the institution that can be called upon when an interpreter in their particular language pair is required.

Bilingual employees of the health care facility are encouraged to participate in the training as a way of building in-house capacity for interpreter services. The facility pays for each employee who is trained. Employees can receive paid-release time from their work. The length of the training varies according to the organization. At the end of the training, there is often a post-test. The major portion of the post-test is a written test that includes knowledge and understanding of vocabulary and difficult situations involving cultural and ethical issues. In addition, there is often a patient-provider interpreted role-play.

Ideally each training includes at least two participants who speak the same language, and a language facilitator/coach who helps with the role-plays for each enrolled language is provided during the training. The content that is typically covered includes interpreting skills, culture and ethical issues, health care vocabulary, communication skills, biomedicine as a culture, and some mental health interpreting skills.

The training may also be offered to non-employees for a fee.

Ideally all applicants for the program are given a language-screening test that consists of an interview over the phone with someone who speaks both English and the target language. Bilingual employees, however, are often accepted even if their language proficiency is not at the desired level. This practice acknowledges the fact that such employees are probably already called upon to interpret. However, at the end of the training, their level of proficiency should be noted for their employer. Recommendations should be made to the employer as to the appropriate use of such bilingual employees (e.g., only to make patient appointments rather than to interpret medical appointments). Bilingual employees often receive additional compensation if they successfully complete the course.

Advantages

- Bilingual employees are already a part of the institution.
- Bilingual personnel who choose to be trained as interpreters often are trained during their working hours and receive additional compensation for this added skill.
- Bilingual employees usually work with specific clinics and become familiar with the health care team and the terminology specific to that clinic.

Disadvantages

- Trained bilingual employees are often called away from their regular job responsibilities to function as interpreters. This creates stress for the employee since s/he is still responsible for the primary job into which they were hired.
- Bilinguals are often allowed into the training even when proficiency is not at the desired level with the understanding they will not interpret for medical encounters. The reality is that they are often expected to interpret in medical situations even though they are not qualified to interpret at this level.

COMMUNITY TRAINING PROGRAM

Community organizations throughout the country train bilinguals drawn from their local language communities to assist patients from those communities during appointments at nearby clinics and hospitals. These community interpreters are of great value to the health care provider and the patients, since many of them are aware of the cultures of both the patients and the providers. Some of these interpreters are health care professionals: doctors, nurses, social workers, dieticians, physical therapists, etc. – often licensed professionals in their country of origin but unable to practice in the United States. For this reason, good training regarding the boundaries of the interpreter’s role benefits all parties involved in the medical interview.

Potential interpreters are typically recruited by community organizations through ads in community newspapers or newsletters. Prospective interpreters are chosen through an application and interview process. Depending on the organization, there is a screening process, which might be a language proficiency test, or other substantive interview which screens for language, cultural sensitivity, understanding of role, etc. Candidates are then expected to complete some form of medical interpreter training.

These medical interpreter trainings are usually held after work or on weekends and are conducted by working interpreters who are experienced trainers. As a working interpreter, the trainer has a better understanding of the complexities of the profession. This practical knowledge is critical for teaching future interpreters on how to handle difficult situations, and ethical or cultural issues.

The length of the training varies according to the facility offering these trainings and ranges from one day (8 hours) to one week (40 hours) or more. Although some of these trainings have been custom-designed by the organization offering training, many are based on the “Bridging the Gap” curriculum of The Cross Cultural Health Care Program.

These community trainings may cover some or all of the following topics, depending on the organization:

- Interpreting skills
- Modes of interpretation
- Basic medical terminology
- Ethical issues
- Cultural awareness
- Role play
- Case studies
- Group discussions
- Proficiency test (oral and/or written)
- Practicum
- The incremental role of the interpreter during the medical interview

The variation in the range of topics covered between different community trainings is due to the lack of, and illustrates the need for, national standards for the medical interpreting profession.

Advantages

- Interpreters recruited from ethnic communities often have a better understanding of the culture of the patient for whom they are interpreting.
- Agencies can mandate that interpreters participate in training.
- Community agencies maintain close ties to their communities which in turn helps medical facilities build trust with their ethnic patients.

Disadvantages

- Relevant topics may be omitted or covered only in part or in insufficient depth.
- Qualifications, teaching ability and experience of the trainer vary widely.

INTENSIVE TRAINING OF AT LEAST 40 HOURS

There are a variety of approximately week-long training programs currently being implemented throughout the nation. Most of these courses serve as a basic introduction or an intermediate training course designed for both new and experienced interpreters in the medical interpreting field. They most often serve to complement available external screening and certification processes. There may be a language proficiency evaluation requirement but, for the most part, no enrollment prerequisites or screening. This type of intensive course is usually open to all language interpreters although it is run primarily in English with some language-specific practice components. Basic interpreting skills, information on health care, cultural brokering, communication skills for advocacy and professional development are among the areas usually covered under this model of training. Each area covered teaches key aspects within the medical interpretation field, i.e. role, ethics, anatomy, basic medical procedures, self-awareness, and listening skills, to name a few. Some programs may charge a fee to enroll and all materials are included.

This type of intensive training curricula could be used in any of the above-mentioned settings, although it may be less compatible with the academic setting.

Advantages

- An intensive training program of at least 40 hours allows participants to gain a background as well as better understanding of the complexities involved in becoming a competent professional medical interpreter.
- Participants can choose from various time formats (one week, 5 weekend days, 10 4-hour sessions, etc).
- Such programs tend to increase awareness on behalf of the participant of the need for further study and practice to enhance and improve their existing skill base.
- A 40-hour program is easier to commit staff to than a lengthier academic training program.
- Such a program can serve as the initial program in a series of ongoing training courses for participants to gradually develop and enhance existing health care interpreting skills.

Disadvantages

- Language proficiency testing is usually not required.
- 40 hours provide insufficient time to fully train an interpreter.
- The length of the training session does not allow for sufficient role play.
- A practicum is usually not required or readily available.

AGENCY TRAINING PROGRAM

Agencies usually contract directly with medical facilities to provide them with interpreters for their non-English speaking patients. Most medical facilities do not have specific training requirements with which agencies must comply. Therefore, very few agencies do provide training for their interpreters. However, as some medical facilities are becoming more aware of the liability associated with poor medical outcomes attributable to a lack of communication, they are becoming more selective when choosing interpreting agencies. Those agencies with a comprehensive training program covering topics such as basic medical terminology, ethical issues, cultural awareness, role play, case studies, group discussions on topics such as the role of the interpreter, professionalism, etc. seem to have an advantage over agencies which provide limited or no training.

Interpreting agencies vary greatly in their approaches to testing and training. Models range anywhere from presuming proficiency and skill level based on checking references provided on the candidate's resume, to testing over-the-phone, to models including on-site proficiency testing, training and practica. Some agencies provide need-based training which strictly targets the interpreter's weak areas (terminology, style, etc.) Others train through a one-on-one mentoring system which allows candidates to interpret under the supervision of an experienced interpreter. Yet other agencies offer a comprehensive training program.

Medical facilities are increasingly choosing to contract with agencies that both screen and train their interpreters. For those agencies that provide more extensive training program, the model followed is similar to the intensive 40-hour interpreter training model described above.

Advantages

- Frequency of training offered.
- Greater language diversity
- Cost of training is usually absorbed by the agency.
- Access to ongoing training.

Disadvantages

- Training is usually only available to agency interpreters.
- Cost of training. Some agencies require interpreters to pay for the training.

CRITERIA

In order to address the lack of consistency in training curricula that has been demonstrated in our research, national standards for training of health care interpreters must be developed. Criteria need to be developed which detail the critical components or elements of training that will lead to well-prepared interpreters in terms of both content (what a competent interpreter should know) and skills (what a competent interpreter should be able to do). The criteria should help organizations answer the question, “What should you look for in a basic medical interpreting training program?”

Criteria necessary to evaluate the adequacy of a training program include the following:

1. Length of the training: Is it at least 40 hours in duration?
2. Trainer qualifications: Do the trainers (alone or in combination) have experience in medical interpreting and skills in pedagogy (that is, teaching adult learners)?
3. Language screening: Is there a pre-screening for oral language proficiency in the student’s language pair?
4. Content of the training: What is the content of the training? Does it include, at a minimum, interpreting and communication skills, interpreter role, basic medical terminology, biomedicine as a culture, cultural and ethical issues, the code of ethics, and a review of universal precautions?
5. Skill practice: Is it focused on interpreting the sorts of provider-client dialogues that take place in various health care settings? Does the training provide opportunities and sufficient time for students to practice interpreting skills and to receive feedback on their strengths and weaknesses? Does the skill practice also include formats, such as role plays, that approximate real-life situations as much as possible?
6. Language specific work: Does the training provide opportunities for language-specific work in the student’s language pair? Are there language facilitators or coaches?
7. Practicum: Does the program provide opportunities for students to shadow an experienced interpreter and to practice interpreting in real life settings under supervision?
8. Post-test of basic competencies: Is there a post-test of basic competencies and a determination as to whether the student is prepared to interpret?

NATIONAL COUNCIL WORK PLAN

The following activities will comprise the work plan for creating standards for training.

1. Design a survey/questionnaire based on the identified criteria.

2. Identify qualifying programs nationwide and distribute survey.
3. Analyze the results of the questionnaires and identify which training programs will be visited.
4. Separately interview experienced trainers and interpreters in the field nationwide to identify key issues in medical interpreting training from their perspective.
5. Analyze the data from the interviews and identify key themes.
6. Review the published literature on interpreter trainings, especially with regard to training of community and health care interpreting. Collect and review descriptions of interpreter training websites.
7. Develop a draft set of guidelines for developing a standardized medical interpreter training program.
8. Conduct national half-day focus groups of trainers to discuss and finalize the guidelines.
9. Write and prepare the document “Guidelines for Effective Basic Medical Interpreter Training Programs.”