

• • • • •



Developing a Medical Interpreting Training Program

Grant Number 048225
CN-AHEC / Hablamos Juntos
October 1, 2003 – September 30, 2005

Developing a Medical Interpreting Training Program Hablamos Juntos Lessons Learned

From the beginning of the Hablamos Juntos Project, Central Nebraska Central Area Health Education Center (CN-AHEC) worked hand in hand with Central Community College, a two year public institution in Nebraska to develop a training program for medical interpreting. It was important to provide college credit for the training of medical interpreting in order to begin the road of getting public recognition that medical interpreting is an acquired skill that needs to be considered a healthcare profession.

CN-AHEC researched various programs across the country as well as participated in the Health Care Interpreter Instructor Training Institute, April 12 – 16, 2004 in Oakland, California, an initiative of Hablamos Juntos & Kaiser Permanente. The Worldwide Instructional Design System (WIDS) was used for the development of the four courses. This development system aids in the cross referencing of performance standards, learning objectives, and learning activities.

The first group of students lived in four different communities. Working interpreters were recruited through partnership institutions. The class met on Saturdays to accommodate their work schedules. The second group was located at one site. This group utilized the video tapes of the first group and small group discussions. Both groups also completed research on the Internet as part of their assigned tasks.

Periodic lectures were delivered using video conferencing on alternating Saturdays to the first group. Each session would last six to seven hours. Lunch was provided to insure students would not leave and not return due to other commitments. Once per course the group would all meet together at one location.

The first two courses concentrated on skills needed in any type of interpreting situation. This was done in an attempt to provide students knowledge that could be used in medical, community, or legal interpreting environments. Each course also builds on the skills learned in the previous course.

Table 1
Principles of Interpreting I & II

Principles of Interpreting I

Theoretical Foundations and Principles

- ◆ Interpreting: Roles & Responsibilities
- ◆ Purpose – Barriers and Access Issues
- ◆ Requirements – Linguistic Competence

Cultural Competence

- ◆ Theoretical Definitions
- ◆ Cultural Specific Characteristics
- ◆ Legal & Ethical Foundations – CLAS Standards

Professional Practice

- ◆ Interpreting Modes
- ◆ Interpreter's Role: One Voice
- ◆ Self-care and the Interpreter
- ◆ Stress Management

Principles of Interpreting II

Theoretical Foundations and Principles

- ◆ The Professional Interpreter
- ◆ Interpreter's Scope of Practice
- ◆ Skills Required – Note-taking, Discretionary Perception

Cultural Competence

- ◆ Interpreter's Roles
- ◆ Cultural and Ethical Dilemmas
- ◆ Legal & Ethical Foundations - HIPPA

Professional Practice

- ◆ Interpreting Modes
- ◆ Interpreter's Role: One Voice
- ◆ Self-care and the Interpreter

Developing a Medical Interpreting Training Program Hablamos Juntos Lessons Learned

The last two courses were designed to specialize in the terminology and unique characteristics of medical interpreting. The last credit of the fourth course was an internship in order to serve as a capstone experience, testing the interpreter's skills.

Table 2
Medical Interpreting Procedures

Medical Interpreting Procedures

Skill Building

- ◆ Treatment and Procedures
- ◆ Vocabulary Development

Basic Translation Skills

- ◆ Grammar and Punctuation
- ◆ Common Errors
- ◆ Translating Medical Histories

Modes of Medical Interpreting Settings

- ◆ Face-to-Face
- ◆ Video Medical Interpreting
- ◆ Telephonic Interpreting

Adv Medical Interpreting Procedures

Interpreting in the Health Care Industry

- ◆ U.S. Health Care System
- ◆ Specialties of Medical Interpreting
- ◆ Building Your Portfolio

Legal and Ethical Issues

- ◆ Legal Issues
- ◆ Ethical Issues
- ◆ End of Life Encounters

Internship

- ◆ Critique of Interpreting Sessions
- ◆ Hostile Encounters
- ◆ Professional Associations

Continual Training Perspective

The packaging of medical interpreter training program for more of universal acceptance is the next step for CN-AHEC. Curriculum developed for the pilot program will be converted to individualized training modules. The training modules will be able to be used as stand alone training for bilingual workers at any time and any place. The modules will also be part of credit bearing courses. This process has taken longer than expected since the language and interpreting specialists do not have a background in instructional design. This slows the process but has not affected quality of the modules.

The second round of credit courses will take place in January, 2006 to offer the same series of courses for the medical interpreting certificate. The delivery format of the actual classes will change. The training modules will be packaged as part of a web based course with occasional periodical meetings. Video conferencing will be used if the students are located in multiple communities and connections are possible.

Recruitment will be expanded to include any bilingual individual, not just individuals employed as interpreters. The hope is bilingual allied health students will consider taking the interpreter courses as elective in their chosen field. The regular admissions standards of the college will be followed as well as a language test will be required. Central Community College requires a student demonstrates the ability to benefit as criteria for admissions for anyone completing more than six credit hours in a term. Meeting both criteria is very important to help raise the professionalism of medical interpreters.

Additional Training Resources

The creation of a data base for medical interpreters is a constant project. The data base is being tested on tablet computers issued to CN-AHEC partners' interpreters. The goal is to provide two levels of explanation in both English and Spanish. The first level would be an approximately fourth grade level and the second level would be at a higher registry. Since many of the first immigrants to this area were uneducated in their own country while recent immigrants are more educated.

The tablet computers also provide interpreters easy access to other resources, scheduling software, and a place to take notes that would be quickly erased at the end of an interpreter session. Since the training modules will be available on a DVD, the tablet also acts as a DVD player so training can take place when and where there is lag time for the interpreter.

A series of workshops to aid healthcare providers as well as interpreters on a number of topics have emerged. A day long workshop for behavioral health professionals and interpreters was one such workshop to discuss the unique characteristics surrounding interpreting within a behavioral health sessions. Understanding how various ethnic groups view health and individual health practices that have settled in a given area has also been developed. Focus groups of nine different immigrant groups were held to gather the information. Individuals from Mexico, Guatemala, Cuba, El Salvador, Columbia, Sudan, Laos, Czechoslovakia, and Germany. Czechs and Germans were included in this study to remind everyone that all of Central Nebraska has always been the new home for immigrants whether they spoke English or another language. Each focus group interviewed for this project included two or three individuals representing each ethnic population. The information does not represent a cross-section of that population. Thus, the information should not be used to generalize the group, but should serve as a guideline of information healthcare providers should be aware of when caring for immigrant populations. Information gathered on how individuals approach their health, use of home remedies, and what causes illness as well as lifestyle practices will remind healthcare providers of the number of additional considerations when treating individuals from different backgrounds.

Future Training Perspective

A medical interpreting certificate is just the first step to elevating the profession. A diploma program provides the fundamental knowledge with academic support courses. The diploma program concentrates on additional language skills and expansion of knowledge of medical terminology and procedures. Additional courses would include introductory courses in Human Services and Psychology, providing the interpreter a better understanding of how interpreting fits into the entire human services area.

Developing a Medical Interpreting Training Program Hablamos Juntos Lessons Learned

An associate degree program would build from the diploma that will ladder into a bachelor degree program. The associate degree provides a comprehensive education in the skills, techniques, and methodologies necessary for continual success. The degree program adds the focus on skills to be able to translate simple documents and advanced critical thinking skills for a well rounded education. Pathways specializing in diagnostic areas, therapeutic, and or health information management area are but three of the support areas interpreters may want to specialize.

Finally, CN-AHEC's vision for training qualified medical interpreters within the framework of a community college within the central United States is that communities across the country will hear of our success through our partners and appeal to other educational institutions to add similar programs in their regions. Until we have acceptance of the idea of using qualified medical interpreters for every encounter, we will not have better communications between Latino patients and healthcare providers.