

Training Opportunity

Professional Training for Community Interpreters

40 hour Certificate Program

Training Dates in 2015-2016:

Course #A222: 10 Sessions

Tuesdays and Thursdays: May 5, 7, 12, 14, 19, 21, 26, 28, and June 2, 4

4:00-8:00 p.m.

Eisenhower Community Center, Room 233

1001 Highway 7, Hopkins MN 55305

For more information please use the following link:

<https://hopkins.thatscommunityed.com/course/fall-adult-2015/the-community-interpreter>

Medical Interpreting as a Real Profession?

Every 23 seconds another person enters the good old USA as a legal immigrant. Every day the needs for interpreting grow in this country. The U.S. Census bureau estimated that there are more than 60 million people in this country who speak English less than well, and the number of individuals with limited English proficiency is expected to continue to grow. So why should this concern the Interpreting Stakeholder Group? More importantly, why should it concern you?

Medical interpreters provide a communication bridge when medical providers and patients cannot communicate in the same language. Interpreters, in general, strive to achieve positive outcomes for the patients and providers for whom they interpret. How can the non-practitioners of medical interpreting determine or differentiate the quality of the medical interpreting?

Six years ago, determining the quality of medical interpreting seemed to be a farfetched expectation. However, with the development of medical interpreter certifications that are recognized and accredited nationally, we can make an impact in this industry by advancing our credentials as medical interpreters.

As professional medical interpreters, we need to raise the question of 'Why does it matter to have credentialed medical interpreters'? The purpose of the question is to inform practitioners and non-practitioners of medical interpreting about expectations for professional medical interpreters. The first step in the process of professionalization of an industry starts with setting up the expectations and credentialing for the practitioners in the field.

Spoken language medical interpreting arose from Title VI of the Civil Rights Act of 1968, approximately 47 years ago. Since the passing of Title VI, many laws and executive orders have come into effect to ensure meaningful language access for patients with limited English proficiency (LEP).

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Yet in looking back, we see that failure to require trained and qualified medical interpreters has caused significant harm to patients and a tremendous financial burden for the medical system. A great example is the case of Willie Ramirez. In 1980, he became a person with quadriplegia as a result of inadequate interpretation in the hospital. As a result, the hospital had to pay out \$71 million in a legal settlement. There is really no amount of money that can remedy the pain that the patient and his family have endured.

In 2014, HF 1904 in the House and SF 2235 in the Senate were introduced in the MN legislature to promote the betterment of the MN medical interpreting field. However, legislators tabled HF 1904 and directed the MN Department of Health (MDH) to develop recommendations and draft legislation by January 2015. MDH submitted a report in February 2015 to update the legislature on the status of medical interpreting in Minnesota and to propose a tiered registry system. The legislature will use this information to form law(s) to govern medical interpreting.

The tiered registry in the MDH report recognizes certification by CMI or CCHI or an Associate Degree in interpreting from an academic institution as qualifications for the top registry tier. Spoken language medical interpreters who meet the requirements of the top registry tier would be regarded as the most qualified in the state of MN.

Nationally, the trend for medical interpreting is toward certification. California and New York, two states with large LEP populations, are in midst of identifying competency requirements for spoken language medical interpreters. Oregon has already implemented a tiered registry system for medical interpreters. Discussions around certification raise many questions, including:

1. All professionals - except medical interpreters - involved in delivering medical care are licensed professionals. Does this discrepancy falsely imply that medical interpreters are not essential to safe health care or positive health outcomes?
2. How can a health care system identify a qualified medical interpreter? Can this be done by the interpreter's credentials?
3. Do medical interpreters need licensed interpreter skills to positively impact health care reform – improve patient outcomes, decrease health care disparity, reduce unnecessary tests, shorten the length of hospital stays and reduce readmissions?

As medical interpreters, we need to take the necessary steps to define for ourselves the field of professional medical interpreting. We should advance our industry with our own ideas and solutions. If we do not, the industry will move ahead defined by others without our input or agreement..

Sources:

1. <http://languagetime.org/2014/02/01/why-does-it-matter-to-have-credentialed-medical-interpreters-by-louis-f-provenzano-jr-eric-candle/>
2. <http://www.epmonthly.com/features/current-features/losing-less-in-translation/>
3. Medical interpreting and cross-cultural communication, Claudia V. Angelelli, Cambridge University press 2004
4. <http://www.migrationpolicy.org/article/frequently-requested-statistics-immigrants-and-immigration-united-states#Current%20and%20Historical>