

## C. INTERPRETER MODELS

**Content:** This section includes information about different types of interpreters encountered in the medical setting.

**Objective:** Identify different interpreter models and learn what roles they play in the healthcare settings.

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### **TRAINED MEDICAL INTERPRETERS**

Trained Medical Interpreters are often bilingual/bicultural hospital staff trained in areas such as ethics; legislative mandates; cultural competency; interpreter roles and responsibilities; and patient education. These interpreters are usually well versed in medical terminology and are familiar with local ethnic customs and beliefs and acquainted with both Western and folk medical practices. Trained interpreters are a great asset to the healthcare community as they add to the number of bilingual/bicultural healthcare providers in New Jersey. Although the expense of educating trained medical interpreters may be cited as an obstacle, the use of untrained interpreters can result in poor health outcomes and costly litigation due to possible adverse events. For example, a provider in Washington, D.C. was recently sued for \$1 million when, due to miscommunication, an abortion was performed on a non-English speaking woman who had only requested contraception (Dowing and Roat, 2002).

### **FAMILY OR FRIENDS**

Family and friends who serve as interpreters are usually readily available, knowledgeable about the patient's problems and are a reassuring support for the patient. At the same time, however, they are likely to let personal biases color their interpretation. Family or friends might withhold bad news to protect the patient or withhold information about side effects to improve patient compliance. "A violent husband may want to hide the true cause of his wife's bruises. Incidents of child or sexual abuse may be hidden. In addition, the patient may be inhibited from discussing embarrassing issues or disclosing past events, such as an abortion, in front of relatives" (Pheland and Parkman, 1995). Finally, interpreting can be stressful for family members. Healthcare facilities are strongly prohibited from using children as interpreters.

### **EMPLOYEE LANGUAGE BANKS**

Employee language banks make use of unofficial volunteer interpreters who happen to work in the hospital or clinic. Although language banks are sometimes the only available means of communication, they are fraught with problems as these staff have never

received any training in medical interpretation. Untrained interpreters are more likely to be ineffective or to do more harm than good.

### **TELEPHONIC SERVICES**

Telephonic services, such as AT&T, Language Line, Cyacom and Para Plus, provide “over the phone interpretation on demand.” These services have thousands of interpreters who collectively speak more than 150 different languages. These services, which are available 24 hours a day, seven days a week, can serve as a backup for other interpreting methods. Furthermore, these services enhance risk-management by providing trained medical interpreters whose skills comply with legal regulations. These services offer a subscribed interpreter program for hospitals with high usage needs and a membership program for smaller facilities with low to intermittent usage needs.

Although utilization of telephonic interpreter services has been increasing in the healthcare sector, there are several limitations with using them as the main source for interpretation services in healthcare facilities. This type of interpreters never become familiar with the particular venues and do not have access to the visual information that a face-to-face interpreter has.

### **TRADITIONAL HEALERS**

Community members, such as shamans, *curanderos* and religious leaders, are also used as interpreters. Some of these community members are aware of the cultural differences between provider and patient and are open to the integrated use of Western medicine and folk remedies. Patients are more likely to trust a folk-healer-interpreter and comply with a treatment plan that incorporates cultural beliefs. Western providers, however, need to be educated in cultural competency to appreciate folk-healer-interpreters and collaborative, cross-cultural approaches to healthcare.

### **NATIONAL CERTIFICATION FOR INTERPRETERS**

Today, there is an overwhelming support for a national medical interpreter certification program as certification has become one of the most important topics in the U.S. translation and interpreting industry. Patient advocates, medical interpreter associations and language service providers have joined forces to form two distinct programs: the National Board of Certification for Medical Interpreters (NBCMI) and the Certification Commission for Healthcare Interpreters (CCHI).

The NBCMI was formed by the International Medical Interpreters Association in partnership with the Language Line University in March 2009. This board developed a four step process for certification, where interested interpreters go through a multistep process for certification:

- Step 1. Register to start the process;
- Step 2. Request to take the National Board Written Exam;
- Step 3. Request the Oral Exams being offered per specific non-English working language:
  - Apply to take the National Board Oral Exam to obtain the Certified Medical Interpreter (CMI) credential

- Apply to take the National Board Qualification Exam to obtain the Qualified Medical Interpreter (QMI) credential
- Apply to undergo the National Board Portfolio Review to obtain the Screened Medical Interpreter (SMI) credential
- Step 4. Apply for re-certification within five years to maintain credential obtained active.

For more information about this program and different levels of certifications provided, go to [www.certifiedmedicalinterpreters.org](http://www.certifiedmedicalinterpreters.org).

The CCHI was incorporated in July 2009 as an independent certification agency with a two year goal to develop and direct a comprehensive certification program for healthcare interpreters. This program will include several certification programs to accommodate the need for different levels of skills, knowledge and proficiency as well as specializations that immediately address the occupational tasks of the majority of healthcare interpreters. The plans for certification development process includes the following:

- Form advisory committees;
- Conduct a comprehensive analysis of job tasks to provide the framework for development of certification program;
- Initiate development of certification tests;
- Provide support for development of training standards;
- Explore a full certification portfolio

The certification plan is expected to be completed by the Fall of 2010. For more information about this program, go to [www.healthcareinterpretercertification.org](http://www.healthcareinterpretercertification.org).

