Increasing the Quantity and Improving the Quality of Interpreters in Medical & Mental Health Settings – Options for IEPs

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National Consortium of Interpreter Education Centers
Overview

- Welcome
- Background of project
  - Needs Assessment
  - Review data collection and team process
    - Comparisons between Interpreters (spoken and signed languages) and settings
  - Examine effective practices identified
    - Draft domains and competencies
- Review course map
- Strategies for infusion into current curriculum
  - Resources – CDs, DVD, websites, modules
- Next Steps & Questions
Ground Rules

- Actively participate
- Please share from your own program
- Questions/comments appreciated anytime
- Cell phones and pagers & other business
  - Please step outside the room
- Take care of your needs . . . Anything else?
Funding and Support

- St. Catherine University CATIE Center
- Northeastern University
- Minnesota Department of Human Services

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Needs Assessment

A Better Understanding of Interpreter Education Needs

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Approach – two paths

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Initiative Methodology

- Literature review – medical & mental health interpreting standards of practice and interpreting education – signed and spoken languages
- Interviews – issues and experts
- Expert groups – effective practices draft
- Review
- Focus groups - data collection
- Website development
How can we prepare interpreters to work effectively in Healthcare settings?
Stakeholders impacted

- Educators
- Interpreters
- Consumers/Patients
- Healthcare providers
- Government services
- Insurance providers
- Collaborative process
Is healthcare interpreting significantly different from other types of interpreting?

- Education – certification and training
- Legal – certification and education
- Medical – certification (none) and little education
Similarities

- language and interpreting competencies
- ethical framework and excellent decision-making skills
- professionalism
- commitment to self-assessment and life-long learning
Ways healthcare interpreting may differ from other settings (Roat, 2004)

- Often triadic, with doctor, patient and interpreter in a small space.
- The perception of the interpreter’s role is heavily constrained by the setting (Angelelli, 2004)
Potential differences (continued)

- Requires the ability to be empathetic and caring, yet with clear professional boundaries
- Gender may matter.
- Many situations are high risk (errors may have grave results)
Potential differences (continued)

- Topics can be highly personal, often painful.
- In some situations, time is of the essence.
- Interpreter can be exposed to physical (health) risks.
- Interpreter can experience emotional trauma.
- Medication, equipment and injuries may impact communication.
Current Efforts

- If healthcare topics are introduced through your current courses – where and how are you including healthcare content?

- Please share
Deserving attention

- Good Communication is a key to quality Doctor-patient relationships
  (Frey, 1998; Adler, 2002; Roter, 2002; Lee et al, 2002).

- Health outcomes improved by good relationships with provider
  (Frey, 1998)
Challenges for Overstuffed Programs

- Very broad field – preventative, emergency, alternative, long-term, aftercare; dental, education; end-of-life care/hospice.

- Very diverse consumers – patients are all ages (children to elderly), all socioeconomic backgrounds; all educational levels; some knowledgeable about healthcare, others not; Interpreting for Deaf health care professionals is very specialized
What research is available?

- Significant research available on the importance of communication/relationship between dr. and patient. (non-interpreted), (Frey, 1998; Adler, 2002; Roter, 2002; Lee et al, 2002).
  - Most in the area of spoken languages.
  - Much around issues of relationship and outcomes of treatment (Frey, 1998)
Example

- *Talk at work: Interaction in institutional settings*. Edited by Paul Drew and John Heritage (Studies in Interactional Sociolinguistics)

- Original empirical research into the interactions between professionals and clients in a variety of settings, including healthcare.
Other related studies (examples)


Improving Access to Health and Mental Health for Chicago’s Deaf Community

- Conference Proceedings: Critical Link, ATA,
Interpreting (examples)

- Interpreted doctor / patient interviews (spoken languages) – several studies (Angelelli, 2003, 2004; Wadensjo, 1998; Flores; 2003; Kaufert & Putsch, 1997; Davidson, 1998; Tebble, 1999,)

- Limited research based on actual doctor – patient interviews using American Sign Language interpreters. (Cokely, 1982, Metzger, 1999)

- Lack of research on Deaf provider-Deaf patient interviews.

- Lack of research based on actual doctor-patient interviews with DIs/CDIs
Discourse based research on healthcare interpreting (example)

- Editors:
  Franz Pöchhacker, Miriam Shlesinger
  Publisher: John Benjamins
  2007
Research and Bibliography

Research is key to making the case that quality interpreting is an integral part of health services. The following are tools to help you find, understand and use the relevant research from the health care and communications literature.

The following Working Papers, along with other documents posted, may be downloaded from our Document Repository:

- Research Issues on Medical Interpretation bibliography
- Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature

This certification pilot used Medical Interpreting Assessment for Certification prototype (MIAC) developed by the Massachusetts Medical Interpreters Association (MMIA). The pilot was made possible by the work and selfless commitment of a group of dedicated volunteers within the Massachusetts Medical Interpreters Association (MMIA), the California Health Care Interpreting Association (CHIA) in partnership with Healthy House of Merced, and the Standards, Training, and Certification Committee of the National Council on Interpreting in Health Care (NCIHC).
Medical & Mental Health Services: Domains and Competencies

Richard Laurion, MA, CI, CT, NIC: Advanced
St. Catherine University, St. Paul MN
## Domains for Effective Practice

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<tr>
<th>Health Care Systems</th>
<th>Language and Interpreting</th>
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<tr>
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<tr>
<td>Mental Healthcare Context</td>
<td>Interpreting Therapeutic Discourse</td>
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<td>Therapeutic Dynamics</td>
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<td>Legislation</td>
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<td>Boundaries</td>
<td>Leadership</td>
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<td>Preparation to Interpret</td>
<td>The Interpreter as Professional</td>
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<td>Ethical and Professional Decision Making</td>
<td>Communication Advocacy</td>
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<td>Professional Development</td>
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Focus group synthesis

- How do interpreters talk about their work in the medical setting?
- Where are interpreters working?
What are we calling healthcare interpreting today?

- Medical & Mental Health Interpreting
  - Urgent, Emergency or Crisis care
  - Clinical care
  - Critical care
  - Therapeutic care
  - In-patient or out-patient treatment
  - Hospice or Palliative
  - Residential Treatment
Focus Groups

- We set out to ask, what do interpreters really do in medical and mental health settings, how they enact their role.

- What areas of knowledge or unique skill-sets are interpreters identifying as important for them to understand or possess when working in healthcare?
Professionals (Credentialed)

- Bilingual Fluency
  - English/ASL
  - Sociolinguistic variations
  - Limited Language Proficiency

- Awareness of Linguistics
  - Socio-cultural influences
  - Healthcare interactions
  - Specialized vocabulary
  - Triadic communication

- Discourse styles
- Power & prestige
- Register

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General knowledge of the physiological and psychological implications of health care

Awareness of various health care approaches (e.g., Chinese, ayurvedic, holistic, homeopathic, Western medicine).

Understanding of various health care delivery systems and the roles of self and others on the health care team (including CDIs and advocates that can enhance the interpreting team).
Sharing information and resources through advocacy, leadership, education, and liaison with individuals in health care settings.

Ability to balance the need for professional distance with empathy and flexibility.

Adherences to the RID professional code of conduct.

Knowledge of laws and policies related to health care settings.
Advocacy

In the healthcare settings, “advocacy” is an action taken by a healthcare interpreter intended to further the interests of, or rectify a problem encountered by one of the parties to the interpreting session, usually the patient (California. Standards for Healthcare Interpreters, 2004.)

When the patient’s health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate (NCIHC, 2005)
...a credentialed professional with national certification who facilitates communication between users of signed and spoken languages in health care settings from birth to death. This includes:

- Bilingual fluency in English and ASL including sociolinguistic variation and limited language proficiency.
- Awareness of the linguistic, social & cultural influences which may impact healthcare interactions, including specialized vocabulary, discourse styles, register, power & prestige, and triadic communication.
- General knowledge of the physiological and psychological implications of health care
- Awareness of various health care approaches (e.g., Chinese, ayurvedic, holistic, homeopathic, Western medicine).
- Understanding of various health care delivery systems and the roles of self and others on the health care team (including CDIs, CHWs and advocates that can enhance the interpreting team).
Sharing information and resources through advocacy, leadership, education, and liaison with individuals in health care settings.

Ability to balance the need for professional distance with empathy and flexibility.

Adherences to the RID professional code of conduct.

Knowledge of laws and policies related to health care settings.
What interpreters were telling us about their readiness to work

- 61% did not feel adequately prepared when they started working in the medical setting;
- most didn’t have education in medical interpreting in their IEP
- 24% did feel adequately prepared
Readiness to work in medical settings

- Concerns: Lack of internship/practicum in this setting; unsure of protocol, terminology, the system; not fully prepared to make ethical decisions

- What helped: strong background in sciences, med terminology; previous medical mental health; use of local resources; 1:1 – able to ask for clarification
What type of education prepared you to work in the medical setting?

- None
- College Courses on Related Topics
- College Courses on Medical Interp.
- Workshops on Medical Interp.
What else has prepared you for medical interpreting?

- degrees in nursing or biology
- Books, medical dictionaries
- Videos/DVDs
- On-the-job training
- Conferences
- Internships
- Personal experience
- Experience as a CODA; experience with family and friends
How would you describe the amount of simultaneous or consecutive interpreting you use in medical settings?

- 43% Mostly SI
- 43% About half SI, half CI
- 14% Mostly CI

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Have you worked with a DI/CDI in a medical setting?

- Never: 37%
- 1 – 5 times in my career: 34%
- Less than once a month: 5%
- 1 – 2 times a month: 5%
- 3 – 5 times a month: 2.4%
- 6 – 10 times a month: 2.4%
- More than 10 times a month: 2.4%
Staff member or Private Practice

- 32% have worked as a staff interpreter at a health care facility
- 58% have not had full-time staff positions at a health care facility
What can medical interpreters do to improve the service they provide?

- More education, training and mentoring****
- More observation, shadowing and supervised opportunities
- Learn medical terminology and concepts in ASL and English
- Take preparation seriously
- Do not be afraid to ask for clarification or explanation
- Be compassionate
- More knowledge of classifiers, ethics, dental signs, hospice care
- More consecutive
- Better understanding of discourse and culture
- Better understanding of ethics in healthcare; healthcare systems
- Study anatomy and physiology – English and ASL (classifiers)
- Flexibility, ability to problem solve

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Resources

Welcome to Interpreting in Healthcare Settings

National Symposium on Healthcare Interpreting

July 22-25, 2012

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Course Map
Eight Modules: Content & Resources
Strategies for Infusion of Healthcare Topics into Curricula

- Add Healthcare course options through electives
- Introduce healthcare into decision-making courses
- Incorporate discussion of vicarious trauma as part of introduction to interpreting course
- Include anatomy and physiology vocabulary as part of ASL courses
- Include medical facilities as option for practicum course work

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Current Demand and Supply
Do you see a need for post BA education in medical interpreting?

Post-baccalaureate certificate:
Yes = 60%
No = 21%

MA degree
Yes = 26%
No = 35%
Comments about post-baccalaureate education

- More important for full-time medical staff interpreter than generalist
- YES – stakes are high
- Need experience; hands-on learning
- This specialized field requires specialized knowledge and skills
- Concerns: pay may not justify an MA; lack of experiential learning; should be part of a BA
Other representative comments from survey

- Need skills, knowledge, experience and heart
- Need training to work with Deaf healthcare professionals
- IPPs need to have opportunities for students to gain experience observing and working under supervision
- Doctors/nurses need education about DIs/CDIs/CHWs
- Need credentials and education to get the respect we deserve
- Need strategies for communicating medical concept/terms in ASL
A Perspective from spoken language medical interpreting on involvement and visibility

  - Message converter
  - Message clarifier
  - Cultural clarifier
  - Patient advocate

- Bridging the Gap: incremental intervention
- Transparency
- Continuum of visibility
Invisibility and Neutrality  (Angelelli, Metzger)

- Simplicity and control (one reason for myths of neutrality and invisibility)
- The interpersonal role has been downplayed, giving the focus to the cognitive and linguistic dimension
- Need to able to analyze meaning and its co-construction; raising awareness of what “meaning” entails
- Affect, trust, respect are important and should be taken into account in assessing interactional ability (IPRI or other tools to measure interpersonal and social skills)
Medical interpreters perceived themselves as more visible than court or conference interpreters

Interpreters construct, co-construct, repair and facilitate the talk.
Prescribed vs. actual role

- Discussion is important for educating interpreters
- Supports observation, mentoring, practica, internships
- Need standards of practice that accurately reflect the scope of our work
What focus group participants talked about...

- Power (who has it; how to use it appropriately; empowerment; the power of language; giving power, limiting power)
- The role of the interpreter is VERY active.
- Continually making decisions (linguistic, cultural, situational, ethical, interpersonal, legal, system)
- Intimacy and personal nature of the medical setting
- Support / advocacy
Across all groups

- Roles and boundaries are different in medical settings than in general interpreting settings.
- Providing info on how to get interpreting services; the need for qualified interpreters; describing role; deaf-related resources; communication access
- Deaf healthcare providers – some specific requests

However, the definition of roles, boundaries, support and advocacy were not consistent across groups.
Other factors

- Health literacy
- Socioeconomic status
- Education level
- Knowledge of the system
- Support network
- Severity of illness
- Cultural differences
- Age
- Spoken language interpreters

- Experience working with interpreters
- Use of charts and models (perceived as “advocacy” by some)
- Medical to legal
# Visibility (Angelelli)

<table>
<thead>
<tr>
<th>Visibility by text ownership</th>
<th>Strategies for doing text ownership</th>
<th>Impact of text ownership on medical/personal information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Replacing the monolingual interlocutor</td>
<td>Highly consequential</td>
</tr>
<tr>
<td></td>
<td>Brokering cultural references</td>
<td>Inconsequential</td>
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<tr>
<td></td>
<td>Expressing solidarity/exercising power</td>
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<tr>
<td></td>
<td>Expanding/summarizing</td>
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<tr>
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<td>Exploring answers</td>
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<tr>
<td></td>
<td>Sliding up and down the register scale</td>
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<tr>
<td></td>
<td>Controlling the flow of traffic</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>&lt; Openings/closing/positioning of self &gt;</td>
<td></td>
</tr>
</tbody>
</table>

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Focus group synthesis

- Competencies specific to medical
- Boundaries, role
- Decision-making
- Culture and diversity
- DIs and CDIs
- Charts
- Sight translation
- Conveying meaning
Other themes...

- Humble, comfortable, professional
- Leadership role when access to communication is at risk.
- Layers of decision-making
Examples – Medical Interpreting Education – Spoken Languages

- Portland Community College
- University of Minnesota
- U of Mass (online)
- The College of Charleston (post bac)
- Cambridge College
- Bridging the Gap
- University of Arizona
<table>
<thead>
<tr>
<th>Institution</th>
<th>Hours/Requirements</th>
<th>Exams/Grades</th>
<th>Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portland Community College</td>
<td>132 hours + written, oral exit exams</td>
<td>MH, medical, dental</td>
<td>Recognition document</td>
</tr>
<tr>
<td>The College of Charleston</td>
<td>12 credits; B average; entrance exam</td>
<td>Post-bac four 7-week express courses)</td>
<td>Master’s Certificate in Medical</td>
</tr>
<tr>
<td>Cambridge College</td>
<td>180 hours of instruction</td>
<td>3 semesters</td>
<td>Undergrad certificate</td>
</tr>
<tr>
<td>Cross Cultural Healthcare Program</td>
<td>40 hours</td>
<td>5 days</td>
<td>Non-credit</td>
</tr>
</tbody>
</table>

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University of Arizona

- 6-day medical interpreter training institute
- Introductory lectures on CI, SI, sight translation
- Specialized terminology – vocabulary building in forensics pathology, regional dialects, A & P
- Major diseases introduced through practice dialogues with patients and caregivers
- Intensive Interpreter skill development (using medical script)

Nci.arizona.edu

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Online Medical Interpreting Education

- University of Massachusetts
  - 8 classes: ethics; terminology (anatomy, pediatrics, dental, labor, internal, ortho, cardiology, AIDS, neurology); consecutive interpreting; sight translation
- Multilingual; all materials in English
- Open to interpreters, translators, bilingual healthcare workers, doctors, social workers and anyone interested in improving bilingual health care
- Non-degree; February - May
Patterns across programs

- Require bilingual fluency
- Medical terminology; A & P;
- Consecutive Interpreting in HC
- Sight translation
- Ethics, role, boundaries, advocacy
- Cross-cultural communication
- Health care system
- Ethics
- Differences
  - MH, dental, domestic violence; HIV/AIDS; pediatrics; telephonic
  - Grief for interpreters
  - Internship
Differences

- Exit and entrance requirements
- Depth of coursework
- Observation; practicum or internship
- Simultaneous interpreting
- Training vs. education
- Decision making
- Discourse analysis
- Ongoing professional development
- Role
# ASL – English Medical Interpreter Education

(34 BA programs – 7 mention medical)

<table>
<thead>
<tr>
<th>College of St. Catherine</th>
<th>Healthcare interpreting; Internship in Healthcare</th>
<th>Supporting coursework</th>
<th>BA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallaudet University</td>
<td>Interpreting interaction: Medical; Interp. Interaction: Mental Health; Field Observation: Medical and Mental Health</td>
<td>Supporting coursework;</td>
<td>BA</td>
</tr>
<tr>
<td>Temple University</td>
<td>Technical Signs</td>
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<td>BA</td>
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<tr>
<td>Goshen College</td>
<td>Specialized Vocabulary</td>
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<td>BA</td>
</tr>
<tr>
<td>Quincy Univ.</td>
<td>Topics in Interpreting (multiple)</td>
<td></td>
<td>BA</td>
</tr>
<tr>
<td>UNC Greensboro</td>
<td>Interpreting in Specialized Settings (multiple)</td>
<td></td>
<td>BA</td>
</tr>
<tr>
<td>Univ of S. Maine</td>
<td>Advanced Interpreting: Source Lang ASL; Special Topics in ASL/English Interpreting (single topic)</td>
<td></td>
<td>BA</td>
</tr>
</tbody>
</table>

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Educating healthcare professionals

- One of the characteristics of medical knowledge is that it is immense and constantly changing.
- Health professionals must acquire and remember a tremendous number of details, making memory processes critical.
- Theories of learning that focus on memory (e.g., ACT, dual coding, levels of processing) are therefore especially relevant. Cognitive flexibility theory which emphasizes a case study approach involving context-dependent and realistic situations applies directly to medical education.
Educating medical interpreters

- Certain cognitive processes and skills are critical in practice, e.g., decision-making, reasoning, and problem-solving. Problem-solving, in particular, has been the basic pedagogy for many medical curricula (e.g., Barrows & Tamblyn, 1980; Elstein., Shukman & Sprafka, 1978; Norman & Schmidt, 1992).

- The healthcare environment is very stressful. Health care workers are frequently required to make important value judgments, so research on attitudes is also relevant.
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The medical environment is very stressful, Health care workers are frequently required to make important value judgments, so research on attitudes is also relevant.
Challenges

- Not enough available, qualified interpreters for regular and emergency work.
- No specific standards for medical interpreters
- Hospitals and clinics often unaware of interpreter role, function and qualifications.
- Many patients require spoken language interpreters (Spanish, Hmong, Somali) and similarities and differences not clear to providers/hospitals.
Demand for medical interpreters is high, but insufficient education/training is available.

Little research available on sign language interpreting in the medical setting.
What will interpreting in Health Care look like in 10 years?

- More d/Deaf healthcare professionals?
- More d/Deaf people from other countries or with language needs other than ASL and English?
- More Certified Deaf Interpreters? (CDIs)
- Expanded use of Deaf Community Health Workers (CHWs)
- More d/Deaf people with other disabilities?
- Increasing need to interpret for end-of-life/hospice care?
- Use of technology to provide interpreting services?
Access to communication in healthcare for Deaf people and language access for Deaf health care professionals

Multi-pronged approach

- Education of interpreters
- Education of patients
- Education of health care providers
- Systemic changes in the health care system (language rights/access)
  - Including access for Deaf health care practitioners
Thanks for coming!

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