



Setting the Standard for Quality in Healthcare Interpreting

Certification Commission for Healthcare Interpreters

National Medical Interpreter Certification: What's Next for Interpreters of Languages of Lesser Diffusion

Margarita Bekker, Core-CHI™, CCHI Chair
Natalya Mytareva, Core-CHI™, CCHI Executive Director

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Overview

1. CoreCHI™ Certification and LLD
2. Limitations of language proficiency testing of LLD interpreters
3. Interpreter Performance Competencies
4. Testing Core Interpreting Skills in an English-only Modality
5. Challenges & What's Next?



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Inclusiveness and Fairness

- foundational principles of CCHI

- CCHI certification programs are for interpreters of ALL languages
- Each certification is a continuously evolving program



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Core Certification Healthcare Interpreter™ (CoreCHI™)

CoreCHI is THE one certification every interpreter of every language needs to have and can have today.


This certification tests medical interpreters of any language on the core professional knowledge as well as critical thinking, ethical decision-making, and cultural responsiveness skills needed to perform the interpreter's duties in any healthcare setting.

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CoreCHI™ Certification



NCCA ACCREDITED PROGRAM

- CoreCHI™ certification is nationally accredited
- Defined and supported by the national Job Task Analysis study
- 765 CoreCHI™ interpreters

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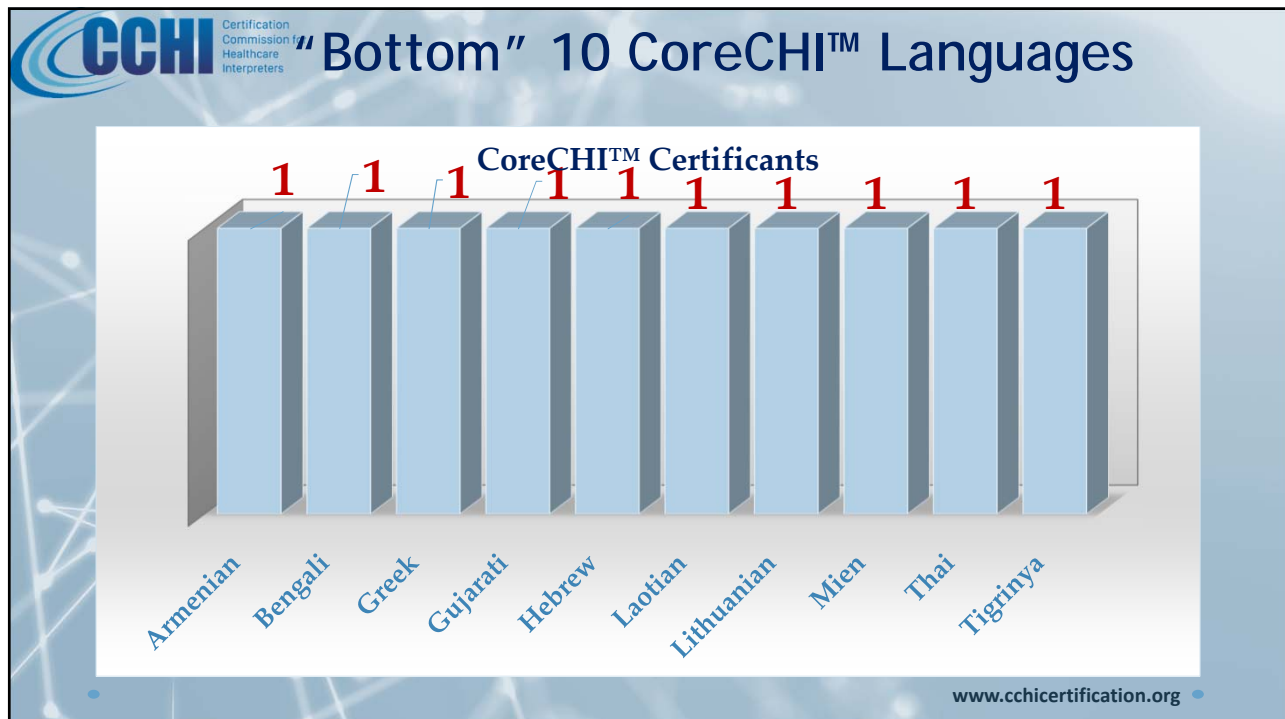
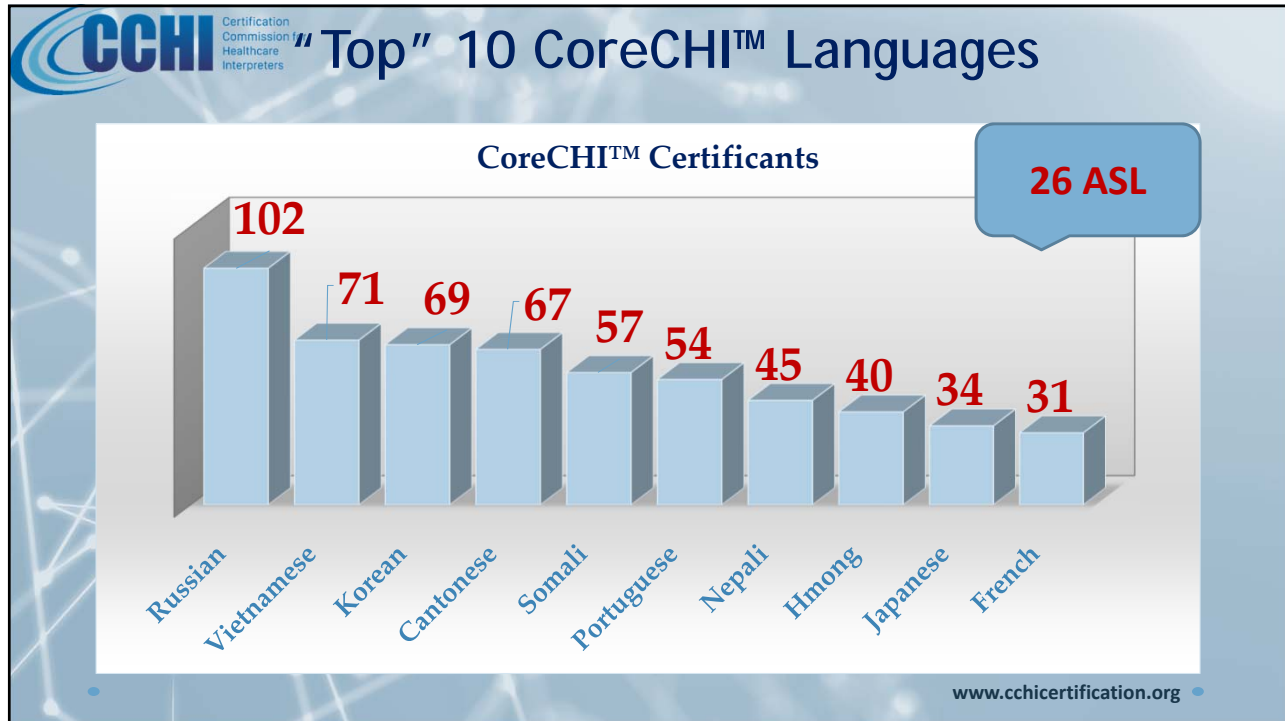
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CoreCHI™ Certification

100 Multiple Choice Questions in English covering:

1. Professional Responsibility and Interpreter Ethics - 22%
2. Manage the Interpreting Encounter - 22%
3. Healthcare Terminology - 22%
4. U. S. Healthcare System - 15%
5. Cultural Responsiveness - 19%

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What does LLD Mean?

- **Languages of Limited Diffusion** – languages of relatively small population of patients with LEP residing across the U.S. and which have no educational opportunities for studying these languages available in the U.S.

E.g., Burmese, Hmong, Kirundi, Mayan languages, Nepali, Somali. For example, there are over 30,000 Somalis residing in Minneapolis, MN, and Columbus, OH, each, yet very few outside these two cities, and there are no college-level programs teaching the Somali language in the U.S.

- **Languages of Lesser Demand** – languages of relatively small population of patients with LEP residing in a specific geographic area in the U.S., yet which have reasonably accessible educational opportunities for studying these languages available in the U.S.

E.g., French, German, Japanese. For example, the demand for interpreters of Japanese may be non-existent in Akron, OH, yet significant in Los Angeles, CA, and at the same time there are quite a few college-level programs teaching Japanese in the U.S.

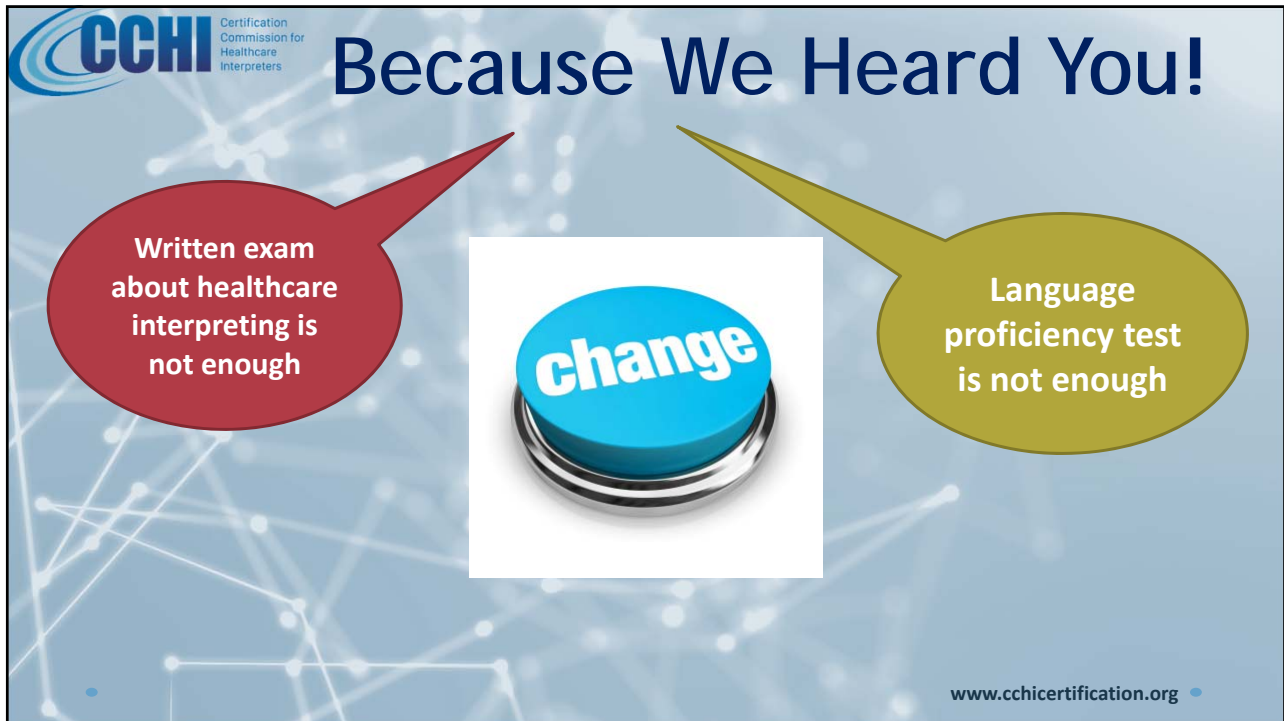
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Challenges LLD interpreting presents for testing

- **Defining the pool size of potential certificants:**
 - How many certified interpreters in a specific LLD are able to earn their livelihood as a healthcare interpreters? How many certified interpreters in that LLD does the industry need?
- **Absence of educational opportunities in the U.S. for studying and *mastering* a specific LLD to the level appropriate for interpreting**
- **Lack of *written* resources in some LLDs and of *valid* written resources in some LLDs about health, medicine, and provision of health care**
- **Insufficient online presence of some LLD communities**

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Limitations of language proficiency testing of LLD interpreters

- Ok, they can **speak** Kinyarwanda but can they **interpret**?
- Who are the **raters**? How are their abilities assessed? Could they see themselves as “gate keepers”? How often & how many tests do raters rate?
- How **objective** can **scoring** be is there is only 1 rater per candidate? How is raters’ performance monitored? If there are only 3 raters of an LLD, how relevant their interrater reliability indicator is?
- How do we know that X level on X test really is enough for the candidate to be able to interpret if there have been **no studies** comparing the two?
- How are these test developed (how many SMEs, update frequency)? How do they **perform psychometrically**?

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Change does not happen overnight

- Environmental Scan
- Variety of Stakeholders
- Purpose of the change
- Pros
- Cons

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Environmental Scan



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Variety of Stakeholders involved in focus groups

- Healthcare Interpreters
- Interpreter Trainers & Educators
- Interpreter Managers
- LSC (language service companies) representatives
- Linguists
- Court Interpreters
- Conference interpreters

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40 experts participated in total



Including these LSCs:
CLI, Martti, Transperfect

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Purpose

The need to create a

- valid and reliable
- *performance* examination,
- assessing core interpreter's cognitive skills/subskills responsible for a successful conversion of meaning from one language into another,
- for interpreters of languages for which developing a *bilingual* performance exam at the CHI™ level is unfeasible.

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Format

- 1. Stakeholders were invited to participate in small-size focus groups over the phone**
- 2. Additionally 6 individual interviews were held**
- 3. Each groups had 1-2 CCHI facilitators**
- 4. CCHI's main goal was to listen and collect information**

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Questions

- 1. Is it needed?**
- 2. Is it possible?**
- 3. What are the core skills we would be able to test?**
- 4. What are the limitations and challenges?**

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Pros

1. Test *performance* (and not just knowledge) for language groups that would never have a bilingual oral exam.
2. Assess the inherent *interpreting skills* (and not just proficiency) common to all languages.
3. *English* language proficiency and fluency is assessed.
4. Relies in some precedents for such an exam (i.e. some data exists).
5. Increased opportunities for LLD interpreters.

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Cons

1. *What* are we testing? What are the limitations?
2. *Can* we validate it? What will psychometricians think?
3. Inability to assess the level of *fluency in the non-English* language
4. Possible advantage to *heritage speakers* with English as dominant language
5. Inability to assess the ability to *perform in both languages in the moment* (since only component skills are tested)

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What are we testing?

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Interpreter Performance Competencies

CCHI's 2016 JTA Study: Domain VI. Interpret in Healthcare Settings

1. Interpret consecutively between source and target language to facilitate communication.

Skill in (also need for the simultaneous and sight translation modes):

- a. Retaining and recalling information in short-term memory
- b. Notetaking
- c. Listening actively and comprehending oral speech In English
- d. Communicating fluently in working languages In English
- e. Maintaining accuracy and transparency In English
- f. Maintaining the register Check knowledge of the concept
- g. Self-monitoring for comprehension and output In English
- h. Anticipatory listening

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Interpreter Performance Competencies

CCHI's 2016 JTA Study: Domain VI. Interpret in Healthcare Settings

2. Interpret simultaneously from the source language into the target language to facilitate communication.

Skill in:

a. **X** Listening, processing, and *interpreting simultaneously*

3. Sight translate a written message by rendering it into a spoken or a signed language to facilitate communication.

Skill in:

a. **✓** Reading and comprehending written text in English

b. **X** Converting written text into the spoken or signed target language

c. **✓** Anticipatory reading

May test ability to perform intra-linguistic reformulation simultaneously

May test ability to perform intra-linguistic reformulation

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Interpreter Performance Competencies

CCHI's 2016 JTA Study: Domain VI. Interpret in Healthcare Settings

4. Maintain fidelity to the message by taking into consideration register, cultural context, and nonverbal content to convey the original intent.

a. **✓** *Interpreting* without additions, omissions, or substitutions

May test ability to perform intra-linguistic reformulation

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Can we validate a monolingual E2E interpreter performance exam?

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Existing Research on Interpreting

- **Conference interpreting**
- **Teaching conference interpreting**
- **ASL interpreters**
- **Data from the State of WA interpreter screening exam**

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Franz Pöchhacker (2004)

A number of authors have described teaching approaches for various preliminary and ancillary skills for interpreting in general. These relate in particular to

- analytical skills in text comprehension (e.g. Seleskovitch and Lederer 1989, Kalina 1992, Setton 1994, Winston and Monikowski 2000),
- expressive skills for 'public speaking' (e.g. Weber 1990),
- situation analysis (e.g. Thiery 1990), and
- assignment preparation, with special regard to terminology research and documentation (e.g. Schweda Nicholson 1989).

Pöchhacker, Franz. 2004. *Introducing Interpreting Studies*. Routledge. P. 183

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Daniel Gile (2005)

It is important to remember that interpreting relies on strategic and cognitive skills which can to a large extent be acquired in the course of monolingual consecutive interpreting exercises...

In fact, most of the errors and omissions in conference interpreting can probably be traced to cognitive failure, due to either high processing capacity requirements that the interpreter cannot meet, or errors in processing capacity management...

Gile, Daniel. 2005. *Teaching Conference Interpreting*.
 In Tennent, Martha (Ed). *Training for the New Millennium: Pedagogies for Translation and Interpreting*.
 Amsterdam and Philadelphia: John Benjamins. P.144, 130

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Steps in Validation

1. Convene a representative National Task Force (group of experts) to design the E2E exam structure and rating/scoring parameters
2. Develop a pilot exam content following the same procedures as for the CHI™-Spanish exam, i.e. best national testing practices
3. Conduct pilot testing with 200+ number of candidates of Spanish, Arabic, and Mandarin.
4. Conduct sets of psychometric analyses for concurrent validation:
 - Compare of the E2E exam scores of Spa, Ara & Man candidates to their scores on the bilingual CHI™ exams
5. Prepare recommendations about validity of the monolingual E2E exam and/or its components

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Benefits of the E2E Study for LSCs

If positive findings, i.e., concurrent validation:

- **Reliable and valid, standardized, *evidence-based* performance assessment for interpreters of any language**
 - which will only need one supplement – testing or portfolio assessment of language proficiency in the non-English language
- **Creating quick E2E pre-employment, screening tests for potential interpreters prior to investing in their education and hiring**

If negative or inconclusive findings:

- ***Evidence-based* knowledge that only dual-language interpreter certification exam can reliably assess interpreter performance**

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Challenges

- Recruiting pilot takers who are willing to take the pilot exam (*in addition* to the CHI exams)
- Recruiting testing venues for an extended CHI exam (1 hrs regular + 30-60 min of the pilot)
- Funding (for test construction and psychometric analysis)
- If the pilot study results prove the concept – education about its value & limitations
- If the pilot study results are inconclusive or negative, the only option – creation of bilingual exams



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What is next?

1. National Task Force to define the scope & structure of the exam (under the guidance of psychometricians)
2. National recruitment of SMEs to develop the exam content
3. Pilot study to prove the concept psychometrically (evidence-based approach)

**– need HELP from EVERYONE
to be Research Partners**

... depending on the result:

- Funding
- Development of full exam

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Our CCHI Community

- Credentialed Interpreters
- Healthcare Interpreters
- Healthcare Providers
- Language Service Providers
- Training Providers
- Meet Our People

Certification

- Benefits of Certification
- Get Certified: Basic Steps
- Testing Centers & Schedule
- Renew Your Credential
- FAQs (certification)
- Certification Resources

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- Become a Supporter
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- Advertise with CCHI
- Resources

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- Our Team
- Policies
- History
- Annual Report
- Resources
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- Get Involved
- FAQs (general)

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info@cchicertification.org

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