



**QUESTIONS AND COMMENTS  
FOLLOWING THE ACCREDITATION PRESENTATION  
AT THE TRAINER SYMPOSIUM IN NY (May 31, 2012)  
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**QUESTIONS:**

- What is the difference between the NCIHC Standards and the accreditation program?
- Would it be possible to offer more flexible alternatives for the 40-Hour Medical Interpreter Training for students with different backgrounds? Court interpreters or medical students have already certain skills acquired when participating in the training.
- What about requirements for trainers and directors of training programs? What are the actual requirements and qualifications?
- What are the minimum requirements for language coaches?
- How does the audit process work?
- When you are planning to increase the minimum of hours for the program from 40 to 60 hours in the future? In which way is NBCMI involved in that increase? Do they mandate that or do you set the bar?
- For how long do you stay accredited before you have to renew?
- How much is it going to cost?
- How do you promote the accreditation within the field?

Concern:

- Hospitals/ agencies are not even clear about certification.
- Increased costs for students and they acquire something nobody knows.

**COMMENTS:**

- Shouldn't we move forward to enforce interpreter education/ training to a credit program and move it into colleges? It is better if programs are credited. The student should be able to pass all courses including the practicum as students often fail the practicum part. The internships should be offered only to students who did well and are proficient in the other parts of the program. The problem is that often hospitals don't want to cooperate as the students don't have all their documents (criminal checks and immunizations). An option would be to give the

hospitals a financial incentive and let the student pay for the practicum which would ensure that he/ she is compliant with documents. The other problem is that hospitals don't have enough experienced interpreters to serve as mentor. In that case the training program could offer that service.

- Practicums offer benefits to hospitals that the hospitals are not aware of: They get to know the student interpreter and can hire accordingly.
- A practicum should be a mandate component of interpreter training programs.
- A pre-requisite course in medical terminology should be mandatory for attending the interpreter program.
- Simultaneous interpreting and note taking should be a mandatory part of the curriculum.
- In terms of objectives, the accreditation program does not give detailed list about what the student should know, but the training program has to submit actual exercises to make sure that that and how the topic is being taught.
- Training program should disclose what the profession includes such as blood, abortion, death, birth etc.) to prevent surprises on the job.
- It seems to be a contradiction: On one hand, the majority of the public does not recognize our profession, but on the other hand, we are increasing our standards. How does this make sense?
- Not everything can be covered with standards due to languages with rare diffusion for example. Therefore the element of flexibility is needed (for example for refugees who have no formal education).
- ACTFL or equivalent testing should be required for L1 and L2.
- A Spanish major is not always sufficient.