INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION
Leading the advancement of professional interpreters

Feb 2008 eNews

The only way to define the limits of the possible is by going beyond them into the impossible.

-- Arthur C. Clark

Conference Updates

We have a Venue!

We have a venue now, which is the Hyatt Regency Cambridge, MA! To see it please go to http://cambridge.hyatt.com/hyatt/hotels/index.jsp They will be giving IMIA members discounted rates for IMIA conference attendance.

Call for Proposals-Deadline approaching March 15th

2008 IMIA Conference is taking shape and the call for proposals is posted on the website at http://www.mmia.org/conferences/2008opencall.asp. We encourage innovative ideas for presentations and activities that support the theme of the year. The theme - *Reducing Health Disparities by Ensuring Language Access to All* – reflects the importance of the right to a competent medical interpreter in all medically related encounters. Language access is a right that is protected by local, state, federal, and even international laws. We welcome professional development workshops for interpreters, and interpreter presenters to come forward.

Early Registration opening soon in April

Once we have all the sessions finalized we will be able to open early registration. This year, participants will be able to pre-register to specific workshops at registration. We got feedback from many that they really appreciated this aspect of previous conferences. We are doing our best to continue to be one of the lowest priced national conferences available!

The Field Needs Instructors of Interpretation

There is now a Training of Trainers Program not associated to a Training Curriculum, available to interpreters who are considering becoming interpreter trainers. *Training of Trainers* is a joint program with the Graduate School of Translation and Interpretation, Monterey Institute of International Studies, and the National Foreign Language Center, University of Maryland. This course is designed to address the needs of current and future instructors of interpretation wishing to enhance their teaching skills. Participants will review fundamental principles of interpreting pedagogy and apply them to the design and development of courses for their instructional settings. The program will provide a forum for constructive dialogue and a complementary blend of theory and practice. The focus of instruction will be on the practical aspects of teaching and reflect the demands of the professional workplace.

Day one:	Course design and development
Day two:	Assessment and feedback
Day three:	Lesson planning: teaching simultaneous and consecutive interpretation
Day four:	Case Studies

Registration forms are available online at http://translate.miis.edu/ndp/programs.html
Last date for applications: April 26th, 2008.

Complaints to the Joint Commission

Do you have a complaint about the quality of care at a Joint Commission-accredited health care organization? The Joint Commission wants to know about it. Submit your complaint online or send it by mail, fax, or e-mail. Summarize the issues in one to two pages and include the name, street address, city, and state of the health care organization.

When submitting a complaint to The Joint Commission about an accredited organization, you may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables The Joint Commission to inform you about the actions taken in response to your complaint, and also to contact you should additional information be needed.

It is their policy to treat your name as confidential information and not to disclose it to any other party. However, it may be necessary to share the complaint with the subject organization in the course of a complaint investigation. For more information please go to: http://www.jcipatientsafety.org/14645

Corporate Division Meetings

At the corporate member meeting at the conference last October, many of you gave wonderful suggestions. One of them was for corporate members to have a forum to communicate with each other. IMIA had the first conference call meeting on January 29, and callers agreed on continuing to meet on a bimonthly basis for those corporate members that wish to connect. To see summaries and more information about these meetings, please go to http://www.mmia.org/corporate/Corpmtgs.asp

Trainer's Circle

Are you an interpreter trainer or instructor? Join your colleagues in other institutions in our monthly discussions. The main objective of this group is to serve as a support group for interpreter trainers, instructors, educators, and language coaches, and to promote discussions that will disseminate best practices for professional medical interpreter education. For a list of topics of calls, please go to http://www.mmia.org/education/Trainers.asp
To Join the Trainer's Circle, please contact or Marzena Laslie at imiaml@aol.com for conference call access information. These meetings are open to IMIA members only.

Calendar of Events

The number of events related to our industry has increased sharply. Have you checked out our Conference Calendar of Events lately? Stay abreast of all the conferences related to interpreting/translation by going to http://www.mmia.org/events/default.asp

IATIS Announces new Publication

IATIS is delighted to announce the publication of Translation as Intervention, the first volume in the IATIS-Continuum Series on Translation Studies. For more information please go to http://www.iatis.org/compass/index.php/content/news_more/new_iatis_yearbook_2006_translation_as_intervention/

Joint Commission Language and Culture Report on the news - Jan 2, 2008

In a preliminary report, the Joint Commission has called on hospitals to improve language services for patients with limited English proficiency (LEP), the *Business Courier of Cincinnati* reports. The report marks an update from the Joint Commission's ongoing "Hospitals, Language and Culture" project, which seeks to evaluate and improve cultural competency and language services in care delivery. In an analysis of 60 hospitals nationwide, Joint Commission researchers determined that linguistic and cultural support services vary widely among providers and that hospitals often lack the resources and processes necessary to optimize care for LEP patients. For example, although roughly 98 percent of hospitals included in the study reported employing telephone-based interpreter services, more than half of respondents said they often relied on patients' family members or friends to interpret. In addition, 88 percent of hospitals reported hiring bilingual workers, but just 53 percent of those facilities had assessed or trained their staff to ensure adequate interpretation skills. To improve care quality, the Joint Commission recommends that hospitals establish a program to coordinate language and cultural services; adopt a system for collecting race, ethnicity and language data; and regularly train staff on how and when to access language services. In addition, the commission recommends that hospitals implement formal processes for translating patient education resources and create written policies that specifically prohibit the use of family members and children as interpreters in situations other than emergencies (Ritchie, *Business Courier of Cincinnati*, 12/28/07; Joint Commission Hospital, Language and Culture project update, October 2007).

Los Angeles Hospital Joins Video-Based Interpretation Network -Dec 5, 2007

The Los Angeles County-University of Southern California (USC) Medical Center is one of the first public hospitals in the county to link to the Health Care Interpreter Network, a coalition of California medical centers that pool qualified multilingual staff, the *Los Angeles Daily News* reports. While state law requires hospitals to provide interpreter services for 28 languages, a 2003 study suggests that California residents speak 200 languages and one in five residents has limited English proficiency, underscoring the need for more robust language services. To that end, Los Angeles County-USC's new video-based system includes 30 touch-screen video monitors planted throughout clinics and the emergency department to offer patients face-to-face interpreter services in languages such as Spanish, Hmong, Tongan, American Sign Language and Tagalog. By the close of 2007, Olive View-University of California-Los Angeles (UCLA) Medical Center in Sylmar and Harbor-UCLA also will have implemented the system. Hospital officials say that, in addition to being faster and easier to use than conventional phone-based interpreter systems, the videoconferencing may improve interpretation accuracy by enabling face-to-face interactions. Furthermore, the system allows clinicians to forgo the time-consuming process of checking for and paging in-person interpreters and to better maintain patient privacy, according to the network's founder. However, hospital officials say that facilities face several challenges in implementing the system, including high costs, with network memberships running as much as $60,000 and equipment and installation costs ranging from $100,000 to $150,000.

> Last year, Rancho Los Amigos National Rehabilitation Center in Downey became the first Southern California public hospital linked to the Health Care Interpreter Network. The executive vice president of the Hospital Association of Southern California, meanwhile, speculates that the video system could eventually expand to include all California hospitals if it proves more cost-effective than phone-based services (Abram, *Los Angeles Daily News*, 11/30/07).

A National Coalition of Health Care Interpreter Certification Underway

The IMIA has been proposing since 2006 that the best way to approach national certification will be through a coalition process that is consensus-driven, inclusive, and national in structure, incorporating all the different organizations and stakeholders that will be impacted by national interpreter certification. After attempts in 2007 to form a Task Force, and several national meetings regarding interpreter certification, we are happy to inform our members that there is collaboration is taking place via a soon to form National Coalition on Health Care Interpreter Certification.

There is now a Coordinating Committee comprised of board members of the IMIA, CHIA, NCIHC, and ATA, all working together and meeting specifically since December 2007 to establish an application process for other organizations to join, each representing a different stakeholder. This process will culminate in the first official meeting of this National Coalition in the Spring of 2008 . The California Endowment has graciously partially funded this upcoming event through a grant to NCIHC. Stay tuned to future updates via our IMIA eNews and eBlasts.

What about the IMIA Certification process? While our IMIA Certification Committee has been working diligently on this complex issue for many years, we have also been aware that there are already some state certification programs available for interpreters, but that these do not meet the needs of telephone interpreters, for example, who work across state borders or of interpreters who move from one state to another. That is why we have promoted and served as a catalyst regarding the country's readiness for national certification efforts.

The IMIA Board and Certification Committee will continue to move forward with our certification process which at this time will involve getting the necessary funding to get our certification instrument adapted into other languages/cultural groups and get our certification process completed. Our hope is that our work of twenty years on the standards, code of ethics and certification will be incorporated into this national effort in the future in some way.

New Studies Focusing on Medical Interpreting

A recent special supplementary issue of the *Journal of General Internal Medicine* examining language barriers in health care includes three Commonwealth Fund-supported studies that focus on medical interpretation methods and practices:

The Impact of Medical Interpretation Method on Time and Errors. Francesca Gany, M.D., M.S., of New York University School of Medicine, and colleagues report that the use of remote simultaneous medical interpreting (RSMI)--the interpreting style used by the United Nations--results in fewer medical errors and is faster than three more commonly used interpreting methods. The analysis shows the non-RSMI interpreting approaches were associated with a 12-fold greater rate of potential medical errors of moderate or greater clinical significance, compared with RSMI. For more information please go to: http://www.springerlink.com/content/9478886613460800/?p=bf06c548eb24462a94c26765791994f8&pi=9

Patient Satisfaction with Different Interpreting Methods: A Randomized Controlled Trial. Gany and her fellow researchers evaluated patients' satisfaction with several common medical interpreting approaches, including RSMI, proximate consecutive interpretation (where the interpreter is in the room with provider and patient), over-the-telephone interpretation, and ad hoc interpretation by family, friends, or untrained hospital staff. Seventy-one percent of patients who received RSMI reported that doctors treated them with respect, compared with 64 percent of patients who received the other methods. Patients also rated RSMI better at protecting their privacy. For more information please go to: http://www.springerlink.com/content/137857074q36345x/?p=bf06c548eb24462a94c26765791994f8&pi=8

Providing High-Quality Care for Limited English Proficient Patients: The Importance of Language Concordance and Interpreter Use. Quyen Ngo-Metzger, M.D., M.P.H., of the University of California, Irvine School of Medicine, and colleagues find that Chinese and Vietnamese patients with limited English proficiency reported receiving less health education and worse interpersonal care compared to patients with providers who spoke their language. According to the authors, "Having an interpreter present did not mitigate this effect, but in fact appeared to exacerbate it." For more information please go to: http://www.springerlink.com/content/h578535767j63820/?p=4a1f291c21b846a9b5b0ec85a71c8b7f&pi=10

Assessing dual-role staff linguistic competency in an integrated healthcare system.
J Gen Intern Med 2007 Nov.:331-5. Moreno MR, Otero-Sabogal R, Newman J
BACKGROUND: Interpreter services for medical care increase physician-patient communication and safety, yet a "formal certification" process to demonstrate interpreter competence does not exist. Testing and training is left to individual health care facilities nationwide. Bilingual staff are often used to interpret, without any assessment of their

skills. Assessing interpreters' linguistic competence and setting standards for testing is a priority.
OBJECTIVE: To assess dual-role staff interpreter linguistic competence in an integrated health care system to determine skill qualification to work as medical interpreters.
DESIGN: Dual-role staff interpreters voluntarily completed a linguistic competency assessment using a test developed by a language school to measure comprehension, completeness, and vocabulary through written and oral assessment in English and the second language. Pass levels were predetermined by school as not passing, basic (limited ability to read, write, and speak English and the second language) and medical interpreter level. Five staff-interpreter focus groups discussed experiences as interpreters and with language test.
RESULTS: A total of 840 dual-role staff interpreters were tested for Spanish (75%), Chinese (12%), and Russian (5%) language competence. Most dual-role interpreters serve as administrative assistants (39%), medical assistants (27%), and clinical staff (17%). Two percent did not pass, 21% passed at basic level, 77% passed at medical interpreter level. Staff that passed at the basic level was prone to interpretation errors, including omissions and word confusion. Focus groups revealed acceptance of exam process and feelings of increased validation in interpreter role.
CONCLUSIONS: We found that about 1 in 5 dual-role staff interpreters at a large health care organization had insufficient bilingual skills to serve as interpreters in a medical encounter. Health care organizations that depend on dual-role staff interpreters should consider assessing staff English and second language skills.

Health Literacy Practices in Primary Care Settings: Examples From the Field

- Low health literacy is widespread among U.S. patients, yet limited research has been done to assess the effects of health literacy practices designed to combat the problem, particularly among safety-net providers in primary care settings. But according to a new Commonwealth Fund report, there are a number of practical steps that health care providers can take to combat the problem. In Health Literacy Practices in Primary Care Settings: Examples from the Field, Sharon E. Barrett, M.S., Jennifer Sheen Puryear, M.P.H., and Kathie Westpheling, M.P.H., identified practices used by health care providers across the U.S. to improve care for patients with low health literacy, including:
- Making all members of the care team, from reception area to checkout, responsible for identifying patients who are challenged by health literacy issues;
- Using standardized communication tools, including Teach Back, Ask Me 3, or Motivational Interviewing;
- Using plain language, face-to-face communication, pictorials, and patient education materials that are culturally appropriate and written at a suitable literacy level;
- Partnering with patients to achieve goals and ensure that patients understand and can manage their treatment plans; and
- Creating a care management environment where health literacy is not assumed.

As the report shows, by joining forces with their patients, providers can overcome health literacy barriers and help ensure the delivery of high-quality, patient-centered care. For more information please go to http://www.commonwealthfund.org/usr_doc/Barrett_hlt_literacy_practices_primary_care_settin.pdf?section=4039

The Public's Views on Health Care Reform in the 2008 Presidential Election

A Commonwealth Fund survey of adults age 19 and older, conducted from June 2007 to October 2007, finds that large majorities of the public, regardless of political affiliation or income level, say that the candidates' views on health care reform will be very important or somewhat important in their voting decision. Moreover, they believe employers—long the cornerstone of the health insurance system—should retain responsibility for providing health insurance, or at least contribute financially to covering the country's working families. A majority of adults would also favor a requirement that everyone have health insurance, with the government helping those who are unable to afford it; support for such a requirement, however, is not strong and varies by political affiliation, geographic region, and income. There is overwhelming agreement that financing for health insurance coverage for all Americans should be a responsibility shared by employers, government, and individuals. For results please go to http://www.commonwealthfund.org/usr_doc/Collins_pubviewshltcarereform_figures.pdf?section=4039

Envisioning the Future: The 2008 Presidential Candidates' Health Reform Proposals

Another report posted on the Commonwealth Fund Web site which evaluates the 2008 presidential candidates' health reform plans. Sara R. Collins, Ph.D., and Jennifer L. Kriss, the authors of Envisioning the Future: The 2008 Presidential Candidates' Health Reform Proposals, say that while there are big differences between the plans put forth by Republican and Democratic candidates, the plans

offered by candidates within the same party are relatively similar.
For the full report please go to http://www.commonwealthfund.org/usr_doc/Collins_envisioningfuture2008candplans_1092.pdf?section=4039

IMIA Retreat

The IMIA Executive Board had a full day retreat meeting on January 26, 2008. A full report from that meeting will be available in the minutes web page, in the About Us/Board section later this month. The goal of the retreat was to review our current strategic goals and plan the organization's short term and long term strategic direction.

Article to Share

The Legal Framework for Language Access in Healthcare Settings: Title VI and Beyond
Alice Hm Chen,[1] Mara K. Youdelman,[2] and Jamie Brooks[3]
Over the past few decades, the number and diversity of limited English speakers in the USA has burgeoned. With this increased diversity has come increased pressure—including new legal requirements—on healthcare systems and clinicians to ensure equal treatment of limited English speakers. Healthcare providers are often unclear about their legal obligations to provide language services. In this article, we describe the federal mandates for language rights in health care, provide a broad overview of existing state laws and describe recent legal developments in addressing language barriers. We conclude with an analysis of key policy initiatives that would substantively improve health care for LEP patients. For full article go to: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2150609

What else would you like to see on our eNews news briefs? Please email Marzena Laslie, at imiaml@aol.com with suggestions.