A healthy battle

Medical interpreters in America have fought for national certification. **Izabel S Arocha** *explains why*

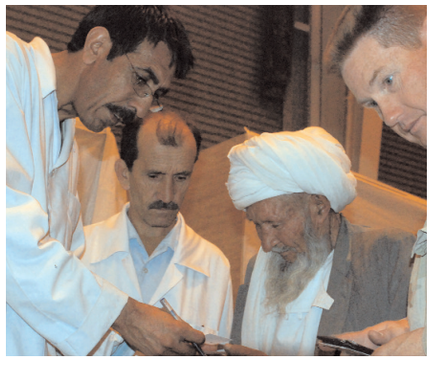
In 1986, the first association for medical interpreters was created in America, with certification as its charter. But it wasn't until 23 years later, on 10 October 2009, that national certification was finally launched.

The announcment was given at the International Medical Interpreters Association (IMIA) in front of more than 600 medical interpreters. It received a standing ovation. But why did it take so long? And why do medical interpreters need it?

All healthcare professionals need credentials to ensure patient safety – and medical interpreters are part of a healthcare team. Currently, in the US, the Department of Health and Human Services' Cultural and Linguistic Appropriate Services (CLAS) mandates that all individuals providing medical interpreting be trained and tested. However, the quality of training varies greatly and trainers and testers do not "certify" competency. Certification ensures that those providing medical interpreting services are able to ensure accurate communication between providers and patients. For the healthcare industry, this reduces liability issues, since responsibility passes to the certifying body. This safeguard should stop the use of unqualified interpreters.

But the most important reason why national certification is needed is for patient safety. A 2007 study by The Joint Commission showed that patients who do not speak English well or at all suffered adverse events as a result of preventable medical errors at a disproportionate rate. The root cause of these errors was a breakdown in communication – both verbal and written.

This could be explained by the findings of another study, published in the *Journal of General Internal Medicine*. Here, resident physicians reported that medical interpreters were not being used appropriately, or at all. These doctors knew they *should* use trained interpreters, but admitted they preferred to "get by". Some even went as far as to say they wanted to "practise their Spanish."



Interpreters couldn't wait any longer. They asked for the process to move forward with whoever was ready

For all these reasons, American medical interpreters have been calling for national certification. The Massachusetts Medical Interpreters Association (MMIA), now the International IMIA, was the first organisation to address the specific needs of interpreters working in medical settings. In 1987, it published a code of ethics for medical interpreters. Then, in 1995, it teamed up with the Educational Development Center (EDC) to publish the first standards of practice for medical interpreters. This was adopted on a national level in 1998. Many other standard guides have followed, but these serve primarily as guides of behaviour, rather than as measurable standards of performance.

In 2006, a series of events accelerated the process. In September, *The California Endowment* published a survey of all the certification proposals in America related to medical interpreting, listing the many state, non-profit and for profit efforts. Only the IMIA and the Language Line University (LLU) offered certifications that crossed state borders. Then, in November, the IMIA invited association leaders to join forces to form a Consortium of Interpreter Associations and Testing Organizations to tackle the need for national certification and interpreter reimbursement.

In January 2007, an article, "Interpreter Certification Programs in the U.S.", by Nataly Kelly, discussed the fragmented multiple certifications in sign language and court interpreting in America. It pointed to the opportunity of collaboration for a single national certification in the medical interpreting field, using the IMIA model as a foundation. Then, in March 2007, Lou Provenzano, president and COO of Language Line Services (LLS), the largest employer of medical interpreters in the US, invited industry leaders to join efforts towards national certification. Several leaders signed a Declaration of Collaboration.

Competition over which organisation

MEDICAL SUPPORT
The need for an interpreter should not be a barrier to good healthcare (left and right)

would lead the process, and the IMIA's insistence on multi-organisation collaboration, further delayed the process until 2009.

On 1 May 2007, Language Line University held a meeting in Boston, bringing together major stakeholders to work towards national medical interpreter certification. There was excitement in the air: certification was imminent. A second meeting was held in Portland on 1 May 2008, and a third on 1 May 2009 in Denver. Each year, the meetings were bigger, broader, and more geared toward results.

There is no question whether America was ready for certification; that was settled by seeing the results of the annual national consensus surveys on certification opinions that were shared at the first and second meetings. The collective question was how to engage and unite *all* medical interpreters in one national certification. And at the second meeting, in 2008, frustration with the delay was evident. Interpreters couldn't wait any longer. They asked for the process to move forward with whoever was ready. Industry leaders heard this call for action and responded. In an unprecedented move to unite the field, in January 2009, two of the three industry leaders, with separate parallel certification efforts, IMIA and LLS, jointly representing 10,000 interpreters, agreed to collaborate, taking national certification from the development stage to reality in 2009 (certifiedmedicalinterpreters.org).

So how did national certification finally happen? The first bold step was to engage in a new national job analysis. The content for the written and oral exams was determined through a public survey in January 2009, which included input from more than 1,500 interpreters across America. The process was guided by a national testing development company, PSI (psionline.com). It was followed with public calls for participation for subject matter experts and pilot participants to ensure a transparent and inclusive process. Likewise, the governance body had to be new, neutral and non-profit. The National Board of Certification for Medical Interpreters was created.

The national certification process consists of four steps. First, an interpreter registers for certification by submitting documentation to prove they meet the prerequisites. Then, the interpreter undergoes the National Board written exam. Those that pass the written exam take the oral exam, and, if successful, receive the Certified Medical Interpreter (CMI) credential. The fourth step relates to recertification, which is required every five years. The CMI hopes to gain accreditation from the National Commission for Certification Agencies (NCCA) in future.

Doctors should use trained interpreters, but prefered to 'get by'. Some wanted to 'practise their Spanish'

To ensure broad access and security of candidate information, PSI is the third party administrator of the exams. The new National Board exams for medical interpreters will cover all modalities – on site, telephone and video – and are currently available in Spanish and English. In 2010, they will be available in a further 22 languages.

In the 1980s, in Florida, an 18-year-old young man collapsed into a coma. Paramedics and personnel in the emergency department did not utilise a professional interpreter to speak to the man's girlfriend or mother. The family told medical workers the man had been *intoxicado* – Spanish for "nauseated". But emergency room staff took the word to mean "high". For 36 hours, they treated him for suspected drug overdose. Only after that time did they start a neurological examination. The man had suffered a severe subdural hematoma and was left quadriplegic. A $71 million malpractice settlement prompted public outcry in support of the need for qualified medical interpreters.

According to the majority of respondents of the 2009 IMIA Salary Survey, certification will make the medical interpreting profession more attractive, as it brings a shared national standard. Medical interpreters will belong to a recognised profession within the healthcare system. And perhaps the best benefit is that it will eradicate the need for medical interpreters to be tested by every healthcare facility they apply for.

When the US national healthcare reform started taking shape, after President Obama was elected, interpreters ran the risk of being left behind. Still, there is more work to be done – but all the elements are now in place. Access to healthcare is an international human right, and patients who face language barriers deserve equitable healthcare.