

## 2010 IMIA Minimal Qualifications Survey – Educator

### Interpreter Voices

#### 10. Are there any other qualifications that should be listed in the trainers profile in the upcoming IMIA National Trainers Directory? (optional question)

189 Answered the question

569 Skipped the question

1.	no
2.	marketing skills - to educate service providers and the community of the need to use trained interpreters.
3.	background in any medical science (biology, etc) should be part of the qualifications.
4.	communication skills, emotional intelligence
5.	real-world experience in medical interpreting
6.	Trainers should have an either/or skill set. Years of interpreting = Degree in Interpreting. At the very least the trainer should be able to pass the National Board Exams. Otherwise, what's the trainer teaching? a teaching method? general interpreting? medical terminology in at least 2 languages? Hopefully a combination of all 3.
7.	I think they need to be certified, but I don't care if it is court certification or medical certification. Ideally they have an MA in interpreter pedagogy, but that is not likely to happen in Somali or Hmong (in fact if someone claimed to have that, they would be lying, because no such program exists for those two languages in interpreter pedagogy). Given the current state of training availability, my ideal candidate has an MA of some kind, and at least 18 credits training in interpreting, and 6 credits in teaching adults; however, I will settle for known/proven entities who have a BA and 18 credits or more in interpreting, and who commit to taking 6 credits in adult pedagogy during their first year of teaching and 6 credits more in linguistics during their second year of teaching in languages such as Somali, Hmong, etc.
8.	N/A
9.	Trainers must know Anatomy, Physiology and have some training in the medical or nursing field.
10.	no
11.	Wide knowledge of medical terminology and cultural competency.
12.	I would not be against a trainer or language coach having an associates degree with over 3 years interpreting experience. There should be a distinction between an "Instructor" and "Trainer" and determine qualifications from that perspective. Also, for language neutral curriculum there are guest speakers and language coaches which skills set need to be specified. I am glad that the IMIA is beginning this process of identifying qualifications. This will enhance the quality and authenticity of trainings offered in the future.
13.	Medical Terminology if no t already included.
14.	Excellent Customer Service Skills
15.	They should have some level of education for medical back ground.
16.	Educational Technology

AS in Medical field is a must  
 Cultural Psychology of both original and target cultures  
 Language proficiency in translating medical terms in  
 target language and vice versa  
 US Health-care system/ HC Insurance System

17.	Excellent communication & teaching skills
18.	no
19.	<p>There should also be some component of how to teach multiple languages/multiple cultures. Most of the interpreter classes I have experienced have not been one language only. It wouldn't require a degree necessarily but some training/experience. I have found many individuals have a very narrow focus and can only reference their own language group. I've also seen where it becomes a competition about which language is better/harder/more in demand, etc. However, when a person teaches the spectrum increases, therefore, so should ones examples and knowledge of others. Also, the ability to be neutral or at least not take sides with any language or cultural group, even the trainer's own. Also, I answered #3 the way I did because there wasn't an option for "other" or "combination". I do believe no interpreter experience is necessary, for SOME components. As in any teaching environment you can have topic experts who cannot teach. There is also the flip side--individuals with no experience in the particular field yet are spectacular teachers. With any curriculum there are portions (ethics, boundaries, medical terminology, and professionalism) that any GREAT teacher could facilitate, provided that individual is well versed enough in the over-all profession.</p>
20.	Cultural competence
21.	It will also be helpful to know the nationality of the instructor in the profile
22.	Native Language skills should be included, such as BA issued by native country.
23.	Person must have social skills and be able to keep students engaged.
24.	Health care experience
25.	ATA certification, any other pertinent certifications, such as Federal or State Court, State Department
26.	Please include criteria based on "real world" experience with easily verifiable patient encounters and previous documentable experience as a grandfather clause
27.	Communication and Customer Service Courses
28.	Some knowledge of patient's culture, language (or lack of). Patient level of understanding in it's own language.
29.	Not in my opinion
30.	<p>The emphasis on expensive advanced degree does not guarantee that a person can prepare a potential interpreter for the workplace. The rigid training in one pre-determined method does not take into account the social, cultural and linguistic variety of patients, health providers and the interpreters themselves. I believe that the trend toward very specialized training is mainly a way to bureaucratize and commercialize the necessary service offered in the medical field. Training alternatives could include mentoring and internships with a variety of interpreters. For these reasons I believe that the emphasis should be on the evaluation of the human, linguistic and ethical skills necessary for this service.</p>
31.	Time spent in foreign language country
32.	Medical training on the level of a nurse.

33.	qualifications related to healthcare provision
34.	Medical interpreter trainers should have excellent communication skills, be enthusiastic about what they do and know how to engage students in class. No matter how many degrees or knowledge an instructor has, if he or she has poor communication skills, the students are not going to learn much and might give up trying to become interpreters.
35.	no
36.	Should be currently working in the field or not more than a year's absence. Provide for interpreters to take a Medical Terminology and Medications Course.
37.	Interpreters who are foreign nationals should have at least a Bachelor's degree in their own language as well as formal academic training in the target language. Being born into a non-English speaking language means that you are competent in your native language much less in English.  BOTH AREAS MUST BE TESTED!
38.	not sure
39.	Translation certificate if used as a translator in hospital facilities
40.	Continuing education training via seminars, workshops, interpreters/translation association memberships, conference attendance and participation as well as higher education courses in the field.
41.	You can have the knowledge background, but you need to learn how to teach.
42.	There is confusion about training the trainers program, like requiring yearly trainings to keep certification. Please clarify. Some entities do not conduct training every year but as needed (new hires, etc).
43.	Medical Ethics
44.	NA
45.	DPSI - Diploma in Public Service Interpreting
46.	Visit a country in which people speak the language the educator is learning.
47.	cultural competency skills training
48.	trainers should have 40 hours of interpreter classes or "similar background"
49.	Cultural knowledge, medical terminology, and a lot of hospital experience if one works at the hospital.
50.	During the years that I have been involved in interpreting I feel that the is best when the language that you are training is your first language.
51.	Conflict Resolution skills, effective communication skills.
52.	Understand and know the mental health or behavioral health terminology.
53.	There should be a continuing ed requirement.

54.	2 years to 4 years of college language courses and experience or a certificate in human services.
55.	Above average English oral and written skills
56.	medical/nursing background in the US
57.	n/a
58.	Knowledge in medical terminology and medical procedures, as well healthcare system
59.	languages of specialty
60.	Experience in training as well as in medical interpreting, which is recognized by official medical facilities/individual trainees in an official letterhead.
61.	In my opinion all qualifications were listed.
62.	none
63.	Telephonic interpreting experience community interpreting experience other languages These will help to see how the person is available for med. interpreting sessions
64.	MULTICULTURAL COMPETENCY GLOBAL POLITICS AWARENESS
65.	i don't know
66.	Must take at least a Biology course in University
67.	Trainers from other Countries (Central) have heavy accents and need to take more conversational courses. They have B.A., M.S degrees but lack the fluency in the English language. It is very important that these individuals speak with clarity, pronunciation correctly, slow down when speaking English.
68.	healthcare providers preferred
69.	Practicing interpreter
70.	Years of Experience in the field List any programs that she/he has implemented or have been part of, that address language access issues
71.	Work in health care field 3 - 5 years.
72.	na
73.	When you are a trainer, you have to educate the interpreter about the area of work, ER, or clinics set as well. It needs this background.
74.	Definitely have had experience interpreting in a medical setting themselves.
75.	no

76.	no
77.	no
78.	Translator, all Interpreters have to be qualified to be translators, and not the reverse.
79.	Some translation experience should be helpful.
80.	Trainers should be active in the field and teach a minimum number of courses to stay current.
81.	Medical knowledge and training in cultural sensitivity
82.	Satisfaction scores from trainings
83.	No
84.	The important things to transmit are interpreter protocols, skills and above all, ethics and standards of practice. I would say that anyone who is a certified interpreter (even legal -NCSC or federal) can teach interpreting - medical or legal. The vocabulary can be included in the curriculum of course, but it is my belief is that interpreting is a discipline/skill set in and of itself, independent of vocabulary. (I am court certified with an MA in legal interpreting and I am also a trainer for public health and social services interpreters)
85.	no
86.	Interpreters & Translators should practice self educating, to keep their skills and knowledge in top condition!
87.	Knowledge of the code of ethics
88.	Not that I can think of at this time.
89.	Experience and Knowledge of the medical profession.
90.	Fluency; ease of movement from one language to another in seamless fashion independent of register.
91.	College education for medical interpreters: general training on anatomy, treatment, symptoms, diagnostic, prevention education. etc.
92.	have international studies of at least 1 year or have lived internationally at least 3 years
93.	Experience in training the interpreters and training the trainers (number of years, etc.)
94.	educators have to have at least one year experience working with interpreters
95.	Having lived/been born in a country where the language is spoken should be a plus (not required, but recognized as an advantage).
96.	General knowledge of regional lingo
97.	Knowledge of the healthcare system
98.	NO, THAT INCLUDES ALL.

99. State qualifications Cultural Diversity (a must); knowledge/understanding of differences in dialects.

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100.	
101.	Cultural Diversity (a must); knowledge/understanding of differences in dialects. Experience in the field is the best qualification
102.	Interpreter certifications, e.g., court, Dept. of State, etc., and memberships to associations that are indicative of interpreting level, such as AIIC.
103.	a trainer should have a great knowledge of at least two languages, (English+....) as well as excellent medical terminology in both languages.
104.	Any med background (MD, NP, LPN,etc)
105.	These are probably the most important. However, I think that the lack of opportunities for many of these items needs to be taken into consideration. There are very few Train the Trainer programs that are not vendor-specific (like BTG). MIIS just had the first this year, and nine people attended. Also, there are very few undergraduate and graduate programs in Interpretation/Translation, so it's hard to make this a requirement. We need trainers and cannot wait for everyone to get a Phd! Perhaps ten years down the road, a Masters should be required. Also, I am a big proponent of language-neutral courses, because training is necessary in all language pairs, not just Spanish and the top ones out there. Fluency in a second language is very important to understand the concepts of interpreting, but it doesn't have to be in the same language(s) that students speak.
106.	Trainers should be adept at creating medical training scripts and at managing recording programs such as Audible.
107.	BA in native language should be a qualification.
108.	Trainers should be aware of misleading efforts by professional organizations who are pushing certification unethically.
109.	The trainer should have at least five proofs, like 5 testimonies from hospitals or clinics or medical doctors that this interpreter has interpreted for them during the last 3 years,
110.	I don't know?!
111.	Some of the questions are worded with the use of word education with Masters/Interpreter Training, but these are not, to my knowledge, available as of now in the US. (Interpreter Pedagogy, for example). In an ideal world, we would have all these levels of education in the area of specialty, but for the beginning, we need to settle for Bachelor's at least in any related field, and then aim for Master's degree and PhD degrees in the field of interpretation. Let's look at other professionals, and educations required by universities to be employed by them. Individuals without PhD are not readily hired for tenure track positions on university or college levels.
112.	Experience, DLPT or DoD Language Qualifier could be used in lieu of education
113.	University Degrees in OTHER fields than Interpreting/Translating... For example, in the Sciences or Medicine field.
114.	Read tons about moral issues in medical fields
115.	good sense of humor compassionate
116.	must understand human anatomy and physiology
117.	No.
118.	Too many to list here.

119.	Medical terminology in the different varieties of any given language; cultural awareness and multicultural considerations, etc.
120.	There is an Medical Interpreter trainer that teach in CUNY and he has no Bachelor Degree I think in order to teach in a Community College the person must have at least a Bachelor Degree.
121.	How to be prepared emotionally for fatal issues.
122.	Monthly Interpreting hours
123.	Training stage in a medical or hospital environment.
124.	Test on terminology in both languages
125.	Yes. Interpreters should have superior knowledge of the grammar of both source and target languages, as well as good writing skills in both.
126.	Experience in interpreting, other than in the medical setting
127.	no
128.	For #8 above, require National Board written and oral exams for both English and target language. Develop a learning plan that addresses any deficiencies evident after the first test.
129.	None.
130.	Some level of formal training in human anatomy, physiology and pathophysiology. Having an understanding of biological processes helps the interpreter to do a better job in translating the information. The educator should be familiar with these processes to be able to teach them.
131.	no
132.	Of which professional association(s) is the trainer a member?
133.	A distinction is needed for language skill level for "non-language specific" interpreter training (such as "bridging the gap") and language specific.
134.	knowledge of cultures involved
135.	Written English Exam, such as TOEFEL or GMAT is necessary in my view.
136.	All those minimum levels of education could be coupled with on the field years of experience to make up for academic shortcomings, i.e. Certificate + 5 year of education = BA + 3 years of education, and so on. Accent Reduction courses should be part of the program for those with the vocabulary but with strong accents that interfere with their ability to communicate effectively. Congratulations on a very good initiative!
137.	Sociology and Psychology class
138.	I would not like to see a degree requirement prevent anyone with the necessary skills and knowledge from working in the field. 1. Knowledge and skills EQUIVALENT to a BA would be a good entry level. 2. the EQUIVALENT of at least a 40 hours train the trainer class. etc. Whether the person learned the skills and knowledge through experience or in a classroom is not as important as that they have the skills and experience. if they sat through the classes without acquiring the skills then they should not be doing the job. (same thing goes for interpreters).



139. It is difficult to make these choices as I know individuals who have all necessary skills and experience to teach about interpreting but don't have the education background
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140. knowledge of major languages spoken in various areas of the world, divided by continent; ability to train interpreters in basic aspects of customer service, which should include negotiating and solving problems relating to a current medical interpreting encounter; knowledge of the two basic laws protecting patients rights
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141. NO OTHER QUALIFICAIONS NEEDED. DON'T LOOK OLD, OVER 40.
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142. Fluent in English, Native Language, ability to learn
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143. Experience as an Interpreter -- where, in what venues or areas of specialty.
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144. A component about professional ethic and professional behavior.
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145. I think an apprenticeship or observation period should be required where an experienced interpreter watches and mentors the new interpreter.
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146. The interpreter should have solid language skills in BOTH languages with a degree from a certified university or collage. Native Speakers can be just as bad in Spanish as in English. Most universities have standards of proficiency evaluation that are superior to community colleges. Foreign State Colleges and Universities generally have an excellent skill verification program as well. What Should Not Be Considered is an uneducated native speaker trained by a self taught or community college taught curriculum. It takes someone who is competent in Both Languages. I am a native Russian, I have a Ph.D. in chemistry, and a Post Doctorate diploma in English, with a total of 11-years of academic training in English and 22-years training in my native Russian Language. I have 47-English Russian dictionaries and have read each and every one from cover to cover. I have been interpreting at the governmental level in Russia since 1987 and as a freelance interpreter in the USA 1998. I have been doing medical interpreting since 1999 at the Texas Medical Center's group of 12-different hospitals. I do not feel that an individual who has native Spanish/English skills and possibly with 4 or 5 certificates of attendance for 4-hour seminars is competent to evaluate my language skills in Russian or English. The teacher should possess superior skills than the students. There should be a system to allow those of us who have been professionally trained and experienced performing at a high level of competence for over 10-years should not be required to be certified and not penalized financially for not submitting to such.
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147. Cultural background same as target lang. origin
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148. Demonstrate cultural knowledge about the people involve in the interpretation. Without a good understanding of how culture affects the meaning of disease is impossible to be a good interpreter. This means that Teacher Educators should be encouraged to study abroad. Fabio Olarte, MD
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149. As an alternative to training in Translation or Interpreting, Linguistics should be listed. In addition, they should take some courses in medical terminology, and it should be recommended that they take some continuing education credits in general healthcare fields, whether administration or terminology.
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150. I am an owner of an interpreting agency
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151. should pass medical terminology class at college level
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152. Must possess great people skills. A person may be highly qualified; however if they cannot interact with their audience and keep them interested then it's a waste of time and money.
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153. ok
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154. Advance High level both in English and one other language.

155. Good knowledge of Medical Terminology  
Fluent from/to the foreign language translated  
Professional level in healthcare discipline
156. Should have knowledge of medical word etymology
157. no
158. Some level of previous experience in training/communicating with adults.
159. Interpreter educator should be trained known how to deliver the training in a very effective way.
160. Certification as a court interpreter (state and/or federal) should be considered as one indication of language proficiency and interpreting competence and, in my opinion, should be considered as an alternative to a degree in interpreting or translating.
161. As things currently stand I believe that the most important qualification is a strong work history.
162. IMIA should ask for copies of the passed English proficiency exams taken by the students. IMIA should attend at least 1 full class from the agency or company every 3 years. A copy of the final exam should be provided to IMIA to insure students are actually passing the course and not moved through like a factory.
163. there should be a standardized test, but if one can pass it, then do not require any other formal education
164. It would be a good idea to look at Interpreting and Translation Degrees in other countries. Not only talking about trainers, but in my opinion, interpreters and translators should have A LOT more training than a 40 hr course. It should be at least a 3-4 year university degree to become an Interpreter. These days, anyone that thinks they are bilingual call themselves interpreters and this is just wrong.
165. My answers to Q1, 2, and 3 are invalid because I don't know if you are thinking of a lead or solo instructor or membership on a team. There is also the disparity between what is done now and what we may want to see for the future. The questions above do not clarify your focus.
166. Public speaking training
167. The most important is EXPERIENCE in the medical interpreting field!
168. Don't start requiring multiple certifications in a field that has NO money. The hospitals are not getting reimbursed, the MD's are not getting reimbursed. You are going to create a system mandating all of this and not get the extra dollars to pay for it. Let's focus on getting trained interpreters out into the field first. Focus on the areas that do not have access to interpreters and begin to develop programs in those areas! The local AHEC's need to reduce costs so that our bilingual populations can afford the trainings. \$1,000 or \$800 is too much. I am outsources gross amounts of money for face to face interpreters out of the area and I will be faced to only use phone service due to the cost. \*If you focused efforts on getting bilingual individuals testing and trained for our areas perhaps in 5 years we can talk about instructor ed requirements. Let's just try to meet our patient's basic needs like communication.
169. minimum 5 years in medical interpreter experience
170. I believe the experience of the educator should also be considered, not only the tests.
171. Medical background or healthcare practitioner experience.  
Cultural Competency Training or evidence of knowledge of general concepts of cultural competency.  
Experience as a professional educator for adult learners.
172. The lower the minimum level of general education, the more steady, practical experience required. The minimum level of interpreter training should be coupled with "X" amount of steady, practical experience.

173. Specialization in given areas, evidence of continued professional development

174. Interpreter trainers need to be good interpreters, and no college degrees or years of study can guarantee that. Additionally, no one cares whether an interpreter has studied or not, they care whether he/she is a good interpreter - and that can only be known with testing. So, it's the same with trainers - first the appropriate curriculum needs to be established, and then students need to be tested on the contents of the curriculum in order to find out if they were adequately trained. Observation of the trainer in action would also be good and perhaps an alternative to testing participants.

175. proficiency in English and the target language

176. A proper dress code, AND explanation of what NOT to wear when going on an encounter

177. Should be independent. Not to work for an Language Service company.

178. Average computer skills necessary for power point and showing DVD's. Above average knowledge base of anatomy and physiology

179. Have a medical background - the minimum, medical terminology.

180. Existing certifications should be given equivalency: ATA pairs, State or Federal certification.

181. all exams should include advanced medical terminology

182. Human biology, anatomy and medical terminology at college level.

183. Fluency is absolutely necessary but consider the accent as well. A strong accent makes it very difficult to understand the subject and could be embarrassing if certain words are not pronounced correctly (For example, the word "focus" can sound offensive if not pronounced correctly). An instructor can have a Masters or even a PhD but if the material is not delivered in the manner it should be, you are setting the instructor to fail and the students to suffer because of it. Food for thought.....

184. 1. Experience should be defined as a solid (no less than 20 hours/week) experience.  
2. Trainers should possess solid knowledge of laws and regulations pertaining to interpreter industries.  
3. Trainers should be versed in the corresponding cultures of the language pair.

185. Trainers must have good interpersonal skills and be able to present to groups.

186. 1-Trainers need on site training and be co-teachers before teaching alone, They should be bilingual.  
2-Not every qualified interpreter is a qualified trainer  
3-Do not reinvent the wheel, follow local certification as per state or country policy for post secondary education.  
More needs to be stated about grading system and language coaching quality. All programs should have a student handbook, ideally all faculty should have a College degree but not in all circumstances

187. This is a comment about the question regarding necessary "years" of experience. I chose the option of 3 to 5 years at least of interpreting experience, however that I assume that refers to people who have worked 3 to 5 years as a part-time (at least 1,000 hours per year.) The problem with not defining "years" is that some interpreters have been in the field for 3 to 5 years but they may only have a few hours a month of experience, which means they do not actually have much experience. This really ought to be more clear in the survey and then clearly defined in the ultimate standards. For instance, experience could be defined in hours/year of work.

188. Actively interpreting in health care

189. affiliations with interpreter organizations