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National Accreditation Standards For Medical Interpreter Educational Programs

2013 IMIA International Conference on Medical Interpreting

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On behalf of the National Accreditation Task Force



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Why do we need a Training Program Accreditation Process?

- To promote interpreter education best practices
- To give training programs the ability to have a seal of approval, a credential of quality and distinction
- To give students, administrators, educators a common set of expectations regarding medical interpreting education



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What Accreditation programs are already available to training organizations? Do we need to reinvent the wheel?

- State accreditation for academic or occupational training programs
- National accreditation for online training programs
- CCIE accreditation for ASL training programs

NOTE: There is currently no national accreditation specifically for medical interpreter training programs



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Why is the IMIA working on this?

- To create a distinction program for training organizations so to be noted in the National Training Program Registry
- Because the IMIA prefers to work on standardization projects that can be applied via accreditation, versus theoretical approaches such as standard documents which can or not be followed



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What components do most accreditation programs include?

- State or national accreditation
- Instructor/Faculty qualifications
- Financial resources
- Physical resources
- Admission policies and procedures
- Evaluation of candidates



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Who is in the National Accreditation Task Force?

- Izabel Arocha
- Gabriela Jenicek
- Jorge Rudko (AHEC)
- Sophia Rossovsky
- Marlene Obermeyer



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What has the IMIA done so far and where are we now?

- Surveyed members on instructor qualifications
- Studied different accreditation programs (2007-2008)
- Decided on the which components will be incorporated in its Accreditation standards (2009)
- Decided on which programs it will accredit (2010)
- Developed the initial standards based on the CCIE Standards
- Customized the standards to the needs of medical interpreter education
- Edited the standards
- Is in the process of public review (focus groups, trainers symposium, survey feedback, education committee, executive board, and advisory board approvals)
- Is in the process of pilot accreditation with Tulsa Community College Medical Interpreting Program



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Interim Accreditation Process (subject to change pending pilots)

1. application is filled out
2. payment is made
3. initial call is made to candidate for introductions
4. calls every two weeks to remind candidates of 60 day time frame to present documentation
5. once materials are received IMIA auditor has 30 days to review
6. audit visit is scheduled
7. audit visit is made within 30 days of review
8. IMIA task force meets to discuss results of documentation and visit audits
9. IMIA writes the certificate and letter of decision within 2 weeks of audit



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What are the outcomes of an accreditation audit?

•Exceeds Standard:

- The standard is exceeding all the elements required by the *IMIA Accreditation Standard*.

•Meets Standard:

- The program is meeting the majority of the elements required by the *IMIA Accreditation Standard*.

•Does not Meet Standard:

- The program currently is not meeting the requirements of the *IMIA Accreditation Standard*, or insufficient or inadequate information is available to assess whether the program currently is in compliance with the *IMIA Accreditation Standard*.



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7 Standards

1. Admission
2. Administration
3. Resources
4. Notices
5. Instructors
6. Curriculum
7. Learning and Skill-Building
8. Evaluation



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Summary of survey results as of January 16, 2013

174 respondents

Interpreter	63.6%
Trainer	24.3%
Interpreter service provider	9.3%
Other	2.9%

Most standards scored in 60-80%; many respondents agree that minimum age for interpreter candidates should be 21 and not 18; high school diploma or GED should not be sufficient to become an interpreter; certain confusion about language proficiency requirements, work environment job protection and associated costs; 2H (student/instructor ratio) is too vague; difference of opinion about hours of instruction and practicum; 7H was entered twice by mistake; evaluation and quality measures should be better described



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1. ADMISSION

1A Proficiency in English*

- The recommended proficiency shall be:
- One of the following:
- Professional experience over 5 years
- Bachelor, Masters, PhD, or any other degree from any US institution of higher education.
- Graduation from any High School from an English language country or from an American School abroad.
- One of the following tests (subject to change)
- **TOEFL** (Test of English as a Foreign Language): 570+ on paper; 230+ on computer version; 90+ on iBT.
- **ELPT** (English Language Proficiency Test): 950+
- **MELAB** (Michigan English Language Assessment Battery) 80+
- **ECPE** (Examination for the Certificate of Proficiency in English): PASS
- **FCE** (First Certificate in English, Level 3): A
- **CAE** (Certificate in Advanced English, Level 4): B
- **CPE** (Certificate of Proficiency in English, Level 5): B
- **IELTS** (International English Language Testing System) 7.0+
- *Other countries will have other exams in other countries.



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1. ADMISSION

1B Proficiency in other language

- The recommended proficiency is:
- One of the following:
- Professional experience over 5 years and written samples of work.
- Bachelor, Masters, PhD, or any other degree from an institution of higher education where L2 is spoken
- Graduation from a High School of the country where L2 is spoken
- 24 semester credit hours of L2 or Major in L2
- ACTFL Oral Exams (American Council on the Teaching of Foreign Languages): 3.5 + /Advanced Mid Level (see www.actfl.org)

1C Minimum education required

- A High School or a GED diploma.

1D Minimum age required

- The minimum age required of an individual shall be 18 years of age.

1E Program will publicize criteria required to be eligible for national certification.



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2. ADMINISTRATION

2A Commitment to EEO/AA

- The training institution shall demonstrate a commitment to recognizing and fostering positive attitudes and efforts toward being an equal opportunity employer and affirmative action.

- [Sample EEO/AA Policy](#)

2B Commitment to Access to information

- The training institution shall demonstrate a commitment to student access of information about the program

2C Administrative Staff

- The training institution shall demonstrate resources are in place to manage student administrative needs outside the classroom.

2D Accreditation by National or State Agency

- The training institution may be accredited by a nationally recognized agency or agencies.
(Occupational or postsecondary, onsite or online accreditation)



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2. ADMINISTRATION

2E The program shall have a Medical Advisor

- This will be an advisor or reviewer for the program; someone with a professional healthcare background with in depth knowledge/experience in the clinical setting.

2F Program will have Process to Advise Student

- Programs will advise students on who to go to for issues related to the program.

2G Referral to Remedial Resources

- A referral process and guidelines to send students to remedial resources (i.e. language or vocabulary reinforcement, accent reduction) shall be in place for students with problems that may interfere with their progress through the program.

2H Instructors/Student Ratio

- The instructors/student ratio shall permit the achievement of the purpose and stated objectives of the program.



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3. RESOURCES

3A Learning Space (On site programs)

- Classrooms, and/or technology shall be provided
- And consistent with the program's educational objectives, teaching methods, and number of students.

3B State and Federal Laws for Facilities

- Training facilities have to be in compliance with OSHA regulations concerning accessibility, health, and safety.

3C Additional Space (On site programs)

- Appropriate space shall be provided for the private advising of students

3D Supplies, and Equipment

- Ready access to an adequate supply of material for the successful completion of the program.

3E Learning Resources

- Students shall have access to resources such as books, manuals, glossaries, list of online resources, and other material utilized in the program, language specific to the student population.



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3. NOTICES

4A Operational Policies: Fair Practices

- Program description, publications, announcements, and advertising shall accurately reflect the program offered.

4B Recruitment Notice

- Student and instructors recruitment, student admission, and instructor employment practices shall comply with the institution's published nondiscrimination, equal opportunity, and affirmative action policies.

4C Graduation Requirements Notice

- Graduation requirements, tuition, and fee shall be published and made known to all applicants.



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3. NOTICES

4D Suspension, Withdrawal, Refund Notice

- Policies and processes for student suspension, withdrawal or refunds of tuition and fees shall be published and made known to all applicants.

4E Student Grievance Notice

- The program or sponsoring institution shall have a defined and published policy and procedure for processing student and instructors grievances.

4F Confidentiality of Student Information

- Provision shall be made for the confidentiality of consumers, students, and instructors associated with educational activities.



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3. NOTICES

4G Notice of Learning Objectives

- A program shall publicize its learning objectives.

4H Notice of Admissions Policies and Procedures

- Admission of students shall be made in accordance with clearly defined and published policies.

4I Notice of Admission Requirements

- Notice of requirements for previous education and measurable fluency levels for working languages shall be provided.



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3. NOTICES

4J Notice of Criteria for Successful Completion

- Criteria of each segment of the educational program and for graduation shall be given in advance to each student. Certificates of attendance shall not be given to students who do not pass the criteria for successful completion.

4K Student Records

- Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Records shall be maintained for three years.



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5. INSTRUCTORS

5A Program Interpreter Instructors

- The program shall employ interpreter instructors who possess the necessary qualifications to teach interpreting coursework.

5B Subject-Matter Experts and/or Practicum Supervisors

- The program shall employ qualified subject-matter experts and/or practicum supervisors. *(if applicable)*

5C Language Coaches

- The program shall employ qualified language coaches for language-specific instruction. *(if applicable)*



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5. INSTRUCTORS

5D Program Director

- The program shall employ a qualified program director to manage the program, with demonstrated knowledge and understanding of the IMIA Standards, practices, and accreditation process.

5E The program shall include nationally certified interpreters, where available.

- A program can still be accredited if there is a written expectation for new instructors to get nationally certified or pass one of the recognized national written exams within 6 months.

5F Instructor Teaching Methods

- The instructors shall demonstrate effectiveness in teaching their assigned knowledge and skills.



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5. INSTRUCTORS

5G Instructor Experience

- The instructors shall experiential background appropriate to meet program objectives.

5H Instructor Cultural Competency

- The instructors shall be culturally competent and have exposure to diverse populations.

5I Continuing Professional Development Plans

- Each instructor shall have a written plan for continuing professional development.



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6. CURRICULUM

6A The curriculum design shall provide the basis for instruction

- Program curriculum design includes all learning components.

6B Duration of program

- An educational program that specializes in medical interpreter shall have a minimum of 40 hours.
- (Note: Jan 1 2016 will require 60 hours of which 30 are medical terminology. January 1, 2020, will require 80 hours of which 40 are medical terminology)*
- Community interpreter programs, that have a medical interpreter component, shall devote at least 40 hours of instruction in the medical context).

6C Medical Interpreting as Specialization

- Establishes the view of medical interpreting as a specialization of translation/interpreting.



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6. CURRICULUM

6D Cultural Competence

- Represent cultural competence that is not limited to simple recognition and identification or descriptions of diverse cultures and groups.

6E Course Syllabi

- Will include clearly written course syllabi that describe learning objectives, and competencies to be mastered.

6F Assessment by and of Students

- Frequent documented evaluation by students to assess their acquisition of knowledge, problem identification, problem-solving skills and interpretation competencies.



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6. CURRICULUM

6G Interpreter Roles

- Conduit
- Clarifier
- Cultural Interface/Clarifier
- Advocate

6H Interpreter Ethics

- IMIA Code of Ethics
- NCIHC Code of Ethics
- RID Code of Ethics
- IMIA Guide on Ethical Conduct
- Where medical and interpreter ethics converge

6I Communication Skills

- Ability to perform active listening and to express oneself correctly, fluently, clearly, and with poise in both working languages.



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6. CURRICULUM

6J Message Conversion

- Ability to render the meaning of the source language discourse in the target language and transfer a message from a source language into a target language appropriately from the point of view of style and culture, and without undue influence of the source language.

6K Interpreting Modes

- Ability to interpret consecutively in the medical context
- Ability to sight translate in the medical context
- Ability to use different modes of interpreting (i.e., simultaneous, consecutive, and sight translation) and ability to choose the appropriate mode in a given setting.



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6. CURRICULUM

6L Simultaneous Interpretation

- Ability to interpret simultaneously in the medical context

6M Note taking

- Ability to accomplish note-taking within medical encounters

6N Healthcare Industry

- General knowledge about the healthcare industry in the country of practice (types of clinics/hospitals, primary healthcare professions, patient safety, rules and regulations such as HIPAA and CLAS)
- General knowledge of Health Literacy and Health Disparities
- General knowledge of Medical Ethics (First do no harm, patient confidentiality, decision-making, healthcare team)
- Techniques and logistics, such as ability to manage the physical setting.



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6. CURRICULUM

6O Medical Terminology Research

- Necessity for and value of terminology research in interpretation.
- Essential components of terminology glossary compilation.
- Typology of terminological tools.
- Terminology research resources

6P Medical Terminology (minimum of 20 hours)

- Knowledge about medical terminology shall be taught
- Body Systems Anatomy and Physiology
- Diseases and Disorders
- Diagnostic Tests
- Specialty Terminology
- Medical Terminology by prefixes, roots, and suffixes
- Abbreviations in healthcare



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6. CURRICULUM

6Q Practicum Experience

- Supervised practicum of at least 100 hours shall be an integral part of the educational program. The experience shall provide the student with the opportunity for carrying out professional responsibilities under appropriate supervision.

6R Interpreting in Difficult Situations

- Interpreting programs shall discuss and role-play difficult situations medical interpreters are bound to experience in the workforce. These would include situations of death, pain, profanity, and discord between patients and providers or friends and family.

6S Interpreting Research

- Necessity for and values of interpretation research.
- Essential components of a research protocol.
- Analysis of studies related to interpretation.
- Application of research results to interpretation practice.



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7. EVALUATION

7A Program Evaluation Plan

- The interpreter educational program shall have a continuing system for reviewing the effectiveness and assessing program qualities and needs.

7B Final Assessment of Students

- Evaluation content and methods shall be consistent with the learning objectives and competencies for the program and shall assess the final knowledge and skills level of students via a final written and oral exam. The final exams shall be graded and be an important component of assessment of successful completion. A passing score shall be in place of at least 75% and will need to incorporate most of the knowledge and skills taught in the program.

7C Final Evaluation of Practicum

- The student's practicum shall be formally evaluated and documented by the practicum supervisor in accordance with program guidelines. This evaluation shall be shared with the student.



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7. EVALUATION

7D Additional Sources of Data

- Surveys of graduates and employers
- Interviews with program graduates
- Data on the evaluation of student performance on state and/or national certification examinations.
- Internal and external curriculum validation in consultation with employers, instructors, mentors, students, and graduates.
- Review of admissions policies and procedures.
- Examination of curriculum design to assure integration of program's mission and philosophy.
- Advisory Council shall be in place.

7E Utilization of Results of Evaluations

- The program shall systematically use the information obtained in its evaluations to foster student achievement.

7F Final Student Evaluation of Program

- The program shall perform a final anonymous student evaluation to assess the program's content, areas of weakness and strength, instructors' skills, the physical or online setting of the program and overall satisfaction with the program.



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Questions?

