

Hospitals must use qualified interpreters and should not use family members, especially children. Each hospital must have a language plan which lists the **languages of greater diffusion (LGD)**¹ with relation to that hospital's operation.

Interpreters of LGD languages should meet the following standards and must:

- Be proficient in both languages at a professional level.²
- Be proficient in all modes of interpreting (sight, consecutive, and simultaneous).³
- Understand the impact and meaning of accuracy.⁴
- Complete appropriate interpreting ethics training.⁵
- Demonstrate understanding of medical vocabulary and processes.⁶
- Complete at least 20 CEUs per year.⁷

Bilingual staff utilizing their language skills for work related assignments must demonstrate proficiency in the target language at a professional level equivalent to the level of English required for the job. For medical interactions which require post-secondary training this is usually defined as the Interagency Language Roundtable (ILR) Language Proficiency levels 3, 4, and 5, or the ACTFL Oral Proficiency Interview level of Superior.

Definitions:

¹**Languages of greater diffusion (LGD)** are languages which compose 5% or more of interpreting encounters in the medical practice, and which compose more than 1 encounter per week, or languages which compose more than 5 encounters per day, or languages which utilize the equivalent of a .25 FTE interpreter or greater.

²Proficient in a language at a professional level is defined as the Interagency Language Roundtable (ILR) Language Proficiency levels 3, 4, and 5, or the ACTFL Oral Proficiency Interview level of Superior.

³Proficiency in all modes of interpreting might be assessed by supervised practice, or passing a normed, interpreting certification exam, such as the Washington State DSHS interpreting exams, or the state or federal court interpreting exams.

⁴Understanding the impact and meaning of accuracy can be demonstrated by completion of an Introduction to Translation (not interpreting) course or passing a normed, interpreting certification exam, such as the Washington State DSHS interpreting exams, or the state or federal court interpreting exams.

⁵Interpreting ethics training will reflect the resources available in the region. In regions where it is available, the ethics training should be equivalent to a 3 credit face-to-face course on standards and ethics of interpreting utilizing situational role play as one of its means of teaching.

⁶Medical vocabulary and processes might be demonstrated through coursework in medical terminology, physiology, and so forth.

⁷CEUs might include trainings offered for other hospital staff that are relevant to an interpreter's skills and knowledge (social workers get taught secondary trauma kinds of things, for example.).