

Expert Panel on Interpreter Testing and Certification **-- a brief report --**

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A meeting important to the field of interpreting took place in Minnesota on June 13-15, 2007. The “Expert Panel on Interpreter Testing and Certification” was organized in order to further an ongoing national discussion of certification for health care interpreters. This intensive and very productive three-day meeting of 13 invited language professionals was held at the Radisson Conference Center in Plymouth, Minnesota.

The Expert Panel was sponsored by the Interpreting Stakeholder Group, a membership group within the Upper Midwest Translators and Interpreters Association, which held its annual conference immediately following. It was organized by the University of Minnesota’s Program in Translation and Interpreting in cooperation with Century College and funded by a generous grant from the Bush Foundation of Saint Paul.

The Expert Panel had three main goals:

- to convene a group of people with experience and expertise regarding assessment of interpreter qualifications;
- to begin to assess what we know and what we need to do to build a fair and reliable certification process;
- to explore how state and national initiatives can work together for their mutual benefit.

Those invited to participate on the panel included a number of experts in language testing and psychometrics, most of whom had been involved in the creation of existing tests or screenings for interpreters. Others represented membership organizations in the field of interpreting, such as the California Healthcare Interpreters Association (Elizabeth Nguyen), the International (formerly Massachusetts) Medical Interpreters Association (Izabel Arocha), the National Council on Interpreting in Health Care (Shiva Bidar-Sielaff), and RID Inc. (Dr. Laurie Swabey). In addition to the panel itself, individuals were invited to report on state initiatives in Indiana, Iowa, Oklahoma, and Oregon, four states which have taken significant steps toward certification or regulation of interpreters; Carol Berg represented Minnesota’s Interpreting Stakeholder Group.

The first day and a half of the Expert Panel was devoted to presentations on a number of existing programs for interpreter testing and certification, emphasizing lessons learned. Dr. Laurie Swabey summarized the history of RID certification of ASL interpreters. Dr. Roseann D. Gonzalez outlined the process she used in the development of the original Federal Court Interpreter Certification exam. William Hewitt of the National Center for State Courts reviewed the history of the Consortium which has developed and coordinated the administration of state court exams. Both Dr. Maria-Paz Avery and Elizabeth Nguyen reported on stages in the evolution of the exam originally developed

for the Massachusetts Medical Interpreters Association and piloted in California with the cooperation of the California Healthcare Interpreters Association. Dr. Hungling Fu reported on the medical interpreter certification administered by the State of Washington.

The invited state representatives (Dr. Enrica Ardemagni, Maria Michalczyk, Armando Villareal, and Mauro Yanez) gave updates concerning developments in their states since the publication of Cindy Roat's *Certification of Health Care Interpreters in the United States: A Primer, a Status Report and Considerations for National Certification* (The California Endowment, September 2006).

The second morning, Dr. Frances Butler talked about the proprietary exam used by NetworkOmni Multilingual Communications, and Janet Erickson-Johnson described the development and the nature of the Language Line Services exam, available nationally through "Language Line University". Dr. Gonzalez reported on the Medical Interpreter Competency Examination (MICE) designed at the University of Arizona. Finally, Dr. Jean Turner of the Monterey Institute of International Studies described a medical interpreting examination which has been developed in California with the involvement of Hablamos Juntos and with support from The California Endowment. (Panelists not mentioned elsewhere included Cynthia Roat and Nataly Kelly, both independent consultants, and Karin Rushke, President of International Language Services Inc.)

During the final day and a half, the panel first discussed broad questions concerning the certification process. Then the panel was divided into three workgroups to address the following topics:

- a) state to state and state-national coordination of efforts;
- b) interpreter competences, test design, and levels of certification;
- c) implementation: how to take the next steps in moving toward certification.

Finally, each workgroup reported its ideas back for discussion by the whole panel, leading to a series of recommendations, which can be only partially summarized here.

1st Group's Recommendations: Coordination of State and National Efforts

Note: "State" does not necessarily mean a public or government agency; it may be a state interpreter organization, advocacy group, or advisory committee.

How can states work with the national initiative?

1. States can use common definitions for words like "registry."
2. States can share a model for "registries" (software) developed by CHIA.
3. States can compile list/descriptions of currently available training, and make recommendations regarding what should comprise training.
4. States can serve as pilot sites for training, certification tests, etc.
5. National body could centralize/coordinate state initiatives.
6. National body can compile a national registry of certified interpreters in each state.
7. National body could provide model statutes or legislation.

8. National body can recommend a model training program, drawing ideas from existing state programs.
9. National body can help states avoid duplicating efforts, e.g. to recruit trainers, to have a rotating train-the-trainer institute.
10. National body can offer language to help states build a “business case” for interpreters to show how trained interpreters are cost-effective.

How can states work together?

1. States may organize individual state databases or registries of interpreters. A “registry” may vary in complexity from state to state. In some cases it may just be a database of unverified information. A standard definition of the word “registry” is a listing of people who meet some minimal qualifications who are thereby authorized by the state to interpret or to have their services reimbursed.
2. States can develop training programs that can inform national training standards and efforts in other states.
3. States can get started in preparing interpreters to eventually become certified.
4. States should continue to meet face to face (as in this forum).
5. States could join together to sponsor train-the-trainer institutes.
6. States can develop tests in various areas or for different languages.
7. States can collaborate on research to build a business case – or compile such research that exists.

2nd Group’s Recommendations: Interpreter Competencies and Test Development

The workgroup on Interpreter Competencies and Test Development agreed that standards, training and certification must be thought of together. They also agreed that what is needed is not just an exam but a certification *process* and that it would be important to have a “battery” of tests—not one test but a series. The group reached a preliminary consensus on potential components for the certification process.

- (Recommended) A reliable assessment of general language proficiency in two languages. The exact sequencing and form of proficiency testing was left for further discussion.
- A minimum amount of training in an approved program prior to testing.
- A test (given in either language) of professional standards and ethics in which scenarios would be presented verbally. This might be administered during or following training that would use a standard training module.
- Skills Test I: A role-play scenario to test consecutive interpreting skills using primary care situations, probably delivered via a recording.
- Skills Test II: Sentence conversion in both directions, to test specialized vocabulary and register (in provider speech and patient speech) and sentence conversion skills in a wide range of clinical settings.
- Skills Test III: Sight translation (using relatively brief and non-legal texts).
- Skills Test IV: Simultaneous interpreting role play **OPTIONAL**—for those who seek an “endorsement” for simultaneous skills.

Important Next Steps

The Competencies and Test Development workgroup identified the following action items that would be important to undertake in order to prepare for development of a national certification process:

- Conduct a detailed Job Analysis of health care interpreting. First, a decision will need to be made as to how to define the field: does it include home health visits, dentistry, physical therapy, chaplaincy, mental health assessments, etc.
- Conduct a review of the National Standards of Practice and other standards publications, to determine which items are reflected in the Job Analysis, and which items from the Job Analysis reflect a lack of concordance with the standards, so that these items might be addressed through training and testing components (e.g., sight translation of legal documents, as described above)
- Conduct surveys to determine most common content domains for various language groups, and those that are common to all interpreters, in order to select content domains for role plays.
- Conduct a legislative review to ensure that the certification process reflects applicable law.
- Hold focus groups/expert panels to determine the specific competencies, i.e., the knowledge, skills, abilities and tasks (KSAT), to be performed by professional medical interpreters, and therefore evaluated. Conduct a review of literature and gather empirical data, such as job descriptions, information on error analyses, etc.
- Draft a list of desired test preparation materials (or develop materials that would be needed).
- Draft a checklist of “steps toward certification” to help prospective candidates prepare themselves.

3rd Group’s Recommendations: Implementation of a Process: Next Steps

The Implementation Committee proposed a series of steps for moving toward national certification, with emphasis on the first six months (through December 2007).

Step One in the process is to identify a national organizing or coordinating group to take the lead. A next step is to make available a full report from this Expert Panel to inform future efforts. Then it is essential to secure funding in order to proceed further. With initial funding in place, or promised, the organizing/coordinating group will need to identify a panel of experts in medical interpreting that would then begin to do or to oversee the sorts of tasks that the Competencies and Testing workgroup identified.

For the period after six months the Implementation workgroup offered a list of other tasks that would need to be accomplished, such as compiling existing information on certification issues, what job analyses already exist, and what we know about adequate proficiency levels. There will need to be a process to select the approved certifying body. But even before there is an actual test, there will need to be a template for test design, and there will need to be opportunities to get feedback on that, and then on a draft test for a particular language pair, and so on—a continuous iterative process. So a process needs to

be put in place for the steps of design, testing, and review. Another task will be exploring ways to market the certification process to stakeholders: getting interpreters and the medical establishment to buy into the value of certification, and to understand the lengthy iterative process. Along the way it will be necessary to secure funds for the actual test development, and for tests in multiple languages. To make the process collaborative and to obtain buy-in, there's a need for additional steps, such as conducting forums, obtaining and analyzing survey feedback, again furthering the iterative process. The workgroup stopped at this point (since this meeting was after all just a first effort in designing and elaborating a possible process), but obviously there's much more to be done.

In the meantime, while this process is hopefully moving forward, other related activities will also be underway. The development of a set of national standards for health care interpreter training and education is being planned by the National Council on Interpreting in Health Care (NCIHC), and it seems likely that at the state and local level both governmental and non-governmental organizations will be developing some of the products envisioned: rosters and registries, guidelines for recruiting, language screening programs, interpreter training/education programs, and perhaps a template for language access legislation—a model statute that could be proposed in state legislatures.

The Implementation workgroup suggested a need for national oversight of the process: identifying a group that can immediately begin the tasks of organizing, convening, getting money, coordinating efforts, disseminating information, and assuring that the process moves forward in a more coherent way than any of the scattered past efforts. But in this model the oversight or coordinating organization would NOT be making judgments about competencies to be tested, or test design, or the eventual administration of certification testing as they are organizing the process. Their responsibility would be coordinating what needs to be done for test development; they would be bringing representatives of stakeholder organizations on board for collaboration and communication; they would be convening the committee of experts on medical interpreting and competency testing. It is THAT group--the committee of experts--that would need to make some decisions. And the representatives of state organizations and other stakeholders—people who are supporting the effort—will also need to be participating in the decision-making. There will need to be subcommittees, such as the group of representatives of organizations (and other stakeholders), and the group specifically responsible for test development. There will be a need for regular communication among all the parties involved, which might be the responsibility of a designated subcommittee --- creating and managing a listserve, for example.

Considering various possible options for getting the process going, the implementation workgroup recommended that the National Council on Interpreting in Health Care (NCIHC) be called upon to do the initial organizing and fulfill the coordinating function—to convene an ongoing expert panel and a task force with stakeholder representation that would make the decisions. The recommendation of the NCIHC was based on the fact that the NCIHC has a recognized national leadership status and that it has been conducting forums on certification at major conferences across the country for several months. It has immediate possibilities for grant funding for this particular

initiative, having been approached by a major foundation to prepare a grant proposal. If funding is obtained, its project would be for the NCIHC to convene a group of stakeholders who would decide in a stakeholder meeting how the effort should be organized and who should be on the committee of experts, what subcommittees or related workgroups would be needed, and what tasks would need to be assigned to different groups.

Discussion.

Three theoretical options had been laid out by the Implementation workgroup, as follows:

- Option 1: Form a new coalition with representation from CHIA, IMIA, NCIHC etc.
- Option 2: Ask states to form their own stewardship coalition.
- Option 3: The NCIHC coordinates and secures funds for the collaboration.

There were no advocates for Option 2; discussion centered around options 1 and 3. An argument in favor of Option 1 was that it seemed more collaborative. The idea that the NCIHC was the only natural choice to take the lead under option 3 was also questioned.

The discussion recognized that competition for leadership was a potential obstacle to progress. Communication and cooperation are needed so as not to end up with parallel efforts and competing certifications. If any one organization is going to take the lead, no matter what that organization is, there obviously has to be a lot of outreach to all other stakeholders. But, it was suggested, perhaps the present duplication of effort, and potential competition, is happening because there presently IS no coordinating agency. And the Implementation Workgroup wanted everyone to understand clearly that the NCIHC is not proposed as the decision-making body, only as an existing organization that is prepared to undertake the initial step of sending out the invitations and convening the coalition. They argued that an independent coalition (Option 1) would be a new organization, not immediately positioned to receive funding and start things moving.

Yet it was countered that forming a coalition of equal partners would not necessarily entail a new organization. It could be a group of organizations that come together and sign agreements to work together on a common task, communicating with each other and perhaps dividing up the work. One possibility, following this idea of a coalition with no designated “leader,” would be that the NCIHC could get the funding and other members of the coalition play other roles, such as publicity. There was no question though that however the coalition is organized, some organization needs to secure and share funding, because without funding nothing can be done.

The Minnesota Expert Panel ended with this discussion, having made important progress on the major issues it was asked to address but without full agreement on how to take the next step: should one organization both secure funds and convene organizational representatives to form a collaboration, or should several major existing organizations somehow come together, with no particular leader, to jointly invent the collaboration that everyone recognizes as essential?

Additional copies of this preliminary report can be downloaded as a PDF file from <http://www.cce.umn.edu/creditcourses/pti/downloads.html>.

A full report on the Expert Panel on Interpreter Testing and Certification, to include individual presentations and a more complete record of recommendations and discussion, is being prepared (as of October 2007). It is expected to be available as a link from the UMTIA website <http://www.umn.edu/creditcourses/pti/downloads.html>. UMTIA is a Chapter of the American Translators Association (ATA).

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