

**Healthcare Interpreter Training Program Self-assessment
based on the
National Standards for Healthcare Interpreter Training Programs**

I. Program of Study Content Standards

A. Knowledge: The basic program of study exposes the student to the essential body of knowledge that serves as the context of the profession of healthcare interpreting.

Standard	NOT COVERED No knowledge/ skills	INTRODUCED Some knowledge /skill	COVERED FULLY Basic competency
TRAINER/PROGRAM FOCUS Interpreter focus			
A.1. The profession of healthcare interpreting: <i>A basic program of study provides the student with an introduction of healthcare interpreting as a profession.</i>			
1. The definition of interpreting as contrasted with bilingualism and translation			
2. Fields of interpreting (e.g., diplomatic interpreting, liaison interpreting, business interpreting, and community interpreting, including judicial, healthcare, social service, law enforcement, and educational interpreting)			
3. Ways in which interpreters are employed (dedicated vs. dual-role interpreters, contract or freelance interpreters)			
4. Overview of the history of healthcare interpreting in the United States			
5. The purpose and functions/responsibilities of the healthcare interpreter			
6. Modes of interpreting in health care (consecutive, simultaneous, and sight translation)			
7. Media of interpreting (e.g., face to face, remote [telephonic or video])			
8. Laws, standards, and regulations relevant to healthcare interpreting (e.g., Title VI of the 1964 Civil Rights Act [Section 601], Department of Health and Human Services [DHHS] Standards for Culturally and Linguistically Appropriate Services [CLAS], The Health Insurance Portability and Accountability Act of 1996 [HIPAA], The Joint Commission, the Americans with Disability Act, and relevant state laws and local policies)			
9. Liability insurance (e.g., Errors and Omissions)			
10. Availability, purpose, and limitations of certification			
A.2. Language and communication: <i>A basic program of study introduces the student to different aspects of language and communication dynamics as they impact interpreting</i>			
1. Language elements (e.g., regional and social dialects, style, register, and discourse; literal and figurative language; use of idioms and frozen language; literalness vs. meaning accuracy; paraphrasing; and conversation vs. interviewing)			

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2. Communication elements (e.g., power dynamics; negotiation of meaning)			
3. Cultural elements of language (e.g. forms of address; politeness markers; turn-taking and interruptions; body language)			
<p>A.3. Ethical principles and standards of practice: A basic program of study introduces the student to ethics in the healthcare profession as well as the ethical principles and standards of professional interpreter practice.</p>			
1. The general concept of ethics and its application to interpreting in health care			
2. Ethical principles and standards of practice consistent with the National Code of Ethics and National Standards of Practice for Interpreters in Health Care			
3. Self-care (including physical safety and emotional well-being and preparing for high-stress situations)			
<p>A.4 Health system: A basic program of study introduces the student to the key concepts, beliefs, and common terms relevant to the U.S. healthcare system.</p>			
1. Overview of the U.S. healthcare system (e.g., venues, insurance, primary and specialty care, types of hospital services, categories of healthcare workers, legal concepts and terms)			
2. Concepts and relevant terminology in biomedicine (e.g., anatomy and physiology, symptoms, common diseases, diagnostic procedures, common medications, treatments, and apparatus)			
3. Overview of common healthcare interview routines and medical decision-making (e.g., the medical interview, the process of diagnosis, referral process, and physical exam)			
<p>A.5 Culture: A basic program of study introduces the student to culture and its impact on health and health care.</p>			
1. Overview of culture: what it is and how it impacts health / health care.			
2. Concepts and relevant terminology from the patient’s perspective (e.g., understanding of the human body and its functioning, descriptions of symptoms, common diseases and treatments, expectations around insurance, origins of illness, complementary and alternative medicine)			
3. The culture of biomedicine (e.g., the biomedical view of origins of illness, doctor- patient relationships, hierarchies, and decision-making)			
4. Cultural awareness and sensitivity			
<p>A.6 Resources: A basic program of study introduces the student to where to find and how to manage resources for further study for both knowledge and skill areas.</p>			

B. Interpreting Skills: A basic program of study provides the student with models of and opportunities for practice in the foundational skills of healthcare interpreting.

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<p>B.1 Message conversion: A basic program of study gives the student opportunities to practice converting messages accurately and completely from a source language to a target language and includes the following components.</p>			
1. Active listening			
2. Message (discourse) analysis			
3. Target language equivalence (e.g. figurative language, expletives, idiomatic speech, colloquialisms)			
4. Managing regional dialects			
5. Maintaining / changing register			
6. Memory skills (e.g., chunking, prediction, visualization, note-taking)			
7. Self-monitoring and self-assessment			
<p>B.2 Modes of interpreting: A basic program of study demonstrates and gives the student practice in the various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in healthcare interpreting.</p>			
1. Consecutive			
2. Simultaneous (exposure to)			
3. Sight translation			
<p>B.3 Interpreting Protocols: A basic program of study demonstrates and gives the student practice in interpreting protocols based on understanding the rationale for these protocols and their appropriate use.</p>			
1. Introducing and explaining the role of the interpreter			
2. Use of the first person			
3. Positioning, including the dynamics of different positions			
4. Conducting a pre-session or session introduction and post-session			
5. Intervention techniques (e.g. speaking as the interpreter in the third person and maintaining transparency)			
6. Managing the flow of communication			
7. Monitoring comprehension among listeners			
8. Interpreting for groups (e.g., team and family conferences, and teaching sessions)			
9. Interpersonal skills (e.g., how to work with healthcare professionals; dealing with disrespectful providers or difficult patients; de-escalating conflict)			

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<p>B.4 Cultural brokering: <i>A basic program of study demonstrates and gives the student opportunities to develop skills for mediating cultural differences.</i></p>			
<p>1. Recognition and management of cultural misunderstandings</p>			
<p>2. Ability to recognize the interpreter’s own cultural biases and maintain objectivity in the interpreting encounter.</p>			
<p>B.5 Decision-making: <i>A basic program of study gives the student opportunities to explore ethical and other professional dilemmas and situations</i></p>			
<p>1. Ethical decision-making – Ability to think through an ethical dilemma and make an informed choice based on the National Code of Ethics for Interpreters in Health Care.</p>			
<p>2. Critical thinking – The ability to think through a situation and make an informed choice about the best course of action to take and to justify this action.</p>			
<p>B.6 Translation in the interpreting context: <i>A basic program of study teaches the student basic skills in on-the-spot translation and transcription of simple oral and written instructions.</i></p>			
<p>1. Ability to decide when on-the-spot translation or transcription is appropriate.</p>			
<p>2. Ability to respond to requests for translations/transcriptions ethically and professionally</p>			

II. Instructional Methods Standards

<p style="text-align: center;">Standard</p> <p>TRAINER/PROGRAM FOCUS</p>	NOT COVERED	INTRODUCED	COVERED FULLY
<p>A. Interactive methods: Instruction is based on interactive techniques that engage students in ways that challenge them to internalize the content and develop the skills required of an interpreter.</p>			
<p>B. Guided practice: Instruction includes a significant proportion of time dedicated to guided practice, provides students with directed feedback and monitors their skill development (especially in message conversion).</p>			
<p>C. Student learning needs: Instructional methods accommodate different learning styles and the knowledge and skills students bring with them.</p>			
<p>D. Varied teaching methods: A variety of appropriate teaching methods are used, including the following:</p>			
<p>D1. Presentation methods Examples:</p> <ul style="list-style-type: none"> a. Lectures using visual aids and opportunities for interaction b. Readings, references, and links to resources c. Guest presenters, such as practitioners and working interpreters d. Student presentations e. Instructor modeling of effective practice f. Video, film, and vignettes to demonstrate real practice. g. Storytelling providing real world situations 			
<p>D2. Skill building exercises (for conversion accuracy)</p> <p>Examples</p> <ul style="list-style-type: none"> a. Parroting in the same language (for close listening) b. Paraphrasing (in the same language) c. Message analysis exercises (based on the source utterance) d. Message conversion exercises (unidirectional and bidirectional consecutive interpreting) e. Error analysis f. Prediction skills g. Memory exercises h. Note-taking exercises i. Terminology building exercises 			
<p>D3. Guided practice of consecutive dialogue interpreting</p> <p>Examples</p> <ul style="list-style-type: none"> a. Behavior rehearsal through b. Simulations with invited practitioners or standardized patients c. Supervised practicum (also referred to as internship) d. Video/audio self-recording (pairs and/or individuals) and review 			

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<p>D4. Critical thinking analysis for decision-making Examples a. Case studies b. Application of code of ethics to ethical dilemmas/scenarios c. Guided discussions d. Sharing of experiences brought by students</p>			
<p>D5. Structured feedback Examples a. Instructor to trainee: in class or practicum b. Peer to peer c. Self-evaluation (self-reflective evaluation process, journaling, or audio recording with transcription and error analysis) d. Coaching (in-person or remotely) both by the instructor and an interpreting coach who speaks the students' language pairs. e. Back interpreting or use of a language coach for languages for which there is no interpreting coach f. Formative and final assessment</p>			
<p>D6. Self-directed study Examples a. Development of personal glossaries b. Language conversion practice c. Homework assignments i. report on self critique of performance ii. observational reports</p>			
<p>D7. Observation followed by discussion Examples a. Videos b. Audio recordings c. Shadowing d. Field trips, such as a visit to a hospital</p>			
<p>D8. Practicum a. A supervised practicum is highly recommended to be an integral part of the program of study. The experience will provide the student with the opportunity to observe working interpreters, be observed, and receive feedback from a supervisor/mentor while carrying out professional responsibilities under appropriate supervision. b. To ensure that academic concepts continue to be applied, the practicum will be completed shortly after completing the training program. The time frame for completing a practicum may be longer for speakers of languages of lesser diffusion.</p>			

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<p>c. The practicum will be conducted in settings where principles learned in the program of study and appropriate to the learning needs of the student can be applied.</p>			

III. Programmatic Standards

A. Operational Policies: Programs operate in an open and transparent manner.

<p style="text-align: center;">Standard</p> <p>TRAINER/PROGRAM FOCUS</p>	NOT COVERED	INTRODUCED	COVERED FULLY
<p><i>A1. A program’s descriptions, publications, announcements, and advertising accurately reflect the program of study offered, including information on the following:</i></p>			
<p>a. Application process</p>			
<p>b. Admission requirements and methods of assessment</p>			
<p>c. Training or course syllabi</p>			
<p>d. Criteria for successful completion and methods of assessment</p>			
<p>e. Type of certificate or other credential provided</p>			
<p>f. Tuition and fees</p>			
<p>g. Withdrawal and refund policies</p>			
<p>h. Other policies covering such areas as retakes of the final assessment, and test-out options for specific content areas</p>			
<p>i. Instructor/teaching team qualifications</p>			
<p>j. Organizational affiliation</p>			
<p><i>A2. A program provides opportunities for prospective students to find out about the program through direct communication (e.g., orientation sessions and pre-program communications).</i></p>			
<p><i>A3. A program maintains records that are accessible to students for a minimum period of three years, including the following:</i></p>			
<p>a. Attendance and enrollment status</p>			
<p>b. Grades and assessments</p>			
<p>c. Type of certificate or credential received.</p>			
<p><i>A4. A program has an ongoing system for evaluating the effectiveness of its program of study and making improvements based on the evaluation results (e.g., assessment results, student feedback, teaching team debriefs, and feedback from employers of the program’s “graduates”).</i></p>			

B. Program Design: Programs have an explicit and documented course of study.

<p style="text-align: center;">Standard</p> <p>TRAINER/PROGRAM FOCUS</p>	NOT COVERED	INTRODUCED	COVERED FULLY
<i>B1. The program design:</i>			
a. identifies the goals and learning objectives that the program of study covers, consistent with the knowledge and skills outlined in “Section II Program Content Standards,” and the National Code of Ethics and Standards of Practice for Interpreters in Health Care;			
b. provides a scope and sequence of instruction that will meet the program’s goals and learning objects;			
c. integrates background knowledge, theory, skill development, and assessment;			
d. provides a student-to-teacher ratio that will facilitate the achievement of the stated program goals and learning objectives;			
e. provides students with ready access to course materials; and			
f. is based on sound pedagogy and research on the acquisition of the required knowledge and skills.			
<i>B2. Each course or training in the program of study has a written description that includes:</i>			
a. learning objectives;			
b. content covered;			
c. instructional methods used;			
d. training materials;			
e. expectations of students (e.g., attendance and assignments outside training or course time);			
f. assessment criteria (language proficiency, knowledge, and skills);			
g. resources for further study for both knowledge and skill areas.			
<i>B3. Practice and reference materials are available in the working languages of the students where feasible.</i>			
<i>B4. Whenever possible, a program of study includes a practicum/internship. When a practicum is provided, it</i>			
a. is supervised by qualified personnel;			
b. is scheduled and completed within a timeframe that ensures the transfer of “classroom” learning to application in the field/real world;			
c. is conducted in settings conducive to applying the principles learned through the program of study;			
d. is appropriate to each student’s learning needs and level of proficiency;			
e. provides a formal evaluation documented by the practicum supervisor and shared with the student.			

C. Entry Requirements / Screening: Programs screen applicants prior to admission to maximize the likelihood that they will be able to successfully complete the program. Entry requirements include the following:

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<i>C1. Students are at least 18 years of age.</i>			
<i>C2. Students have, at a minimum, a high school diploma, GED, or country-of origin high school equivalent.</i>			
<i>C3. Students demonstrate a level of oral proficiency in their working languages that enables them to develop linguistic conversion skills that maintain the meaning of the message accurately and completely (equivalent to ILR Level 3 or ACTFL scale Advanced High).</i>			
<i>C4. Students are literate in their working languages, with the exception of those languages in which the written form is not in common use.</i>			
<i>C5. Students have life experiences in countries and/or cultural communities in which they communicated regularly in their working languages.</i>			

D. Instructor Qualifications: Individual instructors or teaching teams collectively have the academic and experiential qualifications and professional background needed to meet program goals and objectives.

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<i>D1. At least one member of the teaching team, preferably the lead instructor, is an experienced interpreter who is able to bring relevant, real-life examples into the training.</i>			
<i>D2. At least one member of the teaching team is competent in adult education techniques, either through study or proven track record, and is able to apply this knowledge to instruction, assessment, and classroom management.</i>			
<i>D3. All members of the teaching team have the knowledge, skills and attitudes needed to work effectively in cross-cultural settings and to teach to diverse learning and communication styles.</i>			

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<p><i>D4. At least one member of the teaching team has a degree or equivalent.</i></p>			
<p><i>D5. The lead instructor will remain up-to-date on developments in adult pedagogy, classroom management, techniques in interpreting pedagogy and the field of healthcare interpreting, (e.g. Code of Ethics revisions, Standards of Practice revisions, legislative changes, and national certification).</i></p>			
<p><i>D6. The lead instructor will work with guest subject matter experts (speakers brought in to speak on specific topics, such as anatomy or culture) to ensure the effectiveness of their presentations (e.g., the knowledge imparted is at a level appropriate to the learning objective, the appropriate register is used, the content presented is relevant to the role of the healthcare interpreter, and effective instructional methods are used).</i></p>			

E. Assessment of Students: The program provides an ongoing system of assessments consistent with stated goals of the course of study.

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<p><i>E1. At least one member of the teaching team, preferably the lead instructor, is an experienced interpreter who is able to bring relevant, real-life examples into the training.</i></p>			
<p><i>E2. At least one member of the teaching team is competent in adult education techniques, either through study or proven track record, and is able to apply this knowledge to instruction, assessment, and classroom management.</i></p>			