

Accessible medical interpreter training makes a difference.

When patients receive care in their own language, mediated by a professional interpreter, health outcomes significantly improve. Unfortunately, busy clinics often lack resources to meet the need for ongoing interpretation services essential for patient safety and care. In many cases, practices rely on heritage speakers without formal interpreter training to fill the language gap.

A heritage speaker is an individual who grows up in a home environment where the primary language spoken is not the same as the dominant language spoken in their geographic location. Unlike native speakers who acquire a language from birth in a natural environment including formal schooling, heritage speakers typically acquire the language informally through family interactions or in community settings. This can lead to significant knowledge gaps.

A heritage speaker's unique bilingual skills do not automatically equate to the ability to interpret in a medical setting. Medical interpretation is not only a learned skill, but must include knowledge of strict guidelines and ethical principles. Heritage speakers can, however, readily build on existing knowledge to refine vocabulary, register, and accuracy. They are perfectly positioned and often very motivated to fill the role in support of their communities – targeted training is the critical missing element.

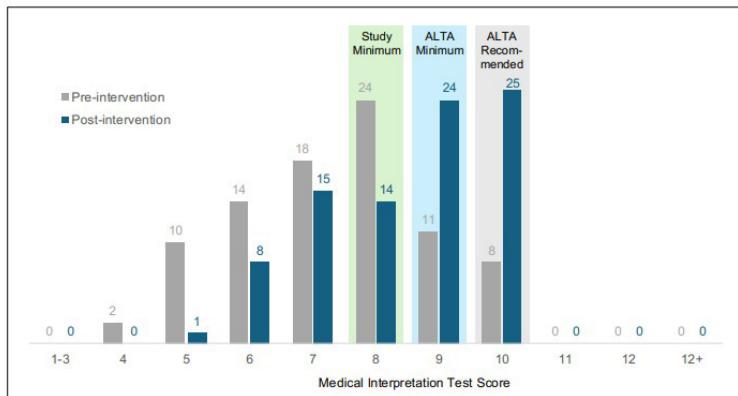


Figure 1: Pre-Intervention and Post-Intervention Scores with Cutoffs for Qualifying Interpreters (n=87)

KEY TAKEAWAYS

- Bilingual staff who are not formally qualified medical interpreters are heavily relied upon to meet the massive demand for in-language medical care support.
- Hospitals and clinics cannot rely on staff to accurately self-report their language or interpretation proficiency.
- ALTA's online interpreter training program increased heritage speakers' ability to effectively interpret in a clinical setting. 72% of participants who completed training achieved the qualifications necessary to interpret in the health center.

This is the first published study to determine if a standardized, easily replicable, and cost-effective training process could improve medical interpretation skills and formally qualify dual-role heritage speaker interpreters.

The study took place in a community health center, with the participation of 137 heritage Spanish speakers.

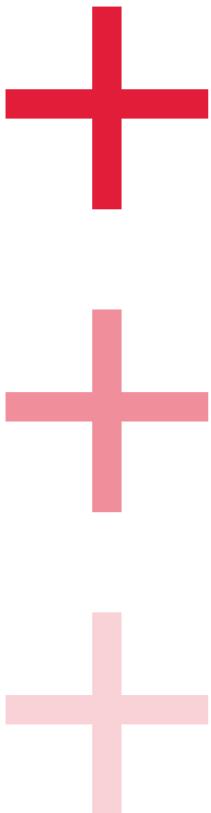
Participants self-reported their language proficiency, took an oral proficiency test in Spanish, underwent a pre-assessment for interpreter skills, and completed ALTA's 40-hour online medical interpreter course, ***Breaking Boundaries in Healthcare***, followed by a post-training interpretation assessment.

The study concluded that an affordable, online interpreter training program like ALTA's is an effective preparation for heritage speakers to become qualified medical interpreters.

► Practical Steps for Providers

Researchers outlined the following practical steps for application of study results:

- (1)** Develop a relationship with a reliable testing and training agency to help guide test selection and overall process.
- (2)** Identify employees in roles eligible for dual-role interpreter status.
- (3)** Determine a general language proficiency level required to begin training. *ALTA recommends consulting with your program's administrators to determine the cut score for interpreter training candidates.*
- (4)** Perform a general language proficiency test.
- (5)** For employees with a qualifying general proficiency score:
 - (a) Enroll in a medical interpreter training course;
 - (b) Set a score threshold to qualify as a medical interpreter
 - (c) At course completion, perform an oral medical interpretation test



► Key Considerations

- (1)** Interpreting skills are not the same as having language proficiency. Before someone enters interpreter training, they should take a general language proficiency test to confirm they are at a level sufficient to be successful in the course. An interpretation skills test can be used separately to measure interpreting performance before and after training for comparison and tracking.
- (2)** It is recommended that the organization sets a minimum language proficiency benchmark required to begin the interpreter training process. Establishing a qualifying proficiency score will allow the organization to focus its resources on candidates with the highest chance of succeeding.
- (3)** Participants reported several unexpected barriers, such as educational and social challenges, that affected their ability to complete the course. To support candidate success, future programs should actively address these modifiable barriers by providing the right guidance, resources, and ongoing support throughout the training.
- (4)** It is important to ensure that healthcare staff understand how to work effectively with trained interpreters. When clinicians and interpreters know how to collaborate as a team, and when staff understand the scope and limitations of the interpreter role, communication and patient care improve.

Review the full study in the **Annals of Family Medicine**

Contact **ALTA** to learn more about language assessments and medical interpreter training