



## **Interpreter Certification, is it enough?**

According to the U.S. Census Bureau in 2007, 55.4 million individuals (20% of the total 281 million) reported speaking a language other than English in their homes. This rapidly growing Limited English Proficient (LEP) group covers everything from Native American, African, Chinese, Indic, Pacific Islanders and other Asian languages. Such a diverse need of language services has helped jump-start the language industry into full throttle however, as the need grows for medical interpreters so does the requirements. In order to provide exceptional language services, it is becoming apparent to recipients of language services that you can no longer use just any individual who just simply knows how to speak English and the same language as the patient. Interpreters must now meet the lengthy criteria of linguistic expertise for certification and also the fastidious requirements hospitals; HIPAA; HITECH; state & federal laws impose. Our company, American Translation Partners (<http://www.americantranslationpartners.com>), is working diligently to exceed the industry expectations and requirements as we are crossing all of our t's and dotting all of our i's to ensure all of our client's we will supply them with highly skilled medical interpreters!

We have recently been working hard to promote an important change for Healthcare Interpreters, creating a recognized vendor-neutral certification, which can be presented to Language Service Providers (LSP) and healthcare organizations. This is undoubtedly something the industry has need of and will certainly be a positive step forward.

However, in life threatening and other critical medical cases, is this new standard really accomplishing what its intended goal is supposed to be? When we translate important documents for a court case, or a medical communication, very strict standards are adhered to. If we use an American Translator's Association (ATA) certified linguist to prepare a draft-only translation, should this be suitable for use in court, or be relied on by a surgeon? Of course not, all quality translation companies use teams of linguists over various stages when translating important documents, even certifying and notarizing the documents and providing Errors & Omissions (E&O) coverage.

Yet, hospitals continue to rely on solo interpreters for even the most crucial, life-altering, conversations and spontaneous sight-translations.

Most of us have experience different levels of service quality. Most of us in the language industry have seen or experienced the various "levels" of document translation, my summary of these levels are:

1. Translation by non-certified person (level 1):  
Living in Panama now, I see these all the time, lawyers present documents to me that are translated by "certified Panamanian translators" - some even for use in Court, the English is either terrible or just plain wrong.
2. Translation by a certified linguist (level 2):  
The ATA (American Translators Association) has created a standard for Linguists capable of producing quality translations. Yet, any individual is bound to make some mistakes when dealing with translation projects. Nobody is perfect, no matter what they tell you!
3. Properly managed draft translation by a certified linguist (level 3):  
Basically the same as 2, but with a professional Project Manager running normal quality control checks. This method produces better results and carries a higher level of accuracy, but still not flawless.
4. Properly reviewed translation carried out by a team of certified linguists (level 4):  
In this method, the draft translation is run through various stages of a review process with at least 2 linguists and a project manager involved, the end result is able to be certified, notarized and of "Court Quality."

We, as a translation agency, prefer to offer level 3 for quick understanding and level 4 as a "golden

standard” that we are able to stand behind with our E&O policy. That is what clients should expect of the industry.

Many healthcare specialist request “back translations” that requires the translation of the material back to it’s original language. This is a whole different topic, but takes many extra steps to provide the care and analysis to a meticulous level to ensure the quality of a translation used for patients.

Currently, most healthcare facilities are providing interpreters for their providers and patients at the equivalent of level 1 in the above scale. Certification programs for interpreters have set out to achieve both a higher level of certification as well as a deeper knowledge of the medical industry, which is helping us all to move to something similar to level 2, which should at least weed out the kind of quality issues we see in level 1 of document translations.

Considering how important the communication is that can take place during these assignments - is a level 2 interpreter really enough?

Having professional organizations to become certified with is certainly a step in the right direction. Who would ever say that it isn't? However, if I was lying in a hospital bed surrounded by my anxious family, with two (2) doctors explaining a life-changing procedure to me, in a language I didn't understand, I would want to feel that the interpretation I was hearing was at least of the same standard as if I was receiving a carefully reviewed written communication.

How can a single interpreter guarantee perfection with a patient, three (3) family members and two (2) healthcare professionals all possibly talking over each other? Would you want anything less than perfection when the communication is explaining the risks and possible side effects of a surgical procedure?

If the Healthcare Industry could move to a tiered approach, like that used in document translation, conversations like the above could have an extra "review" interpreter present to catch things that are missed, or errors made trying to catch fast spoken words. We are not suggesting always using a team of interpreters, but in situations where the subject is critical or multiple parties may be involved, I would feel more at ease knowing another certified linguist was "reviewing" my interpreter. Perhaps, languages without interpreter certification would be required to work in a team of two (2).

So, while adding a medical interpreter certification at least tells me the person is competent in the field, can it ever give me peace of mind that the interpretation itself is flawless?

In certain states, hospitals are obligated by law to provide an interpreter if they are communicating with you in a language that is not your first language. Shouldn't the insurance companies or the government insist that a scale is put in place so that certain levels of communication need to be attended by at least two (2) certified interpreters? This may seem frivolous but the liability for poor communication ultimately lies with them.

As a Senior Project Manager for a language service company - I am not a certified risk assessor for an insurance company. I can, however, look at a process and see ways to improve it. If I were assessing the risk regarding a conversation between medical professionals and a patient about a surgical procedure, with my employer underwriting the Malpractice Policy, I would sleep better at night knowing that two (2) certified interpreters agreed that the communications between the parties were fully understood and correct.

Is this something the industry could change overnight, I very much doubt it. It is, however, our responsibility to continually push to improve the quality of service we provide to the community.

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