Job Task Analysis Study and Results
May 14, 2010

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Acknowledgments

This Report on the Job/Task Analysis for Healthcare Interpreters was conducted on behalf of the Certification Commission for Healthcare Interpreters (CCHI) by The Caviart Group, LLC under the supervision of Clarence "Buck" Chaffee, President. This document is copyrighted and is intended for the sole use of CCHI.

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Executive Summary

The Certification Commission for Healthcare Interpreters (CCHI) was launched in September 2009 to develop a national, valid, credible vendor-neutral certification program for healthcare interpreters. These four adjectives define CCHI's approach, guide their process, and are the critical elements that differentiate CCHI interpreters and the stakeholders who are counting on them to provide a trained, qualified, and certified population of healthcare interpreters.

CCHI's certification for healthcare interpreters is not branded to or licensed from any vendor of language services. CCHI is developing a certification from the ground up and not relying on any commercially-oriented certification, training, assessment developed by other organizations. CCHI is not derived from or related to a commercial owner/sponsor.

CCHI's process of developing a national certification program for healthcare interpreters began with a Job/Task Analysis (JTA) study of the profession of healthcare interpreters. The results of this national survey provide the overarching framework for CCHI's certification program. The JTA is the primary mechanism for establishing the job-relatedness of decisions concerning standards for professional certification and for supporting arguments of content validity for examinations. The process started with the JTA panel defining the tasks performed by Healthcare Interpreters and the knowledge, skill and ability (KSA) believed to be important for competent performance of those tasks. The panel came to consensus on the characteristics of individuals for whom CCHI's first certification is designed - the entry level healthcare interpreter:

> *A person who is able to perform the functions of an entry level healthcare interpreter competently and independently in a healthcare setting with the knowledge, skill and ability required to relay messages accurately from a source language to a target language in a culturally responsive manner and in accordance with established ethical standards.*

A survey was then developed based to gather information on the KSAs identified by the JTA panel. Close to 2,500 responses, representing healthcare interpreting services in 141 languages were received during the survey period. This represented an excellent response rate and well exceeded the minimum required for statistically reliable results for the study. The distribution of the demographic characteristics of the respondent population was reviewed by subject matter experts and is representative of the breadth of the profession.

The analysis of the data collected through this Job/Task Analysis study confirm that the study has appropriately and accurately identified the tasks performed by entry level healthcare interpreters and the KSAs required to perform those tasks. Therefore, CCHI has what it needs in an examination specification document to achieve a valid, fair and legally defensible certification examination.

CCHI's Job Task Analysis provides the overarching framework – the test blueprint – for CCHI's certification examination. The proposed test blueprint below reflects the intent of

the knowledge, skills, and abilities defined through the JTA process as being important for competent performance of the job of healthcare interpreters and how those KSAs should be grouped and weighted to produce a valid and reliable examination. CCHI is now working with its panel of certification professionals to define, design, develop and deploy a psychometrically sound, legally defensible certification examination that is customized to the specific practices of healthcare interpreters.

Part I – Managing Healthcare Interpreter Functions	Percent of Test
Manage an Interpreting Encounter	**30% - 35%**

- Manage the healthcare encounter
- Maintain ethical standards in the encounter
- Establish ground rules for the healthcare encounter with all participants
- Explain rules of confidentiality to the patient
- Introduce yourself to the patient according to protocols
- Document healthcare encounters on paper
- Position yourself relative to other participants to manage room dynamics and support communication

Healthcare Terminology	**22% - 25%**
Interact with Other Healthcare Professionals	**20% - 24%**

- Advocate for the patient (e.g., take action on behalf of the patient that goes beyond communication)
- Assist patients in navigating the healthcare care system (i.e., structure, procedures, protocols, regulations)
- Debrief with other interpreters or clinicians
- Instruct healthcare providers in how to work with interpreters and patients with limited English proficiency
- Participate in community outreach efforts
- Interpret during patient check-out process (e.g., assisting with prescriptions, appointments, financial)
- Determine interpreting needs of inpatients

Prepare for an Interpreting Encounter	**16% - 20%**

- Determine interpreting mode to be used
- Confirm dialect or regional language issues
- Assess need for personal protective gear and/or universal precautions.
- Determine your ability to interpret a healthcare encounter (i.e., an interpreting session)
- Initiate or respond to telephone calls from off-site patients

Demonstrate Cultural Responsiveness	**3% - 6%**

- Perform cultural brokering (e.g., determine, convey and mediate patient's cultural values)

Part II – Performing Healthcare Interpreting	
Perform consecutive interpreting	**75% - 80%**
Perform simultaneous interpreting	**10% - 15%**
Sight Translate/Translate Healthcare Documents	**10% - 15%**

- Perform Sight Translations of Healthcare Documents
- Perform Written Translations of Healthcare Documents

Background

There is a critical and growing need for qualified health care interpreters in the medical industry. Although there have been numerous conversations surrounding healthcare interpreter certification and a variety of companies and organizations have announced plans for various forms of credentialing for healthcare interpreters, there has not been a unified, national effort at creating a nationally recognized and endorsed professional certification. That is, until CCHI was formed.

CCHI brought together a coalition of industry stakeholders with the goal of developing and administering a "national, valid, credible, vendor-neutral certification program for healthcare interpreters." The organization will achieve this objective by providing "one voice, one set of industry-formed and approved standards, and an assurance of competency through an accredited, professional certification program."

To begin the process of developing a defensible and appropriate certification program, the CCHI undertook this Job/Task Analysis study of the profession of healthcare interpreters.

Definition of a Job/Task Analysis

The term "job/task analysis" refers to a variety of systematic procedures designed to obtain information about the tasks performed on a job and/or the knowledge and skills necessary to perform those tasks (Arver & Faley, 1988; Gael, 1983). A job/task analysis is the primary mechanism for establishing the job-relatedness of decisions concerning standards for professional certification and for supporting arguments of content validity for examinations constructed from the results of a job/task analysis. The job/task analysis described in this report was designed to be consistent with the <u>Standards for Educational and Psychological Testing</u> (American Educational Research Association et al., 1999) and current professional practice.

The Job/Task Analysis Methodology

The study included a diverse panel of subject-matter experts (See Acknowledgments) and a large-scale survey of practitioners. The primary responsibility of the expert panel was to define the tasks performed by Healthcare Interpreters and the knowledge, skill and ability believed to be important for competent performance of those tasks.

The JTA panel met in person on December 10 and 11, 2009 in Chicago, IL. During this meeting, the group discussed and came to consensus on the characteristics of individuals for whom the certification is designed - the entry level healthcare interpreter.

The final description of the characteristics of such an individual is as follows:

Definition of CCHI Certified Healthcare Interpreter

A person who is able to perform the functions of an entry level healthcare interpreter competently and independently in a healthcare setting with the knowledge, skill and ability required to relay messages accurately from a source language to a target language in a culturally responsive manner and in accordance with established ethical standards.

(Entry level means "the level required to be able to begin to perform unsupervised healthcare interpreting competently.")

Major Tasks / Knowledge, Skill and Ability Domains

With consideration for the characteristics described above, the committee drafted the following list of the major tasks that such individuals might undertake:

- Gather healthcare and/or situational background information about a planned encounter
- Assess need for personal protective gear and/or universal precautions
- Confirm dialect or regional language issues
- Determine your ability to interpret in an encounter
- Recognize situations in which you should disqualify yourself from interpreting an encounter
- Position yourself relative to other participants to manage room dynamics and support communication
- Determine interpreting mode to be used
- Introduce yourself to the patient according to protocols
- Establish ground rules for the encounter with all participants
- Explain rules of confidentiality to the patient
- Manage the encounter
- Perform consecutive interpreting
- Perform simultaneous interpreting
- Monitor the encounter for patient/provider comprehension
- Maintain the register
- Mediate the register
- Maintain accuracy and transparency
- Maintain ethical standards in the encounter
- Perform cultural brokering
- Perform sight translation of institutional documents (e.g., HIPAA, Patient Bill of Rights, etc.)
- Perform sight translation of patient educational material (e.g., a brochure on

diabetes, etc.)
- Perform sight translation of specific patient care instructions (e.g., discharge instructions, etc)
- Perform sight translation of legal documents (e.g., consent forms, etc.)
- Perform written translation of specific patient care instructions (e.g., discharge instructions, etc)
- Advocate for the patient (e.g., take action on behalf of the patient that goes beyond communication)
- Perform check out tasks (e.g., assisting with prescriptions, appointments, financial transactions, etc.)
- Assist in patient scheduling
- Document the encounter
- Debrief with other interpreters or clinicians
- Determine interpreting needs of inpatients
- Initiate or respond to telephone calls from off-site patients
- Participate in community outreach efforts
- Participate in home visits with a healthcare provider
- Instruct healthcare providers in working with interpreters and LEP patients
- Assist patients in navigating the healthcare care system
- Provide remote interpreting
- Provide distance education and training
- Document encounters in electronic medical records system

Knowledge, Skill and Ability Domains

The committee considered and discussed the knowledge, skill or ability required to perform each of these tasks competently. The group developed the following list of major knowledge, skill and ability domains:

Knowledge Domains

- Knowledge of sources of information (e.g., medical records, medical terminology, rules, etc)
- Knowledge of universal precautions and protocols
- Knowledge of appropriate use of protective gear
- Knowledge of regional variations in the language of the patient and healthcare provider
- Knowledge of healthcare interpreting standards of practice
- Knowledge of effective participant positioning in interpreting encounters
- Knowledge of appropriate interpretation modes for various situations
- Knowledge of healthcare facility policies and procedures
- Knowledge of rules of confidentiality
- Knowledge of mandatory reporting rules (e.g., child abuse, domestic violence, etc)

- Knowledge of basic concepts of interpreting in an encounter (e.g., how/when to manage the flow of information, interpret in the first person, etc.)
- Knowledge of cultural practices, beliefs and behaviors
- Knowledge of healthcare specialties
- Knowledge of basic emergency medical response procedures
- Knowledge of anatomy and physiology terminology
- Knowledge of emergency room protocols
- Knowledge of healthcare terminology (e.g., medical tests, procedures, diseases and conditions, diagnoses, treatments, equipment, etc.)
- Knowledge of healthcare protocols
- Knowledge of dental terminology
- Knowledge of diet and nutrition terminology
- Knowledge of healthcare security measures and protocols
- Knowledge of basic components and functions of healthcare care system
- Knowledge of patient's need for privacy and modesty during examinations
- Knowledge of basic video equipment

Skills

- Skill in active listening
- Skill in retaining information in short term memory
- Skill in note taking
- Skill in recognizing non-verbal communication
- Skill in anticipatory listening

Abilities

- Ability to recognize potentially hazardous conditions
- Ability to adapt to the context of the situation
- Ability to clearly explain common interpreting protocols
- Ability to establish expertise in the eyes of the patient and the healthcare provider
- Ability to speak with fluency in English and the language of the patient (with minimal accent)
- Ability to hear and discern a dialect from spoken language
- Ability to recognize non-verbal clues that indicate dialect or region
- Ability to create linguistic equivalence when there is no direct translation for a medical term
- Ability to evaluate effectiveness to participate in a sensitive or emotionally charged case
- Ability to work with a team to evaluate a problem
- Ability to minimize accent in speech
- Ability to use conference phone system

- Ability to use video healthcare interpreting equipment
- Ability to use pagers
- Ability to use an electronic dictionary
- Ability to integrate skills
- Ability to project information with confidence
- Ability to speak in public
- Ability to analyze and re-state a message
- Ability to mediate

Physical Abilities Required

- Ability to hear normal speech
- Ability to speak clearly

Personal Attributes Desired

- Respect
- Compassion
- Empathy
- Multitasking ability
- Flexibility
- Patience
- Tolerance
- Interpersonal skills
- Friendliness
- Courteous
- Curiosity
- Detachment
- Tact
- Ability to control stress

Rating Scales

The committee discussed the appropriate rating scales to be used in the survey for both the task and knowledge/skill domains. The following rating scales were adopted:

Frequency

> *How often do **you** or Healthcare Interpreters under your direction perform this task?*
>
> 1. *Never*
> 2. *Rarely*
> 3. *Sometimes*
> 4. *Often*
> 5. *Always*

Importance

> *How important is this task for competent performance by an entry level Healthcare Interpreter?*
>
> 1. *Not important*
> 2. *Somewhat important*
> 3. *Important*
> 4. *Very important*
> 5. *Extremely important*
>
> *How important is this knowledge, skill or ability for competent performance by an entry level Healthcare Interpreter?*
>
> 1. *Not important*
> 2. *Somewhat important*
> 3. *Important*
> 4. *Very important*
> 5. *Extremely important*

Demographic Questions

In order to ensure that the survey respondents represented a cross-section of the individuals actually performing the job, the committee drafted demographic questions to be included in the survey addressing the respondents':

1. *Role in Providing Healthcare Interpreting Services (interpreter, trainer, supervisor/manager)*
2. *Method of Delivering Healthcare Interpreting Services (face-to-face, via telephone or video)*
3. *Languages in which Delivering Interpreting Services*
4. *Work Setting (e.g. hospital, clinic, etc.)*

5. *Geographic Location*
6. *Years of Interpreting Experience*
7. *Education Level*
8. *Formal Interpreting Training*
9. *Gender*
10. *Age*
11. *Ethnicity and Race(as defined by the U .S. Office of Management and Budget)*

Pilot Survey

The information prepared by the subject matter expert's committee was compiled and formed into a draft survey instrument. This draft survey was completed by 35 healthcare interpreters. In addition to responding to the survey items, the Pilot Testers also completed a feedback form with suggestions for clarifications and additional survey questions.

The results for the pilot study were very good. Participants indicated no difficulty understanding the instructions or rating scales. They also offered some changes to improve the survey, many of which were incorporated into the final survey document.

Survey Administration

An internet survey software system was used to deliver the final survey. Any computer with a web browser and a web connection could be used to access the survey.

On January 19, 2010, the CCHI JTA survey was launched. Individuals were recruited to respond through direct email invitations as well as publications in industry web sites, listservs and newsletters. Two follow-up emails were sent to individuals on CCHI's mailing list who had not started the survey as well as those who had started the survey but had not completed the survey. The survey was closed on February 3, 2010.

A total of 2,479 responses were received during the survey period. This represents an excellent response rate and well exceeds the minimum required for statistically reliable results for the study. The distribution of the demographic characteristics of the respondent population was reviewed by subject matter experts and is believed to be representative of the breadth of the profession.

Analysis of Demographic Information

The following charts graphically depict selected demographic information gathered in the job/task analysis survey. The purpose of collecting this data was to describe the population of individuals who responded to the survey and whose data was included in the final analysis.

Percent Responses by Relationship to HC Interpreters

Relationship	Percent
Interpreter	71%
Manager	16%
Trainer	13%

Percent Responses by U.S. Geographic Zone

Zone	Percent
East	34%
Middle	33%
West	26%
Other Country	6%

Percent Responses by Age

Age	Percent
< 30	12%
31 to 45	35%
46 to 60	40%
61 to 75	11%
>75	2%

Percent Responses by Gender

Gender	Percent
Male	22%
Female	78%

Percent Responses by Ethnicity

	Hispanic	Not-Hispanic
	50%	49%

Percent Responses by Race

White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Some other race
62%	5%	1%	12%	0%	19%

Percent Responses by Education

Education	Percent
No HS Diploma	0%
HS Diploma/GED	4%
Some college	16%
Associate's degree	15%
Bachelor's degree	37%
Master's degree	22%
Doctorate degree	5%

Percent Responses by Training

Training	Percent
None	9%
< 40 hrs	17%
40+ hrs < AA degree	65%
AA degree	5%
Bach. degree	2%
Master's degree	1%

Percent Responses by Experience

Experience	Percent
Less than 2 years	15%
2 to 10 years	55%
More than 10 years	29%

Percent Responses by Primary Method of Delivery

Method	Percent
In person	83%
Video	2%
Telephone	14%

Percent Responses by Density

Languages in which Healthcare Interpreting Services are Provided by Survey Respondents

Acholi	Dutch	Laotian	Romanian
Albanian	Ewe	Lingala	Russian
Amharic	Finnish	Lithuanian	Rwandan
Anuak	French	Macedonian	Samoan
Arabic	Fukinese	MaiMai	Serbian
Arakanese	Fulani	Malayalam	Serbo-Croatian
Armenian	Georgian	Malaysian	Slovak
Assyrian	German	Mam	Somali
Bassa	Greek	Marathi	Spanish
Bengali	Gujarati	Marshallese	Sudanese
Bosnian	Haitian Creole	May	Swahili
Bulgarian	Hakka	Mein.Basaa	Swedish
Burmese	Hebrew	Mende	Tagalog
Burundi	Hindi	Mien	Taiwanese
Cambodian/Khmer	Hmong	Mina	Tamil
Cape Verdean	Hungarian	Mixteco	Telugu
Catalan	Illocano	Moldavian	Thai
Cebuano	Indonesian	Mongolian	Tibetan
Chaldean	Iranian/Farsi/	Navajo	Tigrinya
Chamorro	Persian	Nepali	Toisanese
Chinese Mandarin	Italian	Ntumu	Trique
Chinese Taiwanese	Japanese	Nuer Sudanese	Turkish
Chinese Toisanese	Karakalpak Uzbek	Ojibwe	Twi
Chuukese	Karen	Oromo	Ukrainian
Crioulo	Kayah	Pakistani	Urdu
Croatian	K'iche	Pashto/Pushtu	Uzbek
Czech	Kinyamurenge	Patois	Vietnamese
Danish	Kinyarwanda	Polish	Visayan
Darfurian Arabic	Kirundi	Poqomam	Wolof
Dari	Kisii	Portuguese	Yiddish
Die-jiu	Korean	Pulaar	Yoruba
Dinka	Kurdish	Punjabi	

Data Analysis

The purpose of the data analysis is to determine whether the survey population validates that the knowledge, skills and abilities identified by the JTA Panel as being required for the job of entry-level healthcare interpreter are sufficiently important to be included in the certification examination.

 To assist in the interpretation of the survey results, cut-points were established to differentiate more important activities and knowledge areas from less important

activities and knowledge areas. Activities and knowledge areas not meeting one or more of the criteria were flagged for omission from the certification examination. The cut-points that were set in this study and their rationales are provided below.

Tasks and KSAs that were close to the cut-points were also flagged and reviewed by the CCHI Commission.

Percent "Do"

The first analysis was the percentage of respondents who indicated that they perform the task in their job. The respondents were asked to indicate how frequently they performed the task. The "Percent Do" scale reflects the percentage of the respondents that indicated that they performed the task at least occasionally. If less than 51% of the respondents fell into this category, the task was not considered to be a core task for this job and was therefore not included for consideration in the certification program.

The following tasks fell below this flag:

Task 40 - Document healthcare encounters in electronic medical records systems
Task 48 - Provide distance education and training for healthcare interpreters

Mean Importance Ratings

Mean importance ratings were computed for all task and knowledge/skill statements. The importance scale ranged from 1 (not important) to 5 (extremely important). Statements with mean importance ratings of 2.50 (the point on the scale that is half way between "somewhat important" and "important") or less were flagged as failing the importance rating.

Importance ratings play a critical role in the design of certification examinations. Professional and legal guidelines indicate that if content is to be included in an examination, the developer or user must be able to demonstrate that it is important for competent performance (AERA, 1985). The 2.50 cut-point recommended is consistent with this requirement of demonstrating job relevance.

The following tasks or KSAs fell below this flag:

KSA 106 - Knowledge of basic video equipment
KSA 125 - Ability to use video healthcare interpreting equipment
KSA 126 - Ability to use pagers

Standard Deviation of Importance Ratings

Finally, the standard deviation of importance responses was calculated. This is a measure of the degree to which the respondents agreed with each other. Low standard deviations indicate a high level of agreement while higher numbers mean that there was less agreement as to how the importance of the statement should be rated. Statements with a standard deviation above 1.50 were flagged for special review by the subject matter experts committee due to the relatively high level of disagreement among the survey respondents.

The following tasks or KSAs fell above this flag:

> Task 39 - Document healthcare encounters on paper
> Task 40 - Document healthcare encounters in electronic medical records systems

Response Analysis by Demographic Sub-Groups

It is critically important that a certification examination test for knowledge, skill and abilities that are required for competent practice of the profession regardless of the demographic characteristics of the individual. This ensures that the test is not biased for or against any portion of the candidate population.

The relative importance of the knowledge, skills and abilities questions were analyzed based on each of the demographic questions on the survey. (Populations with less than 100 respondents were not included in this study since the sample size is too small for accurate representation.)

If the mean importance rating of any sub-groups fell below 2.55, the KSA was flagged for special review and consideration by the certification commission to determine whether that KSA should be included in the examination.

The following tasks or KSAs fell below this flag:

> KSA 125 – Ability to use video healthcare interpreting equipment
> KSA 126 – Ability to use pagers

Summary of JTA Results

The analysis of the data collected through this Job/Task Analysis study confirm that the study has appropriately and accurately identified the tasks performed by entry level healthcare interpreters and the knowledge, skills and abilities required to perform those tasks.

Therefore, an examination specification can be constructed using this data that will result in a valid, fair and legally defensible certification examination.

Summary of Proposed Test Specifications

CCHI's Job Task Analysis provides the overarching framework – the test blueprint – for CCHI's certification examination. The proposed test blueprint below reflects the intent of those knowledge, skills, and abilities defined through the JTA process as being important for competent performance of the job of healthcare interpreters and how those KSAs should be grouped and weighted to produce a valid and reliable examination. CCHI is now working with its panel of certification professionals to define, design, develop and deploy a psychometrically sound, legally defensible certification examination that is customized to the specific practices of healthcare interpreters.

Part I – Managing Healthcare Interpreter Functions   *Percent of Test*

Manage an Interpreting Encounter   **30% - 35%**
- Manage the healthcare encounter
- Maintain ethical standards in the encounter
- Establish ground rules for the healthcare encounter with all participants
- Explain rules of confidentiality to the patient
- Introduce yourself to the patient according to protocols
- Document healthcare encounters on paper
- Position yourself relative to other participants to manage room dynamics and support communication

Healthcare Terminology   **22% - 25%**

Interact with Other Healthcare Professionals   **20% - 24%**
- Advocate for the patient (e.g., take action on behalf of the patient that goes beyond communication)
- Assist patients in navigating the healthcare care system (i.e., structure, procedures, protocols, regulations)
- Debrief with other interpreters or clinicians
- Instruct healthcare providers in how to work with interpreters and patients with limited English proficiency
- Participate in community outreach efforts
- Interpret during patient check-out process (e.g., assisting with prescriptions, appointments, financial)
- Determine interpreting needs of inpatients

Prepare for an Interpreting Encounter   16% - 20%
- Determine interpreting mode to be used
- Confirm dialect or regional language issues
- Assess need for personal protective gear and/or universal precautions.
- Determine your ability to interpret a healthcare encounter (i.e., an interpreting session)
- Initiate or respond to telephone calls from off-site patients

Demonstrate Cultural Responsiveness   3% - 6%
- Perform cultural brokering (e.g., determine, convey and mediate patient's cultural values)

Part II – Performing Healthcare Interpreting

Perform consecutive interpreting   75% - 80%

Perform simultaneous interpreting   10% - 15%

Sight Translate/Translate Healthcare Documents   10% - 15%
- Perform Sight Translations of Healthcare Documents
- Perform Written Translations of Healthcare Documents

Tables

The following tables indicate the data generated from this study. Filters were applied in accordance with the cut points indicated above for percent "Do", "Importance" and "Standard Deviation" (S.D.). Those tasks or knowledge/skill statements that met or exceeded the filter received a "Pass" rating below while those that did not received a "Fail" rating.

Sub-tasks or sub-domains with one or more "Fail" ratings for "Do" or "Importance" are generally not included in the test construction.

Sub-task and sub-domains that were borderline for "Do" or "Importance" (flagged in color) or that received a "Fail" for "Standard Deviation" were reviewed by the CCHI Commissioners who made the following decisions:

       a. Delete: 40/74 - *Document healthcare encounters in electronic medical records systems* (fails % Do flag)
       b. Delete 48/82 - *Provide distance education and training for healthcare interpreters* (fails % Do flag)
       c. Keep Task 39 - *Document healthcare encounters on paper* (fails SD flag)
       d. Delete KSA 106 - *Knowledge of basic video equipment* (fails importance flag)
       e. Delete KSA 125 - *Ability to use video healthcare interpreting equipment* (fails importance flag for sub groups - Age, Race, Ethnicity and Work Setting)
       f. Delete KSA 126 - *Ability to use pagers* (borderline for subgroup flag)
       g. Keep all other Tasks and KSA's

Tasks by Percent "Do" and Mean Importance

| | | | | | | | Filter Values | | |
| | | | | | | | 0.55 | 2.55 | 1.5 |

JTA Question Number		Tasks	N Responses		% Do	Freq SD	Importance Mean	Imp. SD	Filter Do	Filter Importance	Filter SD
Freq	Import.		Freq	Import.							
15	49	Assess need for personal protective gear and/or universal precautions.	1641	1644	0.77	1.44	3.62	1.33	Pass	Pass	Pass
16	50	Confirm dialect or regional language issues	1647	1648	0.87	1.30	3.79	1.07	Pass	Pass	Pass
17	51	Determine your ability to interpret a healthcare encounter (i.e., an interpreting session)	1624	1648	0.86	1.54	4.37	0.85	Pass	Pass	Pass
18	52	Recognize situations in which you should disqualify yourself from interpreting a healthcare encounter	1643	1643	0.74	1.46	4.30	0.92	Pass	Pass	Pass
19	53	Position yourself relative to other participants to manage room dynamics and support communication	1637	1628	0.90	1.39	3.67	1.11	Pass	Pass	Pass
20	54	Determine interpreting mode to be used	1637	1639	0.91	1.40	3.79	1.07	Pass	Pass	Pass
21	55	Introduce yourself to the patient according to protocols	1631	1633	0.99	0.86	4.12	1.00	Pass	Pass	Pass
22	56	Establish ground rules for the healthcare encounter with all participants	1639	1638	0.94	1.27	3.77	1.13	Pass	Pass	Pass
23	57	Explain rules of confidentiality to the patient	1633	1647	0.96	1.24	4.12	1.06	Pass	Pass	Pass
24	58	Manage the healthcare encounter	1622	1619	0.87	1.47	3.37	1.29	Pass	Pass	Pass
25	59	Perform consecutive interpreting	1641	1638	0.99	0.91	3.96	1.07	Pass	Pass	Pass
26	60	Perform simultaneous interpreting	1647	1644	0.85	1.10	2.93	1.27	Pass	Pass	Pass
27	61	Monitor the encounter for patient/provider comprehension	1644	1647	0.95	1.19	4.14	1.02	Pass	Pass	Pass
28	62	Maintain and mediate the register	1607	1617	0.92	1.40	3.69	1.21	Pass	Pass	Pass
29	63	Maintain accuracy and transparency	1636	1641	0.99	0.73	4.70	0.69	Pass	Pass	Pass
30	64	Maintain ethical standards in the encounter	1637	1640	1.00	0.63	4.69	0.71	Pass	Pass	Pass
31	65	Perform cultural brokering (e.g., determine, convey and mediate patient's cultural values)	1631	1633	0.98	1.10	3.94	1.07	Pass	Pass	Pass

32	66	Perform sight translation of institutional documents (e.g., intake forms, patient's rights documents, etc.)	1630	1634	0.88	1.22	3.40	1.21	Pass	Pass	Pass
33	67	Perform sight translation of legal documents (e.g., consent forms, waivers, releases, etc.)	1629	1620	0.80	1.32	3.37	1.36	Pass	Pass	Pass
34	68	Perform sight translation of patient educational material (e.g., a brochure on diabetes, etc.)	1631	1627	0.85	1.24	3.36	1.25	Pass	Pass	Pass
35	69	Perform sight translation of specific patient care instructions (e.g., discharge instructions, etc)	1626	1618	0.87	1.32	3.78	1.28	Pass	Pass	Pass
36	70	Perform written translation of specific patient care instructions (e.g., discharge instructions, etc.)	1645	1626	0.78	1.34	3.45	1.40	Pass	Pass	Pass
37	71	Advocate for the patient (e.g., take action on behalf of the patient that goes beyond communication)	1646	1619	0.79	1.24	3.00	1.38	Pass	Pass	Pass
38	72	Interpret during patient check-out process (e.g., assisting with prescriptions, appointments, financial	1645	1638	0.95	1.13	3.72	1.12	Pass	Pass	Pass
39	73	Document healthcare encounters on paper	1646	1636	0.74	1.67	3.13	1.44	Pass	Pass	Pass
40	74	Document healthcare encounters in electronic medical records systems	1641	1620	0.41	1.60	2.71	1.51	Fail	Pass	Review
41	75	Debrief with other interpreters or clinicians	1634	1630	0.74	1.25	2.94	1.26	Pass	Pass	Pass
42	76	Determine interpreting needs of inpatients	1639	1621	0.74	1.47	3.47	1.34	Pass	Pass	Pass
43	77	Initiate or respond to telephone calls from off-site patients	1641	1624	0.76	1.41	2.96	1.33	Pass	Pass	Pass
44	78	Participate in community outreach efforts	1642	1620	0.72	1.18	2.64	1.21	Pass	Pass	Pass
45	79	Instruct healthcare providers in how to work with interpreters and patients with limited English proficiency	1640	1632	0.78	1.28	3.47	1.33	Pass	Pass	Pass
46	80	Assist patients in navigating the healthcare care system (i.e., structure, procedures, protocols regulations,	1642	1634	0.80	1.31	3.10	1.29	Pass	Pass	Pass
47	81	Provide remote interpreting (e.g., telephonic, video, etc.)	1647	1626	0.81	1.36	3.13	1.31	Pass	Pass	Pass
48	82	Provide distance education and training for healthcare interpreters	1630	1600	0.30	0.98	2.67	1.50	Fail	Pass	Pass

KSAs by Mean Importance

JTA Question Number	KSA	N Responses	Importance Mean	SD	Filter Importance	Filter SD	Sub Group Flags
					Filters Importance 2.55	SD 1.5	
84	Knowledge of sources of information (e.g., medical records, medical terminology, rules, etc)	1647	4.31	0.94	Pass	Pass	None
85	Knowledge of universal precautions and protocols	1645	4.11	1.01	Pass	Pass	None
86	Knowledge of appropriate use of protective gear	1638	3.90	1.17	Pass	Pass	None
87	Knowledge of regional variations in the language of the patient and healthcare provider	1636	3.88	1.05	Pass	Pass	None
88	Knowledge of healthcare interpreting standards of practice	1634	4.40	0.89	Pass	Pass	None
89	Knowledge of effective participant positioning in interpreting encounters	1635	3.87	1.01	Pass	Pass	None
90	Knowledge of appropriate interpretation modes for various situations	1626	4.02	1.03	Pass	Pass	None
91	Knowledge of healthcare facility policies and procedures	1640	3.96	1.06	Pass	Pass	None
92	Knowledge of rules of confidentiality	1642	4.70	0.70	Pass	Pass	None
93	Knowledge of mandatory reporting rules (e.g., child abuse, domestic violence, etc)	1640	4.31	1.03	Pass	Pass	None
94	Knowledge of basic concepts of interpreting in a healthcare encounter (e.g., how/when to manage the flow	1645	4.46	0.80	Pass	Pass	None
95	Knowledge of how a patient's cultural practices and beliefs can effect communication	1646	4.31	0.86	Pass	Pass	None

96	Knowledge of healthcare specialties	1651	3.78	0.99	Pass	Pass	None
97	Knowledge of basic emergency medical response procedures	1646	3.58	1.18	Pass	Pass	None
98	Knowledge of anatomy and physiology terminology (i.e., parts of the human body and their functions)	1648	4.37	0.85	Pass	Pass	None
99	Knowledge of healthcare terminology (e.g., medical tests, procedures, diseases and conditions, diagnoses,	1641	4.35	0.88	Pass	Pass	None
100	Knowledge of emergency room protocols	1643	3.66	1.16	Pass	Pass	None
101	Knowledge of healthcare protocols	1631	3.66	1.13	Pass	Pass	None
102	Knowledge of dental terminology	1631	3.35	1.17	Pass	Pass	None
103	Knowledge of diet and nutrition terminology	1641	3.72	1.03	Pass	Pass	None
104	Knowledge of healthcare security measures and protocols	1624	3.51	1.17	Pass	Pass	None
105	Knowledge of basic components and functions of healthcare care system (i.e., structure, procedures,	1648	3.44	1.07	Pass	Pass	None
106	Knowledge of basic video equipment	1638	2.35	1.18	Fail	Pass	None
107	Is there additional knowledge that is important for competent practice of healthcare interpreters that we have not asked about?	n/a	n/a	n/a	n/a	n/a	n/a
108	Skill in active listening	1649	4.65	0.65	Pass	Pass	None
109	Skill in retaining information in short term memory	1641	4.54	0.76	Pass	Pass	None
110	Skill in note taking	1636	3.54	1.20	Pass	Pass	None
111	Skill in recognizing non-verbal communication	1643	4.02	1.06	Pass	Pass	None
112	Skill in anticipatory listening	1629	3.79	1.11	Pass	Pass	None
113	Are there additional skills that are important for competent practice of healthcare interpreters that we have not asked about?	n/a	n/a	n/a	n/a	n/a	n/a
114	Ability to recognize potentially hazardous conditions	1650	4.01	1.03	Pass	Pass	None
115	Ability to adapt to the context of the situation	1647	4.19	0.86	Pass	Pass	None

116	Ability to clearly explain common interpreting protocols	1648	4.02	0.92	Pass	Pass	None		
117	Ability to establish expertise in the eyes of the patient and healthcare provider	1635	3.99	1.06	Pass	Pass	None		
118	Ability to speak with fluency in English and the language of the patient (with minimal accent)	1645	4.29	0.89	Pass	Pass	None		
119	Ability to hear and discern a dialect from spoken language	1643	3.84	1.04	Pass	Pass	None		
120	Ability to recognize non-verbal clues that indicate dialect or region	1639	3.54	1.19	Pass	Pass	None		
121	Ability to create linguistic equivalence when there is no direct translation for a medical term	1636	4.28	0.91	Pass	Pass	None		
122	Ability to evaluate effectiveness to participate in a sensitive or emotionally charged case	1628	4.15	1.01	Pass	Pass	None		
123	Ability to work with a team to evaluate a problem	1633	3.85	1.12	Pass	Pass	None		
124	Ability to use conference phone system	1627	3.29	1.26	Pass	Pass	None		
125	Ability to use video healthcare interpreting equipment	1629	2.71	1.27	Pass	Pass	Age	Race	Work Setting
126	Ability to use pagers	1623	3.07	1.40	Pass	Pass	Ethnicity	Method of Delivery	Work Setting
127	Ability to use an electronic dictionary	1628	2.94	1.30	Pass	Pass	None		
128	Are there additional abilities that are important for competent practice of healthcare interpreters that we have not asked about?	n/a	n/a	n/a	n/a	n/a	n/a		

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