





CCHI Certification
Commission for
Healthcare
Interpreters

**CCHI 2nd National Healthcare Interpreter Certification Summit
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The Quality Conundrum: Aligning Onsite and On-Demand Remote Healthcare Interpreter Qualifications

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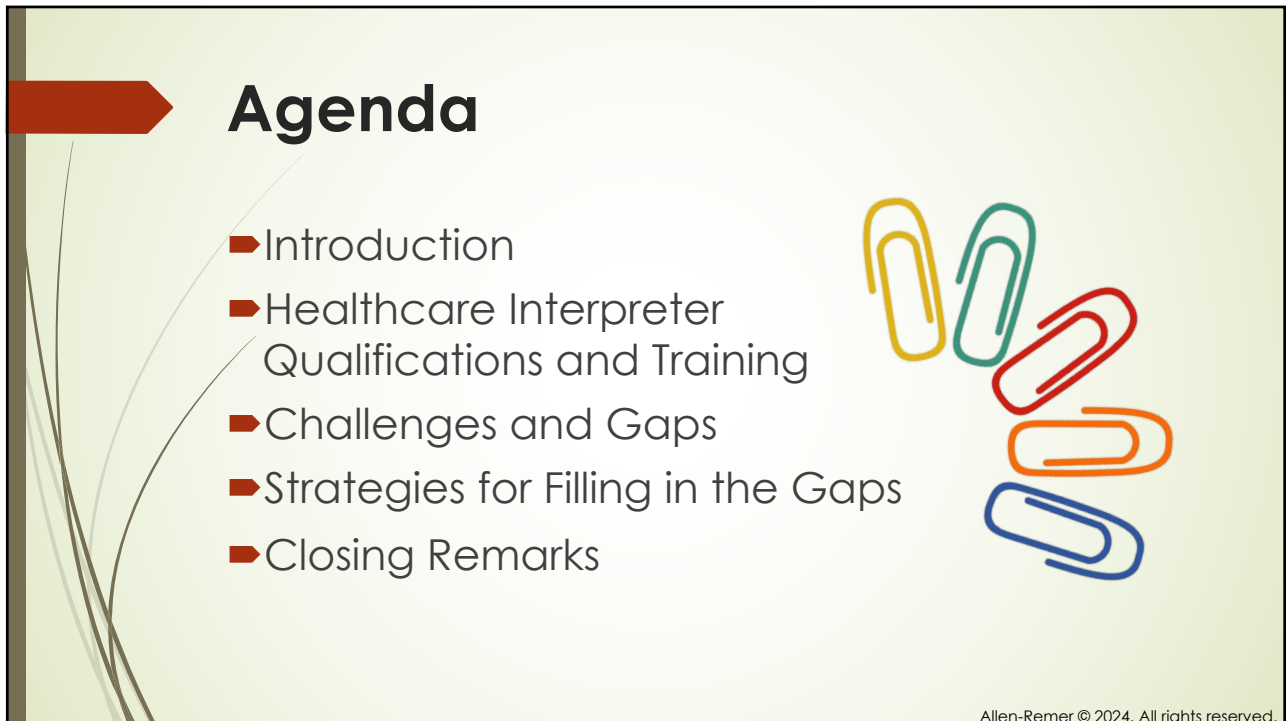


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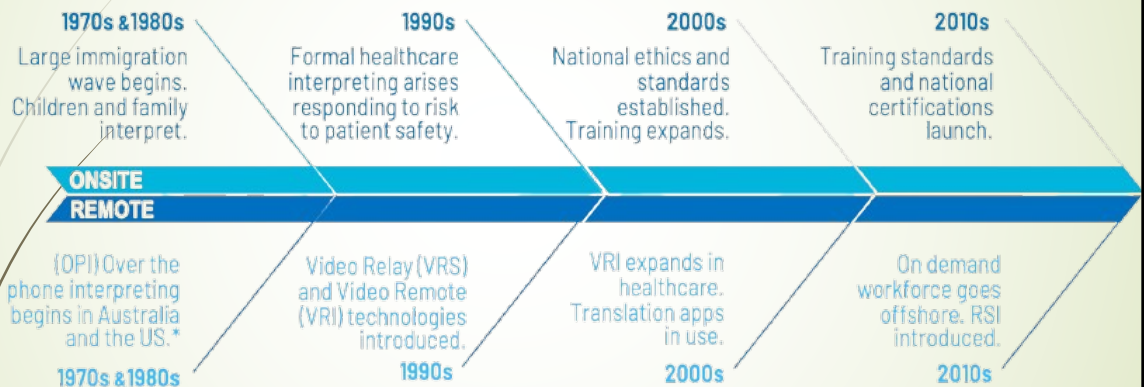
Mentimeter

1. What words come to mind when you think about the quality of on demand interpreting?
2. What solutions do you see for improving training for remote interpreting?

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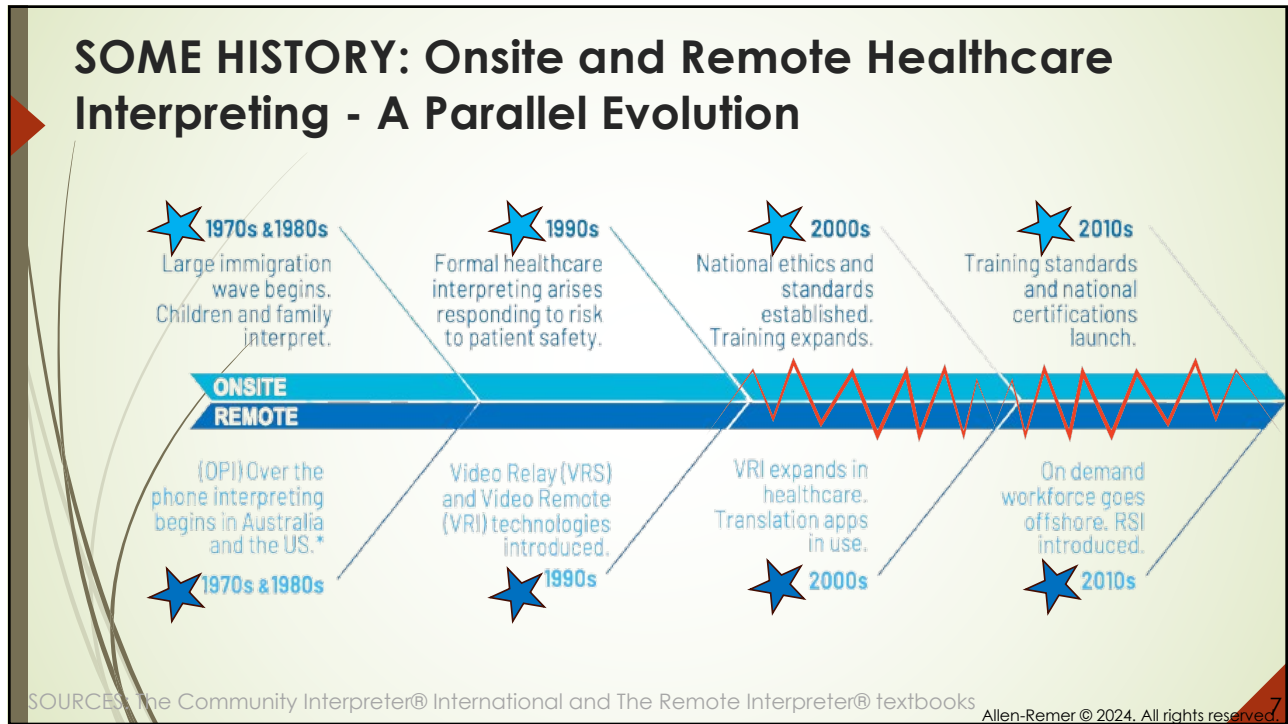
SOME HISTORY: Onsite and Remote Healthcare Interpreting - A Parallel Evolution



SOURCES: The Community Interpreter® International and The Remote Interpreter® textbooks

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What Does the Law Require?

Broad national mandates to achieve equity in access to healthcare (and other Federally-funded) services regardless of national origin or ability to hear.

ALL healthcare interpreters must have **the same skill set**, and **coverage must be the same** regardless of **language** or **geographic location** of the service.

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**300 languages + 24/7 coverage + 50 states =
Magical Rainbow Unicorn Mandate**



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Who Are Healthcare Interpreters?

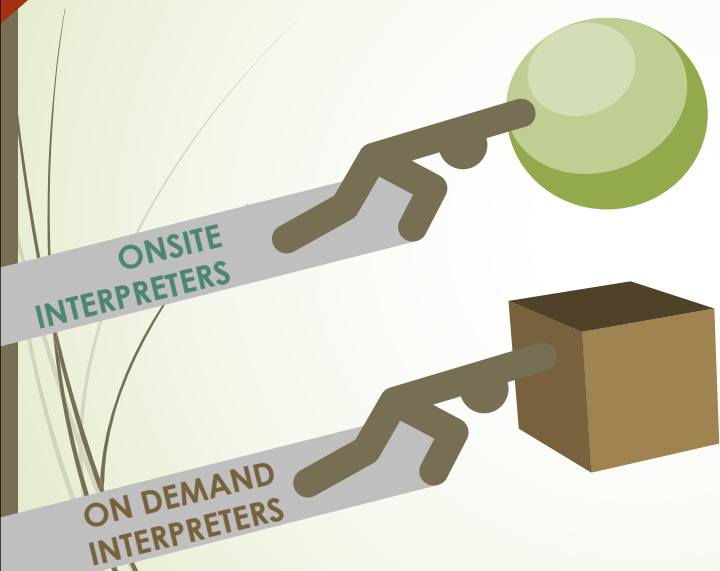
- ONSITE**
 - Staff and contract interpreters
- ONSITE + REMOTE MIX**
 - Staff and local contract interpreters
- ON DEMAND OPI & VRI INTERPRETERS**
 - US-based and offshored global workforce



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Healthcare Interpreter Minimum Qualifications



ONSITE INTERPRETERS

- Proof of language proficiency
- 40-60 hours medical interpreter training
- Follow NCIHC Code of Ethics
- Medical terminology
- HIPAA certified

INCREASINGLY:

- Certification and Yearly CEUs

ON DEMAND INTERPRETERS


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Minimum Qualifications: A Second Look

REMOTE ON-DEMAND INTERPRETERS

Proof of language proficiency	
40-60 hours medical interpreter training	
Follow the NCIHC Code of Ethics and Standards of Practice	
Medical terminology	
HIPAA certified	
Certification and yearly CEUs	

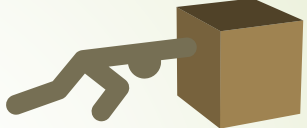


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Minimum Qualifications: A Second Look

REMOTE ON-DEMAND INTERPRETERS




Proof of language proficiency	▪ Unlimited number of international certificates/tests
40-60 hours medical interpreter training	▪ Trainings often created by LSPs in-house by non-US-based trainers ▪ 40-60 hr content is not standardized
Follow the NCIHC Code of Ethics and Standards of Practice	▪ Ethics and standards training often a mix of NCIHC and in-house codes of conduct
Medical terminology	▪ Often receive more training on terminology (and scenario-based) but may replace training on protocols and ethics
HIPAA certified	▪ HIPAA "certified" has no established criteria (10-60 minutes of training)
Certification and yearly CEUs	▪ Certification is mostly inaccessible , professional development often provided in-house

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To Do the Same Thing...Additional Skills Needed

REMOTE INTERPRETERS



- Interpreting without Context
- Manage Technology
- Customer Service Protocols

ONSITE INTERPRETERS



- Access to local & US context
- Limited Real-time Resources
- Professionalism

Shared Skills

- Language proficiency
- Modes
- Ethics
- Medical knowledge
- Intervention

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Healthcare Interpreter Training Gaps

Onsite Interpreters

- ▶ Onsite & online short-course and academic programs
- ▶ Standardized content
- ▶ Pathway to certification
- ▶ Widely available CEUs

-- *Language neutral, limited practice, no evaluation, shadowing rare*



On-demand Interpreters

- ▶ In-house trainers adapting short-course training online
- ▶ Content highly variable
- ▶ Certification inaccessible
- ▶ Prof. development in-house

+ *Language coaching, training simulation, evaluation, shadowing*



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Who Trains the Trainers?

We train ourselves. We train each other.


Short-course TOTs, self-trained, professional development courses. peer mentorship



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Remember Back When in the 2000s...



Prior to **NCIHC Ethics, Standards of Practice and Certification...**

...hospitals were struggling to **"certify" their own interpreter pools** to prove compliance.

On-Demand LSPs are in a similar situation today.

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SOLUTIONS
We already have models.



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1 Collaborative Partnerships: LSPs + Stakeholders



- Adapt NCIHC Standards of Training for remote interpreting.
- Define additional required skill sets.
- Develop **foundational 40-60 hr training programs** for on-demand.
- Explore processes to make **certification accessible** to remote interpreters.

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1 Collaborative Partnerships: LSPs + Stakeholders

BUILD UPON EXISTING RESOURCES

- The Remote Interpreter Textbook (aligned and up-to-date with U.S. community interpreting practices)
- Experienced trainers and training agencies
- Master trainers cross-trained in onsite and remote
- Industry relations
- Technology to deliver training






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2 LSPs: Know Your Industry & Hire Experts




<p>Comprehensive Code of Conduct</p> <ul style="list-style-type: none"> ✓ Require adherence to national codes of ethics (NOT in-house code) ✓ Protocols adapted for remote interpreting ✓ Intervention guidance 	<p>Technology Requirements</p> <ul style="list-style-type: none"> ✓ Comprehensive hardware requirements ✓ Platform (software) training ✓ Tech professionalism (greeting, ending, camera presence, troubleshooting) 	<p>Ongoing Platform Development</p> <ul style="list-style-type: none"> ✓ Ongoing platform improvement ✓ Support interpreting performance through platform technology (glossaries, routing) ✓ Professional development
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3 Support Remote Interpreters in the Encounter

- **DON'T:** Sell or buy the **rainbow unicorn** (every language is available within 30 seconds filled by an interpreter with equivalent training and experience).
- **DO: Differentiate On-demand v. Prescheduled** Sessions based on language availability and complexity.
- **DO:** Support the remote interpreter with as much **context** as possible through AI tech solutions.
 - EX: Provide a session description to the interpreter when they dial in as a pop-up window.
 - EX: Automated glossary retrieval / generation




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4 Level Set with Clients: EDUCATION

- LEVEL SET CLIENT EXPECTATIONS:**
 - Qualified interpreters in 300+ languages available 24/7 is aspirational
 - Generative AI \neq Universal Translator
 - Low-cost services = lower quality


Changing end-user behavior IS possible:
EX: Hospitals have mostly moved away from leveraging bilingual staff and family members in healthcare.



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Summary Takeaways




1.0

HEALTHCARE INTERPRETING
1990s – 2010s

In 30 years, we transformed an activity into a viable profession with validated national ethics, standards, protocols and pathways to learning.

We built it for **onsite interpreting**.




2.0

HEALTHCARE INTERPRETING
2020s and beyond

It's time for Interpreting 2.0:

An expanded, mature profession with differentiated specializations and updated foundations.

Now we build to professionalize the **remote interpreter**.



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THANK YOU!

Questions?

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