

Written Translation at Healthcare Interpreting Appointments

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Interpreters doing written translations at healthcare appointments has always been controversial. However, the reality is, it is being done on a daily basis. This has been statistically validated by the studies of both the International Medical Interpreters Association (IMIA), previously Massachusetts Medical Interpreters Association (MMIA) in 2006 and 2017 and the Certification Commission for Healthcare Interpreters (CCHI) in 2016. Preparing professionals for the reality of the industry is difficult when there is no clarity. Do medical interpreters really translate? Why?

As instructors of future medical interpreters, we teach our students to follow the National Council's National [Code of Ethics](#) and National [Standards of Practice](#) for Interpreters in Health Care. The major tenets are confidentiality, accuracy, impartiality, professionalism, and continuing education. The only reference to the word *translation* is found in the Standards of Practice, as part of the term *sight translation*.

In 2016 and 2017, about five years after accrediting their certification exams, the [National Board of Certification for Medical Interpreters](#) (NBCMI) and the [Certification Commission for Healthcare Interpreters](#) (CCHI) assessed their exams regarding how their certification process evaluates what is done in a medical interpreting encounter. Both surveys asked how much translation interpreters were doing in the context of medical interpreting encounters. They surveyed healthcare interpreters, including both certified and non-certified interpreters.

NBCMI asked how often interpreters were expected to translate documents.

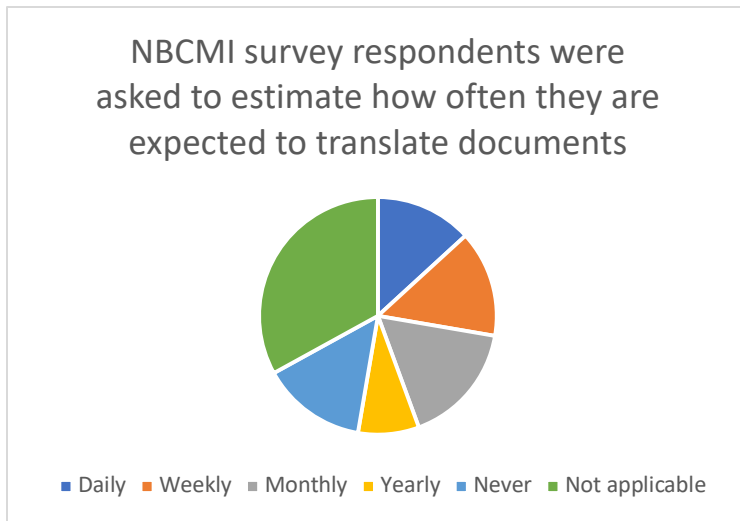


Figure 1: How often interpreters translate as part of their medical interpreting responsibilities. 13.2%: daily, 14.5%: weekly, 16.7%: monthly, 8.3%: yearly, 14.3%: never, 33%: not applicable. *A Job Analysis Study of the Certified Medical Interpreter, 2017, conducted for NBCMI, page 19*

CCHI asked if members translated as part of their responsibilities as healthcare interpreters and requested a detailed description. 953 said yes and 781 said no. The survey asked that if survey respondents answered yes to this question, they provide a brief description of the type and length of the documents translated in an open text box. CCHI kept all responses, which were available upon request. The authors requested the answers and reviewed them for this project.

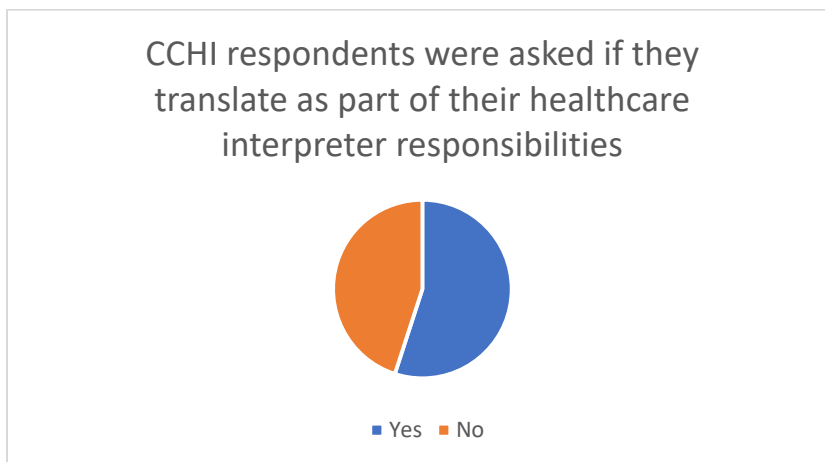


Figure 2: Percentage of interpreters who translate as part of their healthcare responsibilities
Yes: 953, No: 781
Certification Commission for Healthcare Interpreters (CCHI) Job Task Analysis Study 2016, page 13

Based on the analysis of the answers the respondents provided to CCHI, the authors developed the following graphs.

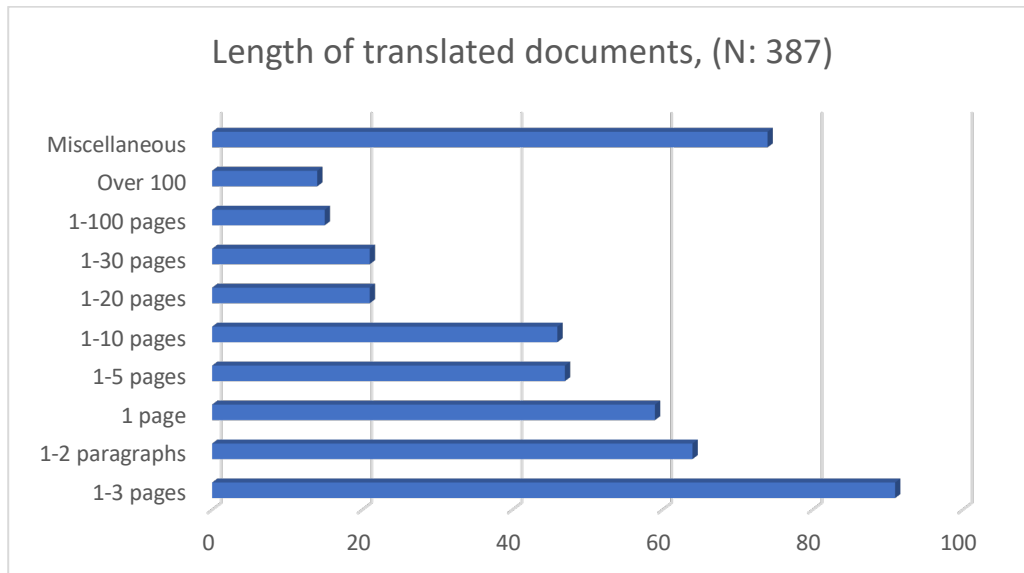


Figure 3: Length of translated documents, CCHI data analysis by authors

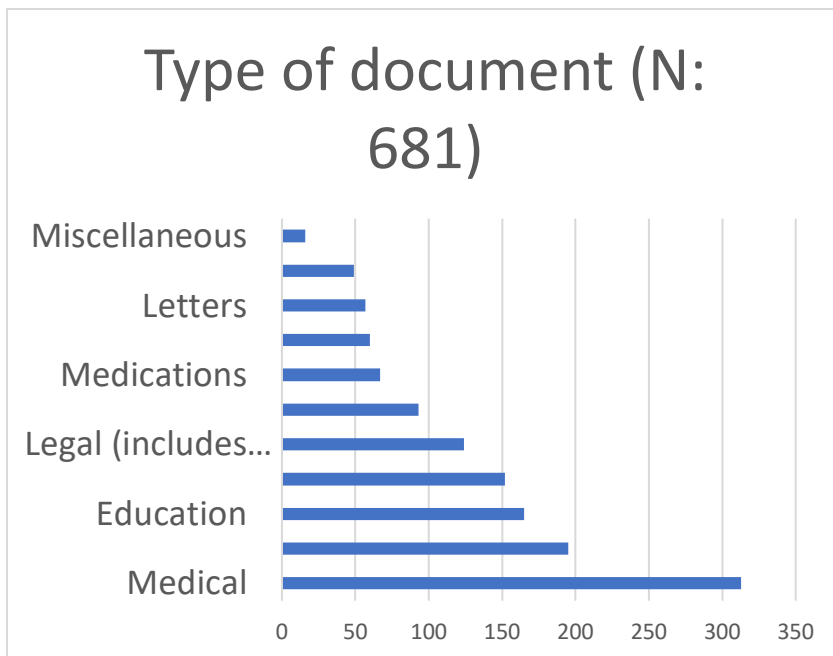


Figure 4: Type of document, CCHI data analysis by authors

Interpreters were most likely to be asked to translate texts that were between one paragraph in length and up to between one and three pages in length. Some texts, such as instructions for physical therapy, could be three pages long but have minimal text. Therefore, based on the results as shown in these surveys, interpreters should be prepared to translate short texts at the session itself.

Based on some of the detailed descriptions, we found that the most common documents that interpreters were asked to translate included patient visit summaries, instructions for home care, information on how to prepare for a procedure, and other vital information.

What do other surveys tell us about interpreters and translation?

In 2006 and 2015, the Massachusetts Medical Interpreters Association (MMIA) and the American Translators Association (ATA) asked interpreters if they provided translation services. Both surveys reflected a greater than 55 percentage affirmative response.

2015 ATA Interpreters Division Survey	2006 MMIA Survey
92% provide translation services Note: This was a survey of ATA Interpreter Division members, which includes interpreters of all specialties.	66% provide translation services Note: The MMIA survey showed that interpreters worked in the medical field as well as in other fields.

What is required for full-time employment?

An online search of full-time interpreting job opportunities reveals that applicants are often asked to provide:

- Interpreting in the consecutive, simultaneous, and sight translation modes
- Some amount of translation of written documentation.

What is the purpose of interpreting?

The purpose of legal interpreting is to put the limited English proficient person on an equal footing with an English speaker as required by due process of law. Healthcare interpreting is a component supporting language access services. This means that people have a meaningful encounter and interact with the service fully, with complete opportunity to fulfill their goals in the encounter. Unfortunately, in some settings interpreting is the aspect of language of access that is emphasized, and translation is not as clearly pursued. This leads to the following situation.

What the doctor receives in English:	What the limited English proficient patient receives in their language:
<p>Patient intake form in English to provide accurate treatment</p> <p>We provide a translation of the patient's information to the doctor.</p> <p>Note: When the intake form does not reflect the patient's participation in the non-English language, the accuracy of the form is often questioned in depositions. Recording the information in both languages in a transcription-translation format would avoid this problem.</p>	<p>Home care instructions in English sight translated into their language.</p> <p>The electronic medical records are not translated by default. That is up to each provider. At Johns Hopkins Hospital they send patients home with a card where you push a button and hear the interpreter's rendition of the doctor's instructions. (Source: language services coordinator on a tour of the hospital organized by the 2015 International Medical Interpreters Association [IMIA] at their conference in Maryland)</p>

A CCHI survey respondent states...

I follow a general rule: If the instructions [...] are specific to that patient and they are less than one page, and I can do it within the time allotted for the appointment then:

1. I translate the document within the Electronic Health Record below the healthcare provider's English instructions
2. I back-sight translate the translation to the same healthcare provider to ensure accuracy
3. I then read the instructions into the patient's language to ensure comprehension
4. I type my name and title at the bottom, and name the provider to whom I back-sight translated the document

If the document is longer than I have time to sight translate, then I refer the provider to our translation department to have the document translated.

Comments from attendees at the 2018 ATA conference in New Orleans

This research was presented at the 2018 ATA conference in New Orleans in a discussion format. Some attendees realized that this involves a new set of evaluations for interpreters, including their writing and translation skills.

Attendees also commented that providing on-site translation on a limited basis (a couple of paragraphs, limited to patient visit summaries, instructions for taking medications or preparation for surgery, for example) would be very valuable. Most agreed that longer documents should be translated professionally.

The following were some responses, edited for clarity:

- Does this mean that interpreters are also translators?
- Where should the boundaries between interpreting and translation be drawn?
- How do we define our profession? Do we define it in isolation, or do we adjust to the realities of the field as we prepare to meet the needs of our clients?
- We need to have this conversation.
- Helpful reality check. Worth exploring.
- I found the information very useful as I occasionally do interpreting assignments related to medical issues, and written translation is often required despite claims otherwise.

Recommendations from the authors:

Interpreter training should give more time to:

- Writing assignments in the non-English language.
- Short written translation exercises.
- Sight translation.

If over 50% of medical interpreters are being asked to do some translation work, they should consider taking advantage of:

- Translation workshops.
- Sessions that specialize in the non-English working language.
- Opportunities to improve writing skills in both languages.
- Community college courses in writing or in subject matter topics.

This is not a new idea. Translation is included in the [NCIHC National Standards for Healthcare Interpreter Training Programs](#) published by the National Council on Interpreting in Health Care in 2011. On page 15, in the list of interpreting skills to be taught, it says:

Translation in the interpreting context: A basic program of study teaches the student basic skills in on-the-spot translation and transcription of simple oral and written instructions.

- a. Ability to decide when on-the-spot translation or transcription is appropriate.
- b. Ability to respond to requests for translations/transcriptions ethically and professionally.

Where do we go from here?

As authors, we do not have the authority to dictate the direction of our field. We believe it is important to start a conversation based on the best information available. Trainers, interpreters and certification bodies will likely continue this conversation now that the information has been brought to the fore. We hope to continue this discussion in other forums. We should consider the guidance the Federal Government has provided on hiring translators and interpreters as well as on how to evaluate the skills of bilingual employees in the [Foreign Language Services Ordering Guide](#), which we cite at the end of this article.

The barriers to acquiring translation skills could be overcome with quality translation training. Helen Eby has been able to introduce writing assignments in her interpreting training classes based on reading documents in Spanish and has seen improvement in the students' writing skills through formative assessment throughout the course.

We started our research because we were intrigued by the percentage of interpreters who said they translated at medical appointments. Helen Eby is a member of the [Oregon Council on Health Care Interpreters](#). She sits on the Education and Training Committee, which requested this analysis. Tina Peña teaches interpreting at Tulsa Community College. Rita Weil trains interpreters online and in the Philadelphia area. We will take the insights we have gathered to our spheres of influence and continue these conversations.

Quotes from other sources for further thought

Definitions from the professional field:

Interpreting	The process of first fully understanding, analyzing, and processing a spoken or signed message and then faithfully rendering it into another spoken or signed language. ASTM F2019-15, Standard Practice for Language Interpreting
Translation	The process of transferring text from one language into another. It is a complex skill requiring several abilities. ILR Skill Level Descriptions for Translation Performance
Sight translation (tested in interpreting certification exams)	The rendering of a written document directly into a spoken or signed language, not for purposes of producing a written document. ASTM F2089-15, Standard Practice for Language Interpreting
Audio translation	The process of rendering live or recorded speech in the source language to a written text in the target language. It is a cross between interpretation (speech-to-speech) and translation (written text-to-written text), and requires a skill set that includes not only language but also the ability to overcome input interference. ILR Skill Level Descriptions for Audio Translation Performance
Transcription-translation	A document in several columns that includes the transcription of: <ul style="list-style-type: none">• The source message spoken by the LEP and its translation into English, or,• The source message spoken by the doctor (e.g. instructions for taking medications) and its translation into the language spoken by the LEP. Summarization from content of Why Provide a Forensic Transcription Translation?

From the [Foreign Language Services Ordering Guide](#), by the Language Services Procurement Committee of the Federal Government.

Qualified Interpreter for an individual with limited English proficiency means an interpreter who via a remote interpreting service or an on-site appearance:

- i. Adheres to generally accepted interpreter ethics principles, including client confidentiality;
- ii. Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and
- iii. Is able to interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

Qualified Translator means a translator who:

- i. Adheres to generally accepted translator ethics principles, including client confidentiality;
- ii. Has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language; and
- iii. Is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

Foreign Language Services Ordering Guide, page 10

d. Utilizing Multilingual Staff

Many federal agencies employ staff members who are able to speak, read, write and understand non-English language(s). Before utilizing these staff to fulfill certain language service needs, there are a number of factors to take into consideration. How does a federal agency ensure that its staff member is fluent in a non-English language? Does a multilingual employee obtain any benefits (such as pay differential) for using his or her language skill on the job? Are workload adjustments necessary if a federal employee's language skill is in high demand? At a minimum, federal agencies should be wary to accept at face value an employee's self-identification of fluency in a non-English language. Third party assessment of a multilingual employee's linguistic skill, preferably by a professional linguist, is one acceptable method for assessing the fluency of multilingual workers. Vendors can be useful for providing assessments of multilingual employee language skill if the federal agency does not have the in-house capacity and expertise to do so. Agencies should also consider quality standards, pay differentials, and workload adjustments in determining the impact of utilizing multilingual employees to fulfill the agency's language service needs.

Foreign Language Services Ordering Guide, page 17

Definition from the [SCA Directory of Occupations](#), Fifth Edition, page 110, referenced by federal contractors and contracting officers.

30110 FOREIGN LANGUAGE TRANSLATOR

The Foreign Language **Translator** translates to English from a variety of language sources, including but not limited to print and audio. Complete knowledge of language must provide translator with a wide range of standard and nonstandard terminology and an understanding of dialects and jargon. This worker must be able to comprehend slang and colloquial expressions in translating both technical and non-technical materials; must idiomatically translate repetitive material in specialized areas, including documents, reports, and general correspondence, in full or summary form, and provide supplemental research when necessary. Some **interpreting** will be required.

This worker must ensure that the final translation communicates the accurate meaning of the original transcribed document and conform as closely as possible to the format of the source document. Translation must use accepted standard English grammar in attaining clarity and a faithful rendition of the original source's meaning. Translation requires treatment of conventional problems and situations using established translating practices and principles.

This translator must possess the ability to make independent determinations concerning accuracy and thoroughness of the translation, [sic] and will often report to supervisory translator yet must be able to function independently.

SCA Directory of Occupations, Fifth Edition, page 110

Note: Text marked in red by authors to highlight the implicit combination of translation and interpreting requirements under the translator job description.

Sources

A Job Analysis Study of the Certified Medical Interpreter, 2017, conducted for NBCMI
https://nbcmi.memberclicks.net/assets/docs/2017%20NBCMI%20JAR_webversion.pdf

ASTM F2089-15 Standard Practice for Language Interpreting
<https://www.astm.org/Standards/F2089.htm>

Foreign Language Services Ordering Guide: Prepared by Members of the Language Services Procurement Committee, August 2016
https://www.gsa.gov/cdnstatic/Foreign_Language_Services.pdf

ILR Skill Level Descriptions for Translation and Audio Translation Performance
<http://www.govtilr.org/Skills/AdoptedILRTranslationGuidelines.htm>
http://www.govtilr.org/Skills/Audio_trans.htm

NCCA Accreditation, under Institute for Credentialing Excellence
<http://www.credentialingexcellence.org/p/cm/ld/fid=65>

Report on CCHI's 2016 Job Task Analysis Study

http://cchicertification.org/uploads/CCHI_JTA2016_Report.pdf

Answers provided by CCHI, available by request to CCHI.

SCA Directory of Occupations, Fifth Edition, page 110

<https://www.dol.gov/whd/regs/compliance/wage/SCADirV5/SCADirectVers5.pdf>

Why provide a forensic transcription translation? by Helen Eby, in consultation with Teresa Salazar, Published in the ATA ID blog on August 22, 2018

<http://www.ata-divisions.org/ID/why-provide-a-forensic-transcription-translation/>

National Standards for Healthcare Interpreter Training Programs, published by National Council on Interpreting in Health Care, 2011

https://www.ncihc.org/assets/documents/publications/National_Standards_5-09-11.pdf

The authors

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Tina Peña has an MA in educational design and curriculum development. She has been certified in community interpreting by the Cultural Interpretation Services for our Communities. She is an Associate Professor of Spanish and community and medical interpreting for the interpreting and translation certificate programs at Tulsa Community College. She is a former chair of the National Board of Medical Interpreters and the former Oklahoma state representative to the International Medical Interpreters Association. She can be reached at tinaricarti@gmail.com.

Rita Weil, PhD is a professional medical and community interpreter and an experienced interpreter trainer. She has 18 years of experience as a Spanish interpreter, working first in the Washington, DC area, and presently in Philadelphia, PA. Ms. Weil is a former Peace Corps volunteer, having served in Colombia and as a Peace Corps Response volunteer in Honduras. She lived and worked in Venezuela for nine years. Rita Weil served as an executive officer of the National Board for Certification of Medical Interpreters for four years. She is presently a board director of the Delaware Valley Translators Association (DVTA). She can be reached at ritaricarti@gmail.com.