

DRAFT RECOMMENDATION TEN – Point One
Yvonne Simpson, UW Medicine – Harborview Medical Center

Instructions: Use the [Information Sheet](#) describing the required design elements needed for each recommendation to draft your ideas on how the State of Washington can support having more qualified medical interpreters.

1.	<p>Testing entities</p> <ul style="list-style-type: none"> • Must have expertise and sustainable resources to develop and update tests. • Must have the necessary technology to deliver online tests. • Must have the resources to maintain and update the technology routinely. • Must have processes that align with national and industry standards of medical interpreter testing.
	<p>In response to the discussion prompts:</p> <ul style="list-style-type: none"> • <i>Strategies for increasing access to language access providers in rural communities and for languages of lesser demand.</i> • <i>Strategies for certified language access provider workforce resiliency, including adequate workload and compensation.</i> • <i>Standards of ethics and professional responsibility for language access providers.</i> <p>Would there be a way for DSHS to assist in proactively looking for interpreters from languages of lesser demand? Would it be possible to incentivize these communities to get certified by partnering with 3rd party testing organizations to reduce costs for certifying languages of lesser demand? Regarding improving access to rural communities, in my role with University of Washington/Harborview Medical Center we have found it helpful to have contracts with multiple interpreter agencies so that if one agency does not have access to language X, possibly a secondary organization may have that language available.</p> <p>Regarding compensation, recommended to do a survey of current industry standards for pay. Is there pay differential for years of experience, amount of training, location (mileage - especially for rural areas), and shift differential (night/weekend/holiday pay)? Additionally, consider the vast difference in compensation between sign language interpreters spoken language interpreters - the job is the same, even if the community and modality are unique. Regarding workload, that may vary greatly when comparing staff interpreters and freelancers, the latter of whom make up the vast majority of interpreters in the community. For freelancers, how would it be possible to limit the number of hours worked? Yes, it would be beneficial for their personal health, but if there is a need for a language of lesser demand and there are limited interpreter resources, would a cap truly be placed on that individual?</p> <p>Regarding ethics, from my perspective and understanding the NCIHC has national standard for healthcare interpreters and I believe that there is something similar for courts. As noted by Ms. Theresa Powell, there is need to consider certification for K-12 education interpreters, tax law, contract law, etc. There may be a need for a variance in standards of ethics and responsibility for those fields as they may have needs different from courts and other community interpreter practices.</p>
2.	<p>Technology</p> <ul style="list-style-type: none"> • 24/7 access to registration/scheduling. • Virtual testing, or easily accessible test centers. • Virtual proctors / ID verification available (e.g., through ProctorU service)

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	<ul style="list-style-type: none"> • Quick written test score reporting turn-around (immediate or within 48 hours for written tests). • Reasonable cost to candidates based on industry standards.
3.a.	<p>Prerequisites and screening</p> <ul style="list-style-type: none"> • Proof of bilingual and multi-lingual proficiency: Passing score of a formal test, school diplomas of education conducted in the target language, experience living in the target language-speaking country, and documented work experience. • Training in interpreting skills.
3.b.	<p>Test content</p> <ul style="list-style-type: none"> • Proficiency in English and target languages. • Domain knowledge: Healthcare system, medical terminology, and procedures • Medical interpreter ethics. • Interpreting skills (e.g., sight translation, consecutive interpretation, and memory retention).
3.c.	<p>Test quality</p> <ul style="list-style-type: none"> • Tests must meet national standards and federal requirements. • Tests must be valid and reliable. • Testing entities must provide reports demonstrating test validity and reliability
4.	<p>Resources to support clients and healthcare providers</p> <ul style="list-style-type: none"> • A platform accessible by healthcare providers to look for interpreters. • Approved continuing education (CE) courses. • Certification distribution and revocation systems. • Customer complaint resolution process. • Other customer services.