

Breakout Room 2 Participants

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Homework: Please share what you would like to see in a draft recommendation, or what you have already shared in a draft recommendation, regarding prerequisites and screening, test content, and test quality.

- Higher passing rate in national exam for medical interpreters than DSHS. Correlates with prerequisite and better prepared. Supports Interpreter Training Course before sitting for exam
- Test more interpreting skills in more languages vs. old style of just primary authorized languages and memory tests
- Recommend that interpreting skills and domain skills are important
- Further explanations as to what national standards are being referred to. Regarding federal requirements, is it the responsibility of an entity that interpreters are qualified?
- There needs to be a way to test languages that are not traditionally evaluated in a testing environment
- Difficult place in medical. How did current interpreters get credentialed? Look at bigger picture and what are we doing right now
- Exams need to go through validation and reliability studies
- Washington State seal of literacy can be added by level
- Analyzing whether a test meets standards takes a lot of time. Recommend that legislature request a research assistant from the Washington Institute for Public Policy
- People need to retest frequently, no work arounds
- Look at models from other states. What works well and what does not?
- Proof of linguistic capability in targeted language, more likely to be successful on first try
- Some may not be able to provide verification of their training, such as refugees and indigenous languages. Need different methods of verification. National credentialing program model
- Use non-identifying information from test applicants for data collection on pass rates. Data should be available for the public domain

- Use national standards, class standards, and a professional code of conduct. Utilize national standards and validate quality, ACT necessary as part of issuing a credential
- Prerequisites are important so that hopefully people will not have to take the test many times
- Recommend reading all of WASCLA's submissions and recommendations
- Look at what has not worked in our state. Many places where language services are not being provided
- Test content should include medical terminology and interpreter ethics, as well as more languages for the exams
- Prerequisites are vital because candidates have varying skill sets, resulting in different passing rates
- Tests should incorporate a national model for healthcare services, focus on health equity, and national code of ethics. National Council of Interpreter Healthcare
- The biggest challenge is a limitation on the interpreter pool. Ultimately, the test should include a broad range of ways someone can become credentialed, especially with languages in low demand. These are probably different than languages that are spoken frequently
- The law directs attention to develop language services for state government. This context is important so that different agencies do not think they have to reinvent the wheel. Comprehensive approach
- Interpreters are needed, not just for patients and families, but also for providers and healthcare workers from various language backgrounds
- In an example regarding out of state interpreters, failure by an offshore interpreter to correctly communicate an address led to a fatality in Oregon
- Regarding out of state interpreters, there is no need to require candidates to live in Washington state. Some may live in border areas of Oregon and Idaho
- Keep in mind that the principals in a vendor company could have good qualifications but could then pass work to others who have not had their skills verified
- Question of cultural knowledge in interpreter services too
- The state can decide whether candidates should reside in Washington. A covered entity can choose how to provide language services. Some entities will choose to offshore in order to save money, but not understand what is involved ex. Lack of cultural knowledge

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