

Oregon Health Care Interpreter Training Program Renewal Application

Please complete and submit the following application to the Oregon Health Authority (OHA) Office of Equity and Inclusion (OEI) at HCI.program@dhsoha.state.or.us to renew as a health care interpreter training program in Oregon.

You must renew this application every three years.

- This application includes required elements covered in health care interpreter (HCI) training programs. These elements are based on Oregon Law and Oregon Administrative Rules (ORS 409.615-625 and OAR 333-002), the U.S. Department of Health and Human Services Office of Minority Health’s [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) in Health and Health Care, and the National Council on Interpreting in Health Care’s [National Standards for Healthcare Interpreter Training Programs](#).
- Students completing education programs meeting Oregon required elements will be eligible to participate in Oregon qualification and certification processes outlined in OAR 333-002.
- The Oregon Health Authority Office of Equity and Inclusion has the right to observe any approved training for quality assurance.

Background information

Please complete the following to help us best evaluate your training program:

Program name: Medical Interpreter Certificate Course	
Contact person and website (if applicable) for program information: Arthur Liebl	
Phone: 617 886 5110	Email: aliebl@interpretersassociates.com
Affiliations with colleges, universities or professional associations: n/a	
Names of instructors and co-instructors (please attach resumes for each person): Arthur Liebl, VP Interpreters Associates	

Please submit a brief bio of not more than 300 words stating the instructor's qualifications as they pertain to the instruction material for each instructor. See Appendix A for required information in the bio.

Total number of program hours: 60 hours

Program fees (estimated): 1090.00 material included

Do you plan to use an OHA-approved curriculum? Yes No

Name of curriculum: Medical Interpreter Certificate Program Curriculum

Notes:

- If yes, please attach proof of license, memorandum of agreement, employee identification number (EIN) or other documentation.
- If you have made any changes to the curriculum, note all in the below form.
- If you have not made any changes to the approved curriculum, proceed to the signature page.

Curriculum evaluation and scoring

The Office of Equity and Inclusion will score your training program curriculum using the following scoring guide:

0 – Response missing or does not address question.

1 – Response does **not** adequately meet standards.

2 – Response adequately meets standards, with room for improvement.

3 – Response to question meets or exceeds standards.

Notes:

- The Office of Equity and Inclusion and the Oregon Council on Health Care Interpreters will only recognize training programs meeting at least 75% of the below required elements.
- Please include a copy of your curriculum with this completed application.

Curriculum evaluation

Topic	Location in curriculum*:	Score/notes (For internal use only)
I. Core knowledge: Concepts (mandatory items required by OAR)		
52 hours of instruction in: <ul style="list-style-type: none"> ● Anatomy and physiology ● Medical terminology in English and non-English language ● Introductory health care interpreter concepts and modes (see II. Skills) 	For example: What is the balance of medical terminology and skills in your course? 52 hours spent in class discussions, readings, chat rooms and weekly assignments. Anatomy and physiology addressed in week 5, 6 and 7. Medical terminology assignments spread throughout the manual. Interpreter concepts and modes is week 2. (For Anatomy and Physiology, refer to in our manual: Chapter 5, pages 1-33, Chapter 6, pages 1-24, Chapter 7, pages 1-41. Medical Terminology is spread throughout the	

* Indicate specifically where the following elements are located in the curriculum (by paragraph and page number):

- *Concepts*
- *Skills*
- *Assessment*
- *Instructional strategies*

	<p>manual: Chapter 1: Pages 23-25, Chapter 2, pages 29-31, Chapter 3, pages 26-54. Chapter 4, pages 24-26, Chapter 5, pages 11-12 and 21-24, and 30-32, Chapter 6, pages 9-11 and pages 23-24, Chapter 7 pages 8-11, and 24-29 and 37-41. Chapter 8 pages 35-45. Introductory interpreter concepts and modes: Chapter 2, pages 1-28</p>	
<p>8 hours of instruction on National Standards of Practice for Interpreters in Health Care and National Council on Interpreting in Health Care National Code of Ethics for Interpreters in Health Care (including applicable laws on privacy in medical settings)*</p>	<p>For example: What are your resources for teaching ethics? How will you find ways to discuss issues?</p> <p>Chapter 2, pages 1-28 deal with the 4 interpreter roles, 6 ethical principles from these organizations, principally CHIA. Chapter 9, pages 1-26 goes over the practical application of the principles from Chapter 2 including case studies. Chapter 11 pages 1-11 includes a video on common errors as well</p>	

* *Instructors or co-instructors of these sections must meet the requirements in Attachment A.*

	as correcting these errors	
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II. Skills: Introductory HCI concepts and modes		
<p>Message conversion: A basic program of study gives the student opportunities to practice converting messages accurately and completely from a source language to a target language and includes the following components (must include all).</p>		
<p>In each of these spaces, indicate how these skills are addressed.</p>		
<p>Message conversion skills and discourse analysis</p>	<p>Chapter 2, pages 1-28 goes over the interpreter roles, conduit, clarifier, cultural broker and advocate. We also delve into the pre-session, what that should look like, how it is carried out.</p>	
<p>Clear and understandable speech delivery</p>	<p>Chapter 2, pages 7-8 we work on being a clarifier, clarifying everything for both provider and patient.</p>	
<p>Target language equivalence (e.g., expletives, idioms and colloquialisms)</p>	<p>During the coaching session, toward the end of the class students are exposed to coaches with over 10 years experience to discuss these regional differences. Students are given a chance to clarify doubts and suggestions as far as possible translation</p>	

II. Skills: Introductory HCI concepts and modes

	issues. No page reference as this is a live Zoom session with student.	
Ability to identify differences in meaning due to regional dialects	During the coaching session, toward the end of the class students are exposed to coaches with over 10 years experience to discuss these regional differences. Students are given a chance to clarify doubts and suggestions as far as possible translation issues. No page reference as this is a live Zoom session with student.	
Ability to maintain and change voice register at varying levels of formality	Chapter 1 page 6, Chapter 2, page 7-8 discusses what register is and the need for the interpreter to adapt to the patient's register. Examples are given for, like the word, urinate. There are literally many ways to say this, depending on patient register. Interpreters need to recognize patient register and adapt.	
Memory skills (e.g., chunking, prediction,	Chapter 4, pages 1-23 deals with mental retention. We also	

II. Skills: Introductory HCI concepts and modes

visualization, note-taking and active listening)	show a video on a course given at Boston University on mental retention. Employing such things as: Visualization, association, backwards drill, mind mapping and note taking skills as well as dietary and exercise protocols that enhance memory.	
Self-monitoring and self-assessment	Chapter 9, pages 4-15 discusses the importance of self-assessment especially when facing challenges in the interpreter setting. Self-eval plays part of one's growth.	
<p>Modes of interpreting: A basic program of study demonstrates and gives the student practice in various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in health care interpreting. (Must include all modes of interpreting.)</p>		
In each of these spaces, indicate how much time will be spent on each skill and how students will practice it and observe it.		
Consecutive	2 hours role plays plus theoretical portion on how to interpret consecutively. Students are mainly taught consecutive interpreting. Chapter 11, pages 4-5 goes over the difference of consecutive,	

II. Skills: Introductory HCI concepts and modes		
	simultaneous and sight translation	
Simultaneous (exposure to)	1 hour. Brief exposure to simultaneous, we do have one role play to practice. Chapter 11, pages 4-5 goes over the difference of consecutive, simultaneous and sight translation. At our live class we demonstrate using equipment.	
Sight translation	1 hour. Brief description and demonstration of sight translation. Chapter 11, pages 4-5	
Basic written translation	minimal time.	
Cultural competency		
Overview of culture — what it is and how it affects health and health care	We spend a whole week on cultural competency together with the other interpreter roles. Approximately 6 hours are spent on the interpreter roles. Chapter 2, pages 8-9	

III. Assessment

Criteria for successful completion of the course or program are stated in the syllabus (e.g., pass a test, complete a practicum, provide a portfolio or report). Instructor evaluates all assessments.

Passing score to gain course or program completion is 70%.

100% attendance a stated requirement	Please indicate how this will be achieved and verified. Each student is monitored to make sure they complete all modules of training.	
Formative (throughout the course or program)	Examples of types of evaluations. Instructors interact with student throughout the course to make sure they are keeping up, doing their assignments. Certificates are not issued until all work is complete. We also send out emails to those who are falling behind and how we can help.	
Summative (at the end of the course or program) assessment that highlights core knowledge	Examples of type of evaluation. 2 hour role play section with a language coach of at least 10 years is held at the end of the course. This together with a 3-4 hour final exam is sufficient to	

III. Assessment		
	make sure the student has learned and applied himself during the course.	

IV. Instructional strategies		
How is the information presented to the learner? How does the learner interact with the material? Material must have at least two active (A) and two receptive (R) methods (to accommodate multiple learning styles).		
Give examples of the types of activities that would apply and what you would teach with each type of activity.		
Lectures using visual aids (R)	2 lectures are given during the course via pre-recorded videos. One on Common errors of interpreters as well as positive reinforcement of things done well as well as a mental retention video	
Readings, references and links to online resources (R)	Every week students must complete their weekly reading from our manual. In addition to reading from our manual, for the online course students are required to do written papers using independent online reseach. There are 7 individual papers due during the 10 weeks. Chapter 2: Produce a 4 page paper ,listing and	

IV. Instructional strategies

defining the 6 ethical principles and, in their own words explain each one, why are these so important? What can happen if we do not adhere to these? Give specific exxamples of things interpreters might do that would infringe on these principels? Chapter 3 - a 3-page paper discussing laws in regards to medical interpreters: Examine and explain Executive order 13166. What prompted this law? What laws in your state that would apply to the medical interpreter? Chapter 4: Based on the video they watch we give them a typical ER dialogue. They need to develop their own mind (idea) map. Chapter 5: a 3-page paper on the nervous system. Research the difference between the sympathetic and parasympathetic nervous system. Explain what each controls and location in the body. Chapter 6: 4-page research paper on diabetes. How many types are there? What is the difference

IV. Instructional strategies

	<p>between them all? What organs fail to function properly when a person has diabetes? What are all the organs involved when one has diabetes? Chapter 7: 4-page research paper on digestion from the time your senses smell the food until excretion. Name the organs involved and their roles in digestion. Chapter 8: Research OBGYN. What does an OBGYN do? What is their specialty? Discuss the visits a pregnant woman will do in the course of the 9 months including the development of the fetus.</p>	
<p>Guest presenters, such as practitioners or working interpreters or those who hire interpreters (R)</p>	<p>At the end of the course, each student has a 2-hour session with the language coach in their working languages. All videos inside the online course are presentations from interpreters with more than 15 years experience.</p>	
<p>Opportunities for interaction and class discussion (A)</p>	<p>Every week there is class discussion via our chat room for online and in-person</p>	

IV. Instructional strategies		
	discussions for on-site. Students are exposed to the instructor and other students in the class from all over the world	
Student presentations (A)	n/a	
Instructor modeling of effective practice (R)	Instructors interact with students online giving their experiences such as interpreting emotions - the experiences we have gone through so the provider not just hears words but also the emotions of the patients. Onsite is a full range of many instructors who always talk about their experiences, obstacles and challenges.	
Video, film and vignettes to demonstrate real practice (R)	2 videos and growing. By end of next year we will have 5 videos.	
Storytelling, providing real world situations (R/A)	Chapter 9, pages 12-15 gives typical tough possible dilemmas. All case studies are real events	
Case studies (R/A)	Chapter 9 - pages 12-15 real life case studies and discussion in the classroom	

IV. Instructional strategies		
Role plays (A)	2 hour session at the end of the course	
Small group discussions (A)	n/a	
Games or simulations (A)	n/a	
Other, please explain (note R or A):		

V. Other		
The process to become an Oregon certified HCI and Oregon qualified HCI is explained during class time.	<p>Where is this integrated into the curriculum? What strategies are used to teach it? What resources will be provided to the students?</p> <p>Since our student body is from all over the world, this is dealt with on a one-on-one basis since it is unique to OR. An informational is being sent to the students on how to achieve this.</p>	

Please check the boxes for those requirements your program meets:

- Class size — student/instructor ratio no more than 25/1
- ADA/accessibility requirements (see Attachment C)
- Updates on instructor requirements
- Online requirements

HIPAA information/laws that interpreters must follow*

Signature

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- I understand if training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- I understand OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the approval period.
- I understand the organization must apply to renew its approval status every 3 years, and that the renewal application must be submitted at least 6 months prior of the date of approval expiration.
- I shall advise OHA of any changes to the organization contact information and/or changes to the curriculum within 30 days of such changes.
- I understand that, during the training program approval period, the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.
- I agree to include OHA contact information for questions, comments or concerns about the HCI Program on all student materials and advertising for the program.
- I agree to issue a letter of completion to students following successful completion of the training program.
- I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.
- I agree to abide by the rules regarding the training and certification of health care interpreters.
- I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand

* *Health care interpreting ethics – includes applicable laws on privacy in medical settings – 6 hours required per renewal cycle (no more than 1 hour of HIPAA per renewal cycle.)*

providing false, incomplete or misleading information may result in the denial of the application or revocation of training program approval.

Printed name: Arthur Liebl

Signature: _____ Date: 8/31/22

You can get this document in other languages, large print, braille or a format you prefer. Contact the OHA Office of Equity and Inclusion at HCI.program@dhsoha.state.or.us or 971-673-1240. We accept all relay calls, or you can dial 711.

Attachment A

HCI Instructor Requirements

An instructor or co-instructor must teach introductory HCI concepts and modes and 8 hours on the [National Standards of Practice for Interpreters in Health Care](#) and [National Council on Interpreting in Health Care National Code of Ethics for Interpreters in Health Care](#).

Instructor must meet the **following minimum requirements:**

- Practice as an interpreter within the last 10 years
- Teaching experience including at least one of the following:
 - A bachelor's degree or equivalent
 - Proven study in adult education techniques
 - One year of teaching experience
 - Completion of at least a one-week Trainer of Trainers (TOT) course
- Certification or qualification as a health care interpreter. Examples of acceptable certification or qualification*:
 - Oregon health care interpreter certification
 - Oregon health care interpreter qualification (if national medical certification is not available in one's language)
 - State or federal court interpreter certification including spoken or signed language
 - Certification from the Registry of Interpreters for the Deaf (RID)
 - Certification from the Certification Commission for Healthcare Interpreters (CCHI)
 - Certification from the National Board of Certification for Medical Interpreters (NBCMI)
 - Washington state interpreter certification or authorization

Note: A master's degree in interpreting will be accepted in lieu of the certifications and qualifications listed above.

* *Other certifications may be considered at the Oregon Health Authority's discretion.*

Attachment B

Required Website Information

The Oregon Health Authority (OHA) requires all health care training programs that actively provide HCI training courses, including continuing education credits, to provide the following standard information on their website about their upcoming HCI training classes:

- Training title
- Training objectives
- Number of training hours
- Training dates and times
- Training location (link to online class or address for onsite class)
- Cost of training per module (estimated)
- Required textbook(s), if any
- Instructor(s)' qualifications
- Contact information
- How to register for the class

This information should be updated at least once per year. The Oregon Health Authority may withhold approval if program does not meet these website requirements.

Note: If your training program does not have a webpage, you may submit a flier with all the requirements listed above in PDF format to the OHA Office of Equity and Inclusion. OEI will post it on its HCI training programs webpage.

Attachment C

ADA requirement confirmation

I attest that by submitting my application to become an OHA approved training provider, I will comply with the following requirements:

- The **training provider** shall have written policies and procedures that ensure compliance with requirements of the [Americans with Disabilities Act](#) and [2008 Amendments Act \(ADAAA\)](#), and a written plan to monitor compliance to determine the ADAAA requirements are being met. The plan shall be sufficient to determine the specific actions to remove existing barriers and/or to accommodate the needs of participants who request reasonable accommodation or modification (hereinafter “accommodation”). The plan shall include the assurance of appropriate meaningful access to services, activities and information to participants.
- The **training provider** shall provide the appropriate accommodation at no additional cost to the participant and shall promptly respond to, resolve and maintain a written record of all accessibility requests and concerns.
- Upon request, the **training provider** shall make available to the Oregon Health Authority information related to its ADAAA policies, procedures, plans and activities including but not limited to the training provider’s responses to accessibility concerns and training participant requests for accommodation.