Advisory Committee on Qualifications for Health Care Translators and Interpreters

Meeting Site:
Health and Human Services Commission (HHSC)
Brown-Heatly Building, Room 4501
Austin, Texas 78751

May 9, 2014
Meeting Minutes

Members in Attendance:
Jacque Burandt
Gel Detrick
Esther Diaz
Ryan Foley
Miguel A. Fuentes
Manuel Higginbotham
Chris Moreland
Irma Rubio
Fabio Torres

Members Not in Attendance
Tony Martin
Nancy Miller
Detra Stewart
Zee Broussard

Non-voting Members in Attendance:
Patricia Hosey, Department of State Health Services (DSHS)
Joan Miller, Department of Family Protective Services (DFPS)
Randi Turner, Department for Assistive and Rehabilitative Services (DARS)
Barbara Wright, Department of Aging and Disability Services (DADS)

1. Call to order.

The meeting was called to order at 10:30 a.m. by Esther Diaz, Vice Chair.

Before the meeting Jacque introduced her colleague Eber Lopez, Director of Patient Communication & Experience at University Health System. Eber talked about his new role and augmented assistive communication (ACC) devices, which his department is now developing.

The call to order was delayed until a quorum was met.

2. Approval of minutes for the March 21, 2014 meeting.

Item 6 was amended to read "TAHIT Board has agreed to consider hosting the registry on its website." The minutes were then approved as amended.

3. Report on administrative action items from last meeting.

Esther & Tony: Will consolidate committee members' certification proposals for the next meeting on March 21st.
Status: Esther went through the requirements of the training program.

Zee: Will post a summary of the last committee meeting on the TSID list serve.
Status: Incomplete

Detra: Will bring a draft/sample of wording that can be posted in community/church newsletters about the committee's purpose and progress.
Status: Detra is seeking information from the hospital community. A Spanish radio station is interested in making announcements.

4. Finalize proposal for certification (vote required*).

Requirements for training program certification and renewal

Number of hours required:

The discussion centered on the number of hours the committee would recommend for program certification requirements. At the last meeting (March 21, 2014), the committee had discussed splitting the training requirement of 120 hours into two blocks of 60 hours to be more manageable.

Randi explained how the DARS court interpreter program requires 120 hours of training or mentoring, with at least 16 hours of civil court, 16 hours of criminal court, 8 hours of vocabulary, and 8 hours of ethics. The program allows people to take college courses, with approval, to cover some of the hours.

Todd Agan, in public comment, suggested taking the court interpreting program as a model, requiring 120 hours of training, with 16 hours of in-patient training and 16 hours of out-patient training.

Ryan shared how MasterWord breaks their training into modules. He suggested 60 hours plus continuing education.

Another member of the public, Waleska Ghini, owner of Healthcare Interpreter Trainer Spanish Program, a small Austin-based coaching company, shared how she structures her training into 40 hours with nine modules.

Mentoring:

Esther clarified that the first 60 hours was 40 hours of training and 20 hours of mentoring.

Miguel proposed 40 hours of mentoring.

Ryan agreed, provided the program allowed flexibility for languages of limited diffusion. He suggested remote mentoring might be one solution. Esther asked if interpreters of these languages could be mentored by someone from a registry of mentors even if they didn't interpret into the same language. The committee agreed that this was possible.

The committee discussed the definition of mentoring and the different models for mentoring programs.

Fabio and Jacque talked about *Team Strategies and Tools to Enhance Performance and Patient Safety* (TeamSTEPPS), a teamwork system designed for health care professionals from the Agency for Healthcare Research and Quality (AHRQ) under the U.S. Department of Health & Human Services. Fabio said that the goal is safety, and when any of the medical staff is not comfortable, there is a time out called a "huddle."

Jacque distinguished a mentor from a preceptor, which is mentor in a clinical setting; the University Health System has preceptors. Fabio and Ryan discussed their mentoring programs at Fort Worth Catholic Charities and MasterWord.

The committee agreed it would have to decide on what mentoring is before deciding on required hours.

<u>The feasibility of training and mentoring</u>

The committee discussed the feasibility of increasing the number of mentoring hours as part of the training requirements from 20 hours to 40 hours, matching the Joint Commission's current standard. Fabio and Ryan commented the Joint Commission set too low a threshold and suggested not relying on the Joint Commission when considering recommendations for hours of training.

Eber, speaking for the University Health System, said mentoring is very doable and a good starting point. But Esther said the pushback has been from private practitioners.

The committee could not reach a consensus on any topics to prioritize and cut to reduce the number of training hours.

Eber suggested the idea of a three-part rollout of training to make it more digestible.

<u>Final remarks:</u>

The committee discussed whether they were more concerned with the number of training hours completed hours or testing the competency of trainers. Eber suggested that the committee could recommend a competency check as an alternative to the 40 hours. Ryan commented that the total number of hours seemed arbitrary. Part of proving competency at MasterWord is a group of terminal objectives, which trainees must demonstrate. He proposed conducting a singular case study based on a MasterWord trainee with 40 hours of training and 120 hours of mentoring.

Alma Rivera, a former interpreter and registered nurse, visiting this meeting, commented she had observed what care the committee had already taken to create and streamline their training recommendation into 120 hours and she would not like to see that trimmed down to what others are already doing. She did, however, see the merit in giving hospitals more time to complete a rollout or staged implementation.

Esther reiterated that the committee's recommendations, listed on the committee's website, were best practices. Should they become law, then the committee might construct rules to roll them out.

Jacque said not to split up training because it's easier for people to get the training all at once and not put it off. Miguel said he would like to go back to the committee's original recommendations of 120 hours, to include 40 hours of mentoring. Ryan agreed to this number as a recommendation.

<u>Conclusion:</u>

The committee abandoned the idea of splitting training hours into two parts of 60 hours each. Esther will revise the requirement recommendations and bring them to the committee for a vote next meeting.

Requirements for instructor certification and renewal

Waleska Ghini commented on the requirements for instructor certification and renewal She said that as a small certification program she is allowed only to train one on one. She informed the committee that the Certified Professional in Learning and Performance (CPLP) was very expensive and she had received her training from the Commission on Medical Interpreter Education (CMIE) and the IMIA, and continuing education from Continuing Education Accreditation Program (CEAP CCHI - ceapcchi.org).

Changes to recommendations:

Jacque suggested they replace CPLP with CMIE.

Esther asked if the committee wanted to use the NCIHC National Standards for Instructor Qualifications instead of requiring CMIE.

The committee agreed to use the term "qualified instructors."

It was noted that the American Society for Training and Development (ASTD) changed its name to the Association for Talent Development (ATP).

Requirements for Healthcare Interpreter Certification and Renewal

No new discussion or changes.

Costs of certification and renewal:

Members discussed who should bear the cost of the training: the hospital or provider, or the interpreter trainee.

The committee revised the proposed cost for certification program renewal to $75, instructor certification to $50 and renewal to $25, and interpreter certification and renewal at no cost.

5. Discussion on disseminating information on the committee recommendations.
Postponed for next meeting.

6. Discussion developing a registry for health care interpreters.
Postponed for next meeting.

Other Discussion

The 2014 TAHIT Symposium will be in San Antonio this year September 5 - 6th.

ACTION ITEMS for next meeting

Esther: will revise instructor requirements to be voted on next meeting.
Fabio and/or Jacque: will give a brief presentation on TeamSTEPPS.
Fabio: will give a brief presentation of his mentorship program at Fort Worth Catholic Charities.
Jacque: will give a brief presentation of the job of a preceptor within the University Health System.
Ryan: will give a brief presentation of mentoring program at MasterWord.

Next Meeting Dates and Locations

June 20, 2014 Brown-Heatly 4501
July 18, 2014, BH 4501
September 19, 2014, BH 4501
December 5, 2014 TBD

Any changes to the meeting schedule will be announced on the committee website.