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## **CULTURE ADVANTAGE ONLINE MEDICAL INTERPRETER PROGRAM** (Proprietary Program of Culture Advantage)

- 60-Hour Health Care Interpreter Certificate Program (52 hours on Anatomy and physiology • Medical terminology in English and non-English language. Introductory HCI concepts and modes and 8 hours on National Council on Interpreting in Healthcare (NCIHC) Code of Ethics and Standards of Practice (including applicable laws on privacy in medical settings).
- The Culture Advantage training program meets the training standards described in OAR 333-002-0070 of the Oregon Health Authority (OHA). The program is approved by the OHA to train Oregon Health Care Interpreters.
- This program follows the CMIE Standards for Medical Interpreter Education.
- The professional-level medical interpreter program prepares qualified bilingual individuals with a broad and intensive background in medical terminology in both languages and professional medical interpreting skills, with emphasis on health literacy and clinical accuracy in both languages.
- Culture Advantage is a nationally recognized online medical interpreter program taught by physicians, nurses, physical therapists, respiratory therapists and CMIs and CHIs.
- The program meets the national certification requirements for CCHI and NBCMI. We have strong record for [preparing our graduates](#) for national certification.

### PROGRAM Description

Instructor-facilitated online study with online lessons, audio assignments and written quizzes and exams. Written, audio assignments and/or tests are submitted for every lesson. Videos, audios, Powerpoint Presentations are included for more in depth understanding of the subject matter. In

In addition, live practice sessions are scheduled every week to monitor real-time student performance, where the student demonstrates what they are learning, has opportunity to ask questions or more explanations, and feedback is given in real-time. In addition, any student may request a Private Coaching Session (extra fee), if desired to enhance performance. Private Coaching (extra fee) may be required for students who are not able to demonstrate the competencies after attending all required practice sessions.

- Progress is based on satisfactory performance of the required competencies.
- Each lesson has an assignment and/or a quiz and must be completed with satisfactory grade before proceeding to the next lesson.
- Oral exams are conducted after each section.
- Mentors with healthcare background and/or CMI/CHIs evaluate the participant's interpreting skills in both languages during practice sessions and during live assessments of competencies.
- Completion Time of 60 hours for the professional programs is based on the average number of hours of completion verified during a previous pilot testing. The student may spend more than these hours as they have access to the online lessons throughout their program plan, however, they only receive a certificate for the number of hours that they are enrolled for. The courses in the program must be completed consecutively. Part 1 must be completed successfully before access is given to Part 2; Part 2 must be successfully completed before access is given to Part 3.

#### PROGRAM OUTLINE (For details, please proceed to the Program Description and Learning Objectives)

- Part 1: Comprehensive Medical Concepts in English with written and oral quizzes and section exams.
- Part 2: Comprehensive Medical Concepts in: Arabic, Chinese Mandarin, Farsi, Japanese, Korean, Portuguese, Russian, Spanish, Tagalog, Vietnamese. Includes written and audio assignments and oral exams. Minority Languages and Other languages not specified: Submit learning activities in both languages and oral assessments in both languages.
- Part 3: Healthcare Interpreting Concepts, and Skills. NCIHC Code of Ethics and Standards. Learning activities are submitted in both languages.

- Comprehensive Final Evaluation (CFE) which includes three sections.
  1. Anatomy and Medical Terminology Written Exam in English and Oral Exam in Both Languages.
  2. Sight Translation-Consecutive Interpreting Exam in Both Languages.
  3. Live Oral Skills Evaluation (Simulation of an authentic medical encounter) in Both Languages.

MEDICAL CONCEPTS: 30 Hours (Part 1 and Part 2)

PART 1: Anatomy and Medical Terminology – English

Taught by healthcare professionals (RN or MD)

#### COURSE CONTENT

1. Basic concepts of anatomy of the human body.
2. Analyzing medical terminology: Word parts and word combinations (Prefix, suffix, root words).
3. Cardiovascular diseases, treatments, and procedures and specialties.
4. Musculoskeletal and skin diseases, treatments, and procedures and specialties.
5. Digestive diseases, treatments, and procedures and specialties.
6. Endocrine diseases, treatments, and procedures and specialties.
7. Neurological diseases, treatments, and procedures and specialties.
8. Respiratory diseases, treatments, and procedures and specialties.
9. Renal diseases, treatments, and procedures and specialties.
10. Reproductive system diseases, treatments, and procedures and specialties.
11. Blood and immune system diseases, treatments, and procedures and specialties.
12. Medications, Procedures, Equipment and Medical Devices.
13. Bonus Lessons: Medical Abbreviations and Equipment, Dental and Mental Health Terminology.

PART 2: Medical Concepts: Language-specific\*

Part 2: Comprehensive Medical Concepts in: Arabic, Chinese Mandarin, Farsi, Japanese, Korean, Portuguese, Russian, Spanish, Tagalog, Vietnamese. \* Minority Languages and Other languages not specified: Submit learning activities (written and oral assignments) in both languages and oral assessments in both languages. Additionally, the student submits translations from English to the target language. Student participates in live practice sessions by phone/Internet and demonstrates accurate explanations of concepts verbally with live, and spontaneous feedback from the facilitating mentor.

Healthcare professionals (MD, or RN) and/or CMI/CHIs facilitate the learning process and provide feedback for the oral exams, live practice sessions, and interpreting skills sessions. Healthcare professionals with qualifications required by OHA conduct learning activities for the Ethics section.

1. Basic Anatomy in the language pair
2. Cardiovascular diseases, specialties, treatments and procedures and patient education in the language pair.
3. Musculoskeletal and skin diseases, specialties, treatments and procedures and patient education in the language pair.
4. Digestive diseases, specialties, treatments and procedures and patient education in the language pair.
5. Endocrine diseases, specialties, treatments and procedures and patient education in the language pair.
6. Neurological diseases, specialties, treatments and procedures and patient education in the language pair.
7. Respiratory diseases, specialties, treatments and procedures and patient education in the language pair.
8. Renal diseases, specialties, treatments and procedures and patient education in the language pair.
9. Reproductive System diseases, specialties, treatments and procedures and patient education in the language pair.
10. Blood and Immune System diseases, specialties, treatments and procedures and patient education in the language pair.
11. Online research skills in the language pair. Compile online references.

## PART 3: HEALTHCARE INTERPRETING CONCEPTS, ETHICS, SKILLS (30 Hours)

### Content:

1. US Healthcare System and Cultural Competency (2 Hours)
2. Introduction to Interpreting and Standards of Practice: IMIA, NCIHC, CHIA (10 hours) with beginner skills in sight translation, listening skills, steps in interpreting, note-taking, linguistic and cultural analysis of concepts consecutive interpreting, exposure to simultaneous interpreting.
3. Code of Ethics: NCIHC Ethics and Standards, and discussion of IMIA and CHIA Standards (10 Hours) including applicable laws in medical setting, HIPAA compliance, legal, organizational, professional compliance, and simulation of ethical encounters with consecutive interpreting and simultaneous interpreting.
4. Roles of the Interpreter: IMIA, NCIHC, CHIA (8 Hours) with consecutive interpreting and sight translation of US healthcare system with exercises specific to acute care setting, interpreting critical information and challenging situations.
5. Integrative Skills: Knowledge of medical concepts in both languages integrated in all modules of Part 3. Students are expected to demonstrate high degree of accuracy in interpreting in both languages during live practice sessions in consecutive interpreting with feedback provided by the facilitating mentor. Written and audio assignments and online discussions are submitted in addition to multiple choice exams to validate knowledge of the subject matter.

### LEARNING OBJECTIVES: PART 1 and PART 2

By the end of this section, the participant would be able to:

1. Identify the locations of the major structures of the human body.
2. Define common medical terminology associated with the major body systems.
3. Explain common medical terminology using word parts (prefix, root word, suffix) and word combinations as appropriate.

3. Explain terminology related to common diseases, diagnoses and symptoms, diagnostic procedures and treatments and common medical equipment and devices.
4. Compile a comprehensive personal glossary of anatomy and medical terms in the participant's language pair that covers the 10 body systems. (500-term Bilingual Glossary for the Basic40 Program, 700-term Bilingual Glossary for the professional programs.)
5. Accurately describe and pronounce medical specialties, diagnoses, symptoms, and patient education information in the language pair.
6. Demonstrate ability to conduct online search and verification of medical terms and symptoms using credible sources of information.
7. Demonstrate knowledge of common acronyms and abbreviations in medicine and recognize the dangers of using abbreviations.
8. Demonstrate accountability for own learning achievement by completing assignments, tests and learning activities independently and documenting sources of information as appropriate.

### LEARNING OBJECTIVES – PART 3

1. Explain how healthcare is accessed in the United States.
2. Differentiate between basic insurance-related terms.
3. Define HIPAA, LEP, CLAS, Joint Commission, health disparities, cultural competency, and language access.
4. Define cultural competency and the role of culture in health disparities.
5. Discuss the legal liability of the medical interpreter.
6. Recognize the role of culture in healthcare communication, patient safety and quality of care.
7. Recognize the relationship between health literacy and health outcomes.
8. Define medical ethics and bioethics.
9. Summarize the medical interpreter's standards of practice based on the International Medical Interpreter's Association (IMIA) standards, the National Council on Interpreting in Health Care (NCIHC) standards, and the California Healthcare Interpreters Association (CHIA) standards.
10. Discuss accuracy, confidentiality, impartiality and professionalism within the medical interpreting context.

11. Given a medical encounter scenario, choose the most appropriate interpreter action based on the standards (IMIA, NCIHC, and CHIA, RID for ASL interpreters).
12. Distinguish between first-person and third-person interpreting; between consecutive and simultaneous interpreting; and between translation and interpreting.
13. Demonstrate professional introduction, pre-session, self-correction, and closure activities.
14. Demonstrate beginner consecutive interpreting skills such as listening skills, note-taking, analyzing the message for linguistic and cultural meaning, asking for clarification appropriately, accurately, fluently, and completely interpreting 1-2 sentences into the target language reflecting knowledge of common diseases and disorders in the language-pair.
15. Discuss ethical decision-making based on the CHIA Standards.
16. Given a case study, explain how the Code of Ethics will guide the interpreter's practice in the healthcare setting.
17. Demonstrate sight translation of at least two documents into the target language using the appropriate register.
18. Demonstrate consecutive interpreting skills by interpreting familiar medical encounters and terminology from English into the target language and vice versa.
19. Interpret end-of-life care situations and advance directives with accuracy and cultural sensitivity.
20. Demonstrate consecutive interpreting skills by accurately and completely interpreting 2-3 sentences including high-register and medically complex concepts in both languages (Examples: Genetic testing, allergy testing, blood transfusion, infectious diseases, etc.).
21. Demonstrate critical-thinking and decision-making skills during interpretation of authentic simulation of ethical and challenging scenarios.
22. Demonstrate effective clarification protocol when communicating with providers and patients.
23. Demonstrate ability to switch from one mode of interpreting (consecutive to simultaneous or vice versa) into another more appropriate mode in order to adapt to the situation, and able to adapt to change in register as appropriate.
24. Discuss the four roles of the medical interpreter: Conduit, clarifier, culture broker, patient advocate.

25. Discuss the differences in knowledge and skills between a trained and an untrained interpreter using the guidelines from the IMIA standards, code of ethics, and roles of the interpreter.
26. Discuss the differences between translators and interpreters.
27. Demonstrate accuracy and fluency in interpreting medical information and patient responses of routine medical encounters and high-register medical scenarios using consecutive interpreting mode.
28. Demonstrates strategies for interpreting long or medically complex sentences, idiomatic expressions, layman's terms, expletives, regionalisms.
29. Prepare for professional practice by exploring different specialty areas, telephonic and video interpreting modes, and employment options.

OHA Requirements included in the curriculum:

Students are expected to demonstrate the following per OHA requirements:

1. Message conversion: All students are required to demonstrate interpreting competencies in messages accurately and completely from a source language to a target language and includes the following components:
  2. Message conversion skills and discourse analysis
  3. Clear and understandable speech delivery
  4. Target language equivalence (e.g., figurative language, expletives, idioms, and colloquialisms)
  5. Ability to identify differences in meaning due to regional dialects
  6. Ability to maintain and change register at varying levels of formality
  7. Memory skills (e.g., chunking, prediction, visualization, note-taking, and active listening)
  8. Self-monitoring and self-assessment
9. Modes of interpreting: The student has opportunities to practice in the various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in healthcare interpreting.
10. Consecutive Interpreting, Simultaneous (exposure to), Sight translation,
11. Basic written translation and overview of culture - what it is and how it impacts health and health care
12. Special session or private session with Oregon interpreters to discuss OHA requirement for certified and qualified healthcare interpreters. (Required.)



## ASSESSMENTS

Per requirements of Oregon Healthcare Authority (OHA), in order to receive a certificate of successful completion, 100% attendance in the program is required. Attendance is tracked and remedial sessions are required for missing required participation activities.

OHA requires *Formative Assessment*. This means that there is an assessment to be completed after every section and must be passed with a passing grade. The passing grade for learning activities/quizzes is at least 80%. The section oral exams are evaluated by the mentor/instructor and expected passing grade is 90% for exams. (For the CFE requirements, please review that section.) Remedial activities may be required to demonstrate the competencies.

The student must pass the following parts of the *summative evaluation* that highlights core knowledge per OHA requirements:

Requirements for passing the Comprehensive Final Evaluation (CFE) (Summative Evaluation) with three sections at 90% grade. Each part of the CFE may be repeated with a fee after completion of remedial sessions.

- Anatomy and Medical Terminology Oral and Written Exam in Both Languages
- Sight Translation-Consecutive Interpreting Exam in Both Languages
- Live Oral Skills Evaluation (Simulation of an authentic medical encounter) in Both Languages

To pass the CFE, the candidate for graduation must be able to:

1. Demonstrate accuracy, fluency, comprehension and knowledge of medical terminology in both languages during the oral exam.
2. Demonstrate knowledge of the standards, ethics, and roles of the interpreter during a simulated physician-patient-interpreter encounter.

3. Demonstrate consecutive interpreting skills in interpreting at least 2 sentences during a simulated physician-patient-interpreter encounter with accuracy and fluency including high-register and medically complex concepts in both languages.
4. Demonstrate clarification protocol and self-correction protocol without unduly interrupting the communication process.
5. Demonstrate accurate interpretation/sight translation of one document from the source language into the target language.
6. Demonstrate accuracy in interpreting with not more than 4 interpreting linguistic/cultural/clinical errors and not more than total 5 errors including protocol errors. A clinically significant error that can potentially place the life and health of the patient at risk will necessitate an exam retake. (Refer to the specific program plan for details on the Final Exam requirements.) If the candidate fails the comprehensive final evaluation or any portion thereof, they would be referred for remediation/private coaching (extra fee) before approval to retake the exam.

#### Culture Advantage Expectations for Fluency:

Since medical interpreting involves working in a fast-paced, sometimes chaotic, noisy and distracting medical environment, the ability to communicate with fluency and not just with accuracy, is critical to prevent misunderstandings and interpreting errors that could contribute to medical errors.

Culture Advantage defines fluency as the correct pronunciation of medical and non-medical terminology, ability to fluidly convey the message into the target language using appropriate grammatical conventions, syntax, and expression (tone of voice), and ability to quickly convert the message into the target language without unduly creating delays in the provision of care.

According to the IMIA Standards of practice, "the interpreter must not only be fluent in both the source and target languages but must also have the skills and knowledge base to be able to comprehend the message quickly

in the source language and just as quickly re-express it in the target language."

Starting in Part 1 of the program, participants must be able to explain concepts, narrate and describe events, and state opinions without a lot of hesitations, pauses, filler statements, pauses, repetitions and self-corrections in both languages. Participants must be able to read and comprehend complex ideas, rephrase, and explain them accurately in their own words in both languages, and apply the concepts to real-life scenarios. Native language speakers must be able to understand participant's communication including pronunciation of non-medical terminology without having to ask for repetition or clarification. Participants may be referred for Language Coaching services or formal language proficiency testing if unable to demonstrate the expected competencies. Additional fees may be required.

## INSTRUCTIONAL STRATEGIES

Culture Advantage uses the following instructional strategies to comply with OHA Requirements:

- Readings, references, and links to online resources (R)
- Medical Providers are lecturers and evaluators (R)
- Student interviews with individuals with limited English proficiency, and with professional interpreters and employers of interpreters (A)
- Student participation in live practice sessions demonstrating what they are learning and providing peer-feedback and suggestions during these sessions. (A).
- Students who are healthcare professionals provide presentations in their areas of expertise. (A)
- Instructor modeling of effective practice during live sessions and recorded lessons. (R)
- Videos to demonstrate real practice. (R)
- Case Studies, story-telling, role-plays providing real world situations. (R)
- Culture Advantage practice sessions and role-plays are designed and conducted by healthcare professionals and are clinically accurate as they are part of the educational process. (R)
- Group discussions of challenging situations during live practice sessions and online discussions. (A)

## PROGRAM COMPLETION REQUIREMENTS

Certificate of Completion of the Professional Medical Interpreter Program will be awarded upon satisfactory fulfillment of Part 1, Part 2, Part 3 and the comprehensive Final Evaluation within the Program Plan. If the candidate is not able to complete the program, a letter of attendance (not a certificate) will be issued, if requested, to verify attendance, (provided at least Part 1 has been completed with satisfactory performance), but that the requirements for graduation were not completed.

The Final Exam/Evaluation includes interpreter skills assessment in three modes. The certificate awarded and recommendations for employers are based on the skill level achieved throughout the program. (For example, even if the student has registered for the professional-level program, the certificate awarded reflects the actual performance if they are not able to demonstrate the expectations of a specific level.)

**Basic Interpreting Skills (Level 1) – General Medical Setting:** Graduate has demonstrated basic medical knowledge of anatomy and medical terminology but may be limited in one of the two languages. Has demonstrated basic interpreting skills. May interpret for basic conversations in a general medical environment, for example, giving basic information, providing directions around the hospital, basic intake questions, with opportunity to ask questions and clarification as needed. Not recommended to interpret in an acute care or healthcare setting where time is critical and high level of knowledge of medical concepts is required.

**Basic Interpreting Skills (Level 2) – Primary and Community/Public Health/Medical Setting:** Graduate has demonstrated basic medical knowledge of anatomy and medical terminology in both languages. Has demonstrated basic interpreting skills in both languages. May interpret for general or routine medical appointments. Recommend working with a healthcare provider who has received training on working with medical interpreters. Not recommended to interpret in an acute care where time is critical and high level of knowledge of medical concepts is required.

Professional-level Skills (Level 3) – Graduate has demonstrated intermediate to advanced knowledge of anatomy and medical terminology, diseases, treatments, procedures in both languages with high degree of accuracy. May interpret in acute care setting, clinics and hospitals. More advanced training is recommended for interpreting in specialty care areas, although may have knowledge of the most common diagnoses in specialty areas.

Professional-level Skills (Level 4) – Graduate has background and education as a physician or equivalent clinical degree and experience or has a degree in a healthcare field. Graduate has demonstrated accuracy and fluency in interpreting in both languages and exemplary professional interpreting skills. Additionally, has presented a clinical interpreting project in a medical specialty, which is approved for continuing education for medical interpreters. May interpret in any inpatient, outpatient, community, or specialty care areas in which they have clinical knowledge and/or experience.

#### CONTACT INFORMATION

Marlene V. Obermeyer, MA, RN

[director@cultureadvantage.org](mailto:director@cultureadvantage.org)

[cultureadvantage@gmail.com](mailto:cultureadvantage@gmail.com)

316-217-0198

<https://www.cultureadvantage.org>

Thank you.