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Identifying Professional Development Opportunities for Remote Healthcare Interpreters on a Shared Network

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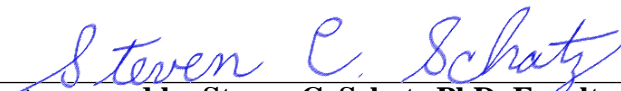
A final project presented to the faculty of the Instructional Design Master's Degree Program

University of Massachusetts at Boston

IDENTIFYING PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR

REMOTE HEALTHCARE INTERPRETERS ON A SHARED NETWORK

Submitted by Suzanne M. Couture

in partial fulfillment for the requirement of the degree MASTER OF EDUCATION

December 2014

Approved by Steven C. Schatz PhD, Faculty

Contents

Dedication

To Jake–for your patience and humor;
to Mom–for your strength and encouragement;
to you both–for your unwavering love and support.

Abstract

Many healthcare organizations are faced with the challenge of complying with an unfunded mandate to provide language services free of charge to individuals with limited English proficiency or those who are deaf or hard of hearing. One method of increasing efficiencies and reducing disparities for these vulnerable populations is to provide access to remote audio/video interpreters on a shared network. The Health Care Interpreter Network (HCIN) is a non-profit organization based in California that comprises more than forty member hospitals and offers service in twenty languages. To support the need for on-going professional development of HCIN's interpreters, a front-end analysis was conducted to identify areas of strength and opportunity. This paper explores the findings of this analysis, as well as recommendations made to HCIN stakeholders to improve access to professional development and strategies to address non-training related issues across the network.

The only way in which a human being can make some approach to knowing the whole of a subject, is by hearing what can be said about it by persons of every variety of opinion, and studying all modes in which it can be looked at by every character of mind.

—John Stuart Mill, *On Liberty*, 1859

Background and Rationale

Among the challenges faced by healthcare organizations today is compliance with unfunded federal mandates to provide language access for persons who are limited English proficient (LEP) or who are deaf or hard of hearing. Title VI and Executive Order 13166 are federal requirements to improve access for LEP applicants and beneficiaries of government-funded programs, such as Medicare and Medicaid (Department of Justice, 2002). Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 require that all medical facilities ensure effective communication with deaf individuals (Registry of Interpreters for the Deaf, 2010).

Depending on the size, location, and demographics of the population it serves, a healthcare facility may offer language services using one or more modalities, including on-site, telephone or video remote interpreters as well as trained bilingual staff or volunteers. Sharing access to qualified interpreters on a remote platform is one way that healthcare organizations are leveraging technology to reduce costs, increase efficiencies, reduce disparities and improve the LEP patient experience (Jacobs, E. A., Leos, G. S., Rathouz, P. J., & Fu, P., 2011).

Founded in California in 2005, the Health Care Interpreter Network (HCIN) is "a nonprofit organization led by former hospital executives and technologists dedicated to creating an efficient and high-quality service for video health care interpretation" (HCIN, 2013). At present the network comprises more than forty member hospitals and provider organizations across the United States and offers service in twenty languages.

HCIN stakeholders have identified a need for on-going professional development of network interpreters, particularly for those who are new to remote interpreting. The Program and Quality Assurance Director also seeks to improve HCIN's ability to monitor and verify network members' commitment to development. While some member hospitals provide coaching, mentoring, and/or training and professional development to their staff interpreters, there is currently a lack of consistency in the duration and frequency of these opportunities across the network, which in turn impacts interpreter morale, longevity and quality of service. In support of these initiatives, the purpose of this project is two-fold: 1) to explore the needs of healthcare interpreters who provide remote language services on a shared audio/video network; and 2) to implement strategies that will increase access to professional development opportunities and improve morale, consistency and quality of service for this interpreter population.

Front End Analysis

Target Population

Based on information provided by stakeholders and prevailing standards of practice for this profession, the following assumptions were made about the target population:

Knowledge	- Completion of a mandatory orientation session provided by HCIN - Equipment location, operation, limitations and troubleshooting - Interpreter introduction, protocols, reporting process - Completion of a minimum of 40 hours of interpreter training - Subject and cultural knowledge
Skills	- Passing score on a third-party interpreter assessment - Language, analytical, effective listening and recall, interpersonal, and speaking skills (Mikkelson, 1999)
Abilities/Attitudes	- Customer-service oriented - Ethical behavior - Understand role and exercise good judgment (Mikkelson, 1999)

Task and Workflow Analysis

To maintain a consistent workflow, HCIN has set protocols "to guide the practice of all interpreters on the Network" and "familiarize non-interpreters with the protocols that interpreters learn in standardized interpreter training courses" (HCIN, 2014, p. 1).

Following is a summary of the tasks comprising the workflow for HCIN interpreters:

Task No.	Description	Sub-tasks
1	Check lighting and visual privacy.	- Face in focus - Face/body fill ½ of screen - Poster with employer's organization can be seen in background
2	Check sound quality and audio privacy.	- Headset fits comfortably - Good listening volume - Microphone at appropriate distance to prevent distortion
3	Prepare reference materials.	- Open appropriate websites - Select dictionaries/glossaries
4	Turn ringers off on other devices.	
5	Be seated and ready to answer call.	- If not ready for < 10 minutes, go on "not ready" - If not ready for > 10 minutes, log off
6	Greet the provider and the patient.	

7	Answer in-coming call for phone or video interpreting.	
8	Facilitate communication during session.	➢ Assist caller in positioning phone or video unit
9	Document provision of service, if required.	
10	Debrief, when appropriate, about concerns regarding session.	
11	Report technical and "people problems" to appropriate party.	➢ Report technical problems to Paras & Associates ➢ Report people problems to direct supervisor who may forward concerns to HCIN

Environmental Analysis

To ensure patient confidentiality, HCIN (2014) has set requirements for interpreter workstations, as described in its Rules of Participation of the Health Care Interpreter Network, which were initially adopted in 2006.

Following is a summary of the environmental analysis for HCIN interpreter workstations:

Placement	• Should not be used in areas of routine public contact • Video monitor must not allow visibility of patient to those walking by • Interpreters must use headset or handset
Background	• Must include HCIN name as well as name and logo of organization where interpreter is located • Remaining background must have a professional appearance
Internet access	• Desktop internet access for email communication and support websites
Phone access	• Dedicated phone with external line and ability to call HCIN system
Lighting	• Interpreter's face must be well-lit and eyes seen at all times
Approval	• Workstation must be approved by HCIN management

Needs Analysis

To explore the needs of healthcare interpreters who provide remote language services on HCIN's shared network, data was collected through two mechanisms: 1) an online survey; and 2) telephone interviews. A 15-question online survey (Appendix A) was distributed to a pool of 299 interpreters who take calls from providers and patients via video and audio. The survey was distributed as an online survey link in an email on October 7, 2104. Respondents had two weeks to complete the survey. A total of 125 (41.8%) respondents completed the survey.

Six telephone interviews were completed between October 8, 2014, and October 20, 2014. A

convenience sample of interpreters who speak four different languages: Spanish (3), Russian (1), Farsi (1), and Vietnamese (1) were asked ten questions (Appendix B) to gather additional qualitative data. Following is a summary of the findings from the online survey and telephone interviews.

Online Survey Findings and Conclusions

The online survey was divided into three sections: 1) interpreting experience; 2) working as a remote interpreter; and 3) professional development, concluded by three demographic questions. The results of each section and the conclusions that can be drawn from them appear below. Qualitative data compiled from the open-ended questions is provided in Appendix C.

Interpreting Experience

In terms of years of overall interpreting experience, respondents (N=125) are fairly evenly distributed, with the majority (33%) reporting more than fifteen years in the field. However, the same respondents report much less experience in remote interpreting, with the majority almost evenly split at 0-3 (47%) and 4-7 (41%) years.

Working as a Remote Interpreter

To gather qualitative data on their experience working as a remote interpreter, respondents (N=100) were asked five open-ended questions. Convenience emerged as the main theme for what respondents liked most about remote interpreting (26), while sound and connectivity issues (59) were found to be the most challenging part of this work. In terms of advice they would give to an interpreter who is new to remote interpreting, the majority of respondents recommended asking for repetition (30), followed by listening and taking notes (18). When asked what they would change about remote interpreting and why, better audio quality (19) was the most common response to allow for better accuracy of interpretation (19).

Professional Development

In this section of the survey, respondents were asked five questions about how they receive information related to professional development opportunities; which resources they find most valuable; what topics are of greatest interest to them; and how they prefer to learn. Most respondents (N=99) receive information about professional development opportunities from colleagues (66%), followed by leadership (62%) and association memberships (55%). On a scale of 1 to 5, with 1 being their first preference, online discussion boards were ranked highest by respondents (4.17).

When asked for topics of interest to develop educational materials, five themes emerged. A number of sub-themes were then identified and grouped together to compile the total number of responses related to each theme. Most respondents show an interest in materials related to medical specialties (44), followed by medical terminology (20) as a sub-theme of language resources.

In terms of preferred learning methods, most respondents selected hands-on practice (73%) and listening (72%). However, when asked to select only one preferred learning method, hands-on practice (38%) was chosen most often, followed by seeing (29%), which differs from the results of the previous question.

Demographics

Three demographic questions were included to help analyze the data and answered by 98 respondents (78%). The majority of respondents have some college credit (22%) or an associate (24%) or bachelor's degree (25%). In terms of age, most respondents are either 30-49 (45%) or 50-64 (36%) years old. Lastly, the majority of respondents to this survey are female (70%).

Telephone Interview Findings and Conclusions

To gather additional qualitative data on the target population, a convenience sample (N = 6) was selected from two member hospitals based in California and Texas. Overall, responses from the telephone interviews reflected the findings of the online survey. In addition, all of the interviewees reported completing some type of formal interpreter training, with 50% meeting the HCIN requirement of forty-hours or more.

This group was also asked if they have received or are in the process of pursuing national certification. Two respondents stated that they are in the process of pursuing it; one is thinking about it; and two are not interested at this time. It is worth mentioning that three of the six respondents were initially confused by this question and mentioned organizations other than those proctoring national certification for medical interpreters. Their responses imply a need to raise awareness of the credentials available and how they differ from other types of interpreter assessments.

Recommendations and Design Decision

The findings of this front-end analysis suggest the following areas of opportunity:

Category	Levers / Obstacles	Opportunities
Motivation	Service to others Learning/Variety Role not valued	*To help interpreters feel that they are valued members of the health care team…* • Should a promo be included to reinforce how to work effectively with an interpreter? (e.g. video, quick facts about positive impact) • Would a tip sheet for providers be useful?
Information	Internet access Multiple languages	*To improve access to language resources…* • Is a repository of links to online dictionaries, glossaries, etc. available to network members? • Are there HCIN-preferred resources?
Tools	Connectivity Audio quality Lack of non-verbal cues Strong accents	*To reduce the need for repetition and improve interpreter accuracy…* • Is the current quick guide effective? • Are issues consistently reported? • Is additional technical support needed?
System	Convenience Efficiency Heavy volume	*To balance efficiency and self-care…* • Is there consistency in breaks between calls? • Are there tips that can be shared to improve concentration and reduce fatigue?
Skills	Sensitive situations Memory/Note-taking Interpreting modes Prefer hands-on practice	*To increase confidence in difficult situations…* • If a self-paced module or webinar is offered, should it be required? • Is a train-the-trainer model an option for some content to be shared in-person?

A discussion of these opportunities revealed the following for each category above:

Motivation: A recording is currently used while calls are connecting to remind providers of best practices when working with a medical interpreter. To reinforce this information, the addition of a

brief promo at the start of video calls was recommended, as well as a screensaver with "Did you know?" tips. Stakeholders will share the survey findings and recommendations for this area of opportunity with the HCIN Steering Committee.

Information: To standardize access to language resources in a centralized location, including glossary contributions from network interpreters, stakeholders agreed with a recommendation to build a repository in Moodle on HCIN's existing online education platform.

Tools: The obstacles identified in this category are currently addressed one-by-one as needed. Implementing a tracking process was recommended to quantify issues and resolutions over time. Encouraging the use of headsets was also suggested to reduce repetition and improve accuracy.

System: Because interpreters are not employees of the network, it is not possible for HCIN to implement standardized break times. Given this limitation, an optional monthly debriefing session with an HCIN moderator was recommended to offer interpreters an opportunity to share experiences with each other and to balance efficiency and self-care.

Skills: In reviewing opportunities in this category, it was discovered that a train-the-trainer model has been used to some extent with one member hospital. Further exploring this option was recommended to support the high number of interpreters who prefer hands-on practice over other learning methods. Inviting speakers to give webinars on specific topics, such as mental health or memory-building strategies, was also suggested as a way to increase participation in the continuing education opportunities offered by HCIN.

Design Decision

After reviewing the recommendations, it was decided that the focus for the remainder of this project would be to create a repository of language resources within HCIN's online continuing education platform. An online repository provides a venue for network interpreters to share standardized information, in addition to supporting the organization's goals of increasing the visibility of existing courses and improving interpreter morale.

Using survey data as a guide, the repository was divided into three sections: 1) general medical resources in English; 2) language-specific resources; and 3) web links to other areas of

interest, such as certification, continuing education, newsletters and professional organizations. Principles of visual literacy were applied to the repository design to make communication as clear as possible, remove visual clutter, and group and align items for an overall sense of unity and organization (Reynolds, 2011). Screenshots of the online repository pre- and post-evaluation are available in Appendix D.

Evaluation

To evaluate the effectiveness and appropriateness of the content for the online repository, a telephone interview was conducted on December 5, 2014, with three of the six interpreters who participated in previous interviews during the front-end analysis phase of this project. Each interpreter was given a feedback form in advance to prepare them for the discussion. A copy of the Content Review Feedback Form can be found in Appendix E. The interpreters were also encouraged to submit additional feedback by email after the interviews were completed.

During the live interviews, each interpreter logged onto the host site to view the repository for the first time. Their initial impressions were captured, followed by a discussion of the questions on the feedback form and suggestions for improvement. The interviewees agreed that the site was well-organized and informative, and that the instructions were clear. They liked the simple layout and the opportunity to research information on their own time. The inclusion of blogs was also identified as a good way to learn from other interpreters.

Suggestions for improvement included a more eye-catching image in the Welcome section and the addition of links to other linguistic resources that include proverbs and idioms. Those interviewed also stated that they would use this resource daily and would like to add it to their Internet browser favorites or computer desktop as an icon for easy reference. A username and password is currently required to access the repository. Feedback about simplifying accessibility will be relayed to stakeholders for their consideration.

After the interviews, the repository was reviewed and changes made to the image and alignment of the Welcome section. Sub-headings were also added to the language-specific resources section to ease user navigation. Lastly, items in the web links portion were revisited and adjusted to improve the relevance and organization of the content in that section.

Appendix A: Online Survey Questions

My name is Suzanne Couture and I am graduate student in the Instructional Design program at the University of Massachusetts Boston. The purpose of this survey is to better understand the professional development needs of remote video/audio interpreters like you and to identify ways that HCIN can offer additional support to interpreters who provide these services through their shared network.

The survey should take about 10-15 minutes to complete. All responses are voluntary and will be kept confidential. In addition, responses will not be identified by individual and will be compiled together and analyzed as a group. There is no way for your answers to affect your relationship with HCIN. The sole purpose for the survey is to develop ways to support your work.

Thank you in advance for your willingness to participate!

1. How many years of **interpreting experience** do you have **overall**? (in-person, telephone and/or video)
   a. 0-3
   b. 4-7
   c. 8-11
   d. 12-15
   e. 15+

2. How many years of **remote** interpreting experience do you have? (telephone and/or video only)
   a. 0-3
   b. 4-7
   c. 8-11
   d. 12-15
   e. 15+

3. What do you like best about remote interpreting? [open-ended]

4. What do you find most challenging about remote interpreting? [open-ended]

5. What advice would you give an interpreter who is new to remote interpreting? [open-ended]

6. If you could change one thing about remote interpreting, what would it be? [open-ended]

7. Why would you choose to make that change? [open-ended]

8. How do you learn about professional development opportunities for interpreters?
   a. Colleagues / Friends
   b. Supervisor / Manager
   c. Association membership / Listserv (e.g. ATA, CHIA, IMIA, NCIHC, RID)
   d. Social media (e.g. LinkedIn, Facebook)
   e. Professional journals
   f. Other (please specify): _____

9. Which of the following types of professional development resources do you find **most** valuable? (please rank them in order from 1 to 5 with 1 being your first preference)
    a. Webinars
    b. Newsletters / Articles
    c. Online courses (self-paced)
    d. In-person workshops
    e. Online discussion boards

10. If HCIN developed further educational materials, what subjects would interest you most? [open-ended]

11. If you had a choice of learning something new, what method would you prefer to use when learning it? (check all that apply)
    a. See information, charts, diagrams
    b. Listen to a lecture with explanations
    c. Read an article and take notes on it
    d. Practice with hands-on activities

12. If you had to choose one method, which do you prefer most?
    a. See
    b. Listen
    c. Read/Write
    d. Practice

13. What is the highest level of education that you have completed?
    a. High school diploma or equivalent (e.g. GED)
    b. Some college credit, no degree
    c. Trade/technical/vocational training
    d. Associate degree
    e. Bachelor's degree
    f. Master's degree
    g. Doctorate/Professional degree (e.g. JD, MD, PhD)

14. What is your age?
    h. 18-29 years old
    i. 30-49 years old
    j. 50-64 years old
    k. 65 years and over

15. What is your gender?
    l. Male
    m. Female
    n. Prefer not to answer

Again, thank you very much for your time and consideration. If you have any further comments or questions, please feel free to contact me at Suzanne.Couture01@umb.edu.

Appendix B: Telephone Interview Questions

Thank you for your willingness to participate in this telephone survey. My name is Suzanne Couture and I am a graduate student in the Instructional Design program at the University of Massachusetts Boston.

The goal of this interview is to better understand the professional development needs of remote interpreters. It will also help HCIN identify ways of offering additional support for remote interpreters on its shared network. This interview will take about 20-30 minutes. All responses are voluntary and will be kept confidential.

Do you have any questions for me before we begin?

1. What language do you interpret in-person and/or by phone/ video?

2. How many years of interpreting experience do you have overall? (in-person, telephonic and/or video)
       a. 0-3
       b. 4-7
       c. 8-11
       d. 12-15
       e. 15+

3. How many years of remote interpreting experience do you have? (telephonic and/or video only)
       a. 0-3
       b. 4-7
       c. 8-11
       d. 12-15
       e. 15+

4. Have you completed a formal interpreter training program? If so, how many hours (years)?

5. Have you received (or are you in the process of pursuing) national certification? If so, which organization

6. What do you like most about remote interpreting?

7. What do you think are the benefits of remote interpreting?

8. What do you think are the challenges of remote interpreting?

9. How do you prepare for a remote interpreting session?

10. Which topics are you most interested in for professional development as a medical interpreter?

Again, thank you very much for your time and participation. If you have any further comments or questions, please feel free to contact me at Suzanne.Couture001@umb.edu.

Appendix C: Online Survey Qualitative Data

Question	Themes & No. of Responses
Q3. *What do you like best about remote interpreting?*	➢ Body language (video) = 4 ➢ Convenience = 26 ➢ Do not like it = 3 ➢ Efficiency/Flexibility = 17 ➢ Help others/Scope = 19 ➢ Impartiality = 2 ➢ Learning/Variety = 16 ➢ Nothing = 5 ➢ Privacy = 4 ➢ Stay healthy = 2
Q4. *What do you find most challenging about remote interpreting?*	➢ Difficult speech/Hard of hearing = 4 ➢ Feels impersonal = 6 ➢ Lack of context = 6 ➢ Lack of non-verbal cues = 15 ➢ Lack of provider training = 9 ➢ Lack of respect for profession = 5 ➢ Sensitive situations = 4 ➢ Sound/Connectivity/Noise = 59 ➢ Strong provider accents = 15 ➢ Workload/Fatigue = 12
Q5. *What advice would you give to an interpreter who is new to remote interpreting?*	➢ Ask for repetition = 30 ➢ Be patient = 15 ➢ Concentrate/Focus = 10 ➢ Give good customer service = 4 ➢ Keep learning = 3 ➢ Listen/Take notes = 18 ➢ Pace yourself = 5 ➢ Practice self-care/Take breaks = 12 ➢ Prepare for session = 5 ➢ Work on-site instead = 5
Q6. *If you could change one thing about remote interpreting, what would it be?*	➢ Better audio quality = 19 ➢ Better connection/less dropped calls = 6 ➢ Better video/camera/bigger screen = 5 ➢ More context/Debrief opportunity = 3 ➢ Less sedentary/More breaks = 3 ➢ Limit or vary remote hours = 2 ➢ Prefer video over phone = 6 ➢ Train providers/Gain respect = 8 ➢ Work in-person instead = 8 ➢ Would not change anything = 5
Q7. *Why would you choose to make that change?*	➢ Better accuracy of interpretation = 19 ➢ Better patient outcome = 9 ➢ Better service = 6 ➢ Gain respect = 3 ➢ Have visual cues/context = 4 ➢ Improve health/circulation = 2 ➢ Improve provider satisfaction = 3 ➢ Less mental fatigue = 4 ➢ Less technical issues = 2 ➢ More personal experience = 3

Q10. *If HCIN developed further educational materials, what subjects would interest you most?*

Theme & Sub-themes	Total Responses

Science
  ➤ Anatomy & Physiology (5)
  ➤ Diagnoses (2)
  ➤ Exams (1)
  ➤ Procedures (3)
	11

Language Resources
  ➤ ASL (1)
  ➤ Colloquialisms (3)
  ➤ Dictionaries (1)
  ➤ Grammar (1)
  ➤ Hmong (1)
  ➤ Medical Terminology (20)
  ➤ Profanity (3)
  ➤ Spanish (2)
	32

Medical Specialties
  ➤ Cardiology (4)
  ➤ Diabetes (3)
  ➤ Infectious Diseases (1)
  ➤ Mental Health (7)
  ➤ Natural Medicine (1)
  ➤ Nephrology (1)
  ➤ Neurology (5)
  ➤ Not specified (6)
  ➤ Oncology (4)
  ➤ Palliative Care (3)
  ➤ Pediatrics (1)
  ➤ Pharmacology (3)
  ➤ Social Work (1)
  ➤ Surgery (2)
  ➤ Urology (1)
  ➤ Women's Health (2)
	44

Interpreting
  ➤ Consecutive Mode (2)
  ➤ Ethics (7)
  ➤ Legal (1)
  ➤ Listening (1)
  ➤ Memory (2)
  ➤ Note-taking (3)
  ➤ Protocols (3)
  ➤ Quality Control (1)
  ➤ Simultaneous (3)
  ➤ Trends (1)
  ➤ Trouble-shooting (4)
	29

Other
  ➤ Culture (3)
  ➤ Food (1)
  ➤ Immigration (1)
	5

Appendix D: Screenshots of Repository (Pre- and Post-evaluation)

Pre-evaluation screenshots of repository

Welcome To The Remote Interpreter Resource Library

These resources are accessible to all HCIN interpreters.

We hope you find them useful!

If you have suggestions for items to add, please contact Beverly Treumann at *btreumann@hcin.org*

General Medical Resources (English)

Click on the image to access each site or hover over the image for a brief description...

Language-Specific Resources

Click on the link to access each resource or hover over the link for a brief description...

Baidu (Chinese-English)

Deaf Health (American Sign Language)

Dict.cn (Multiple languages into Chinese)

Farsi Dictionary (German, Italian, Arabic, English and Farsi)

Korean Dictionary (Daum)

Korean Dictionary (Naver)

Multilingual Medical Glossary (English, French, German, Spanish and Italian)

Trilingual Reference Manuals (English-Spanish-Chinese, English-Armenian-Russian, English-Korean-Vietnamese)

Vietnamese Dictionary (Vietnamese, English, French and Chinese)

Words We Don't Want to Forget (English-Spanish)

Web Links

Links to other points of interest for remote interpreters...

Blogs

CultureSmart

InterpretAmerica

InterpreTips

Telelanguage

That Interpreter

The Interpreter Diaries

Certification

Certification Commission for Healthcare Interpreters

National Board of Certification for Medical Interpreters

National Certification: How do they compare?

Preparing for National Certification

Continuing Education

Connecting Cultures

Cross Cultural Communications

HCIN Learn

IMIA Education Registry

Interpreter Education Online

Miscellaneous

Articles by Holly Mikkelson

Pacific Interpreters Featured Articles

Publications by Cindy Roat

Telephone Interpreting: A Comprehensive Guide

The Interpreter's Rx

Newsletters

Caduceus (Quarterly publication)

InterNations (Expat magazine)

Intersect (Weekly publication)

The Interpreter's Launch Pad (Archived issues)

Professional Organizations

American Translators Association

California Healthcare Interpreting Association

International Medical Interpreters Association

National Council on Interpreting in Health Care

Post-evaluation screenshots of repository

Welcome To The Remote Interpreter Resource Library

These resources are for all HCIN interpreters.

We hope you find them useful!

If you have suggestions for items to add, please contact
Beverly Treumann at *btreumann@hcin.org*

General Medical Resources (English)

Click on the image to access each site or hover over the image for a brief description...

Language-Specific Resources

Click on the link to access each resource or hover over the link for a brief description...

American Sign Language

Deaf Health (American Sign Language)

Armenian

Trilingual Reference Manual (English-Armenian-Russian)

Chinese

Baidu (Chinese-English)

Dict.cn (Multiple languages into Chinese)

Trilingual Reference Manual (English-Spanish-Chinese)

Farsi

Farsi Dictionary (German, Italian, Arabic, English and Farsi)

French/German/Italian

Multilingual Medical Glossary

Korean

Korean Dictionary (Daum)

Korean Dictionary (Naver)

Russian

Trilingual Reference Manual (English-Armenian-Russian)

Spanish

Multilingual Medical Glossary

Trilingual Reference Manual (English-Spanish-Chinese)

Words We Don't Want to Forget (English-Spanish)

Vietnamese

Trilingual Reference Manual (English-Korean-Vietnamese)

Vietnamese Dictionary (Vietnamese, English, French and Chinese)

Web Links

Links to other points of interest for remote interpreters...

Blogs

InterpretAmerica

InterpreTips

That Interpreter

The Interpreter Diaries

Certification

Certification Commission for Healthcare Interpreters

National Board of Certification for Medical Interpreters

National Certification: How do they compare?

Preparing for National Certification

Continuing Education

Connecting Cultures

HCIN Learn

IMIA Education Registry

Interpreter Education Online

Miscellaneous

Articles by Holly Mikkelson

Pacific Interpreters Featured Articles

Publications by Cindy Roat

The Interpreter's Rx

Newsletters

Caduceus (Quarterly publication)

InterNations (Expat magazine)

Intersect (Weekly publication)

The Interpreter's Launch Pad (Archived issues)

Professional Organizations

American Translators Association

California Healthcare Interpreting Association

International Medical Interpreters Association

National Council on Interpreting in Health Care

Appendix E: Content Review Feedback Form

Site Name: *Remote Interpreter Resource Library*
Please provide feedback by: *December 6, 2014*
Send your feedback to: *Sue Couture by email to scouture1@wi.rr.com*

Date Reviewed: _____
Reviewer's Name: _____

Please critically review the **content** of the site and provide feedback on the grid below (starts on page 2). As you review each section ask yourself the following questions:

1.   Does the content make sense? ☐ Y ☐ N
      a. Is the content too wordy? ☐ Y ☐ N

      b.   Does it need more explanation? ☐ Y ☐ N

      c.   Is the format professional? ☐ Y ☐ N

      d.   If clip art or pictures are included, are they appropriate? ☐ Y ☐ N

      e.   Are instructions clear and understandable? ☐ Y ☐ N

2. Do links to external web pages or documents work? ☐ Y ☐ N

3. Overall, what do you like best about this site?

4. What could be improved?

5. How often do you think you will use it in your work?

Section Name	Feedback / Suggestions / Change requested
Welcome	
General Medical Resources	
Language-specific Resources	
Web Links	

References

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