



**Medical Interpreting Focus Groups
Results for the Background & Experience Survey
CATIE, College of St. Catherine & NCIEC**

Spring-Summer, 2007

BACKGROUND & OVERVIEW

Eleven focus groups were conducted with a variety of interpreters and experts about best practices in signed language interpreting in medical settings. These focus groups were conducted with Deaf, Hearing and Hard of Hearing individuals. They were conducted during the spring and summer of 2007 in eight different states, including: New Mexico, Maine (2), Oregon, Illinois (2), Georgia, Kansas, Minnesota (2) and Texas. As part of the focus group process, participants were asked to complete a survey. This report is a summary of the survey data.

The survey has 20 items that cover: gender, age, hearing status, education, ethnicity, interpreting roles, experience interpreting in medical settings, types of interpreting done, certifications, effective practice in medical setting interpreting and attitudes toward advanced education in medical setting interpreting (see Appendix A).

In total, there were 54 focus group participants who completed the survey. Of those, the majority of participants were female between the ages of 40-49. Approximately 19% had an AA degree and 49% had a Bachelor's degree. Approximately 79% of respondents self-identified as 'White non-Hispanic/European American', 12% African-American/Black, 7% Hispanic/Latino and 1.8% Native American/American Indian.

The most typical roles people identified they had were: signed language interpreter; interpreter educator; and Deaf, DeafBlind or Hard of Hearing consumer. For those who were interpreters, they had been interpreting for an average of 17 years. Approximately 16% indicated 5 or fewer years, 28% indicated 6-10 years, 16% indicated 11-15 years and about 31% indicated 16 or more years.

Approximately 79% of participants reported they were certified and the most common certifications were: RID: CI/CT, CSC and IC/TC. About 60% of participants reported they see a need for a post baccalaureate certificate in medical interpreting and 26% saw a need for a Masters degree in medical interpreting. This coincides with results that show 61% did not feel appropriately prepared when they started interpreting in medical settings.

The effective practices cited as most important for interpreters working in medical settings include: ASL and English needed for interpreting in medical settings, role and boundaries, ethical and professional decision making, interpreting skills and knowledge of health care systems.

SURVEY RESULTS

Table 1 shows the quantitative survey results for the total sample, Hearing and Deaf Samples, and for people with or without a Bachelor's degree. Fifty-seven people completed at least part of the survey. There are cases when data are for fewer than 57 people. In those cases, people did not respond to the given survey items.

Table 1
 Medical Interpreting Focus Group Evaluation Results (Quantitative) for Total Sample, Hearing/Deaf and Bachelor's Degree/No Bachelor's Degree (N=57)

	Total		Hearing Status		Education	
	N	%	Hearing N=36 %	Deaf N=10 %	Bach- elors N=36 %	No Bach- elors N=21 %
Gender						
Female	44	77.2	85.4	70.0	86.1	61.9
Male	11	19.3	14.6	20.2	13.9	28.6
Hearing status						
Hearing	41	71.9	100	0	72.2	71.4
Deaf	10	17.5	0	100	22.2	9.5
Hard of Hearing	1	1.8	0	0	2.8	0
Deaf Blind	0	0	0	0	0	0
What is your age?						
18 - 29 years old	0	0	0	0	0	0
30 - 39 years old	15	26.3	26.8	30	25.0	28.6
40 - 49 years old	31	54.4	51.2	60	58.3	47.6
50 - 59 years old	9	15.8	22.0	0	13.9	19.0
60 - 69 years old	1	1.8	0	10	2.8	0
70 or better	0	0	0	0	25.0	0
Highest achieved education						
High school	3	5.3	4.9	0	0	14.3
Certificate/diploma	7	12.3	7.3	20.0	0	33.3
AA degree	11	19.3	24.4	0	0	52.4
Bachelors degree	28	49.1	56.1	50.0	77.8	0
Masters degree	6	10.5	4.9	30.0	16.7	0
Doctorate	2	3.5	2.4	0	5.6	0
Ethnicity						
Native American/American Indian	1	1.8	0	10	2.8	0
Asian/Pacific Islander	0	0	0	0	0	0
African-American/Black	7	12.3	14.6	0	11.1	14.3
Hispanic/Latino	4	7.0	4.9	10	5.6	9.5
White Non-Hispanic/European American	45	78.9	80.5	80	80.6	76.2
Other	0	0	0	0	0	0
Role						
Signed language interpreter	53	93.0	1.00	60	91.7	95.2
Spoken language interpreter	5	8.8	9.8	10	8.3	9.5
Deaf, Deaf Blind or Hard of Hearing Consumer	9	15.8	2.4	80	19.4	9.5
Interpreter Educator	11	19.3	22.0	10	2.5	9.5
Language Instructor	6	10.5	4.9	40	11.1	9.5
Medical professional	4	7.0	7.3	40	8.3	4.8
Other	7	12.3	7.3	40	13.9	4.8

continued

Table 1 continued

	Total		Hearing Status		Education	
	N	%	Hearing N=36 %	Deaf N=1 0 %	Bach- elors N=36 %	No Bach- elors N=21 %
How long have you been accepting work in medical settings?						
Less than 3 years	2	3.5	0	10	2.8	4.8
3-5 years	7	12.3	14.6	10	13.9	9.5
6-10 years	16	28.1	31.7	10	25.0	33.3
11-15 years	9	15.8	17.1	10	11.1	23.8
16 + years	18	31.6	34.1	20	38.9	19.0
How often do you interpret in a medical setting?						
Less than once per month	4	7.0	4.9	10	2.8	14.3
1-2 times per month	4	7.0	9.8	0	11.1	0
3-5 times per month	10	17.5	14.6	20	13.9	23.8
6-10 times per month	7	12.3	12.2	10	11.1	14.3
More than 10 times per month	7	12.3	19.5	10	16.7	9.5
I have a staff interpreter position at a health care facility	12	21.1	29.3	0	22.2	23.8
I am currently not interpreting in a medical setting, but I have in the past	6	10.5	9.8	20	13.9	4.8
Have you ever worked as a staff interpreter for a health care facility?						
Yes	18	31.6	41.5	0	33.3	28.6
No	33	57.9	53.7	60.0	58.3	57.1
Are you a certified interpreter?						
Yes	45	78.9	90.2	40	83.3	71.4
No	7	12.3	7.3	20	8.3	19.0
When you first started interpreting in medical settings, did you feel appropriately prepared?						
Yes	14	24.6	29.3	20	30.6	14.3
No	35	61.4	63.4	30	52.8	76.2
What type of education did you have that prepared you to work in the medical setting?						
None	11	19.3	17.1	10	22.2	47.6
College courses on medical interpreting	11	19.3	26.8	0	22.2	33.3
College courses on related topics	18	31.6	41.5	10	38.9	9.5
Workshops on medical interpreting	22	38.6	43.9	30	38.9	0

continued

Table 1 continued

	Total		Hearing Status		Education	
	N	%	Hearing N=36 %	Deaf N=10 %	Bach- elors N=36 %	No Bach- elors N=21 %
How would you describe the amount of simultaneous and consecutive interpreting you use in your medical interpreting work?						
Mostly all simultaneous	21	36.8	43.9	0	30.6	47.6
About half simultaneous and half consecutive	21	36.8	43.9	10	38.9	33.3
Mostly all consecutive	13	22.8	14.6	60	30.6	9.5
Check the 4 most important effective practices for interpreters working in medical settings.						
Knowledge of Health Care Systems	23	40.4	29.3	50	44.4	33.3
Culture and Diversity	15	26.3	29.3	30	33.3	14.3
Self-Care	2	3.5	4.9	100	2.8	4.8
Role & Boundaries	31	54.4	53.7	40	58.3	47.6
Preparation	12	21.1	17.1	40	16.7	28.6
Ethical and Professional Decision Making	29	50.9	53.7	30	55.6	42.9
ASL and English needed for interpreting in medical settings	37	64.9	58.5	80	69.4	57.1
Interpreting Skills	29	50.9	21.5	70	52.8	47.6
Technology	3	5.3	0	20	5.6	4.8
Knowledge of laws that effect interpreters	4	7.0	7.3	100	5.6	9.5
Leadership	1	1.8	2.4	100	2.8	0
Advocacy	4	7.0	9.8	0	2.8	14.3
Professional Development and Continuing Education	12	21.1	24.4	20	19.4	23.8
How often have you worked with a Deaf Interpreter (DI/CDI) in a medical setting?						
Never	17	29.8	36.6	10	27.8	33.3
1-5 times in my interpreting career	17	29.8	34.1	0	30.6	28.6
Less than once per month	3	5.3	4.9	10	2.8	9.5
1-2 times per month	1	1.8	4.9	0	2.8	0
3-5 times per month	3	5.3	2.4	0	5.6	4.8
6-10 times per month	0	0	2.4	0	0	0
More than 10 times per month	1	1.8	2.4	0	2.8	0
I am currently not interpreting in medical settings but I have worked with a DI or CDI in medical settings in the past	1	1.8	2.4	0	2.8	0
Do you see a need for specific advanced education in medical interpreting?						
Post baccalaureate certificate						
Yes	34	59.6	58.5	60	66.7	47.6
No	12	21.1	19.5	30	13.9	33.3
Masters degree						
Yes	15	26.3	24.4	40	30.6	19.0
No	20	35.1	36.6	30	30.6	42.9

Note: Some of the percentages within columns for items do not equal 100%. This is because 1) people chose not to respond to some items and/or 2) for some items people chose more than one response.

Fifteen of the 18 people who responded ‘yes’ they had worked as a staff interpreter also completed the follow-up question, asking how long they had worked as a staff interpreter for a health care facility. The average response was 7.36 years (s = 6.48). The range of responses was 6 months to 20 years. (One person wrote in the word ‘contracted’.)

Approximately 79% of participants were certified and had been for an average of 14.5 years. The range of years certified was 1-30.

Next, focus group members were asked, if they were certified, what certification(s) they held. The most frequently cited certification types were: RID:CI/CT, CSC, and IC/TC.

Table 2
Certification Types Held by Participants

Certification Type	N	%
RID: CI/CT	23	0.53
CSC	6	0.14
IC/TC	5	0.12
BEI IV	3	0.07
CDI	3	0.07
NAD IV	3	0.07
NIC	2	0.05
Court cert	2	0.05
court	1	0.02
4/3 KQAS	1	0.02
4/5 KQAS	1	0.02
Kansas KQAS	1	0.02
BEI III	1	0.02
BEI V	1	0.02
CD-IC	1	0.02
CI SC:C	1	0.02
CT	1	0.02
ISAS	1	0.02
NAD V	1	0.02
OC:C	1	0.02
OTC	1	0.02
R&C	1	0.02
RID: CI	1	0.02
SC:L	1	0.02

Note: 43 people responded to this item. Some people cited more than one type of certification. Percentages are calculated based on the number of people who wrote the certification type divided by 43.

Overall, approximately 60% of focus group members reported they did not feel appropriately prepared when they first started interpreting in medical settings. The focus group respondents were then asked to explain. Their responses varied: some reported having relevant preparation, some reported having partial preparation and others reported having virtually no preparation. Their responses are in the following table.

Table 3

Responses about Being Appropriately Prepared to Interpret in Medical Settings when First Started

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- Attended ITP, felt prepared, but have certainly become more so with experience.
 - I graduated from an ITP and we live in an area where resources abound. Support from others in deafness was key as well.
 - Background medical for communication degree
 - I had the appropriate resources, but the setting was so unfamiliar. There was no training for medical setting in school.
 - I attended the St. Mary's HCI program, so I felt prepared in some ways - yet felt inadequate in some areas such as Anatomy & Physiology; Ethics in the Health Care system
 - College Classes - anatomy, phys., biology, microbio., work in medical settings, medical interpreting program
 - I graduated from St Mary's JR College - Health Care Interpreter program. Of course I have learned a lot since graduation, but I had tools to use and apply to work in medical settings.
 - Specialized training in medical interpreting, plus several medical interpreting workshops.
 - I am a CODA and have always interpreted for family and friends, but medical is complicated and ITP programs do not prepare you for that. I also went thru an ITP.
 - I've done it for years but in the beginning it was overwhelming.
 - Had a strong medical terminology background
 - No more or less appropriately prepared for ANY assignments, due to the 1:1 nature of the situation, I felt ok asking for clarification from both parties.
 - I felt the need for more training so I went back to school to get it
 - Medical background before ITP -ITP CSC
 - Unfamiliar with medical terms and didn't know how to ask medical staff for support, eg. Diagrams, models, etc.
 - My medical terminology was limited. My IP did not have a focus on medical interpreting
 - Lack of internship or practicum opportunities in these settings.
 - Is one EVER fully prepared?
 - Always need more content area education.
 - I knew the Deaf patient and his/her communication style, but learned the medical procedure.
 - A first is always a process of learning. But, must prepare before hand with more info. Re: job and assignments.
 - No formal training specific to medical interpreting.
 - Not quite ethically prepared sometimes just complied with staff
 - Some things I need more experience on.
 - Not yet fully versed in understanding ethics.
 - Just became certified as an interpreter but the longer I worked the more proficient I became.
 - I had no workshops on medical interpreting. I was really winging it. But at that time I didn't have much training in many specialized areas
 - Training was not available back when I started
 - Hands on training in the setting would have been very helpful for logistical issues
 - So many variables - so little training
 - To some extent, yes, because I have a strong background in science/biology and have worked in medical settings
 - Attended several workshops on medical interpret, had a vast network of interpret friends to converse with, able to do prep work
 - Not enough training
 - At that time, there were no recommendations for higher levels in medical settings and I did not go through an ITP
 - Need more specialty classes
 - I did not have adequate training, workshop experience, and I was a staff interpreter that "went where I was told"
 - I really had to figure things out on my own, with a solid background and training.
 - Unfamiliar with terminology and medical environment and "how things work".
 - Vocabulary/signs
 - This was in the 80's. I was still functioning as an advocate slash interpreter. Glad to see the profession evolve since then. Now advocate role and interpreter role are separate. Very few interpreter workshops available back then. Now it's a different story, much improved.
 - Doctor/nurse have no idea about Deaf interpreters.
 - The doctor wanted me to determine whether the patient should be admitted and treated. I REFUSED to make the decision, I am just the interpreter.
 - Unsure of protocols, medical terminology, feedback or translation checks for accuracy in patient understanding.
 - Some words is hard to explain.
 - Had staff explained what the process are?
-

If participants responded they went to workshops on medical interpreting, they were asked to respond how long/how many. Some focus group members responded they had been to a ‘few’, ‘many’ or ‘several’ workshops. One noted she/he attended as many as she/he could find. Two respondents noted they had attended weekend workshops and 4 noted they had attended workshops at conferences. The number of workshops four people noted they had attended ranged from 3-5 ‘or more’. One person wrote that she/he has attended workshops almost monthly.

Other types of education people noted were other areas of study they had completed (e.g., nursing, biology), books, medical dictionaries, videos, ITP, on the job training, conferences, internships, education done on their own, personal experience, common sense, CODA, and experience with family.

Focus group members were asked what medical interpreters can do to improve the service they provide. Participants had several ideas that related to increasing interpreters’ knowledge and skills, learning more about roles and ethics, seek mentoring relationships and communicating effectively with medical professionals, patients and interpreting peers. Their ideas are in the following table.

Table 4

Ideas to Improve Service Medical Interpreters Provide

- Learn about medical vocabulary, procedures, etc. and how to express it in ASL.
 - Increase knowledge of anatomy and physiology. Improve ability to monitor understanding and develop strategy to convey lack of understanding when indicated in ways other than sign.
 - Keep up with training and new information.
 - Continuing ed - professional development. Flexibility in handling each medical interpreting situation. It could be great if there was a place they could call when in doubt.
 - Knowledge of medical issues
 - Study anatomy and medical terminology. Be able to interpret the cultural differences.
 - Be aware of the laws of affecting interpreters. Know their roles and boundaries in context that is culturally appropriate. Advocacy training that will also give strategies to help Deaf self-advocate.
 - Know what they are getting into (the situation)
 - Vocab - terminology (medical), ethics
 - More education
 - Familiarize yourself with medical procedures, vocabulary, etc. continue to improve interpreting skills, know clients needs etc.
 - Continue education, use feedback from consumers to improve services.
 - Cont. ed, disc. w/other interpreters
 - Use more CL! Dental signs.
 - Educate themselves
 - EDUCATION!
 - Prep work before an assignment, expand knowledge of medical interpreting on a continuous basis
 - Have a better understanding/knowledge regarding medications, symptoms, tests, etc.
 - Become more knowledgeable regarding terminology used and correct/accurate signs for them
 - They should take medical terminology and anatomy classes
 - Seek out medical workshops
 - Take a medical terminology class, take an ethics seminar, and be compassionate to the situation at hand.
 - Continue to expand their knowledge of medical fields, cultural diversity related to signs.
 - Represent the profession appropriately by continuing to improve their knowledge of medical terms and procedures.
 - Do not be afraid to ask for clarification and explanation from medical staff. Willingness to do research and advocate for your patients. Encourage a certification program be established for medical interpreting for formal education.
-

continue

Table 4 continued

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- Need better accuracy check in translation, better skill in interpreting, terms and concepts that have no corresponding relationship in ASL or English! Creative interpretations.
 - Improve interpreting skills - use of CL and space for descriptions of anatomy, etc. Take preparation seriously, eg. Terms, procedures, etc. Learn different ways of interpreting "if, then" and cause and effect.
 - Know their limitations! And their skill.
 - Became aware of ethics in the healthcare field, hospice, and general medical information
 - More consecutive interpreting, more dropping English from voice to sign and using ASL to clearly express information, understanding discourse and how culture creates differences between Deaf and hearing persons in the medical environment.
 - Debrief w/other interpreters and/or medical professionals to improve knowledge and strategies for new situations encountered.
 - Network with peers to establish standards of conduct in their community. Continue to educate themselves on terminology and standards. Encourage education of the providers' on how to use an interpreter.
 - Talk to each other. Problem solve with each other.
 - Develop mentors within medical professionals.
 - Attend to medical workshops - work with interpreters who are experienced interpreting in medical settings.
 - Shadowing Certified interpreters in the medical field
 - Until training is provided, mentoring
 - Be open to share with co-workers (interpreters) what worked what didn't work and ask for their advice. DON'T HIDE YOUR ERRORS - learn from them. If you don't know what something means - ASK.
 - Empathy, sensitivity, patience
 - Develop working relationship with medical staff and doctors. Educate and make recommendations on how to improve communication (and understanding of intended message) from doctor to patient e.g. meet again. Interpreter comes prepared with visual illustrations.
 - Provide a card explaining the obligation/expectation of an interpreter to the medical staff (ie: nurse, doctor).
 - They need to set before starting the process.
-

Participants were asked if they saw a need for specific advanced education in medical interpreting. Overall, approximately 60% responded “yes” to a post baccalaureate certificate and approximately 26% responded “yes” to a Masters degree. As a follow-up question, focus group members were asked to respond why or why they saw the need or not. Those responses are in the following table.

Table 5

Explanations for Perceived Need for Specific Advanced Education in Medical Interpreting

- This is a specialized field that requires specialized knowledge and skills. There can be serious consequences to a Deaf person's life or health or that of their children, if there is not a qualified interpreter.
 - I would like to see the MA level include mental health training as well. Often times medical situations evolve into mental health settings
 - A master's degree in interpreting yes, a certificate in a medical specialization would be helpful.
 - I believe a certificate or degree would be beneficial to someone seeking a FT staff position at a medical institution. Certificates and degrees in the field may effect pay. However, for the generalist interpreter I don't believe education in the medical setting is necessary.
 - For those who have graduated w/o any course work in anatomy and physiology and/or medical sign terminology.
 - Knowledge of the medical profession and medical terminology would provide the interpreter with more skills to better interpret.
 - Terminology and professionalism required for this kind of setting.
 - To get more aware of medical terms.
 - Because all info are always new - technology update different health issues pops up new.
 - Yes, content, role ,culture...
 - Yes, so that they can be professional and aware to all situations and match with high pay.
-

continue

Table 5 continued

- I believe most of what you learn comes with doing it. However without proper ethics, no amount of training
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can teach you how to be effective, you must have the HEART for it.

- We need to know what we are doing at most of the time...but at least know where to find the information.
 - Without understanding a LOT of false assumption are easily made
 - Increase general knowledge
 - Because of the specialized knowledge required
 - Yes, the more educated we can become in this area will only benefit the Deaf patients. We interpreters can also educate hospital staff in better serving Deaf patients.
 - If it means a greater bilingual fluency then yes. My employer doesn't recognize my B.S. or any other advanced training.
 - I think it should be an option as a B.A. and an integral part of all interpreting training.
 - Absolutely - this is very high stakes interpreting and we can never be too prepared
 - Interpreters are working more and more in the medical settings as the ADA is realized and followed and as Deaf people learn of their rights
 - There needs to be specialized certification in medical interpreting. If they had a test to focus on medical interpreting.
 - Because the stakes are so high and the slightest errors can affect the outcome it is imperative that the interpreter be a highly qualified medical interpreter expert.
 - Years ago a Deaf friend went to medical school, her 2 committed interpreter friends learned along with her. It would have made things easier if they knew the subject matter before interpreting.
 - Because Deaf interpreter and interpreter aren't duty for medical training. Doctor/nurse must explain to client, if client doesn't understand client can ask them explain.
 - It depends on whether you are a full-time medical staff interpreter or not. It would be a bonus if you had that certificate/degree.
 - I would love to see this as a formal specialty, but not necessarily a degree.
 - Depends on their skills.
 - Because really the majority of experience and education happens from being in the interpreting situation.
 - I see a need for a program targeted for medical interpreting - but a degree should not be a requirement. A medical interpreting certification program should be able to give you the appropriate tools.
 - Certified Interpreters can teach non-certified interpreters necessary skills.
 - Certification does not necessarily equate to skill and knowledge. Experience counts for a lot too!
 - I feel workshops and work experience would be sufficient.
 - If we are to remain as the interpreter (not city health worker, not advocate) we don't need to know as much as the health care provider does. Too much education/knowledge leads some interpreters to become know-it-alls and second guess medical professionals.
 - Salary will not justify masters. Additional training would be valuable.
 - How are we to get interpreters in medical settings in only interpreters who have masters are allowed to interpret??
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Finally, focus group members were given the opportunity to write in any additional comments they had. Those comments are in the following table.

Table 6

Additional Comments

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- Offering separate BA in medical and mental health is a good start for the interpreter who wants to specialize. Advice to masters or one that is heavy in medical with a component of mental health interpreting would be ideal. I have worked in medical settings throughout my career and the shift and expectation that I can easily transfer to mental health has often been assumed.
 - Interpreting is a very personal profession. We need to be careful not to make it too academic. Sometimes it still depends on whether you have the heart for it and the skill to make it effective.
 - I think special consideration needs to be given to consumer's ASL fluency and cultural identity, MLS clients and those new to US or learning ASL as 2nd signed language.
 - Interpreters need training in working with Deaf Health Care professionals. We are seeing more and more Deaf professionals now instead of just Deaf patients
 - I think that staff interpreters should have a consortium of hospitals pool together resources for several hospitals to share.
 - Local IPP's are not taking advantage of "controlled" medical interpreting settings which would provide ideal exposure to students of interpreting. They make a blanket decision to prohibit students from going on medical interpreting assignments with a qualified mentor. Do we expect IPP grads to automatically be qualified for these jobs after completion of the IPP program?
 - So many times I get asked about my training by doctors and others in the health care facility. I wish that all interpreters doing medical interpreting had extensive credentials/medical background so that we can represent our profession well and earn the respect that we deserve.
 - Need discourse instruction vocabulary, strategies on communication when vocabulary not exist in ASL.
 - It's a start
 - More education to all doctors/nurses about Deaf interpreter.
 - Workshops would be nice on the signed medical vocabulary.
 - This was something that was well needed, thank you.
 - more workshops
 - Thank you for asking
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APPENDIX A: BACKGROUND & EXPERIENCE SURVEY

**CATIE Center
College of St. Catherine, Minnesota
Medical Interpreting Focus Groups Members - Background and Experience**

1. Gender: Female Male

2. What is your hearing status? (please circle one)
 Hearing Deaf Hard of Hearing Deaf Blind

3. What is your age?
 _____ 18 - 29 years old
 _____ 30 - 39 years old
 _____ 40 - 49 years old
 _____ 50 - 59 years old
 _____ 60 - 69 years old
 _____ 70 or better

4. What is the highest educational level you have achieved?
 _____ High school
 _____ Certificate/diploma
 _____ AA degree
 _____ Bachelors degree
 _____ Masters degree
 _____ Doctorate

5. Ethnicity
 _____ Native American/American Indian
 _____ Asian/Pacific Islander
 _____ African-American/Black
 _____ Hispanic/Latino
 _____ White Non-Hispanic/European American
 _____ Other Please specify _____

6. Which of the following characterizes your role? (check all that apply).
 _____ Signed language interpreter
 _____ Spoken language interpreter
 _____ Deaf, Deaf Blind or Hard of Hearing consumer
 _____ Interpreter educator
 _____ Language instructor
 _____ Medical professional
 _____ Other: _____

7. What state do you live in? _____

8. How many years have you been interpreting? _____

9. How long have you been accepting work in medical settings?
 _____ Less than 3 years
 _____ 3-5 years
 _____ 6-10 years
 _____ 11-15 years
 _____ 16+ years

10. How often do you interpret in a medical setting? (please check one)

- Less than once per month
- 1-2 times per month
- 3-5 times per month
- 6-10 times per month
- More than 10 times per month
- I have a staff interpreter position at a health care facility.
- I am currently not interpreting in medical settings, but I have in the past.

11. Have you ever worked as a staff interpreter for a health care facility? Yes ___ No ___
(If yes, how long?) _____

12. Are you a certified interpreter? Yes ___ No ___
If yes, how long have you been certified? _____
If yes, what certification do you hold? _____

13. When you first started interpreting in medical settings, did you feel appropriately prepared? Yes ___ No ___
Please explain: _____

14. What type of education did you have that prepared you to work in the medical setting?
 None
 College courses on medical interpreting
 College courses on related topics (medical terms, anatomy, etc.)
 Workshops on medical interpreting. If so, how long/how many? _____

 Other: Describe _____

15. How would you describe the amount of simultaneous and consecutive interpreting you use in your medical interpreting work?
 Mostly all simultaneous
 About half simultaneous and half consecutive
 Mostly all consecutive

16. From the following effective practices, place a check next to the FOUR that are most important for interpreters working in medical settings.

- Knowledge of Health Care Systems
- Culture and Diversity
- Self-Care
- Role & Boundaries
- Preparation
- Ethical and Professional Decision Making
- ASL and English needed for interpreting in medical settings
- Interpreting Skills
- Technology
- Knowledge of laws that effect interpreters
- Leadership
- Advocacy
- Professional Development and Continuing Education

17. How often have you worked with a Deaf Interpreter (DI/CDI) in a medical setting?

- Never
- 1-5 times in my interpreting career
- Less than once per month
- 1-2 times per month
- 3-5 times per month
- 6-10 times per month
- More than 10 times per month
- I am currently not interpreting in medical settings but I have worked with a DI or CDI in medical settings in the past. How often? _____

18. What can medical interpreters do to improve the service they provide?

19. Do you see a need for specific advanced education in medical interpreting?

Post baccalaureate certificate Yes _____ No ____

Masters degree Yes _____ No ____

Why or why not? _____

20. Additional comments: _____
