

New Academic Program Proposal

Master of Science in Health Care Interpretation

**American Sign Language and Interpreting Education
National Technical Institute for the Deaf
Rochester Institute of Technology**

Initiators:

**Dr. Kim Kurz, ASLIE Department Chair
Lynn Finton, M.S., Director of B.S. Interpreting Program
Kathy Miraglia, M.S., Health Care Program Coordinator, Lecturer**

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Glossary of Terms

ASL	American Sign Language
ASLIE	American Sign Language and Interpreting Education
ASPA	Association of Specialized and Professional Accreditors
CCIE	Collegiate Commission of Interpreter Education
CHI	Certificate in Health Care Interpreting
CHST	College of Health Sciences and Technology
HCIA	Health Care Interpreting (course code)
HLTH	Health (course code)
IDC	Intertribal Deaf Council
MSHCI	Master of Science in Health Care Interpreting
NADC	National Asian Deaf Congress
NAOBI	National Alliance of Black Interpreters
NBDA	National Black Deaf Advocates
NCDHR	National Center for Deaf Healthcare Research
NTID	National Technical Institute for the Deaf
RID	Registry of Interpreters for the Deaf

1. Program Description and Purpose

a. Program description as it will appear in the course catalog

The Master of Science degree program in Health Care Interpretation (MSHCI) is designed to meet the demands of nationally-certified sign language interpreters desiring a master's degree specific to working in health care environments. The National Technical Institute for the Deaf (NTID) Department of American Sign Language and Interpreting Education (ASLIE) will administer the program. The College of Health Sciences and Technology (CHST) will collaborate by offering three courses (9 credits) within this 33-credit degree. This unique program will:

- meet the growing demand for specialized sign language health care interpreters as more and more deaf and hard-of-hearing people¹ enter the medical/health care fields
- increase the number of specialized sign language interpreters working in patient health care settings
- prepare interpreters to work in administrative roles in ensuring language access to patients in hospital settings

The program will commence with a one-week on-campus residency Professional Seminar. The remainder of the curriculum will employ an online pedagogical approach including accelerated eight-week courses as its primary delivery system.

b. Educational and Career Outcomes

Educational Outcomes

1. Demonstrate advanced competency in interpreting health care discourse

Students will effectively interpret for deaf consumers (patients and family members), deaf students preparing for health care careers, and deaf health professionals in academic and health care environments.

- a. Students will perform with advanced competency in interpreting the content of complex health care discourse.
- b. Students will demonstrate understanding of human anatomy, physiology, common diseases, illnesses, diagnoses, and treatments.

2. Analyze, Conduct, and Consult on the Effective and Efficient Provision of Interpreting Services in Health Care Institutions

Students will demonstrate an understanding of how health care laws are developed and transformed into policy. They will exhibit critical thinking and organizational skills needed to manage language access services by

¹ Throughout this proposal, the terms "deaf" and "hard of hearing" refer to deaf and hard-of-hearing individuals who use American Sign Language.

developing an organizational framework for recruiting, retaining, compensating, and terminating employees.

3. Integrate Knowledge of Health Care Environments and Language Access to Build on Body of Knowledge in the Field

Students will integrate their learning in a final research project or paper that is significant to interpreting and/or language access administration in health care environments. Students will use appropriate research or project design and implementation methods to plan and describe a research project/paper that includes a research question. They will select an appropriate sample, sampling technique, and data collection method(s) to produce their final project or research paper.

Career Outcomes

The MSHCI program will provide in-depth specialized education in the field of health care interpretation that is not currently available to interpreters. The program will appeal to certified interpreters (deaf and hearing) aspiring to direct their careers into health care environments, as well as to interpreters who are currently working in the health care field.

Interpreters in Health Care Environments

“Between 2012 and 2022, the Bureau of Labor Statistics projects 46 percent employment growth for interpreters and translators, which is much faster than the average for all occupations. The field is on track to add more than 29,000 new positions during that time period” (U.S. News and World Report, 2012).

Graduates of the MSHCI program may find work as staff interpreters, freelance interpreters, or employment on a per-diem basis in health care, health care education, and health care research settings nationwide.

Administrative Roles in Health Care Environments

Another potential career outcome for MSHCI graduates is employment in administrative roles in health care settings. For example, the NYS Hospital Code currently requires all hospitals within the state to designate a Language Access Coordinator. Language Access Coordinators oversee all aspects of the provision of interpreting services within an organization, including: hiring, training, contract management, and clinical supervision of the interpreter workforce; consulting on the effective and efficient provision of interpreting services in health care; and training the health care workforce. Standards set by the body that accredits hospitals require a similar role in all hospitals nationwide.

The health care administration courses from CHST along with supervisory skills developed in the Healthcare Practical Interpreting course will position graduates to assume leadership positions for the administration of language access services within health care systems nationwide.

Teaching, Training, and Consulting

The knowledge and skills acquired in the MSHCI program will transfer to opportunities to consult on language access services in both health care and non-health care environments. In addition, a master's degree may open opportunities for graduates to teach in interpreting education programs, to lead case conferencing discussions with practicing interpreters, and to provide professional development training.

c. Program Fit with Mission, Vision, Values

The MS degree in Health Care Interpretation that is currently being proposed aligns with and advances the mission, vision, values, and reputation of RIT. This proposed program addresses the RIT Academic Portfolio Blueprint characteristics in the following ways.

1. Centrality

The MS degree in Health Care Interpretation will provide students with an opportunity to expand their knowledge and skills specialized in the area of health care interpretation through their studies, research, and projects in the curriculum. This major will prepare the students well to work in a global society by promoting understanding of linguistic, social, and cultural influences that impact health care interactions while working with a variety of deaf and hard-of-hearing consumers.

(a) Emerging Career Areas

RIT's mission states that "...We rigorously pursue new and emerging career areas." Health care professions are just beginning to be open to deaf individuals. The advanced skill sets required to interpret in health care, health care education, and health care research environments constitute an emerging specialization in the interpreting profession. There are currently no programs in the United States that offer a master's degree in health care interpretation.

(b) Collaboration

According to RIT's mission, "Our community is committed to diversity and student centeredness and is distinguished by our innovative and collaborative spirit."

The proposed MSHCI program is designed as a collaborative venture between NTID and the College of Health Sciences and Technology. This will be the first time in history that NTID will be partnering with another college of RIT to provide an MS degree program. As part of this collaboration, CHST will offer three courses in the program. ASLIE will be responsible for all aspects of offering and administering the program.

(c) NTID's Secondary Mission

NTID's secondary mission statement affirms that "NTID prepares professionals to work in fields related to deafness; undertakes a program of applied research designed to enhance the social, economic and educational accommodation of deaf people; and shares its knowledge and expertise through outreach and other information dissemination programs" (<http://www.ntid.rit.edu/about>).

(1) Preparing Professionals to Work in Fields Related to Deafness

In accordance with this secondary mission, the MSHCI program will provide students with the skills they need to become interpreting professionals working with the diverse deaf community in the field of health care. It will increase the number of qualified interpreters available to deaf students pursuing education in health care fields.

(2) Sharing Knowledge and Expertise

The American Sign Language and Interpreting Education program is strongly committed to teaching, learning, scholarship, research, innovation, and leadership development in promoting student success through this new MS program. The program will disseminate its knowledge and expertise to CHST, the NTID Healthcare Commission, the Registry of Interpreters for the Deaf Certification Council, and professional organizations within the fields of interpreting and health care.

(d) Adding an MS Degree to NTID's Portfolio

NTID's *Strategic Decisions 2020* calls for the establishment of an MS degree to add to its degree portfolio. In addition, it calls for the expansion of NTID's role as a National Resource Center of Excellence. The proposed MS degree in Health Care Interpretation effectively matches the criteria for the establishment of a master's degree and will without doubt promote RIT and NTID's reputation nationally.

2. Marketability

The proposed program's mission is aligned with the University's mission through the development of an emerging career area which is set to experience substantial growth in the coming years. "Interpreters for the deaf will continue to have favorable employment prospects because there are relatively few people with the needed skills. Job prospects should be best for those who have at least a bachelor's degree and for those who have professional certification. Those with a master's degree in interpreting and/or translation should also have an advantage" (U.S. Bureau of Labor Statistics).

A large need exists for specialized training for interpreters providing ASL/English interpretation. Because most existing master's degree programs focus on interpreting pedagogy, there are limited opportunities for professional interpreters to pursue a master's degree in interpretation.

A needs assessment (2009) conducted by the National Consortium of Interpreter Education Centers (authorized and funded by the Rehabilitation Services Administration through the U.S. Department of Education) surveyed deaf consumers' access to interpreting services in general. The survey identified health care as the most important setting for qualified interpreting services (78% of respondents).

Paradoxically, the health care setting was also identified as the "most difficult" (52%) for obtaining interpreting services. "Yet, despite these findings, few comprehensive programs exist to educate or prepare interpreters to work in the varied and demanding settings of the health care industry. Furthermore, there has been a lack of nationally agreed upon standards for specialization in health care and a lack of educational materials, resources and supervised induction to create a qualified pool of healthcare interpreters" (Swabey and Dutton, 2014, p. 1).

The MSHCI program will attract nationally-certified sign language interpreters wishing to advance their skills in interpreting for several types of consumer: deaf patients and families in health care environments; deaf health professionals working in academic and health care environments; and deaf individuals training for careers in health care professions. Other prospective audiences include individuals who wish to understand the complexities of service provision within health care organizations and/or pursue a leadership position within a health care organization; and members of organizations which hire and provide interpreting services.

Given the unique nature of this degree option and the expertise required for entrance into the program, it is anticipated that there will be no effect on enrollment in other degree programs.

3. Quality

(a) Evidence-Based Instruction

Best-practices programming employs research-based instructional methods and practice techniques. Such evidence informs and infuses the MSHCI curriculum.

This program is structured through the lens of demand control schema (DC-S). DC-S is an innovative approach to interpreting practice and interpreter education (both spoken and signed languages). DC-S is the framework that underpins the philosophy that interpreting in community settings is a *practice profession*, like medicine, teaching, or law enforcement.

DC-S is a work and decision analysis tool that seeks to frame the effectiveness of practice decisions and improve overall ethical reasoning.

DC-S and related teaching approaches have been the focus of over fifteen publications, several federal grants, and many collaborative projects both nationally and internationally. Research into the effectiveness of DC-S shows that interpreting students and practitioners report an increase in confidence in their work. Educational interventions resulted in improved micro-moral critical thinking and advancements in broader ethical reasoning.

(b) Curricular Features

Along with DC-S, the program is infused with reflective practice and the use of problem-based learning approaches which improve critical thinking and work and decision analysis skills. The focus on case analysis, reflective practice, and supervision all prepare those graduates desiring administrative positions in which they may supervise other interpreters.

Unique curricular features that incorporate rigorous academic and career preparation included in this primarily online degree include: production of ASL/English skill development videos recorded and evaluated by peers and faculty, webinar-delivered case conferencing sessions led initially by faculty and progressing to student-led sessions; papers, exams, and a final capstone project.

In addition, the Director of the proposed MSHCI program received an Innovation Fund grant from NTID (January, 2015) to create educational videos on various health care topics relevant to the work of health care sign language interpreters. The objective of this project is to enhance students' skill set and knowledge to effectively interpret for deaf consumers (patients and family members), deaf students pursuing health care careers and deaf health care providers in academic as well as health care environments. The project will result in approximately 20–25 video recordings of deaf health providers presenting in ASL on topics in their expertise; experienced health care interpreters discussing specialty areas of health care interpreting; as well as identified lectures in the College of Health Sciences and Technology (CHST), such as the Premedical Studies and Physician Assistant program. These films will be infused into the online component of the MS degree.

(c) Ongoing Evaluation

The program goals and student outcomes will be evaluated on an ongoing basis. During their final semester, students will be given a Student Satisfaction Survey. In addition, feedback from a stakeholder advisory board will be incorporated into an annual action plan that will lead to continuous improvement.

4. Financial Viability

In accordance with RIT's guiding principles and key result areas, the proposed MSHCI program is a fiscally responsible program that will generate revenue. According to the costing model analysis prepared by Assistant Vice President for NTID Finance and Budget Steve Morse, total revenue minus expenses over the first five years is estimated to be \$225K.

**American Sign Language and Interpreting Education Department
Master of Science in Healthcare Interpretation Degree Program
Summary of Program Expenditures, Revenue, and Resource Requirements**

Table 4

	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	Total
Personnel	\$ 118,968	\$ 122,600	\$ 126,300	\$ 130,100	\$ 134,000	\$ 631,968
Benefits	\$ 45,000	\$ 48,000	\$ 51,000	\$ 53,000	\$ 55,000	\$ 252,000
Computer Charges	\$ 20,300	\$ 35,600	\$ 43,400	\$ 44,700	\$ 46,000	\$ 190,000
Instructional Supplies	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 5,000
Equipment	\$ 3,000	\$ 500	\$ 500	\$ 500	\$ 500	\$ 5,000
Telephone	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800	\$ 4,000
Software Licenses	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 1,200	\$ 6,000
Travel-Conferences	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 10,000
Advertising	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 5,000
Tuition Payments for RIT Credits	\$ 31,800	\$ 58,900	\$ 76,700	\$ 79,000	\$ 81,400	\$ 327,600
Expense	\$ 224,868	\$ 271,600	\$ 303,900	\$ 313,300	\$ 322,900	\$ 1,436,568
Overhead (RIT Indirect Costs)	\$ 45,000	\$ 54,300	\$ 60,800	\$ 62,700	\$ 64,600	\$ 287,400
Total Expense	\$ 269,868	\$ 325,900	\$ 364,700	\$ 376,000	\$ 387,500	\$ 1,723,968
Enrollment *	11	20	24	24	24	103
Tuition	\$ 387,200	\$ 332,800	\$ 394,700	\$ 409,700	\$ 425,300	\$ 1,949,700
Federal Appropriation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenue	\$ 387,200	\$ 332,800	\$ 394,700	\$ 409,700	\$ 425,300	\$ 1,949,700
Total Rev. - Total Exp.	\$ 117,332	\$ 6,900	\$ 30,000	\$ 33,700	\$ 37,800	\$ 225,732

* This year includes the first summer semester of the program (summer AY15-16) as well as the summer semester for AY16-17.

* Reviewed by RIT Enrollment Management & Career Services (Jim Miller). These enrollment numbers reflect students enrolled in the Fall semester for each academic year. Refer Table 2 for semester detail.

- d. Justification and documented need for this program and its contribution to RIT strategic plan and key result areas.

Need Identified by the Task Force on Health Care Careers

The Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community, a historic partnership between RIT/NTID, the University of Rochester's National Center on Deaf Health Research, Gallaudet University, and Rochester General Health Systems (RGHS), was formed in 2010 to address the limited opportunities for qualified deaf and hard-of-hearing individuals to pursue health care careers. The Task Force published two comprehensive reviews with the ultimate vision that by the year 2022, "deaf and hard-of-hearing individuals across the country will have levels of access to education, employment and career advancement in a variety of health care occupations that match their skills and aspirations" (Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community, 2012, p. 2).

One of the major barriers identified in the Task Force report was deaf and hard-of-hearing individuals' ability to access information. Those individuals currently pursuing training in health care report the limited availability of quality access services, particularly sign language interpreters with specialized knowledge in the health care settings (Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community, 2012, p. 20).

The Task Force's Final Report includes the recommendation that NTID/RIT take the lead in identifying and developing best practices with respect to specialized interpreting for deaf and hard-of-hearing individuals in health care fields. If the 2022 strategic vision of the Task Force is to be realized, the training of ASL/English interpreters with a specialization in health care must be addressed.

Need Demonstrated by the Increasing Number of Deaf and Hard-of-Hearing Graduate Students in Health Careers

As more and more deaf and hard-of-hearing students enter health care careers, interpreters must be prepared to accompany them throughout their education experience and into job placement. It is difficult to secure interpreters that can effectively interpret the rigorous content in the biomedical and behavioral sciences fields. For example, this difficulty has been reported by ASLIE faculty member Peter Hauser, PhD, the principal investigator in a \$2.1 million "Bridges to Doctorate Program" National Institute of General Medicine grant to provide support for deaf and hard-of-hearing graduate students who strive for doctoral training in the biomedical sciences or behavioral sciences.

Need Recognized by the Registry of Interpreters for the Deaf

The Registry of Interpreters for the Deaf (RID), the national certifying body of sign language interpreters in the U.S., lists 45 BA/BS programs and 4 MA/MS programs offering degrees in American Sign Language/English interpretation. Of these 49 degree programs, none offer specialized training in the health care arena beyond introductory coursework.

The RID recently began requiring a bachelor's degree as a prerequisite to taking the national certification exam. This raised the bar for entry to the field and instituted higher education as a mandatory component of interpreter preparation. Most bachelor-level programs focus on generalist training for interpreters and do not prepare graduates to specialize in a particular setting.

The fact that other universities now offer MS degrees in interpretation provides further evidence that there is a growing need for graduate education. However, most graduate degree programs focus on interpreting pedagogy—not on specialized areas of interpreting practice such as health care. The RID recognizes that language access remains a matter of national importance. At the 2013 National RID Conference, a motion was passed to investigate health care as a specialty certification area within the sign language interpreting field. The proposed MSHCI program addresses the need for graduate education that provides advanced skills in the specialty of health care interpreting.

Need Demonstrated by Unmet Demand for NTID's Certificate Program

NTID's Department of American Sign Language and Interpreting Education (ASLIE) currently offers a four-year BS degree in ASL/English Interpretation. This program prepares the generalist interpreter, with only a few elective courses designed to give an introduction to health care interpreting. The BS program does not prepare graduates to work in specialized settings.

Recognizing the critical need for deaf patient access to quality interpreting in health care settings, in 2010 ASLIE began offering a nine-month non-credit Certificate in Health Care Interpreting (CHI) program. This blended program focuses on interpreting for deaf patients within health care systems and currently reaches a national audience. Although most applicants have a bachelor's degree, it is not required for admission to the program. The average annual CHI applicant pool has been 45 students with an enrollment cap of 15. The response to this program has been outstanding and speaks to the need for formal education in the specialty area of health care interpreting.

Need for Higher-Level Interpreting Skills and Medical Content Knowledge

While the present non-credit Certificate Program in Health-Care Interpreting will continue to be taught because it prepares interpreters adequately to work with deaf patients and family members, the proposed 33-credit Master's Degree program addresses the complex interpreting skill sets and specialized medical content knowledge needed for (1) interpreting in health care educational programs (interpreting for deaf faculty and students) or for (2) communication among professionals (interpreting for deaf health care professionals or researchers).

Interpreting for provider-provider health care dialogue requires a greater level of knowledge and a more sophisticated skill set than provider-patient interactions. The

proposed Master's Degree program enables students to develop higher-level knowledge and skills required for interpreting in these settings in several ways:

- Prepares graduates to work with deaf health care providers; deaf students training for health care professions; deaf researchers; and deaf patients and family members
- Prepares graduates to work in administrative positions in health care settings
- Prepares graduates to conduct research and to be consumers of research conducted by others
- Addresses advanced interpreting theory
- Addresses current perspectives in Deaf Studies, including the Deaf Gain paradigm and Social Justice Theory relevant to health care interpreting
- Addresses theory and best practices for working with Certified Deaf Interpreters
- Addresses deaf people's health knowledge, health literacy, and special needs; provides students with the opportunity to develop skills to apply this knowledge to working with the diverse deaf community
- Prepares graduates to: consult on language access services in both health care and non-health care environments; teach in interpreting education programs; lead case conferencing discussions with practicing interpreters; and provide professional development training.

Need for Administrative Personnel

In addition to a focus on higher-level knowledge and interpreting skill sets, the MS program will also address knowledge of health care administrative systems and infrastructure and incorporate critical reflection on the interpreting process as informed by the current canon in the field. The national hospital accreditation body known as The Joint Commission sets standards for the provision of language access services. Each hospital in the United States must comply with these standards. Graduates of the MS program will be eligible to pursue such positions as Language Access Coordinator, a position required of all hospitals in New York State, and similar positions in other states.

Need Attested to by Hiring Managers

In a letter of support for this proposed degree program, Elizabeth Ballard, CHI graduate and Manager of Interpreter Services at the University of Rochester Medical Center, attests to the growing need for and challenges in finding qualified interpreters to meet the demand for interpreting in the UR Medicine Enterprise (which is expanding to include most of Western New York).

Dr. Steven Barnett, a deaf Rochester physician who is also an educator and researcher, describes the current shortage of qualified interpreters who have the skills necessary for working in health care, public health, and health research settings. In his letter of support for the MSHCI program, he attests to the shortage of qualified interpreters in Rochester, New York City, and outside New York state and indicates

that he and his research partners outside of Rochester would consider hiring graduates of the program.

Both of these letters may be found in Appendix D.

Leadership

Rochester is uniquely positioned to offer an MS in this area of specialization due to the large number of health care professionals who are deaf and fluent in American Sign Language whose expertise can be utilized to deliver the curriculum. Many of the local deaf health professionals work at the University of Rochester's Deaf Wellness Center and National Center for Deaf Healthcare Research. The local deaf talent comprises psychologists, social workers, M.D.s, RN's, laboratory workers, medical students, and health care researchers.

The Registry of Interpreters for the Deaf, which offers the national sign language generalist certification, is actively exploring the creation of a specialty certification in health care interpretation. With the addition of the MS degree in Health Care Interpretation, ASLIE will be at the forefront of a national effort to provide specialized, high-quality interpreting services to deaf and hard-of-hearing students, professionals, and patients in the health care arena. This program will directly contribute to RIT's Strategic Plan by maximizing opportunities for innovation, creativity, research, and scholarship in a unique program that will be the first of its kind in the U.S.

With this proposed degree, RIT/NTID has the opportunity to take the lead in the field of health care interpreting. Initially, the program will focus on interpretation between American Sign Language and English. Whereas the field of spoken language interpretation does not currently offer a degree program in health care interpretation, the MSHCI program has the potential to serve as a model to address this gap.

- e. Curricular features that support scholarship, research, creativity and emerging disciplines

According to Swabey and Nicodemus, "One of the fundamental issues in our field is the persistent lack of evidence-based research on the practice of ASL-English interpreting in the healthcare system in the United States" (Swabey and Faber, 2012, p. 18). Because health care interpreting is an emergent field, there is currently a dearth of scholarship. Major, Napier, and Stubbe add that "[r]esearch on interpreter-mediated healthcare communication is in its infancy. The majority of the published work in this area has been on spoken language healthcare interpreting" (2012, p. 35). The MSHCI program affords faculty the opportunity to conduct research into best practices in the delivery of health care interpreting and pedagogy related to health care interpreting. In addition, students will take a Research Methods course and conduct research leading to a paper or project.

This degree will provide specialized educational opportunity to a unique market niche that is unparalleled both nationally and internationally. There is currently no other graduate degree offered in the United States focusing on interpreting in health care environments. Rochester is known for its deaf/hard-of-hearing health care

professionals. A deaf medical health care professional will be one of the primary faculty in this program, providing a rich learning experience conducted in American Sign Language (ASL). This will allow for language modeling of complex medical concepts in ASL. The capstone course will provide students with the opportunity to conduct research, develop a plan with evaluation components, and submit a final summative project or paper as demonstration of attainment of knowledge-based outcomes. The online format of this program allows for both full-time and part-time study. Another distinct advantage of this online program is that the participants' diverse geographic locations will allow for examining multiple perspectives in the delivery of language access services. The curriculum offers faculty and students opportunities for scholarship and innovation leading to improving the effectiveness of health care interpreting and service delivery.

Health care organizations continue to face challenges to accommodate increasingly diverse patient populations; e.g., there are more than 28 million people with hearing loss and about 47 million people who speak a language other than English. There are approximately 7,000 hospitals in the U.S. providing language access services to diverse patient care populations. Additionally, the New York Public Health Law, Article 28, mandates hospitals to designate a Language Access Coordinator to facilitate the provision of language access services. The health care administration courses found in the MS degree will position our graduates to assume leadership positions within health care systems nationwide for the administration of language access services to these populations.

- f. Description and list of documented curricular interconnections and integration between this program and other disciplines, programs, and colleges at the University

The MS in Health Care Interpretation will be administered under the American Sign Language & Interpreting Education (ASLIE) department at the National Technical Institute for the Deaf (NTID). It will, however, be a collaborative degree fostering integration between NTID's American Sign Language and Interpreting Education program and the College of Health Science and Technology's (CHST) MS in Health Systems Administration. The proposed degree will integrate the content areas of human body systems and diseases, theoretical and practical applications of interpreting, and foundational coursework in policy and law formation, health care economics, ethics, innovation, leadership and research. Integrating interpreting theory and health care administration into the health care model of our society is a necessary and appropriate development to address the most pressing access-related issues in medical settings faced by our nation. This unique collaboration will give students an understanding of the administrative issues that influence health care interpreting delivery and issues concerning access to interpreting services in health care settings.

CHST will provide three of the required courses. All of the courses from CHST are currently taught online. The required courses from CHST are: HLTH-700 Research Methods, HLTH-723 Human Resources in Health Care and HLTH-710 Health Care Governance and Economics.

g. Role of Faculty in the Program's Design

The entire faculty of ASLIE has been involved in the planning and execution of the MS in Health Care Interpretation degree proposal. Input was solicited and integrated into the original concept paper and the full program proposal during department meetings over the past year and a half.

h. Input from External Partners

ASLIE received a total of 13 letters of support from stakeholders in the field of health care interpretation and community advocacy.

Ms. Elizabeth Ballard, Manager of the Interpreting Services at the University of Rochester Medical Center, writes, “Your new MS degree will meet the growing demand of specialized health care interpreters as more deaf and hard-of-hearing people enter the medical/health care fields, increase the number of specialized interpreters working in patient health care settings, and prepare interpreters to work in administrative roles in ensuring language access to patients in hospital settings. I am fully supportive of this effort.”

Dr. Michael McKee, who uses sign language and teaches in the Family Medicine Program at the University of Michigan, writes, “...as a family physician, I am fully supportive of this new MS program in Health Care Interpretation to help ensure successful delivery of the new degree in healthcare interpretation.”

Dr. Steven Barnett, a family physician and director of the Rochester Prevention Research Center (RPRC): National Center for Deaf Health Research (NCDHR) writes, “Access to healthcare communication, health information, and quality interpreter services are recurrent themes in my experiences as a family physician working in a practice with many Deaf patients and families, as a healthcare and public health researcher working with Deaf ASL users, and as a medical school faculty working with scholars who are deaf. The MS program you propose would help to address those issues.” He also states that “We are already beginning to experience the shortage of available interpreters with the skills and experience to work in healthcare, public health and health research settings. RPRC/NCDHR has experienced this shortage here in Rochester, in NYC, and outside of NYS. RPRC/NCDHR would certainly hire graduates of the RIT/NTID MS program to work with us, and would encourage our partners in and outside of Rochester to consider hiring the graduates of the RIT/NTID MS program.”

Chris Wagner, President of the National Association of the Deaf (NAD), writes, “The mission of the NAD is to preserve, protect, and promote the civil, human and linguistic rights of all deaf and hard of hearing individuals in this country. We receive frequent calls, emails and requests from countless deaf and hard of hearing individuals everyday who report an inability to properly access health care services particularly with the lack of qualified sign language interpreters with specialization in health care....This new program will help take the lead in the identification and development of best practices with respect to specialized interpreting for deaf and hard of hearing

individuals in the healthcare fields.” He also writes, “To the best of our knowledge, none of the existing interpreter training programs in the United States currently offers specialized training in the healthcare field beyond introductory coursework... [H]ealthcare organizations face challenges to accommodate the communication needs of this diverse population. The Masters Degree in Health Care Interpretation program is an optimal means to meet those needs.”

Dr. Robert Pollard, a professor of Psychiatry and Director of Deaf Wellness Center at the University of Rochester’s Medical Center, writes, “As a healthcare practitioner myself, an advocate for appropriate education for deaf people and for interpreters, and as co-author of the Demand-Control Schema, which is an approach toward interpreter education that is increasingly used in healthcare-related training, I can attest that NTID’s proposed program will quickly emerge as the national leader in the identification and development of best practices with respect to specialized interpreting for deaf and hard-of-hearing individuals in healthcare fields, again, as patients and providers. NTID’s MS degree program proposal has my utmost support and admiration.”

Ms. Lydia Callis, a freelance interpreter agency owner and interpreter who was seen on national news interpreting for former New York City Mayor Michael Bloomberg in his press conference related to Hurricane Sandy, writes, “At the 2013 National RID Conference, a motion was made to investigate healthcare as a specialty certification area within the sign language interpreting field because language access remains a matter of national importance. Healthcare organizations continue to face challenges to accommodate increasingly diverse patient populations i.e. more than 28 million people with hearing loss and about 47 million people who speak a language other than English. There are approximately 7,000 hospitals in the U.S. providing language access services to diverse patient care populations. This will fit the mission of the MS in Health Care Interpretation program.”

Dr. Debra Russell, President of the World Association of Sign Language Interpreters (WASLI), writes, “As I continue to build on my research agenda in the areas of interpreting access and quality service provision, I would welcome the opportunity to work with graduate students on projects related to health care access. I believe these students will enjoy employment opportunities not only in the US, but also throughout the globe as there are no comparable programs in other countries. I strongly support this application and look forward to collaborating with NTID every way possible to support this highly desirable program.”

Interpreter trainers from throughout the country, including Dr. Brenda Nicodemus (Gallaudet University); Dr. Keith Cagle (Gallaudet University); Ms. Jane Hecker-Cain (Suffolk County Community College); Mr. Rob Hills (LaGuardia Community College); Dr. Jack Hoza (University of New Hampshire); and Dr. Linda Stauffer (University of Arkansas-Little Rock), all emphasize that members of the Association of Medical Professionals with Hearing Loss (AMPHL) attest to the need for qualified interpreters for deaf individuals training for health care careers. All these educators acknowledge that the Registry of Interpreters for the Deaf, the national certifying body of sign language interpreters, lists 45 BA/BS degree programs and 4 MA/MS degrees

in American Sign Language/English interpreting. None of these programs offer specialized training in the healthcare arena beyond introductory coursework. Most bachelor level programs focus on generalist level training for interpreters.

i. Enrollment Projections for Year 1 through Year 5

The abbreviated Enrollment Projections table below details the five-year MSHCI program enrollment projections that were reviewed and approved by Dr. James Miller, Senior VP of Enrollment Management and Career Services at RIT.

The enrollment goal will be eight (FTE) new students in the first year that the program is offered; ten (FTE) new students in the second year that the program is offered; and 12 (FTE) new students each subsequent year. The program will offer both full-time and part-time options.

Given the completion rate of NTID's only other master's degree program, along with the graduation rates associated with the Bachelor of Science in ASL-English Interpretation program, it is proposed that students entering the Master of Science in Healthcare Interpretation full-time track complete their studies, and graduate, within six terms at a rate of 80%. It is further proposed that students entering the part-time track complete their studies, and graduate, within eight terms at a rate of 80%. These proposed rates will apply to the first three entering cohorts, and revisited in subsequent years.

See the table below for total enrollments projected per semester for years 1-5 of the program. Persistence rates are not reflected in the enrollment projections due to the complexities of the mix of full- and part-time students.

Healthcare Interpretation MS Enrollment Projections

	Year 1*		Year 2	Year 3	Year 4	Year 5
	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19	AY 2019-20	AY 2020-21
Enrollment Fall Semester		5FT & 6PT	6FT & 14PT	8FT & 16PT	8FT & 16PT	8FT & 16PT
Enrollment Spring Semester		5FT & 6PT	6FT & 14PT	8FT & 16PT	8FT & 16PT	8FT & 16PT
Enrollment Summer Semester	5FT & 6PT**	11FT & 14PT	14FT & 16PT	16FT & 16PT	16 FT & 16 PT	16 FT & 16 PT
Total Terms of Enrollment***	5FT & 6PT	21 FT & 26 PT	26 FT & 44 PT	32 FT & 48 PT	32 FT & 48 PT	32 FT & 48 PT

*Students entering Year 1 (AY 2016-17) need to begin coursework in the summer, which occurs during AY 2015-16.

Note: To determine part-time numbers, take projected enrollment minus full-time and double the number of students left; e.g., if 8 incoming were projected and 5 are FT, there are 6 PT.

2. Program Courses and Schedule

The curriculum will require the completion of 33 semester credits with 11 required courses (3 credits each). The program can be completed in one academic year (with two summers) for full-time students or completed in two academic years (with two summers) for part-time students.

The program begins with a one-week on-campus Professional Seminar. This course consists of pre-readings, 40 hours of classroom instruction, and assignments to be completed after the on-campus sessions. The course is designed to deliver crucial introductory content and create connections which build trust and rapport among classmates. This initial connection promotes student engagement in the reflection-based components of the MSHCI program. The Professional Seminar course establishes the theoretical parameters that students are expected to follow in case analysis and establishes a framework for conducting online discussions in safe and confidential ways.

The remaining coursework is taken online. In their final semester students will complete a capstone project consisting of either a research paper or project.

The 11 required courses:

Summer 1: HCIA- 705 Professional Seminar (3) (On-campus residency)
HCIA- 715 Human Body Systems/Diseases I (3)
HCIA- 719 Theories of Translation and Interpretation (3)

Fall 1: HCIA- 720 Health Care Practical Interpreting I (3)
HCIA- 730 Human Body Systems/Diseases II (3)
HLTH- 700 Research Methods* (3)

Spring 1: HCIA- 740 Health Care Practical Interpreting II (3)
HLTH- 710 Health Care Governance and Economics* (3)
HLTH- 723 Human Resources in Health Care* (3)

Summer 2: HCIA- 750 Health Care Interpreting Within a Diverse Deaf Community (3)
HCIA- 770 Capstone Professional Project or Research Paper (3)

* Existing Courses from CHST

a. Table 1b: Graduate Program Schedule – Full-Time

- Indicate academic calendar type: Semester Quarter Trimester Other (describe)
- Label each term in sequence, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

Term: Summer 1				Term: Fall 2			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 705 Professional Seminar	3	X					
HCIA 715 Human Body Systems/Diseases I	3	X	HCIA 705				
HCIA 719 Theories of Translation and Interpretation	3	X	HCIA 705				
Term credit total:	9			Term credit total:	6		
Term: Fall 1				Term: Spring 2			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 720 Health Care Practical Interpreting I	3	X	HCIA 705				
HCIA 730 Human Body Systems/Diseases II	3	X	HCIA 715				
HLTH 700 Research Methods	3						
Term credit total:	9			Term credit total:			
Term: Spring 1				Term: Electives			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 740 Health Care Practical Interpreting II	3	X	HCIA 720				
HLTH 710 Health Care Governance and Economics	3						
HLTH 723 Human Resources in Health Care	3						
Term credit total:	9			Term credit total:			
Term: Summer 2				Term:			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 750 Health Care Interpreting Within a Diverse Deaf Community	3	X	HCIA 730; HCIA 740				
HCIA 770 Capstone Professional Project or Research Paper	3	X	HCIA 719; HCIA 730; HCIA 740; HLTH 700; HLTH 710; HLTH 723				
Term credit total:	6			Term credit total:			
Program Totals:	Credits: 33		For Master's programs, identify the required comprehensive, culminating element(s) (e.g., thesis), including course number if applicable: HCIA 770 Capstone Professional Project or Research Paper				

New: indicate if new course

Prerequisite(s): list prerequisite(s) for the noted course

PROGRAM COURSES AND SCHEDULE

Table 1b: Graduate Program Schedule – Part-Time

- Indicate academic calendar type: Semester Quarter Trimester Other (describe)
- Label each term in sequence, consistent with the institution's academic calendar (e.g., Fall 1, Spring 1, Fall 2)

Term: Summer 1				Term: Fall 2			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 705 Professional Seminar	3	X		HLTH 700 Research Methods	3		
HCIA 715 Human Body Systems/Diseases I	3	X	HCIA 705				
Term credit total:	6			Term credit total:	3		
Term: Fall 1				Term: Spring 2			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 720 Health Care Practical Interpreting I	3	X	HCIA 705	HLTH 710 Health Governance and Economics	3		
HCIA 730 Human Body Systems/Human Diseases II	3	X	HCIA 715	HCIA 770 Capstone Professional Project /or Research Paper	3	X	HCIA 719; HCIA 730; HCIA 740; HLTH 700; HLTH 710; HLTH 723
Term credit total:	6			Term credit total:	6		
Term: Spring 1				Term: Electives			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HLTH 723 Human Resources in Health Care	3						
HCIA 740 Health Care Practical Interpreting II	3	X	HCIA 720				
Term credit total:	6			Term credit total:			
Term: Summer 2				Term:			
Course Number & Title	Credits	New	Prerequisite(s)	Course Number & Title	Credits	New	Prerequisite(s)
HCIA 719 Theories of Translation and Interpretation	3	X	HCIA 705				
HCIA 750 Health Care Interpreting Within a Diverse Deaf Community	3	X	HCIA 730; HCIA 740				
Term credit total:	6			Term credit total:			
Program Totals:	Credits: 33		For Master's programs, identify the required comprehensive, culminating element(s) (e.g., thesis), including course number if applicable: HICA 770 Capstone Professional Project /or Research Paper				

New: indicate if new course

Prerequisite(s): list prerequisite(s) for the noted course

- b. RIT's General Education Framework – N/A
- c. CHST will offer three of the required courses in the program.

Letters of support for each course can be found in Appendix C.

- d. Schedule Description

This Program will be delivered online with the exception of one face-to-face on-campus course commencing the program, which will also have some online components to be completed prior to and subsequent to the week on campus.

- e. Existing courses from CHST's MS Degree in Health Care Systems Administration

HLTH-700 Research Methods - This is an introductory graduate-level survey course on research design/methods and analysis. The course provides a broad overview of the process and practices of social research in service-related contexts. Content includes principles and techniques of research design, sampling, data collection, and analysis, including the nature of evidence, types of research, defining research questions, sampling techniques, data collection, data analysis, issues concerning human subjects and research ethics, and challenges associated with conducting research in real-world contexts. This course instructs the learner how to conduct research using tools the RIT library can provide. Fundamentals include use of online search engines and databases. The analysis component of the course provides an understanding of statistical methodology used to collect and interpret data found in research as well as how to read and interpret data collection instruments.

HLTH-710 Health Care Governance and Economics - The Health Care Governance and Economics course is intended to provide the learners with an appreciation of the role law and economics plays in the everyday operation of the health care system in the United States. The course will capture the essence of health law and economics from management's perspective. The students will have an opportunity to explore the fundamental elements of health care law and how regulatory statutes are developed. In addition, we will investigate and understand the production, function, and the demand for health care. We will explore the core economic concepts to focus on key policy areas, such as the structure and effects of Medicare reform, insurance plans, and new technologies in the health care community. We will investigate lifestyle choices—such as alcohol consumption, obesity, and tobacco use—and how individual choices affect everyday health and the health care system at large. The latest theoretical developments, Medicaid and SCHIP, insurance plans, new technologies, international comparative studies, and policy updates are integrated where appropriate.

HLTH-723 Human Resources in Health Care - This course focuses on the changing competitive health care business environment that has made human capital an organization's key asset, with HR largely responsible for cultivating it. Specifically, students will learn the impact that human capital has on the HR division

and function of health care organizations. The focus will be on how the “New HR” has become more strategic and fundamental to a health care organization’s success.