

Volume 2  
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Spring 2008

## Culturesmart's *The Essential Piece* Program: Ten Ways We Meet Our Clients' Needs

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### Finding Culturesmart

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### Upcoming Training

Newton-Wellesley Hospital, 2014 Washington Street, Newton, MA

Saturdays, 9 a.m.-2 p.m., June 7-August 9, 2008. (No class on July 5, 2008.)

Languages: Spanish, Chinese, Haitian Creole, Somali, and Portuguese. Others may be offered based on demand, so please ask if your language isn't listed!

See p.4 for complete listings

Culturesmart has worked hard over the years on revisions and improvements to our *The Essential Piece* training program for medical interpreters. We want to be sure it reflects the needs of interpreters and the healthcare organizations where they work.

Our clients — both new and existing — often ask questions about *The Essential Piece*, so we thought we'd outline some of the program's benefits for newsletter readers.

hundreds of role plays and group activities. We designed the exercises to practice skills, improve accuracy, and provoke discussion on ethics, practical aspects of medical interpreting, and avoiding omissions and errors.

4. **Assessments & Certificates.** Culturesmart's assessments include mid-term and final testing. Our rigorous written and oral final assessments cover vocabulary and interpreting skills. Unlike some training organizations, we only issue certificates to candidates

who misunderstand: stents, angioplasty, and differences between heart attacks and heart failure.

8. **Standards of Practice.** Culturesmart training covers two established standards of practice, from the International Medical Interpreters Association (IMIA) and the California Healthcare Interpreters Association (CHIA). We also use the Code of Ethics for Interpreters in Health Care, from the National Council on Interpreting in Health Care.

9. **Healthcare Disparities.** We place our fact-based coverage of disparities within the context of the interpreter's job by discussing disparities and the importance of trained medical interpreters to good health outcomes.

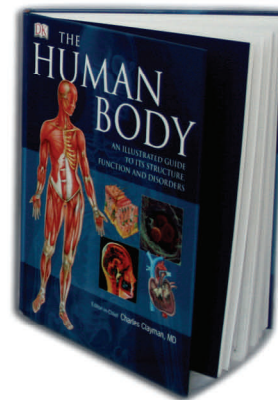
10. **Focus on Customer Satisfaction.** We pride ourselves on meeting clients'

needs. We customize our programs to fit healthcare organizations' requirements: we don't deliver the exact same chapters and courses to everyone. We're always ready to work with you to select the optimal combination of modules in our curriculum to prepare your interpreters for their clinical work.

### Continuing Education Credit from ATA

Receiving a certificate through Culturesmart's *The Essential Piece* training just became even more valuable!

The American Translators Association now grants 10 (category A) continuing education points to any ATA member who completes the course and receives a certificate. For more information, please visit <http://www.atanet.org>



1. **Our Training Manuals.** Culturesmart's manual, *The Essential Piece*, and the companion lead trainer and language coaching guides reflect over 180 years of collective medical interpreting experience. We make frequent updates to reflect changes in medicine and standard interpreting practices.

2. **Language Coaching.** Culturesmart's 45-hour program includes 15 hours of language-specific group work led by active medical interpreters. They focus on difficult vocabulary and role plays. We've offered over 20 languages: Spanish is most requested, but we work with many other languages, including Hindi, Russian, and Chinese.

3. **Relevant Role Plays & Activities.** Our *Essential Piece* manuals include

who earn them, not to recognize good attendance.

5. **A Schedule for Learning.** We spread our 45-hour course out, typically over six or nine weeks, so trainees have time to study and understand material instead of feeling overloaded by consecutive days of classes.

6. **Train-the-Trainer.** We conduct our user-friendly Train-the-Trainer program in two formats: on the job or using materials designed for five days of classroom training—see p.4 for details on upcoming TTT in Boston.

7. **Anatomy, Physiology, and Medical Procedures.** We supplement our manual with Dr. Charles Clayman's *The Human Body*, a colorful and accurate guide to human anatomy. We cover subjects even some working interpret-

## Greetings from Greg, by Greg Figaro, President and Founder, Culturesmart

Dear colleagues and friends,

I hope everyone has thawed out nicely after a long and snowy winter.

I decided to write this month about some of the benefits and features of the train-the-trainer (TTT) element of our *Essential Piece* curriculum. Our TTT courses differ significantly from other programs, so I answer many questions about how we customize our offerings. Here are highlights of what you'd hear listening in on those conversations:

**TTT Is Two Courses in One.** Culturesmart's *Essential Piece* curriculum has two elements: 1) training in English on ethics, skills, and other aspects of interpreting, and 2) work in language-specific groups that covers difficult vocabulary and role plays. Some trainers present only our foundation course, others offer only language coaching. Some do both. TTT can prepare trainers for one element or two.

**Licenses.** Any trainer who successfully completes Culturesmart's TTT course re-

ceives a license authorizing him/her to deliver *The Essential Piece* at his/her employer's organization. If the trainer moves to another organization, s/he must renew the license through Culturesmart.



Greg with the Rosetta Stone.

**Culturesmart's Manuals.** Many people wonder why we're always so excited about our manuals. One big reason is that we've invested so much time into them: our current *The Essential Piece* curriculum is an extensive revision of materials we debuted in 2000. Our participant manual incorporates far more than just my interpreting experience: we also worked with focus groups and experts. We then developed innovative manuals written specially for trainers, guiding them through delivery of *The Essential Piece*. These ma-

terials lead trainers through all the course material but allow individual approaches.

**Who Qualifies as a Trainer?** Culturesmart evaluates many factors in trainer candidates. We recommend some form of facilitator skills training as a prerequisite, and most successful candidates have attended *Essential Piece* training. We also assess academic background, training experience, medical interpreting experience, and medical training. Other qualifications can weigh into decisions for language coaches, such as years of language experience. Some trainer candidates possess other transferable skills for training, so please tell us anything that could be relevant.

**Customization.** We customize *all* our programs to fit health care organizations' requirements. We are always ready to work with you on selecting the optimal combination of modules in our manuals for preparing *your* interpreters for assignments!

## Spotlight: Carolina Groscors-Arnold, Spanish Language Coach

Culturesmart is thrilled that Carolina Groscors-Arnold rejoined us in 2007 as a lead trainer and Spanish language coach. Carolina first worked with Culturesmart in 1999-2005.

Carolina began developing her international skills when, at age 11, she left her native Venezuela for three years in Bolivia. "It was a totally different environment," she says. "Talk about a different planet! It was very, very interesting. It taught me a lot at a very early age."

After a three-year return to Venezuela, Carolina found herself in yet another world: snowy Toronto, Canada, studying English in an immersion program. Though she went on to receive a B.A. in theatre/psychology at Emerson College, language study and friendships with foreign students led Carolina to translation and interpreting.



Carolina called local hospitals looking for work and passed tests at one but, she says, "There were not jobs at the time [the early 1980s]." When an interpreter opening eventually turned up on the labor and delivery floor at Cambridge Hospital, she took it. "It was the best thing that ever happened. I loved it. I was there for seven years." She supplemented interpreting with childbirth education, enjoying work with new mothers, many of whom had also given birth in their native countries, under very different conditions.

"As an interpreter I was very privileged to go into this inner sanctum that is the medical world," says Carolina, mentioning experience in surgery. "That was fascinating." Seven years working exclusively in labor and delivery became

emotionally draining, though, so Carolina left to pursue written medical translation. She recently returned to interpreting 5-6 times a week: beyond loving patients, she notices the complementarity of interpreting and translation as she expands her repertoire of vocabulary variations from Spanish-speaking countries.

That knowledge is crucial to Carolina's language coaching, where she calls herself "fastidious" about quality. Her other training work has included programs at Boston-area hospitals and teaching Spanish to medical students at Boston University School of Medicine. Carolina's qualifications include a Certificate in Advanced Translation from UMass Boston.

"Medical" is a theme at home, too: Carolina's husband Richard is a family nurse practitioner at Urgent Care at the Massachusetts Institute of Technology, and the two have travelled together to the Dominican Republic on medical missions. Those shared interests are "definitely great for the relationship," says Carolina.

## Best Practices: Don't Leave Tough Conversations in the Waiting Room

### One Example: Post-Op Depression Among Coronary Bypass Patients

This writer has twice witnessed severe depression in patients who had undergone coronary bypass surgery. This depression is mysterious but fairly common. One patient transformed abruptly from an optimist to an angry person who wished surgery had never been offered, let alone performed.

Unfortunately, this patient confided in me during a waiting room conversation, not in a checkup with a provider. Many interpreters face similar situations: patients who prefer to speak about certain symptoms or feelings away from doctors and nurses. Some patients may even mention these things during appointments, asking the interpreter not to interpret what s/he is saying.

What can or should an interpreter do if a patient talks about something relevant to his/her condition but asks the interpreter to keep silent? Here are suggestions that may help in other situations, too.

*A Reminder: "I'm Not a Provider!"* Patients sometimes seem to think interpreters can dispense medical advice. Remind the patient that you're not

qualified to treat him/her. Then suggest that the patient raise the issue with the provider.

*If the Patient Refuses.* Some patients are shy or afraid to discuss sensitive issues with providers. It may help to remind them that appointment information is kept confidential and the doctor needs to know as much as possible to provide optimal care.

*If the Patient Still Refuses.* See if you can entice the patient to raise his/her "secret" problem during the appointment. For example, it may be possible to prompt the patient to mention the issue when the provider asks how the patient has been feeling.

*If All Else Fails.* If the patient is recalcitrant and you believe his/her health is in danger, request a private conference with the provider. Tell the doctor or nurse about your concerns and the patient's wishes.

*Note: These techniques are intended as suggestions and should be used only in conjunction with your healthcare organization's policies.*

### Patient Behavior & Dynamic Equivalence

Interpreting requires more than translating words from one language to another. Medical interpreters also strive for *dynamic equivalence*, rendering the patient's speech and nonverbal communications into English for the provider. It includes:

- ★ *Accuracy* of the meanings of words.
- ★ *Tone* that resembles the patient's, to express emotions. Reflection of emotion can be an effective way to convey the patient's mood.
- ★ *Idioms* should be interpreted as closely as possible. If you need to explain meanings, try to draw the patient into the conversation.
- ★ *First Person* verb forms are another way to help the patient preserve his or her unique voice.

★ *Staying in the Background* is a crucial skill for interpreters.

What do you think of when you hear the word "heart": love or the organ in the body? Either way, the human **heart** is complicated, so we decided to take a look at some aspects of **cardiology** and **heart disease** that can be difficult to learn or keep straight.

The heart is a pump. **Veins** carry deoxygenated blood to the heart to receive oxygen from the lungs. Blood exits through **arteries**: its subsequent **circulation** carries oxygen and nutrients throughout the body. Unfortunately, the **circulatory system** and the heart can become damaged in many ways: heart disease is the leading cause of death in the United States.

Procedures to diagnose heart disease include **electrocardiograms**, (ECG or EKG), which involve attaching electrodes to the arms, legs, and chest. ECG can find **arrhythmias** (abnormal heart beats) and damage. Some patients undergo **cardiac catheterization**: a doctor inserts a tube into an artery and uses a **fluoroscope**, an x-ray device, to take images of the heart. This procedure can locate narrowing or **blockages**, caused by **atherosclerosis**, in arteries and assess **valve** health. High levels of **serum cholesterol** can lead to blockage: treatments may include new diets, exercise, and/or medications. **Statin** drugs can help reduce existing blockages, but severe obstructions may require **angioplasty**, or **percutaneous coronary intervention**, to open arteries. Angioplasty uses a catheter to bring a tool to the artery to remove **plaque**, built-up **fatty deposits**. Sending in a wire with a **balloon** is typical: the balloon is inflated to press plaque against the artery wall. Alternatively, a blade or laser may remove plaque. Some patients receive **stents**, thin tubes to support the artery. In more serious cases, a **bypass** operation reroutes blood flow around clogged **coronary arteries**, attaching a piece of vein or artery to detour the blockage.

A **heart attack (myocardial infarction)** is a very serious heart problem: some of the heart's muscle doesn't receive blood and dies because it lacks sufficient oxygen. By contrast, in **heart failure** the heart can't pump blood efficiently enough to fulfill the needs of the lungs and other tissues. This is only a very basic introduction to cardiology. To learn more, please visit:

American Heart Association: <http://www.americanheart.org/>

National Heart Lung and Blood Institute: <http://www.nhlbi.nih.gov/>

Med School for Interpreters: The Heart



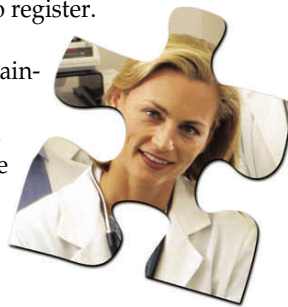
# All in a Day's Work: Culturesmart News

## Out and About: Culturesmart's *The Essential Piece* Medical Interpreter Training Programs

♦ Culturesmart will hold an open-enrollment summer session of *The Essential Piece* training at Newton-Wellesley Hospital, 2014 Washington Street in Newton, Mass. The program will run on Saturdays, 9 a.m.-2 p.m., from June 7 through August 9, 2008, with no class on July 5. Languages: Spanish, Somali, Chinese, Haitian Creole, and Portuguese. Other languages may be offered, based on demand. Early bird registration fee of \$695 until May 31, 2008. (Fee is \$745 after May 31.) Visit [www.culturesmart.org](http://www.culturesmart.org) for information or to register.

♦ Culturesmart offered *The Essential Piece* training at Franciscan Hospital for Children in Brighton, Mass., during January-April 2008. Interpreters of Spanish, Portuguese, Chinese Cantonese attended the program.

For information about training events, please contact Culturesmart at 617-890-1111 or visit [Culturesmart.org](http://Culturesmart.org).



## Save the Date! Train-the-Trainer Course Set for August

Culturesmart is planning a summer 2008 train-the-trainer course for new trainers of *The Essential Piece*. More information will be available around May 1, but here are initial details:

**Dates:** August 18-22, 2008

**Location:** Harvard Club, 1 Federal St., 38th Floor, Boston, Massachusetts, 02110

**Applications:** Culturesmart will welcome applications from individuals who are experienced trainers committed to delivering *The Essential Piece* medical interpreter training course within the healthcare and educational organizations where they work.

**What This Training Covers:** Our August training focuses exclusively on conducting a mock course of our *Essential Piece* training for medical interpreters. The fee includes all manuals and books used in the course, and breakfast and lunch meals. The schedule includes:

Day One: Course Overview, Planning, Management & Day 1 Training Delivery

Day Two: Days 2 & 3 Training Delivery

Day Three: Days 4 & 5 Training Delivery

Day Four: Assessments, Course Management

Day Five: Language Coach Training

## Anatomy of an Office Visit: An Advanced Workshop Presented by Lisa Southwick, PA-C, MPAS Wednesday, June 25, 2008, 5-8pm

How many times have you left a medical interpreting assignment wondering what you did wrong? Or if you missed something critical in facilitating communication between patient and provider? These frustrations and self-doubts can feel particularly troubling for trained, experienced interpreters. Fortunately, a workshop presented by Culturesmart, in collaboration with Cambridge Health Alliance, can help.

Lisa Southwick, a practicing physician assistant, educator, and former sign language interpreter, will present **Anatomy of an Office Visit**, at **Cambridge Health Alliance's Macht Auditorium, 1493 Cambridge Street, Cambridge, MA 02139**. This workshop is free to CHA staff interpreters and the fee is \$25 for per diem CHA interpreters and \$35 for non-affiliated individuals.

We will be sending out registration information soon.

## Culturesmart at Conferences

♦ Greg will speak about languages of lesser diffusion at the **National Council on Interpreting in Health Care** conference, to be held June 5-6, 2008. Greg's presentation, "Can Training & Standards Help Win Recognition for Languages of Lesser Diffusion?" will look at demographics of LLDs and address moral and ethical aspects of training interpreters for working in LLDs. Greg is a member of NCIHC's Standards, Training and Certification Committee. For conference information, please visit: <http://www.ncihc.org/>

♦ Culturesmart will also present a talk at the **International Medical Interpreters Association** conference, in Boston, Mass., during October 10-12, 2008. Greg will discuss languages of lesser diffusion, focusing on quality assurance and quality improvements.

Culturesmart will also present "What Do Voodoo and the Placebo Effect Have in Common?" That talk, given by Neite Decimus, a Vaudou priest and mental health worker, will address commonalities between Vaudou and medicine, focusing on the mind's transformative conscious and subconscious powers for healing. For IMIA conference information, please visit <http://www.imiaweb.org/>

## Another 2008 Conference on the Calendar:

### ♦ Annual Conference

New England Translators Association Conference  
May 31, 2008

Boston, Massachusetts

<http://www.netaweb.org/>