

Volume 1
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Finding Culturesmart

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Upcoming Training

Franciscan Hospital
for Children
30 Warren Street
Brighton/Boston,
MA

Saturdays, 9 a.m.-
2 p.m., January 26
-April 5, 2008. (No
classes on Febru-
ary 16 or March
22.)

Languages: Arabic,
Chinese, Haitian
Creole, Portu-
guese, Russian,
Spanish. Others
may be offered
based on demand,
so please ask if
your language
isn't listed!

For more informa-
tion, please see pg.
4.

Expanding our Scope in 2007 ... to Increase Possibilities for 2008

2007 was a busy year for Culturesmart! Business was up 70 percent over 2006 as we brought *The Essential Piece (TEP)* training to hundreds of new medical interpreters in several communities.

We plan to build on our growth in 2008. We'd like Culturesmart programs to grow more — in quantity *and* quality. (See pg. 2) That feels realistic thanks to new and expanded relationships with trade organizations, healthcare facilities, and trainers.

This network gives us an even stronger base for training interpreters and working with health-care organization in 2008. Beyond training more interpreters to serve patients with low English proficiency (LEP) in more places, we've remained involved in some of the most important issues facing interpreters and the organizations that hire them. Highlights:

Interpreters & Trainers. Culturesmart trained hundreds of interpreters in 2007. Around 70 percent received certificates attesting to proficiency for medical interpreting. (To read about second chance certificates, see pg. 4.)

To accommodate trainees, Culturesmart added nine language coaches and lead trainers to the roster:

- ♦ *Sue Chow, Mt. Sinai Medical Center (Cantonese and Mandarin)*
- ♦ *Carolina Grooscors-Arnold, freelance interpreter/translator, and returning trainer (Spanish)*
- ♦ *Rachel Herring, Franciscan Hospital for Children (Spanish)*
- ♦ *Alemishet Kidani, freelance inter-*

preter (Amharic)

♦ *Kowith Kret, MA Department of Mental Retardation (Khmer)*

♦ *Cathi Kroon, Yale New Haven Health (Spanish)*

♦ *Aurora Ronquillo, licensed TEP trainer for Queens Health Network, (Spanish)*

♦ *Marin Vat, Fall River Housing Authority (Khmer)*

♦ *Jakub Zaic, freelance interpreter (Polish).*

Welcome to all! We're particularly proud to have added Amharic and Khmer and Polish to our language list this year to respond to client requests and expand our offerings for other organizations.

Healthcare Organizations. Our clients and venues in varied communities and states give us valuable chances to learn and diversify our capabilities.

In 2007 we offered open-enrollment courses at three Massachusetts healthcare organizations: Caritas Good Samaritan Medical Center in Brockton, North Shore Medical Center Union Hospital in Lynn, and Newton-Wellesley Hospital in Newton. Culturesmart also presented open-enrollment training programs in Queens, NY, through the Queens Health Net- work. That program earned a mention in the Joint Commission Resources' *Providing Culturally and Linguistically Competent Health Care*. Though Culturesmart wasn't mentioned by

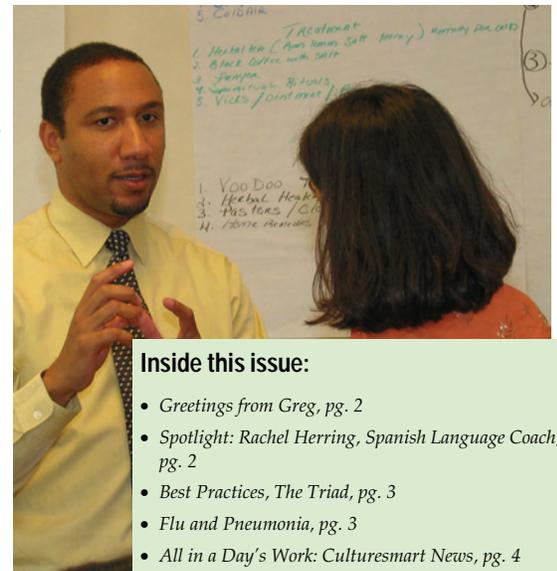
name, the article, "Using Medical Interpretation Services to Improve Quality of Care," clearly referred to our program as an example of how organizations can train staff for interpreting duties.

Meanwhile, our program at Capital Community College in Hartford, CT, is preparing to offer training in early 2008.

Keeping Current with the Field.

We were privileged to work with medical interpreting organizations in 2007, too. Projects included a salary survey for the International Medical Interpreters Association and work on the Standards, Training, and Certification Committee of the National Council on Interpreting in Health Care. For more about our work with NCIHC, please see page 4.

We have lots in store for 2008... please see page 2 for information!



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

Dear colleagues and friends:

If you read our article on page 1, you already know that 2007 was a busy year at Culturesmart. I'm excited about all that we accomplished this year but I'm even more excited to think about 2008!

Culturesmart managed in 2007 to expand its list of clients and collaborating organizations, both within and outside Massachusetts. I'm thrilled that we've been able to increase the number of people who benefit from our services as we reach out to new communities throughout the U.S. Our talented language coaches and trainers have helped us prepare new medical interpreters from Massachusetts, New York, Connecticut, and Rhode Island.

Language coaching is a unique and integral part of our comprehensive *The Essential Piece* program: few other medical interpreter training programs have language-specific components, and I know of no other company offering our diversity of languages.

During 2007, we have been field testing a new manual for our language coaches and we will introduce this manual in the first quarter of 2008.

Our new *Step-by-Step Language Coaching Guide* will be a crucial element in our program. Most importantly, it will list topics and vocabulary that all language coaches should cover, helping ensure that trainees of all languages cover the same vocabulary and medical interpreting principles. Despite standardization, we continue to emphasize our dedication to encouraging coaches to cover material in ways that fit the culture(s) of the patients they and their trainees serve.

The language coaching guide will also provide practical and theoretical guidelines by reinforcing the overarching purpose of *The Essential Piece* train-

ing program: training bilingual staff for interpreting in healthcare settings.

Of course the foundation of *The Essential Piece* training is delivered in English to interpreters of all languages. This portion of the course focuses on essential interpreting skills, standards of practice, ethics, the U.S. healthcare system, patient culture, and other topics.

Our biggest initiative for 2008 is *expanding our train the trainer (TTT) program*. TTT prepares people to deliver our *The Essential Piece* course. We offer several options, including training trainers to present both portions of the course — language coaching plus the “foundation” course in English.

Our TTT program is a great way for healthcare organizations to ensure they have in-house capabilities for training new medical interpreters. Let us know if you think it might help you in 2008! Happy new year! We'll have news on other big changes soon...



Greg with the Rosetta Stone.

Spotlight: Rachel Herring, Spanish Language Coach

When Rachel Herring joined Culturesmart in early 2007, she immediately enriched our language coaching program. Beyond her experience as a medical interpreter and her command of Spanish terminology, Rachel learned techniques for improving memory and accuracy when she earned her M.A. in translation and interpretation from the Monterey Institute of International Studies. She developed a two-day course on improving memory and accuracy that she delivered at Catholic Charities.



Spanish language coach Rachel Herring's studies and work have taken her from Illinois and Missouri to Spain, Mexico, Nicaragua, California, and Massachusetts.

Rachel spends her days working as a Spanish medical interpreter at Franciscan Hospital for Children in Brighton, Massachusetts. The organization primarily works with children who have special needs. “Because many of the children I interpret for have severe or unusual medical issues, I am constantly learning about many different complex topics,” says Rachel. “The scope of my work has lessened in that I am only working with children, but the depth and technicality has increased.” She previously worked as a freelancer, mostly at Cambridge Health Alliance.

Rachel began studying Spanish as a high school student in rural Illinois by taking a course via satellite, from San Antonio, Texas. She went on to study Spanish and English at Truman State University, studying in Seville, Spain, during her junior year.

Rachel has lived in Mexico and Nicaragua, too. Her work in Nicaragua during 2001-2003 with the health and information center Centro de Información Servicios de Asesoría en Salud included creating health literacy documents in Spanish.

Rachel now lives in Brighton, Massachusetts, with her husband Joe, a composer, and their daughter Margaret, who is 18 months old and beginning to talk. “She only knows one word of a language other than English, and that word is, oddly, a Russian one because she plays at the park with some Russian-speaking children,” says Rachel.

In her free time, Rachel enjoys cooking, baking, and reading. She is also a regional director and an active board member of IMIA.

Best Practices: Reinforcing the Triadic Relationship

Triad = The Interpreter, the Patient, and the Provider

The medical interpreter's primary responsibility is facilitating the therapeutic relationship between provider and patient. That's easy for interpreters, patients, and providers to understand in theory, but real-life situations often provide complications. Here are some reminders on how to maintain an appropriate level of involvement during appointments.



Positioning. Always sit so the patient and provider can address each other directly. Mundane factors like a lack of furniture may influence positioning, but strive to be in a place where you can see the provider and patient without becoming the center of attention. Patient-provider *direct* communication is always foremost.

Support patient-provider communication. Conversation during appointments is between patients and providers. The interpreter's job is to facilitate

and manage the flow of conversation, not to dominate it. Always use the first-person "I" form to emphasize the autonomy of patient and provider. Remind the patient and provider to speak directly to each other, not to you.

Deflect attention from yourself. Many patients and providers are curious about interpreters and ask questions during appointments: Where did you come from? Where did you learn languages? Again, appointments aren't about you! Answer questions briefly and professionally, in a way that reassures the questioner about your credentials. Let the third member of the triad know what you're discussing, too. Then steer the conversation back to involve everyone.

Maintain a comfortable pace. Interpreters should develop good conversation management skills. Allow only one person to speak at a time and slow speakers down if they talk too quickly.

Patient or Provider Misbehavior

Managing the flow of patient-provider conversation is complicated, and interpreters often find themselves taking on "odd jobs" during appointments.

★ Family members who interrupt. If a patient's family member intrudes, use tact, diplomacy, and professionalism to resolve situations. Prepare by imagining conflicts.

★ Providers who talk too fast. If a doctor speaks too quickly, ask him/her to slow down. If you missed something, ask to hear the utterance again. Correct what you might have missed or gotten wrong the first time.

★ Impatient patients. Some patients want easy answers to medical problems and may complain to the interpreter if unrealistic expectations aren't met. Don't respond to concerns yourself: enlist the provider to explain decisions to the patient. Dietary changes are a big source of discontent: you may need to act as a cultural broker to talk about menus and ingredients.

Influenza, commonly known as "the flu," doesn't always sound like a serious problem: most of us have had it at least once. But the Centers for Disease Control and Prevention report that 36,000 people die from influenza each year in the U.S. alone; over 200,000 are hospitalized. Providers often recommend **flu shots** in the fall, particularly for children, the elderly, and people in healthcare professions. (Including interpreters!)

The flu is caused by a **virus**, so antibiotics won't cure it. Though the flu and the common cold share some symptoms — **sore throat** and **runny nose** — flu also often causes **high fever** and **chills** plus more severe **muscle aches** and **fatigue** than common colds usually bring. The flu is highly contagious, particularly when air is cold and dry, and it is commonly spread through coughing and sneezing. The flu typically lasts for about 10-14 days.

Most regimens for treating flu include lots of rest and fluids. Some providers may also recommend antiviral medications that must be started quickly after flu symptoms begin.

Flu patients need to take care of themselves: complications can include more serious diseases, particularly pneumonia, **inflammation** of the **bronchioles** and **alveolar tissue**. **Double pneumonia** refers to disease in both lungs; it is more technically known as **bronchopneumonia**. **Lobar pneumonia** affects only one **lobe** of a lung. Pneumonia is usually caused by viruses or **bacteria**, though **fungi** and **mycoplasmas** are other sources of the disease.

Pneumonia symptoms often resemble flu symptoms: fever, chills and sweats, muscle aches and pain, and headache are typical in the early stages. Chest pain and coughing may develop later. **Walking pneumonia** usually causes relatively mild symptoms.

Only one form of pneumonia — pneumococcal, caused by bacteria — can be prevented with a vaccination. Pneumonia treatments vary depending on the type of disease and may include hospitalization if the illness has progressed. Early treatment is important and patients need to take full courses of medicine.

This is only a very basic introduction to influenza and pneumonia. Learn more at:

Centers for Disease Control and Prevention (flu): <http://www.cdc.gov/flu/about/disease.htm>

Amer. Lung Assoc. (pneumonia) : <http://www.lungusa.org/site/pp.asp?c=dvLUK900E&b=35691>



Med School for Interpreters: Influenza and Pneumonia

All in a Day's Work: Culturesmart News

Second Chances to Earn a "Proficient" Rating

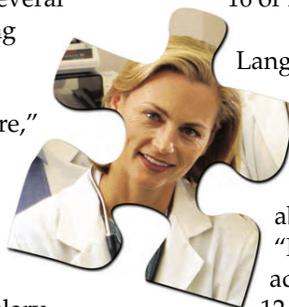
What happens when *The Essential Piece* trainees don't receive proficient ratings — and certificates — after final assessments?

Culturesmart gives each trainee who receives a "nonproficient" rating another chance to earn a certificate. About 30 percent of trainees don't meet Culturesmart's standards during their first sets of assessments. Most do not take Culturesmart up on its offer to return for reassessment, but Greg Figaro says several trainees received "proficient" ratings in 2007 by retaking assessments.

"We don't see nonproficient ratings as a matter of failure," says Greg, noting that those who return for new tests may take over a year to prepare for new assessments.

The time lag is understandable: medical interpreting is extremely complex and Culturesmart has high standards. *TEP* covers a lot of ethical questions, vocabulary, and practical guidelines that take time to absorb and put into practice. Time gives a chance to develop greater proficiency, both with medical vocabulary and the demands of the job.

"You really need to be proactive to learn, particularly if you already have a job that takes up a lot of time," says Greg. "We're happy to offer a second chance because we want to make the investment of time and money pay off for as many trainees as possible."



Languages: **Arabic, Chinese, Haitian Creole, Portuguese, Russian, and Spanish.** Other languages may be offered, based on demand.

Out and About: Culturesmart Medical Interpreter Training Programs

An open-enrollment winter-spring session of *The Essential Piece* training will be held beginning on January 26, 2008, at Franciscan Hospital for Children at 30 Warren Street in Brighton (Boston), MA.

The program will run from 9 a.m.-2 p.m. on Saturdays from January 26-April 5, 2008, with no classes on February 16 or March 22.

An early bird registration fee of \$695 is available through January 19, 2008. Use special code "Holiday" on the registration page to get an additional discount (\$645 tuition) until January 12, 2008. Registration is \$745 after that date. Visit www.culturesmart.org/tep2008.php or call 617-890-1111 for information or to register.

National Certification Discussions

In August 2007, Greg Figaro presented a workshop on standards of practice and the certification process for medical interpreters at the Texas Association of Healthcare Interpreters and Translators Symposium on Language Access in Houston, Texas. The three-hour session involved an engaged audience of more than a 120 interpreters, providers and others working with 11 languages. Greg is a member of the Standards, Training and Certification Committee (STC) of the National Council on Interpreting in Health Care (NCIHC), which has conducted eight similar forums throughout the country to help gauge readiness for national certification for healthcare interpreters.

The NCIHC recently received a grant which will partially fund national discussions, research and development of a collaborative national certification process.

—*In our next issue:* News about NCIHC's current work on national certification for healthcare interpreters.

IMIA Efforts: In 1995, IMIA (then MMIA) published "Medical Interpreting Standards of Practice." The next stage — certification — is more complex, and IMIA continues to work on processes for certifying interpreters based on skills and set criteria. For more, visit <http://mmia.org/standards/certDetails.asp>

Planning Ahead: 2008 Conference Calendar

- ♦ **Annual Meeting**
National Council on Interpreting in Health Care (NCIHC)
June 5-6, 2008
Atlanta, Georgia
<http://www.ncihc.org/>
- ♦ **New England Translators Association (NETA)**
May 2008 (To be announced)
<http://www.netaweb.org>
- ♦ **Quality Health Care for Culturally Diverse Populations**
DiversityRx
September 21-24, 2008
Minneapolis, Minnesota
<http://www.diversityrxconference.com/>
- ♦ **2008 Conference: Addressing Health Care Disparities by Ensuring Language Access to All**
International Medical Interpreters Association
October 10-12, 2008
Boston, Massachusetts
<http://www.imiaweb.org/>
- ♦ **Annual Conference**
American Translators Association
November 5-8, 2008
Orlando, Florida
<http://www.atanet.org/>