



THE COMMUNICATOR EXPRESS IS OFFERED AS A WRITTEN WORKSHOP SPOTLIGHTING DIFFERENT INTERESTS AND FIELDS OF SPECIALTY. THIS MONTH WE ARE HIGHLIGHTING "HIGH BLOOD PRESSURE – WHAT THE INTERPRETER SHOULD KNOW." ALSO INCLUDED: CRITICAL INCIDENT SUMMARY TO HELP THE INTERPRETER MAINTAIN THEIR HIGH PROFESSIONAL STANDARDS, AN INTRODUCTION OF THE CCCI TRAINING DEPARTMENT AT CCCS AND MORE.

HIGH BLOOD PRESSURE - WHAT THE INTERPRETER SHOULD KNOW

About 1 in 3 adults in the US has high blood pressure (also called hypertension). Most patients with high blood pressure do not experience any symptoms at first. However, if left untreated, hypertension can ultimately cause stroke, heart failure, heart attack or kidney failure.

Each time the heart beats, it pumps blood into the arteries. The force of that blood against the walls of the arteries is called "blood pressure."

Blood pressure is highest when the heart beats, pumping the blood. This is called systolic pressure. When the heart is at rest, between beats, the blood pressure falls. This is the diastolic pressure.

Blood pressure reading measures the systolic and diastolic pressures. A reading of 120/80 or lower is generally considered a "normal" blood pressure. A reading of 140/90 or higher is considered "high" blood pressure in an otherwise healthy adult. Patients with diabetes or chronic kidney disease are considered to have high blood pressure if their readings are 130/80 or higher.

What you can do to lower your blood pressure

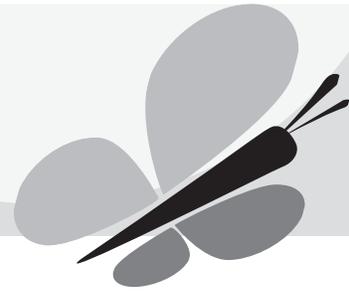
Research has shown that following a healthy eating and exercise plan can both reduce the risk of developing high blood pressure and lower an already elevated blood pressure. Some hypertensive patients have also benefited from taking medications designed to lower blood pressure.

Some providers recommend that all patients – even those with normal blood pressure – follow the DASH eating plan, or another similar program. "DASH" stands for "Dietary Approaches to Stop Hypertension," a clinical study that tested the effects of nutrients in food on blood pressure.

DASH study results indicated that elevated blood pressures were reduced by an eating plan that emphasizes fruits, vegetables, and low fat dairy foods and is low in saturated fat, total fat, and cholesterol. The DASH eating plan includes whole grains, poultry, fish, and nuts and has reduced amounts of fats, red meats, sweets, and sugared beverages.

Another way to lower blood pressure is to reduce the sodium in your diet. The current recommendation for healthy adults is to consume less than 2.4 grams of sodium a day. That equals about 1 teaspoon of table salt. This measure includes

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INTERPRETERS' CORNER:

Interpreter of the Month:

CCCS is proud to acknowledge interpreters who continue their professional standards when interpreting on assignment. This month, CCCS is proud to announce Rosine Haytayan, Armenian/Turkish interpreter, as Interpreter of the Month. Keep up the good work!

Interpreter Foundation Assessment: The next IFA (Interpreter Foundation Assessment) will be held on Monday, August 3, 2009 from 8:30 a.m. to 5:50 p.m. For more information contact Amanda Duross at 781-729-3736 ext. 120.

The Green Interpreter:

Do you work from home? Following are some ideas to help you stay "green."

1. Use both sides of paper when printing. Set your printer to "double-sided" pages or manually print on both sides of the paper.
2. Use recycled paper when printing.
3. Set your printing to "draft" rather than regular. Draft uses less ink.
4. Pay bills by e-mail.
5. Save on hard disk rather than printing to files whenever possible.
6. Use paperclips instead of staples whenever possible.
7. Keep a recycle bin in your office.
8. Reuse refillable tape dispensers.
9. Work with a customized rubber stamp for return addresses rather than disposable labels.

The above is for information only and not an endorsement of any kind.



Welcome

CCCI DEPARTMENT

Welcome to Cross Cultural Communication Institute (CCCI) the educational and training department at CCCS. The CCCI staff consists of the Director, Zarita Araujo-Lane, Amanda Duross the Administrative Manager and CCCI Program Coordinator, Mariana de Paula. The Institute staff and the faculty members work diligently ensuring that the scheduling, policies and the instructional components of the multiple trainings maintain the highest quality ready and available to current and prospective students.

Since its inception in 1996, CCCS has been presenting workshops on cultural competency to mental health institutions, managed care insurance companies and healthcare organizations such as hospitals and neighborhood health centers. These trainings grew from cultural competency tools to consultation on LEP compliance to trainings on topics such as how organizations handle the socio-economic divide among their staff members and build effective teams.

As a result of these trainings, CCCS in 1998 recognized the need for a formal medical interpreter training program and developed a 54-hour interpreting curriculum, The Art of Medical Interpreting (AMI) for a potential pre-linguistic qualified bilingual workforce. CCCS understood the need for training interpreting, ethical and cultural competency skills in agreement with the NCHIC and the IMIA Interpreting Standards. In 2002, the CCCS interpreter training program began to expand, providing formal interpreter instructional programs in New Hampshire, Kentucky and Rhode Island. In addition, CCCS has trained providers on how to work with interpreters as well as provide intensive trainings for previously trained interpreters in the state of New York.

CCCI's uniqueness is based on the fact that it values the input of students, faculty and professionals in the health care arena. We consistently work on improving the interpreting curriculum and providing and encouraging professional development activities to faculty, language coaches and students. The

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institute offers students in the interpreting program a wide variety of skill-building activities, critical thinking scenarios, role plays, and the value added component of working with Language Coaches.

In addition to AMI programs, CCCI offers on-going professional development workshops to enhance and increase the skills of qualified interpreters in the field. A new workshop offered in 2009, The Advanced English Skills workshop has proven to be quite a success and will once again be available in the fall. We are also adding a CCCI language lab for students to practice their skills.

The institute (CCCI) offers a safe learning environment providing the seeds and encouragement to an untapped potential work force where students can grow and pursue a college education. CCCI is innovative by creating curriculum and dialogues among the different gate keepers in assuring a work force of qualified professional interpreters. We are one of the only interpreting programs in the nation that is part of an accredited postsecondary school in NH, and we are in the process of applying to become an accredited career school in Massachusetts.

Zarita, the Director, is the main creator of the AMI instructional manual and a primary instructor. She is responsible for ensuring the quality of CCCI's curriculum, developing new workshops, and providing qualified faculty and language coaches. CCCI is also extremely lucky to have the following faculty members as part of CCCI programs: Frank Geoffrion, Dr. Rick Lane, Vera Duarte, Amanda Duross, Esther Phillips as well as additional highly experienced faculty and language coaches.

The first line of entry at CCCI is the program coordinator, Mariana de Paula. Mariana is responsible for all incoming institute related calls, registrations, the scheduling of language assessments, instructional programs, faculty and language coaches and ensuring that student and faculty materials are available prior to classes and much more.

Amanda, the Administrative Manager provides the quality assurance component ensuring the consistency, quality and



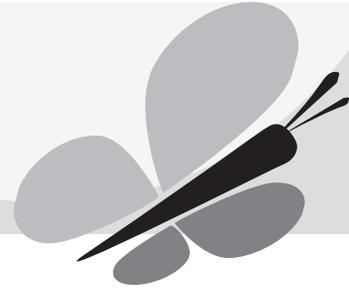
that the required educational compliance is adhered to in both MA and NH. Amanda has provided language coaching and is also a primary faculty for the interpreting class.

In step with national trends, CCCI continues to expand by adding new programs, such as the new mini language lab for interpreters to practice their consecutive and simultaneous skills. In 2010, the institute plans to increase its professional development programs for other professionals such as social workers, healthcare providers, nurses, etc., to be available both in MA and in our New Hampshire Regional licensed Post Secondary Career School.

In addition, CCCI has set professional trends by developing videotapes, manuals, teaching, presenting and contributing articles to professional interpreting associations all over the country and the world. CCCS created the image of the butterfly representative of an interpreter who does not take sides and is the bridge to at times two opposite cultures, by keeping accuracy intact. We also created learning tools for the instruction of interpreting ethics such as the CIFE, an acronym for a brief pre-contract with the provider and the patient which stands for Confidentiality, Flow, I for first person and Everything said is interpreted.

Dr. Lane developed the Samurai Method to increase the understanding of roots, prefixes and suffixes of medical terminology; a technique based on his training as a black belt in Aikido. We have also developed the 6 Ws, a tool that helps interpreters assess their conduit role and when to step into the

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HYPERTENSION QUIZ FOR MEDICAL INTERPRETERS

STUDENT NAME

LANGUAGE

DATE

ADDRESS

PHONE

FAX

E-MAIL

Mark each statement "True" or "False".

- | | | |
|--|----------------------------|-----------------------------|
| 1. The force of that blood against the walls of the arteries is called "blood pressure". | <input type="radio"/> True | <input type="radio"/> False |
| 2. One in three adults living in the U.S. has high blood pressure. | <input type="radio"/> True | <input type="radio"/> False |
| 3. A reading of 120/80 or lower is considered a "high" blood pressure. | <input type="radio"/> True | <input type="radio"/> False |
| 4. When the heart is at rest, the blood pressure falls. | <input type="radio"/> True | <input type="radio"/> False |
| 5. One way to lower your blood pressure is to reduce sodium intake. | <input type="radio"/> True | <input type="radio"/> False |
| 6. Healthy women should have no more than one drink a day. | <input type="radio"/> True | <input type="radio"/> False |
| 7. Diuretics make the heart beat slower and with less force. | <input type="radio"/> True | <input type="radio"/> False |
| 8. Alpha-blockers reduce nerve impulses to blood vessels. | <input type="radio"/> True | <input type="radio"/> False |
| 9. Smoking is proved to cause high blood pressure. | <input type="radio"/> True | <input type="radio"/> False |
| 10. Drinking too much alcohol can raise blood pressure. | <input type="radio"/> True | <input type="radio"/> False |

Circle the item(s) that best complete each statement.

11. The blood pressure when the heart beats, pumping the blood, is called:

a. Diastolic pressure	c. Metabolic pressure
b. Systolic pressure	d. None of the above
12. Patients with diabetes or chronic kidney disease are considered to have high blood pressure if their readings

a. 120/80 or higher	c. 140/80 or higher
b. 130/80 or higher	
13. Most patients with high blood pressure:

a. Experience no symptoms	c. Experience severe symptoms
b. Experience some symptoms	d. None of the above
14. If left untreated, hypertension can ultimately cause:

a. Stroke	c. Kidney failure
b. Heart failure	d. All of the above
15. "DASH" stands for:

a. "Daily Activities to Stop High Blood Pressure"	c. "Dietary Approaches to Stop Hypertension"
b. "Different Approaches to Stop Hypotension"	d. None of the above
16. The DASH eating plan has reduced amounts of:

a. Fats	c. Sweets
b. Red meats	d. All of the above
17. Healthy adults should not have more than _____ of table salt (or its equivalent in sodium) each day.

a. One teaspoon	c. One cup
b. One tablespoon	d. One gram
18. A drink can be defined as:

a. 12 ounces of beer	c. 1.5 ounces of 80-proof whiskey
b. 5 ounces of wine	d. All of the above
19. Losing just _____ can lower blood pressure:

a. One pound	c. Ten pounds
b. Five pounds	d. None of the above
20. Smoking injures:

a. Blood vessel walls	c. Lungs
b. Arteries	d. All of the above

NOTE: Get your CCCS Continuing Education Points by e-mailing your answers to mdepaula@cccsorg.com or faxing them to 781-729-1217.

CCCI DEPARTMENT

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role of the clarifier, culture broker or in some cases the advocate.

Good interpreting is not only based on accuracy but also on how the interpreter manages the dynamics of the triadic encounter. In almost any interaction, there will be some type of a conflict. Working with human beings is not all black and white and there are those moments when an interpreter may feel that he or she is crossing a boundary. It is what you do before and after your intervention that makes you a professional. When making your decision regarding when and how to intervene in a session, consider the Six W's, a tool developed for medical interpreters by CCCS.

- Who owns the information?
- Whose job is it to share the information?
- With whom can I share it?
- Who is going to be affected by my actions?
- What does the law say?
- Would a professional interpreter association support my action?

CCCS also created the anchoring tool for interpreters. During an assignment an interpreter may be sidetracked by internal or external distractions or noises and requires repetition of a statement said. Rather than request the speaker to restate the sentence or information, the interpreter repeats part of the sentence while the speaker completes the statement. The interpreter can then complete the interpretation accurately without any omissions, delays or interruption in the medical encounter.

The CCCI program continues to succeed as a result of the commitment of CCCS/CCCI staff but also the students who have completed their training. We want to thank our graduates for being great ambassadors to our profession and our program! A number of hospitals in NH, MA, CT, Florida, and Texas have contracted or hired one or many of our qualified student/interpreters. Recently we received a call from two well respected psychologists who thanked us for sending the most qualified interpreters they have worked with and guess what? They all were CCCI graduates!

Your good work encourages CCCS to continuously give back to our community of interpreters or interpreters-to-be! Also, via a quick appointment to Mariana our CCCI's library is opened to you during working hours. We have a great collection of bilingual and monolingual dictionaries and books in many languages available for on-site research.



We at CCCS/CCCI are also proud to have donated and volunteered to speak on behalf of our profession as interpreters to bilingual youth groups at Cambridge Rindge and Latin High School and other local schools and after school programs

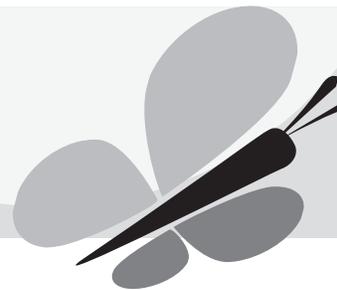
CCCS/CCCI is an active member of local, national and international organizations such as the IMIA, NCIHC, ATA, ALC, NETA, TAHIT, etc. Also CCCS contributes articles to ATA Caduceus and other programs. For more information about CCCS/CCCI, our interpreter services and or translation department visit our website at www.cccsorg.com.

For information on CCCI and to ask about our programs, contact Zarita, Amanda or Mariana at cccssinc@cccsorg.com or call 781-729-3736 x.110.

**NEW HAMPSHIRE CORNER:**

MIAB Event: Look for upcoming information on MIAB (Medical Interpretation Advisory Board) 2009 Annual Conference in New Hampshire.

In its effort to continue to advance the interpreter profession, CCCS recently completed a mailing to New Hampshire schools to provide information about CCCS contract services available. These services include providing 24/7 interpreters, translation program, trainings, etc. For more information, contact Linda Demmons, Contract Coordinator at Linda_Contracts@cccsorg.com or call 781-729-3736 ext. 108 or 119. Our website is www.cccsorg.com.



HIGH BLOOD PRESSURE - WHAT THE INTERPRETER SHOULD KNOW

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ALL sodium consumed, including that used in food preparation. For someone with high blood pressure, the doctor may advise eating even less sodium.

Blood pressure rises as body weight increases. Losing just 10 pounds can lower blood pressure while decreasing your risk for high cholesterol, heart disease, and diabetes.

Drinking too much alcohol can raise blood pressure. It also can harm the liver, brain, and heart. If you drink alcoholic beverages, have only a moderate amount — one drink a day for women; two drinks a day for men. A “drink” can be defined as:

- 12 ounces of beer
- 5 ounces of wine
- 1.5 ounces of 80-proof whiskey

Smoking injures blood vessel walls and speeds up the process of hardening of the arteries. So even though it does not cause high blood pressure, smoking is bad for anyone, especially those with high blood pressure.

Medications that can help reduce blood pressure

There are many different types of medications that can be used to treat hypertension. Many of these medications work best when prescribed together and taken with one or more complementary medications.

- Diuretics can be used to flush excess water and sodium from the body.
- Beta-blockers make the heart beat slower and with less force.
- ACE inhibitors, nervous system inhibitors and calcium channel blockers cause blood vessels to relax.
- Angiotensin antagonists and vasodilators cause vessels to become wider.
- Alpha-blockers reduce nerve impulses to blood vessels, which allow blood to pass more easily.

The information contained in this article was copied and/or adapted from the following sources:

<http://www.nlm.nih.gov/medlineplus/highbloodpressure.htm>

http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html

“Your Guide to Lowering High Blood Pressure” at <http://www.nhlbi.nih.gov/hbp/>

CRITICAL INCIDENTS

A critical incident is any out of ordinary behavior or event that take place in relation to a CCCS assignment. Once a critical incident is reported to CCCS, the dispatching dept. is the first to respond and take immediate action following the event. Depending on the severity of the critical incident report, the Critical Incident (CI) team members meet and follow up with the interpreter/client and any one else involved in the critical incident report (excluding the name of the patient at all times).

The CI team meets on a weekly basis to review any critical incident reports and formulate a plan of action, and then a CI team member follows up on each individual critical. A follow up call is made to hear all sides and respond to possible resolutions and learn from the events. Not every critical is considered or determined to be interpreter error; there are some incidents in which interpreters have little or no control over the situation.

The follow up phone calls by CI team members is to evaluate the situation, understand the situation, and CCCS, the interpreter and/or client can discuss a solution and respond appropriately.

Following are several suggestions gathered by the CI team members which are based on previous critical incident reports and findings with clients, interpreters and the CI team.

Ways to avoid critical incidents

1. Have a folder file that has the days of the month and file Service forms according to the days of the appointments. Three business days before scheduled appointments, check folder and see if you are missing the service form; if you are missing any information or forms, contact CCCS right away.
2. Check your folder for assignments: Get ready the day before; check your agenda, service forms, print your directions for each assignment, etc.
3. Check traffic reports before you leave the house; many roads are under constructions; plan on leaving earlier for your assignments.
4. When accepting cases, make sure that you have your date book/agenda with you. If you don't have your date book/ agenda with you, please let the

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CRITICAL INCIDENTS

CCCS dispatchers know that you will call back to let them know your availability.

Please note that the Interpreter Dispatch department may not have your schedule readily available at the time you speak about new cases.

5. Always let the Dispatch Department know if you have any questions about accepting new cases. When accepting cases over the phone, be aware of certain words that sound the same; i.e. can and can't, instead say: Yes, I can do this case, or No, I can not do this case.
6. When confirming dates, be aware that numbers can also sound the same on the phone; i.e., numbers, 20th and 28th sounds alike, instead use twenty and twenty eight, or state the words "two zero" for 20 and "two eight" for 28.
7. Assignment reminders: CCCS calls to remind you of your next day cases and oftentimes we leave a message on your phone. When listening to your reminder/voice messages, please remember to listen to the full message, check your date on your book/agenda to make sure the message matches date, time, location of what you have on your date book/agenda and S.V. forms. The reminder calls are a CCCS courtesy so that we can keep our promises to the LEP patient; it is discouraging when an interpreter forgets a scheduled appointment and reminder calls was made!
8. If you can't read your notes, or not sure of the assignments you must call the dispatching department to confirm information.
9. GPS is a great tool; however it can still direct you to the wrong address. Always be prepared with a back up plan such as printed directions from Map Quest, AAA, etc... especially when going to a new location.
10. If you get lost on your way to the assignment, park in a safe place, and please call the dispatching department right away, we can help with directions.
11. Accepting cases while driving! Not a good idea! Please let the dispatcher know that you are driving and you will call back, we will reserve the assignment for you until you call back, provided that it is done in a timely matter.
12. Before leaving the house, make sure you have the right service forms for the day! Often interpreters take the forms with the wrong date and they end up being a day early to their assignment and at the wrong location, organization, etc.
13. Upon arriving at the requested location and department, introduce yourself to the receptionist and ask if the patient has arrived. This will give you and the client enough time to identify any discrepancies on the information you both have. If there is a discrepancy, call the CCCS Dispatch Department and let them know of the inconsistency and the correct information will be presented to you.
14. If you arrive at the appointment location and aren't feeling well, let the receptionist know that you may need to use the washroom/restroom. During an interpreting assignment, informing the person you checked in with of your whereabouts is always recommended. In the event a patient arrives, they won't be looking everywhere for you and will wait for you to return from the washroom/restroom.

The following are several great tools to use in your car: GPS navigator, easy pass, blue tooth/ear piece for your cell phone, listen to a radio station that has current and updated traffic reports... i.e. 1030AM (boring, but does have traffic report every 10 minutes or so), etc.

We hope these tips are helpful. Please share and send us any other suggestions that has made you a successful interpreter to aduross@cccsorg.com

CCCI Training: Contact CCCI Coordinator, Mariana de Paula at mdepaula@cccsorg.com for additional information about training, registration, etc. in MA and New Hampshire.



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New Hampshire Regional Office: P.O. Box 733, Nashua, NH 03060 | **p:** 1-888-678-CCCS | **f:** 603-386-6655

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