



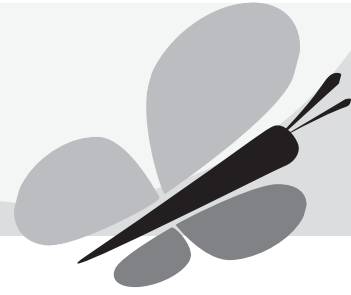
CCCI CERTIFICATE OF ACCOMPLISHMENT VS. NATIONAL CERTIFICATION.

Question: What does it mean when we receive a **“Certificate of Accomplishment”** from CCCI or a ‘Certificate’ from another interpreter training program? Does this mean we are formally “certified” as an interpreter?

Answer: No. Receiving a “Certificate of Accomplishment” or a “Certificate” refers to receiving a paper acknowledgement that you have completed a training program in a particular field of experience. “Certifications are examinations that test or enhance your knowledge, experience, or skills in an occupation or profession which determines competency in that particular job, task or field.” as defined by www.careeronestop.com. There are several organizations, universities, colleges and career institutes that offer certificate programs or degrees in interpretation or translation. On the other hand, to be **“certified,”** refers to completing the requirements of an organization that has been qualified by an accrediting board. The accrediting organization “identifies certification programs that serve the competency assurance needs {of the public}.”(1) In order to formally receive accreditation by an officially respected accrediting board with standards already in place, the applying organization must first complete an evaluation and peer review to ensure it meets its compliance standards. One such accrediting body is the *National Organization for Competency Assurance (NOCA)*. For an organization to be certified by NOCA, they must follow strict guidelines established by the NCCA organization: *Standards for the Accreditation of Certification Program is the National Commission for Certifying Agencies (NCCA)*.

Several states, however, have enacted legislation, procedures and policies as well as state exams to test the competence and reliability of bilingual medical interpreters who work in that state. One such state is California which has initiated a state-based certification process to certify state bilingual medical interpreters with written and oral exams. According to the National Health Law Program (www.healthlaw.net) report “Summary of State Law Requirements: Addressing Language Needs in Healthy Care” another state is Washington which has one of the oldest programs in the country to certify medical interpreters. Other states such as “Iowa, Indiana and Oregon have enacted laws requiring development of interpreter standards.”(2) In addition to state programs, interpreting organizations are working and moving forward with a certification product.

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CCCI CERTIFICATE OF ACCOMPLISHMENT VS. NATIONAL CERTIFICATION.

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The National Council on Interpreting in Health Care (NCIHC) organization established a collaborative committee, the National Coalition on Health Care Certification (NCC), as a result of several forums on certification. The NCC consists of a diverse group of individuals from national organizations and stakeholders to work on a comprehensive and transparent process of exploring many of the unanswered questions relating to a final "certification" product.

We recognize the need for professional interpreters to have a "certifying" process; however, we feel there are several issues and challenges which should be defined and resolved before a formal national certification is completed and accredited. One of the major challenges is agreeing on standards for a formal certification for interpreters. Additional challenges facing a formal and endorsed certification process are:

- what are the components of the standards necessary for the certification product?
- what are the components of a good training program?
- what would be considered minimum levels of language mastery, interpreting skills, trainings?
- will oral and written assessment be part of the process?
- what would be valid language assessments?
- what are the "objective standards for languages of lesser diffusion?"
- will there be pre and post qualifications;

- will there be continuing education requirements?
- will there be any grandfathering clauses?
- will there be several levels of interpreting and/or specialties?
- who determines reliability scores?
- who would be the impartial and neutral validating board?
- will the certification body be a state agency, federal, or impartial board?
- will each state have different requirements, components, standards, and fees?
- will there be any fees?
- who would benefit most if fees are implemented?
- how would fees be determined?
- who would determine these fees?
- what will the fees be used for?

These are just a few questions that are constant and should be addressed and studied to ensure a fair, equitable and professional product for all interpreters in the field.

Therefore, the question of "what does it mean when we receive a *Certificate of Accomplishment from CCCI* or a Certificate from any other program?" refers only to those students participating and successfully completing interpreter program requirements. For example, at CCCI the program offered is the *Art of Medical Interpretation* which is 54 hours of classroom participation, 30 hours of homework assignments during the semester and working with target language coaches. In addition, classroom work requires students to take an active part in understanding ethics and various Codes of Ethics, practicing interpreting, understanding medical terminology, participating in active target language coaching, practicing language fluency by conveying meaning in both English and target language, creating glossaries, ethics, Standards of Practice, as well as other important facets of developing competent professional interpreters. The participation and successful completion of all the program requirements, including any pre and post program requisites, entitles the student to receive a *certificate* indicating that the student has passed the course. Therefore, a "Certificate of Completion" or a "Certificate" from CCCI or any other organization is proof of successfully completing all the requirements of an interpreter training program.

Today, many health care organizations are requesting proof of having participated and/or

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We urge interpreters and healthcare professionals to continue to seek information from all venues as to how the process of a (national) certification is being addressed, researched, endorsed and developed. There is no doubt that researching and carefully examining the challenges and successes of existing certifying organizations leading to a certified product is the path to a more equitable foundation for a national certification. Below are several websites to help in researching more information on the topic:

www.atanet.org
www.californiahia.org
www.imiaweb.org
www.ncihc.org

<http://www.ncihc.org/mc/page.do>
<http://www.ncihc.org/mc/page.do?sitePageId=61823&orgId=ncihc>
<http://www.ncihc.org/mc/page.do?sitePageId=61825&orgId=ncihc>

having received a "certificate" from an interpreting program before granting interviews. In addition to asking whether you have completed an interpreting training program, various organizations such as hospitals, medical facilities, and other healthcare organizations, usually require that an interpreter take additional exams to determine competence in areas such as: medical terminology, target language fluency, retention skills, etc. Receiving a *certificate* from an interpreting program is an additional tool to have when you enter the interpreter workforce.

As a side note, before registering for any interpreter program, you should explore the various organizations and ask questions about the specifics of what is being offered. For example, does it offer language coaches, what does the curriculum look like, are there active learning exercises such as role plays, are Standards of Practice taught, what type of certificate will you receive, etc?

1. National Commission for Certifying Agencies, The Accreditation Body of the National Organization for Competency Assurance, c 2004, revised 2007.
2. "Summary of State Law Requirements: Addressing Language Needs in Healthy Care" Prepared by Jane Perkins, Mara Youdelman, National Health Law Program, January 2008, (www.healthlaw.net)
3. NCIHC, January 28, 2009, "National Coalition Surges Ahead with National Healthcare Interpreter Certification", www.ncihc.org.
4. DSHS "Language Testing and Certification program (LTC)", www.dshs.wa.gov.
5. The ATA Chronicle, January 2007 "Interpreter Certification Programs in the U.S. Where are We Headed?" by Nataly Kelly.

CCCS DEPARTMENT OF THE MONTH:

This month, CCCS is highlighting the Interpreter Resource and Quality Assurance Department. The department team consists of highly invested and motivated staff members: Amanda Duross, Director, and Gail Marinaccio, Coordinator.

Some of the departmental duties are, recruiting and interviewing prospective freelance interpreters, managing a quality assurance process benefiting interpreters and clients, and being an integral part of the Critical Incident team. To ensure a seamless process in the services offered the Interpreter Resource and Q&A Department continuously collaborates with the Interpreter Dispatch, Contracts, and CCCI Training Departments at CCCS.



Both Amanda and Gail work very hard to ensure that interpreters being recruited are qualified to provide services to CCCS clients. In order to be considered for interpreting assignments in the Dispatch Department, a professional interpreter must have completed a minimum of 40-hours in an interpreter training program, have interpreting experience and pass a rigorous interviewing process. The interviewing process includes a CCCS application, English and target language assessments, proof of immunization, W9 form, public CORI, and participate in an "Interpreter Foundation Assessments" (IFA) program.

Another important component of the Interpreter Resource department is providing Quality Assurance standards. As part of the Q&A, the staff provides continuous on-going support and feedback to freelance interpreters through various quality assurance means. One in particular is by shadowing interpreters during their interpreting schedules. These shadowing experiences provide feedback and evaluations to the interpreters and clients. Some of the shadowing evaluations may include areas of improvement, concerns as well as positive feedback from clients, staff, and or interpreters.

In addition, the Director of Interpreter Resource and Q&A department chairs the Critical Incident team at CCCS. A "Critical Incident" is any out-of-the ordinary behavior or event that takes place in relation to a CCCS assignment. Most critical incidents must be reported to CCCS within 24 hours of the assignment. However, urgent critical incidents must be reported as soon as possible for immediate action. A critical incident report may include being late to an assignment, making an interpreting mistake, being asked not to interpret on an interpreting assignment, etc.

Once the critical incident is reported, the Critical Incident team consisting of CCCS staff directors and the CCCS President, meet to discuss the critical incident report(s). The Critical Incident team gathers all the facts from authorized sources (clients, interpreters, supervisors, etc.) and formulates a plan of action with the staff providing feedback to the interpreter, the client, or both.

CCCS acknowledges the challenges and positive changes the Interpreter Resource and Q&A department is making while managing and supporting the quality of interpreting services expected by CCCS.



INTERPRETER RESOURCE CORNER

Interpreter of the Month: Diana De Fillipis - Congratulations to Diana De Fillipis for her professionalism and her commitment exemplifying the best in the interpreting profession. Continued success.

Changes for 2009: CCCS will be requesting an updated resume at the end of spring 2009 from all CCCS freelance interpreters, reminding interpreters of updating immunization information, and submitting required W9 forms. We also would like to thank interpreters for their promptness in submitting their payment forms to CCCS. For additional information contact Gail Marinaccio at gmarinaccio@cccsorg.com

Helpful Hints: Every month we hope to offer some helpful and worthwhile tips to our readers.

A recent posting in a national newspaper, "(USA Today, Tuesday, Feb. 10, 2009 p6A advertisement) stated the information: "threat(s) of identity theft is on the rise as a result of the financial crisis". Following are some useful information worth highlighting from the posting.

1. Shredding papers with any personal information such as name, address, social security number, etc. is always a good idea.
2. Checking your credit report, at a minimum once a year, is recommended under the Fair Credit Reporting Act (FCRA). Under this law, you are entitled to one free credit report annually. **Beware of unsolicited credit report agencies** as the Federal government works with one particular agency to get a free report. For more information and to get a fact sheet, "*Facts for Consumers*" addressing your rights as a credit card holder and how to get your free credit report visit www.ftc.gov.

3. If you are concerned about credit fraud you can "Place fraud alerts on your credit reports." However, be aware that there are fees involved and the one drawback is that these credit alerts are only good for 90 days. You must reregister again after the 90 days are up. Again, this may cost money.
4. If you want to stop receiving unsolicited credit cards, visit www.optoutprescreen.com to opt out of these unsolicited credit card offers.

The tips above are only suggestions and not intended as an endorsement or recommendation of what you should or should not be doing to protect your personal information.

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FUN WITH WORDS:

A) Listed are a few idiomatic expressions – see if you can guess what they are? Correct answers below.

- | | |
|--------------------------------|---|
| _____ 1. "baker's dozen" | a. lose favor with someone |
| _____ 2. "can't hold a candle" | b. when an issue, a discussion, etc., is no longer being reconsidered |
| _____ 3. "dead and buried" | c. when someone tells you they have done something better |
| _____ 4. "eat your heart out" | d. in comparison; it is not ever good enough |
| _____ 5. "fall from grace" | e. it is not a dozen (12) but rather it is 13 |

B) Write down a list of idiomatic expressions you hear daily or weekly in English and see if you can find or create an equivalent translation (a literal translation may not always work) .

C) Write down a list of "phrases" that have double meaning in your target language and try to find an equivalent translated version in English. Again, a literal translation may not always make sense.

Correct answers to quiz: 1e, 2d, 3b, 4c, 5a

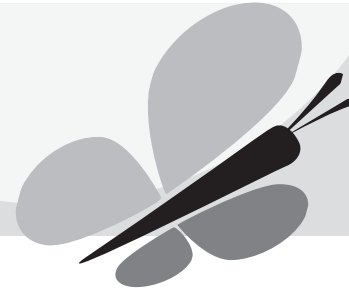
GLOSSARY FOR THE INTERPRETER:

Idiomatic Expressions. Idiomatic expressions or metaphors are very common forms of expressions and often used by native speakers of any language. In the U.S. you often find interesting and often amusing use of idiomatic expressions and unless you are aware of their meanings, the expressions don't appear to make much sense, as stated in the definition of idiomatic expressions: "an expression whose meanings cannot be inferred from the meanings of the words that make it up." (Webster's New Word Dictionary, 3rd College Ed.) For example, the expression "catch his eye" is not a literal meaning of having to actually catch an eye as if the eye were falling, but rather it means to get someone's attention. Unless you are familiar with the idiomatic expression the inference is lost on the listener.

To enhance your vocabulary, identify target language idiomatic expressions and translate them into English. Also, look up new idiomatic expressions in English and translate them into your target language. To add to your glossary, below are a few idiomatic expressions which may be unfamiliar to many readers. (www.usingenglish.com).

- "back burner"*to put an issue or a decision on a low priority
"back to square one"to start all over again
"bad taste in your mouth"to feel as if there is something wrong
"barking up the wrong tree"to have completely misunderstood something
"bear fruit"produces positive results
"blink of an eye"it happens so fast, it is almost impossible to notice.
- "call the shots"*whoever calls the shots makes the decisions
"can't hack it"unable to do perform the task, duty, job, etc.
"carry the day"wins the situation, has succeeded
"cat got your tongue"to be unable to respond or speak
"change your tune"changing your ideas or feelings about something
"chapter and verse"to know something very well and can quote it or repeat it
- "days are numbered"*when someone is expected to die soon, or at work when someone is expected to be fired
"dead as a doornail"when something is lifeless
"dead heat"two or more people, things, ideas, etc. are moving at exactly the same speed
"dead man walking"someone who is in great trouble who may get punished, lose a job, etc.
"dead right"someone or something is absolutely correct
"dead wrong"someone or something is absolutely incorrect
"deep pockets"someone who is well off or wealthy
"don't shoot the messenger"don't be angry at the person relaying the information to you
- "eager beaver"*someone who is very anxious to get going, energetic
"eagle eyes"someone who can see even the smallest details
"eat crow"to admit that you were wrong about something
"eleventh hour"happening at the last minute
"etched in stone"whatever is done or said cannot be changed
"even keel"it is balanced
- "face the music"*accept the negative consequences of a negative action
"face value"accept appearances rather than searching deeper
"fall by the wayside"to fail before its completion or to give up
"fall on your feet"you succeeded at whatever you were doing
"famous last words"you are showing disbelief or rejection at what is being said

These and many other phrases are found in the American English language and can often "trip us up" or confuse us as to the actual meaning. A great way to learn these idiomatic expressions is to look them up in an "idiomatic" dictionary which can be found at your local library.



CCCI TRAININGS AND PROFESSIONAL DEVELOPMENT PROGRAMS: NEW HAMPSHIRE AND MASSACHUSETTS

THE ART OF MEDICAL INTERPRETATION 54-HR CERTIFICATE PROGRAM

Winter 2009 Session:

Group IV: Woburn – Saturdays, March 21-June 13, 9AM-3PM

Spring/Summer 2009 Sessions:

Group I: Woburn, MA – Tuesdays, May 19-Aug. 18, 6PM-10PM

Group II: Woburn, MA – Thursdays, June 4-Sept. 3, 6PM-10PM

Fall 2009 Sessions:

Group I: Woburn, MA – Tuesdays, Sept. 15-Dec. 15, 6PM-10PM

Group II: Woburn, MA – Thursdays, Sept. 17-Dec. 17, 6PM-10PM

Group III: Nashua, NH – Saturdays, Sept.19-Nov. 14, 9AM-3PM

PROFESSIONAL DEVELOPMENT SERIES:

Monday, Wednesday, Saturdays and Sundays

Take advantage of these once a year Professional Development Trainings offered at CCCI in MA for professional interpreters. For more information contact Mariana dePaula at 781-729-3736 ext. 110.

I. ADVANCED ENGLISH SKILLS FOR INTERPRETERS

Frank Geoffrion, Instructor

Sundays, May 3, 10, 17, 24, 31, June 7, 2009 in Woburn, MA

Cost \$320 – 30-hour Workshop

Just in time to assist professional interpreters. A 30-hour workshop designed to improve interpreting accuracy into English. Frank Geoffrion, a well-known and respected instructor in the field of interpreting, has designed the "Advanced English Skills for Interpreters" for medical and legal interpreters concentrating on the differences in constructing sentences, true and false cognates, irregular and auxiliary verbs, sounds of English and other languages and much more.

Mr. Geoffrion is a federally certified court interpreter, Massachusetts-certified court interpreter, and American Translators Association accredited to translate from Spanish to English. Mr. Geoffrion is a faculty member at the Agnes Haury National Institute for Interpretation at the University of Arizona and an Adjunct Professor of Legal and Medical Interpretation at Boston University. He was a consultant to the Federal Court Interpretation Certification Project and administered the Federal Court Interpreter Oral Certification Examination in Arizona, New Mexico and Texas.

II. THE LANGUAGE OF MEDICINE SERIES

Richard S. Lane, MD, Instructor

Mondays – June 2009

If you know Diabetes, You Know Medicine – Cost \$60.00

This one time workshop is an introduction to the disease known as diabetes. The workshop will concentrate on who gets the disease, why there is an epidemic of diabetes and how the inability to manage blood sugar is just the tip of the iceberg for this complex disease, review different body systems affected by diabetes and multiple approaches to treatment that are currently available.

Cross Cultural Issues and the Challenge of Palliative Care at the End of Life – Cost \$60

This one time workshop will discuss the subspecialty of Palliative Care and how cross cultural issues can arise in the practice of this work. Participants will discuss the difference between palliative medicine and hospice and explore issues of sensitivity and competency. The group will review a complex palliative care case and see how we can move from cultural sensitivity to cultural competency in an end-of-life situation involving a patient and family from a non-dominant culture living in the United States.

A Breath of Fresh Air: The Pulmonary System – Cost \$60

This one day workshop provides an overview of the structure of the lungs and how they function, along with an introduction to various respiratory ailments, including asthma, chronic obstructive lung disease and various infectious conditions that can cause pneumonia, bronchitis and ultimately restrictive or obstructive problems. A review of treatment and medicines will also be presented.

The Power of Language in the Circulatory System – Cost \$60

This one day workshop is an introduction to the elements of the language of medicine. Participants will learn about roots of medical terms derived from ancient Greek and Latin and how to figure out the meanings of such words using the Samurai method. These techniques are designed to help the participant master the language of medicine while avoiding "rote" memorization. Participants will also be introduced to the circulatory system through an experiential activity and begin to learn "the story" behind the logic, structure, and pathology of the heart, arteries and veins.

Dr. Richard S. Lane is an internist in the Extended Care Facility Program at Harvard Vanguard Medical Associates of Boston, Massachusetts. He is a bilingual educator, fluent in Spanish.

Dr. Lane's interests are the doctor/patient relationship, teaching interviewing skills to medical students and residents cross cultural communication in medicine, care of elderly patients in rehabilitation and sub-acute units and palliative medicine and hospice care at end of life. Dr. Lane became board certified in Palliative Care and Hospice Medicine in 2004 and is currently the Medical Director of Affinity Hospice for Life, Burlington, Massachusetts.



Ms. St. Louis has a background in social psychology and nursing education with over 20 years of experience in health education and curriculum development. She has been providing skills-based trainings in the areas of sexuality, reproductive health and family planning and AIDS prevention programs in Massachusetts.

**III. WOMEN'S HEALTH WORKSHOP:
Ms. Chantal St. Louis, Instructor
Saturday, June 20, 2009 from 10AM-
4PM – Cost \$60**

This one day workshop will provide the interpreter with clear and concise answers to routine reproductive health care for men and women, explain male and female reproductive anatomy and physiology, describe breast, testicular, pelvic examinations and more.

**IV. MENTAL HEALTH SERIES:
LOOK FOR FUTURE
INFORMATION
Mondays and Wednesday April, May,
June**

The Mental Health Series is designed to provide the professional interpreters an overview and basic knowledge of specific fields such as substance abuse and mental health. The program provides a safe learning environment where you can ask probing questions, understand the thinking behind provider and patient relationships, learn new vocabulary, and much more.



Cross Cultural Communication Systems, Inc.

P0 Box 2308, Woburn, MA 01888 | **p:** 781-729-3736 | **f:** 781-729-1217

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

cccsinc@cccsorg.com | **www.cccsorg.com** | CCCS Inc. is a SOMWBA and DBE-certified business | Copyright 2006 CCCS

Active since 1996, CCCS is a recognized authority on cultural-linguistic services, providing consultation, interpretation, translation and training services to healthcare, educational, legal and business institutions nationwide. CCCI is licensed by the New Hampshire Postsecondary Education Commission as a private, postsecondary career school.

THE NEW HAMPSHIRE CORNER

New Hampshire continues to forge ahead with its effort to bring awareness to the concerns facing the LEP and Deaf and Hard of Hearing communities. CCCS/CCCI has been a partner in providing interpreting programs and services, translation access and diversity trainings in New Hampshire for over 9 years. CCCS also participates in many of the statewide diverse organizations bringing attention to the issues of diversity and language access as a member of the various committees in the state: such as, the Health and Human Services Office of Minority Health Diversity Task Force, Hispanic Network, Vision Hispana and MIAB.

MIAB in New Hampshire

*By Rebecca Sky, Cultural Diversity Project Director
Foundation for Healthy Communities, New Hampshire*

The MIAB, or Medical Interpretation Advisory Board is a coalition of health care providers, payers, social service agencies, interpreters, and advocacy organizations whose vision is to increase access to, and the quality of healthcare services for limited English proficient (LEP) and the Deaf and hard of hearing populations in New Hampshire.

The MIAB, began in 2001 and has over 100 members with representatives from more than 40 organizations in New Hampshire. In 2004, the MIAB conducted research into language access issues in New Hampshire and as a result created a statewide strategic plan to address the concerns raised in the research. Based on the plan, work is currently being undertaken by four (4) subcommittees to address:

- improving data collection efforts to identify the need for services in New Hampshire,
- developing the interpreter workforce and the ability of health care providers to work with interpreters,
- establishing and improving funding streams for services and removing financial barriers to accessing medical interpretation services, and
- raising awareness regarding the need for effective communication in health care settings.

Specific projects currently being worked on by the MIAB include an education toolkit to explore the financial planning end of providing communication access, as well as a story banking project on the cusp of beginning. A product of the MIAB was the October 2008 MIAB Conference, *"The \$ and Sense to Culturally Effective Care: Access, Communication, and Commitment"* held in New Hampshire.

New members are always welcome to the MIAB. It is a great opportunity for networking and building collaborations. Contact Rebecca Sky at the Foundation for Healthy Communities for more information. rksy@healthynh.com or (603) 225-0900.

CCCS/CCCI in New Hampshire

The CCCS/CCCI New Hampshire program has gone through a very thorough licensing process with the NH Postsecondary Education Commission to become a licensed career school. In other words, not only does the student have to qualify before and after participating in a training program, but so does the CCCI program before being able to accept students in the interpreting training programs in New Hampshire.