

## HEALTHCARE INTERPRETER STANDARDS OF PRACTICE

**I**nterpreters are ambassadors of our new profession and have a duty to ensure that they provide the highest quality of consistent services while interpreting. As professionals, it is essential that interpreters understand healthcare industry requirements such as The Joint Commission and HIPAA standards as well as the healthcare interpreter standards published by the NCIHC and by state interpreting associations.

Healthcare interpreter standards of practice were created to serve as guidelines and tools for your every day interpretation and for your intellectual and professional growth. Ten years ago many of our interpreters and customers did not understand our roles as professionals. Providers often mistook interpreters for patient's family members and interpreting was a bit of a Wild West experience.

In the past, a customer's evaluation of an interpreter's performance was nearly always based on encounter outcome. We were expected to interpret "word for word." Now trained interpreters know that in fact a professional interpreter should look for meaning and try to convey it by keeping the same register, realizing that interpreting word by word is meaningless. It is because of the Standards that we now understand these basic concepts for medical interpreters: accuracy, consecutive mode, first person, pre-session, session and post-session.

INTERPRETING IS A  
SKILL AND AN ART.

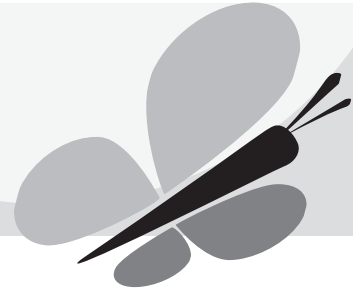


In discussing and reintroducing the three main interpreter standards (NCIHC, IMIA and CHIA) in the US, we hope that you take some time to read them, reflect on them, and apply your critical thinking to develop a common base by which to improve your interpretation work. By recognizing the standards of practice as guidelines for best practices, interpreters and training programs will be able to guide interpreter discussions on how to handle questions of ethical standards, accuracy, register, style, confidentiality, etc.

Interpreting is a SKILL and an ART. Being a medical interpreter has its gifts and its challenges. Interpreting gets better each time an interpreter stops and has the opportunity to debrief from an encounter or takes some time to revisit challenging situations. For example, how would an interpreter handle the interpretation of the word "hydronephrosis" if he/she perceives that the patient may not understand the technical medical term offered by the provider? Should the interpreter break down meaning to a lower register? If so, should the provider know about this intervention?

Current healthcare interpreting standards of practice indicate that an interpreter must deliver the information **accurately** without **adding, omitting or substituting**. In addition, the interpreter should **replicate the register** of the speaker whether the speaker is the provider or the

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patient, but interpreters must also be aware and intervene if a patient is not able to understand the message conveyed. How would you handle this particular situation and which specific Standard of Practice supports your decision?

Standards of practice state that interpreters should manage the flow of the session. If a patient only provides open-ended answers to closed-ended questions, should an interpreter intervene? Would this be managing the flow or taking the provider's role? Does managing the flow of the sessions have to do with the technical part of interpreting such as asking patients and providers to slow down so that the message can be conveyed completely and accurately?

**Interpreters need to remain impartial** with the parties involved in the medical encounter while **remaining respectful** of the patient and provider. Can you think of a situation where this was not easy for you? What would you do differently today, after reviewing the Standards?

CCCS recognizes the challenges faced by interpreters; therefore, it is important to note that the above review of standards is but a small summary of the actual standards from all parties. We highly recommend that you become familiar with all the standards of practice available to you to increase your knowledge, competence and quality while working as a professional interpreter.

The following is a short list of websites where you can download the Standards for free:

In 1998, the Massachusetts Medical Interpreting Association (IMIA) published "*Medical Interpreting Standards of Practice*" which summarized "the primary task of the interpreter" such as the "role of the interpreter while defining linguistic and interpreting skills, cultural understanding and ethical responsibility of the interpreter". The IMIA standards also include a rating scale in which to evaluate interpreters in the field. For more information on the IMIA standards of practice, visit their website at [www.imiaweb.org](http://www.imiaweb.org).

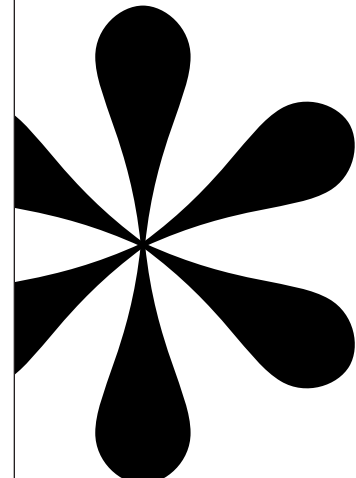
In 2001, The California Healthcare Interpreters Association (CHIA) developed a set of standards as a working document for California interpreters "California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention." The California standards set the stage for "the development of tests for California state accreditation, certification, or licensure." For more information on CHIA standards of practice, visit their website at [www.chiaonline.org](http://www.chiaonline.org).

"*The National Standards of Practice for Interpreters in Health Care*" were completed by the *Standards, Training and Certification (STC)* committee of the NCIHC with input from IMIA, CHIA and other national stakeholders, as a guiding principle that could be employed at the national level defining what an interpreter does in the performance of his or her role... ." The NCIHC standards provide a national basis for the skills, ethical and specialized responsibility of trained interpreters. For more information on the NCIHC standards of practice visit their website at [www.ncihc.org](http://www.ncihc.org)

## INTERPRETERS' CORNER:

**Interpreter of the Month:** Cross Cultural Communication Systems, Inc. would like to congratulate **Narine Vartumyan** for receiving a unanimous vote from the "Interpreter of the Month" committee. Thank you for your work as a professional interpreter and continued success in the field.

IFA Training: Please note that the next interpreting assessment for CCCS freelance interpreters is scheduled for June 1st, 2009 from 9AM to 5PM. For more information please contact Amanda Duross, Interpreter Resource and Q&A Director at 781-729-3736 ext. 120.



**MONTHLY HELPFUL HINTS FOR THE INTERPRETER:**

Did you know that household plants can help you breathe easier because they help clear the air? According to some scientists, plants absorb contaminants and create natural filters by converting carbon dioxide to oxygen. Additional studies even suggest that common household plants can remove formaldehyde, benzene, and other nasty pollutants. The study was first reported by NASA scientists and other scientists have continued researching and supporting the original findings.

- The following plants have been suggested by former NASA scientist, Dr. Bill Wolverton:  
 Peace Lily, Areca Palm, Lady Palm, Ficus Alii and Golden Pathos. Lists of other suggested plants from [www.extension.umn.edu](http://www.extension.umn.edu) are:
- Hedera helix* .....english ivy
  - Chlorophytum comosum* .....spider plant
  - Epipremnum aureum* .....golden pothos
  - Spathiphyllum 'Mauna Loa'* .....peace lily
  - Aglaonema modestum* .....Chinese evergreen
  - Chamaedorea sefrizii* .....bamboo or reed palm
  - Sansevieria trifasciata* .....snake plant
  - Philodendron scandens*
  - 'oxycardium'* .....heartleaf philodendron
  - Philodendron selloum* .....selloum philodendron
  - Philodendron domesticum* .....elephant ear philodendron
  - Dracaena marginata* .....red-edged dracaena
  - Dracaena fragrans*
  - 'Massangeana'* .....cornstalk dracaena
  - Dracaena deremensis*
  - 'Janet Craig'* .....Janet Craig dracaena
  - Dracaena deremensis*
  - 'Warneckii'* .....Warneck dracaena
  - Ficus benjamina* .....weeping fig

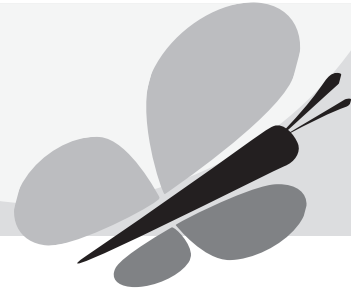
The suggestions are for your information only and are not an endorsement of any studies or particular plants.



**CCCS DEPARTMENT HIGHLIGHTS:**

Welcome to CCCS, Inc. This month we are highlighting the Contracts Department under the direction of Esther Phillips, Contracts Director and Linda Demmons, Contracts Coordinator. Esther has been with CCCS for 9 years and has experienced the growth and development of incoming and outgoing contracts for CCCS. As a result of this growth, the Contracts Department has evolved into an independent department to better handle the increase and complexity of its business. Linda began her career at CCCS five years ago as a dispatch specialist and joined the Contracts Department as Coordinator to support the expansion of the department and the coordination of its services.

The major responsibility of the Contracts Department is to create and oversee contracts as well as maintain a close relationship with existing clients and to nurture close ties with new clients. Esther and Linda truly enjoy 'meeting' clients and prospective clients through phone conversations, e-mail and occasionally in person. CCCS recognizes that many dedicated people and organizations are struggling to work within their budget constraints without sacrificing quality interpreter and translation services. We reap the fruits of our labor in many ways: helping our clients solve their problems, maintaining an active involvement in the growth of the number of clients, having recently been awarded the Commonwealth of Massachusetts Foreign Language Interpretation and Written Translation contract until 2010, participating in the SOMWBA initiative, etc. The Contracts Director also participates in the meetings of other key departments to keep a finger on the pulse of the organization and stay connected with all pertinent issues. We consider it the greatest privilege to be a part of the hard working, devoted CCCS team!



## GLOSSARY CORNER

### Introduction to Diabetes and Glossary:

Diabetes is a disease characterized by a lack of insulin or by decreased sensitivity of organs to insulin. Insulin is the hormone that regulates the use of glucose as an energy source in the body. The cell needs fuel to make energy for its functions. Insulin is released by the pancreas to help bring glucose into the cells for use in the making of energy. With diminished amounts or no insulin, or with organs or cells of the body resisting the effect of insulin, the glucose stays in the blood stream and is not utilized.

#### a) diabetes mellitus:

- is a form of diabetes where the level of glucose is high in the blood. When blood sugar is high, sugar spills into the urine and urination increases. The urine becomes sweet and it is called *mellitus* which comes from the Latin word for sweet.
- has a tendency to run in the family.
- can be caused by obesity, diet and lifestyle.
- some studies indicate that diabetes could be a response to an early viral infection.

There are two forms of *diabetes mellitus*, **Type 1 and Type 2:**

- **Type 1** is common in persons under 30 years of age. Under Type 1 diabetes mellitus, the body stops producing insulin and the patient becomes dependent on insulin treatment. The body's immune system destroys pancreatic beta cells (the only

cells in the body that make the hormone insulin that regulates blood glucose).

- **Type 1** diabetes often appears during childhood or adolescence. If it occurs in young children, it is called juvenile diabetes. It is estimated that 5 to 10 percent of all diagnosed diabetes falls within the category of Type 1 diabetes.
- In **Type 2** diabetes, the body produces some insulin but either the amount is not sufficient or the body has trouble using the insulin that is produced. An estimated 90 to 95% of all diabetics are affected by Type 2 diabetics. Type 2 diabetes most often appears after age 40, but it can also be diagnosed in adolescents and younger adults.
- **Type 2** diabetes is linked to obesity and physical inactivity.

#### b) diabetes insipidus:

- increased urination is due to kidneys' inability to concentrate the urine and thus the urine is diluted or "insipid." In this case, the body is not producing anti-diuretic hormones, or the kidney is not responding to the anti-diuretic hormones that are present.

- c) **gestational diabetes:** pregnant women can get a form of diabetes mellitus called "gestational diabetes". It develops in two to five percent of all pregnancies but disappears when the pregnancy is over. Usually, when the pregnancy is over, a gestational diabetic returns to her normal state of glucose

tolerance. However, patients with gestational diabetics have a tendency to develop diabetes in their later years.

- **macrosomia.** When a mother has very high glucose during her pregnancy and passes it into her unborn child, the child starts to produce more insulin. This increase in glucose and the production of insulin may cause the baby to grow to a point where it develops health problems and may greatly increase the likelihood of delivery complications.

**Symptoms:** both Type 1 and Type 2 diabetes mellitus can share common symptoms such as:

- weight loss, fatigue, weakness, frequent urination, constant thirst or hunger, blurred vision, numbness and tingling, and increased infections of the skin, gums, vagina and bladder. There is also a propensity for coronary artery disease or peripheral vascular disease.

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### FUN WITH WORDS:

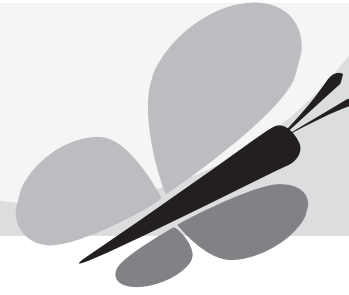
Words to know: See if you can match the words to the definitions: Answers are found at the end of the matched words.

- |                               |   |
|-------------------------------|---|
| _____ 1. Diabetes             | a) a form of diabetes in which the glucose is high in the blood   |
| _____ 2. Type 1               | b) dilute   |
| _____ 3. Type 2               | c) abnormally high blood sugar  |
| _____ 4. Insulin              | d) "the chemical messengers in your body traveling to tissues and organs through the bloodstream. These affect many different areas which include your growth and development, metabolism, sexual function, reproduction, mood, etc." |
| _____ 5. Glucose              | e) a disease characterized by a lack of insulin or by decreased sensitivity of organs to insulin.   |
| _____ 6. Gestational Diabetes | f) the body produces some insulin but either the amount is not sufficient or the body has trouble using the insulin that is produced  |
| _____ 7. Diabetes mellitus    | g) very high glucose during pregnancy that is passed to the child   |
| _____ 8. Insipid              | h) high blood sugar that starts or is first diagnosed during pregnancy  |
| _____ 9. Macrosomia           | i) the body stops producing insulin and the patient becomes dependent on insulin treatment  |
| _____ 10. Hormones            | j) hormone that regulates the use of glucose as an energy source in the body  |
| _____ 11. Hyperglycemia       | k) the main sugar found in the blood and the body's main source of energy   |

Information copied or adapted from [www.cdc.gov/diabetes/consumer](http://www.cdc.gov/diabetes/consumer), The National Diabetes Information Clearinghouse, [www.ndep.nih.gov](http://www.ndep.nih.gov), and Fact Sheet "What is Diabetes" [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov).

*1e, 2i, 3f, 4j, 5k, 6h, 7a, 8b, 9g, 10d, 11c*





## PROFESSIONAL DEVELOPMENT SERIES FOR HEALTHCARE INTERPRETERS

Trainings: In today's competitive job market, show your commitment to the advancement of your education! Upcoming CCCS/CCCI Trainings and Professional Development Series

### THE ART OF MEDICAL INTERPRETATION: 54-HR. CERTIFICATE PROGRAM

#### Spring/Summer 2009 Sessions:

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

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

#### Fall 2009

Group I: Woburn, MA – Tuesdays, September 15-December 15, 6PM-10PM

Group II: Woburn, MA – Thursdays, September 17-December 17, 6PM-10PM

Group III: Nashua, NH – Saturdays, September 19-November 14, 9AM-3PM

### PROFESSIONAL DEVELOPMENT SERIES FOR HEALTHCARE INTERPRETERS

JOIN CCCI at CCCS as we respond to your requests for training beyond the basics! Take your career to the next level with innovative advanced 4-6 hour trainings.

From May to December 2009, CCCI presents 3 exciting workshops designed to lead interpreters to traverse new paths and beef up résumés with savvy course options taught by well-seasoned, highly-respected clinicians and trainers, currently practicing in their field.

Ask about banking your workshops for a 20 to 40-hour certificate! CCCI has developed three specialty tracks:

- *Advanced English Skills for Interpreters*. (Sundays)
- *Health Care: The Language of Medicine and Women's Health* (Mondays and one Saturday)
- *Mental Health* (Mondays and Wednesdays) Coming Sept. 09!

### I. ADVANCED ENGLISH SKILLS FOR INTERPRETERS

**Frank Geoffrion, Instructor**

**May 3, 10, 17, 31, and June 7 and 14 from 9am-2pm.**

**No classes May 24 due to Memorial Day holiday.**

**Cost: \$320.00**

*Polish your performance! A 30-hour workshop designed by an industry leader.*

- *Improve English accuracy with clear and precise pronunciation*
- *Learn proper sentence construction with irregular and auxiliary verbs*
- *Become familiar with "true" and "false" cognates and so much more!*

### II. HEALTH CARE SERIES

#### A. The Language of Medicine

*Series of four medical specialties. Enjoy a highly engaging delivery and comfortable classroom interaction with a practicing provider. Enrich existing vocabulary, and understand the thinking behind the provider-patient relationship.*

**Richard S. Lane, MD, Instructor**

**Mondays, June 8, 15, 22, 29, 2009 from 6pm-10pm**

- a. *If you know Diabetes, You know Medicine* – **Cost: \$60**
- b. *Cross Cultural Issues and the Challenge of Palliative Care at the End of Life* – **Cost: \$60**
- c. *Breath of Fresh Air: The Pulmonary System* – **Cost: \$60**
- d. *The Power of Language in the Pulmonary System* – **Cost: \$60**

#### B. New and Exciting! Women's Health Workshop

**Ms. Chantal St. Louis, Instructor**

**Saturday, June 20, 2009 from 10am-4pm (one day only)**

**Cost: \$80**

*Women's Health Workshop: Finally! A 6-hour workshop dedicated to the female and male reproductive system. Students will become familiar with the reproductive anatomy and physiology, descriptions of breast, testicular, pelvic examinations, and more.*

*For program requirements and pre-screening and registration information, contact: Mariana de Paula, CCCI Program Coordinator at 781-729-3736 x 111.*

**Work all week and can only come on Saturday or Sunday? You can still move forward in your professional endeavors-- with CCCI weekend workshops-- just for you!**

**Coming in September Mental Health Series  
Plan now to reserve your spot!!!**

### III. MENTAL HEALTH SERIES:

*Learn how to be part of the triadic team from clinicians and other providers currently working with interpreters on a regular basis. These specialty workshops expand your basic and functional understanding of various mental health topics. Build upon your occupational vocabulary of specific treatments and more.*

#### A. Interpreting for Substance Abuse Charles Hoar, LMHC LADC II, Instructor

*This 4-hour workshop will help the interpreter understand the effects of drugs on brain chemistry, treatment overview, lifestyle changes, harm reduction model, methadone maintenance programs and approaching addiction as a family disease. The workshop will also provide an overview of alcohol as a drug, incidents and risk factors, continuum of alcohol use and safe drinking criteria, and explore the dangers of mixing alcohol and drugs and much more.*

#### B. Mental Health Workshop for Interpreters Zarita Araujo-Lane, Instructor 20-hr mental health workshop- TBA

*Through case studies and interactive presentations, interpreters will be introduced to the clinical thinking behind the different types of mental health evaluation and treatment sessions. Cases will be acted out in a role-play format giving interpreters an opportunity to practice both consecutive and simultaneous interpreting.*

CCCI instructors are experienced educators equipped to bring out the best in you.

### INSTRUCTORS' BIOGRAPHIES:



**Frank Geoffrion:** Mr. Geoffrion has been certified as a court interpreter by the U.S. Federal Court, the MA Trial Courts and the American Translators Association. He is a faculty member at the National Institute for Interpretation at the University of Arizona and a faculty member in Boston University's community, medical and legal interpreter programs. Mr. Geoffrion was a consultant to the Federal Court Interpretation Certification Project, and administers the Federal Court Interpreter Oral Certification Examination in Arizona, New Mexico and Texas.

**Charles Hoar, LMHC LADC II:** Mr. Hoar is well-practiced clinician specializing in addictions treatment for over thirty years. Aside from his private practice in Brighton, MA, he is currently in his twenty-first year of employment with Harvard Vanguard Medical Associates Behavioral Health and Internal Medicine Departments, where he supports physician care working with patients with chronic pain and addiction.



**Zarita Araujo-Lane, LICSW:** Ms. Araujo-Lane, a licensed social worker and Portuguese medical interpreter is involved in the creative process of developing and implementing training programs at the local, state, and national level. She is also the founder and president of Cross Cultural Communication Systems, Inc., of Massachusetts and New Hampshire, an organization providing written translation and interpreter services as well as consultation and training for legal, medical and mental health interpreters.



**Dr. Richard S. Lane,** 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 interest are the doctor/patient relationship, teaching interview 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 he is currently the Medical Director of Affinity Hospice for Life, Burlington, Massachusetts. Contact: [cccsinc@cccsorg.com](mailto:cccsinc@cccsorg.com)



**Chantal St. Louis:** 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 currently provides skill-based trainings in the areas of sexuality, reproductive health and family planning and AIDS prevention programs in Massachusetts.



#### Cross Cultural Communication Systems, Inc.

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