



Every month the Communicator Express strives to provide educational information to professional interpreters in medical, ethical or culture competency topics. These educational topics will be followed by a quiz to be completed individually. Continuing education points will be awarded to those interpreters submitting and receiving a passing grade on their quiz. Also, twice a year, CCCS/CCCI will conduct in-house written exams on the topics covered in the newsletters and those receiving a passing score will be awarded Certificates of Accomplishment.

Thank you to all those interpreters who have already submitted their last month's quiz, "STD Basics for Medical Interpreters." For more information contact Mariana de Paula at mde-paula@cccsorg.com or fax the completed quizzes to 781-729-1217 attention Mariana de Paula.

IMMUNIZATIONS – WHAT THE INTERPRETER SHOULD KNOW

Immunizations present comfort to some patients and a source of concern to others. In a phone survey of 1,600 parents, sponsored by The National Network for Immunization Information, approximately 25% of American parents had concerns over the safety of infant and child vaccinations. However, current medical wisdom holds that immunization is vital, in fact, potentially life-saving, for both children and adults.

In this article, we will explore how immunization works and why it is important for children and adults. Interpreters will have a chance to review which vaccinations are recommended for infants, children and adults, and which are especially important for hospital workers.

How Immunization Works

The immune system helps the body fight infectious organisms and other invaders by producing substances to combat them. Once the initial battle has occurred, the immune system remembers the invaders and can fight them again.

Before vaccines, people became immune only by getting a disease and surviving it. As a result, death rates from diseases such as diphtheria, whooping cough and rubella were high in many parts of the world. Today we are protected by vaccines which contain germs that have been killed or weakened. When given to a healthy person, the vaccine triggers the immune system to respond and build immunity without actually making the person sick.

While it is impossible to give an exact number of how many lives have been saved by vaccination, it is safe to say that vaccines have saved billions of people from the threat of what the World Health Organization calls "killer diseases" including small pox, polio and measles. In the case of small pox alone, 3 million lives per year have been saved since the eradication of the disease in 1977, made possible by an aggressive vaccination program.

Common Childhood Illnesses

As outlined above, getting children immunized can protect them from "killer diseases." In fact, immunizing a child can

CONTINUED ON PAGE 2





IMMUNIZATIONS – WHAT THE INTERPRETER SHOULD KNOW

CONTINUED FROM PAGE 1

serve as a protection for other children who cannot receive vaccines for medical reasons or for those unable to respond to certain vaccines. For those children, the immunity of people around them is their lifeline.

Today, most children in the United States routinely get vaccines that protect them from 14 different diseases. In the past, all of these diseases have posed a serious threat to children in this country. For example, fifty years ago nearly every American was sure to become infected with measles at some point during childhood. Today, however, most doctors practicing in the U.S. will never treat a patient with measles. But measles still infects roughly 23 million people around the world every year killing an estimated 480,000 individuals.

While people infected with measles may enter the United States, a single case of disease will remain a single case if everyone around the infected person is immune.

If they are not, that single case can easily spread to epidemic proportions.

The following is information on the 14 diseases against which children residing in the U.S. are routinely vaccinated:

IMMUNIZING A CHILD CAN SERVE AS A PROTECTION FOR OTHER CHILDREN WHO CANNOT RECEIVE VACCINES FOR MEDICAL REASONS OR FOR THOSE UNABLE TO RESPOND TO CERTAIN VACCINES.

1. Diphtheria

Diphtheria caused by a bacterium that lives in the mouth, throat and nose of an infected person and can be spread to others by coughing or sneezing. Diphtheria can initially cause a sore throat, fever and chills. But if it is not properly diagnosed and treated, it produces a toxin that can cause serious complications such as heart failure or paralysis.

About 1 person out of 10 who get diphtheria dies from it.

2. Hepatitis A

Hepatitis A is a liver disease caused by a virus found mainly in bowel movements.

Hepatitis A is spread through personal contact or by eating contaminated food or drinking contaminated water. Children under 6 often don't show any signs of illness, but in older children signs include fever,

loss of appetite, tiredness, stomach pain, vomiting, dark urine, and jaundice. Hepatitis A does not cause long-term illness, but about 100 people die each year from liver failure caused by severe hepatitis A.

3. Hepatitis B

Hepatitis B is also a liver disease caused by a virus. It is spread through contact with the blood, or other body fluids, of an infected person. Adolescents and adults can be infected through sharing needles or through unprotected sex, and health-care and public safety workers are often exposed to blood in the course of their jobs. Pregnant women can infect their newborn babies.

People infected with hepatitis B might not feel sick, or might suffer loss of appetite or tiredness, muscle or stomach pains, diarrhea or vomiting, or jaundice. Patients usually recover from hepatitis B after several weeks, but others become "chronically infected." They might not feel sick themselves, but they continue to carry the virus and can infect other people. Many people who are chronically infected will suffer from serious problems such as cirrhosis or liver cancer. More than a million people in the United States are chronically infected with hepatitis B, and nearly 5,000 people die each year from the disease.

4. Hib disease (*Haemophilus influenzae type b*)

Hib disease is spread through the air by coughing, sneezing, and even breathing. If the bacteria spread to the lungs or bloodstream, the child can get meningitis, pneumonia, epiglottitis, or arthritis. A child who is infected can spread the disease to others for as long as the bacteria remain in the body.

5. Influenza (Flu)

Influenza is spread from person to person through sneezing, coughing or breathing. Symptoms include fever, sore throat, cough, headache, chills and muscle aches. Young children might also experience vomiting and diarrhea. Complications can include ear and sinus infections, pneumonia, myocarditis and death. Influenza causes more deaths (about 36,000 per year) than any other vaccine-preventable disease.

Influenza viruses are continually changing, meaning that immunity a patient acquires one year will not necessarily protect the patient in future years. For this reason, it is important to be re-immunized every year.

CONTINUED ON PAGE 3

6. Measles

Measles is a viral illness that causes a rash all over the body. It also causes fever, runny nose and cough. The virus is spread through the air by breathing, coughing or sneezing. Measles is so contagious that any child who is exposed to it and is not immune will likely get the disease.

7. Mumps

Mumps is caused by a virus that is spread from person to person through the air. It is best known for causing swelling of the cheeks and jaw, a result of inflammation of the salivary glands. Mumps also causes a fever and headache. It is usually a mild disease, but it leads to meningitis in about 1 child in 10 who get the disease.

8. Pertussis (Whooping Cough)

Pertussis is a very contagious bacterial disease spread from person to person through personal contact, coughing and sneezing. At first, pertussis resembles a common cold, but after 1 or 2 weeks severe coughing spells begins.

9. Pneumococcal Disease

Pneumococcal disease is the leading cause of bacterial meningitis in the country, hitting children under 1 year old the hardest. The disease is spread through the air and can be spread by anyone who is infected, even if they don't have symptoms. All children are susceptible to pneumococcal disease, but some are more susceptible than others, including African Americans, American Indians, Alaska Natives, and children with certain medical conditions such as sickle cell disease or HIV infection, or those who don't have a functioning spleen.

10. Polio

Polio is caused by a virus that lives in the throat and intestinal tract. It is spread mainly through contact with the feces of an infected person. Some children who get polio experience severe muscle pain and within a week may affect a child's legs, but it can also affect other muscles, including those that control breathing. There is no treatment for polio, and some children may be paralyzed or die from it. Though there is currently no polio in the United States, it is still common in some parts of the world.

11. Rotavirus

Rotavirus can be spread by direct contact with the feces of an infected person, or by contact with contaminated objects such

as toys or even food. In addition to diarrhea and vomiting, rotavirus infections cause a fever of 102°F or higher in about one-third of all cases. Most children will have been infected at least once by the time they reach 5 years of age. However, severe dehydration can be a serious complication associated with rotavirus infection, and the virus kills about 500,000 children a year worldwide.

12. Rubella (German Measles)

Rubella is a viral disease spread from person to person through the air by coughing, sneezing or breathing. It causes a slight fever, a rash on the face and neck, and (when teenagers or adults get the disease) swollen glands in the back of the neck and arthritis-like symptoms in the joints. The greatest danger from rubella is to unborn babies. If a woman gets rubella in the early months of her pregnancy, there is an 80% chance that her baby will be born deaf or blind, with a damaged heart or small brain, or developmentally disabled (mentally retarded). Miscarriages are also common among women who get rubella while they are pregnant.

13. Tetanus (Lockjaw)

Tetanus bacteria are usually found in soil, dust, and manure and they enter the body through breaks in the skin. Children usually become infected through deep puncture wounds or cuts, like those made by nails or knives. But the bacteria can enter through even a tiny pinprick or scratch. Children can also get tetanus following severe burns, ear infections, tooth infections, or animal bites.

It can take up to 3 weeks for the first symptoms to appear, usually consisting of headache and spasms of the jaw muscles. The bacteria produce a toxin, which spreads throughout the body over time, causing painful muscle spasms in the neck, arms, legs, and stomach. Two out of every 10 people who get tetanus die from it.

14. Varicella (Chickenpox)

Chickenpox is caused by the varicella zoster virus and is spread from person to person through the air by coughing, sneezing or breathing, and can also be spread by contact with fluid from the blisters. It usually takes 2–3 weeks from the time of exposure for a person to become ill, and an infected person is contagious from 1 or 2 days before the rash appears until all the blisters are dried up, usually 4 to 5 days after. After a person has chickenpox the virus stays in the body. Years later, it can cause a painful disease called herpes zoster, or shingles.

CONTINUED ON PAGE 4



IMMUNIZATIONS – WHAT THE INTERPRETER SHOULD KNOW

CONTINUED FROM PAGE 3

Childhood vaccines

Currently there are 10 routinely used vaccines that protect children against the 14 diseases described in this article. These vaccines are:

1. DTaP Vaccine

Combines vaccines against three diseases, Diphtheria, Tetanus and Pertussis into one shot. All three components of DTaP are “inactivated” (killed). Children need five DTaP shots for maximum protection. The first three shots are given at 2, 4, and 6 months of age. The fourth (booster) shot is given between 15 and 18 months, and a fifth shot is given when a child enters school, at 4–6 years of age. Protection can fade with time, so booster doses are recommended every 10 years. These vaccines are also sometimes given when a person gets a serious wound that could contain tetanus

2. Hepatitis A Vaccine

Made from inactivated hepatitis A virus. It is 94%–100% effective in preventing hepatitis A. As of 2005, hepatitis A vaccine has been routinely recommended for all children from 12 through 23 months of age. Two doses of hepatitis A vaccine are recommended, the second dose given at least 6 months after the first.

3. Hepatitis B Vaccine

Made from a non-infectious part of the hepatitis B virus. 98%–100% of children who get the vaccine develop immunity. Three doses of hepatitis B vaccine are needed for full protection. The first dose is recommended at birth. The second dose is recommended at 1–4 months and the third at 6–18 months. These three doses should protect children for life.

4. Hib Vaccine

Inactivated vaccine made from a small part of the Hib bacterium. All brands work equally well, protecting 95%–100% of children from Hib disease. Children should get either 3 or 4 doses of Hib vaccine, depending on the brand used. The vaccine is recommended at 2, 4, 6, and 12–15 months of age. The 6-month dose is not given with one brand of vaccine.

5. Influenza Vaccine

There are two types of influenza vaccine. The first is an inactivated vaccine given as a shot. It can be given to anyone 6 months of age and older. The second is a live, weakened vaccine, which is sprayed into the nose and is not licensed for children younger than 2 years old. The inactivated influenza vaccine is 70%–90% effective in healthy children, and the live, intranasal vaccine is about 87% effective in healthy

children 5–7 years of age. One dose of vaccine (either type, depending on age) is recommended annually. For children younger than 9 who are getting influenza vaccine for the first time, 2 doses are recommended, and should be given at least a month apart.

6. MMR Vaccine

Combines vaccines for Measles, Mumps and Rubella into one shot. It is a live vaccine, containing weakened viruses that won't cause disease. Most children who get the vaccine develop immunity to all three diseases (over 99% for measles and 95% for mumps and rubella). Two doses of vaccine are recommended, with the first dose given at 12–15 months of age. The second dose may be given 4 weeks after the first, but it is usually given at 4–6 years of age. Protection is believed to be life-long.

7. Pneumococcal Vaccine

Pneumococcal conjugate vaccine is an inactivated vaccine, which gives immunity against the 7 strains of the pneumococcal bacterium that have caused most of the serious infections in children. It is more than 90% effective against invasive disease. Four doses of pneumococcal vaccine are recommended, at 2, 4, 6, and 12–15 months of age. This vaccine is usually not given to children 5 years old and older.

8. Polio Vaccine (IPV)

Contains 3 types of inactivated polio virus. The vaccine, given by injection, protects 99% of children who get at least three doses. Children should get four doses of polio vaccine, the first three doses at 2, 4, and 6–18 months of age, and a booster dose at 4–6 years of age.

9. Rotavirus Vaccine

A live vaccine, given orally. Children should get a total of three doses, one dose at 2, 4, and 6 months of age.

10. Varicella Vaccine

Made with live, weakened varicella virus. It prevents chickenpox in 70%–90% of people who get it, and it prevents severe chickenpox in more than 95%. It is expected to provide life-long immunity. Two doses of varicella vaccine are recommended for children. The first dose is recommended at 12–15 months of age. It is usually given at the same time as MMR vaccine. The second dose is recommended at 4–6 years, before entering kindergarten or first grade.

To view the complete childhood immunization schedule, see www.cdc.gov/vaccines/recs/schedules/childschedule.

CONTINUED ON PAGE 5

Immunizations Glossary

Adult Immunizations

As outlined in the section on childhood immunization, some vaccines will protect the patient for the rest of his/her life. However, there are several reasons why a doctor might recommend adult vaccination. There may be adults who were never vaccinated as children or are unable to produce vaccination records. This is especially true with older adults and with adults who have immigrated to the US. In addition, new vaccines are continually created, to which adults of a certain age may not have had access.

Another factor in adult vaccination is that immunity to certain diseases can fade over time and older adults are more susceptible to serious disease caused by common infections. Thus, many vaccinations require a "booster" or an additional dose to adults who have completed a primary series if the last vaccination was received 10 or more years previously.

It is strongly recommended that most adults who work in health-care facilities receive a second dose of the MMR vaccine and regular flu shots.

Interested in knowing which vaccines you might need? Complete the CDC's online vaccine questionnaire at <http://www2.cdc.gov/nip/adultImmSched/> or contact your primary care physician.

Vaccine Side Effects

While vaccines are very safe, as with any medicine they do sometimes cause reactions. Mostly reactions are mild such as soreness or redness where the shot is given or a low-grade fever that may last a day or two. Occasionally, more serious reactions are associated with vaccines, and a doctor should outline the potential risks of vaccination prior to administering any dose.

Some children and adults with allergies (occasionally a child) will have a severe allergic reaction to a substance that is a component of a vaccine, such as eggs. If an allergic reaction occurs, it would usually happen within several minutes to several hours after the vaccination, and would be characterized by hives, difficulty breathing, paleness, weakness, hoarseness or wheezing, a rapid heart beat, and dizziness.

Antibody.....	Protein produced by the immune system that helps identify and destroy viruses or bacteria that attack the body.
Cirrhosis.....	Scarring of the liver.
Encephalitis.....	Inflammation of the brain.
Encephalopathy	Any illness that affects the brain.
Epidemic	A large outbreak of disease in a community or country.
Epiglottitis.....	Potentially fatal inflammation of the epiglottis.
Exposure	Contact with the germs that cause disease.
Immunity	Protection from disease.
Meningitis.....	Inflammation of the covering of the brain or spinal cord.
Pandemic.....	A world-wide epidemic.
Paralysis.....	Inability to move the muscles.
Pneumonia.....	An inflammatory illness of the lung.
Seizure	A spell in which the muscles may jerk uncontrollably, or in which the patient simply stares at nothing.
Susceptible	Vulnerable to disease.
Toxin	Poison.



The information in this article was compiled (copied and/or adapted) from the following online sources:

1. CDC Parents' Guide to Childhood Immunizations <http://www.cdc.gov/vaccines/pubs/parents-guide/default.htm>
2. <http://www.nlm.nih.gov/medlineplus/immunization.html>
3. www.cdc.gov/vaccines/recs/schedules/childschedule
4. <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm#chart>
5. <http://www.saferchild.org/immuniza.htm>
6. <http://jama.ama-assn.org/cgi/content/full/288/20/2532> ["State of the World's Vaccines and Immunizations" by Gro Harlem Brundtland; JAMA. 2002; 288(20):2532]

IMMUNIZATION QUIZ CONTINUED ON PAGE 6



IMMUNIZATIONS QUIZ

STUDENT NAME	LANGUAGE	DATE
ADDRESS	PHONE	
FAX	E-MAIL	

Please mark each statement "True" or "False".

- | | | |
|---|----------------------------|-----------------------------|
| 1. Childhood immunizations last a lifetime. | <input type="radio"/> True | <input type="radio"/> False |
| 2. A pandemic is a world-wide epidemic. | <input type="radio"/> True | <input type="radio"/> False |
| 3. Paralysis is a condition in which the muscles jerk uncontrollably. | <input type="radio"/> True | <input type="radio"/> False |
| 4. Epiglottitis is the inflammation of the covering of the spinal cord. | <input type="radio"/> True | <input type="radio"/> False |
| 5. A "booster" is an additional dose of a vaccine to a patient who has already received the primary vaccine series. | <input type="radio"/> True | <input type="radio"/> False |
| 6. Vaccines are generally safe. | <input type="radio"/> True | <input type="radio"/> False |
| 7. Polio is caused by a virus that lives in the throat and intestinal tract. | <input type="radio"/> True | <input type="radio"/> False |
| 8. Vaccines sometimes cause reactions. | <input type="radio"/> True | <input type="radio"/> False |
| 9. MMR is an "inactive" vaccine. | <input type="radio"/> True | <input type="radio"/> False |
| 10. Mumps leads to meningitis in about 1 child in 10 who get the disease. | <input type="radio"/> True | <input type="radio"/> False |
| 11. DTaP protects against tetanus, diphtheria and pertussis. | <input type="radio"/> True | <input type="radio"/> False |
| 12. The rotavirus vaccine is given orally. | <input type="radio"/> True | <input type="radio"/> False |
| 13. The IPV polio vaccine is given by injection. | <input type="radio"/> True | <input type="radio"/> False |
| 14. An antibody is a protein produced by the immune system. | <input type="radio"/> True | <input type="radio"/> False |
| 15. Tetanus bacteria are generally found in the stool of an infected person. | <input type="radio"/> True | <input type="radio"/> False |

Circle the letter that best completes each statement.

16. Before vaccines, people became immune by:
- | | |
|---|---|
| a. Getting a disease and surviving it | c. Receiving hospital treatment for a disease |
| b. Getting a disease with severe symptoms | d. None of the above |
17. The immune system helps the body fight infectious organisms and other invaders by:
- | | |
|---|--|
| a. producing substances to combat them | c. shutting down the body's natural defenses |
| b. remembering invaders to fight them again | d. both a and b |
18. A vaccine may contain:
- | | |
|----------------------------------|---------------------------|
| a. Germs that have been killed | c. Small parts of a virus |
| b. Germs that have been weakened | d. Any of the above |
19. This many lives are saved each year by the eradication of small pox:
- | | |
|------------------|-----------------|
| a. One million | c. Five million |
| b. Three million | d. Ten million |
20. Some children:
- | | |
|--|--|
| a. cannot receive vaccines for medical reasons | c. are not vaccinated by their parents |
| b. are unable to respond to certain vaccines | d. any of the above |
21. Today, most children in the U.S. are vaccinated against _____ diseases.
- | | | | |
|---------|----------|-------------|-----------|
| a. Five | b. Eight | c. Fourteen | d. Twenty |
|---------|----------|-------------|-----------|
22. The Hepatitis A virus is mainly found in:
- | | | | |
|----------|----------|-----------|--------------------|
| a. Blood | b. Semen | c. Saliva | d. Bowel movements |
|----------|----------|-----------|--------------------|
23. If Hib disease spreads to the lungs or blood, a child can get:
- | | | | |
|---------------|--------------|--------------|---------------------|
| a. Meningitis | b. Pneumonia | c. Arthritis | d. Any of the above |
|---------------|--------------|--------------|---------------------|
24. Measles is:
- | | |
|--|---|
| a. A viral illness that spreads a rash over the body | c. Spread through the air by breathing, coughing, or sneezing |
| b. Extremely contagious to children without immunity | d. All of the above |
25. If a woman gets German measles in the early months of pregnancy:
- | | |
|---------------------------------|--|
| a. The baby could be born deaf | c. The pregnancy could result in miscarriage |
| b. The baby could be born blind | 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.

THE JOINT COMMISSION'S PROVISIONS FOR LANGUAGE ACCESS SERVICES

Recently, a healthcare organization requested from Cross Cultural Communication Systems (CCCS), a statement detailing the process by which CCCS selects its qualified professional medical interpreters for interpretation assignments. While this request may appear unusual, it does reflect that healthcare organizations are interested in understanding how interpreters are trained and ready for professional interpreting assignments. However, this interest is also precipitated by requirements set forth by The Joint Commission's April 2008 report, *"The Joint Commission 2008 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care"* developed by the Division of Standards and Survey Methods, The Joint Commission.

The provisions detailed in the April 2008 report identify standards and elements of performance (EPs) relative to *"culturally and linguistically appropriate health care services as an important quality and safety issue and a key element in individual-centered care."* These provisions address the linguistic and cultural aspects of *"culturally competent patient-centered care"* in various health care settings, such as Hospitals, Ambulatory, Long Term Care, Behavioral Health, Opioid Treatment Programs and Home Health Care, etc.

The Joint Commission standards represent a broad range of requirements supporting policies and procedures for the integration and implementation of language and translation services to meet the need of health care services of LEP individuals and other vulnerable populations.

For example,

- Standards RI.2.100: "The organization respects the {patient/resident/client}'s right to and need for *effective communication...*"

Under this standard, patients have the right to have effective communication resulting in policies and guidelines regarding appropriate communication provisions promoting the rights of all individuals to communicate successfully; i.e., interpreting and translation services.

The element of performance or EP.3 states, "The [organization] provides interpretation (including translation) services as necessary."

- Standard IM.6.20: "Records contain [patient/resident/client] specific information, as appropriate, to the care, treatment, and services provided."

Under this standard, EP.2, refers to medical records which includes "the [patient/resident/client]'s language and communication needs."

In the report, *"One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations"* The Joint Commission developed a framework to guide hospitals and health care programs in creating, implementing and finding solutions to promote safety and quality of care for LEP and vulnerable populations. The report clearly outlines how important "trained interpreters" are in the continuum of care for patients, recognizing that working with professional interpreters (interpreters who have received formal interpreter training) increases the quality and safety of patient care. In addition, the

report supports trained interpreters as professionals in the medical interpreting health care field.

A trained medical interpreter as defined in the report is "a person who interprets with consistency and accuracy and adheres to the code of professional ethics." The report also recommends that hospitals and health care organizations hiring and/or working with bilingual staff interpreters assess the English and target language proficiency. In addition, the report under Chapter 4-Building a Foundation, defines a "professional interpreter" as "trained and evaluated interpreter and not simply bilingual individuals."

Currently, The National Council on Interpreting in Health Care (NCIHC) is working on developing a professional, consistent, valid and inclusive set of standards for training interpreters prior to producing a national certification process. The development of national standards for interpreter training programs by NCIHC is a first step in the quest for standardizing trainings for professional interpreters.

Today, however, training programs are regarded on the basis of the strength of their curricula, their reputations and their pre-course language assessment processes. In this respect, CCCS is recognized as one of the pioneers in interpreter training and in advancing the quality of health care professional interpreters. As an active member of several multidisciplinary organizations, such as the NCIHC and the Association of Language Companies (ALC), as well as memberships in various national and international interpreting organizations (ATA, IMIA, etc.) CCCS remains current in the national and international

CONTINUED ON PAGE 8



THE JOINT COMMISSION'S PROVISIONS FOR LANGUAGE ACCESS SERVICES CONTINUED FROM PAGE 7

discussion on the advancement and qualification of professional interpreters through the highest quality of training offered at CCCS/CCCI.

CCCS also participates in many other domains, including writing professional articles for the American Translation Association (ATA) and presenting and participating at local, national and international interpreting and healthcare conferences. CCCS has also participated in two Joint Commission focus working groups on guidelines and standards for the delivery of culturally competent health care services as well as speaking engagements that deal with standards for interpreter trainings, qualifications, and ethical issues at many associations such as ATA, IMIA, NCIHC, etc. Recently, CCCS participated in the working group discussion for Standards, Training and Certification (STC) at the 2009 annual NCIHC membership meeting. This

varied experience in the interpreting field, enhances the broad knowledge of CCCS to better define the components necessary for understanding the qualifications of a professional interpreter.

In order to qualify as a professional interpreter for assignments with CCCS, he or she must show through role-play activity language proficiency from "Advanced Mid" to "Superior" as reflected in the ASTM F-2009 description "Standards Guide for Language Interpretation Services" and the ACTFL proficiency scales. The language assessment determines the conversational and native proficiency of both target and source languages. In addition to language fluency assessment, CCCS also assesses interpreting skills (attention, analytical thinking, memory, accuracy, consecutive vs. simultaneous modes of interpreting, etc.) and a general knowledge of subject matters such as medical

terminology, body parts, immunizations, common illnesses and common procedures, etc. CCCS also requests interpreters to participate in an

additional 8-hr Interpreter Foundation Assessment (IFA) to ensure their skills are current and professional. Interpreters must also provide proof of immunization and other related documents and as requested by CCCS, a CORI (Publicly accessible Background Check) on each interpreter applicant.

In summary, working with trained interpreters is one of the key elements in the process of assuring equal access to healthcare for all, as stated in The Joint Commission standards. To assist hospitals and health care providers, CCCS offers workshops, seminars and consulting to hospitals and health care organizations on how to work with interpreters and cultural competence topics. Each workshop is tailored to meet the needs of the client organization.

The information and quotes has been collected, edited and adapted from The Joint Commission, www.jointcommission.org, and the following references and reports:

(1) April 2008 report, "The Joint Commission 2008 Requirements Related to the Provision of Culturally and Linguistically Appropriate Health Care" developed by the Division of Standards and Survey Methods, <http://www.jointcommission.org>.

(2) Amy Wilson-Stonks, Karen K. Lee, Christina L. Cordero, April L. Kopp and Erica Galvez, "One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations." <http://www.jointcommission.org/PatientSafety>

(3) "Promoting Effective Communication" Joint Commission Perspectives. Feb. 2008, Volume 28, Issue. <http://www.jointcommission.org>.

(4) Paul M. Schyve, MD, The Joint Commission, "Language Differences as a Barrier to Quality and Safety in Health Care: The Joint Commission Perspective." <http://www.jointcommission.org>.

(5) Amy Wilson-Stonks and Erica Galvez, "Hospitals, Language and Culture: A Snapshot of the Nation: Exploring Cultural and Linguistic Services in the Nation's Hospitals," A report of Findings, c. 2007, funded by the California Endowment. <http://www.jointcommission.org>.

INTERPRETER OF THE MONTH

CCCS is very excited and proud to acknowledge **Mirza Martinez** as interpreter of the month. Mirza is a dedicated and hard working, professional interpreter and we are proud to have her on our team.

Honorable mention goes to **Therese Meneus** for her commitment to her work and the field of interpreting. Thank you Mirza and Therese.

CROSS CULTURAL COMMUNICATION AMI PROGRAM:

The Art of Medical Interpreter Training program offers a holistic approach of educating interpreters wishing to become professionals in the medical interpreting field. The AMI approach to learning is based on interactive skill-learning tasks in conjunction with new knowledge and drawing on personal experience. In addition, the AMI curriculum includes a crucial component necessary in any instructional program: providing students not only an opportunity to learn new material, but also to be able to track and measure their own progress.

The AMI curricula provides the foundation for understanding the profession of interpreting, teaching the different roles of a medical interpreter, the aspects of what makes a professional interpreter, standards of practice, modes of interpreting and more. Introducing a foundation for understanding the profession encourages students to begin the process of learning necessary skills and techniques to contextually provide accurate interpretation. The AMI curricula is formatted to present new material, strategies and skills and relies on the learners input, participation and contribution to support the learning process.

Other important components included in the AMI program are:

- Interpreter Code of Ethics
- Confidentiality and HIPAA
- Pre and Post Sessions
- Triadic Relationship
- Developing Consecutive Skills
- Cultural Competency
- The Power of Language
- Understanding Various Medical Information
- Glossaries and Quizzes

The road to the interpreting profession and the process in achieving that goal is not always easy. We hope the AMI program and curriculum supports your efforts and commitment in learning all you can about interpreting. For additional information and to apply to the AMI program, contact Mariana de Paula at mdepaula@cccsorg.com.
Interpreters' Corner

INTRODUCING A FOUNDATION FOR UNDERSTANDING THE PROFESSION ENCOURAGES STUDENTS TO BEGIN THE PROCESS OF LEARNING NECESSARY SKILLS AND TECHNIQUES TO CONTEXTUALLY PROVIDE ACCURATE INTERPRETATION.



CCCS would like to thank all the interpreters who continue to submit their SV forms on time. If you have any questions, please feel free to contact CCCS.

CCCS will soon start to send SV forms by e-mail and we ask that all interpreters contact Gail Marinaccio to update their email address at: gmarinaccio@cccsorg.com



THE GREEN INTERPRETER: STAYING GREEN WHILE SAVING MONEY.

Conserving water is not usually the first thing we think about when we think about saving money, however, not only does it conserve water but can help with those high water bills. For instance,

1. Water leaks in toilets, faucets, sprinklers, etc. Repairing leaky faucets and installing low flow aerators on all faucets can save gallons of water from being wasted.
2. Showers can save water versus a full tub bath.
3. Turn off faucets when brushing, washing dishes by hand, shaving, etc. This can save up to three gallons of water a day.
4. Maintain a bottle of water in the refrigerator rather than running the faucet until it gets very cold.
5. Defrost frozen items in the microwave rather than running water. This can save anywhere from 50 to 150 gallons a month.
6. Take your car to a car wash that uses "recycled water."
7. Use a broom rather than a hose to clean walkways, driveways, etc.
8. Use a hose with an on and off nozzle.

These are helpful hints for saving water and not intended as an endorsement of changes. Check out the <http://www.monolake.org/about/waterconservation> site for more helpful hint and www.h2oconserve.org.

NEW HAMPSHIRE CORNER

The New Hampshire Regional Office CCCS/CCCI interpreter program institute is proud of being the only licensed post secondary education Interpreter Training program. Adhering to the standards and quality set forth by the New Hampshire Post Secondary Education Licensing Commission, CCCI interpreter training career school in New Hampshire continues to grow and looks forward to adding new and innovative professional development programs in 2010.

The fall 2009 schedule at CCCI New Hampshire will include The Art of Medical Interpretation and Legal Interpreting classes as well as Mental Health interpreter training. For additional information and to apply to the AMI program, contact Mariana de Paula at mdepaula@cccsorg.com.



CCCS

Cross Cultural Communication Systems, Inc.

PO 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.