The COMMUNICATOR Express

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A FINAL NOTE ON "ADVOCACY"...

CCCS provides interpretation services in many different medical, human service and school settings. Every day, situations arise in which our freelance interpreters are tested in their understanding and practical application of professional standards of practice.

One expectation of the professional medical interpreter is proper management of the "advocate" role. While staff interpreters employed by hospitals need to be cognizant of their power when intervening on behalf of a patient, it is even more important that freelance interpreters recognize and work within their limitations as advocates.

Recently, there have been reports of freelance interpreters who have aggressively confronted providers in the presence of patients to insist that certain measures be taken (or services offered) to those patients. While an interpreter may be justified in speaking out in favor of a patient, the NCIHC standards recommend a different approach to addressing possible mistreatment, namely, "An interpreter may alert his or her supervisor to patterns of disrespect towards patients."

As a freelance interpreter, you may feel that you work alone. Truthfully, many interpreter agencies do allow their interpreters to function on a day-to-day basis with little or no supervision. However, CCCS interpreters are familiar with our Critical Incident Team, a group of trained professionals designated to receive and expertly handle reports of disconcerting situations or dynamics encountered by our freelance pool.

Our Critical Incident team has observed that many of the interpreters who have taken it upon themselves to confront providers in the presence of patients were actually out-of-sync in their understanding of the situation at hand. While these interpreters reported a need to "protect" or "defend" the patients involved, the patients themselves often reported feeling embarrassed or upset by the interpreters' interventions. In addition, there are times when a direct confrontation can jeopardize the clinical treatment of the patient.

What might happen if the interpreter were to confront the provider directly about a perceived injustice? The

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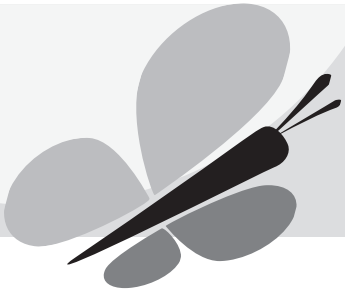
CCCS INTERPRETERS ARE FAMILIAR WITH OUR CRITICAL INCIDENT TEAM, A GROUP OF TRAINED PROFESSIONALS DESIGNATED TO RECEIVE AND EXPERTLY HANDLE REPORTS OF DISCONCERTING SITUATIONS OR DYNAMICS ENCOUNTERED BY OUR FREELANCE POOL.



A FINAL NOTE ON "ADVOCACY"... CONTINUED FROM PAGE 1

California Healthcare Interpreters Association comments, "The healthcare provider or staff member may resent the interpreter's efforts. They might react in a way that actually diminishes quality of care or access for the patient. Lasting resentment may have a long-term impact on the interpreter, resulting in a less effective working relationship. Depending on the type of patient advocacy intervention and whether the action is discussed with the patient, interpreters also risk usurping patient autonomy in determining how their cases are handled."

IN SHORT, PROFESSIONAL INTERPRETERS MUST FOLLOW PROFESSIONAL GUIDELINES.

In short, professional interpreters must follow professional guidelines. While old habits can be hard to break, keeping pace with the advances in medical interpretation will benefit us as interpreters. It will also promote healthier relationships between the providers and the patients we serve. Before taking action as a patient advocate, take a deep breath and mentally revisit the "Six Ws" that help us to differentiate between our own opinions and what may actually be best for the patient. Ask yourself:

- Who owns this information? (In the case of a perceived patient need)
- Whose job it is 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?

It takes humility to acknowledge that we don't always know what's "best" for our patients. Sometimes our perspective is slated by our own personal biases. But as long as we operate within the parameters set forth in our professional standards, we will be protected in our work as professional medical interpreters.

Last month's edition of The Communicator Express featured the article *Managing our 'advocate' role as medical interpreters*, in which interpreters were guided in their expression of the patient advocate role. The advocate role is well supported in current interpreter standards. For example, the National Council on Interpreting in Health Care declares, "When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate."

Current interpreter standards support the concept of the interpreter as one member of a multidimensional healthcare team. That team includes a wide range of healthcare professionals of all levels and specialties, both clinical and non-clinical. At times, the interpreter may be the first member of this team to become aware of a patient's needs. But that does not mean that the interpreter is always the best person to meet those needs. In fact, the interpreter's advocate role is more that of a 'facilitator' whose job it is to bring the needs of the patient to the attention of the team member who is best equipped to assist the patient at that moment. The International Medical Interpreters Association requires interpreters to "ensure that concerns raised during or after an interview are addressed and referred to the appropriate resources". The timing and manner in which this is done are key to the success of the patient-provider relationship.

While looking out for a patient's interests can bring positive results, a misdirected advocacy can do much to harm the patient-provider relationship. Direct intervention may be necessary at times, but this intervention should never be made in front of a patient or a patient's family. If there is an issue that cannot wait until the end of a session (e.g. the interpreter feels a medical mistake is being made that could harm the patient), the interpreter may ask the provider to step outside the exam room and tactfully facilitate a discussion around this issue. For example, this has happened in cases where an interpreter is aware of a patient's allergy to a certain medication and the provider is about to prescribe this medication.

A professional interpreter trained in ethics acts as team member in the medical setting and has no need to work out personal issues while interpreting. The interpreting session is all about accuracy and mainly being the conduit between two voices: the provider's and the patient's!

MEDICAL INTERPRETER FOUNDATIONS TRAINING SCHEDULE

From April 2007 to February 2008, over 150 active freelance interpreters attended the Medical Interpreter Foundations Training (MIFT) series, an orientation and refresher course for CCCS interpreters.

CCCS stands behind its commitment to partner with interpreters who have attended at least 54 hours of formal instruction in the ethics and techniques of medical interpretation, updated their interpreter portfolios and participated in MIFT training. CCCS will not continue to utilize the services of interpreters who have not completed this three-step process.

If you have not yet attended a MIFT training, contact Gail Marinaccio at gmarinaccio@cccsorg.com or by phone at 781-729-3736 x.106 to reserve your seat at one of the following last-call training dates:

- Monday, March 3rd (9AM-5PM)
- Monday, April 7th (9AM-5PM)

We encourage our interpreter pool to continue to engage in professional development through ongoing education and practical application of modern interpreting techniques.

CONGRATULATIONS TO CCCS **INTERPRETER OF THE MONTH** CLAUDIA CASSELL!

CCCS is proud to have sponsored the *Interpreter of the Month* award for exceptional service each month for the last six months. Our March 2008 Interpreter of the Month is Claudia Cassell (Spanish). Thank you, Claudia for your exceptional work!

CRITICAL INCIDENT TEAM FINDINGS

Our critical incident team meets on a weekly basis to review out-of-the-ordinary situations experienced by our clients, interpreters, and staff members. In our last edition of The Communicator Express, we alerted our interpreters to a recent finding: some interpreters appear to be in the habit of allowing completed Service Verification Forms (SVFs) to accumulate over a period of weeks and in some extreme cases, for up to a month or two, before submitting them to CCCS for processing.

Please keep in mind that interpreters are required to bring a Service Verification Form to each assignment, and to return it to CCCS complete with a provider or support staff signature within 48 hours upon completion of that assignment. For more information on the proper use and handling of SVFs, see your "Medical Interpreter Foundations Training (MIFT)" manual, which is distributed to all interpreters during the orientation process. If you have misplaced your copy of the MIFT manual, please contact Gail Marinaccio at ext. 106 or by email at gmarinaccio@cccsorg.com.

Your cooperation in the timely submission of SVFs will benefit us all. There are customers who have different fiscal years and if we do not submit our forms within a certain time period these clients will not reimburse us for your interpreter services.

When you plan for your vacations or any other absenteeism from your freelance interpreter services, please make sure that all forms are submitted before you leave. We appreciate your services and it is our desire to pay you on time each month. It takes a team to build a future and we truly appreciate your partnership!

INTERPRETING FOR KNEE REPLACEMENTS

More CCCS freelance interpreters are being assigned to interpret for patients who are about to undergo orthopedic surgery. In this edition of the Communicator Express, we will provide an overview of the structure of the knee, common reasons for knee replacement surgery, and a basic explanation of pre- and post-op activities.

The knee is made up of the lower end of the femur (thighbone), which rotates on the upper end of the tibia (shin bone), and the patella (kneecap). The knee is the largest joint in the body.

The surfaces where these three bones touch are covered with articular cartilage, a smooth substance that cushions the bones. The synovial membrane, a thin tissue that releases a special fluid to lubricate the joint, covers all other surfaces of the joint.

Among patients who may be recommended for total knee replacement are those who experience:

- Severe knee pain that impairs normal function
- Moderate or severe knee pain when at rest
- Chronic knee inflammation that does not improve with rest or medication
- Knee stiffness or deformity
- Complications from pain medications
- Lack of improvement with other treatments (e.g. cortisone injections or physical therapy)

Patients are generally admitted to the hospital prior to the replacement surgery and are evaluated by an anesthetist. The anesthesia administered during surgery may be general (puts the whole body to sleep) or epidural (numbs sensations in the legs only).

Knee replacement surgery takes about 2 hours or less, unless there are complicating factors. An orthopedic surgeon will remove damaged cartilage and bone from the surface of the knee joint and replace them with a surface of metal and plastic.

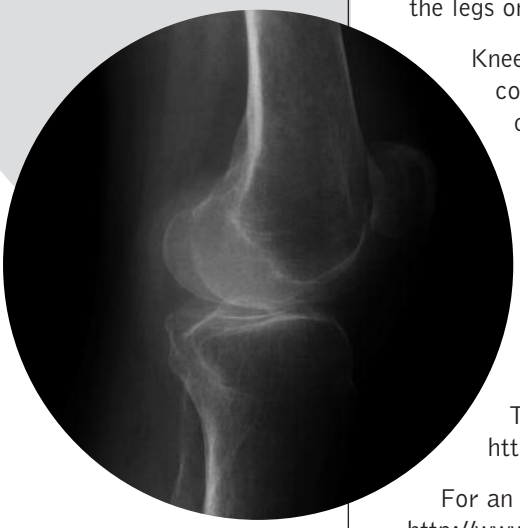
After surgery, patients are generally relocated to a recovery room for several hours to recover from the anesthesia. Later, patients are moved to hospital rooms and supervised for the first several days of their recovery. Basic recovery from knee replacement surgery can take several weeks. Patients who live alone will need to make arrangements for home care or for a short stay in an extended-care facility.

To view a webcast of a total knee replacement, see http://www.or-live.com/distributors/NLM/rnh.cfm?id=306

For an interactive knees surgery tutorial, see http://www.nlm.nih.gov/medlineplus/tutorials/kneereplacement/htm/index.htm

Information on knee replacement surgery adapted from:

1. The American Association of Hip and Knee Surgeons at http://orthoinfo.aaos.org/topic.cfm?topic=A00389&return_link=0
2. The US National Institutes of Health at http://www.nlm.nih.gov/medlineplus/kneereplacement.html
3. The National Institute of Arthritis and Musculoskeletal and Skin Diseases at http://www.niams.nih.gov/Health_Info/Joint_Replacement/default.asp#joint6



ASK CCCS!

At CCCS, we encourage our freelancer interpreters to contact us with any questions regarding the practical application of interpreter ethics and techniques. Recently, many interpreters have inquired about the CCCS policy regarding the sight translation of consent forms.

CCCS abides by the National Council on Interpreting in Healthcare's Standard #22, which states, "The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills. For example, when asked to sight translate a surgery consent form, an interpreter instead *asks the provider to explain its content* and then interprets the explanation."

Though some providers may try to pressure an interpreter to perform sight translation of consent forms, the CCCS interpreter will request that a health care professional be designated to explain the form to the patient. The interpreter should then interpret that professional's explanation, careful to always request clarification for any unfamiliar or highly technical medical terms.

This does not mean that the CCCS interpreters should avoid sight translation. There are many situations in which strong sight translation skills are a must, such as when interpreters assist patients to fill out medical history questionnaires or other necessary documentation, usually in a waiting area prior to the consult.

When doing sight translation of a medical history form or other documentation, the interpreter might perceive that the patient does not clearly understand the meaning of a question or term. If this is the case, and a provider is not immediately available to answer the question, the interpreter should circle the question or term and request clarification from the provider at the start of the medical interview.

Even if you think you can explain the meaning of the question or term, we recommend that you seek clarification from the provider. There are two good reasons to take this course of action. First, by seeking clarification from a medical professional, the interpreter avoids any potential for miscommunication around a medical explanation and thus protects him/herself from future legal action on the part of the patient or patient's family. Second, allowing the provider to explain medical terms fosters the therapeutic alliance (patient-provider relationship), which, in turn, promotes greater trust and healing.

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REFER A FRIEND!

INTERPRETERS, DO YOU HAVE A FRIEND WHO HAS SUCCESSFULLY COMPLETED AT LEAST 54 HOURS OF INTERPRETER TRAINING? CCCS IS ACTIVELY RECRUITING INTERPRETERS IN MASSACHUSETTS, NEW HAMPSHIRE AND RHODE ISLAND. THERE IS A NEED FOR QUALIFIED INTERPRETERS OF ALL LANGUAGES. TO REFER A FRIEND TO OUR INTERPRETER SCREENING PROCESS, CONTACT AMANDA DUROSS AT (781) 729-3736 X.120 OR BY EMAIL AT ADUROSS@CCCSORG.COM.

COMING SOON-NEW SVF FAX NUMBER

All CCCS interpreters will soon receive notification regarding our new fax number for Service Verification Forms (SVF). This new number will be used exclusively for faxes pertaining to Service Verification Forms for completed assignments.

This new system delivers your faxed SVF forms to a central CCCS computer via email. When sending your SVFs, ALWAYS remember to include a cover sheet listing the total number of pages. In addition, label each page with a number for easy reference. CCCS staff will check for SVF forms twice daily, and a designated staff member will call you ONLY if there appear to be pages missing from the fax.

This new system will allow CCCS to receive continuous faxes and to maintain an electronic tracking system for SVF form submissions.

ASK CCCS!

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Let's consider the word "hepatitis", a common medical term not easily understood by patients with limited education. Imagine that you, the interpreter, decide to explain the meaning of "hepatitis" to a patient while filling out a medical history form. Later in this patient's treatment, it is discovered that the patient has an inaccurate understanding of this disease. The patient then tells the provider, "But this is how the interpreter explained my disease to me." Whether your explanation was precise or not, it is the patient's word against yours. How would this matter be defended in a court of law? Well, if you were widely known as never having crossed professional boundaries, and if there were doctors who could testify to your consistency in requesting clarification, you might have a chance at winning the case. But if you are known as someone who "explains" medical terms to patients, your chances of preserving your reputation and protecting your assets are minimal. Truly then, sticking to the standards of practice is the best policy for any interpreter, whether staff or freelance.

How can you improve your sight translation skills? For some expert advice, go to http://www.acebo.com/sitintro.htm. There you will find tips from The Interpreter's Edge, an excellent self-training manual that includes 24 lessons in Sight Translation.

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