Communicator Express
cross cultural communication systems, inc.
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Supporting Language Access Law under Title VI for the LEP Patient(s), Healthcare Organizations and Medical Interpreters.

What is Title VI?

Title VI is part of the Civil Rights Law of 1964. This law provides the mandate, guidance and information under Section 60 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, stating that *"no person shall 'on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance."* In other words, the law specifically addresses equal access under the law affecting organizations, programs, etc., receiving federal funds. For example, the law protects anyone whose "national origin" implies any individual who speaks a language other than English, and who does not speak English or has limited English proficiency, thus impeding the individual from participating or accessing services that would otherwise be available to everyone, because they cannot understand or have limited understanding of what is being said.

In addition to this law, the Department of Health and Human Services, section 602 prohibits such recipients from *"utilize[ing] criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color, or national origin..."* which has been interpreted to refer to individuals who speak little or no English, or LEP, limited English proficient individuals.

Also, On August 11, 2000, President Bill Clinton signed Executive Order 13166, addressing language access: "Improving Access to Services for Persons with Limited English proficiency," requiring non-federal entities to publish guidelines on how recipients [of federal funds] will provide "meaningful access to LEP persons" when accessing services, financial or other benefits available and accessible to English speakers.

Accordingly, updated information from the U.S. Department of Health and Human Services', Office of Civil Rights (OCR), further states that any entity receiving federal funds, is prohibited from *"engaging in policies or practice[s] that have the effect of discriminating against individuals on the basis of national origin, including policies or practices that preclude or inhibit equal access to a recipient's programs and activities for patients,"* such as limited English proficient speakers. (The updated 11/7/2011 information can be found at: www.hhs.gov/ocr.civilrights/resources/laws/revisedlep.html)

Some of the covered institutions or entities "receiving direct or indirect Federal financial assistance from HHS through a grant, contract, or subcontract, are:

- hospitals,
- nursing homes,
- physicians and other providers,
- home health agencies,
- Managed care organizations;
- State, county and local health agencies,
- State Medicaid agencies,
- Universities and other entities with health or social service research programs."

These guidelines also discuss meaningful access in terms of what documents should be translated, which is also a requirement for complying with the obligation of organizations

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Supporting Language Access Law under Title VI (CONTINUED FROM PAGE 1)

to have meaningful access. Organizations must also provide *"translated documents"* informing individuals of their rights, medical information, etc., in order to support meaningful access to information. For more information, requirements and formula for determining what information should be translated or the information about "safe harbor" guidelines visit the following link which provides information about the "Four Factor Analysis" for determining the extent of organization's obligations in providing LEP oral language services (such as interpreting and translations). http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/factsheetguidanceforlep.html

Accordingly, The Joint Commission through its many studies has determined that providing all patients with appropriate language access would support patients and providers alike, during medical encounters. In addition to these studies and also responding to "equal access under the law," The Joint Commission has developed standards relating to ensuring a safe environment during medical encounters to all patients; such as, patient communication in order to participate fully and actively with his or her own medical care during medical encounters; i.e., LEP patients, Deaf or Hard of Hearing, Blind or low vision patients, etc. Such guidelines to their new effective communication standards addressing LEP communication are found in The Joint Commission's: "Advancing Effective Communication, Cultural Competence, and Patient-and Family Centered Care: A Roadmap for Hospitals." As indicated, these standards have been developed to build on the number of federal, state and local laws and regulations supporting "meaningful access" thus providing effective communication to all. For more detailed and comprehensive information about The Roadmap for Hospitals, visit: www.jointcommission.org.

One area in particular which supports addressing and providing "meaningful access" in The Joint Commission's standards, refers to working with "competent language interpreters and translators" and also provides "Helpful Tip[s] such as Translating Documents for Informed Consent (p20). The standards guide the organizations with helpful information to ensure the competence of interpreters; such as: defining qualifications of language interpreters and translators, assessing both the English and target language, resources available, promoting training and continuing interpreter education, etc. Clearly, promoting interpreter competency supports the work of the providers and organizations in ensuring not only best practices in support of the patient's well being, but also providing cost effective means of treatment leading to better patient safety and health outcomes. Implementing guidelines that determine the success of competent interpreters, is ensuring that a combination of language proficiency assessment, education, training and experience are part of the hiring or contractual process for organizations.

Providing meaningful access to effectively communicate with LEP individuals will in the long run support better outcomes during any encounters between patient and provider, (i.e., LEP individuals) in areas such as medical, legal, social service, etc. For example, during a medical visit, the provider is not only asking questions to assess the patient's health in order to determine a path towards a diagnosis and treatment, but also to ensure the patient's ultimate well being and safety during treatment. In other words, it is only through clear, precise communication of the issue(s) at hand between provider and patient, that both the provider and the patient can benefit from a correct diagnosis, treatment and better health outcome which in turn leads to appropriate medical management. In addition, ensuring appropriate and meaningful access, allows the patient to take part in his or her own medical treatment and wellbeing.

The outcome of having clear and concise communication during any medical encounter, helps prevents misdiagnosing the patient. In essence, misdiagnosing a patient can lead to prescribing wrong medication(s), unnecessary exams and even unnecessary surgery, which can be very costly for all involved and may even result in death. Therefore working with a "competent interpreter" in the long run protects the patient, the provider as well as the healthcare organization. Meaningful access to LEP patients corresponds to "best practices" for all concerned.

Another concern that often arises while working with medical interpreters is the question about HIPAA law and the issue of patient privacy. Under the HHS guide, "A Health Care Provider's Guide to the HIPAA Privacy Rule: Communicating with a Patient's Family, Friends, and Others Involved in the Patient's Care" by the U.S. Department of Health and Human Services, Office for Civil Rights, the interpreter's role as it relates to patients' privacy and their health information is addressed. For example in Question No. 7: *"May health care provider share a patient's health information with an interpreter to communicate with the patient or with the patient's family, friends, or others involved in the patient's care or payment for care?" The answer to this question is "Yes, HIPAA allows covered health care providers to share a patient's health information with an interpreter without the patient's written authorization under (the) following circumstances."*

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Supporting Language Access Law under Title VI

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- A health care provider may share information with an interpreter who works for the provider (e.g., a bilingual employee, a contract interpreter on staff, or a volunteer).
- A health care provider may share information with an interpreter who is acting on its behalf (but is not a member of the provider's workforce) if the health care provider has a written contract or other agreement with the interpreter that meets HIPAA business associate contract requirements.
- A health care provider may share information with an interpreter who is the patient's family member, friend, or other person identified by the patient as his or her interpreter, if the patient agrees, or does not object, or the health care provider determines, using his or her professional judgment, that the patient does not object."

(Information copied from A Health Care Provider's Guide to the HIPAA Privacy Rule: Communicating with a Patient's Family, Friends, and Others Involved in the Patient's Care" by the U.S. Department of Health and Human Services, Office for Civil Rights. For full text, clarifications, corrections and exclusions of these requirements, visit: http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/provider_ffg.pdf)

In summary, Title VI federal law protects individuals from discrimination or "meaningful access" 'on the "grounds of race, color, or national origin, {or} to be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." In addition, state and local laws may have regulations supporting Title VI as well as provide guidance and mandates necessary to support the rights and safety of all people. Understanding how the civil rights law directly impacts meaningful access and the safety and treatment of all individuals, is not only a step in the right direction for a healthy nation, but also serves to ensure "best outcomes" under all circumstances, and more importantly save on costly and unnecessary events.

TITLE VI FEDERAL LAW PROTECTS INDIVIDUALS FROM DISCRIMINATION OR "MEANINGFUL ACCESS" 'ON THE "GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN.

We hope the information provided helps the reader become more familiar with Title VI and its implications, but also we note that the information provided above is only to inform the reader of the many aspects involved in Title VI. CCCS strongly recommends that the reader visit the sites available for more clarification and corrections if necessary, found in this article.

1. Source: "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons. Washington DC, United States Department of Health and Human Services, Office for Civil Rights, 2002" (www.usdoj.gov) Updated January 2008.
2. Source: "Language Access and the Law: Title VI of the U.S. Civil Rights Act of 1964;" from "Guidance to Federal to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons. Washington DC, United States Department of Health and Human Services, Office for Civil Rights, 2002" (www.usdoj.gov) Updated January 2008.
3. The Joint Commissions: Advancing Effective Communication, Cultural Competence, and Patient-and Family Centered Care: A Roadmap for Hospitals, (www.jointcommission.org).
4. (Information copied from A Health Care Provider's Guide to the HIPAA Privacy Rule: Communicating with a Patient's Family, Friends, and Others Involved in the Patient's Care" by the U.S. Department of Health and Human Services, Office for Civil Rights. For full text and exclusions of these requirements, see 45 C.F.R. & 164.510(b).)
5. The Website of the Federal Interagency Working Group on Limited English Proficiency www.lep.gov.

President's Corner

Dear interpreter:

Thirteen simple steps towards your written certification!

This is an exciting time for healthcare interpreters and many are looking to take advantage of the benefits that certification will eventually offer. The big one is job security to protect you, the provider and the LEP patient.

In the spirit of supporting you as a professional interpreter, CCCS has taken on the task of assisting you in assuring that you are successful with the written certification exam in the next six months.

THIS IS AN EXCITING TIME FOR HEALTHCARE INTERPRETERS AND MANY ARE LOOKING TO TAKE ADVANTAGE OF THE BENEFITS THAT CERTIFICATION WILL EVENTUALLY OFFER. THE BIG ONE IS JOB SECURITY TO PROTECT YOU, THE PROVIDER AND THE LEP PATIENT.

Most of our customers are being contacted by the Department Of Public Health and are being asked about interpreter services certification status. We have informed our customers that interpreters will have their certification within the next year.

Your livelihood eventually will be impacted if you are a certified interpreter. The Department Of Public Health is in the process of implementing interpreter certification as a mandate for all interpreters. Please do not confuse Certification with Certificate. Many of you have a certificate of accomplishment, which means that you have attended a training that has tested you and you have successfully completed it, but only according to the program's criteria. Although this is an important accomplishment, you need to go one step further for the Certification, which is done by an accredited professional body.

Currently there are two organizations that have written certification exams done online on assigned sites throughout the State. Please check their websites and make an informed decision about which certification entity you have decided to join.

1 Register with both entities so that you are on their e-mailing list by going to:
   - CCHI http://www.healthcareinterpretercertification.org/
   - NBCMI http://www.certifiedmedicalinterpreters.org/
   - The link to join the mailing list for both organizations can be found on their home page

2 Review samples of questions and watch presentations online on both certification entities.
   - NBCMI http://www.certifiedmedicalinterpreters.org/how-prepare-certific
   - CCHI http://www.healthcareinterpretercertification.org/images/pdf/candidate handbook.pdf (candidate's examination handbook).

3 Get all the paper work ready, letters of recommendation, certificates and other pertinent information.
   - CCHI http://www.healthcareinterpretercertification.org/certification/apply-now.html
   - NBCMI http://www.certifiedmedicalinterpreters.org/prerequisites

4 Set up a study schedule and make sure you follow through. You may want to get a group of colleagues together.

5 Schedule your written exam in one or two months, so that this forces you to get ready! Look into the policy in case you miss the exam and lose money. Make sure you are truly committed to your deadlines.

6 Review the Interpreter Standards by NCHIC, IMIA, and CHIA by going to:
   - http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf

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- http://imiaweb.org/standards/standards.asp
- http://www.chiaonline.org/resource/resmgr/docs/standards_chia.pdf

7 Write questions you may have, schedule an appointment to further discuss them with Amanda. You may contact Amanda to schedule your appointment at: aduross@embracingculture.com or 781-729-3736 X120.

8 Get an Atlas of Anatomy. CCCS recommends "Human Body" by DK ISBN: 978-0-7894-7988-4, but it is up to you to select the one you're the most comfortable with. Review all the body systems.

9 Take the CCCS online assessment exam. For this you need to register. Please contact Mariana de Paula at: mdepaula@embracingculture.com or by phone at 781-729-3736 X110.

10 Review results; decide if you want to pay for additional training.

11 Go to IMIA web page and look into programs you like that may prepare you for the certification. http://imiaweb.org/education/trainingnotices.asp

12 Contact CCCS if you need any assistance and keep us in the loop of your journey to become a certified interpreter. You may contact Amanda Duross at: aduross@embracingculture.com or 781-729-3736 X120, and Stefanie diMeo at sdimeo@embracingculture.com or 781-729-3736 X109.

13 With this newsletter CCCS will be including a short list and a contract for yourself with dates when you will be planning to take the different steps. We hope that this will help you accomplish your next big step as a professional interpreter.

Please check the website on Certification Mandate by the Department Of Public Health by clicking on the following link: http://www.imiaweb.org/uploads/pages/463_10.pdf

It Takes a Team to Build a Future!

Warmest regards,
Zarita

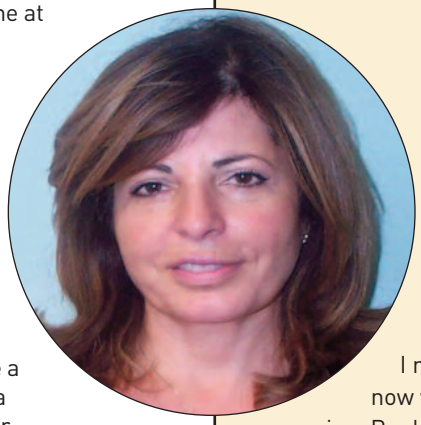
Going Green

The final Green lesson of the year

It is finally December. It was a great year. During the year, we were on a green journey. A journey that helped us learn different ways in which we can contribute to protecting our planet. We have also learned that together one step at a time we can attain this mission.

As the holiday season approaches, each of us is looking forward to that special occasion when we will be spending time with the ones we love, sharing great food and engaging in good conversation. This might also be a perfect opportunity to talk to them about resolutions for the coming New Year, one of which might include such things as recycling, conserving and protecting our planet. Mother Nature will thank you for this gesture.

Have a Merry Christmas and a Happy New Year!



Interpreter Award of Excellence

I was born in Beirut-Lebanon . I had my education in Lebanon and learned four languages , English, Arabic, Armenian and Turkish. After getting married, I moved to Boston, MA. I live in Wilmington now with my lovely husband and son . I worked in a Bank when I first came to this country and I helped my husband working in his business . I have two children, and I enjoy cooking, listening to music, working out, travelling to Lebanon and all the good things in life but I always believed that deep down in my soul I have a special gift that I can make a difference by touching others lives, helping them interpret and C.C.C.S. gave me the opportunity 11 years ago to work for them and achieve my dream.

I am very thankful and proud to work for C.C.C.S.

Rosine Haytayan

Ask Dr. Lane

What is a DVT and why is it dangerous?

A DVT is a clot, also called a thrombosis, in the deep veins of the limbs of the body. The deep veins of the body are responsible for returning 95% of the blood up the three or foot column from the toes to the heart. The superficial veins are veins just under the skin and the ones that produce varicosities. The deep veins are drawn in the picture here. The dotted lines are where superficial veins join the deep veins.

A thrombus, or clot can form either in distal deep veins which are in the calf and below the knee, or in the proximal deep veins above the knee and going into the lower abdomen. The danger is that proximal deep venous clots are felt to be at high risk for moving up the column into the inferior vena cava and up into the lung causing pulmonary embolism. A pulmonary embolism stops the flow of blood to the lung or a part of a lung, can cause pain, and ultimately death. Clots that occur in the calves, in the distal deep veins are felt to rarely climb to the heart and lungs, though it can happen.

The disease in which a person gets a deep venous thromboembolism or an embolism to the lung is called Venous Thromboembolism (VTE). In looking at a large population, it is found that around 2 people per 1000 people a year get VTE. Rates are higher in men and tend to increase with age. There are two kinds of VTE. One is called "primary" in which there is no clear secondary cause. The other is called "secondary" in which there are one or more underlying causative conditions like: cancer, hospitalization, surgery and major trauma.

In acutely ill, immobilized general medical patients, analysis found the following factors to be associated with increased risk of VTE: presence of acute infectious disease, age older than seventy-five, Cancer and history of prior VTE.

Risk Factors for VTE

The inherited risk factors for VTE include; Factor V leiden mutation, Prothrombin gene mutation, Protein S deficiency, Protein C deficiency, Antithrombin deficiency, and rarely, Dysfibrinogenemia.

Conditions that may lead to the development of VTE are; malignancy, presence of a central venous catheter, surgery, trauma, pregnancy, oral contraceptives, hormone replacement therapy, Tamoxifen, Thalidomide, Lenalidomide, immobilization, Congestive Failure, Antiphospholipid antibody syndrome, Polycythemia vera, Essential thrombocythemia, Paroxysmal nocturnal hemoglobinuria, Inflammatory bowel disease, Nephrotic syndrome.

A prior dvt in the past, becomes a strong risk factor for one in the future.

Hypercoagulable State

Another risk factor for venous thrombosis can be identified in 60 percent of caucasian patients under age 50 with first idiopathic DVT. This factor can be one or more inherited reasons that cause people to have a clot. A tendency to make clots is called thrombophilia. A thrombophilia can be inherited or acquired. It can be from birth, it can be acquired, ie. following surgery, and

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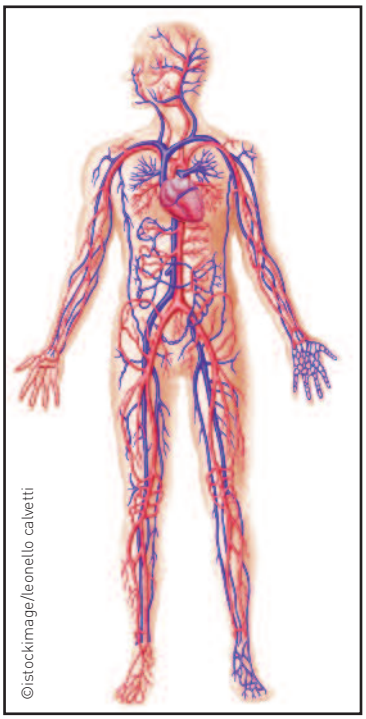
The Deep Venous System

The deep system is comprised of:

- The soleal sinusoids
- The tibial veins
- The popliteal vein
- The femoral vein



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it can be associated with a systemic disease i.e. Cancer or an autoimmune disease like Lupus.

Symptoms and Diagnosis of VTE
Classic symptoms of DVT include swelling, pain, erythema of the involved extremity. These can be very unreliable as DVT's can occur without them. However, the most reliable symptom for predicitng the presense of DVT, is if the painful limb is 3cm more swollen than the other limb.

When someone complains of a leg that may have a DVT, history of the patient must be taken and questions should be asked about recent periods of immobilization, hospitalization, trauma, pregnancy, and heart failure. Also, questions should be asked about the presence of collagen vascular diseases, nepthrotic syndrome, and use of drugs such as Hydralazine, Procainamide and Phenothiazine. One should also look for signs and symptoms of an underlying malignancy as a source of the DVT.

Physical exams can be suggestive when there are findings such as palpable cord, unilateral edema, warmth, tenderness, erythema and superficial venous dilation. There may be pain and tenderness in the thigh along the course of the major veins. Tenderness upon deep palpation is suggestive but not diagnostic. Again the difference in calf diameters was successful in ruling in DVT. Only absence of calf swelling and absence of different calf diameters were potentially able to rule out DVT. So diagnostic testing above and beyond the physical exam is required.

Conditions that may look like DVT include; muscle strain, tear, leg swelling in a paralyzed limb, lymphangitis or lymph obstruction,venous insufficiency, popliteal cyst, cellulitis, knee abnormality.

To diagnose a DVT, a physician can order a blood test which is called ad dimer. This test measures a bi-product of clot formation. If it is negative, in many cases it can rule out the presence of a clot. It is not fool proof so with a negative d dimer the physician must figure out how likely the presence of a clot is. If it is highly likely that the leg pain is a clot, the physician has to move on to the next test to be sure. That test is compression ultrasonography. It is very effective. But once again, if it is very likely that the patient would have a clot (i.e. post surgical patient, immobilized from surgery and on no anticoagulant), then if the ultrasonography is negative for a clot, it is reasonable to wait seven days and repeat the ultrasound.

Treatment of DVT
Major issue in treatment is preventing further clots or clot extension, prevention of pulmonary embolism, reducing the risk of recurrent thrombosis, treatment of massive iliofemoral thrombosis with acute lower limb ischemia and /or venous gangrene i.e in plegmasia cerulea dolens, limiting development of late complications such as post thrombo-embolic pulmonary hypertension.

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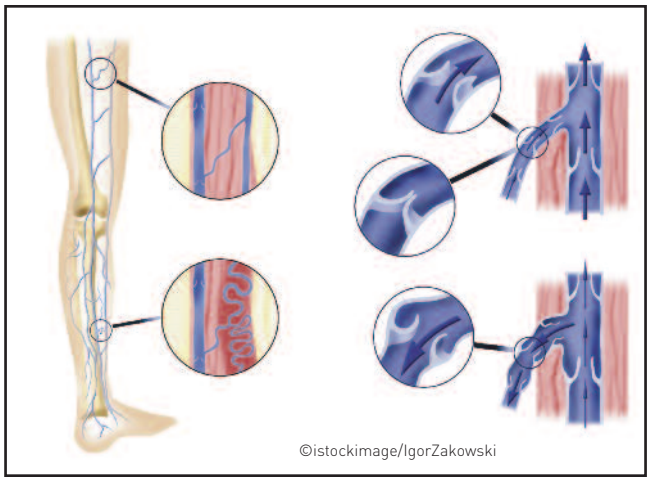
The Superficial Venous System

The Superfical Venous System is partially comprised of the following:

- Dorsal venous foot arch
- The great saphenous vein (previously long saphenous)
- The small saphenous vein (previously short sapheonus)
- The posterior arch vein
- The perforator veins
- Giaccomini vein
- Other tributaries



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Ask Dr. Lane (CONTINUED FROM PAGE 7)

Treatment of DVT is usually started with a form of heparin, either unfractionated which goes into the patient via iv or fractionated into low molecular weight heparin which is injected sub-cutaneously. Then, in many cases, the patient is started on coumadin or warfarin which will transfer the patient to an oral medicine. Coumadin can be effective but it requires a blood test monthly or semi-monthly once the blood is safely anticoagulated. Coumadin's effectiveness is measured by a blood test called the INR. (International Normalized Ratio.) the INR must be between 2-3 when making someone anticoagulated while on coumadin. Coumadin can be affected by other medicines and different foods. Good news is that this year several coumadin like medicines have come out that do not require frequent blood tests to get the patient appropriately anticoagulated.

THE TREATMENT FOR DVT'S OR PULMONARY EMBOLISM DO NOT DESTROY THE CLOTS. THE BODY'S OWN MECHANISMS WILL BREAK A CLOT DOWN. THE TREATMENT PREVENTS FURTHER CLOT PROPAGATION.

The treatment for DVT's or pulmonary embolism do not destroy the clots. The body's own mechanisms will break a clot down. The treatment prevents further clot propagation. A first time provoked clot, such as a DVT after orthopedic surgery, can be treated for three months. This is especially true because the inciting reason for a clot is known and usually not repeated. An unprovoked clot, without the usual risk factors, may be treated six months or even lifelong to prevent it from occuring a second time. A pulmonory embolism is treated six months and if unprovoked may be treated lifelong.

In some people anticoagulation can be more life threatening than the clot. In these patients an inferior vena caval filter is placed by interventional radiology. It is a filter that does not allow clots forming in the deep venous system to rise up and be sent to the heart and lung. It does not prevent clots from forming, but it prevents the clot from going to the heart and lung.

If you have blood clot in your leg, once you are on proper treatment your Doctor will recommend elastic compression stockings to avoid a chronic swelling called post-thrombotic syndrome.

In summary, a DVT is suspected if there is calf pain, one sided edema, swelling with a difference in calf diameters, warmth, tenderness, and erythema. Now Doctors say,"If VTE just occurs to you, you need to rule it out." The danger of a DVT is that it can propagate up the vertical column from leg to heart and then to the lung causing a pulmonary embolism which causes pain and possibly causes the lung to break down leading to death. Now the use of non invasive ultrasounds for diagnosis is becoming more common and easier to order. It will make the diagnosis of these potentially life threatening clots easier and easier to determine.

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htpp://en.wikipedia.org/wiki/Venal_Cava
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Vocabulary

Affect - To have an influence on or effect a change in. To put on a false show. As a verb affect is most commonly used in the sense of "to influence" (Smoking affects your health)

Anticoagulant - An agent that prevents coagulation.

Cellulitis - Inflammation of cellular or connective tissue.

Coagulation - Clotting. The process of changing from a liquid to a solid, said especially of blood.

Effect - Something brought about by a cause or an agent. A result.
(These measures are designed to effect savings)

Heparin - A substance that acts as an anticoagulant

Lymph - A clear watery fluid that contains white blood cells and circulates throughout the lymphatic system, removing bacteria and certain proteins from body tissue, transporting fat from the small intestine, and supplying mature lymphocytes to the blood.

Pulmonary Embolism - When proximal deep venous clots move up the column into the inferior vena cava and into the lungs. A pulmonary embolism stops the flow of blood to the lung or a part of the lung.
It can cause pain and ultimately death.

Saphena - Either of two main superficial veins of the leg that begin at the foot.

Tamoxifen - An anti-estrogen agent used in the treatment of breast cancer.

Thrombosis - The formation, presence, or development of a clot.

Varices / varix - A dilated vein. An enlarged and tortuous vein, artery, or lymphatic vessel.

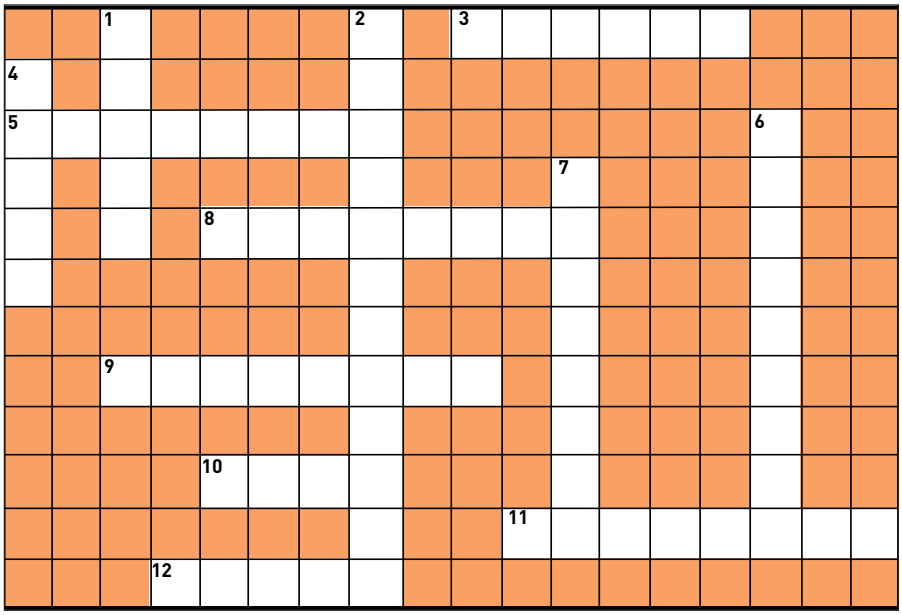
Varicose - Relating to, affected with, or characterized by varices.

Answers to December Crossword Puzzle

Across:
3. distal
5. embolism
8. catheter
9. collagen
10. cyst
11. gangrene
12. Lupus

Down:
1. tibia
2. lymphangitis
4. femur
6. coagulate
7. erythema

December Crossword



ACROSS

3. Anatomically located far from a point of reference.
5. Obstruction or occlusion of a blood vessel by a clot.
8. A flexible tube inserted into a body cavity, duct, or vessel to allow fluids to pass or distend a passage.
9. Fibrous protein constituent of bone, tendons, and other connective tissue.
10. An abnormal sac containing gas, fluid or semisolid material, with a membranous lining.
11. Death and decay of body tissue often occurring in a limb, caused by insufficient blood supply and usually following injury or disease.
12. An autoimmune disease that principally affects the skin and joints.

DOWN

1. The inner and larger of the two bones of the lower human leg, extending from the knee to the ankle.
2. Inflammation of the lymphatic vessels.
4. A bone of the leg between the pelvis and the knee in humans.
6. To cause transformation of a liquid into a soft, semisolid or solid mass.
7. Redness of the skin caused by dilatation and congestion of the capillaries often a sign of inflammation or infection.

Answer to crossword can be found on page 9.

CCCS Interpreters can go to
www.embracingcultureonline.com
to take their continuing education quiz.

Abbreviations

Know your Acronyms and Abbrev.

OD	Overdose
O.D.	Right eye (oculus dexter)
O.S.	Left eye
O.U.	Both eyes
o.d.	Every day (omni die)
q.d.	Each day
b.i.d.	Twice a day
t.i.d.	Three times a day

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Upcoming Trainings/Courses

GETTING READY FOR YOUR WRITTEN HEALTHCARE CERTIFICATION EXAM

This course will help prepare active qualified healthcare interpreters for both of the national certification written exams. In order to simulate the written certification exams, students will have the opportunity to take online tests during class time. These exams will help prepare the student to get the feel of how the certification exam will be presented and will allow them to receive instant feedback on their progress. Students will be able to use these exams as a tool to help gauge their progress, and as an indicator to help them determine their readiness for the certification exam. Click here for a complete overview of the course.

Available Online

THE ART OF MEDICAL INTERPRETATION: 60-HOUR CERTIFICATE PROGRAM

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level," according to the industry standards. Click here to download the catalogue. If you are interested in more information please contact us at 781-729-3736 or by email, info@embracingculture.com.

This program has been approved by The American Translators Association(ATA) for 10 Continuing Education Points, and by International Medical Interpreters Association (IMIA) for 6 CEUs.

Cost: $750 per student/MA and NH based programs (materials are not included)

Woburn, MA: Tuesdays and Thursdays, March 1 - May 1, 2012.

THE FUNDAMENTALS OF LEGAL INTERPRETATION: 60-HOUR CERTIFICATE OF ATTENDANCE PROGRAM

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level" according to the industry standards. There is a $55 non-refundable fee for this screening examination. If you are interested in more information please contact us at 781-497-5066, or by email at info@embracingculture.com.

Cost: $850 (materials are not included)

Woburn, MA: Sundays, September 9 – December 9, 2012 from, 9 am – 2 pm

The American Translators Association has approved the Fundamentals of Legal Interpretation: 60-hour Certificate of Attendance Program for 10 Continuing Education Points.

English Idioms Explained

Idiom	Explanation	Example
Bank on	To count on To rely on	We can bank on him to do a good job because he is our most experienced worker.
As yet	For now For the moment	The doctor just went in to examine her therefore; we have no word on her condition as yet.
Out of sorts	Not feeling well	He is feeling out of sorts today so he is going to skip going to the gym.
Bar none	Without exception	This is the best sea- food restaurant in the city, bar none.
Cost an arm and a leg	To be very expensive To have a high cost	I fell in love with the new luxury car but since it costs an arm and a leg I bought a more economical model.