

Professional Developments: Gallstones: Definition, Symptoms, Diagnosis and Treatment.

How often have we heard someone say, "I have to have surgery to remove gallstones"? What exactly does removing gallstones mean to the patient and to the interpreter? What are the symptoms and diagnosis that leads to removing the gallbladder? First, let's review the function and location of the gallbladder.

The gallbladder is a small "pear-shaped sac" located in the right upper abdomen area just below the liver. The gallbladder stores bile (a digestive liquid) which is produced and passed to the gallbladder by the liver helping the body digest fats. After you eat a meal, the gallbladder pushes the bile, or digestive substance, through a process of contractions through the **common bile duct** into the **cystic duct**. This duct helps the digestive progression by carrying the bile to the small intestine. The **bile** is made up of proteins, fats, water, cholesterol, bile salts, and bilirubin which are a waste product. The fat is broken up by the bile salts, but if the "liquid bile contains too much cholesterol, bile salts, or bilirubin, it can harden into gallstones."

If the hardened liquid substance becomes concentrated, it may form a "stone." These (gall) stones can become problematic if they remain in the gallbladder and block the **cystic duct** before entering the common bile duct. Gallstones can also block the normal flow of bile in the common bile areas as well as other areas such as the **hepatic ducts** (this duct carries bile out of the liver). This gallstone blockage episode is referred to as **cholecystitis**.

There are two known types of gallstones; they are cholesterol stones and pigment

stones. The cholesterol stones are made up of hardened cholesterol and are usually yellow-green in color and these accounts for about "80% of gallstones." The other type of gallstone is known as pigment stones which are made of a small dark substance called bilirubin. Gallstones can be just one large stone, hundreds of tiny stones or a combination of both, with sizes varying from some being as large as a golf ball and others being as tiny as a grain of sand.

Causes:

Scientists believe there may be several causes for the formation of gallstones such as an imbalance of too much bile containing cholesterol or too much bilirubin. Others causes may include the lack of bile salts, or the gallbladder fails to empty enough or completely. In the case of pigment stones, scientists are finding that these stones tend to develop in individuals who suffer from liver cirrhosis, biliary tract infections, sickle cell anemia or hereditary blood disorders where the liver makes too much bilirubin.

Some known factors which may contribute to gallstones are:

1. Gender: women tend to develop gallstones twice as often as men.
2. Family History: there may be a possible genetic link.
3. Weight: studies are suggesting that even a moderately overweight individual runs the risk of developing gallstones.
4. Diet: a diet which is low in fiber and high in fat and cholesterol increases

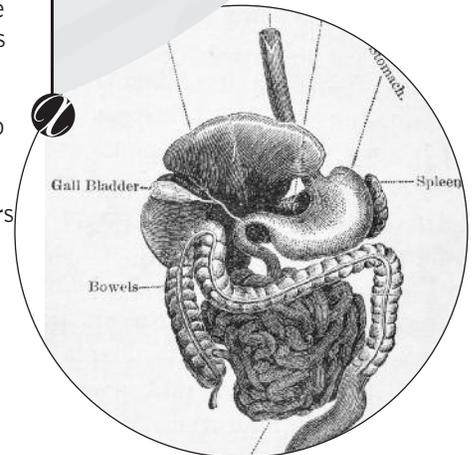
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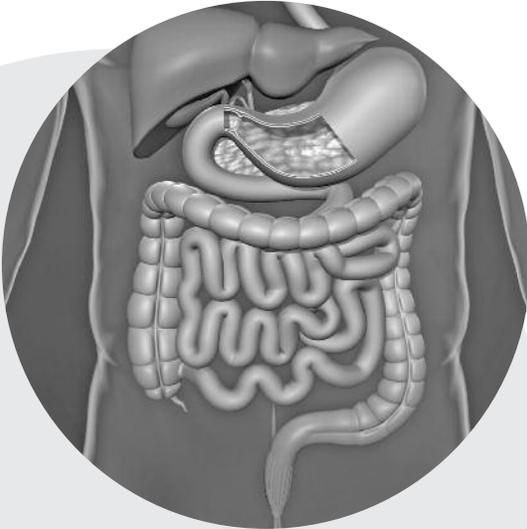
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the risk of gallstones.

5. Rapid Weight Loss: prolonged fasting causes the body to metabolize fat during fasting, such as in crash diets.
6. Age: as people age, the body is more likely to develop gallstones.
7. Ethnicity: studies have found that American Indians have a "genetic disposition to secrete high levels of cholesterol in bile." In fact, studies have indicated that the majority of American Indian men have gallstones by the age of 60 and 70% of the female Pima Indians of Arizona, have gallstones by the age of 30. Studies are also suggesting that Mexican American men and women of all ages have high rates of gallstones.
8. Diabetes: diabetes sufferers run a high risk of gallstones due to the high levels of fatty acids called triglycerides generally found in their bodies.

Symptoms:



GALLSTONE SYMPTOMS MAY OFTEN MIMIC SYMPTOMS SIMILAR TO HEART ATTACKS OR OTHER ILLNESS, SUCH AS APPENDICITIS, ULCERS, IRRITABLE BOWEL SYNDROME, HIATAL HERNIA, PANCREATITIS, AND HEPATITIS; AS A RESULT OTHER DIAGNOSTIC EXAMS MAY BE REQUIRED TO ASSURE AN ACCURATE DIAGNOSIS.

When gallstones move into the bile ducts they create a blockage. The blockage then causes pressure in the gallbladder, which may result in a steady pain in the right upper abdomen. Typically the pain increases rapidly and can last from 30 minutes to several hours. Sufferers may also feel pain in the back between the shoulder blades and under the right shoulder. Although gallstones may move, it is important that you notify a doctor of your condition as the gallbladder can become infected and rupture if a blockage to the gallbladder is constant.

Gallstone symptoms may include:

- Pain that is prolonged and lasting more than 5 hours
- Nausea and vomiting
- Low or high grade fever
- A yellowish color in the whites of the eyes, or skin
- Clay colored stools.
- Chills

Physicians have found instances where individuals have no gallstone symptoms although they may have what is called "silent stones" for an extended period of time. These "silent stones" though do not interfere with the gallbladder, liver or pancreatic function.

Diagnosis:

Gallstones may be found during routine exams, when an individual suffers an attack of varying symptoms, or when testing for other health conditions. When a provider suspects gallstones, he or she may request an ultrasound exam. An ultrasound exam is when a handheld device glides over the abdomen sending sound waves over the gallbladder, bouncing off not only the gallbladder but also the liver and other organs creating a picture on a monitor of the area of the gallbladder. If gallstones are present, these will show up on the video monitor as well.

Gallstone symptoms may often mimic symptoms similar to heart attacks or other illness, such as appendicitis, ulcers, irritable bowel syndrome, hiatal hernia, pancreatitis, and hepatitis; as a result other diagnostic exams may be required to assure an accurate diagnosis. These may include:

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1. CT – computerized tomography. A noninvasive x-ray producing cross section images of the body. A CT may often detect gallstones, infections or rupture complications in the gallbladder or bile ducts.
2. HIDA Scan – cholescintigraphy. A test used in diagnosing abnormal contractions in the gallbladder or obstruction of the bile ducts. During the exam the patient is “injected with a small amount of nonharmful radioactive material which is absorbed by the gallbladder.”
3. ERCP – endoscopic retrograde cholangiopancreatography. An endoscope is inserted down the throat and through the stomach into the small intestine to locate and even remove stones in the bile ducts. An endoscope is a long, flexible lighted tube with a camera and is connected to a computer and video monitor. This procedure requires mild sedation.
4. Blood tests. A blood test may detect signs of infection, obstructions, pancreatitis or jaundice in an individual.

Treatment: Surgery and Nonsurgical Treatment

Various types of treatment may vary depending on the severity of the gallstones found.

Surgery: If a specialist such as a gastroenterologist, determines that you may have gallstones present in the bile duct, the physician may remove them with an ERCP which locates the gallstones and removes them. When attacks are persistent and medical exams are performed to arrive at a diagnosis, the provider may conclude whether you have gallstones that are serious enough and may recommend surgery to have the gallbladder removed. This operation is called a “cholecystectomy” and removes the nonessential organ—the gallbladder. This surgery is nearly always performed with laparoscopy, requiring a small incision in the abdomen, inserting a laparoscope and a miniature video camera allowing the provider a close up view of the organs and tissues. This view permits the surgeon to separate the gallbladder from the liver, bile ducts and other body structures allowing the surgeon to cut the cystic duct and through one of the incisions remove the gallbladder.

There may be situations where the gallbladder is so severely inflamed or infected, or may be scarred from other operations that, an open surgery may be required.

Recovery: The rate of recovery depends on the type of surgery; whether or not the bile duct was injured in the process, or if some unforeseen complications have occurred. An individual with very little or no complications may recover rather quickly, spending as little as one night in the hospital. As a result of not cutting the abdominal muscles during laparoscopic surgery, patients have less pain and fewer complications than with an open surgery which usually requires a 5 to 8 inch incision across the abdomen.

Nonsurgical treatment is recommended only in special circumstances, such as when the patient suffers from a serious medical condition. Some of these treatments are:

1. Oral dissolution therapy. This type of therapy may include two types of drugs, ursodiol (Actigall) and chenodiol (Chenix), which are made from bile acid and work to dissolve gallstones.
2. Contact dissolution therapy. According to the information available, this is an experimental drug which is injected directly into the gallbladder to dissolve cholesterol stones. This procedure is still in the testing stages and is used for treating “symptomatic patients with small stones.”

In summary, the gallbladder is considered a non-essential organ that can develop gallstones for various reasons. People can live without a gallbladder because the liver can produce plenty of bile to digest a normal diet. Identifying the symptoms can assist the physician in determining the best course for treating gallstones.

Disclaimer: The above information is for educational purposes only and is not intended to replace a professional visit, diagnosis, and treatment from a physician. For comprehensive and medical information visit your physician. This information has been summarized, copied and quoted from the following site: <http://digestive.niddk.nih.gov/ddiseases/pubs/gallstones>



VOCABULARY

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Gallbladder

A small "pear-shaped sac" located in the right upper abdomen just below your liver which stores a liquid substance called bile and helps the body digest fats.

Gallstones

"Stones" composed of cholesterol, but may also contain calcium and bilirubin which are formed when the concentration of cholesterol or calcium bilirubinates in bile is high.

Bile

A liquid waste product made up of proteins, fats, water, cholesterol, bile salts, and bilirubin.

Cystic duct

The passageway which connects with the hepatic duct to the common bile duct.

Cholecystitis

Inflammation of the gallbladder.

Bilirubin

A reddish yellow pigment occurring especially in bile and blood and causes jaundice if accumulated in excess.

Symptoms

Physical disturbances observed by the patient.

Diagnosis

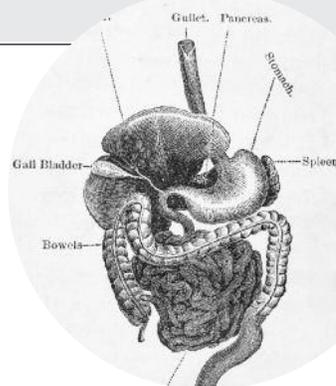
Identification of a disease from the signs and symptoms.

Treatment

The action or approach taken to care for a patient medically.

Gastroenterologist

A specialist in a branch of medicine concerned with the structure, functions, diseases, and pathology of the stomach and intestines.



PRESIDENT'S CORNER

CCCS is dedicating 2010 to enhance and support the professional growth of our wonderful and qualified interpreters. The interpreter Resource Department has completed a full audit of all our interpreter files and we want to thank you all for your cooperation in complying with our requests for the necessary documents. In keeping with our promise to our clients, customers, patients and interpreters, CCCS has taken several proactive steps in our yearly renewal of immunizations, badges and Public CORI(s), as well as reviewing other important documentation such as additional training and workshops certificates submitted by our interpreters.

In addition, CCCS continues to provide additional professional development groundwork.

1) On-going quizzes and trainings:

CCCS will continue supporting the interpreters by providing them with the tools to better understanding community and healthcare related topics and terminology, contact with potential health hazards during interpreting assignments, sexual harassment trainings and more. Gail Marinaccio will be sending letters with quiz results and payments within two weeks. For more information check the policy in the Interpreter's Corner Section of this newsletter.

2) On-site Shadowing Program:

In the spirit of raising the bar for quality and effective communication, CCCS will be randomly visiting sites and shadowing many of our interpreters in the field. Amanda Duross, from the CCCS Interpreter Resource Department has been contacting our customers and arranging for the visits. This additional process has provided CCCS, our customers and the interpreters with great insight on how to best utilize the interpreting time, while at the same

time it has given us incredible insight on how important and valuable our interpreters and their work as interpreters is to all of us as a profession. There is always room for improvement and we hope that the shadowing sessions will provide a safe environment for critical thinking, as we revisit the interpreting industry standards and continue to provide excellent customer relation skills.

3) Compilation of Glossaries:

We have started a campaign encouraging all interpreters to keep up with varied glossaries:

Words by themselves can have a deceiving meaning! As interpreters, we look first for the understanding of what is being communicated by evaluating the context, culture, country, region and ethnic group and then compiling the information thus creating a glossary from source to target languages and vice versa.

Next, we understand that it takes a team to build a future! Professional interpreters are an integral part of the triadic encounter. Not only do interpreters need to transmit an accurate and complete message but they must also be effective and timely by managing the flow of the session for interpreting purposes. This all sounds easy, but we know that it takes skill! In fact understanding the meaning (language fluency and or industry fluency) and then converting it to the target language in a timely matter requires great understanding of the topic being shared, plus the ability to convey from one language to another the exact meaning (interpreting skills). The language fluency, the literacy level of a topic being addressed and the interpreting skills are only some of the tools necessary for the triadic encounter to flow smoothly.

The interpreting industry teaches interpreters the importance of being impartial during interpreting assignment assuming all providers proceed in the same manner. There may be instances where providers may have difficulty working with interpreters, patients, staff or others. For this reason providers have support groups to help them cope with these challenges. These support pathways allow them to vent, seek support, and receive clarification when dealing with their feelings. On the other hand, not all interpreters in the field have the benefit of a similar arrangement. This can pose a great challenge for interpreters who strive to remain neutral and who may struggle with various feelings and emotions.

Some examples of how very difficult it is to be neutral is when we hear news about natural disasters such as the earthquake that occurred recently in Haiti, or the on-going wars affecting many of the LEP population we serve daily. News like this touches our emotions and can affect our actions during an interpreting session if we are not aware of our emotions. Also, let's not forget how as interpreters we all experience some fiscal challenging times as a result of the economic realities impacting us nationally and globally. As these are trying times for many, CCCS has always been available and continues to listen and respond to our interpreters as they struggle with their feelings working hard to remain neutral and strong while interpreting. The opportunity for a dialogue with our designated staff members often offers some healing and hopefully can assist you with how to better protect and care for yourself when faced with similar situations and helping your work as an interpreter without personal filters and interferences.

It is through collaboration, dialogue, and review of the industry standards that



PROFESSIONAL INTERPRETERS ARE AN INTEGRAL PART OF THE TRIADIC ENCOUNTER. NOT ONLY DO INTERPRETERS NEED TO TRANSMIT AN ACCURATE AND COMPLETE MESSAGE BUT THEY MUST ALSO BE EFFECTIVE AND TIMELY BY MANAGING THE FLOW OF THE SESSION FOR INTERPRETING PURPOSES.

together we can build a team with a strong fabric. A team where we feel as though we all belong and where we all become an integral part of one another! It is through this opportunity that we can do some soul searching so that we can better contribute to a patient-family centered care or to a student-family educational care.

As we move towards a better future, we hope to give you all more than just an effective scheduling system for our great on-site interpreter's services, but rather the tools necessary to succeed and prosper on all levels!

Without the support and respect of customers, our great staff and interpreters, CCCS could not exist!

*Warmest regards,
Zarita*



INTERPRETER'S CORNER

We want to express our thanks to all the interpreters who have sent in their Per Diem Package. It is important that we receive the originals before March 31, 2010. Please do not fax the documents back as we require the originals. If you have faxed any of the documents, please take a moment and mail the originals back to CCCS to the attention of Gail Marinaccio.

Also, we will be sending out a new HIPAA regulations form for your review and signature which is required. Please maintain a copy of the HIPAA regulations for your files and return the signed form to Gail Marinaccio.

In our February Communicator Express, we were proud to announce Donald Bettez as CCCS Interpreter of the Month. Mr. Bettez is a retired teacher and also finds time to teach an evening course to English Language Learners ELL in a local junior college. Mr. Bettez also enjoys writing, painting, and spending time with his wife, and foster children.



DONALD BETTEZ IS
THE CCCS
INTERPRETER OF
THE MONTH

Dispatch Department: CCCS Interpreters, we would like to remind all CCCS interpreters that if your cases end earlier than the two-hour time frame, please contact the CCCS Interpreter's office at (781) 729-3736 before you leave your assignment.

Professional Development CE credits:

As we noted in our December 2009 Communicator Express, effective January 2010, CCCS requires all our freelance and per diem interpreters to complete a minimum of six (6) hours of continuing education requirements per calendar year. To help you fulfill the six hours needed for your professional development education requirements, CCCS provides CEU credits towards completed interpreting professional development courses as well as providing monthly quizzes and compensating you for completing and submitting the quizzes.

- At least four (4) of your continuing education hours can be achieved by completing 8 of the 12 quizzes per year. We will provide one (1) CCCS CEU credit per quiz (each credit is worth $\frac{1}{2}$ hour of your time) and we are compensating you \$10 per quiz.
- The remaining two (2) hours of required professional development educational courses will consist of annual safety education. (See explanation)

The annual safety education is a new requirement that CCCS

has initiated to assist our healthcare clients meet their regulatory requirements. The Joint Commission, a hospital accrediting organization, mandates that all hospital staff members meet certain educational standards. Effective this year, 2010, The Joint Commission is extending this requirement to contracted staff and interpreters fall into this category. To maintain our high standards and support these changes, CCCS is providing educational information on safety issues such as fire safety, hand hygiene, emergency codes and more. Safety trainings will be held via webinar and will be on the following dates;

- Sunday, November 7, from 10:00am-12:00pm
- Monday, November 15th from 7:00pm-9:00pm
- Friday, November 19 from 7:00pm-9:00pm

Please contact Gail at 781-729-3736 ext 106 to register. She will prepare a package for you and then send it out by August.

Following is an outline for the submission of monthly quizzes, which was revised on March 1, 2010 and we apologize for any delays:

- Each monthly quiz will be included with your paycheck and via e-mail. If you have not notified us of your e-mail address, please do so as soon as possible; we don't want you to miss out on the professional development quizzes.
- In order to receive credit and compensation for completing the quiz, you need to return the quiz before the last day of the month. All quizzes will be 10 questions and you must get at least 8 (or 80%) correct in order to receive CEU credits.
- CCCS will correct the quiz and if you scored 80% or higher, CCCS will add extra \$10.00 compensation to your paycheck on a quarterly basis. Although there are 12 quizzes throughout the year you will only be compensated on up to 8 quizzes and some of the quizzes will be mandatory. If you don't have access to e-mail, please contact us so that we can send it out to you via U.S. mail.
- Please note that your professional development quizzes will not provide you with a certificate, however, CCCS will file your answers and corrections in your educational folder. In addition, CCCS may ask that you complete those questions you have answered incorrectly to enhance your learning in the areas where you may need further assistance.
- In order to provide you with a more efficient system, CCCS will be paying for the submitted quizzes to our active interpreters beginning this year on a quarterly basis as per the following schedule. Please note that checks may take a few days to arrive at their destination after having been issued.

Must be submitted by:	Check Date:
March 31, 2010	April 9, 2010
June 23, 2010	July 2, 2010
September 29, 2010	October 8, 2010
December 22, 2010	December 31, 2010

Anyone interested in purchasing a subscription to our professional development quizzes, should contact Gail Marinaccio 781-729-3736 ext 106.

CRITICAL INCIDENT TEAM CORNER! Special report on Safety!

Most interpreters have the impression that the Critical Incident department at CCCS is only responsible for dealing with customer incidents. While this is certainly one of our functions and it is vital in our effort to ensure total customer satisfaction, another way to achieve this is by contacting interpreters to get their feedback. Speaking to both the client and the interpreters is necessary to ensure that we identify the source of the non-conformance or misunderstanding. Once the cause of an issue has been determined we can respond to both the clients and interpreters' concern and provide long-term solutions to prevent similar misunderstandings from occurring in the future.

Another important function of the Critical Incident department is to provide safety information for the benefit of our interpreters. Our interpreters are a critical part of the CCCS family and continued wellbeing is important to everyone's success. As part of our ongoing commitment to our clients, the patients we serve and the interpreters we are providing training requirements to, comply with The Joint Commission's recommendations. This helps to ensure that all employees and contracted staff are trained on policies and procedures that might impact patient safety or patient rights.

This month we are highlighting Emergencies and Response Codes as part of on going training on Safety.

Following are some generic information that is not hospital specific. It is important for you to check with different hospitals to learn about specific procedures for each facility.

EMERGENCY MANAGEMENT

Every hospital has a comprehensive plan for managing emergencies and disasters. This plan will include information about evacuation, emergency codes, and emergency communication. Remember that it is important to carry and wear your CCCS identification badge with you to each assignment because if an emergency occurs that requires evacuation, you may be required to show an ID in order to get back into the building.

Emergency and Response Codes

When you are on an interpreting assignment in a hospital you may hear messages transmitted via the overhead speakers. Sometimes it is simply a page for a doctor, but sometimes you will hear them announcing a code. Emergency Codes are a way to quickly notify staff of emergency situations existing within the hospital and to activate the appropriate response without creating general alarm among patients and visitors.

On your first visit to a hospital you should request information from your staff contact about the emergency codes, so that you can be prepared to respond appropriately. Usually hospitals use colors for their codes; a common code is "Code Red" for fire. During a "Code Red" you should not take the elevators but instead use the stairs. If you are unsure of what to do, it would be a good idea to check with a hospital staff member on how to proceed. "Code Blue" is also a common code that is used in many hospitals to alert everyone that someone is "arresting" or has gone into cardiac arrest. When there is a Code Blue it is common for all doctors in that area to immediately stop what they are doing in order to go and offer assistance. Another code of interest is "Code Pink" and generally refers to when a child has been abducted. Below is a list of other emergencies which usually have codes

EVERY HOSPITAL HAS A COMPREHENSIVE PLAN FOR MANAGING EMERGENCIES AND DISASTERS. THIS PLAN WILL INCLUDE INFORMATION ABOUT EVACUATION, EMERGENCY CODES, AND EMERGENCY COMMUNICATION.



assigned. There are currently not standardized code sets, so even though one hospital may use Red for Fire, another may not. This is why it is important for you to obtain the information for each hospital you visit.

As interpreters, we may encounter many hidden dangers that may not be readily apparent. Some of these emergency situations may include:

Bomb Threat, Campus Lockdown, Cardio-Respiratory Arrest, or Unresponsive Person, Fire & Fire Alarm Activation, Hazardous Materials, Missing Infant or Child, Hostage Situation/Weapon, Internal/External Disaster, Violent Combative Patient.

We want you to be aware and prepared for emergency events. Have an enjoyable spring season, and don't forget to follow procedures and guidelines.

Next time we will discuss: INFECTION PREVENTION



NH CORNER



Symposium on the Certification of Medical Interpreters: Thursday, April 1, 2010 from 6:00 p.m. to 8:30 p.m. at the SERESC Conference Center, located at 29 Commerce Drive, Bedford, New Hampshire.

MIAB in New Hampshire continues to offer important information to professional interpreters, healthcare organizations, providers, interpreter

educators, policy makers, and others regarding linguistic and cultural perspectives. On April 1, a Symposium on the Certification of Medical Interpreters hosted by MIAB, a presentation on interpreter certification information will be presented to explore interpreter certification and what if any impact and groundwork may be required in the future for New Hampshire's healthcare system.

One of the speakers during at the April 1st symposium is Mara Youdelman, J.D., LL.M., and Chair of the Certification Commission for Healthcare Interpreters (CCHI). Ms. Youdelman will present information on the CCHI process of the interpreter certification and the work completed by CCHI. Ms. Youdelman is the Director of the National Language Access Advocacy Project, funded by the California Endowment whose goal is to increase awareness of language access issues at the federal level. Ms. Youdelman works for the National Health Law Program (NheLP) in Washington, D.C. and has co-authored several reports on language access.

The other presentation is by Ms. Elena Langdon, Secretary, and Board Member Inna Persits-Gimelbert of the National Board of Certification for Medical Interpreters (NBCMI) who will both be presenting on their certification process.

Additionally, the New Hampshire Registry of Interpreters for the Deaf (NHRID) will be participating in the symposium. They will describe the RID certification for ASL English interpreters and the difference between the certification process and the licensing process.

CCCS/CCCI 2010 Training Programs:

CCCI TRAINING HIGHLIGHT

Fundamentals of Legal Interpretation

Primary Instructor.....Frank Geoffrion
 Cost.....\$795 (materials are not included)
 DatesSunday, April 11 to June 27, 2010
 Time9:00 a.m. to 3:15 p.m.
 Orientation.....Thursday, April 8, 2010 from
 4:30 p.m. to 5:30 p.m.

There is a \$40 non-refundable fee for this screening examination.

This 60-hour workshop series will clarify the legal interpreter's role and explore guidelines for legal interpreters. Students will participate in a series of interpreting-related activities designed to encourage short-term and long-term memory development. Such activities include learning to "listen for meaning," memory exercises, shadowing, dual-task training, paraphrasing, and sight translation. Students will also develop an extensive vocabulary with concentration on terminology specific to legal matters. This program will also familiarize students with basic legal concepts. Language coaches and target language

By the end of the course students will understand and be able to demonstrate competence with the following concepts/objectives:

- Protocols for legal interpreting
- How to appropriately take notes while interpreting
- How to keep the record clear
- How to maintain register
- How to interpret slang in a legal setting
- Ability to effectively do consecutive interpreting
- Ability to effectively do sight translation
- Ability to effectively do simultaneous interpreting
- Understanding of legal terminology
- Understanding of how memory skills impact interpreting

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" proficiency set forth by the industry standards.

Materials will be provided for groups of 4 or more students working in the same language pair.

Contact:

Linda Demmons
 Student Enrollment Advisor
 Cross Cultural Communication Systems, Inc.
 PO Box 2308
 Woburn, MA 01888
 P: 781-729-3736 ext. 119
 email:linda_contracts@cccsorg.com.

2010 Spring Course Listing

THE ART OF MEDICAL INTERPRETATION – 60-hour Certificate Program		\$695 plus materials – \$75 for book
COURSE NAME / SESSION	LOCATION	DATES / TIMES
AMI Intensive Winter 2010	Woburn	January 21 - 23 and January 25 - 29 9 am to 5 pm (hours include orientation) (7 full days)
AMI 1 Spring 2010	Woburn	Tuesday, February 9 - May 25, 6 pm - 10 pm <i>Note: There will be no class on April 20 because it is Massachusetts school vacation week</i> Orientation: Thursday, February 4, 6-7 pm OR Tuesday, February 9, 4:30-5:30 pm
AMI 2 Spring 2010	Woburn	Thursday, February 18 – June 3, 6pm – 10 pm <i>Note: There will be no class on April 22 because it is Massachusetts school vacation week</i> Orientation: Thursday, February 4, 6-7 pm OR Thursday, February 18, 4:30-5:30 pm
AMI 3 Spring 2010	Nashua	Saturday, March 13-May 29, 2010, 9 am – 3 pm Orientation: Wednesday, February 24, 5-6 pm
AMI Intensive Summer 2010	Nashua	June 14 - 19 and June 21 – 22, 9 am – 5 pm (hours include orientation) (7 full days)
AMI 1 Summer 2010	Woburn	Tuesday and Thursday, July 6 – August 24, 6 pm – 10 pm Orientation: Tuesday, July 6, 4:30-5:30 pm
AMI1 Fall 2010	Woburn	Tuesday, September 7 –December 14, 6 pm – 10 pm Orientation: Thursday, September 2, 6-7pm OR Tuesday, September 7, 4:30-5:30pm
AMI 2 Fall 2010	Woburn	Thursday, September 16 – December 20, 6 pm – 10 pm Orientation: Thursday, September 2, 6-7 pm OR Thursday, September 16, 4:30-5:30 pm <i>Note: There will be a class on Monday, November 22 and on December 20 due to holidays that fall on the Thursday of those weeks.</i>
AMI 3 Fall 2010	Nashua	Saturday, September 18 – December 11, 9 am – 3 pm Orientation: Wednesday, September 15, 5-6 pm



Cross Cultural Communication Systems, Inc.

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

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