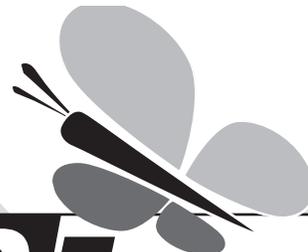


The

COMMUNICATOR *Express*



VOLUME 16 JANUARY 2008

MEDICAL INTERPRETER FOUNDATIONS TRAINING

The 2007 Medical Interpreter Foundations Training series was a resounding success! CCCS would like to thank the over 180 interpreters who attended MIFT training over the past seven months.

CCCS will continue the MIFT program throughout 2008 for the benefit of newly contracted interpreters. Active interpreters who have not yet attended the MIFT program will be allowed to attend the first 2008 training session on Monday, January 14th. To reserve your seat, contact Gail Marianaccio at (781) 729-3736 x.106 or by email at gmarinaccio@cccsorg.com.

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 would like to remind all interpreters that submitting yearly proof of updated immunizations is a prerequisite to continuing on our call list. In addition, we continue to encourage our interpreter pool to engage in skill development through personal study, ongoing education, and practical application of modern interpreting techniques.

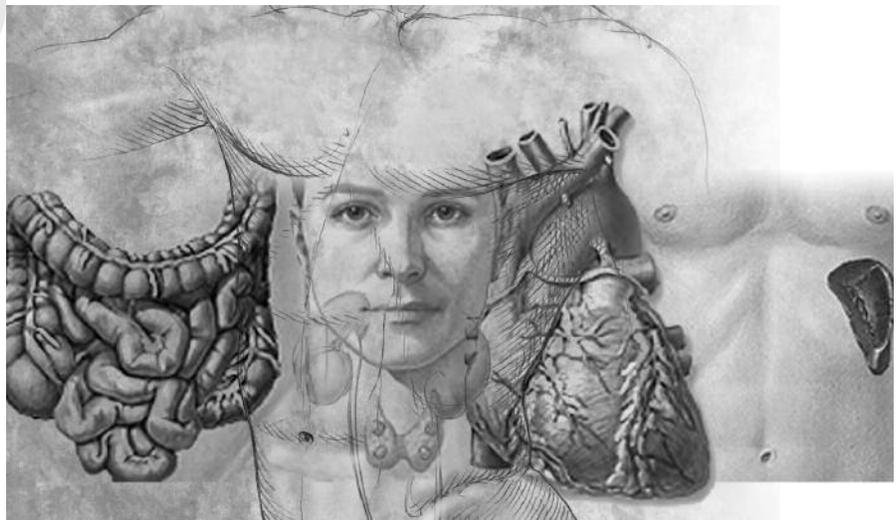
INTRODUCTION TO INTERNAL MEDICINE

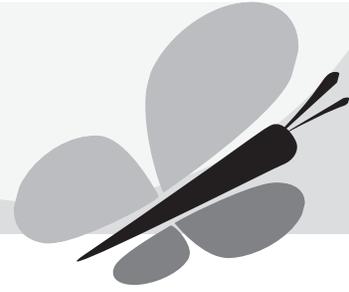
This feature of the Communicator Express was prepared for our interpreters who work in assignments involving internal medicine. Internal medicine is the branch of medicine specializing in the diagnosis and nonsurgical treatment of diseases in adults, especially of internal organs.

Doctors of internal medicine, also called "internists", are trained to solve diagnostic problems and handle severe chronic illnesses and situations where several different illnesses may strike at the same time. A number of primary care physicians are internists. Most older adults in the United States see an internist as their primary care physician.

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INTERNAL MEDICINE IS
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INTRODUCTION TO INTERNAL MEDICINE

Internists can choose to focus their practice on general internal medicine, or may take additional training to "subspecialize" in one of 13 areas of internal medicine:

- Allergy/Immunology (study of allergy and all aspects of the immune system throughout the body)
- Cardiology (study of the heart and blood vessels)
- Critical Care Medicine (the provision of life or organ support systems to patients who are critically ill)
- Endocrinology (study of the endocrine system and hormones)
- Gastroenterology (study of digestive system)
- Geriatric Medicine (the prevention and treatment of disease in later life)
- Hematology (study of blood and blood-forming organs)
- Infectious Disease (study of diseases caused by biological agents)
- Nephrology (study of kidney function)
- Nuclear Medicine (branch of medicine that uses the nuclear properties of matter in diagnosis and therapy)
- Oncology (study of cancer)
- Pulmonology (study of the lungs and the respiratory tract)
- Rheumatology (study of rheumatic diseases)

In order properly diagnose a patient, many internists use the SOAP format in structuring the medical interview.

CONGRATULATIONS TO CCCS INTERPRETER OF THE MONTH JOAN ZACHOR!

In October 2007, CCCS created its first *Interpreter of the Month award* for exceptional service. Interpreters of the Month each receive a letter of appreciation and a Human Body anatomy book, and are announced in The Communicator Express. Past recipients include Sue-Ann Leong Tsang (Cantonese-Mandarin-Toisanese), Cristina Cordoba (Spanish), Jesse Kordha (Albanian-Greek), and Patricio Endara (Spanish).

Our first award of 2008 goes to Joan Zachor, freelance Spanish interpreter. Thank you, Joan for your exceptional work!

SUBJECTIVE - The term "subjective" refers to the patient's presenting problem. A presenting problem is defined as that which the patient brings into the session, or the patient's main complaint. Examples of the subjective or presenting problem are statements such as "I have a terrible headache" or "It feels like I have an elephant sitting on my chest".

OBJECTIVE - The "objective" represents the questions and actions of a provider needed for a diagnosis. To a medical provider, the objective is something tangible to be measured and reported. In order to "narrow down" the differential diagnosis, the internist will often use different forms of medical imaging. Additional testing may include full blood count and renal function.

Internists use a blood test called a full blood count (also known as complete blood count (CBC), full blood exam (FBE) or blood panel) to get information about the cells that circulate in the bloodstream, including white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Similarly, most doctors use the plasma concentrations of creatinine, urea, and electrolytes to determine renal function. These measures are adequate to determine whether a patient is suffering from kidney disease.

ASSESSMENT - "Assessment" is when the clinician comes up with a differential diagnosis and a clinical opinion. For example, based on the medical interview, physical exam findings and supplementary testing, a general practitioner might say, "I believe you have kidney stones and not appendicitis."

PLAN - The term "plan" refers to a set of actions to further diagnose or treat an existing condition. For example, the provider might say to the patient, "I have ruled out a myocardial infarction by I still want you to take this nitroglycerine pill whenever you have chest pain. When I see you in a few weeks you can let me know if the pill has helped you at all."

If any element of SOAP were to be ignored, a patient's care would be severely compromised.

Information on internal medicine adapted from www.wikipedia.org.
Information on SOAP adapted from Introduction to the Art of Medical Interpretation manual, published by our organization, CCCS, Inc.

ENGLISH

TARGET LANGUAGE



1

ENGLISH

TARGET LANGUAGE



2

ENGLISH

TARGET LANGUAGE



3

ENGLISH

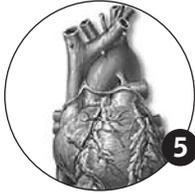
TARGET LANGUAGE



4

ENGLISH

TARGET LANGUAGE



5

ENGLISH

TARGET LANGUAGE



6

ENGLISH

TARGET LANGUAGE



7

ENGLISH

TARGET LANGUAGE



8

INTERPRETING FOR HEARINGS AND OTHER QUASI-LEGAL ASSIGNMENTS

A growing number of CCCS interpreters are being evaluated and approved for quasi-legal interpreting assignments, including business negotiations and various types of hearings. For this reason, CCCS has begun to offer free in-house training sessions for select interpreters assigned to specialty clients. A recent example was the simultaneous interpreting workshop for union interpreters held this past summer at our Woburn location.

As a CCCS interpreter, you may soon be asked to accept assignments involving various types of hearings. For example, CCCS may assign a qualified interpreter to a hearing on work-related discrimination. It is helpful to understand decimation and the state-defined process for dealing with discrimination prior to accepting such an assignment.

Discrimination is defined as unfair treatment because of an individual's membership in a particular group. Massachusetts civil rights law protects individuals from discrimination in employment, housing, public accommodations, mortgage lending, credit and education.

In the context of employment, discrimination begins with an "adverse employment action", something an employer does that hurts an employee based on race, color, religion, national origin, ancestry, sex, age, disability, sexual orientation, genetics or past involvement in a discrimination complaint. Part or full-time

INTERNAL MEDICINE VOCABULARY MATCH GAME

- Label the following body organs or parts in English and your target language.
- Match each organ to the internist specializing in its study.

NEPHROLOGIST _____

PULMONOLOGIST _____

GASTROENTEROLOGIST _____

ENDOCRINOLOGIST _____

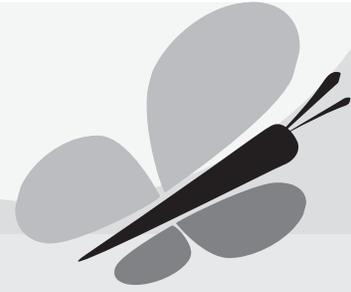
CARDIOLOGIST _____

RHEUMATOLOGIST _____

HEMATOLOGIST _____

IMMUNOLOGIST _____

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INTERPRETING FOR HEARINGS AND OTHER QUASI-LEGAL ASSIGNMENTS

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employees at workplaces that employ at least six part- or full-time employees are covered under state discrimination laws.

Individuals who believe they have experienced discrimination within the past 300 days are invited to meet with an intake worker at the Massachusetts Commission Against Discrimination (MCAD) to discuss the evidence needed to prove that discrimination occurred. An individual's rights are not affected by immigration status.

Once a complaint is filed, each case is assigned to an investigator. The investigator may set up an "Investigative Conference" with the parties to identify issues in dispute, discuss evidence and explore the possibility of a negotiated settlement. The complainant (individual who filed the complaint) is expected to attend this conference.

If probable cause is found (meaning that more likely than not, discrimination occurred), MCAD will proceed to the next stages of the complaint process, including opportunities for settlement and perhaps a public hearing. If a case results in a finding of discrimination, the complainant may be awarded attorney's fees, back pay, front pay, emotional distress damages, and/or interest. However, discrimination is very difficult to prove and most cases don't result in a discrimination finding or any payment to the complainant.

The following are terms you will need to know if you interpret at any step in the discrimination hearing process:

Affirmative relief - Restoration of the complainant to a position and status that he/she would have enjoyed had there been no illegal discrimination

Back pay/front pay - The wages a complainant would have received had there been no illegal discrimination

BFOQ (Bona Fide Occupational Qualification) - A legally legitimate reason for which an employer may consider sex as a qualification for hiring

Compensatory Damages - Compensation to the complainant for any actual losses he/she may have sustained at the hand of the employer

Circumstantial Evidence - Any fact from which the court can infer discrimination indirectly

Direct Evidence - Evidence so clear that no one would have to infer or imply any meaning to it

Disparate Impact - A policy which at first glance seems neutral, but which disproportionately harms a certain group protected by law

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.

Disparate Treatment - A policy or practice that explicitly treats a certain group differently than another group protected by law

Equal Employment Opportunity Commission (EEOC) - The agency primarily responsible for investigating federal claims of employment discrimination

Equal Pay Act - Prohibits discrimination on the basis of sex for workers who are performing similar work at the same establishment

Glass Ceiling - This metaphor refers to the discriminatory barrier that prevents women from advancing in their chosen career

Injunctive Relief - A court order in favor of the complainant, directing an employer to take (or refrain from) a particular action.

Preponderance of Evidence - The general standard of proof in civil cases. Evidence is said to meet this standard if it is more convincing than opposing evidence

Quid Pro Quo - Literally "this for that"; when an employee's reaction to unwelcome sexual conduct is used as a basis for employment decisions, either actual or threatened, affecting compensation, terms, conditions or privileges of employment

Reinstatement - Legal remedy in which an employee is allowed to return to the terminated position

Remedy - What a court awards if you win your claim of sexual harassment or discrimination

Respondeat Superior - Legal doctrine that holds an employer responsible for the actions of an employee, i.e., a coworker

Statute of Limitations - A statute establishing a time limit for suing in a civil case

Title VII - Federal law within the Civil Rights Act of 1964 that prohibits employment discrimination based on race, color, religion, sex, or national origin

Information adapted from <http://www.mass.gov/mcad/faq.html> and <http://www.wageproject.org/content/statelaw/glossary.php>

CRITICAL INCIDENT TEAM FINDINGS

Our critical incident team meets on a weekly basis to review out-of-the-ordinary situations experienced by our clients and interpreters. We'd like to alert our interpreters to a recent finding: some interpreters are in the habit of accepting assignments in advance and handing them back at the last minute.

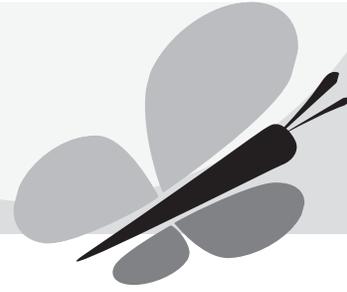
When receiving an assignment from a CCCS dispatcher, immediately record the details, including the location, in your assignment calendar. Do not 'tentatively' accept a CCCS assignment. Accept only the assignments that you are sure you can handle. Cancellations should be reserved for emergency situations only.

When interpreters give back assignments, this causes problems for CCCS, its clients and the patients to whom we promise quality interpreter services. This type of critical incident is easily avoided when interpreters expertly manage their schedules and make it a habit to 'keep their word' as professional contractors.



Amanda Duross

Regional
Coordinator



It's time again for all CCCS interpreters to update their Interpreter Portfolios with a renewed W-9 form. You will soon receive a W-9 for 2008. Please fill out the form and return it to CCCS as soon as possible. Failure to submit a W-9 for 2008 may result in delay in payment or suspension of services.



TRAINING OPPORTUNITIES IN MENTAL HEALTH INTERPRETATION

The Cross Cultural Communication Institute at CCCS is proud to announce the following new language-specific training opportunity at its Woburn location.

Program: Interpreting in Mental Health Situations (40-hour Certificate Program)

Dates: Wednesdays, 6PM-10PM; 4/30-6/25

Location: Cross Cultural Communication Systems, Inc., 800 West Cummings Park, Suites 3800-3900, Woburn, MA 01801

Target audience: This forty-hour training program targets active medical interpreters who have completed at least 40 hours of basic training and who currently practice interpretation in healthcare settings.

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

The primary instructor, Zarita Araujo-Lane, LICSW, and a series of clinician guest speakers will highlight the following topics:

- Introduction to Mental Health Interpretation
- DSM IV - An Overview
- Mental Health in Primary Care Settings
- Inpatient vs. Outpatient Treatment-Psychological Testing
- Interpreting for Substance Abusers

CCCS Interpreter Admission Requirements: All active CCCS interpreters are invited to participate in this program at the discounted tuition rate of \$225. Language screening and other admission requirements listed below are waived for all active CCCS interpreters. For more information in admission requirements for the general public, see <http://www.mmia.org/education/trainingnotices.asp>

To register, contact Stefanie DiMeo, CCCI Program Coordinator

Phone: 781-729-3736 x.111

Fax: 781-729-1217

Email: sdimeo@cccsorg.com

Other info: www.cccsorg.com

8-H
6-9
1-1
5-5
D-4
C-2
B-7
A-6

8. SPLEEN
7. LUNG
6. KIDNEY
5. HEART
4. THYROID
3. BLOOD COMPONENTS
2. INTESTINES
1. ARTHRITIC HAND

INSERT INTERNAL
MEDICINE MATCH
GAME ANSWERS



CCCS

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