The COMMUNICATOR Express

VOLUME 17 FEBRUARY 2008

MANAGING OUR "ADVOCATE" ROLE AS MEDICAL INTERPRETERS

By Zarita Araújo-Lane

Over the past few months, in various trainings and from the feedback of active interpreters, I have realized that many medical interpreters share the feeling that although, in theory, the standards of practice created by organizations such as IMIA, CHIA and NCIHC serve a purpose, in practice each interpreter must do what s/he feels is "best" for the patient.

This belief is prevalent among interpreters who have not received formal training since the publication of these Standards (1997-2005). Many of these "grandfathered" interpreters are extremely proficient when it comes to language fluency and message conversion skills, but they lack an updated outlook on the ethics and role boundaries of our profession. Often, these are the interpreters who take the lead in training newcomers to our profession in community programs and even at the college level.

So many interpreters have dedicated so much of their time and efforts to the reduction of health disparities that, whether consciously or unconsciously, they begin to feel they deserve to make up their own policies regarding "good interpretation" as long as they have the patient's "best interests" in mind. While looking out for a patient's interests can bring positive results, a misdirected advocacy can also do much to harm the patient-provider relationship.

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Here are some stories I have heard in recent conversations with active interpreters.

"Patients from my cultural group don't understand how things work in America. So after we see the provider, I give the patient the contact information for local social service organizations. Doctors are very busy, and it's not right to take too much of their time when I myself can direct the patient to specific services."

"I once interpreted for a poor family that had come to the U.S. for medical treatment. They had very little money and felt quite isolated due to the language barrier. So I went to church and told their story to my congregation. Soon, the family began to receive visits from church members. I know this helped them feel better during their stay in this country."

"If I'm interpreting and I feel that the patient should get a second opinion, I probe the patient to see if this is what s/he wants. After I interpret the provider's diagnosis, I ask the patient (in the target language, of course), 'Do you want to see another doctor?'"

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"One provider was so rude to my patient, that at the end of the session, I offered to rebook the patient's appointment with a different provider. I never want any of my patients to be seen by that provider!"

What were your thoughts as you read these interpreters' comments? Was there one statement that bothered you more than another? If so, why?

I did a little research on the term "advocate". Using an Internet language reference, I found, among others, the following definitions:

1. A person who speaks or writes in support or defense of a person, cause, etc.
2. A person who pleads for or in behalf of another intercessor.
3. One who argues for a cause.
4. To push for something.

The concept of the interpreter as an "advocate" is outlined in several current standards of practice. The National Council on Interpreting in Health Care states, "When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate." Similarly, the California Healthcare Interpreters Association comments, "In this role, interpreters actively support change in the interest of patient health and well-being." Clearly, then, the medical interpreter may need to step into the "advocate" role from time to time. But do the current Standards support any of the above-mentioned interventions?

Current Standards support the concept of the interpreter as one member of a cross-dimensional healthcare team. That team may also include a wide range of professionals, such as physicians, physician assistants, nurses of all levels and specialties, social workers, medical and nursing assistants and other personnel, 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 does this mean that the interpreter is always the best person to meet those needs? Or is the interpreter more of a facilitator, bringing the needs of the patient to the attention of the professional best equipped to assist the patient at that moment?

For example, in the case of the patient in need of social services, is the interpreter the best person to decide which organizations would best serve the patient? Or is there a staff member, a provider or social worker, better equipped to make that decision? 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". As an example, these Standards state that the interpreter should 'encourage the provider to make the appropriate referrals' and that the interpreter who 'takes it upon him/herself to solve the problem' is in fact indicating a lack of mastery (lack of professionalism).

While an interpreter may advocate on behalf of a party or group to correct mistreatment or abuse, is it appropriate to go ahead and reschedule a patient's appointments or to advise the patient to seek a second opinion? The NCHIC standards recommend a different approach to addressing possible mistreatment, "An interpreter may alert his or her supervisor to patterns of disrespect towards patients."

What would happen if the interpreter were to confront the provider directly? CHIA 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."

CONGRATULATIONS TO CCCS INTERPRETER OF THE MONTH DOUGLAS WONG!

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. Our February 2008 *Interpreter of the Month* is Douglas Wong (Cantonese/Mandarin). Thank you, Douglas for your exceptional work!

In the case of the interpreter who alerted her congregation to the plight of a patient's family, do you not feel that she crossed professional role boundaries, the least of which, patient confidentiality? Could it be that the patient's family resented this breach of their private information and the many visits that followed this unsolicited intervention?

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.

This article is scheduled for publication in Caduceus, the newsletter of the ATA Medical Division. CCCS freelance interpreters with additional questions on the "advocate" role can email cccsinc@cccsorg.com

SPECIAL TRAINING OPPORTUNITIES

AT CCCS, WE ARE COMMITTED TO INTERPRETER EDUCATION. ONE EXCELLENT RESOURCE FOR DISCOVERING LOCAL INTERPRETER PROGRAMS IS THE "TRAINING" SECTION OF THE INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION WEBSITE, WWW.MMIA.ORG. DURING THE WINTER-SPRING 2008 SEASON, THE CROSS CULTURAL COMMUNICATION INSTITUTE WILL OFFER EXCITING NEW LANGUAGE-SPECIFIC INTERPRETER EDUCATION OPPORTUNITIES, INCLUDING A 40-HOUR "INTERPRETING IN MENTAL HEALTH SETTINGS" CERTIFICATE PROGRAM.

DRESSING FOR SUCCESS

Dress and grooming are important to the professional interpreter. When you interpret, you are a representative of CCCS. You are also the "face" from which providers, support staff and patients will form impressions, both of you as a person and of the medical interpreting profession at large. For this reason, your dress and grooming should reflect a professionalism and dignity appropriate to the medical setting.

Attire deemed unprofessional and prohibited in CCCS assignments include:

- Shorts, miniskirts, jeans or leggings
- Low-cut or see-through tops
- Sneakers, open-toe shoes, and flip flops
- Sweatpants or sweatshirts, even if they are velvet!

Perfume is also prohibited, as many patients have severe allergies to scented oils and sprays. Interpreters are also asked to be moderate in their use of jewelry and make-up. Remember, our goal is to masterfully blend in to the medical encounter, not to call attention to ourselves through extreme styles of dress or grooming.

Interpreters must wear their CCCS Interpreter ID Badge to all assignments. (Note that CCCS badges cannot be worn outside of CCCS assignments or shared with other individuals.)

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.

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. We'd like to alert our interpreters to a recent finding: a small number of 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 return it to CCCS complete with a provider or support staff signature within 48 hours of completion of that assignment. For more information on 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, contact Gail Marinaccio at ext. 106 or by email at gmarinaccio@cccsorg.com.

Another trend noticed by our critical incident team is widespread overbooking and double booking of assignments. Clients appreciate and are more likely to enter into a long-term relationship with an interpreter who is well organized. In recent interviews with the editor of the Communicator Express, several interpreter service coordinators representing different healthcare organizations revealed that the number one reason they have terminated contracts with freelance interpreters is the contractor's failure to manage schedules and assignments.

Managing your schedule is not a difficult task, but it does require an initial investment of time and money, as well as regular upkeep. All successful independent contractors keep a calendar in which they make note of their appointments and any commitments that may affect their interpreting work. Some interpreters prefer a traditional appointment book, while other make use of electronic scheduling tools. Whatever the tool, it will only be of use to the interpreter if all assignments and all commitments are recorded within.

Interpreters must be careful not to double book their time slots. Nothing is more frustrating to a client organization than an interpreter who fails to report to assignments due to overbooking. Another scheduling consideration is travel-the independent contractor must estimate and block out a generous amount of time for driving, traffic and parking.

Amanda Duross
Regional
Coordinator

INTERPRETING IN ORTHOPEDICS

Many CCCS interpreters are being assigned to cases involving the treatment of bone fractures. Fractures, also known as "broken bones", commonly happen because of car accidents, fall or sports injuries. Another cause is osteoporosis, which causes weakening of the bones.

Symptoms of a fracture may include:

- Out-of-place or misshapen limb or joint
- Swelling, bruising or bleeding
- Intense pain
- Numbness and tingling
- Limited mobility or inability to move a limb

Patients may need to wear a cast or splint to stabilize the fracture. A cast is like a big bandage that has two layers. There is a soft cotton layer that rests against the skin and a hard outer layer, usually plaster or fiberglass, that prevents the broken bone from moving.

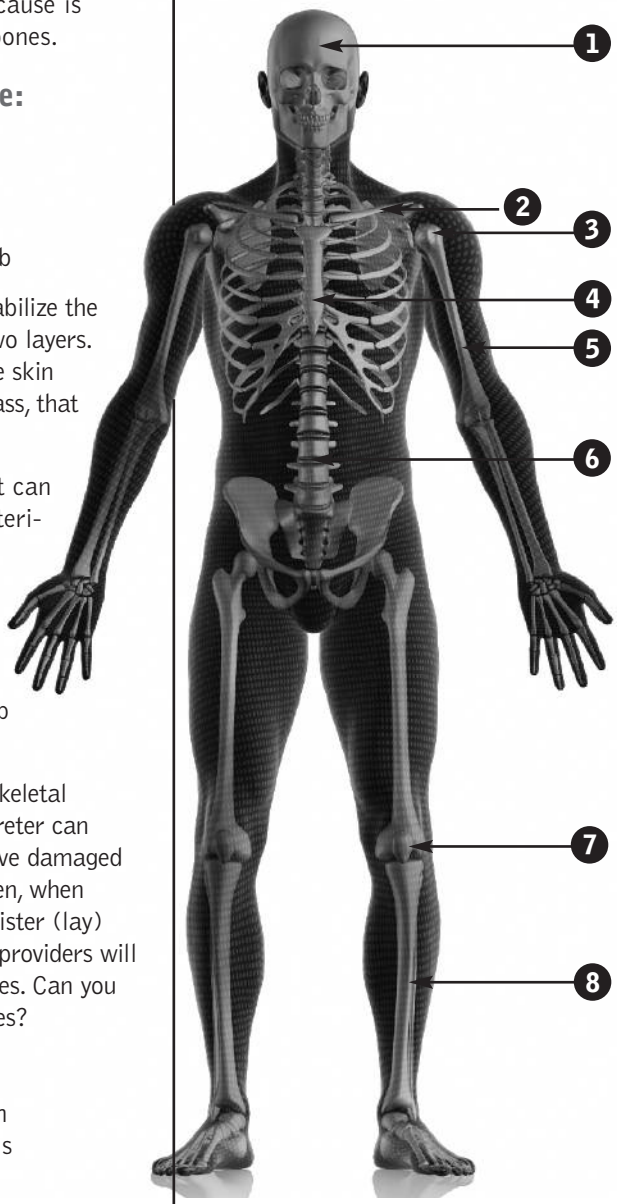
A splint also keeps the bone from moving so it can heal. A splint can be made from the same materials as a cast or may be a pre-made piece of stiff plastic or metal surrounded by strong fabric. A splint is a good choice for some injuries, especially if the injured area is swollen. Sometimes, patients may need surgery to put in plates, pins or screws to keep the bone in place.

So as an interpreter, how well you do know the skeletal system? Of the 208 bones of the body, an interpreter can expect to regularly interpret for patients who have damaged one or more of at least twenty major bones. Often, when providers speak to patients, they will use low register (lay) terms to refer to a certain bone. At other times, providers will opt for the high register (medical) names of bones. Can you match the following bones to their medical names?

1. Backbone
2. Breastbone
3. Collarbone
4. Funny bone
5. Kneecap
6. Shinbone
7. Shoulder blade
8. Skull

a. Clavicle
b. Cranium
c. Humerus
d. Patella
e. Scapula
f. Sternum
g. Tibia
h. Vertebrae

Now, how many of the following bones can you label in English and in your 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 ENGLISH

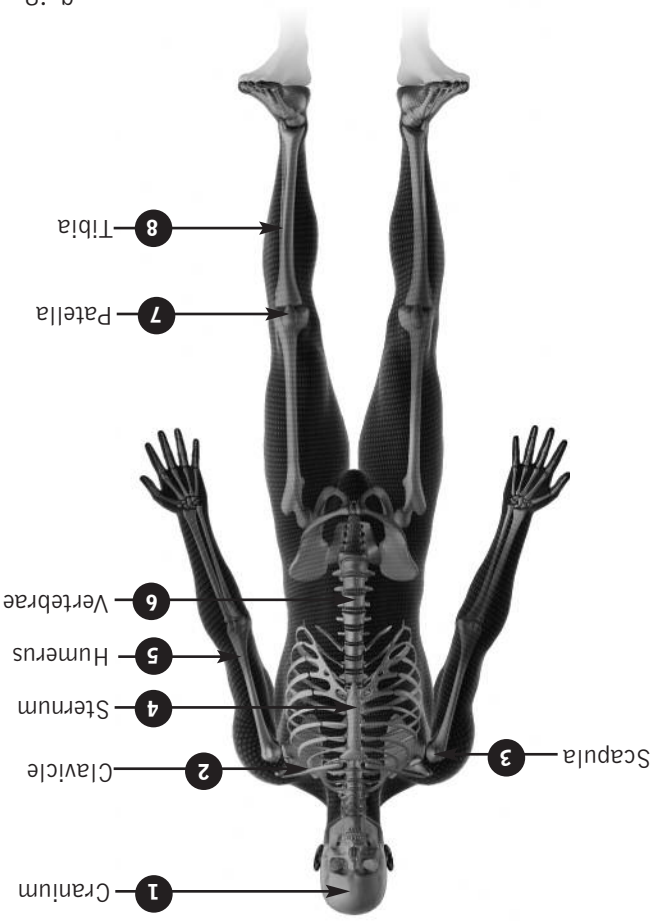
TARGET LANGUAGE

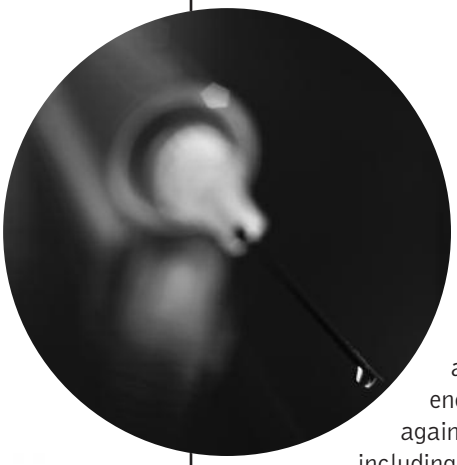
Answers to bone quiz and skeletal diagram can be found on the last page of this newsletter. Information on bone fractures and the skeletal system adapted from http://kidshealth.org/kid/feel_better/things/casts.html, http://www.nlm.nih.gov/medlineplus/fractures.html, and http://hes.ucf.k12.pa.us/gclaypo/skelweb/hotpot/osteo01.html

INTERPRETING IN ORTHOPEDICS

Answers to bone quiz and skeletal diagram.

1. h
2. f
3. a
4. c
5. d
6. g
7. e
8. b





IMMUNIZATIONS – WHERE TO GET THEM

All CCCS interpreters are required to submit proof of current MMR vaccination and PPD (TB) test results as a pre-requisite to yearly renewal. In addition, interpreters are strongly encouraged to undergo vaccination against other communicable diseases, including Hepatitis B.

Many interpreters have asked where to go for free or low cost routine immunizations. While your medical provider is likely the best source of information regarding vaccines that may be applicable to your work as an interpreter, you can also check with your city or town's Board of Health. In each municipality, the Board of Health can provide information on local vaccination clinics. In some areas, routine vaccinations may be free for all residents, while in other areas, a small fee is paid.

CCCS interpreters who fall behind with their yearly Interpreter Portfolio updates will receive fewer assignments than interpreters who promptly submit the required paperwork. CCCS reserves the right to discontinue the services of interpreters who fail to meet yearly immunization and work authorization requirements or to attend MIFT training.

CCCS

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