The COMMUNICATOR Express

VOLUME 14 NOVEMBER 2007

FINAL MIFT REMINDER FOR CCCS INTERPRETERS

COMMENTS FROM
INTERPRETERS WHO
ATTENDED ONE OF OUR
OCTOBER SESSIONS:

"I really enjoyed the training because I learned how to do my job and be better at it. This training helps me in my profession."

"Really interesting. It was great to refresh the information I learned over a year ago."

"I was very impressed with the orientation. Everything was well-organized."

"CCCS is a good company to work for."



s a company that provides interpreter services to a diverse healthcare, human services and legal customer base, CCCS is engaged in a continuous process of refining organizational procedures with a view to maintaining a qualified and reliable interpreter pool.

Since early 2007, CCCS has required that all freelance interpreters update their portfolios and attend a new 8-hour Medical Interpreter Foundations Training (MIFT). Our ultimate goal is to increase our customer base and work exclusively with interpreters who have consistently shown that they are responsible and open to professional growth.

Business at CCCS has increased dramatically over the past few months, and we would like to retain as many of our current interpreters as possible. We have sent repeated MIFT reminders via the Communicator Express and with Service Verification Forms for each interpreting assignment, and we thank the interpreters

who heeded the reminders and attended a $\ensuremath{\mathsf{MIFT}}$ session.

THIS IS A FINAL REMINDER: Interpreters who do not attend MIFT by December 1st will no longer receive assignments from CCCS. All interpreters who attended orientation trainings prior to April 2007 must attend MIFT.

These full-day trainings, though traditionally held once a month, have been scheduled on multiple dates in October and November. Contact Amanda Duross at (781) 729-3736 x.120 or by email at aduross@cccsorg.com to reserve your seat for one of the following sessions:

Saturday, November 3rd(9AM-5PM) Saturday, November 10th(9AM-5PM) Monday, November 19th(9AM-5PM) Saturday, December 1st(9AM-5PM)

MIFT is a training designed for active interpreters. Each MIFT group is a cross-section of the interpreter population, with representatives from different language groups, educational backgrounds and years of experience.

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SURGICAL ERRORS AND THE MEDICAL INTERPRETER

The Boston Globe reported this week that between January 2005 and September 2007, there were at least 74 cases in Massachusetts hospitals in which doctors performed the wrong procedure or operated on the wrong site or wrong patient or left objects inside patients during surgeries.

While none of these cases cited interpreters as involved in the medical mishaps, they do prompt us to think of our multifaceted role in the triadic encounter. Interpreters may function primarily as conduits, but to quote the International Medical Interpreters Association, we are not simply "a black box converter". In fact, we "know how to engage both provider and patient effectively and efficiently in accessing the nuances and hidden socio-cultural assumptions embedded in each other's language, which could lead to dangerous consequences if left unexplored." Yes, we are also linguistic conduits and cultural liaisons! But does our involvement end with the nuances of language? (See http://www.mmia.org/standards/standards.asp)



INTERPRETER OF THE MONTH

CCCS has instituted an "Interpreter of the Month" award. Congratulations to October winners Sue-Ann Leong Tsang (Cantonese-Mandarin-Toisanese) and Cristina Cordoba (Spanish), and to November winner Jesse Kordha (Albanian-Greek)! Interpreters of the Month each receive a letter of appreciation and a Human Body anatomy book.

As interpreters, our expertise is limited to matters of language and culture. We are simply not medical professionals in charge of a patient's care. Thus, in most situations, we refrain from questioning a provider's judgment on medical matters. However, there is a difference between voicing a personal opinion and spotting a medical mistake. The National Council on Interpreting In Health Care affirms, "The interpreter may speak out to protect an individual from serious harm. For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked." With this in mind, what would you do if you felt that a doctor was making a medical mistake?

In a recent interpreter training class, one student recounted her personal experience as a patient with a penicillin allergy. On several occasions, in different treatment facilities, she had to speak out to prevent providers from prescribing penicillin. The information was on her chart, but it had been overlooked. As an interpreter, you likely do not have access to a patient's chart. But if a patient mentions an allergy to a specific medication, you would interpret this information to the appropriate member of the treatment team. Later, if this information were mistakenly overlooked, it would be your responsibility to remind the provider of this information before a medical error is made.

Likewise, you may have interpreted for a patient preparing to undergo an amputation. On the day of the surgery, you might notice that the treatment team has mistakenly marked the wrong limb for amputation (right versus left). It would be your responsibility to act as a patient advocate and immediately inform the provider of the possibility of a mistake.

In the meantime, hospitals are developing new systems of tracking patients, procedures and supplies. The Boston Globe article mentions a number of hospitals that are beginning to implement a system of team training or operating room staff and bar coding instruments so that a computer, not a person, keeps count of items going into patients and coming out. In the meantime, let us continue to play the role of patient advocate when the health or safety of our patients is in jeopardy!

INTERPRETER SAFETY-PREVENTING STAPH INFECTIONS

This information was adapted from the US Centers for Disease Control. For more information, see http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca_public.html#1)
Staphylococcus aureus, often referred to simply as "staph," are bacteria commonly carried on the skin or in the nose of healthy people. Sometimes, staph can cause an infection.
Staph bacteria are one of the most common causes of skin infections in the United States. Most of these skin infections are minor (such as pimples and boils) and can be treated without antibiotics. However, staph bacteria also can cause serious infections (such as surgical wound infections, bloodstream infections, and pneumonia).

Staph infections occur most frequently among persons in hospitals and healthcare facilities (such as nursing homes and dialysis centers) who have weakened immune systems. These healthcare-associated

systems. These healthcare-associated staph infections include surgical wound infections, urinary tract infections, bloodstream infections, and pneumonia.

Staph can also cause illness in persons outside of hospitals and healthcare facilities. Staph or MRSA infections in the community are usually manifested as skin infections, such as pimples and boils, and occur in otherwise healthy

people.

KEEP YOUR HANDS
CLEAN BY WASHING
THOROUGHLY WITH
SOAP AND WATER
OR USING AN
ALCOHOL-BASED
HAND SANITIZER.

Most staph are treatable with antibiotics. If you are given an antibiotic, take all of the doses, even if the infection is getting better, unless your doctor tells you to stop taking it. Do not share antibiotics with other people or save unfinished antibiotics to use at another time.

To avoid contracting a staph infection, practice good hygiene:

- Keep your hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
- Keep cuts and scrapes clean and covered with a bandage until healed.
- Avoid contact with other people's wounds or bandages.
- Avoid sharing personal items such as towels or razors.

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.

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FUNDAMENTALS OF LEGAL INTERPRETATION Sundays, February 10-April 27 (9AM-2PM)

Instructor: Frank Geoffrion

Many medical interpreters share the goal of eventually expanding to offer legal interpreter services. 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.

Interpreters will 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 materials will be provided for groups of 4 or more interpreters working in the same language pair.

General Tuition: \$750 (includes materials) CCCS Interpreter Discount rate: only \$575!

Class size is limited to 20 interpreters. For more information, contact Stefanie DiMeo, CCCI Program Coordinator, at sdimeo@cccsorg.com or 781.729.3736 x.111.

Admission Requirements: Admission requires submission of a completed application and non-refundable \$375 deposit, and proof of interpreting experience, as expressed in one of the following: a letter of recommendation stating that the applicant has worked as an interpreter or related profession or has served as a volunteer interpreter; or enrollment in a graduate or undergraduate program in a related field.

SPECIAL TRAINING OPPORTUNITIES

At CCCS, we are committed to interpreter education. We encourage our interpreters to get as much specialized training as possible. 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 2007 season, the Cross Cultural Communication Institute will offer exciting new language-specific interpreter education opportunities.

INTRODUCTION TO THE ART OF MEDICAL INTERPRETATION (40-HOUR INTENSIVE TRAINING)

Many of our interpreters work in language pairs for which it is hard to find language-specific training. This series of weeklong intensive trainings target language groups traditionally overlooked by most local community and college-level interpreter programs.

Schedules/Groups:

December 3-7, 2007 - Russian, Romanian, Albanian, Italian January 7-11, 2007 - Amharic, Somali January 21-25, 2007 - Arabic

In this training, CCCS outlines simple interpreting strategies for accuracy and completeness as well as tips for controlling the flow of triadic communication, asking for repetition and clarification, and successfully executing the three stages of complete interpretation: pre-session, session and post-session.

Language-specific student groups will work under the supervision of language coaches to master English and target language medical terminology and develop bilingual glossaries for use in their interpreting practice. Target language materials will be provided.

Upon completion of this training program, interpreters will demonstrate a greater understanding of the power of language through the Samurai! method for taming complex medical terminology. Interpreters will also demonstrate familiarity with key cultural competency models, conflict resolution tools for the triadic encounter, and their practical applications in basic interpreting.

General Tuition: \$650 (includes textbook, materials, and graduation luncheon) CCCS Interpreter Discount rate: only \$375!

Class size is limited to 20 interpreters. For more information, contact Stefanie DiMeo, CCCI Program Coordinator, at sdimeo@cccsorg.com or 781.729.3736 x.111.

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cross cultural communication systems, inc.

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