

FREELANCE INTERPRETERS – AMBASSADORS THROUGH CONFLICT RESOLUTION

The country is divided on issues of immigration law and policy, and there are still many misunderstandings about the LEP population that we interpreters respect and care for. Some people see immigration as a way of vitalizing parts of our country and our economy while others view it as a fiscal burden. Those who consider immigrants to be an imposition often look for reasons, big and small, to justify their lack of compliance with language access legislation.

While the immigration debate rages on, we, as interpreters, continue to face the daily struggles of our chosen profession. Many freelance interpreters have commented that at times it feels as if they work in a vacuum — alone and with little supervision. Day to day, freelance interpreters keep on answering calls and covering cases without a formal place to sort through their feelings about work. Unlike providers, they do not have team meetings, grand rounds, chart review or individual supervision.

Frequently, the only feedback the freelance interpreter receives regarding the triadic encounter is a few words of commendation from a satisfied provider or a complaint from a disgruntled customer. Due to a lack of public awareness of the interpreter's professional standards, it is still common for us to be judged based on the *outcome* of an encounter, rather than on actual *skills* or performance.

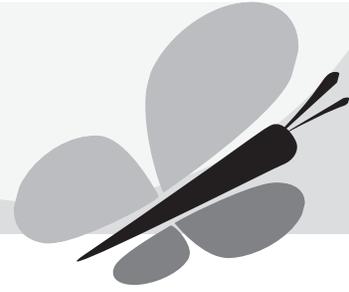
As interpreters, we are often put under pressure to "fix" a problem or to "control" a situation that is beyond the scope of our practice. Many years ago, I interpreted for a patient who had refused a blood transfusion. I will never forget how the provider asked me to stay and "convince" her that she



should accept the recommended treatment as he went on with other business. Interpreters work as conduits, or as the bridge between two voices, but we do not exist to independently persuade either side to accept the position or counsel of the other. And yet, that provider judged my work as an interpreter on the basis of his perception of the *outcome* of the session, not on whether I abided by professional guidelines

The American Translators Association, the National Council on Interpreting in Health Care and other key organizations have been involved in educating both lawmakers and the general public in regard to the expectations and limitations of professional interpreters. While these initiatives are commendable, it may be years before providers and support staff at all levels within the organizations

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in which we work fully understand our roles as conduits, clarifiers, cultural liaison workers and advocates. In the meantime, we will be challenged each day with inappropriate requests from providers and patients alike. While the professional interpreter must possess a host of competencies, advanced conflict resolution skills are perhaps the most important in maintaining strong working relationships within an organization.

Can you think of situations in which you interpreted for someone who asked you to do something that was outside of your professional reach? Our interpreters and students have contributed many stories regarding ethical dilemmas, including the following scenarios:

1. A provider instructs an interpreter, "You can explain this consent form to the patient. I'll be back in a few minutes."
2. A nurse asks an interpreter, "Can you hold the baby's legs while I apply the vaccination?"
3. A receptionist approaches an interpreter, "You speak Spanish, right? Because I have this Portuguese-speaking patient here. Can you interpret for her?"
4. A patient says to the interpreter, "I don't have any transportation. Can you drive me home?"

Clearly, each of these requests is inappropriate and to comply with any of them would be a violation of interpreter standards of practice. But how can the interpreter decline such requests in a manner that would not provoke a negative reaction from the provider, patient or ancillary staff?

One of the keys to successful conflict resolution is to 'say no while saying yes'. What does this mean for the professional interpreter? Well, when faced with an inappropriate request, rather than saying, "No. I can't help you with that" or "No, that's not part of my job", the interpreter might choose to soften the impact of a refusal by 'cushioning' the answer with generosity. Here are some ways interpreters have handled the situations presented above:

1. A provider instructs an interpreter, "You can explain this consent form to the patient. I'll be back in a few minutes." The interpreter replies, "I would be happy to interpret the form as you explain it to the patient."
2. A nurse asks an interpreter, "Can you hold the baby's legs

while I apply the vaccination?" The interpreter replies, "I would love to help you, but I am not allowed to touch the baby. Is there someone I can call to help you hold the baby?"

3. A receptionist approaches an interpreter, "You speak Spanish, right? Because I have this Portuguese-speaking patient here. Can you interpret for her?" The interpreter replies, "I would love to help you communicate with the patient, but my Portuguese is not very fluent and I don't want to jeopardize the accuracy of the interpretation. Is there another way you could communicate with the patient in her language? (E.g. utilizing a phone interpreter service, paging a Portuguese interpreter, etc.)"
4. A patient says to the interpreter, "I don't have any transportation. Can you drive me home?" The interpreter replies, "I would love to help you get home, but I could lose my job for transporting patients. Can I help you call a taxi?" (Or, if money is the issue, "I can help you explain your situation to a social worker, hospital transportation desk, etc.")

In each of the above cases, the interpreter 'said no while saying yes' in the sense that he/she offered a possible solution to a conflict while politely declining to overstep professional boundaries. While there are innumerable ways to handle each ethical dilemma, there are five basic principles of conflict resolution sure to help you negotiate a mutually agreeable solution to any problem:

1. Help customers understand the situation
2. Say "yes" to reasonable requests
3. Understand the power of an apology
4. Be generous, give more than expected
5. Encourage feedback

Remember, for the time being, you, the freelance interpreter, may be judged based on the outcome of an encounter, as opposed to (or in addition to) your actual interpreting skill. That being said, your interactions with patients, providers and support staff, especially in emotionally charged situations, will establish a reputation, not only for you as a professional, but for interpreters in general. Yes, each of us is an ambassador for the profession of medical interpreting. Let us, then, do our utmost to promote positive interactions within the scope of our interpreting practice.



MEDICAL INTERPRETER FOUNDATIONS TRAINING SCHEDULE

We would like to thank the over 170 active freelance interpreters who attended the Medical Interpreter Foundations Training (MIFT) series, an orientation and refresher course for CCCS interpreters, in the past year.

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 will not continue to utilize the services of interpreters who have not completed this three-step process.

Step One: Formalizing Your Interpreter Education

While all of our recently hired freelance medical interpreters have graduated from a recognized training program, there are still a few interpreters who have contracted with our organization for nearly a decade and have not yet formalized their interpreter education through completion of a 54-hour interpreter training program. If this is true in your case, make it your goal to complete basic training by December 2008.

One excellent resource for discovering local interpreter programs is the "Training" section of the International Medical Interpreters Association website, www.mmia.org. In addition, our training division, The Cross Cultural Communication Institute at CCCS, Inc., offers a variety of basic, intermediate and advanced skill trainings, all available to our freelance interpreters at a discounted tuition rate.

Step Two: Updating Your Immunizations

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.

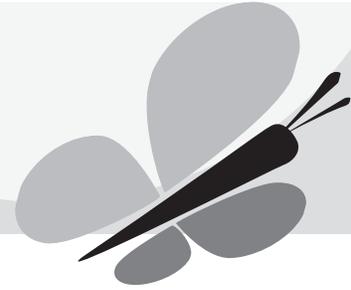
CCCS interpreters who fall behind with their yearly Interpreter Portfolio updates will receive fewer assignments than interpreters who promptly submit the required paperwork. CCCS reserves the right to discontinue the services of interpreters who fail to meet yearly immunization and work authorization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

Step Three: Getting Your MIFT Certificate

A small number of our freelance interpreters were unable to attend MIFT training during the past year. If you have not yet attended MIFT training, contact Gail Marinaccio at gmarinaccio@cccsorg.com or by phone at 781-729-3736 x.106 to reserve your seat at one of our spring trainings, which have been scheduled once a month on alternating weekdays and weekends. The next MIFT training will be held on Saturday, May 10th.

CONGRATULATIONS TO CCCS INTERPRETER OF THE MONTH THAYSE ROSA!

CCCS is proud to have sponsored the *Interpreter of the Month* award for exceptional service each month for the last seven months. Our April 2008 *Interpreter of the Month* is Thayse Rosa (Portuguese). Thank you, Thayse, for your exceptional work!



NEW ENGLAND TRANSLATORS ASSOCIATION (NETA) 12TH ANNUAL CONFERENCE AND EXHIBITION

NETA will host its 12th Annual Conference and Exhibition on May 31, 2008 at Boston University. The following pre conference workshops may be of special interest to freelance interpreters.

1:00 - 2:30 How to Lose Your Accent (\$30.00)

Maya León-Meis, President and Founder of Voice Productions International

Intended audience: All language speakers - All levels of translators and interpreters

1:00 - 5:00 Federal Court Certification Examination Workshop (\$60.00)

María Cecilia Marty, Certified Federal Court Interpreter

Intended audience: Anyone interested in becoming a federally certified Spanish language court interpreter

For more information, see www.netaweb.org.

CCCS SERVICE VERIFICATION FORM SUBMISSION GUIDELINES

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n our last edition of The Communicator Express, we alerted our readers to a recent finding: a few 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 CCCS interpreters are required to bring a Service Verification Form to each assignment, and to return it to CCCS complete with a provider or support staff signature within 48 hours upon completion of that assignment.

Note that CCCS has designated a special fax line exclusively to SVF submission. All Service Verification Forms must be faxed to **781-937-4222** along with a cover sheet detailing the total number of pages per fax. Interpreters are responsible for utilizing their fax verification mechanisms to determine whether the fax has been received by CCCS. On behalf of our staff, we ask that you do not contact the CCCS office to inquire as to whether your fax has been received.

Fax cover sheets must be marked "CONFIDENTIAL" and must include a return fax number along with the statement, "This message is a PRIVATE communication. If you are not the intended recipient, please do not read, copy, or use it, and do not disclose it to others. Please notify the sender of the delivery error by replying to this fax, and then delete it from your system. Thank you."

Failure to submit your Service Verification Forms to our dedicated fax line within 48 hours of each assignment could result in your payment being deferred to the following month's interpreter payroll. We appreciate your services and it is our desire to pay you on time each month. It takes a team to build a future and we truly value your partnership!

INTERPRETING FOR BURN VICTIMS

The CCCS customer base is continually expanding to include new medical specialties. This is both a challenge and a reward to our freelance interpreters who must then widen out in their own grasp of new medical concepts and corresponding vocabulary. In this issue of The Communicator Express, we will focus on caring for burn survivors.

A burn is damage to your body's tissues caused by heat, chemicals, electricity, sunlight or radiation. There are three types of burns:

1. First-degree burns damage only the outer layer of skin
2. Second-degree burns damage the outer layer and the layer underneath
3. Third-degree burns damage or destroy the deepest layer of skin and tissues underneath

Burns can cause swelling, blistering, scarring, infection, shock, and even death. More than 50 percent of burn patients are treated in specialized burn centers. Massachusetts has five specialized burn centers: Shriners Burn Institute, Mass General Hospital Sumner Redstone Burn Center, Brigham and Women's Hospital Burn Center, Boston Medical Center and UMASS Medical Center.

Burn centers utilize special treatments and techniques to care for burn patients. The body loses a significant amount of fluid through the burned area, so replacement fluids are given through an IV. If breathing is difficult, a tube is inserted into the throat. The patient will need to take antibiotics to protect the burned area from infection, as well as a pain medication and, in some cases, a tetanus booster.

Putting the patient into a special room called a hyperbaric changer may treat severe burns. The chamber is filled with pure oxygen under high pressure, and the patient must receive this treatment within 24 hours of being burned for the treatment to be effective.

The burned areas are cleaned and covered with an antibiotic cream, then covered in sterile bandages. These bandages are changed frequently and the burned area is carefully monitored for signs of infection. The dead tissue around the burn is surgically removed in a procedure called debridement.

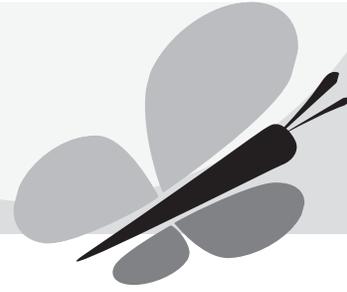
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REFER A FRIEND!

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.

MASSACHUSETTS HEALTH CARE INDUSTRY RESEARCH STUDY

The *Immigrant Workers in the Massachusetts Health Care Industry* research study will be presented on May 6, 2008 at Boston Private Bank in Downtown Boston, from 8:00 AM to 10:30 AM. If you wish, you may register immediately by calling or emailing Ewa Goodman at 781-322-9777 or egoodman@ilctr.org.



COMING SOON! CCCS QUALITY ASSURANCE PROGRAMS

CCCS has secured permission from specific customer organizations for a team of trained staff to conduct over-the-phone patient surveys on interpreter performance. This groundbreaking initiative will provide a safe forum in which patients can voice their satisfaction, complaints, and questions about interpreter services. In addition, starting this fall, CCCS staff will begin to conduct random site checks at scheduled interpreting assignments. These new quality assurance programs will allow our organization to draw closer to its freelance interpreter pool and provide individualized feedback like never before.

We would like to remind our interpreters that they must wear the CCCS Interpreter Badge to all assignments. In harmony with our quality assurance mission, we have instructed our clients to check Interpreter Badges prior to each assignment. Interpreters who do not carry their badges may be asked to leave the appointment site. Note that CCCS badges cannot be worn outside of CCCS assignments or shared with other individuals. Interpreters who loan their badges to fellow interpreters or who send an unassigned individual to cover an assignment will be immediately terminated from providing services to CCCS.

INTERPRETING FOR BURN VICTIMS

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THE CCCS
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As burned skin heals, it develops a thick, scabbed surface, called eschar. Eschar makes it difficult for blood to flow to the injured area. Doctors often have to use a procedure called an escharotomy to cut through the eschar so the healthy tissue underneath can receive the blood flow it needs.

After a third-degree burn, patients may need skin or synthetic grafts to cover exposed tissue and encourage new skin to grow. People with burns covering 90 percent of their bodies can survive, although often with permanent impairments. Critical third-degree burns may take weeks to months of hospital treatment and require physical therapy to help restore movement to the burned areas and to minimize scarring.

This information was copied and/or adapted from the following sources:

1. Medline Plus (A service of the US National Library of Medicine and the National Institutes of Health)
<http://www.nlm.nih.gov/medlineplus/burns.html>
2. National Institutes of Health (Fact Sheet "Burns and Traumatic Injury")
<http://www.nih.gov/about/researchresultsforthepublic/BurnsandTraumaticInjury.pdf>
3. Penn State Milton S. Hershey Medical Center College of Medicine
<http://www.hmc.psu.edu/healthinfo/b/burns3.htm>



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