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ast month, four CCCS representatives attended the second annual membership meeting of the National Council on Interpreting in Healthcare in Atlanta, GA. Zarita Araujo-Lane, CCCS President and Vonessa Phillips Costa, CCCI Director, were invited to speak on two hot topics: *Interpreting Strategies for the Selection and Training of Language Coaches* and *Planting Seeds: Training our Future Workforce*. The following is a summary of the two presentations.

INTERPRETING STRATEGIES FOR THE SELECTION AND TRAINING OF LANGUAGE COACHES

Language coaches are active, experienced interpreters with a near-native command of English and a corresponding target language, a strong bilingual medical vocabulary and an excellent teaching ability. At the Cross Cultural Communication Institute at CCCS, Inc. the language coach has several key functions within the medical interpreter training program structure.

One goal of the language coach is to assist students in improving interpreting skills. Language coaches observe students in simulated triadic encounters and provide meaningful feedback on areas of strength and weakness in relation to accuracy, completeness and proper use of core techniques. The language coach is also a nurturer, an active listener, and a mentor to the student interpreter. The language coach provides feedback in a way that makes students feel confident about their individual and collective progress as "interpreters in the making".

Adult learning is based on first anchoring on the student's current knowledge and life experience and then introducing a new path with a view to correcting bad habits and to enhancing present strengths. Language coaches collaborate with primary instructors in introducing a self-evaluation process that encourages students to "know what they don't know" and to consistently seek self-improvement.

When it comes to the study of anatomy, pathology and general medical terminology, students learn more when they can make meaning of newly introduced concepts through practical application. Language coaches lead small language-specific groups in simulated triadic encounters. The role-play experience should include:

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INTERPRETING STRATEGIES FOR THE SELECTION AND TRAINING OF LANGUAGE COACHES

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- 1. Understanding the illness (main role-play topic)
- 2. Learning the corresponding medical terminology
- 3. Sharpening consecutive or simultaneous interpreting skills
- 4. Applying Standards of Practice when navigating the interpreter's roles

While listening carefully to the student's interpretation, language coaches discreetly make note of words or phrases that are mispronounced, omitted, added or distorted. They do not interrupt role-plays to help students with challenging terms. Rather, they encourage independent thinking and problem solving by allowing the student to use the tools presented by the primary instructor for requesting clarification from the speaker.

As experienced interpreters, language coaches may easily identify passages in a role-play in which a student is experiencing difficulty. It may be that the student has omitted key units of meaning or that the student has substituted the correct term or phrase with a less accurate, and therefore less desirable, interpretation. It is important that the language coach point out inaccuracies to the student and thus assist the student to improve in any areas of weakness. However, it is best to first prompt the student to self-evaluate his/her performance.

If the student does not demonstrate awareness of the mistake, the language coach may gently highlight the word or phrase in question and ask the student for alternate ways of interpreting the key units of meaning. This discussion may also be opened up to include other students working in the same language pair. Rather than focusing on one 'correct' interpretation, the language coach must be open to alternate renditions of the term or phrase in question, as long as these do not distort the meaning of the message.

Are you interested in becoming a language coach?

Language coaches are active, experienced interpreters with a near-native command of English and a corresponding target language, a strong bilingual medical vocabulary and an excellent teaching ability. They must consistently serve as models and examples of professional and ethical behavior, both in their individual interpreting practice and in their coaching work. It is

the responsibility of the language coach to become familiar with the NCIHC and IMIA Standards of Practice, as well as with any applicable local guidelines, and to compare these as they relate to the fundamental principles of medical interpretation.

CCCS is currently contracting language coaches. As a pre-requisite to selection, all language coaches should have at least two years interpreting experience and have formalized their education in interpreting by successfully completing a minimum of 54 hours of language-specific training in a recognized certificate or degree program and attending a custom training session for prospective coaches.

CCCS has developed Guidelines for Language Coaches, a handbook for coaches working in the Art of Medical Interpretation Program. This publication, which covers topics such as 'Core Values for Healthcare Interpreters', 'The Importance of a Pre-Session', 'The Interpreter's Different Roles', 'Choosing a Mode of Interpretation', 'Evaluating a Role-Play', and 'Essential Medical Terminology', is reviewed in an annual training event that also serves as a forum in which coaches can provide feedback to primary instructors and program administrators and simultaneously receive guidance on best practices.

CCCS will host its second annual training event for language coaches on Thursday, August 28th, from 6PM to 9PM. If you are interested in attending this event in preparation for language coaching work, contact Vonessa Phillips Costa, CCCI Director, at vphillips_costa@gmail.com or 781-729-3736 x.110.

PLANTING SEEDS: TRAINING OUR FUTURE WORKFORCE

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Another topic on which CCCS representatives presented at the NCIHC Annual Membership Meeting was high school interpreter training programs.

The national demand for trained health professionals on the rise and health professions are in competition with other fields for young recruits. Currently, there is a nationwide trend towards high school health career vocational programs, including introductory training for medical assistants, pharmacy clerks, emergency medical technicians, surgical aides and nurses.

Sadly, medical interpreting is not widely marketed as a first career choice. Most interpreters today enter the field as a career change, often in mid-life. With a view to introducing young people to medical interpreting, CCCS has developed the Introduction to the Art of Medical Interpretation - High School Edition manual and training program. Our goal is to help bilingual students to develop skills today that will allow them to pursue healthcare interpretation as a future profession or as a professional anchor as they work their way through college.

We admire the determination of today's bilingual youth to build upon their language skills in English and in a second language. Some have recently arrived in the United States, while others learned a foreign language at home. A few chose, at an early age, to study language in school and have, with time and great effort, progressed to near-native fluency. Many of these youth have what it takes to become the interpreters of tomorrow!

We are very excited that a growing number of young people are considering healthcare interpretation as a future career choice. We believe that now is the time to begin their preparation. These interpreting students, in general, are open to new ideas and will become willing partners in the promotion of professional guidelines and standards for healthcare interpreting practice.

Minors should not interpret in healthcare settings. However, in the years it takes to meet the age requirement, high school students can study interpreting ethics, modes and techniques and sharpen their language conversion skills through supervised



WE ADMIRE THE DETERMINATION OF TODAY'S BILINGUAL YOUTH TO BUILD UPON THEIR LANGUAGE SKILLS IN ENGLISH AND IN A SECOND LANGUAGE.

role-play practice, personal study and language lab activities. These students can also complement their interpreting and language studies by taking as many communications, health, and science courses as possible. These activities do more than simply prepare the students for a future career-they also promote individual health awareness and disease prevention strategies.

If you are an educator interested in brining the Introduction to the Art of Medical Interpretation to your local high school, contact Vonessa Phillips Costa, CCCI Director, a vphillips_costa@cccsorg.com or 781-729-3736 x.110. Join us in planting a seed that will eventually make our communities, and indeed, the whole world, a better place in which to live.



THE GREEN INTERPRETER – SAVING MONEY AND THE ENVIRONMENT

Each month, the Communicator Express publishes tips to help freelancers remain financially successful in face of today's tough economic landscape. These might include ideas on "going green", saving money, schedule management, and maximizing time. Last month, we introduced our readers to EZPass, a timesaving and environmentally friendly way to pay tolls.

This month's tip comes from staff member Daniel DeOliveira, who encourages all interpreters to drive safely! According to www.fueleconomy.gov, aggressive driving habits such as speeding, rapid acceleration and excessive braking can lower your gas mileage by 33 percent at highway speeds and by 5 percent in the city.

Always observe the speed limit. Gas mileage can decrease rapidly at speeds over 60 mph. It has been calculated that each 5 mph you drive over 60 mph is equivalent to paying an additional \$0.30 per gallon for gas. Observing the speed limit is also safer for you and for those with whom you share the road.

Are you saving money and the environment? CCCS invites interpreters to send suggestions on ways to expertly manage the business of freelance interpreting to vphillips_costa@cccsorg.com.

Statistics on safe driving copied from http://www.fueleconomy.gov/feg/driveHabits.shtml.

FISCAL YEAR SERVICE VERIFICATION FORM SUBMISSION REMINDER

CCCS would like to remind freelance interpreters that all SVF documentation must be faxed to 781-937-4222 along with a cover sheet detailing the total number of pages per fax. 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.

Timely submission of SVF documentation is especially important each summer, since many of our clients end their fiscal year in July. Service Verification Forms for July assignments are not submitted within 48 hours of each assignment will not be considered for payment. 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!

AFTER-HOURS PHONE REMINDER

CCCS would like to remind interpreters that when calling the office after hours they should expect to hear different telephone prompts than those that they hear when calling during the day. If the after-hours greeting instructs the caller to leave a "numeric message", that means that the caller should enter/press in a callback number. This arrangement is similar to a paging system, and CCCS is committed to following up on all after-hours calls.

MEDICAL INTERPRETER FOUNDATIONS TRAINING SCHEDULE

Interpreters who wish to receive assignments from CCCS must provide proof of formal interpreter training, current immunizations, and attendance at the Medical Interpreter Foundations Training (MIFT), an orientation and refresher course for CCCS interpreters.

If you have not yet attended a MIFT session, contact Gail Marinaccio at gmarinaccio@cccsorg.com or by phone at 781-729-3736 x.106 to reserve your seat for one of the following dates:

Monday, August 25 (9AM-5PM) Monday, October 20 (9AM-5PM) Monday, December 15 (9AM-5PM)

INTERPRETING FOR PATIENTS WITH CLEFT LIP AND PALATE

As the CCCS customer base expands, there is a need for freelance interpreters to become familiar with specialty practice. This month's medical segment features cleft lip and palate.

Cleft lip (also known as harelip) and cleft palate are birth defects that happen when the tissue that forms the roof of the mouth and upper lip don't join before birth. The visible defect can range from a small notch in the lip to a groove that runs into the roof of the mouth and nose. While cleft lip and palate are not considered to pose any serious health risks, they are also not mere cosmetic issues, as they can lead to problems with eating and talking and to frequent ear infections and an increase number of dental cavities.

Surgery for cleft lip and palate is often done in several stages. The visible cleft lip can often be repaired when the baby is just a few months old. Later, the cleft can be corrected by bringing together the tissues that should have fused before birth. Before corrective surgery, prosthesis may be used to fill the gap in a cleft palate so that the baby can nurse and articulate speech sounds.

Test Your Knowledge!

- Members of a child's cleft lip and palate treatment team often include the following professionals. How would you interpret each of the following titles?
 - Audiologist
 - Dentist
 - Ear, nose, and throat specialist (otolaryngologist)

- Geneticist
- Nurse coordinator
- Oral surgeon
- Orthodontist
- Plastic surgeon
- Social worker and/or psychologist
- Speech therapist
- 2. The above summary used several new vocabulary terms. Can you interpret them in your target language?
 - Articulate
 - Cavities
 - Cleft lip
 - Cleft palate
 - Cosmetic
 - Gap
 - Groove
 - Notch
 - Roof of the mouth
 - Tissues

Information on cleft lip and palate adapted from:

http://familydoctor.org/online/famdocen/home/children/parents/special/birth/034.printerview.html and http://www.nlm.nih.gov/medlineplus/cleftlipandpalate.html

CONGRATULATIONS TO CCCS INTERPRETER OF THE MONTH GRICELIDES SAEX!

CCCS is proud to have sponsored the Interpreter of the Month award for exceptional service each month since September 2007. Our July 2008 Interpreter of the Month is Gricelides Saex. Thank you, Gricelides, for your exceptional work!

Honorable mentions include:

Rachid Tayebi (Arabic) Livie Gelen (Haitian Creole) Douglas Wong (Cantonese/Mandarin)

A message from Positive Reinforcement Team Leader, Daniel DeOliveira-

CCCS created this award as a means of acknowledging the work of our awesome freelancers who brave the elements to give their best to our clients and patients, and who treat our staff in a courteous and professional manner. We encourage each and every interpreter to reach out for the Interpreter of the Month Award!



COMING SOON! CCCS QUALITY ASSURANCE PROGRAMS

CCCS has secured permission from specific customer organizations for a team of trained staff, led by Amanda Duross, Quality Assurance Program Director, 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 in August, 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.

A RESEARCH TOOL FOR MEDICAL INTERPRETERS

Medline Plus is an excellent online resource for health-related research that brings together authoritative information from government agencies and health-related organizations. Medline Plus has an illustrated medical encyclopedia, interactive patient tutorials, and latest health news, and is fully bilingual in English and Spanish. Check it out at http://www.nlm.nih.gov/medlineplus!

ASK CCCS: WHAT IS THE POLICY ON LEAVING ASSIGN-MENTS PRIOR TO THE SCHEDULED DEPARTURE TIME?

All CCCS assignments are given a start time and an estimated departure time. When you accept an assignment with CCCS, you are, in effect, committing yourself to a minimum amount of time for that assignment.

If an interpreter is already in a facility when a case is cancelled due to a no-show, and the interpreter is requested by the customer to interpret for another patient at the time of the originally scheduled assignment, the interpreter must comply and will be paid for only one assignment.

If an interpreter is already in a facility when a case is cancelled due to a no-show, and the customer tells the interpreter that he/she is free to leave, the interpreter must call CCCS and inform the Interpreter Services Department of the situation. The interpreter must also request that the customer sign the SVF form indicating permission for the interpreter to leave.

For more information on CCCS policies and guidelines, consult your copy of the *Medical Interpreter Foundations Training Manual*. If you have misplaced your personal copy of this publication, contact Gail Marinaccio, Interpreter Resource Associate, at gmarinaccio@cccsorg.com or 781-729-3736 x.106.

NATIONAL COALITION ON HEALTH CARE INTERPRETER CERTIFICATION

The National Coalition on Healthcare Interpreter Certification is an organization of select stakeholders committed to developing a valid, credible, inclusive and transparent national process to ensure competency of healthcare interpreters and improve access and quality of care for patients with limited English proficiency in culturally diverse communities.

The inaugural meeting of the Coalition was held on May 29th and 30th, 2008 in Chicago. Delegates of eighteen member organizations convened to begin the process of developing a single, national certification for interpreters working in health care. For more information on the work of the Coalition, see http://data.memberclicks.com/site/ncihc/National_Coalition_on_HC_Interpreter_Ce rtification__May_20_.pdf.



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