# Communicator Express

cross cultural communication systems, inc.

May 2011


## Official Launch of the National Standards for Healthcare Interpreter Training Program by the National Council on Interpreting in Health Care (NCIHC)

The official launching of the National Standards for Healthcare Interpreter Training Program (the national training standards) by the National Council on Interpreting in Health Care (NCIHC) was presented during the NCIHC annual membership meeting May 2011 in New Orleans. The NCIHC Standards, Training and Certification Committee (STC) have been working on the final product for several years beginning with the initial core research and literature review conducted through focus groups, during NCIHC membership meetings, etc. As a result of the extensive research and literature review, national interpreter task analyses was performed in order to effectively and thoroughly identify interpreters' "body of knowledge," such as role, duties, skills, knowledge, training, etc. Once the information was collected, the STC formed an advisory committee of experts in the field to begin drafting standards. In 2010, STC began to solicit feedback to ensure a thorough understanding of interpreter trainings at the national level and to again analyze the feedback. Next, the draft was revised, proofread and published.

According to the STC, the national training standards are intended to provide a basis and a foundation for interpreter training programs. The NCIHC national training standards are intended to enhance, guide and provide a working tool for interpreter training programs. However, STC does recognize that many interpreter training programs already have many of the recommended components in place while other training programs may be missing some of the recommended national interpreter training elements.

The training standards are divided into three (3) sections:

I. Program Content Standards (knowledge and interpreting skills),
II. Instructional Methods Standards
III. Programmatic Standards

The Program Content Standards begins with a breakdown of what knowledge and skills professional interpreters should be introduced to during interpreter training programs. Included in the Knowledge and Skills sections are:

**I. Program of Study Content Standards**

A. Knowledge

1. **The healthcare interpreting profession,** i.e.,
   a. Definition of interpreting (vs. bilingualism, translation)
   b. Fields of interpreting (community interpreting, diplomatic interpreting, medical interpreting, etc.)
   c. How interpreters are employed (dedicated, dual-role, contract, freelance, etc.)
   d. An overview of healthcare interpreting history in the U.S.
   e. Purpose, function and responsibilities of healthcare interpreters
   f. Modes of interpreting in healthcare (consecutive, simultaneous, sigh translation),
   g. Venue of interpreting (face to face, remote, etc.)
   h. Relevant laws, standards,

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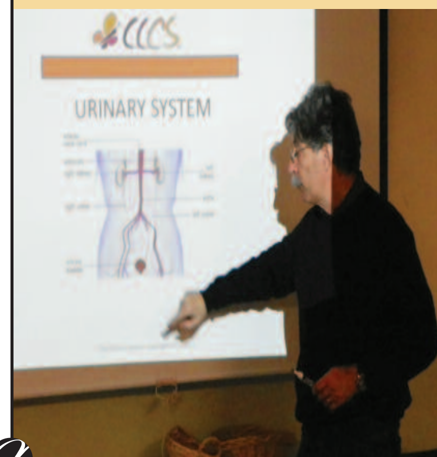

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regulations, etc. for healthcare interpreting.
- i. Liability insurance.
- j. Certification (availability, purpose, limitations)

**2. Language and Communication:**
- a. Language elements, such as regional, social, style, register, etc.
- b. Communication elements (power dynamics, negotiation)
- c. Cultural elements (how to address patient, body language, etc.)

**3. Professional Practice:**
- a. Ethics and its applications
- b. Ethical principals
- c. Self-care

**4. Health System:**
- a. Overview of US healthcare
- b. Concepts and relevant terminology in biomedicine (anatomy, physiology, etc.)
- c. Overview of common healthcare protocols (medical interview, diagnosing process

**5. Culture:**
- a. Overview of culture and its impact on health
- b. Patient's perspective (concept and relevant terminology, i.e., expectations, common diseases, etc.)
- c. Culture of biomedicine
- d. Cultural awareness and sensitivity

**6. Resources for students**

B. Interpreting Skills:

**1. Message conversion:**
- a. active listening
- b. message analysis
- c. target language equivalent
- d. managing regional dialects
- e. maintain and or changing register
- f. memory skills
- g. self-monitoring and self-assessment

**2. Modes of Interpreting**
- a. consecutive
- b. simultaneous (basic understanding)
- c. sight translation

**3. Interpreting Protocols**
- a. intro to role of interpreter
- b. first person
- c. dynamics of interpreter position
- d. pre and post sessions
- e. intervention techniques
- f. managing flow of communication
- g. monitor comprehension
- h. interpreting for groups
- i. interpersonal skills

**4. Cultural Brokering**
- a. recognition and management of cultural misunderstandings
- b. understanding one's cultural biases and maintain objectivity

**5. Decision Making**
- a. ethical decision making
- b. critical thinking

**6. Translation in the Interpreting Context**
- a. on-the-spot decision making for translating and transcription

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### II. Instructional Methods Standards:

Following components summarizes tools, key components and suggestions for teaching adult, such as incorporating concepts, ideas, and skills as well as practicum possibilities.

- **A. Interactive Methods**
- **B. Guide Practices**
- **C. Student's Learning Needs**
- **D. Varied Teaching Methods**

1. **Presentation methods**
   - a. lectures,
   - b. reading, references and links to resources
   - c. guest presenters
   - d. student presentations
   - e. modeling effective practices
   - f. video, films, vignettes to demon strate real practice
   - g. providing real world situations
2. **Skill building exercises**
   - a. parroting in the same language
   - b. paraphrasing (same language)
   - c. message analysis
   - d. message conversion
   - e. error analysis
   - f. prediction skills
   - g. memory exercises
   - h. note taking
   - i. terminology building
3. **Guided practice of consecutive dialogue interpreting**
   - a. role plays
   - b. simulations with providers and standard patients
   - c. supervised practicum (internship)
   - d. self-monitoring (recording) and review
4. **Critical thinking analysis for decision making**
   - a. case studies
   - b. code of ethics application (scenarios)
   - c. guided discussions
   - d. sharing experiences
5. **Structured feedback**
   - a. instructor to trainee
   - b. peer to peer
   - c. self-evaluations
   - d. in person coaching (or remotely)
   - e. language coaching or back interpreting when language coaches for languages not available
   - f. formal final assessment
6. **Self-directed study**
   - a. develop glossaries
   - b. language conversion practice
   - c. homework assignments (self critique, observational reports, etc.)
   - d. readings
7. **Observations followed by discussions**
   - a. videos
   - b. audio recordings
   - c. shadowing
   - d. field trips (i.e., hospitals)
8. **Practicum**
   - a. integrated supervised practicum
   - b. additional practicum after completion of training
   - c. practicum should be in field of study (medical, legal, educational, etc.)

### III. Programmatic Standards

A. Operational Policies

1. **Program description** (application process, admission requirements, etc.)
2. **Program opportunities**
3. **Maintaining records** (records for a minimum of 3 years, attendance, enrollment status, grades, assessments, type of certificate or credentialing information)
4. **Ongoing system of program evaluation** (feedback, evaluations, etc.)

B. Program Design

1. **Goals and objectives;** sequence of instructions, program content, theory, etc.
2. **Written description of program of study** (objectives, content covered, instructional methods, training materials, etc.)
3. **Available resources for practice in working language of student if possible**
4. **If possible a practicum or internship** (supervised, in settings of field, evaluation of practicum)

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C. Entry Requirements/Screenings

1. **Age requirements;** minimum18 years old
2. **Educational requirements;** GED or country of origin high school equivalent
3. **Oral proficiency** (minimum level based on ACTFL scale);
4. **Literate in working language** (unless there is no written form or language is not common);
5. **Experience in the culture of the working language**

D. Instructor Qualifications:

1. **Education of instructors,** team members
2. **Adult education experience and competency**
3. **Language coach if possible**
4. **Teaching members have the knowledge, skills and attitudes** needed to work in a cross-cultural setting, etc.
5. **Minimum of one member with Bachelor's degree**
6. **Lead instructor to remain up to date and current on interpreting pedagogy, etc;**
7. **Guest instructors, subject matter experts**

E. Student Assessment:

1. **Provide periodic feedback;**
2. **Assess students' knowledge and performance competency formally.**

In reviewing the national standards, we believe that they provide a relevant and important tool for training programs, healthcare organizations and interpreters on how interpreter training programs should be conducted and developed. If the healthcare interpreter training closely uses this tool then no doubt they will produce quality interpreters. On the other hand, it is the responsibility of the interpreter to identify the components and elements that make up training programs. We are also of the opinion that organizations who work with interpreters should become familiar with the national standards for interpreter training programs so that they can be aware of the quality of training that their employees have received.

The above information is copied from NCIHC "National Standards for Healthcare Interpreter Training Programs" and from Webinars on the subject. For more comprehensive and detail information and a free copy of the national standards, visit the NCIHC www.ncihc.org.

# President's Corner

## Our voices as interpreter trainers have been heard!

National Standards for Healthcare Interpreter Training Programs are here to stay! These standards are the result of a five step strategy by the National Council on Interpreting in Health Care (NCIHC) that was established in 1994. The introduction of the NCIHC standards mentions the following process:

1. *Document the national dialogue on the role of the healthcare interpreter*
2. *Develop a nationally vetted code of ethics for healthcare interpreters*
3. *Develop nationally vetted standards of practice for healthcare interpreters*
4. *Develop nationally vetted s tandards for healthcare interpreter training*
5. *Establish a national certification process**

(page V, National Standards for Healthcare Interpreter Training Programs, 2011)

I have been impressed by the NCIHC for many years due to their determination and how they conduct themselves. For example, at their yearly gatherings, active members are typically divided into working groups by topics of interest. In these groups, critical thinking is used to evaluate situations and to explore how to best handle a topic. Feedback is then collected not only at this group session, but also later on as members communicate with the NCIHC.

This process has helped to contribute to the development of the interpreter standards. On one occasion I was able to participate in a NHIHC session that was held at one of the IMIA conferences. I was pleased with the process, as all voices were given due consideration even if the messages expressed went against the common trend. This feedback was collected from the multiple focus groups and was later incorporated into the standards for healthcare interpreters.

This open dialogue and leadership from multiple professional groups, has helped to move mountains and provide a great foundation for you the interpreter, our wonderful providers, the non English speaking patient, and their families.

As a member of the NCIHC, CCCS staff and I actively participated in different working groups that were focusing on the different aspects of the standards. I was pleased with the process of how all voices were paid attention to even though at times what was being said was not popular. It was wonderful to see how these voices were heard and then later on to see how the standards were built around them!

Three years ago, as the NCHIC was developing a new set of standards for trainers of Healthcare Interpreter Training Programs, they contacted CCCS because they were looking to review our curriculum. We were honored to be able to participate in this way and CCCS is proud that the NCIHC Training and Certification Committee selected our program as one of the ten training programs to be consulted for this new set of standards! (Please see page iv of the new Standards)

**CCCS Quality**
Our quality is due to a few factors. CCCS through our Quality Assurance Program takes feedback from our interpreters and consumers and shares it with the CCCS institute, while at the same time care is taken to make sure that no privacy issues are violated. This process helps create a free flow of ideas that lead to constant improvement. On behalf of CCCS, I would like to thank all of our interpreters, and consumers for your comments as they have helped to enrich our program.

In addition, we are always looking for ways to improve. We have the practice of having a faculty meeting every few months to go over possible enhancements to the courses. This may include teaching techniques, course content and even the further use of technology in the classroom. Another key factor is our devotion to staying current. We realize that the healthcare industry is evolving quickly and we make every effort to provide our students with the most up to date information as possible.

**Use of the Standards**
The importance of the standards is crucial for not only creating consistency in our new profession, but hopefully it will allow consumers of our services to know what to expect of a trained interpreter. The Standards speaks of the importance of quality language screenings and how language coaching sessions should be handled and yet in the industry, there are so many programs that are not conducting language screenings, and language coaching sessions are not even made available to the students. As a result, it is virtually impossible for the students to be assessed on their interpreting skills. Similarly, healthcare vocabulary in both English and the target languages would be minimal if Language Coaches are not made available to the students.

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# President's Corner

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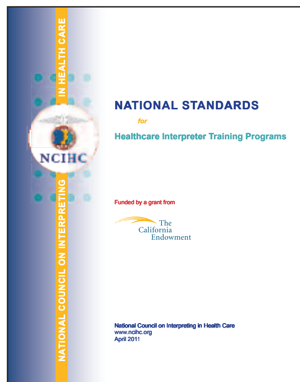


As a company that hires interpreters, we have to be extremely careful with new hires to make sure that they have the necessary skills to perform at a high level. Unfortunately, many times during the interview process that includes vignettes, health and safety situations, along with critical thinking pieces, it becomes evident that the
interpreter program graduate lacks the skills required.

Hopefully in a few years, potential new students will be demanding that training programs follow the suggested NCIHC National Standards for Healthcare Interpreter Training Programs on:

- knowledge,
- interpreting skills,
- instructional methods, and
- programmatic standards and design.

It takes a team to build a future, and I would like to thank you the reader and the many colleagues who have taken on the challenge of building a strong foundation for healthcare interpreter services.

Please download for free the new standards at ww.ncihc.org, and share them with all your colleagues.

Zarita

# Ask Dr. Lane

**How does skin protect the body**

Skin is the largest organ of the body. It is protective of inner muscles and organs. It contributes to the control of body temperature. It is also unusual in that it is self-repairing. Skin is made of two layers. The outer layer, the epidermis, is made of stratified squamous epithelial tissue. This consists of layers of sheets of cells that start our round and globe-like in the lower layers and become flat and scaly near the top. The lower layer of the epidermis has a row of cells that push up gradually to the dry, scaly layer. This lower layer is the basal cell layer and here cells constantly divide. As the cells from the basal cell layer mature, they push up replacing dead or worn out cells of the upper stratified layers.

The second layer of skin is the dermis. It consists of fibrous and elastic tissue pierced by blood vessels, nerves, sweat glands and hair follicles. The deepest part of the dermis anchors skin to the deeper tissues such as muscles and fat.

Epithelial tissue acts as a lining or covering for other tissues. Simple epithelium consists of a single layer of cells. Multi-level epithelium is called stratified epithelium. It is good for protective organs. There is a form of epithelial tissue made with columnar type cells that looks stratified but is actually a single layer; hence it is called pseudo stratified. An example of this form of cell is found in the lining of the trachea. The single layer of cells have little hair like appendages called cilia, which act like little tentacles to move dust of foreign particles up and out of the windpipe. There is flexible epithelium that is stratified which is called transitional cell epithelium. It can stretch and is well suited to the urinary system and is used in the urethra and bladder.

## New Training Standards released for Healthcare Interpreter Trainings

For many years interpreter training programs were few and far between and the quality was inconsistent. With the development of the National Standards of Practice for healthcare interpreters, or Code of Ethics, things began to change. As these Standards became more popular and accepted, interpreter programs were able to use them as a basis for which to create or adapt their curriculum. They proved to be an anchor and a stabilizing force for this newly recognized profession.

As new programs and trainings were developed, it was noted that not all programs provided the student with the opportunity to receive the necessary tools to perform well as a healthcare interpreter. Also, not all programs were structured in a way that provided clear instruction on how a medical interpreter should conduct themselves. In addition, the Standards of Practice were designed based on principles rather than laws. These Standards give insight on how to appropriately act in difficult situations rather than trying to outline every possible scenario that a healthcare interpreter may encounter. In order for a student to be able to appreciate this fact, critical thinking must be explored and utilized during class time in order to encourage the student to meditate on the value of applying the Standards while performing their tasks. Without critical thinking, the Standards cannot be appreciated or applied appropriately. Critical thinking and the exploration of the Standards were not part of all trainings offered.

Some programs offer a certificate of attendance while others a certificate of accomplishment. A certificate of accomplishment means that before the course begins, clear expectations of what is expected of the student are outlined and in order to successfully complete the program, the student must be able to perform at a certain level. In addition, the coursework is graded and the student receives a score at the end of the course. As far as a certificate of attendance is concerned, a student may receive this documentation even though they may have performed at a very low level.

Furthermore, not all programs have a pre-screening process that determines if the applicant is truly bilingual. It is easy to see the issues that this may create. If the applicant is not qualified then, their understanding of the information could be minimal and they would not prove to be an effective classmate. As a result, during the role-play practice their performance would greatly hinder the role-play experience for the rest in their group.

On another note, not all programs offer Language Experts or Coaches that guide the students based on their target language in role-play settings. Without adequate practice and coaching, students upon completion may find themselves unprepared for the work environment.

Furthermore, with the development of two nationally recognized Certification programs, the need became even more evident for qualified healthcare training programs so that the students could be given the tools needed to succeed as healthcare interpreters and so that they could later on become Certified Medical Interpreters (CMI). Without proper training, students found themselves poorly equipped to try and take on such a challenge.

These are just some of the reasons why it was felt that Standards for training programs needed to be developed.

**How can these Standards be used?**

These Standards may be invaluable to *program developers* and *instructors* who wish to improve their existing programs and so that they can see how their program measures up to others nationwide. Instructors may wish to adapt their teaching techniques or styles to fit some of the needs expressed in this document.

They may also be of benefit to the *interpreter candidates* (applicants) who are trying to decide on which training to choose. They can be used as a measuring rod so that the candidate can evaluate the courses available. These standards can be used as a basis for discussion when a candidate is speaking with a representative from an institute regarding the courses

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## New Training Standards released for Healthcare Interpreter Trainings

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that are being offered. If a candidate knows what should be offered, they become an informed consumer and are now able to make an informed decision.

Lastly, employers or consumers of interpreter services will have a better understanding of what should be expected of those graduating from medical interpreter programs.

CCCS

Cross Cultural Communication Systems, Inc. (CCCS) was pleased to be able to participate by responding to the surveys that were made available, and our program was one of the 10 programs chosen to be reviewed by the Standards Committee (page iv, paragraph 4). By reviewing these programs the Committee was able to determine what is currently being taught by different qualified training organizations and what the Standards for training programs should include. We invite you to take a look at the newly released Standards for Training programs which can be found at the following link click here.

CCCS is committed to quality. Our interpreter training entitled *The Art of Medical Interpretation-60 hour program* meets and at times exceeds the new recommendations for Healthcare Interpreter Training Programs. The 60 hours offered in this program sets us apart as one of the most complete and intensive trainings available for healthcare interpreters in the U.S. In addition our curriculum is constantly updated in order to keep up with industry demands and in order to satisfy the needs of our students. These changes are based on feed back from our students and changes that occur in the healthcare industry as expectations for medical interpreters are constantly increasing. As well, on an ongoing basis, the main faculty members come together to go over class requirements and to review the feedback that has been received. Shortly thereafter the changes are implemented. An example of this is that recently our language screening has been adapted in an effort to ensure a fair testing process for all applicants. The new screening checks for understanding and comprehension in both English and the Target Language in a more complete manner.

As training standards evolve, CCCS will continue to be committed to not only follow the suggested guidelines but even in a proactive way go beyond these guidelines and provide more, whenever this is possible.

In review, we hope that these standards will help improve the overall quality of trainings offered to those that aspire to be medical interpreters. In the introduction to these Standards it is explained that trainings may vary depending on the level of students available in a particular language or region. Some trainings are short, while others are more extensive, but this simple fact does not necessarily mean that a training may be deficient or incomplete, but may be viewed as perhaps the initial step or a step forward for an individual looking to be proficient in this profession. Depending on what trainings are available some individuals may even need a series of trainings to initiate their careers.

The medical interpreting profession is new and continues to develop. Those presently entering the industry are coming in to it at an exciting time. We hope that you will make the most of your opportunities to be an asset to the profession. Not all may agree upon the standards laid out for interpreters or the trainings that are offered to interpreter candidates, but when an interpreter is ethical and well trained, their performance produces the desired results that are evident to all.

To take a look at the training The Art of Medical Interpretation-60 hour program to see how it compares with the new standards for healthcare interpreters, please click here to see the course catalogue.

## Vocabulary - Integumentary System

| Term | Definition |
|---|---|
| **Epidermis** | Outer layer of skin |
| **Dermis** | Second layer of skin |
| **Cilium** | A single layer of cells that have a hair like appendage |
| **Epithelium** | A tissue that may contain more than one layer of closely knit cells. |
| **Hypodermis** | A layer of tissue that is found below the skin (below the dermis) |
| **Oil glands** | A gland that secretes an oily substance |
| **Psoriasis** | A skin disease that causes pink scaly patches on the skin |
| **Pore** | A small opening in the tissue that serves as an outlet for sweat or perspiration |
| **Cyst** | A structure similar to a sac. It can contain liquid or a semisolid substance |

**Answers to the CCCS Crossword - May 2011**

**Across**
3. Prn
5. Cilium
7. Qod
8. NCHIC
10. Dermis
11. Cyst
13. Step On It

**Down**
1. Oil gland
2. Qd
4. Skin
6. Epidermis
9. Bid
12. Tw

Bibliography
www.thefreedictionary.com
Clayman, Charles. The Human Body, DK, 1995

## Should Family Members Interpret?

Many feel that bilingual family members make for good interpreters. Some reason that this saves time and money. Instead of having to wait for the interpreter to arrive, the family member is right there waiting for the doctor alongside the patient. Others might reason that the patient would be more comfortable disclosing their information through a family member rather than via an interpreter that they don't know. Nationally though, how is this situation viewed?

The following is a quote that has been taken from page 12 of the document entitled "Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs," and was released by the U.S. Department of Justice in May 2011.

> "In order to ensure complete, accurate, impartial, and confidential communication, family, friends or other individuals, should not be required, suggested, or used as interpreters. A patient/consumer may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services unless the effectiveness of services is compromised or the LEP person's confidentiality is violated. The health care organization's staff should suggest that a trained interpreter be present during the encounter to ensure accurate interpretation and should document the offer and declination in the LEP person's file. Minor children should never be used as interpreters, nor be allowed to interpret for their parents when they are the patients/consumers."

According to this document, family members should not be used as interpreters. Why? Let's think about a few possible reasons why family members are not considered to be an ideal option. In the U.S., patient autonomy, or the understanding that all patients have the right to make informed decisions regarding their healthcare is regarded as a basic principle. On the other hand, other countries and cultures delegate that responsibility to the family. Instead of telling the patient, their diagnosis, it is common in many cultures to discuss the diagnosis and prognosis with the patient's family. With that being the case, we can imagine the internal conflict that may arise in a family member that is acting as an interpreter. Would they hold onto the U.S. values or would they stick more closely to the values that they were raised with? Are they even aware of the possible difference? Would they transmit ***all*** of the information ***accurately***, or would they be more likely to put their own filter on the information.

How about the emotional impact of "bad news"? Many of us have been with family members when they receive bad news, and so we know how our emotions can become easily involved. We may even have trouble thinking clearly or controlling our actions or emotions. How would all of this affect a medical encounter where the interpreter using her or his voice, must transmit difficult to hear information?

Another thing to think about is whether or not we would like our families to know our medical history. For some cultures this is not an issue at all, while for others it might be a taboo to allow your family to know certain details regarding your health. Some might have great difficulty explaining how their body is functioning or not functioning. Some might hold back on explaining exactly how they feel because they don't want their family to know, and as a result a medical condition may go untreated. To illustrate the point, many of us would prefer to have an intimate physical exam done by a doctor that we don't have personal relationship with over a doctor that we know on a personal level. Similarly for many people, there are certain things that we rather do, without our family or friends involvement.

Lastly, it is important to think about the quality of interpretation that would be delivered by a family member. Professional interpreters typically go through training that includes the understanding of ethics and the Standards of Practice for Healthcare Interpreters, along with medical terminology and interpreting skills, among other things. In addition, most professional interpreters have been trained on the roles of the interpreter and how to deal with difficult encounters. From another standpoint, it is most likely that a family member would not possess this knowledge.

In conclusion, a bilingual family member that acts as an interpreter often lacks the necessary skills and abilities to perform at a professional level. Many times they are well intentioned and do it because they truly care for the individual, but this on its own will not always lead to a


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## Should Family Members Interpret?

successful healthcare encounter. On the other hand, a professional interpreter is typically well-trained and experienced. They know their roles and must keep confidential everything that is said. Providers often comment on how the use of a professional interpreter leads to the provider having a better understanding of the patient's needs. Also as we can see from the above quoted article, the federal government in an effort to make sure that LEP (Limited English Proficiency) individuals receive care that includes culturally and linguistically appropriate services has stated that "in order to ensure complete, accurate, impartial, and confidential communication, family, friends or other individuals, should not be required, suggested, or used as interpreters." Much research has lead up to the government making this recommendation. http://www.lep.gov/resources

## English Idioms Explained

| Idiom | Explanation | Example |
|---|---|---|
| Behind the 8 ball | Short on time | We are going to leave now because we are really behind the 8 ball. |
| Step on it | To do something quickly | Jamac knew that they were going to be late so he told her to "step on it." |
| There are many ways to skin a cat | There are many different ways | Instead of arguing over the situation, we should just realize that there are many different ways to skin a cat. |
| Pass out, black out, conk out | Faint, lose consciousness | At the sight of blood, Farah always passes out. |
| Eyes in the back of your head | To see everything | You can't sneak anything past Van because he has eyes in the back of his head. |

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## Going Green

**Commute Part 2**

In this segment of our Green Commute, we would like to talk about SmartTransit which was recently developed by Google and has been introduced to the bay area transit system which is also known at the T.

Google has chosen some major cities in the USA to test this pilot program. The purpose of it is to make one's commute more efficient as it uses the transit GPS system to provide the location, in real time, and the time of arrival for the next bus, train, or commuter rail. It is a very efficient tool for the ones who depend on public transportation and for the occasional rider. This app can be found for free at:

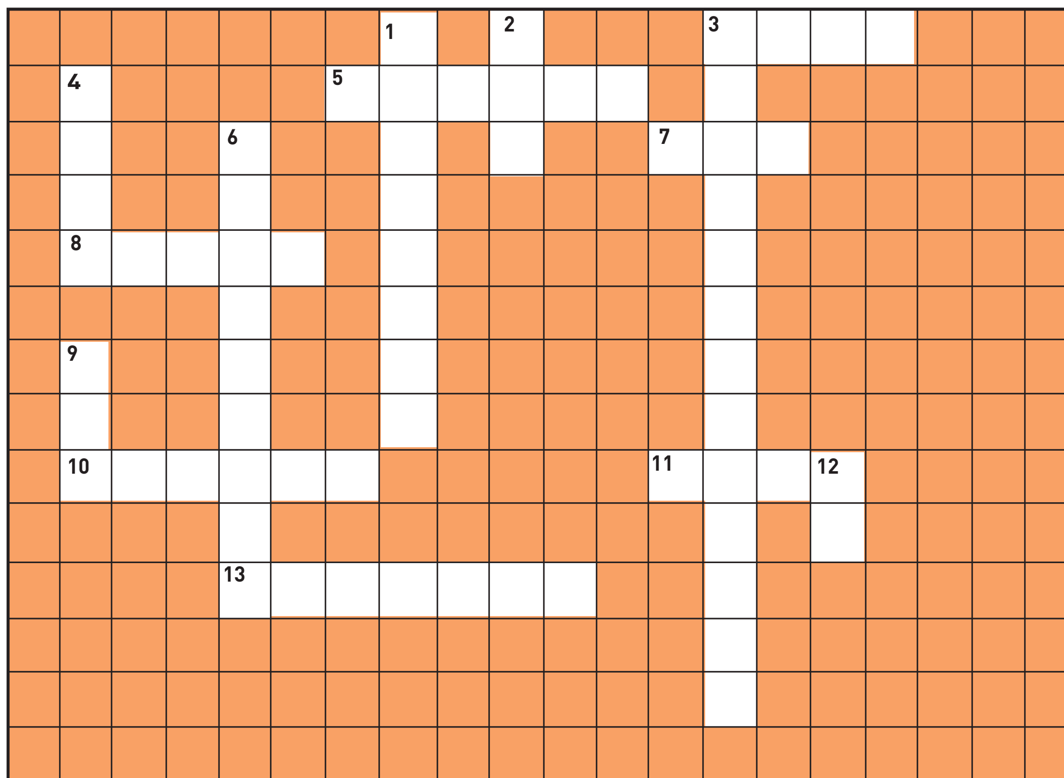
- the Iphone app store, and
- the Android market

This app can be downloaded from the MBTA website, www.mbta.com.

### Know your Acronyms and Abbrev.

| Use of Medication | |
|---|---|
| bid | Twice a day |
| tid | Three times a day |
| qid | Four times a day |
| qd | Every day |
| qod | Every other day |
| prn | As needed |
| tw | Twice a week |
| pp/pc | After meals |
| ac | Before meals |
| ad lib | As much as needed |
| hs | At bedtime |

# Crossword




Created by CrosswordPuzzlesGames.com

**Across**

3. As needed
5. Hair like structure
7. Every other day
8. Organization that launched the National Standards for Healthcare Interpreter Training Programs
10. Lower layer of skin
11. Sac-like structure
13. To do something quickly (3 words)

**Down**

1. Produces an oily substance
2. Four times a day
4. The largest organ in the body
6. Upper layer of skin
9. Twice a day
12. Twice a week

**CCCS Interpreters please go to www.embracingcultureonline.com to take your continuing education quiz.**


**Cross Cultural Communication Systems Inc.,** PO Box 2308, Woburn, MA 01888, 781-729-3736; New Hampshire Regional Office: PO. Box 4256 Concord, NH 03302-4256, 1-888-678-CCCS

# Upcoming Trainings

**GETTING READY FOR YOUR WRITTEN HEALTHCARE CERTIFICATION EXAM**

This course will help prepare active qualified healthcare interpreters for both of the national certification written exams. In order to simulate the written certification exams, students will have the opportunity to take online tests during class time. These exams will help prepare the student to get the feel of how the certification exam will be presented and will allow them to receive instant feedback on their progress. Students will be able to use these exams as a tool to help gauge their progress, and as an indicator to help them determine their readiness for the certification exam. Click here for a complete overview of the course.

Cost: $199 (MATERIALS NOT INCLUDED)

November 17, 19, and 20 –Woburn, MA (Thursday 5pm-10pm, Saturday & Sunday 9:00am-4:30pm)

**THE FUNDAMENTALS OF LEGAL INTERPRETATION: 60-HOUR CERTIFICATE OF ATTENDANCE PROGRAM**

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level" according to the industry standards. There is a $55 non-refundable fee for this screening examination.

The American Translators Association has approved the Fundamentals of Legal Interpretation: 60-hour Certificate of Attendance Program for 10 Continuing Education Points.

COST: $850 (MATERIALS ARE NOT INCLUDED)

Sundays 9:00am-2:00pm, September 11, 2011-December 11, 2011

**THE ART OF MEDICAL INTERPRETATION: 60-HOUR CERTIFICATE PROGRAM**

Pre-requisites: Applicant must be at least 18 years of age, with a minimum of a HS diploma or GED, and must pass a mandatory screening examination in English and the target foreign language(s) prior to acceptance in the program. Applicants must pass the screening at a minimum of "Advanced Mid-Level," according to the industry standards.

This program has been approved by The American Translators Association(ATA) for 10 Continuing Education Points, and by International Medical Interpreters Association (IMIA) for 6 CEUs.

COST: $695 (MATERIALS ARE NOT INCLUDED)

Woburn,MA: Tuesdays and Thursdays, September 8 – November 1, 6 pm – 10 pm
Orientation: Thursday, September 8, 5:00 pm - 6:00 pm

Manchester, NH:Saturday, October 22, 2011 – February 18, 2012, 9 am – 3 pm

Click here to download the catalogue. If you are interested in more information please contact us at 781-729-3736 X110 or by email at info@embracingculture.com.

# Upcoming Conferences

**August 2011**

August 19-20

5th Annual TAHIT Symposium on Language Access in Health Care
The Fogelson Forum at
Texas Health Presbyterian Hospital
8200 Walnut Hill Lane;
Dallas, TX 75231-4426

**September 2011**

September 30-October 2

IMIA Annual Conference

The Joseph B. Martin Conference Center at Harvard Medical School
77 Avenue Louis Pasteur,
Boston, MA 02115