

Annual International Congress on Medical Interpreting

*United We Are
Stronger!*

April 23–26, 2015

The Universities at Shady Grove,
9630 Gudelsky Drive, Rockville, MD 20850



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INTERPRETERS ASSOCIATION
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Visit the extended program at IMIAweb.org



President's Welcome Letter

Dear members,

It is an honor and a privilege for me to serve as your president in 2015.

Our world is changing rapidly, and the pace of change in communications and health care is making our role as medical interpreters more critical with each advance.

The IMIA provides a wonderful opportunity to keep up the pace of learning, and to network with colleagues who share our passion to advocate for language access.

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The fiscal 2014-2015 year has been an outstanding year for the IMIA. Thanks to the diligent efforts of our executive committee, our board, staff, leaders and volunteers within the IMIA. We have advanced the IMIA vision in many ways. In addition to the Lifelong Learning Webinar Series and the Leadership Academy, two past initiatives deserve special mention: The Commission for Medical Interpreter Education (CMIE) is going strong and we will be awarding accreditation certificates at the Congress, and the excellent continued growth of our local, regional, national and international Chapters.

Looking to the future, the IMIA's Strategic Plan has identified six areas of continued focus for advancement and specific initiatives in each area, which we are strongly pursuing in this fiscal year:

CERTIFICATION

- Continue to support promotion of national and international certification.
- Promote certification and certification maintenance as standard requirements for medical interpreters.
- Continue to develop mechanisms for recognition of certified medical interpreters. Nationally and internationally.
- Strongly inform interpreters about all certification programs available to them.

ADVOCACY

- Continue local, national and international advocacy efforts.
- Promote best practices at all levels (laws, language access).
- Continue to advocate for professional recognition, certification, and reimbursement.

EXTERNAL RELATIONS

- Continue to develop MOU's with other associations to expand on current efforts.
- Increase organization visibility on the national and international levels.

LEADERSHIP DEVELOPMENT

- Continue to grow and develop State and International Chapters.
- Develop stronger and time-bound Committees and Divisions initiatives.
- Expand leadership entry-level and support positions

ORGANIZATIONAL DEVELOPMENT

- Continue to maintain pioneer & leadership position in the field.
- Continue to strengthen organizational structure.
- Enhance administrative structure.
- Continue with the expansion of leadership structure regionally.

PROFESSIONAL EDUCATION & RESOURCES

- Continue promotion of the IMIA CEU's Program.
- Continue promotion of interpreter education worldwide.
- Continue support of professional development of medical interpreters.

In addition, our division, The National Board, has had continued success building on their initial major undertake of the Spanish oral exam. Currently, The National Board prides itself for having five additional oral exams (Cantonese, Korean, Mandarin, Russian and Vietnamese).

I would like to thank our Lead sponsor, **Cyracom**, for, again, being our lead sponsor this year. We are greatly appreciative of their commitment in support of the IMIA. We would like to also thank all other supporting sponsors: Access Interpreting, Inc., The Cross Cultural Health Care Program, Certified Languages International, Cross Cultural Communications, Health Care Interpreting Network, Language Line Solutions, Masterword Services, Spanish For All Austin, Stratus Video Interpreting, and Switz. In addition, I would like to thank our speakers, other sponsors and volunteers for making this great event possible. I invite you to take the opportunity to visit our booth and our sponsors' booths, and to join one of the IMIA's committees or divisions. Your participation is essential to advance the medical interpreting profession. You really do make all the difference. We also thank our colleagues who have been gracious to spread the news about the IMIA to interpreters not associated with the IMIA.

I wish all attendees a successful Congress!



Juana Horton

President, IMIA

THANK YOU TO OUR SPONSORS!

Major Sponsor:



Silver Sponsors:



Bronze Sponsors:



LANGUAGE ACCESS
N E T W O R K



allaccess
INTERPRETERS

Visit the extended program at IMIAweb.org



Friday, April 24

Registration
& Breakfast/ Exhibits
8:00am - 9:00am

Press Conference
BLDG2 II -1052
9:00am - 9:30am

Welcome Remarks
9:45am - 10:00am

Keynote Speaker
&
Townhall

10:00am - 11:15am

Coffee Break / Exhibits
11:15am - 11:45am

IMIA Awards /
Accreditation Awards
11:45am - 12:30pm

Lunch Break / Exhibits
12:30pm - 1:30pm

Saturday, April 25

Registration
& Breakfast/ Exhibits
8:00am - 9:00am

Membership

Annual Meeting

9:00am - 10:30am

Coffee Break / Exhibits
10:30am - 11:00am

Plenary Panel:
Unity in Advocacy

11:00am - 12:30pm

Lunch Break / Exhibits /
Coalition Leadership Lunch
BLDG2 II -1322
12:30pm - 1:30 pm

Sunday, April 26

Registration
& Breakfast/ Exhibits
8:00am - 9:00am

6 Workshops A

9:00am - 10:00am

Coffee Break / Exhibits
10:00am - 10:30am

6 Workshops B

10:30am - 11:30am

6 Workshops C

11:45am - 12:45pm

Blue Sponsors:



UNIVERSITY of MARYLAND
MEDICAL CENTER



THE NATIONAL BOARD OF CERTIFICATION
FOR MEDICAL INTERPRETERS



Visit the extended program at IMIAweb.org



5

Friday, April 24

Saturday, April 25

Plenary Panel:

Certification

1:30pm - 3:00pm

Coffee Break / Exhibits

3:00pm - 3:30pm

5 Workshops A

3:30pm - 4:30pm

5 Workshops B

4:45pm - 5:45pm

ISP & Trainers Reception

Ballroom

\$20 Pre-Registration Required

6:00pm - 8:00pm

6 Workshops A

1:30pm - 2:30pm

6 Workshops B

2:45pm - 3:45pm

Coffee Break / Exhibits

3:45pm - 4:00pm

6 Workshops C

4:00pm - 5:00pm

6 Workshops D

5:15pm - 6:15pm

General Reception

Ballroom

6:30pm - 8:30pm



Thursday, April 23

Registration
8:00 - 9:00AM

BOOTCAMP 1: Self-Care Boot
Camp for Medical Interpreters
BLDG1 I-101

9:00AM - 6:00PM

BOOTCAMP 2: Certification
Readiness: An Exam Cram
Course for Medical Interpreters
BLDG1 I-102

9:00AM - 6:00PM

Coffee Break
10:00 - 10:30AM

Advocacy Day
10:00 AM - 5:00PM

IMIA & NB Lunch Meeting*
12:30 - 1:30PM

IMIA Board Meeting*
1:30 - 3:30PM

NBCMI Board Meeting*
1:30 - 3:30PM

Coffee Break
3:45 - 4:00PM

**US & International
Chapters Meetings**
BLDG2 II-1052

4:00PM - 6:00PM

**Divisions &
Committees Meeting**
BLDG2 II-1522

4:00PM - 6:00PM

Advocate!

2nd NATIONAL MEDICAL INTERPRETER RALLY
AT THE UNITED STATES CAPITOL

United We Are Stronger!
Thursday, April 23, 2015

Green in 2015!

VIEW COMPLETE ONLINE
PROGRAM BOOKLET:
WWW.IMIAWEB.ORG

IMIA is a
Green Organization 

**IMIA is Seeking State
and International Representatives**

The IMIA does not yet have a state representative in every state, nor a country representative in each country but we are growing rapidly with your involvement!

**The responsibilities of an IMIA
State Chapter Chair are:**

- To represent the IMIA members in their state
- To promote the profession and the IMIA organization in their state to non-members
- To enable and coordinate IMIA Symposiums in their state
- Act as a liaison with the IMIA state members and with state organizations interested in language access by forming strategic alliances with these organizations
- Moderate periodic conference calls with members of their state (could be bimonthly or quarterly)
- Our liaison to keep the Executive Board informed of what is happening in your state
- To attend monthly IMIA Chapter Chair meetings via conference calls on the third Thursday of each month at 8:00 pm EST
- To attend yearly State Rep. face-to-face meeting at IMIA conference
- To agree to a term of two years concurrent with Board elections
- Update state webpage on IMIA website with information relevant to state initiatives and regional and state organizations
- Other initiatives as deemed necessary for the specific needs of their state

*By Invitation Only Please! Thank you

Thursday, April 23

IMIA Boot Camp© Series

9:00AM–
6:00PM

Self-Care Boot Camp© for Medical Interpreters

BLDG1 I-101

Presenters: Dr. Liz Mendoza, CMI-Spanish and
Marlene Obermeyer, MA, RN

Medical Interpreters, especially freelance interpreters, may not always be aware of hazards exposure in their daily work and how they can protect themselves. We present this interactive workshop in order to support the mental, emotional, physical, and environmental self-care of new and experienced medical interpreters.

At the end of the workshop, the participants should be able to:

- Identify potential physical, environmental, professional and legal hazards for interpreters.
- Identify psychological, mental and emotional hazards for interpreters.
- Identify strategies for self-protection from occupational hazards.
- Identify the beneficial effects of different techniques to manage professional and personal stress in order to recover and preserve mental, physical, and spiritual wellness.
- Put into practice two self-administered, self-regulated, self-care techniques to reduce stress and maintain physical, mental, emotional, and spiritual wellness.
- Demonstrate ability to respond to stressful situations in a calm, professional, and self-protective manner.

Part 1: Interpreter Self-Care: Identifying Hazardous Situations

A 4hour interactive workshop

Presented by Marlene Obermeyer, RN

- Physical Safety (Potential for violent situations)
- Environmental Safety (Exposure to infections, radiation, allergens, etc.)
- Professional Safety (Career planning, professional development, self-promotion, networking)
- Legal Safety (Liabilities, role boundaries)

Part 2: "Highlights on Mind-Body self-care for Medical Interpreters"

A 4 hour interactive workshop

Presented by Dr. Lizbeth Mendoza, CMI, MD-FMG Mexico

- Introduction to a mind-body approach to self-care.
- Psychological, mental and emotional hazards for interpreters.
- Scientific evidence behind Mind – Body medicine practices.
- Interactive session to practice, discuss and elaborate on two self-initiated, self-administered, self-care, mind-body therapies and stress control techniques.

Certification Readiness: An Exam Cram Course for Medical Interpreters *

BLDG1 I-1012

Presenter: Mohamad Anwar, M.Sc., MHA Certificate,
CHI

*No CEU credit

Learning Objectives:

- Introducing candidates to certification and navigating the registration
- Covering all parts of the written and oral exams and enforcing the knowledge, skills, and aptitudes needed to pass certification
- Extra focus on advanced medical terminology (specialties, procedures, and devices)

Morning Session (9:00 AM - 1:00 PM)

1. Certification: What is it? What does it test, and why? And How to register?
2. Code(s) of Ethics: What's in the fine print? And how to apply them in the written exam?
3. Sight translation: Re-think, re-structure, and re-phrase (The 3 R's approach)

Afternoon Session (2:00 PM - 6:00 PM)

4. Consecutive interpreting: The do's and do not's & How to measure your progress and how to score yourself?
5. Medical terminology: Beyond the basics - What's being tested and what's not?
6. Advanced medical terminology: Specialties, procedures, and devices

Disclaimer & Disclosure

Attending the boot camp is not a guarantee of passing any certification exam, and attendees hold the instructor harmless of any and all legal liabilities related to the use of boot camp study materials. It is hereby asserted the instructor is not involved in the preparation, validation, or rating of any certification exam.

Friday, 4/24

A WORKSHOPS

3:30pm - 4:30pm

A1 Marlene Obermeyer	Is Your Training Program Nationally Accredited? CMIE Accreditation Standards for Medical Interpreter Educational Programs	BLDG2- Rockville Potomac
A2 Silvia Villacampa	The IMIA Ethical Disciplinary Process	BLDG2-3032
A3 Catalina Natalini & Maria Perez- Chambers	Right at First Sight -Improving Your Skills in Sight Translation - Part 1	BLDG1- Auditorium
A4 Lolie Makhubu, PhD	Is Quality Interpreting a Myth for Rural Communities?	BLDG2-2062
A5 Cesar Palacio	Delivering Language Assistance at MD Anderson Cancer Center	BLDG2 -2032

B WORKSHOPS

4:45pm - 5:45pm

B1 Yuka Lysiuk & Ingrid Oseguera	Terminology Tools for Today's Medical Interpreter	BLDG2- Rockville Potomac
B2 Cynthia Peinado Hermosillo	HIPAA, Privacy Laws and Our Interpreting Profession	BLDG2-3032
B3 Eric Hardt	Interpreting Hospice and Palliative Care	BLDG1- Auditorium
B4 Winnie Heh	Making the Case for Reinvention	BLDG2 -2032
B5 Gieun Oh, CMI- Korean	Who Are the Gang-nam Style Medical Interpreters in Korea?	BLDG2-2062

Saturday, 4/25

A WORKSHOPS

1:30 - 2:30PM

A1 Kazumi Takesako, PhD	Training, Dispatching, Certification: Imminent Issues in Fledging Countries	BLDG2-3032
A2 DeLana Browning, PhD	Learning to Speak "Quality": A New Medical Interpreting Language	BLDG1- Auditorium
A3 Whitney Gissell	Mental Health Interpreting: An Extended Examination	BLDG2-2032
A4 Roksolana Povoroznyuk	A New Voice: Aspects of Medical Questionnaire Translation	BLDG2-3052
A5 Kelly Garvin Rodriguez	Cancer 101 for Spanish Interpreters	BLDG2- Rockville Potomac

B WORKSHOPS

2:45 - 3:45PM

B1 Alexandra Baer & Harry Figueroa	Here is Another Ism: Understanding and Dealing with Regionalisms	BLDG2-2032
B2 Maria Rey & Terry Rey	Religious Literacy and Medical Interpretation: Giving Meaning to Meaning	BLDG2-3052
B3 Eliana Lobo	Implementing Your Own Remote Call Center	BLDG2-2062
B4 Kiara Raazi	Certification - From Controversy to Consensus	BLDG2- Rockville Potomac
B5 Silvia Villacampa & Sameh Abdelkader	Avoiding Common Mistakes in Medical Interpreting	BLDG1- Auditorium
B6 Richard Laurion	The Interpreter's Prescription for Effective Practice	BLDG2-3032

Saturday, 4/25

C WORKSHOPS

4:00 – 5:00PM

C1 Anita Tancredi	Interpreter Services Simulation Project with SickKids Learning Institute	BLDG2-3032
C2 Anarella Celliti	Are You Taking Advantage of the Mentorship Program?	BLDG2-3052
C3 Ira Sen-Gupta	Exploring Cultural Competence for Medical Interpreters	BLDG2-2032
C4 Rosanna Balistreri	Building Medical Terminology Through Medical Abbreviations, Acronyms and Symbols	BLDG2-Rockville Potomac
C5 Mohamad Anwar & Ibtiha1 Mahmood	Gestures in the Middle East: A video comparative study	BLDG2-2062
C6 Marjory Bancroft	Stength in standards	BLDG1-Auditorium

D WORKSHOPS

5:15 – 6:15PM

D1 Anita Tancredi & Deolinda Wah	Debriefing Project Evaluation Results	BLDG2-2062
D2 Jairo Suarez, MA	What is the Color of your Communication?	BLDG2-3032
D3 Catalina Natalini & Maria Peres-Chambers	Right at First Sight - Sight Translation Practice Sessions in Spanish - Part 2	BLDG2-Rockville Potomac
D4 Flavia de Senzi F. Pardo	What did the doctor say? Analyzing NYU curricula for M.I	BLDG2-3052
D5 Lizette Odfalk, CMI-Spanish	Social Media for the Healthcare/Medical Interpreter	BLDG1-Auditorium
D6 Linda Joyce & Emily Paul	Remote Interpreters' Toolbox	BLDG2-2032

Sunday, 4/26

A WORKSHOPS

9:00 – 10:00AM

A1 Wei Lan	Measuring Medical Interpreters in Hong Kong	BLDG2-2032
A2 Marjory Bancroft	Give me a voice	BLDG2-2062
A3 Patricia Camargo	Teaching Medical Interpreting in Brazil: What Matters?	BLDG2-3012
A4 Sean Normansell	Becoming a CEU Provider: A Primer for Trainers	BLDG2-3022
A5 Karin Elliot Whitney	Advanced Notetaking for Medical Interpreters	BLDG2-3032

B WORKSHOPS

10:30 – 11:30AM

B1 Kelly Garvin Rodriguez	Malignant Hematology: The Blood Cancers	BLDG2-2032
B2 Lisa Morris	Payment Reform and Language Access in Healthcare	BLDG2-2062
B3 Ines de Azcarate	You Complete Me: Unity Across Modalities, Our Future?	BLDG2-3012
B4 Mohamad Anwar	Toward a New Legislation for Interpreters in Minnesota	BLDG2-3022
B5 Yuan Cai	A Collaborative Approach to Building a Stronger Interpreter Workforce	BLDG2-3032
B6 Bruce Adelson	Much more than the right thing to do	BLDG2-3052

Sunday, 4/26

C WORKSHOPS

11:45AM - 12:45PM

C1	Demi Krystallidou, PhD	Joining Forces: Doctor-Minded Interpreters and Interpreter-Minded Doctors	BLDG2-2032
C2	Ira Sen-Gupta	Patient Guides: The Future of Medical Interpreting?	BLDG2-2062
C3	Eric Candle	From Bilingual to Professional: The Medical Interpreter Roadmap to Success	BLDG2-3012
C4	Griselle Chazu	The Role of the Interpreter in Local Government	BLDG2-3022
C5	Ryan Foley	Accuracy: Interpreting what is being 'Said'	BLDG2-3032

Continuing Education

IMIA: 1.4 IMIA CEUs [For 3 day attendance, no partial credit]

ATA: 10 ATA CEPS [For 3 day attendance, no partial credit]

CCHI: 27 accredited hours*

RID: PINRA**



The National Board accepts continuing education units (CEU) from the International Medical Interpreters Association (IMIA), the American Translators Association (ATA) and the Registry of Interpreters for the Deaf (RID). ATA and RID CEUs must be for workshops, conferences, and events that are related to medical interpreting knowledge and skills enhancement. For more information visit: <http://www.certifiedmedicalinterpreters.org/recertify>



Look for to find all 27 sessions accredited by CCHI's CEAP, ID #01303

Be sure to obtain presenter signature [in program booklet or your own sign-in sheet] at the conclusion of your workshop as proof of attendance.

RID PINRA:**

To ensure you obtain RID CEUs, complete the following BEFORE attending the conference:

1. Complete the PINRA form (do not calculate your own number of CEUs, a sponsor will complete it for you)
 2. Contact a sponsor and submit your form: PCIRD sponsor: vicecmp@pcrid.org
To find your local sponsor: <https://myaccount.rid.org/Public/Search/Sponsor.aspx>
 3. Submit Workshop Description Doc: <http://www.imiaweb.org/uploads/docs/MasterAbstractBio31515.pdf> and conference schedule www.imiaweb.org/uploads/docs/Calendar31815.pdf to your local sponsor
 4. Cost: Free to RID members. Non-RID member may inquire sponsor about applicable fee
 5. Obtain a certificate of attendance at the completion of the conference
- For more information: <http://www.rid.org/continuing-education/earning-rid-ceus/pinra/>

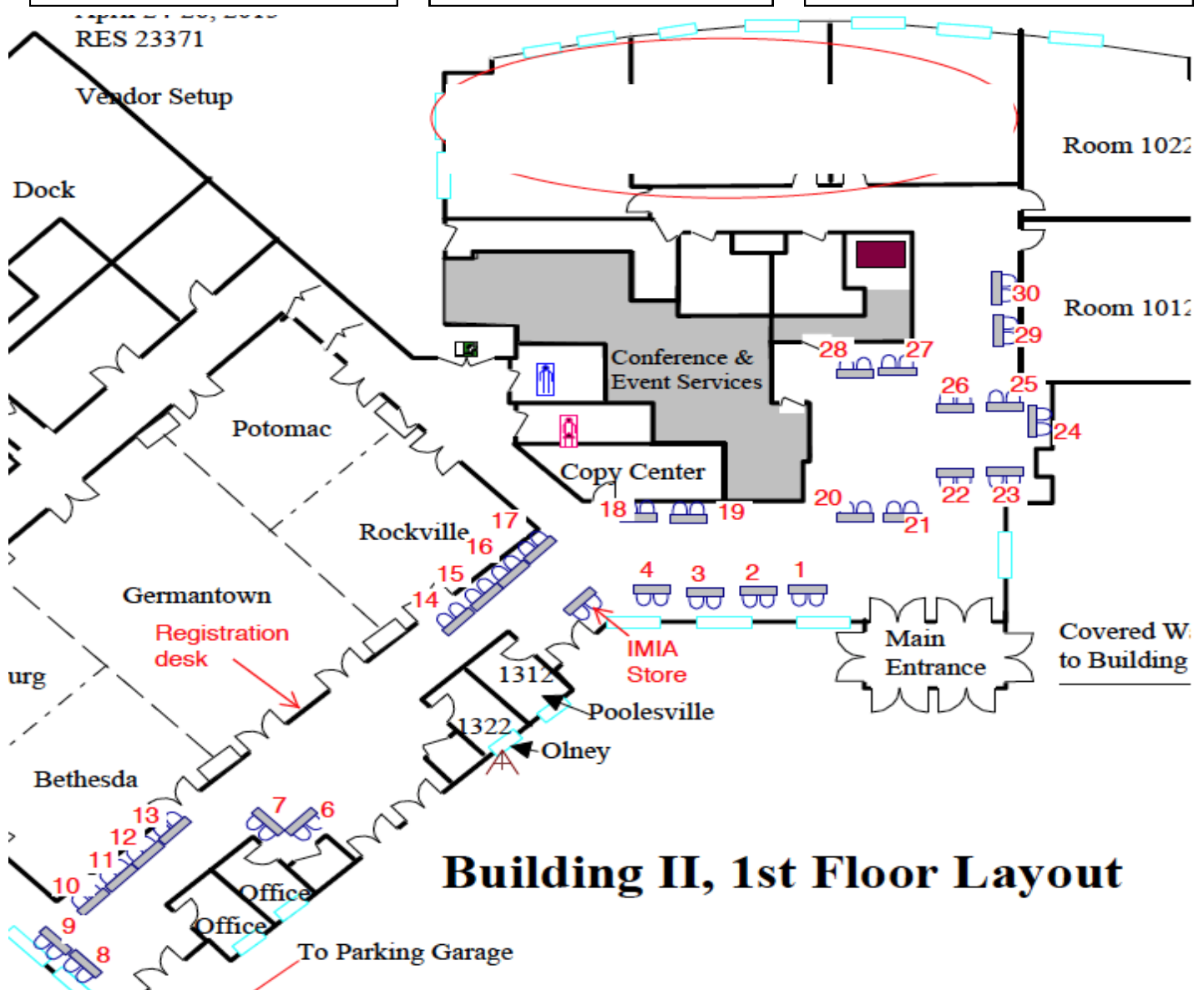


Vendor Table Map

- 1) Language Access Network
- 2) Bromberg Translation
- 3) Masterword Services
- 4) University of Maryland Medical Center
- 5) MIA Store
- 6) Certified Languages International
- 7) Health Care Interpreter Network

- 14) Language Services Associates
- 16) LanguageLine Solutions
- 17) National Board
- 18) Cross-Cultural Communications, LLC
- 19) MCIS
- (20) 21) Cyracom
- 22) Spanish for all Austin

- 23) Language Testing International
- 24) Access Interpreting Inc.
- 25) Liberty Language Services
- 26) Stratus
- 27) All Access Interpreters, LLC
- 28) Cross Cultural Health Care Program
- 29) SWITS
- 30) GLOBO



Building II, 1st Floor Layout

WELCOME!



On behalf of the University of Maryland Medical Center,
welcome to the Baltimore/Washington DC area,
and enjoy your time at this year's conference.



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Friday, April 24

Through the Veil of Language: *Safe, Effective and Humanistic Care for Patients with Limited English Proficiency*

Ballroom

Keynote Speaker—Dr. Alexander Green



Patients with limited English proficiency (LEP) represent 10% of the US population and experience frequent misunderstandings of diagnosis and treatment, high rates of serious adverse events, and lower quality health care experiences. Unfortunately, health care professionals are ill prepared to care for patients with LEP and to work with professional interpreters as part of the care team. In addition to limited formal education for health care professionals, there is a powerful informal or “hidden curriculum” in this area that leads to: loss of idealism, emotional neutralization, change of ethical integrity, and acceptance of hierarchy. The goal of this presentation is to describe the work being done by the Disparities Solutions Center at Massachusetts General Hospital to understand the factors that limit effective care for patients with LEP, and to develop educational and systems interventions to improve care. Ultimately, we hope to create a highly functional system that adapts to the needs of patients with LEP and integrates interpreters into an expanded role as part of the health care team.

Dr. Alexander Green is Associate Director of the Disparities Solutions Center at Massachusetts General Hospital, Senior Scientist at the Mongan Institute for Health Policy and Arnold P. Gold Associate Professor of Medicine at Harvard Medical School, where he teaches cross-cultural medicine and chairs the Cross Cultural Care Committee. Dr. Green’s research and programmatic interests focus on culturally competent approaches to quality improvement, language and patient safety, unconscious bias in health care delivery, and cultural competence education for health professionals. He has published and presented widely on these topics and his work has been funded by The Robert Wood Johnson Foundation, The Commonwealth Fund, Aetna Foundation, The Macy Foundation, NIH, AHRQ and CMS among others. In September 2008 he was chosen to receive the Harold Amos Diversity Award at Harvard Medical School, and in 2013 he received the Arnold P. Gold Professorship Award for Humanism in Medicine.

Dr. Green has served on numerous expert panels, working groups and advisory boards on culturally competent care and health care disparities for organizations such as the Joint Commission, the National Quality Forum and The Society of General Internal Medicine. He helped produce and implement a documentary film and education project on cross-cultural health care called *Worlds Apart*, now used by hundreds of organizations nationally, and he created a series of web-based cultural competency e-learning courses called *Quality Interactions* that have been used by over 125,000 health care professionals.

Dr. Green received his Bachelor of Science and medical degree from the University of California, San Diego, and completed his residency training in internal medicine at the New York Hospital—Cornell Medical Center. He joined the faculty at Cornell where he completed a National Health Services Corps fellowship at the Family Health Center of Western Queens, a community health center located in one of the most culturally diverse neighborhoods in the country. He served as Associate Director of the Primary Care Internal Medicine Residency Program at Cornell and Assistant Professor of Medicine. In 2005 he completed a mid-career research fellowship and Master’s degree in Public Health at Beth Israel Deaconess Medical Center and Harvard School of Public Health before joining the faculty at Massachusetts General Hospital and Harvard Medical School.

2015 IMIA AWARDS



For biographies of 2015 Award Recipients

GO TO: <http://imiaweb.org/about/awards.asp>

One of the most important and widely recognized functions IMIA fulfills for its members is the awarding of IMIA prizes and awards at our Annual International Conferences on Medical Interpreting. Being selected by a national and international jury to receive an IMIA prize or award signifies recognition of the 'best of the best' by one's peers around the globe, who require interpreters all over the world.

Interpreter of the Year

Kathy Howell

The IMIA Medical Interpreter of the Year Award is the oldest and most prestigious national award program for medical interpreters. This yearly award recognizes an outstanding interpreter and role model across the country.

Medical interpreters can distinguish themselves in various ways which make them appropriate nominees for this award:

- Belongs to a professional association
- is an effective patient advocate and is comfortable in all interpreting roles
- finds creative solutions to assist patients to meet their needs
- identifies and supports improvements in patient care delivery
- quality of interpreting skills
- interpersonal skills and team spirit
- commitment to continuous improvement of skills
- commitment to professional development
- role model and leadership in the field

IMIA Distinction in Medical Interpreter Education Awards

Sameh Abdelkader

"In many ways, interpreter trainers/educators are the gatekeepers of the profession, because it falls on them to instruct new interpreters in the appropriate practice of this profession, still growing and being established in many institutions. The IMIA Distinction in Medical Interpreter Education Awards will recognize individuals who have excelled in the capacity of guiding and shaping the next

generation of medical interpreters", said Hank Dallman, Medical Interpreter Trainer at Robert Wood Johnson Medical School. This award recognizes the need for outstanding interpreter educators as role models across the country and abroad, for improved medical interpreter education. The recipient will be an educator, instructor, or language coach, and the selection will be based on concrete examples of what they have achieved and for the promise of what they will accomplish. The IMIA Distinction in Education Awards have the goal of being inspirational, helping all explore the role standardization of education in the field of medical interpreting. It also promises to recognize latent talent and increase the sharing of innovative strategies that make a powerful

The IMIA Provider Excellence Awards

Duke University Hospital International Patient Services

&

Arkansas Children's Hospital - Social Work, Family Services and Interpreter Services

The IMIA has always counted on Provider Champions. These are healthcare providers/entities who have conducted research related to language access or medical interpreting, who volunteer their time to spread the word about the importance of professional interpreting services as a patient safety issue, or providing support and empowerment to medical interpreters in their professional and career development. This award was established in 2011 and recognizes the need for outstanding healthcare provider/entity champions who take our mission as their mission for the patient safety of those patients. A healthcare professional who has made a lasting impact in the field of medical who have a language barrier to healthcare.

Raquel Cashman Language Access Award

Cara Martinez

The IMIA Raquel Cashman Language Access Award was established in 1993 by the International Medical Interpreters Association, in memory of Raquel Cashman, Director of the Interpreters Department at Boston Medical Center, and the initial founding member of the organization. Raquel was an impassioned advocate for medical interpreting and LEP patient rights. This annual award perpetuates the enduring contributions of this health care and community leader by recognizing the achievements of individuals who have made significant and lasting contributions to improving patient safety and language access in health care, and individuals who, through a specific initiative or project, have made an important contribution to our field at a national and/or international level.

IMIA Lighthouse Leadership Award

David Cardona, MD, MPH

This Award of Merit was established in 2010 by the IMIA International Board of Directors and is the highest award granted to an individual member or a corporate member of the IMIA for distinguished leadership, service and outstanding participation in IMIA activities during the previous year. The IMIA leadership includes the standing and former IMIA National and International representatives, as well as the IMIA Committee and Division Chairpersons and the IMIA Executive Board as well as others who take on positions of leadership in the IMIA. Recipients receive a complimentary registration to the IMIA International Conference in Medical Interpreting and a complimentary one year membership to the organization. This award recognizes the achievements of individuals who have made significant and lasting contributions to improving patient safety and language access in health care, and individuals who, through specific initiatives or projects of the IMIA, have made an important contribution to our profession at a national and/or international level.

Plenary Panel: Certification

Ballroom

PANELISTS

Moderator:

Mohamad Anwar, M.Sc., MHA
Certificate, CHI,

Panelists:

Kiara Raazi, CMI-Spanish,
Otto Zellmann, CHI™, CMI-
Spanish, Chair IMIA Certified
Interpreter Division,
Roxana Del Barco, MA, CMI-
Spanish,
Earl Fleetwood, M.A., CI, CT, TSC

Panel will present current offerings, future plans and trends in medical/healthcare interpreter national certification. We will continue to assess the impact of national certification on the field in the past few years. In addition, we will explore best practices among different national associations to collaborate in order to ensure that medical/healthcare spoken language interpreters be integral members of the medical team.

Questions:

- How did the national certification affect the profession from your perspective?
- What are the current developments? What is coming up next?
- What is your plan to reciprocate CEU's among all interpreter national associations?

The National Board accepts continuing education units (CEU) from the International Medical Interpreters Association (IMIA), the American Translators Association (ATA) and the Registry of Interpreters for the Deaf (RID). ATA and RID CEUs must be for workshops, conferences, and events that are related to medical interpreting knowledge and skills enhancement. For more information visit:
<http://www.certifiedmedicalinterpreters.org/recertify>

Workshops: A 3:30pm–4:30pm

Is Your Training Program Nationally Accredited? CMIE Accreditation Standards for Medical Interpreter Educational Programs **BLDG2-Rockville Potomac** Marlene Obermeyer, MA, RN

Medical interpreter educational programs come in many shapes and sizes. Join this workshop if you wish to learn about the National Standards for Medical Interpreter Education and to see if you are meeting these requirements. This workshop is designed for trainers. A presentation on the Commission on Medical Interpreter Education (CMIE). Learn more about why and how the CMIE accredits Interpreter Training Programs. Find out how CMIE seeks to promote interpreter education best practices, provide training programs with a seal of approval (a credential of quality and distinction!), and create a common set of expectations across the board for students, administrators and educators. We'll discuss the development of the accreditation standards as they relate to medical interpreter education, and compare different types of training programs (Academic, non-academic, certificate programs, healthcare interpreter programs, online programs, and more).

The IMIA Ethical Disciplinary Process **BLDG2-3032** Silvia Villacampa

The IMIA Ethics Committee serves to respond to complaints of violations of the IMIA Code of Ethics or the Standards of Practice. The committee has in place a peer-review process to follow when investigating and responding to complaints or allegations. The committee is currently working on a project to fine tune the Ethics Complaint Process which will guide the committee in handling ethics complaints against a medical interpreter who is an active IMIA member. The steps of the review process will be explained, including the minimum requirements for a complaint to be reviewed. The scope of the committee's powers, what it can and cannot be done in regards to ethics complaints will also be discussed. The challenges faced by the committee in developing this process, as well as the current status of the project will also be presented.

Right at First Sight (Part 1) **BLDG1-Auditorium** Catalina Natalini Maria Perez-Chambers

This consists of two sections: The 3-hour non-language specific morning session will focus on the general principles of sight translation through practice in an English only format. The 3-hour afternoon session will reinforce the assimilation of these principles with sight translation practice from English

into Spanish ONLY. Participants may choose to participate in one or both of the workshops. In interpreter education, the teaching of sight translation is the foundation of the cognitive skills upon which an interpreter will later build the consecutive and simultaneous modes. In sight translation, the input is written and the interpreter must comprehend the written text in order to deliver an instantaneous oral interpretation into the target language. However, the transfer of the message is often hindered by the characteristics of the written language. Often, interpreters fall into a word by word oral rendition of a written text that is deficient in target language structure and in the preservation of context and meaning. During this workshop, instructors will introduce the concept of de-verbalization along with critical strategies interpreters may use to render a competent sight translation free of literal translations, mistranslations, and false cognates.

Is Quality Interpreting a Myth for the Rural Communities? **BLDG2-2062** Dr. Lolie Makhubu

Advocacy for quality healthcare services through the provision of quality interpreting services for the rural communities. To contribute towards elevation of the status of service delivery in the rural communities in KwaZulu-Natal, South Africa. The focus of this presentation is on the provision or lack thereof, of quality interpreting service delivery in the rural area of KwaZulu-Natal province. South Africa has recently been plagued by service delivery protests whereby local residents demand quality delivery of services from local municipalities. It is claimed by the protestors that after 20 years of democracy there is still lack of or insufficient delivery of services by the government in their respective communities! Therefore, if there are such protests, what is the real situation in the rural communities? Are they immune to such poor or lack of service delivery particularly in the healthcare sector? Could the elevation of the status of service delivery in the rural communities contribute towards inter alia, bringing together various rural communities, rural-urban and even the rich-poor divide? Is making available quality interpreting services be a unifying factor? Finally, how is the situation elsewhere?

Delivering Language Assistance at MD Anderson Cancer Center **BLDG2 -2032** Cesar Palacio

An overview of the operation of the Language Assistance department at MD Anderson Cancer Center. This presentation will provide an overview of the many aspects of the provision of language services at MD Anderson Cancer Center. It is an explanation of how services are provided to patients from over 100 countries, showing volume of service, types of services offered, administrative functions, internal procedures, and staffing roles.



Workshops: B

4:45pm-5:45pm

Terminology Tools for Today's Medical Interpreter

BLDG2-Rockville Potomac

Yuka Lysiuk

IMIA Medical Terminology Committee Chair

Ingrid Oseguera



The IMIA has designed a wonderful tool for medical interpreters. Whether you are a trainer looking for materials to recommend to your students or an interpreter who is compiling a glossary, or doing terminology research, the IMIA Terminology Resources Database (ITRD) is here for you. Join us to learn how to search the database effectively. The IMIA Terminology Committee has met every month over the past three years and has been developing the ITRD tool. Its committee members have been entering existing resources (glossaries, dictionaries, etc.) available in several languages and in various specialties of medicine and healthcare. Medical interpreters can search for resources as well as submit new resources in different languages or topics related to their work.

HIPAA, Privacy Laws and Our Interpreting Profession

BLDG2-3032

Cynthia Peinado Hermosillo

Interpreter, Translator & Trainer



Learn or review what is applicable to the federal law regarding HIPAA and determine what is covered under the law. Day in and day out, during onsite sessions, VRI or OPI, we come across personal, medical and financial information. As interpreters we are honored with trust by providers as well as the LEP. What are the boundaries we need to ensure when in difficult situations and still not compromise privacy laws?

Interpreting Hospice and Palliative Care

BLDG1-Auditorium

Eric J. Hardt MD

Geriatrics Section, Boston Medical Center

Associate Professor of Medicine

Boston University School of Medicine



Hospice and palliative care are playing an increasing role in health care in America though many families are not getting available services. Roughly a quarter of hospitals now have palliative care consult teams with many more emerging; nearly half of Medicare patients now spend some time on hospice as death approaches. We will review relevant definitions, eligibility requirements, and demographic statistics including disparities related to race, ethnicity, and LEP status. A recent survey

of medical interpreters suggested widespread uncertainty about roles and interest in education about the dynamics of family meetings involving breaking bad news and planning for death. We will explore subtle issues in language use and communication techniques in this setting. We will review language issues related to discussions and documents involving advance directives, e.g. the MOLST form. Our focus will be on more effective collaboration with health care providers delivering end-of-life care across cultural and language differences.

Making the Case for Reinvention

BLDG2-2032

Winnie Heh



Winnie Heh, Vice President of Transformation at Language-Line Solutions will discuss how technology will change the role of the interpreter in the future and bridge the interpreter/translator divide. Organizations are not only increasing their requirements for on-demand voice interpretation, but are also requesting on-demand written translation. The savvy interpreter of the future will fulfill this dual role. The workshop will identify the key skills needed for tomorrow's interpreter, and provide guidance and direction to interpreters seeking to adapt and transform with the industry. No two career path plans will look alike. Ms. Heh will further take the participants through a career path planning process that explores their own interests, values, transferrable skills and a set of actionable SMART goals.

Who are the Gang-nam Style Medical Interpreters in Korea?

BLDG2-2062

Gieun Oh

Migrant women aren't housewives anymore. They became Gang-nam Style Medical Interpreters. Who are the Gang-nam Style Medical Interpreters in Korea? As you know, like Psy's Gang-nam Style, we have Gang-nam Style Medical Interpreters in Korea. I would like to introduce Gang-nam Style Medical Interpreters. In Korea, Gang-nam represents the hottest place for trend, fashion, shopping, etc. However, Gang-nam is one of the most attractive places for medical tourists from China, Malaysia, Russia, and many more to have plastic surgery. Since I am the president of the Gang-nam Global Healthcare Coordinator, which is Gang-nam Gu medical interpreters' association, I have taught medical interpreting to the members of the Gang-nam Global Healthcare Coordinators since 2010. So I would like to introduce Korean Gang-nam Style Medical Interpreters - who they are, what do they interpret, what languages do they speak other than Korean, and how they are trained for medical interpreting.

Saturday, April 25

Annual Membership Meeting

Ballroom

Learn all of the activities of the past 12 months from our division/committee chapter chairs, the annual financial report, 2015 salary survey results as well as a town hall Q&A

Plenary Panel: Unity in Advocacy

Ballroom

PANELISTS

Moderator:

Anita Coelho Diabate

Panelists:

Eric Candle

Shahin Sebastian

Kazumi Takesako, PhD

Caitlin Walsh, CT

Esther Navarro-Hall,
President NAJIT

Panel will present current advocacy efforts done by different national interpreter associations, lessons learned down the road, and best practices on how to outreach to legislators, organizations, and the community as a whole. Also, panel will assess the outcome of our national/local/international collective advocacy efforts and their impact on raising the public awareness of our profession, passing bills that support the profession, and securing Medicaid funding for language services. In addition, panel will address current collaboration efforts among national interpreter associations and how to advance them for better outcomes.

Questions:

What current advocacy efforts are you, or your organization, involved in?

What are the most prominent outcomes of your past advocacy efforts?

What are the three things that you would like to see happening in our collective national/local interpreter associations advocacy?

Workshops: A 1:30pm– 2:30pm

**Training, Dispatching, Certification:
Imminent Issues for Fledgling Countries**

BLDG2-3032

Kazumi Takesako, PhD

Japan Chapter Chair

Chika Miyawaki

Boom came to Japan finally, but what to do next? Let's share experiences to advance our profession. The presenters will introduce Japan's experience. Latino immigrants for cheap labor have been served primarily by ad-hoc interpreters and volunteers since the 1990s. Language barriers were recognized locally at the time of the Great Earthquake in 1995, however, few worked on language issues. Just recently the hosting of the 2020 Olympic Games has been driving the entire nation to establish a system of language services. During the whole process, believe it or not, the U.S. has provided good lessons for Japan. Establishment of professional associations, publications of professional standards, provisions of training courses, and most importantly launching of the national certification testing has guided or will guide Japan. This session will showcase uniqueness of Japan's case and commonality in challenges faced by medical interpreters and stakeholders between two countries, expecting to serve as a lesson for other fledgling countries aspiring to advance this profession.

Workshops: A

1:30pm–
2:30pm

Learning to Speak "Quality": A "New" Medical Interpreting Language?



BLDG1-Auditorium

DeLana Browning

Medical interpreting professionals are well-versed in the language of compliance and civil rights, but increasingly the perspective that dominates the field of healthcare is the language of quality improvement and "value-based" care. This presentation will introduce the objectives, frameworks and basic data points of healthcare quality monitoring as they relate to issues of language access. Those of us in the medical interpreting field recognize that healthcare itself is a specialized language and while we are trained and conversant in the specialized terminologies that related to clinical aspects of health care delivery, there are other dimensions of healthcare communication that impact our profession. As the ACA introduces new structures and designations that will transform the model of health care delivery, medical interpreting professionals need to meet healthcare professionals on this new terrain, and to speak about language access services in the terms and frameworks that make sense within this new environment. This presentation is designed to introduce participants to perspectives on healthcare "Quality" that are relevant to medical interpreting and language access, with special attention to the most recent changes brought on by the passage of the ACA.

Mental Health Interpreting: An Extended Examination



BLDG2-2032

Whitney Gissell

This close look at an often unrecognized specialty of healthcare interpreting examines common mental health terminology, analyzes customary interpreting scenarios, and explores navigation strategies for problematic encounters which prevent the ability to

form equivalent messages in the target language. Participants will engage in real practice, gain additional resources for further skill development, and take home language samples of patients with linguistic dysfluency. Mental Health Interpreting is rarely recognized as a specialty of healthcare interpreting yet requires a definitive interpreter skill set and additional core competencies. The exceptionality of mental health encounters along with the difficulty of interpreting for patients who often exhibit unpredictable linguistic dysfluency demands a level of linguistic, logistical, and ethical decision making ability coupled with subject matter proficiency rarely discussed in our profession. This workshop examines practical subject matter topics as they relate to the work of the interpreter such as common diagnosis and their manifestations—linguistically, cultural implications of mental health evaluations and the best practices for interpreting such exams, and creative solutions for difficult situations like group therapy or non-verbal patients. Participants will take home new ammunition for their tool box of interpreting techniques and strategies.

Inventing a New Voice: Aspects of Medical Questionnaires Translation



BLDG2-3052

Roksolana Povoroznyuk

The presentation deals with culture-specific problems of medical questionnaires. Tips on their translation with an emphasis on cross-cultural adaptation will be provided. Medical translation is effected through a series of collaborative efforts from doctors, health care officials and translators. Very often the results of their collaboration are medical questionnaires intended for the patients or medical personnel. However, as the tools developed in English, their use as validated instruments has been limited to the English-language populations.

Translation of the English-language questionnaires into Ukrainian requires a serious cultural adaptation, knowledge of the cultural specifics and values typical of both the native and target cultures. We address the problems of translation arising out of the patient's inadequate grasp of medical terminology, cultural and pragmatic factors.

Cancer 101 for Spanish Interpreters BLDG2-Rockville Potomac



Kelly Garvin Rodriguez
MA, CMI-Spanish

This presentation aims to provide CMIs with a basic overview of oncology, including information about the disease, diagnostic and staging tests (including blood work, biopsies, and imaging), and treatment options such as surgery, chemotherapy, and radiation, and the associated side effects. These appointments can be technically difficult for interpreters, with industry-specific jargon and unfamiliar concepts. Learn strategies to prepare for potentially challenging encounters, such as maximizing your pre-session and taking efficient notes to maximize retention and minimize clarifications. This will polish your performance and make you a more valuable asset to the medical team. There will be extensive terminology in Spanish and English for oncology-specific concepts throughout the presentation. This webinar deals exclusively with adult cancer cases and mostly solid tumors such as breast cancer. Some slides are graphic. The webinar is sponsored by H. Lee Moffitt Cancer Center and its Language Services Department.

Workshops: B

2:45pm-3:45pm

Here is Another "Ism":

Understanding and Dealing with Regionalisms BLDG2-2032

Alexandra Baer, CMI-Spanish
Harry Figueroa



This interactive workshop will portrait one of the most common (and often challenging) situations interpreters may face. This particular situation deals with unfamiliar or foreign words in their own language; we often refer to these unfamiliar terms as regionalisms. Understanding the subcategories or regionalisms and getting exposed to a variety of nuances across Spanish speaking countries will help Spanish interpreters to feel more at ease during a medical encounter. More importantly it will heighten her/his awareness of it's widespread use and ultimately reducing the risk of potential misunderstanding or misuse of words.

Religious Literacy and Medical Interpretation:

Giving Meaning to Meaning BLDG2-3052

Maria Rey, CMI-Spanish
Terry Rey, PhD



The growth of religious pluralism in America poses great challenges to the Twenty-First Century Hospital, hence religious literacy is of mounting importance to health care professional. This presentation looks carefully at the specific implications for medical interpreters. This presentation discusses the crucial importance of religious literacy in the Twenty-First Century American Hospital, with particular focus upon the implications for medical interpreters. Through a consideration of relevant substantive case studies from recent years, the presentation argues that as American society and culture further diversify ethnically, religious pluralism mounts ever greater challenges to medical interpreters, so there is a threshold of religious literacy that is vital to their profession. Featured examples from two of the fast-

est growing religions in America, Islam and Santeria, will be highlighted, and religious literacy will be defined and the ethical and legal ramifications explored.

Implementing Your Own Remote Call Center

BLDG2-2062

Eliana Lobo
Supervisor & Trainer

Implementing Your Own Call Center (What we have learned in our first years of operation). VRI, what is it? Can it improve service to LEP patients? Efficiency, quality, practice improvements, common pitfalls in implementing VRI language access services will be examined. Metrics from our first years of operations will be shared. You'll leave this session with a better understanding of VRI, its appropriate use, and with tips for planning your own implementation onsite. VMI rollout is a strategic planning issue. The centerpiece: how to secure core assets (trained interpreters) over time. The keystone: how to partner with IT / Telecommunications before you begin. Many fear that this technology endangers their job security. I want to eliminate those concerns, as our data clearly show total number of encounters increased across every category post introduction of VRI. There's nothing to fear from this new technology. Training before implementation, is the key to freeing interpreters for critical, emergent situations, where nothing less than an in-person interpreter will do.

Certification - From Controversy to Consensus

BLDG2-Rockville Potomac

Kiara Raazi, Testing Director
National Board of Certification for Medical Interpreters

Presenter will share detailed information about the National Certification movement. The presentation will focus on the progress made in getting medical interpreters nationally certified and the obstacles that need to be overcome in order for national certification to continue to expand across the country.



Avoiding Common Mistakes in Medical Interpreting

BLDG1-Auditorium

Silvia Villacampa
Office Manager
Sameh Abdelkader
Director of Education

Complaints about interpreters' performances provide a valuable opportunity for refresher training and improvement of skills. With examples from our own experience as an agency, we evaluate and analyze complaints received in order to help interpreters avoid the mistakes frequently made in this professional field. This workshop will explore the common mistakes made by medical interpreters during interpretation. Using two years of data from a language services agency, we will evaluate case studies in which an interpreter's behavior caused their client to complain. This walk-through will serve to help interpreters to not only identify, but also avoid behaviors that negatively affect the interpreting experience. Along with an analysis of these mistakes will be a discussion of the ways in which the code of ethics was violated by the interpreter. A small portion at the end of the workshop will be set aside for questions from the interpreters in the audience about their own experiences.

The Interpreters' Prescription for Effective Practice

BLDG2-3032

Richard Laurion
Director of Programming and Operations

The presentation will review two national efforts to define competent and effective practice of health care interpreters. It will then outline the educational programming available that provides structure and strategies for building health care interpreter competence in response to the identified need. Since 2007, there have been a number of efforts to analyze and identify the knowledge and skills required of interpreters working in the health care setting. These include the study on "Core Competencies for Health Care Interpreters Research Report" and a national initiative to identify the domains and competencies required of sign language interpreters in medical

settings. This presentation will compare the findings of both studies and review the common areas of knowledge, skills and competencies required of interpreters identified by each. The CATIE Center at St. Catherine University and the National Consortium of Interpreter Education Centers (NCIEC) have developed educational programs and materials that respond to needs of ASL/English interpreters identified in these studies. The presenter will outline how these same educational materials and programs might be replicated to serve health care interpreters regardless of language pairs.

Workshops: C 4:00pm-5:00pm

Interpreter Services Simulation Project with SickKids Learning Institute **BLDG2-3032**

Anita Tancredi
Medical Interpreter

To demonstrate how simulation can be used as an innovative approach to support a model of working effectively with medical interpreters in improving communication between LEP patient/families and healthcare providers. An environmental scan of Child & Family Centred Care (CFCC) was conducted throughout SickKids that included children, families and staff. Results revealed that children wanted enhanced interpreter services, including healthcare providers recognizing the need for interpreters for their parents. Based on these results and a gap identified by staff, more support is required to work effectively with interpreters. Representatives from Interpreter Services partnered with the simulation team to develop three scenarios that focused on best practice interactions. The simulations were piloted and revised, then integrated into activities for a workshop. Participants attending the workshop included children, families and staff. This presentation will demonstrate how simulation can be used as an innovative approach to support a model of improving communication and share results of this experience. Next steps in this educational strategy will include integrating these simulations into activities, which promote the staff professional development and provide patient/family information sessions.

Are You Taking Advantage of the Mentorship Program? **BLDG2-3052**

Anarella Celliti, Ph.D, LPE, CMI-Spanish

The IMIA Mentorship Program consists of promoting mentoring in the profession by helping connect mentors and mentees within our community of professionals. Mentors - or guides - can be indispensable to moving up in your career. They play a very important role in career planning. A mentor can help teach you what you need to know about

your job, your organization and your field. Often this person is the most valuable resource for figuring out some of the less obvious information - for example, who the real decision-makers are at your organization or field or what fellowship review committees look for in applications - that can help you reach your career goals. In addition, a mentor may be able speak up on your behalf, such as when you are being considered for a staff or other position. Many confuse mentoring with practicums or internships, but those that assist interns are called preceptors, also called internship supervisors, not mentors. An internship site might also have a specific internship supervisor who coordinates and connects interns with their preceptors. In healthcare, most internships are called practicums. Mentorships, on the other hand, are long term relationships between more experienced professionals with those coming into the profession. These can be rich relationships that not only help the newcomer but also hones the skills of the veteran interpreter as well.

Exploring Cultural Competence for Medical Interpreters **BLDG2-2032**

Ira Sen-Gupta



In this interactive workshop, we'll discuss how an interpreter can effectively function as a cultural broker while maintaining neutrality and avoiding perpetuation of stereotypes. We will explore how the concept of cultural competency is addressed in different codes of ethics for medical interpreters, and how experienced interpreters have applied this value in real-life situations. The value of cultural competence is addressed in each of the main codes of ethics for medical interpreters. However, even experienced medical interpreters may be unsure how to effectively function as a cultural broker. How do we avoid perpetuating harmful stereotypes while promoting cross-cultural understanding between patients and providers? How can an interpreter act as a cultural broker when they speak the same language as the patient, but have not shared the same cultural experiences as the patient? In this interactive workshop, we'll discuss how an interpreter can effectively function as a cultural broker while maintaining neutrality and avoiding perpetuation of stereotypes. We will explore how the concept of cultural competency is addressed in different codes of ethics for medical interpreters, and how experienced interpreters have applied this value in real-life situations. If you have them, come prepared with case studies from your own experience.

Building Medical Terminology Through English Medical Abbreviations, Acronyms and Symbols a 1-hour workshop **BLDG2-Rockville Potomac**

Rosanna Balistreri
Owner/Cultural & Linguistic Consultant



The goal of this workshop is to understand the difference between abbreviations and acronyms, and learn about symbols and most common abbreviated forms used in the medical setting. Participants will have the opportunity to practice their use through a series of activities whose objective is to reduce text into abbreviated form.

Workshops: C 4:00pm-5:00pm

Gestures in the Middle East: A video comparative study

BLDG2-2062

Mohamad Anwar, M.Sc., MHA Certificate, CHI
Ibtihal Mahmood, Chairperson of the Arabic Division, IMIA



A video study of gestures in the Middle East identifies major similarities among Arab countries, suggesting common societal norms, and some unique differences. Gestures are not a universal language, and studies show that there are limitless varieties in global gestures. The Middle East is no exception to this rule. The Middle East tentatively comprises five distinct regions based on dialect; Egyptian, Moroccan, Levantine, Mesopotamian, and Gulf. Each one of these regions has a distinctive set of gestures that shares a lot in common with other regions' sets. Yet, it is uniquely different in interpreting some gestures (difference). In addition, this video study proves that not only these regions exhibit difference, but they also show variations in gestures' groups (meta-difference). For instance, some regions lack the very existence of some gestures, and group of gesture, that are readily common in other regions. This video study records movement, captures gestural speed in real time, faithfully shows how many repetitions are used, and even presents the gesture along with other fluid nonverbal behaviors as they occur.

Give Voice to the Profession: Strength in Standards

BLDG1-Auditorium

Marjory Bancroft
Director



Standards unite us: they show the world what makes medical interpreting a real profession. Learn about national and international standards that address medical interpreting from the world project leader for the new ISO standard for general interpreting. Medical interpreting is moving at top speed toward a pinnacle of recognition as a profession. National and international standards pave the way. Which standards today address medical interpreting? What do they say? This presentation gives you the rundown of the standards in place, those coming soon and what to expect. They also reflect how medical interpreting is breaking away as a separate specialization independent of community interpreting's hot topic. Every medical interpreter and advocate should take pride in the road ahead and support standards as one important way to unite the field, support ethical practices and convey to the world at large what medical interpreting is and why it matters. The presenter has been a participant or leader in the development of national and international standards for medical, community and general interpreting. She is also the world Project Leader for a new ISO international standard on general interpreting.

Workshops: D 5:15pm-6:15pm

Debriefing Project Evaluation Results

BLDG2-2062

Anita Tancredi
Medical Interpreter
Deolinda Wah
Medical Interpreter



To provide a follow up to last year's presentation which described the development and dissemination of debriefing sessions offered to medical interpreters. To share evaluation results of the debriefing projects and next steps. Interpreter Services recognized the need to provide increased support to medical interpreters due to the increased nature of emotionally challenging situations including unexpected diagnoses, palliative care, bereavement, child abuse/neglect situations, and mental health consultations. A formalized mechanism of debriefing was implemented, whereby interpreters experiencing traumatic or distressing encounters for patients/families could be acknowledged and discussed as needed in a safe forum. Staff medical interpreters received training to facilitate debriefing interventions and designed a debriefing framework tailored to meet the unique needs of medical interpreters. A number of debriefing sessions have been held over the last 18 months. This presentation is a follow-up to last year with a brief review of how the project was developed and the debriefing conducted with the main purpose to share evaluation results.

What is the Color of Your Communication?

BLDG2-3032

Jairo Suarez
Business Development Specialist



Learn the characteristics of different styles and how each style affects communication; learn how to identify in seconds a person's communication style and their preferred style. Everyone has a natural style of communication; understanding one's and other styles is key for professional and personal effectiveness. In this workshop participants will learn clues for reading in seconds other people's styles, including clients, relatives, friends and coworkers and be able to anticipate how they will react and think to what is being said. Participants will learn to determine their natural style, and apply methods for interacting more effectively with people with different styles and from different cultures by learning basic principles of neuro-linguistic, psychology, empathic listening and assertiveness to avoid conflict, even when interacting with difficult or temperamental people. During the workshop participants will complete a self-assessment questionnaire to develop a high level of self-awareness; then more training time is devoted to discussing those styles and how they interact. Among other fun activities during the workshop, members of the group will guess which style other members have.

Workshops: D 5:15pm-6:15pm

Right at First Sight (Part 2) BLDG2-Rockville Potomac

Catalina Natalini
Freelance/Faculty,
Maria Perez-Chambers
Faculty



This consists of two sections: The 3-hour non-language specific morning session will focus on the general principles of sight translation through practice in an English only format. The 3-hour afternoon session will reinforce the assimilation of these principles with sight translation practice from English into Spanish ONLY. Participants may choose to participate in one or both of the workshops. In interpreter education, the teaching of sight translation is the foundation of the cognitive skills upon which an interpreter will later build the consecutive and simultaneous modes. In sight translation, the input is written and the interpreter must comprehend the written text in order to deliver an instantaneous oral interpretation into the target language. However, the transfer of the message is often hindered by the characteristics of the written language. Often, interpreters fall into a word by word oral rendition of a written text that is deficient in target language structure and in the preservation of context and meaning. During this workshop, instructors will introduce the concept of de-verbalization along with critical strategies interpreters may use to render a competent sight translation free of literal translations, mistranslations, and false cognates.

What Did the Doctor Say? Analyzing NYU curricula for M.I BLDG2-3052

Flavia De Senzi F Pardo
Student

It aims to look for medical interpretation concerning the role of the medical interpreter under visibility versus invisibility concept. It aims to offer results of an American continuing education curriculum in medical interpretation studies analysis, concerning the role of the medical interpreter under visibility versus invisibility concept. It was noticed that, different from a conference interpretation, where interpreters are “language switches” interpreting from a booth and having no personal contact with the audience in the moment of the interpreting, visibility prevails into doctor-interpreter-patient encounter. It was also perceived the concerning about medical terminology, a mandatory subject, which foregoes interpretation studies itself. Thus, it was come to terms that terminology studies are the way to maintain visibility among doctor-interpreter-patient encounter due to its importance and to the fact that doctors and patients not always share the same cognitive environment concerning medical terminology. The study of medical terminology is present in the curriculum and this fact calls our attention to the build-up of medical continuing education curricula in different institutions.

Social Media & The Medical/Healthcare Interpreter BLDG1-Auditorium

Lizette Odalk
Certified Medical Interpreter / Intl. Services

Social media is here to stay and we as professionals need to know how to navigate and benefit from the latest trends and platforms, join us! Analysis and use of some of the current and emerging social media platforms, such as Facebook, YouTube, LinkedIn, Twitter, Podcasts, Blogs and other, for professionals in the healthcare and medical interpreting area and pr/marketing/business applications of these.

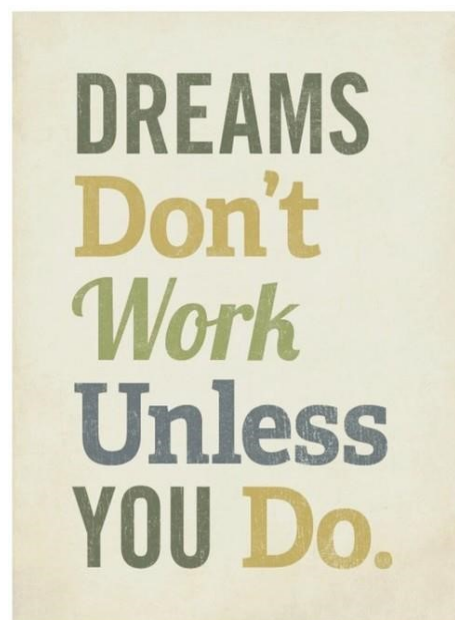
Remote Interpreters' Toolbox BLDG2-2032

Linda Joyce
Interpreter and Language Access Consultant
Emily Paul
Interpreter and Translator



We will collectively build a tool box of resources and best practices to improve our skills as remote telephone or video interpreters. We will also help interpreters who would like to become a remote interpreter. This workshop is skills based and is designed for all remote interpreters - telephone and/or video interpreters - or those who would like to become a remote interpreter. Many of us work alone in a home office and do not get the chance to share experiences and collaborate. This workshop will involve everyone to collectively build a tool box that will help us learn from each other and advance our skills.

Everyone please come with your ideas of best practices while performing interpreting over the phone or via video, and a list of the tools that you use to help you be more effective. We will also discuss how to prepare for and get a job as a remote interpreter.



Sunday, April 26

Workshops: A 9:00am–10:00am

Measuring Medical Interpreters in Hong Kong BLDG2-2032

Wei Lan

The paper reports on the design and administration of an assessment instrument that measures the interactional competence of medical interpreters in Hong Kong. Medical interpreting in Hong Kong has become an increasingly popular language service that serves over 450,000 people of ethnic minority (EM) background who speak Urdu, Punjabi, Nepali and many other languages than Chinese or English. The quality of the interpreting services is, however, sporadically monitored and inadequately measured, which therefore demands a much more holistic and reliable criteria of evaluation for the long term development of the profession in Hong Kong. An interpreter “interactional competence” is discussed and highlighted in this study as a result of a preliminary investigation that collects and analyses 24 interpreter-mediated cases in the local hospitals to gain a more complete picture of one's ability to work as an interpreter. This paper reports on the design, implementation, and modification of an assessment instrument that evaluates one's readiness and competence to be an interpreter which fits the Hong Kong setting.

GIVE ME A VOICE: Interpreting for Victim Services BLDG2-2062

Marjory Bancroft
Director

Become a trauma-informed interpreter: learn practical techniques that help you interpret for survivors of domestic violence, sexual assault and child abuse. In addition to managing your own responses and reducing the risk of vicarious trauma, learn how to intervene effectively in victim services interpreting. Victim services interpreting is a critical field to master. Whether you interpret for a Sexual Assault Nurse Examiner, a doctor, a social worker, a case manager or a police officer, you need to know what makes you a trauma-informed interpreter. First, you will need a basic understanding of crime, trauma and victimization and how to manage your own responses when listening to details about horrendous crimes. Techniques to help you manage your responses before, during and after the session will also help you to reduce or prevent the impact of vicarious trauma. A simple five-step approaches intervention using the Strategic Mediation Model will make your decision-making and intervening much briefer and more effective. These techniques honor the survivor's voice and focus on techniques to enhance the accuracy and clarity of direct communication that leads to healing and justice.

Teaching Medical Interpreters in Brazil: What Matters? BLDG2-3012

Patricia Camargo
Lecturer

Teaching students to be medical interpreters in Brazil is a challenging experience and a question always arise: what matters in the program? Teaching medical interpreters in Brazil is a challenging experience once the country does not have any regulations concerning the profession itself and no accreditation programs. Being an interpreter in Brazil means to have a not recognized profession. Despite, the country has implemented a national program bringing doctors outside the country, whose language is not the mother tongue spoken nationally, to attend especially the poor population building a language barrier in the doctor<>patient encounter. The present research aims to establish the needs when teaching medical interpreters at the university in an undergraduate course attempting to provide means of teaching medical terminology, code of ethics, of establishing discussion concerning the interpreter role and expectations, and much more to provide practice concerning language interpreting in medical settings helping students to acquire the characteristics of a medical interpreter to act in medical settings and also in conferences over the country.

Becoming a CEU Provider: A Primer for Trainers BLDG2-3022

Sean Normansell, CMI-Spanish
Staff Interpreter

Continuing education is very important for all interpreters, but required for nationally certified medical interpreters. Join this workshop to learn about how to apply to provide CEUs or become an IMIA CEU Provider. This workshop is designed for trainers. The presentation will explain and clarify what is a CEU qualifying workshop, and what is not considered to be Continuing Education. Organizations interested in becoming an IMIA approved CEU provider for their own programs will learn how to go about obtaining CEU provider status. The CEU program application submission process will be covered, from the actual submission template itself, to the required criteria for CEU approval review. This will clarify the submission process to result in more complete CEU program application submissions - on the first attempt. The presentation will also provide information for certified interpreters who are looking to fulfill their continuing educational requirements to maintain their CMI or CHI credentials.

Advanced Note Taking for Medical Interpreters

BLDG2-3032

Karin Elliot Whitney, CMI-Russian

Advanced Note taking for Medical Interpreters Workshop: Do you find yourself at a patient's therapy session and you are unable to keep up with the flow of information? Are you a phone interpreter trying to capture all the details, and instead of knowing how to take good notes, you find yourself asking for



repetition over and over again? Are you interpreting at the witness stand at a medical malpractice suit? When you take notes, do you write with complete words and from left to right across the page? This workshop is a practical, interactive workshop geared toward helping you to create a system of notes that are useful and that make sense to you. We will talk about symbols, abbreviations, relationships, how to organize the information on your page. Please bring a notepad and a writing utensil. And, be thinking already now about how you might indicate past, present and future, e.g., and about what kinds of symbols might make sense to you in your language pair(s) to cut back on the number of words you are using, and the way you are arranging your information on the page.

Workshops: B

10:30am-11:30am

Malignant Hematology: the Blood Cancers

BLDG2-2032

Kelly Garvin Rodriguez, CMI-Spanish



This presentation will give an overview of the presentation, progression, and treatment of blood cancers such as leukemia, lymphoma, multiple myeloma, myelodysplastic syndrome. The target audience is anyone interested in learning about these diseases--the talk will be presented in English, although the terminology will be in Spanish. Malignant hematology refers to cancers that begin in the bone marrow, or in the cells of the immune system, such as leukemias, lymphomas, multiple myelomas, and myelodysplastic syndromes. These diseases are serious and life-threatening, and the treatments can be harsh. Patients need frequent blood tests, transfusions, and medication support. They are at risk for infection and bleeds. Sometimes they go to stem cell transplant, a lengthy, risky process. Quality of life is severely impacted. These patients need skilled interpreters to understand their disease and their treatment. This presentation will discuss hematopoiesis, or the formation of blood cells, in the marrow. We will look at symptoms, diagnosis, treatments, and side effects. There will be a lot of terminology in Spanish, and tricks for understanding and

Payment Reform and Language Access in Health Care

BLDG2-2062

Lisa Morris

Director of Cross Cultural Health

States are experimenting with different ways to pay health care providers. This presentation explores how payment reform will impact access to language services and opportunities to improve language access within payment reform initiatives. For Deaf or Limited English Proficient (LEP) patients, access to health care in their preferred language is essential for the quality of their care. Generally, language services in health care are required by law, but enforcement is lax and adequate payment rare. Patients don't always receive needed language services. States are experimenting with different ways to pay

health care providers. The idea behind these initiatives is to pay providers for quality and health outcomes rather than volume. As a result, proponents argue, we will save costs not by denying care, but by promoting the right care at the right time. However, some people are concerned that the use of payment reform might make language services harder to access for individuals, if not implemented thoughtfully. This presentation will describe policy options that could make payment reform friendlier for Deaf and LEP individuals within state payment reform.

You Complete Me: Is Unity Across Modalities our Field's Future?

BLDG2-3012

Ines de Azcarate

Interpreter Services Manager



The short answer is Yes. Given the see-saw trends of our field as well as the redefined budget healthcare organizations have to contend with, it is time to acknowledge that the different modalities of interpretation offered are not mutually exclusive and in fact strengthen our field's future when implemented as complementary service options rather than competing ones. We know this to be true: not one type of service will meet the needs of every patient. Each modality, whether face-to-face, telephonic or video, has unique characteristics, benefits and limitations. But they all have their place and organizations need all of them. They just may not understand it yet. Our role is to educate healthcare organizations on how to build a multidimensional approach to language access through a keen understanding of which interpreting solution most effectively engenders the desired clinical outcomes. By instilling unity in the complementary use of various interpreting mediums, it becomes possible to control language access costs, mitigate legal liability and provide patient-centered quality care which federal law and accreditation bodies mandate. We call this at NV AHEC Smart Language Access.

Toward a New Legislation for Spoken Language Interpreters in Minnesota

BLDG2-3022

Mohamad Anwar, M.Sc., MHA Certificate, CHI

This presentation covers the history of spoken language health care interpreters legislation in the state of Minnesota, and It provides guidelines on how to build coalitions and walk through road blocks among your state interpreting stakeholders. Minnesota has been one of the pioneering states in standardization of qualifications for spoken language health care interpreters and identification of methods to support their education and skills development. Because of a collective effort among all stakeholders, the Minnesota Department of Health (MDH) established a statewide roster of spoken language health care interpreters in 2008. (<http://www.health.state.mn.us/divs/pqc/hci/index.html>) This collective effort was disbanded afterwards for different reasons. However, the Interpreting Stakeholder Group (ISG) of Minnesota initiated a second collective effort to enact a state law that recognizes nationally certified interpreters and inter-

preters with proven language proficiency and interpreting skills in a different category from rostered interpreters. Unfortunately, this effort did not enjoy the same unanimity as its predecessor. Currently, the MDH is drafting a legislation and will submit a report to the legislature by January 15, 2015. Final law language is still fluid, and feedback is being sought from all stakeholders.

**A Collaborative Approach to
Building a Stronger Interpreter Workforce
BLDG2-3032**

Yuan Cai
Language Assistance Program
Coordinator

How to make the best use of your limited resources to foster better services and better value? Participants will learn how we collaborate with various departments and interpreter training programs to build a stronger workforce with professionally trained interpreters. Community hospitals treating a high percentage of Limited English Proficient patients often face the challenge of doing more with less. With limited access to professional interpreters and state-of-the-art equipment, this workshop showcases how our institution strives to align our human capital with the organizational vision. We have established a solid relationship with some medical interpreter training programs and bring their graduates to volunteer at our facilities. Volunteers are provided with frontline language coaching by CMI coordinators, regular meet-up opportunities to share their experiences with each other, and, in some cases, the possibility to be hired by our network. We provide annual workshops to our dual-role interpreters to advance their interpreting skills, and language specific training to those who aim to join the National Board. We also train physicians to work effectively with interpreters, as well as detaching from the physician's role when they are interpreting for other providers.

**Much More Than The Right Thing To
Do – The Legal Case For The CLAS
Standards and Culturally Competent
Health Care**

BLDG2-3052
Bruce Adelson



Overview of the new CLAS Standards;

Learn the connection between the CLAS Standards and federal law;
Connection between CLAS compliance and 30-day hospital readmissions;
Examine the inter-relationship of CLAS, language assistance, informed consent and medical malpractice, as one hospital learned when sued for federal civil rights violations and professional negligence;
Latest data and studies supporting implementation of CLAS and cultural competence; and Best Practice Recommendations

Workshops: C 11:45am-12:45pm

**Joining forces: Doctor-Minded
Interpreters and Interpreter-Minded
Doctors**

BLDG2-2032

Dr. Demi Krystallidou



This is a presentation of an innovative training method that aims at bringing medical interpreters and doctors closer to the accomplishment of patient-centred healthcare provision. Practical examples will be discussed and participants' views on the joint training model will be shared. Despite recent significant developments in the training of the medical interpreters, the analysis of authentic interpreter-mediated consultations has shown that the interpreters' and doctors' communicative goals might differ significantly and that the interpreter training is rather interpreter-centred often to the detriment of the goals the primary participants strive for during interaction. Therefore, there is an urgent need for the training of medical interpreters to take into account the doctor's interactional goals in a patient-centred framework of communication. In an effort to train doctor-minded interpreters and interpreter-minded doctors, we initiated a series of innovative training sessions that enable trainee interpreters and medical students to work closely with each other toward the attainment of patient-centred healthcare provision. Special attention is paid to subtleties inherent in interpreters' and doctors' communicative goals (previously not known to each other) as well as to practical aspects in interaction, such as participants' gaze and body orientation.

**Patient Guides: The Future of Medical
Interpreting?**

BLDG2-2062

Ira Sen-Gupta



Patient guide programs not only improve health outcomes, they also save money and create new opportunities for experienced medical interpreters. The session will lay out how hospitals, language agencies and interpreters have been instrumental in creating new opportunities for medical interpreters inside health care facilities. What happens to a patient once the interpreted event ends? LEP patients too often leave health care facilities without a deep understanding of their condition, home care or the next steps in their treatment. However, there is a simple solution: patient guides. Patient guide programs utilize the skills of medical interpreters at every point of care to ensure effective communication, patient engagement and the delivery of quality and timely care that is culturally competent and linguistically appropriate. The presentation will clarify why medical interpreters are uniquely qualified to address the linguistic, cultural and literacy barriers of LEP patients and those with low-health literacy. Attendees will learn how trained medical interpreters are becoming patient guides and how this position creates new opportunities for interpreters. The session will highlight a diverse set of programs where medical interpreters are being used to provide additional support to patients inside health care facilities.

Workshops: C 11:45am-12:45pm

Interpreting What is being "Said"
BLDG2-3032
Ryan Foley
Freelance



Humans use five channels of communication, only one of which involves the words we speak. Cultural and social dynamics as well as the process of interpreting itself all contribute to the meaning of what is communicated. Professional interpreters are charged with the responsibility of interpreting for meaning, considering the context, spirit, and intent of the speaker. However, humans use five channels of communication, only one of which involves the words we speak. Cultural and social dynamics as well as the process of interpreting itself all contribute to the meaning of what is communicated. How can an interpreter use observations across all five channels of communication to fine-tune interpretations and even prevent serious misunderstandings? This presentation will provide you with some important strategies that can be used immediately on the job.

From Bilingual to Professional: Taking the Express Lane: Medical Interpreter Road Map to Success
BLDG2-3012
Eric Candle

For a significant number of Medical Interpreters, English is a 'less stronger language', knowledge of the interpreting process might be incomplete, and patient-provider communication pattern in the U.S. medical facilities can present serious challenges. The workshop will focus on Code of Ethics & Standards of Practice, Medical Terminology & Language Access Laws, leaving – unfortunately - fundamentals of message conversion, English language delivery, and biomedical vs. traditional healthcare systems comparison behind. An emotional & thought-provoking presentation deals with the key competencies Medical Interpreters need at each point of their transition from bilingualism to professionalism. Quick tips will link the concepts with effective implementation. Both professional and aspiring interpreters will benefit from "Taking the Express Lane"

The Role of the Interpreter in Local Government
BLDG2-3022
Griselle Chazu
B.A., CMI-Spanish

Understanding the language of your municipality, and how to become its go-to interpreter. As diversity in the US grows, and Cities must provide safety and security to its citizens, the role of the interpreter in local government continues to increase. The Federal Government has specific guidelines on interpretation and translation services for any municipality that must be strictly followed. This session will introduce participants on protocol essentials to interact with government officials and to the different scenarios where an interpreter can be needed, whether in emergency situations, or in regular town hall meetings.

"A successful career will no longer be about promotion. It will be about mastery."

— Michael Hammer

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IMIA Code of Ethics

(established in 1987 and revised in 2006)

The IMIA was the first organization to author an ethical code of conduct specifically for medical interpreters. Multiple codes of ethics have since followed. A code of ethics is necessary for medical interpreters to maintain standards for the individuals within that profession to adhere to. It brings about accountability, responsibility and trust to the individuals that the profession serves.

1. Interpreters will maintain confidentiality of all assignment-related information.
2. Interpreters will select the language and mode of interpretation that most accurately conveys the content and spirit of the messages of their clients.
3. Interpreters will refrain from accepting assignments beyond their professional skills, language fluency, or level of training.
4. Interpreters will refrain from accepting an assignment when family or close personal relationships affect impartiality.
5. Interpreters will not interject personal opinions or counsel patients.
6. Interpreters will not engage in interpretations that relate to issues outside the provision of health care services unless qualified to do so.
7. Interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences/practices to health care providers and patients only when appropriate and necessary for communication purposes, using professional judgment.
8. Interpreters will use skillful unobtrusive interventions so as not to interfere with the flow of communication in a triadic medical setting.
9. Interpreters will keep abreast of their evolving languages and medical terminology.
10. Interpreters will participate in continuing education programs as available.
11. Interpreters will seek to maintain ties with relevant professional organizations in order to be up-to-date with the latest professional standards and protocols.
12. Interpreters will refrain from using their position to gain favors from clients.

The IMIA was the first organization to author an ethical code of conduct specifically for medical interpreters. IMIA members uphold high standards of professionalism and ethical conduct for interpreters. At the core of this code of conduct are the twelve tenets above. These tenets are to be viewed holistically and as a guide to professional behavior. Members who do not adhere to the standards of practice or the code of ethics can be terminated.



To our hospital hosts,
Thank you!

Johns Hopkins Hospital

Sunday, April 26th 2015

Time: 2:00pm to 6:00pm

***Pre registration required

National Institutes of Health

Thursday, April 23th 2015

Time: 2:00pm to 4:00pm



National Institutes
of Health

Visit the extended program at IMIAweb.org



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What is Accreditation?

Accreditation is the process by which an organization such as the IMIA, endorses a program that meets specific measurable education standards, after a thorough review and a site visit by CMIE auditors, to verify that the standards are in place. CMIE accreditation is a validation that the training program meets the standards for medical interpreter education.

Many of you are familiar with how NBCMI and CCHI achieved the NCCA Accreditation for Certifying Bodies for the national certification of medical interpreters. *Certification is for individual interpreters. Accreditation is for medical interpreter training programs.*

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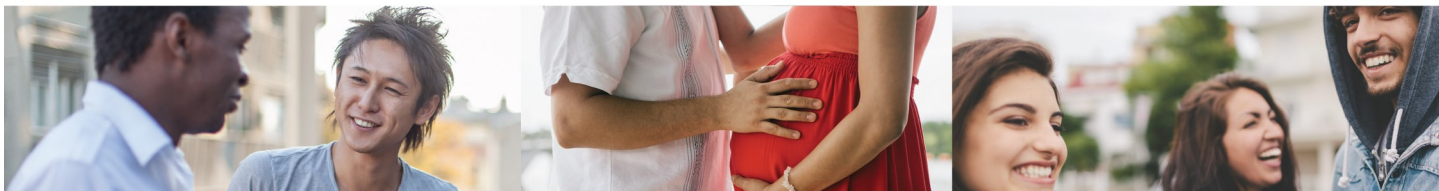
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www.certifiedmedicalinterpreters.org