



INTERNATIONAL MEDICAL
INTERPRETERS ASSOCIATION
Leading the advancement of professional interpreters

August eNews

Membership Drive

First and foremost, we take this opportunity for you to pass this eNews along to a colleague that you know will benefit from becoming a member of the IMIA. If you are from a state that has a state interpreter association, we urge that you join the state association first to contribute to local efforts to advance the profession, and then also join the IMIA to be included in the largest international community of medical interpreters.

We are pioneering healthy alliances and supporting each other to create a strong network of interpreter associations and members. Strength comes in numbers and unity and our goal is to achieve both. To learn more about the benefits of IMIA membership, visit <http://www.imiaweb.org/join/benefits.asp>

Our vision is for every working medical interpreter belong to an interpreter association as it is the most effective way to: remain abreast of what is happening in our rapidly changing field; to network with colleagues for expanded educational and work opportunities; and to be listed in interpreter registries.

Interpreter Coordinators can also benefit from our corporate section as some of the information distributed to our members is most useful to those that are developing or growing their language access practice.

Calendar of Events

Take this moment to quickly check the IMIA Calendar of Events at <http://www.imiaweb.org/events/default.asp>.

Many new events have been added since last month's eNews. We are happy to say that it is now the most comprehensive Calendar of Events in the medical interpreting field worldwide.

Still Undecided About Attending the 2007 IMIA Conference?

Don't delay, register today at

<http://www.imiaweb.org/conferences/confreg2007.asp>

-More for less! This year the conference is actually cheaper than last year, as we are including more programming during three days for the same member cost of last year's event which only included two full days.

-If you are only able to attend one or two days, you still get an IMIA Conference Certificate of Attendance.

-Members will earn IMIA CEUs for the first time!

-This year marks renewed ties with other organizations. If you come to our conference occasionally, this is a year you don't want to miss.

-Because our theme this year is Pioneering Healthy Alliances, you will see more visitors from other organizations and interpreters associations.

-Are you a Trainer? Join our first-ever face-to-face Trainers Circle meeting!

-Corporate member? Network with other corporate members!

-48 workshops to choose from! Check out the brand new program schedule at <http://www.imiaweb.org/conferences/Programschedule2007.asp>

-Job Fair to match employers with interpreters in all language pairs

-Film Feature – Hold Your Breath

-Entertainment included – Reception with Marc Rossi

-Great networking with other interpreters! Meet exhibitors who train, hire, and provide services to medical interpreters. Purchase books, dictionaries and other language tools!

There is so much more that makes this conference right for you. For additional conference features, visit the conference section of our website. Got questions? The folks at imiainconferencecommittee@gmail.com will be happy to answer them.

IMIA Collaborates with Massachusetts Medical Society (MMS)

The Massachusetts Medical Society was established as a professional association of physicians by the Commonwealth of Massachusetts in an Act of Incorporation, Chapter 15 of the Acts of 1781. It currently has 18,000 physician members. MMS are in the beginning stages of discussing a concept for a Continuing Medical Education course for physicians that will include information provided by the IMIA on how to collaborate with medical interpreters for optimal communication with linguistically diverse patients.

Connecticut News!

The Medical Interpreting Association of Connecticut is officially incorporated. On August 13, 2007, from 6:00 to 9:00 p.m., at Hartford Hospital, Heublin Hall, 560 Hudson Street in Hartford, Connecticut, MIAC will be officially introduced to the medical community and government representatives. We encourage our 21 Connecticut members to join the new association and to support local efforts to advance the medical interpreter profession.

Canada: Healthcare Services in Language of Choice Recommended

Ottawa, Canada (Canada East): Languages commissioner Graham Fraser is calling on the federal government to provide patients in its care with health services in the official language of their choice. Fraser's making the appeal after an audit team examined bilingual services at Health Canada, Veterans Affairs Canada, the RCMP and Correctional Service Canada.

Speak Up

In March 2002, The Joint Commission, together with the Centers for Medicare and Medicaid Services (CMS), launched a national campaign to urge patients to take a role in preventing health care errors by becoming active, involved and informed participants in the healthcare team. This is a great area to learn more about how, in the US healthcare system, patients are encouraged to advocate for their own health. There is an entire section of The Joint Commission's website that is dedicated to Speak Up. It includes downloadable brochures and posters for the program, as well as a fact sheet. For more information, see <http://www.jointcommission.org/PatientSafety/SpeakUp/>

Hablamos Juntos and Translation Quality in Health Care

Overall, Hablamos Juntos has found that healthcare organizations have broad misconceptions about the translation process. Read *Developing Better Non-English Materials* to learn how a lack of training opportunities for translators along with a lack of effective methods to evaluate translated text have contributed to an extraordinary number of poorly translated texts now in circulation in health organizations. Further, misguided standards - such as using "back-to-English" translation to check quality - may actually contribute to poor translation. This is why Hablamos Juntos has continued to work with linguists, translators and researchers to develop practical tools to help health organizations develop useful non-English materials. In the coming months, they will debut a series of tools designed to help evaluate whether materials should be translated or not, how to work more effectively with translators to produce more useful text, and how to assess the quality of translated materials.

Currently, translators have a national certification process, which is run by the American Translators Association (ATA) in twenty-seven language pairs. Their website allows one to easily see the list of certified translators by specialty. Interpreting requires a very different skill set from translation and the common practice of hospitals assigning translation work to interpreters who are not trained or deemed qualified in translation has contributed to poorly translated texts in the health care field. Medical interpreters who are interested in learning more about translation or getting certified as translators are invited to examine the ATA certification program eligibility requirements at www.atanet.org. There are many educational programs in translation at universities nationwide.

Stop Prejudice

As we grow up, we absorb ideas of how our parents, families, and communities view the world. These ideas serve as the foundational building blocks for our interactions with others. But, what if those ideas are, as Ralph Rosnow affirms, *an unreasonable attitude that is unusually resistant to rational influence?*

Prejudices come out in comments like "all people from x are lazy, or the inverse, "all people from y are smart in math." Stopping prejudice means that first we must recognize that we have all learned prejudices about different groups of people throughout our lives. We learn them from others, or they come from own

personal interactions with one person that we generalize to a whole group. As we interact in a diverse world, we must watch ourselves for broad-based comments that resist rational influence. When we find such an idea, we must stop and ask ourselves where it came from and then explore how the idea is hindering our ability to see a person for who they are instead of our seeing our own prejudice. Interpreters are not immune to prejudice and stereotypes. Think about how your work can contribute to or stop prejudice in the healthcare setting.

Rosnow, Ralph L.; Poultry and Prejudice. Psychology Today, (March, 1972): p. 53. Travel to New Lands (July Cultural Quick Tip, a monthly publication from Culture Coach International, www.culturecoach.biz)

Looking for Cultural Profiles?

While cultural profiles are dangerous tools that can be misused as stereotypical frameworks, they can also be very useful to learn basic facts and characteristics of a group. This month, take a moment to peruse one of these "quick read" websites to learn more about another religion, culture, custom or food.

CIA World Fact Book: Just the facts - nothing more or less

<https://www.cia.gov/library/publications/the-world-factbook/index.html>

State Dept. Background Notes: More detailed country info

<http://www.state.gov/r/pa/ei/bgn/>

Library of Congress: Portals of the World- Resources about and around the world

<http://www.loc.gov/rr/international/portals.html>

Library of Congress Country Profiles: 25 page reports on selected countries

<http://lcweb2.loc.gov/frd/cs/>

BeliefNet: Learn about different faiths

<http://www.beliefnet.com/>

World Recipes (good resource for menu interpretation/translation):

<http://www.world-recipes.info/>

RACE: Why are we so different?

We expect people to look different. And why not? Like a fingerprint, each person is unique. Every person represents a one-of-a-kind combination of their parents', grandparents' and family's ancestry. And every person experiences life somewhat differently than others. Differences-they're a cause for joy and sorrow. We celebrate differences in personal identity, family background, country and language. At the same time, differences among people have been the basis for discrimination and oppression. Yet, are we so different? Current science tells us we share a common ancestry and the differences among people we see are natural variations, results of migration, marriage and adaptation to different environments. How does this fit with the idea of race?

Looking through the eyes of history, science and life experience, the RACE Project explains differences among people and reveals the reality – and unreality – of race. The story of race is complex and may challenge how we think about race and human variation, about the differences and similarities among people. *RACE* is a project of American Anthropological Association, funded by the Ford Foundation & National Science Foundation. To learn more about RACE, please go to www.understandingrace.org

Health Care Language Services Implementation Guide

The Office of Minority Health at the U.S. Department of Health and Human Services is pleased to announce the release of the "Health Care Language Services Implementation Guide," an interactive Web-based learning tool designed to help healthcare professionals plan, implement, and evaluate language access services (LAS) within their organizations. Developed with input from a panel of experts in the field of LAS and through rigorous field research, the Guide is patient-centered and family focused, and provides practical step-by-step advice on how to implement LAS to include translation and interpretation services.

The Guide features an interactive content presentation, multimedia-based case studies that underscore the importance of LAS, and interactive worksheets to help with planning, implementation, and evaluation of LAS in your organization. The Guide is supported by a rich collection of resources, implementation tips, and examples of forms and documents.

The Guide is available at no cost to healthcare providers and language access administrators at www.thinkculturalhealth.org, or directly at <https://hclsig.thinkculturalhealth.org/user/home.rails>.

Article to Share

Found in Translation: Hospitals Improve Quality Through Language Services

by Stephan Pelletier

<http://www.aamc.org/newsroom/reporter/july07/quality.htm>

An article in the Association of American Medical Colleges - Reporter talks about Speaking Together improving quality through language services.

Membership Renewals

We would like to remind our members that membership dues are \$50 per year and are renewable annually according to the date you joined or renewed. To view your renewal date, go to

<http://www.mmia.org/members/getdate.asp>. In the past, the conference fee included membership renewal but in 2006 we budgeted for the conference separately. The costs of the conference covers conference costs, while the membership fees enable us to provide members with additional programs and benefits throughout the year. Those whose memberships expired before the conference and have not renewed are now getting notices of membership expiration and requests for renewal. Your membership will need to be current for you to enjoy the member conference rate of \$190. It is the member's responsibility to go online and apply for renewal and either pay online or by sending a check. When your payment is received, the treasurer then approves your renewal request.

We now have a simplified renewal process at <http://www.mmia.org/members/renewal.asp>, which does not prompt you for your password. If you have further questions about renewals, please contact Marzena Laslie at mmiaml@aol.com. Please support IMIA activities through your membership fee.

IMIA Book of the Month

Triadic Exchanges, by I. Mason (ISBN: 1900650363)

Dialogue interpreting is a generic term covering a diverse range of fields of interpreting which have in common the basic feature of face-to-face interaction between three parties: the interpreter and (at least) two other speakers. The interaction consists of spontaneous

dialogue, involving relatively short turns at talk in two languages. It is usually goal-directed in the sense that there is some outcome to be negotiated.

The studies in this volume cover several different fields: courtroom interpreting, doctor-patient interviews, immigration interviews, etc., and involve a range of different languages: Spanish, Portuguese, Polish, More and Austrian Sign Language. What they have in common is that they view the interpreter as just one of the parties to this three-way exchange, in which each participant's moves can affect each other participant and thus the outcome of the event.

In Part I, new research directions are explored in studies that piece together evidence of the ways dialogue interpreters actually behave and the effects of their behavior. This is followed by two studies which discuss traditional interpreter roles - the 'King's Linguist' in Burkina Faso and the Oranda Tsúji, official interpreters employed in isolationist eighteenth-century Japan to ensure contact with the outside world.

Finally, issues involved in training are the subject of two chapters relating to Austria and the UK. The variety of aspects and approaches represented in the volume - linguistic, cultural, pragmatic, and historical - offer a rich and fascinating overview of the field of dialogue interpreting studies as it now stands.

This publication can be purchased at http://intransbooks.com/book_story/St._Jerome_Publishing/1900650363

Feedback

The IMIA relies on its members to let us know what services you are looking for. Comments or suggestions for the monthly eNews can be sent to Vonessa Philips Costa, IMIA Secretary, at vonessa.costa@gmail.com