



INTERNATIONAL MEDICAL
INTERPRETERS ASSOCIATION
Leading the advancement of professional interpreters

Saturday PM Sessions

Session B 1:30pm – 3:00pm

National Standards of Practice by NCIHC– Moving the field of healthcare interpreting forward (B1)

By Cindy Roat

Nationally recognized standards of practice provide the necessary guideposts for improving the training of medical interpreters which helps raise the quality and consistency of interpreting in health care. Just like medical protocols for physicians, national standards provide guidance to working interpreters as to the expectations of the role of interpreter and what constitutes good practice. Since their release in 2005, the National Standards of Practice have defined the acceptable ways by which interpreters can ensure the accurate transmission of messages between the patient and provider who do not speak the same language, in such a way as to support the patient-provider therapeutic relationship. As such, these nationally vetted standards of practice have been endorsed or supported by over 140 stakeholder groups, including interpreter associations, governmental agencies, language companies, accreditation organizations, professional medical associations, and health care institutions. The National Standards of Practice for Interpreters in Health Care will be shared with participants.

Learning Objectives

1. Briefly describe the steps that the NCIHC undertook to arrive at the National Standards of Practice for Interpreters in Health Care
2. Describe how interpreter managers can use these standards to develop and improve standards-based training programs
3. Describe how interpreter managers can use these standards to monitor and assess interpreter practices more effectively

Medical Interpreting with Political Violence Survivors (B2)

By Robert P. Marlin, Barbara Hamm, and Meqdes Mesfin

The clinical care of political violence survivors (torture survivors, refugees, asylum seekers, asylees, trafficking victims, domestic violence survivors, those fleeing armed conflict and their family members) poses unique challenges to both health care providers and medical interpreters. In many ways related to the care of broader immigrant populations, the care of political violence survivors (PVSs) highlights issues of trust, confidentiality, safety, and the contextualization of clinical concerns within the larger social and legal circumstances of individual lives for patients, providers and medical interpreters. This roundtable will offer a forum for discussion between providers and medical interpreters on how to most effectively and appropriately meet the clinical needs of PVSs while attempting to address these areas of concern to patients.

Learning Objectives

1. To understand the complexities specific to providing medical interpretation for political violence survivors
2. To understand the common health concerns and needs of political violence survivors
3. To understand the common barriers to effective healthcare for political violence survivors experienced by both providers and patients

Advancing Language Service and Latino Academic Success: Translation and Interpretation Studies at the Secondary and Post-Secondary Levels (B3)

By Roseann Dueñas González, Jaime Fatás Cabeza, and Paul Gatto

Latinos are the fastest growing population in the United States but show some of the poorest academic performance largely as a result of an academic culture that has failed to recognize the value of their linguistic and cultural capital. At the same time, the need for professionals with advanced bilingual skills is rapidly increasing in all public and private institutions, particularly in high-stakes areas such as courts, education, and health care. This presentation will discuss a series of three related projects, funded by the U.S. Department of Education Fund for the Improvement of Post-Secondary Education (FIPSE), designed to address both of these problems through interpretation and translation training. These projects fit together to form a comprehensive approach to aiding Latino students in succeeding in high school and postsecondary education, and thus enhancing language services. The projects, their empirical results, and their theoretical foundations will be discussed.

Learning Objectives

Session participants will learn about:

1. Innovative method of improving Latino students' academic outcomes.
2. Specific, publicly available curricula and in-service training opportunities.
3. Educational opportunities for translators and interpreters.

Assessing How Your LEP Patients language Needs Are Met (B4)

By Catherine West

Speaking Together: National Language Services Network is a national program funded by the RWJF and housed at the George Washington University School of Public Health and Health Services. Speaking Together focuses on improving the quality and availability of language services for patients with LEP in hospital settings. Ten hospitals are currently measuring their performance on the delivery of language services to patients during initial assessment and discharge. Progress in the 10 hospitals participating in the learning collaborative improved at the start of the project but later leveled off without further improvement. Hospitals were collecting and reporting data about their progress but did not know why additional improvement was not made. To identify the barriers to improvement and to assess the provision of language services at each hospital we developed a short point of service diagnostic. Data gathered through the diagnostic provided specific information that allows the hospitals to more effectively target improvement strategies and interventions for language service delivery and clinical practice change. The short point of service diagnostic is applicable to hospitals beyond the group of 10 engaged in the collaborative, in the inpatient or outpatient setting and is not limited to providers speaking specific languages. The presentation will include the results of the diagnostic for the 10 Speaking Together hospitals and will focus on how to use the short point of service diagnostic to assess how the LEP patient's language needs are met at your organization. At the end of the presentation, attendees will have the information needed to conduct a similar diagnostic in their organization.

An Open Forum on Languages of Limited Diffusion (B5)

By Janet Erickson-Johnson and Linda Joyce

Populations who speak languages that are not commonly spoken are spreading across the United States. In particular, California has seen a dramatic increase in indigenous Mexican and Central American immigrants. To better serve them, we need to share ideas and experiences and become familiar with the challenges they pose for interpreters. This workshop will address the ways that culturally and linguistically appropriate services can be provided to these groups, through relay interpreting, developing oral glossaries, finding and training interpreters, examining the role of the interpreter, and more. The nature of relay interpreting will be also discussed in detail to provide attendees with a better understanding of this mode.

Learning Objectives

1. To gain an increased awareness of the challenges faced by speakers of Languages of Limited Diffusion.
2. To become fully aware of the different means for meeting the needs of speakers of these languages.

3. To acquire, through brainstorming, a better knowledge of how interpreting services for speakers of LLDs can be effectively implemented.

Interpreting for Languages of Lesser Diffusion (LLDs): Training, Standards, Quality, Ethics, and Recognition (B6)

By Gregory Figaro

This presentation will examine typical challenges facing LLD medical interpreters who wish to receive training. We will also discuss ways to bring more standards and recognition to LLD interpreting. A lack of financial incentives and appropriate training programs limits many LLD interpreters' opportunities to receive crucial training that would improve their employment possibilities and patients' medical outcomes. Ethical and moral aspects will also enter our talk, as we examine healthcare disparities and societal obligations to provide culturally and linguistically appropriate services to all patients. LLDs are linguistically, culturally, and geographically diverse, so it is often difficult for institutions to develop mechanisms – administrative or financial – that encourage quality assurance and quality improvements (QA/QI) for LLD interpretation. We will examine these factors plus available training resources as we look at ways to improve LLD interpreter qualifications, interpretation quality, and recognition.

Learning Objectives

1. Define languages of lesser diffusion: populations, languages, and snapshots of communities in the U.S.: from Portland, Maine, to Portland, Oregon
2. Survey the training landscape for languages of lesser diffusion
3. Interpreting QA/QI: “mainstream” languages and languages of lesser diffusion
4. Best practices for training interpreters of languages of lesser diffusion
5. Costs and benefits of training interpreters of languages of lesser diffusion
6. The impetus and the ethics for training interpreters of languages of lesser diffusion

Introduction to Clinical Insight in a Mental Status Exam (B7)

By Zarita Araújo-Lane

In this workshop, the presenter will briefly go over the main concepts and clinical thinking behind a mental status exam. Through role-play and video vignettes, the audience will be introduced to a clinician's differential diagnostic thinking and a patient's use of idiomatic expressions or folk language.

Learning Objectives:

1. Understanding the medical differential diagnosis
2. Becoming familiar with the clinical thinking behind a mental status exam
3. Tips for interpreting idiomatic expressions and regionalisms

Mediating between Two Different Universes: an analysis of the interpreting strategies used by Moroccan and Russian mediators in Belgian health care (B8)

By Hans Verrept

During our presentation, we will discuss the results of a comparative analysis of one consultation at a hospital into two different languages (Tamazight – a non-Western, Berber language spoken in Northern Morocco - and Russian). The starting point for our study is a monolingual consultation at a Belgian hospital that was videotaped, transcribed and used as a script for two role-plays. In the first role-play, a trained intercultural mediator of Moroccan origin interpreted the consultation for a Dutch-speaking MD and a fictitious Moroccan patient. In the second role-play, a trained intercultural mediator of Russian descent did the same, but this time for a Russian patient. Both role-plays were videotaped, translated into Dutch and analyzed. Central in our analysis is the question how different the interpreting process and its outcome are in the two role-plays. The effects of the different approaches used by the intercultural mediators on the communication process will also be discussed and evaluated. Finally, the implications of our findings for the role definition and training of interpreters, quality assurance and improvement strategies and further research will be presented.

