2010 IMIA INTERNATIONAL CONFERENCE ON MEDICAL INTERPRETING

WORKSHOPS & ABSTRACTS

Ensuring Patient Safety for Language Minority Patients
- A New Standard of Care –

September 3 – 5, 2010

The Joseph B. Martin Conference Center
At Harvard Medical School
Boston, Massachusetts USA
**WORKSHOPS**
**SATURDAY**
**1:00PM – 2:30PM (1-1:40PM & 1:45-2:30PM)**

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**SATURDAY**

**3:00PM – 4:30PM (3:00PM – 3:40 & 3:45 -4:30PM)**

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**Sunday**

1:00pm – 2:30pm (1:10pm & 1:45-2:30pm)

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<td>Patient Navigation to Improve Access and Outcomes</td>
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WORKSHOP ABSTRACT DESCRIPTIONS

A1 Workshops

Improving Patient Safety System Implementation for Language Minority Patients

Nearly 42 million U.S. residents speak a language other than English at home and half speak English less than "very well". Research suggests adverse events in U.S. hospitals affect language minority patients more severely than they affect English-speaking patients. The Agency for Healthcare Research and Quality aims to improve the safety of language minority patients by funding the development of a new TeamSTEPPS training module and hospital guide. TeamSTEPPS is a teamwork system designed to improve the quality, safety and efficiency of health care by improving communication and other teamwork skills among health care professionals. In this presentation, we will share results from our preliminary research to identify where language minority patients experience the most medical errors, why these errors occur, and which team behaviors and hospital policies could prevent these types of errors in the future.

Managing Cross-Cultural Conflict Using the ICS Inventory

By taking the Intercultural Conflict Style Assessment Inventory, participants will understand their own personal conflict style and how their conflict style differs from those found in other cultures around the world. (The ICS also yields profound insights into inter-racial conflict styles here in the U.S.). We will also discuss how the Intercultural Conflict Style Inventory can be used to resolve intercultural conflict at work and when working with patients and families. Participants will learn about the most common causes of intercultural conflict, how to diagnose the predominant cultural conflict style in their organization and how to resolve conflict across each of the four major international conflict styles.

A2 Workshops

Knowledge Acquisition of Medical Terminology for the Working Interpreter

Knowledge of medical terminology is a MUST for interpreters working in the medical field and those preparing for certification. So how can we approach it? First, we will explore the place and function of medical terminology in the interpretation process and how it relates to other elements in this process. Secondly, the trainer will share some methods which have proven useful in learning medical terminology in her teaching experience.

We will end the session with some practical recommendations for those working in the field regarding the ongoing learning of medical terminology as they work day-to-day and some study techniques for those preparing for certification.

Healing Beyond Language Barriers

Initiated by staff interpreters at the University Health Network, “Healing Beyond Language Barriers” is a program aimed at overcoming language barriers encountered in the delivery of supportive cancer care at Princess Margaret Hospital in Toronto. As a result of a successful collaboration between UHN’s Interpretation and Translation Services and a volunteer-based program run by the department of Psychosocial Oncology and Palliative Care, the program has achieved two important objectives: the introduction of interpreter-facilitated encounters between volunteers and LEP patients and caregivers; and, the development of a resource guide to help PMH patients access cancer-related education and supportive materials and services in non-English languages. The presentation will explore the development and implementation of this innovative program that is increasing the opportunity for LEP cancer patients and their families to find diagnosis and treatment information, to receive emotional and navigational support, and to feel more empowered in their cancer journey.
A3 Workshops

What National Certification Means for Trainers
National standardized certification for medical interpreters is a necessary step toward ensuring qualified language access to all Limited English Proficiency patients throughout the country. This presentation will outline the long awaited program implemented by the National Board of Certification for Medical Interpreters, including a description of the prerequisites, registration process, credential categories, written and oral exam formats and topics, and suggestions on how to prepare interpreters. Interpreters across the country are taking the exams; come hear what trainers need to know to prepare their students.

Expanding the Horizons of Trained Interpreters: Maximize your Earning Potential
You have been working at your local hospital’s primary care clinic as a trained medical interpreter for the last month. Your first pay check just came in the mail and it has got you wondering “what can I do to expand my professional horizons and earning potential?”

Professionals are often challenged to effectively use their limited resources in a way that enhances not only their earning potential, but also their professional satisfaction. Join us to learn about the training and continuing education opportunities most likely to increase your marketability in the field of medical interpreting.

Ever wondered about the kinds of opportunities available for medical interpreters outside of the primary care clinic? Know that you need to expand your professional skills but daunted by the idea of undergoing yet another training program? This presentation will discuss strategies to expand your horizons in a practical and meaningful way.

A4 Workshops

Medical Interpretation in Geriatrics: Clinical, Research and Policy Issues
The LEP geriatric patient frequently comes for health care with a family member who has some English, but not necessarily enough to maintain a high standard of care. Specific techniques are needed to provide good professional medical interpretation, face-to-face or telephonic, in these often complex family situations. In addition, the issues of interest for the geriatrician [like dementia, incontinence, substance abuse, elder abuse, end-of-life issues, etc.] can be a challenge in the presence of family or for a professional interpreter not familiar with geriatric medicine. Finally, the locations where elderly LEP patients may be found, like nursing homes and day care programs, are often not as aware of the patient's right to good interpretation as hospital-based sites like the ED or the clinic. Policy implications related to these settings will be discussed.

Epilepsy Training for Medical Interpreters
Language barriers are often cause of confusion and misunderstanding in the Hispanic community resulting in medication non compliance, lack of understanding the elements of epilepsy and the awareness of medication options available to patients. Communication barriers also make it difficult for the patient and their family to participate as an informed member of the patient’s health care team.

Today more than 3 million people in the United States have epilepsy, 400,000 of whom are Hispanic. Medical interpreters trained in understanding and relaying information regarding epilepsy is critical for seizure control and medication compliance. In addition to training on epilepsy, medical interpreters need to understand Hispanic cultural issues related to epilepsy, including misconceptions and myths causing stigma.

At the end of this session, medical interpreters will understand the basics about epilepsy, seizures and first aid and will also build their skills to interpret medical information about epilepsy with speed and accuracy.
Navigating Health Literacy: Techniques for the Healthcare Interpreter

Interpreters in healthcare are often caught between a rock and a hard place—Despite our best efforts to carry out our job, the degree to which the LEP patient ultimately understands the message may not be as optimal as possible. Because many LEP patients are unfamiliar with medical terms and concepts, and because many providers are unfamiliar with how to address this, the patient may end up with only a partial understanding, if any at all. This presentation aims to explore health literacy issues with the populations we serve, as well as provide techniques to interpreters who are looking to address such disparities and thus positively impact patient safety and quality of care while staying within the boundaries of the current CHIA, IMIA, and NCIHC standards of practice.

Sight Translation – Practicing the Basic Skills

The Sight Translation Workshop focuses on the general skills of reading, textual analysis and vocabulary to practice verbal text conversion from the source language to the target language. The training will present different tiers of exercises that will allow participants to practice with speed reading, reading comprehension and meaning extraction from text, in order to facilitate the process of Sight Translation. The ultimate goal of the activities presented during this two-hour workshop aim at enabling participants to produce correct, coherent and fluent translations.

Professional Interpretation’s Effect on Length of Stay and Readmission

Language barriers adversely affect health. Trained interpreters can help overcome communication barriers. However, interpreter usage among patients is suboptimal.

Objective: To examine length of stay (LOS) and readmission rates among LEP patients receiving professional interpretation at admission or discharge.

Methods: Calculate rates of interpretation at admission and discharge of LEP inpatients (n=4070) admitted to a tertiary care hospital (4/2004–4/2007). Controlling for case mix, LOS and thirty day readmission rates were calculated.

Results: Patients not receiving interpretation (admission/discharge) had longer LOS (1.8–2.7 days, P < 0.05). 30 day readmission rates for LEP patients not receiving interpretation were 9.4% higher than those with interpreter at admission/discharge (P<0.03). Family members were often used as interpreters although patients prefer professional interpreters.

Conclusions: Length of a hospital stay for LEP patients was longer and readmission rates were increased when professional interpreters were not used.

Developing Best Practices for Interpretation in Community Health Centers

In April, 2009, six community health centers embarked on a collaborative to understand and improve the delivery of language services to patients with limited English proficiency. This session will highlight the work conducted at the health centers, lessons learned, and trends in providing patients with language services.
B1 Workshops

Interpreters United: Strategies for Change and Empowerment
When the Department of Social and Health Services (DSHS) was ready to forfeit 12.2 million dollars by cutting services to Medicaid and Medicare patients, the interpreters of Washington State united to preserve their lifeline for LEP access to health care and social services.

Interpreters united in a historic movement to overturn this decision and provide cost saving alternatives to the existing broker system.

How did they achieve this? In this presentation you will hear the voices of the movement and the strategies that stimulated change and empowerment.

Today this movement is mobilizing for collective bargaining rights for state certified interpreters. In an environment of increased legislation for language access and greater demand for qualified interpreters, can this be an empowerment and change model for the rest of the country?

Merged Medical Training for Spoken and Sign Language Interpreters
Spoken Language Interpreters and Sign Language Interpreters train in parallel universe, even though both work in the exact same environment with similar requirements and challenges. The separateness may be related to the fact that Sign Language Interpreters had a head start in the certification and training aspect. In addition the requirement to enter the interpreting field is different for both groups. Despite the differences of how one enters into the interpreting career, it is the similarities that sparked this pilot project to bring both interpreting groups together for the first time in CT. This presentation will outline what training methods, materials and tools that were used to implement the combined training. In addition survey responses after the training will be outlined to help future combined trainings.

B2 Workshops

Success For Life: The Missing Link in Medical Interpreter Training
Sandy Blanes and Dolores Calaf, will present the “Success for Life” advanced ESOL and Academic English model along with a discussion of the complex skills needed to qualify as a professional interpreter. In this interactive workshop, participants, both trainers and trainees, will go through the Skill Level Descriptions for Translation Performance provided by ILR, along with a check sheet to determine the missing links and what is necessary to fill these gaps. Certificate programs are often stymied by lack of resources to be able to provide these more advanced skills in a single program. The S4L model program has been adapted to fulfill different requirements and requests from the next step to Basic ESOL to training for specific exams, and more. Details on the program and how it can be advantageous in your own training program with Q&A will be given.

High-Acuity Interpreting: The Relationship Between Fatigue and Encounter Complexity
Healthcare interpreters' work can be very taxing. However, interpreters themselves are often uncertain and/or unaware of the particular factors that contribute to their fatigue. This presentation aims to provide information on the various factors at play in an encounter that potentially affect the interpreter's concentration and thus contribute to fatigue. It also looks to shed light on precedents in other industries that make the case for use of a measurement tool to address such factors and fatigue in a more analytical manner. Ultimately, the presenter will share information about current research being carried out at Children's Healthcare of Atlanta on use of a tool that quantitatively measures the relationship between interpreter fatigue and encounter complexity.
B3 Workshops

Spanish Medical Terminology Workshop
The two session workshop will enable attendees to be able to: - explain the concept that medical terminology can be broken down into component parts of prefixes, root words and suffixes; - state the meanings of commonly used prefixes, suffixes and root words in medical terms; - decipher terminology associated with various diseases; - recognize commonly used abbreviations and medical symbols; - obtain a fundamental understanding of the body structure and systems; - analyze in detail the six systems of the body.

All participants are asked to complete and submit a practice test before the workshop. The presenter will use participants' practice tests to lead a discussion in the primary function of these various parts of the body, and symptoms, sicknesses and diseases related to them. This Interactive Spanish workshop is designed for those who need to understand medical terminology to be effective in their role.

An Epic Battle: Transitioning Discharge Instruction Translations into Epic
How to create a Spanish After Visit Summary (AVS) in Epic. Language Access Services at Children's Medical Center Dallas has a standing tradition to translate a Spanish speaking family's discharge instructions into Spanish, now this service has transitioned into an electronic medical records system.

B4 Workshops

Genetic Counseling 101: Building Bridges with Medical Interpreters
This workshop provides interactive opportunities for participants to learn about concepts, terminology and resources in genetic counseling, a medical specialty subtopic for the national medical interpreters certification exam. The theoretical basis and the multi-stepped process of genetic counseling will be reviewed with case examples based in the major areas of genetic counseling practice: prenatal, pediatrics and cancer genetics. Instructional methods used in this workshop will include lecture, discussion, questions-answers, case studies, and role plays. When genetic counselors and medical interpreters build bridges between our fields, we strive to achieve more effective client interactions, better health care outcomes, and a reduction in health disparities.

Mental Health Interpreting: A Working Approach to Best Practices
Mental Health Interpreting is a highly specialized profession requiring an advanced knowledge of medical interpreting in addition to specific interpreting skills that are critical in the delivery of optimum mental health treatment and care for culturally and linguistically diverse patients. In this workshop we will focus on commonly used techniques, terminology and most effective best practices for interpretation in the Mental Health setting. Case scenarios will illustrate the challenges faced and the rewards gained by interpreting in Mental Health.
B5 Workshops

Medical Interpreting in Slovenia: How to be proactive
The challenge of establishing successful communication in medical settings is seen as the most burning issue in the majority of the EU member states. Since Slovenia became the member of the EU, it has turned into a country of increasing immigration. Many migrants come into contact with Slovene health service providers but cannot establish a successful communication, which leads into longer, sometimes even inappropriate treatment and higher costs. We will present the first project, which aims to respond to this growing need in Slovenia. The aim of the project is to analyze the state of the art of health service interpreting in Slovenia, attempt to raise awareness for the need of providing interpreting among Slovene health-care stakeholders, and to take up a proactive approach by fulfilling all the necessary conditions for the implementation of a training program for medical interpreters which would correspond to the specific needs of Slovenia.

Cross Cultural Encounters with Interpreters in Radiological Examinations in Sweden
The increased number of immigrant patients in Sweden poses a challenge to radiographers, as mutual understanding is needed in encounters with patients who do not speak Swedish. Little is known about the quality of communication in the setting of radiological examinations, i.e. short encounters with demanding technical and caring components. Three focus group interviews with experienced radiographers (n=11) were performed in 2007. The interviews were audiotaped and transcribed. A qualitative content analysis method was applied to analyze the interview texts. Four main categories emerged in the analysis: modes, needs, quality and improvements of interpreting. The need for interpreter is strongly associated with the type of examination. For interventional procedures and contrast-enhanced examinations professional interpreter is required, to inform the patient and to identify and handle side effects and complications. Friends, relatives, particularly children, and personnel as interpreters were not considered ideal as interpreter alternative.

B6 Workshops

Oral Proficiency Pre-Requisites-ACTFL LTI Exams

National Certification: The Role of the Interpreter Services Manager
As a great deal of discussion and preparation are taking place throughout the United States for the certification of medical interpreters, FOCIS members will address the role of managers in this process. While interpreters are considering certification, what is the role of those who manage them? What will change? How might policies, procedures, job descriptions, hiring practices and salaries need to be adapted with the onset of certification? How can managers support their staff to enable successful transition to nationally certified interpreters in health care? This session will be a practical guide and discussion about how the landscape will change for management staff in light of the new opportunity for national certification.
C1 Workshops

Language Access to Medication Education: Patient Safety and Compliance
As an interpretation association there is much ado about language access in the medical setting, which includes medication instructions. However, what happens to LEP patients once they leave the doctor and go to the pharmacy? How are their language needs being met? Phone interpretation, bilingual staff, written material? How is this language access to LEP patients and customers being enforced?

Risk Management and Healthcare Interpreters
You thought risk management was just for doctors? What if we told you that healthcare organizations always factor in interpreters’ quality of work when assessing their exposure to “risk”? What is “risk”? And what does it mean to “manage risk”? This presentation will address aspects of risk management related to interpreting for patients with low English proficiency in hospital settings.

Barbara Lightizer, a risk management professional in the healthcare field, and Gregory Figaro, a trainer of medical interpreters and former interpreter, will use case studies as they define and discuss risks, and examine their potential legal and compliance ramifications.

Medical interpreters, providers, and administrators will gain insight on how they and their institutions can adapt in ways that both provide quality care to LEP patients and reduce exposure to risk for everyone involved in interpreted encounters.

C2 Workshops

Not Your Mother’s Latin: An Interactive Approach to Medical Terminology
Interpreters want a strong command of medical terminology—next Tuesday.

Is instant gratification possible? Of course not. But as two veteran interpreter trainers can attest, it’s possible to put together a road-map to learn and study medical terminology that is interactive and engaging. Whether in a class or with a partner, this approach maximizes knowledge of Latin and Greek roots (evaluations reveal they are a favorite part of the program) and hones this knowledge through a series of competitive, lively activities that involve body systems, tests and procedures, symptoms, medical abbreviations; and more.

All in a day’s work—or a day’s workshop.

The two presenters did not learn these strategies overnight. Come and hear the lessons learned. The goal is to help all of us improve our medical terminology. We make the process less daunting by appealing to a spirit of fun while promoting valuable skills and vocabulary retention.

Many Worlds Merging in One: New Frontiers in Cultural Brokering
Refugee resettlement states in the US have seen a steady flow of displaced refugee forced to relocate in a new world where language, culture, health care and almost every aspect of life is both unfamiliar and frightening. In this time of transition gone are the familiar support systems that helped in the interpretation of life events. For example in some refugee communities there is an alarming rise in gestational diabetes. In the absence of a trusted community network women may cope by ignoring the risk, refusing care and clinging to traditions and beliefs. In this complex environment the interpreter role as a culture broker expands to fill the void, decipher the cultural context and build trust in the new world. This presentation will detail this expanded and heightened role and the strategies the interpreter can utilize to maintain professionalism while successfully fulfilling their role as a compassionate culture broker.
C3 Workshops

Information Technology Systems Training for Medical Interpreters
With the advent of health information systems, medical interpreters will encounter situations where they must access and use electronic systems and databases. It is important that they acquire fundamental knowledge of information technology (IT) systems and learn relevant applications. The IT courses must be specifically designed for medical interpreters and teach only those concepts and skills that are directly applicable in the workplace. Some IT principles and applications could become part of the basic certification curriculum and additional coursework could be added as necessary. The author will present prevalent models of IT course content for medical interpreters, and stimulate discussion on this topic. Technologically adept medical interpreters will help to enhance the image and raise compensation for the profession as a whole.

A Dialogue: Cross-Language Team Interpreting
Although it is uncommon, hospitals may encounter LEP patients whose family members speak a language other than that of the patient. Most commonly one of the non-English languages involved is a signed language. For example, an elderly Haitian-speaking patient being cared for by their Deaf adult child or a Deaf patient whose spouse speaks a foreign language. The needs of these heterolingual families cannot be ignored by providing language access only to the patient. This interactive workshop will begin to explore the challenges of ensuring language access when multiple interpreters are required for the same encounter. A panel of spoken language interpreters, ASL interpreters and Deaf Interpreters will examine cases with workshop participants in an attempt to begin to create a set of best practices for cross-language team interpreting. We will discuss how to facilitate inclusive medical decision-making by examining the language needs of all encounter participants.

C4 Workshops

Keeping the Heart in Our Services – Components of a Successful Patient Centered Interpreter Program
The realities of budget constraints are often the basis for decision making which can compromise quality and patient safety in order to minimize cost.

Aurora Health Care recognizes the important role that the qualified Medical Interpreter plays in the delivery of high quality, patient-centered care and that culturally-appropriate, human interaction is key to patient safety, satisfaction and loyalty.

By investing its resources in its Interpreter Services program, it has found the key to a higher level of care for its patients and their families. In nurturing the qualities of compassion, cultural-sensitivity and respect in its Medical Interpreters, it delivers a deeper, more meaningful level of service which results in better communication.

Learning Objectives:
- The components of a successful patient-centered Medical Interpreter program
- The recruitment and retention of high-calibre, qualified Medical Interpreters
- Strategies to keep the human-ness in our interactions with our patients.

Comparing In-Person, Video, and Telephonic Medical Interpretation
Research indicates that medical interpretation services provided by trained interpreters are superior to those provided on an ad hoc basis. Most research indicates services provided by trained interpreters in person are superior to those provided by telephone. There is very little evidence about the effectiveness of video when services are provided remotely, however. Patient, provider, and interpreter judgments of clinical encounter quality were assessed when trained interpreters provided services in person and remotely by video and telephone. In addition, a subset of patients and the providers and interpreters participating were interviewed regarding their preferences for service delivery. Research results are presented and the video technology implemented in the study is described. Future research is discussed in the context of a survey conducted on language access in South Carolina pharmacies.
C5 Workshops

How to work with interpreters: Educating the health care providers
The current drive in our industry to train and certify medical interpreters should not overshadow the importance of educating end users who are unfamiliar with the practical elements that lead to a successful interpreted session. We will review some real-life experiences and measures that in-person and remote interpreters can take to deal with complications in their work due to a lack of knowledge about our profession, roles and protocols and standards of practice. In this interactive workshop, participants will review their concerns and suggest ways in which client education can lead to better outcomes for all the parties in a language-mediated medical encounter.

The Collision of the World in the Health Care System
According to Health Resources Services Administration, sixty-five to seventy-five percent of all patients seen in a non-profit healthcare clinic live below the poverty level. Providing effective health care to low income families requires an understanding of the potential cultural barriers, which may be faced. These barriers include social, language, religious, and technological issues. The majority of patients from foreign cultures are Hispanic or Asian. This workshop will discuss the barriers of dealing with those from Hispanic and Asian cultures, and offer possible solutions to overcome these obstacles effectively.

All participants will discuss 3 cases in small groups, and will try to find culturally appropriate solutions. Attendees will be given a compendium at the end of the workshop.

C6 Workshops

The Patient Must Not Wait: Call Prioritization Model
Providing interpretation services to every single request in a hospital setting can prove to be a challenging task and at times, a seemingly impossible effort to achieve. None the less, when the institution has invested a great deal of resources for making sure that the needs for interpretation are covered from all angles, then reaching the goal of securing interpretation services to those in need of it, becomes an easier task to achieve. Aligning this effort with the organization’s goal is another important point to take into consideration. By obtaining buy - in from the different areas in the hospital, the implementation of this model of service is by far, an easier proposition to achieve. This presentation is open to anyone wanting to participate, but it is of particular relevance to managers, directors, quality assurance departments, to name a few.

Patient Navigation to Improve Access and Outcomes
Due to the complexity of the Health Care System the use of patient navigators has become a more common practice. Currently, some states such as Colorado offer formal Patient Navigator training programs (8). Some other non-profit organizations such as the Asian American Health Care Initiative and Innova Health Care Systems have combined the roles of the Medical Interpreter with those of the Patient Navigator (9, 10). South Central AHEC has established a partnership with TJ Samson Community Hospital in Glasgow, KY to create their Language Access Plan which has been operating for the last 4 years. As part of this initiative, AHEC has also started to use professionally trained interpreters as patient navigators. This presentation describes the model and aspires to change the paradigm of how health care and public health institutions view and relate to providing services to language minority populations in rural areas.
D1 Workshops

Informed Consent and Professional Interpretation Services
The speaker will discuss how not using professional interpreters can lead to serious ethical issues in patient care, such as failing to obtain informed consent to treatment and personal care. Particularly when family members act as interpreters, there is a tendency to filter the information provided to patients, usually out of a desire to "protect" them from negative information. Even when a professional interpreter is present, it is not uncommon for family members to dismiss the interpreter from visits where diagnosis or consent to treatment is the subject of discussion with a care provider. The speakers will outline strategies for health care professionals in responding to this challenge.

Preparing a Proposal: First Steps to Hiring More Interpreting Staff
With the rise in LEP patients in the U.S. and the improvements to language laws, guidelines, and legislature, it can be overwhelming to determine the best way to request more staff in these hard economic times. This workshop purports to teach ways to prepare a proposal for hiring more interpreters and translators in the medical setting. It will show basic strategies for demonstrating the need for more staff, such as gathering objective data, creating user-friendly databases and spreadsheets, and tracking of interpreting encounters and translation projects; as well as, research and investigation tips.

D2 Workshops

Is Describing Pain Making You Hurt? Appropriate Equivalents of Pain Descriptors
It is a given that pain descriptors come up all the time in our work as medical interpreters, and no matter what part of the body is being clinically assessed, or in what subspecialty of medicine is the context, once you master a body of pain descriptors, you can use them across the board. There is much to consider when choosing the appropriate equivalents of pain as Western medicine utilizes precise descriptions of acute and chronic pain. Providers sometimes ask for lists: throbbing, sharp, burning, stabbing and so on. This will be a hands-on workshop where we will discuss the nuances of describing pain in English and also do practice exercises in language groups.

Online Education: Access to Education in Rural Areas and Training Solution for Hospitals
Patient safety requires that all professional, ad-hock, and bilingual staff be trained in medical interpreting protocol and procedures. Dr. Lee will provide a DEMO of the MiTio course and display how online Medical Interpreter training is an easy to use, cost effective, flexible, and robust way to train bilingual staff and interpreters.
D3 Workshops

**Training Future Medical Interpreter Trainers: Curriculum Development, Strategies & Inclusiveness**

Formal training in interpreting/translation is a requirement for most professionals new to the field, yet the supply of trainers is quite low. This seminar will explore the framework and techniques to teach the next generation, with an emphasis on how to transform your practical skills into teachable tools. We will cover how to develop a syllabus, define lesson goals and objectives, assess and evaluate students, provide constructive feedback, and locate materials and resources. We will also discuss online versus onsite classrooms, language-neutral activities, certification preparation, and readings. This seminar is intended for experienced interpreters with no or little pedagogical background.

**Building a Successful Language Services Department**

This presentation will focus on some of the best practices of creating and managing a “quality” language services department. Tested and trained interpreters are crucial to providing accurate interpretation services to healthcare clients/patients. It is also important to recognize that just providing the service is not sufficient. The presenter will focus on the topics and tools necessary to build a “well” managed and successful Language Services Department. Topics to be discussed include: knowing your audience, identifying the primary languages needed, as well as addressing interpreter supply and demand. The session will cover assignment scheduling and tracking process. The presenter will review and discuss sample policies and procedures used by organizations to assure quality, consistency and standards. Common scenarios and questions will be posed to the audience on the solutions to consider when addressing these scenarios. Interpreter safety, evaluations and shadowing will also be discussed, with sample materials being shared.

D4 Workshops

**Refugee and Immigrant Access to Medical Care**

Hundreds of thousands of refugees, immigrants, and migrants enter the United States each year in search of a better life. With a variety of multicultural and multilingual services, Catholic Charities offers these new residents support during the long process of assimilating into society and becoming active members within their communities. Refugees specifically involuntarily flee their families and homes due to the fear of persecution, imprisonment, or even death. One area that can pose a tremendous challenge for refugees and immigrants is accessing proper medical care especially with some hospitals and medical facilities having limited resources for individuals speaking rare languages. This session will highlight real-life case examples and walk through the similarities and differences of the immigrants and refugee experience.

**Language Coaches: The Missing Link for Excellence in Interpreter Training**

Language Coaching is crucial for the assessment and on-going quality control of an effective health care interpreting work force. This is an emerging sub-specialization for well trained and experienced health care interpreters. However, not every active experienced interpreter is a qualified Language Coach! The Language Coach observes students in simulated triadic encounters and provides meaningful feedback in areas of strength and weakness in relation to accuracy, completeness and proper use of interpreting core techniques. Through both didactic session and experiential activities such as case studies and role-plays, experienced interpreters, managers and trainers will be introduced to the concept of Language Coach, defining it’s core competencies, discuss tools for assessing the language coach and help facilitate the language coaches becoming a nurturing and effective teacher.
D5 Workshops

34 Language Multilingual Questionnaire: An efficient and inexpensive communication tool developed in Japan

Training ASL Interpreters in Medical Terminology

The project will accomplish the following objectives: 1) develop the best signs to explain cancer terminology, 2) create an on-line glossary of cancer terms in ASL; 3) promote the ASL cancer education videos on our ASL cancer website; 4) define the foundation of basic cancer knowledge; 5) create a series of educational modules on DVD; 6) test the adequacy of the modules; 7) invite 250 interpreters nationwide to participate in the final training modules to reach a tipping point in the number of ASL interpreters who would be prepared to undertake an ASL Oncology Certification Exam; and 8) turn over the developed ASL Oncology Program to RID.

D6 Workshops

Interpreter Quality Assurance & Professional Development through Mentorship

The senior staff interpreters at University Health Network created a unique program for engaging, developing and coaching its team of contract interpreters. The work is particularly challenging because these practitioners lack a sense of belonging to the organization, and by extension, feel disengaged.

Although all interpreters are qualified to provide services in a medical setting, performance is not monitored formally. A lack of consistency of performance quality among the large team of interpreters compromised patient care.

The Mentorship Program is a long-term project with the following main components: assign each contract interpreter a liaison within department, two-way shadowing program, professional development opportunities, regular debriefing sessions, eForums for language groups.

After six months, the benefits of the program are already apparent.

By improving quality of service through consistent standards, and implementing quality assurance measures of interpreter performance, ultimately the patients will benefit from a cohesive and engaged interpreter team.

Establishing a Video Remote Interpreting Call Center

What is VMI / VRI?

Interpretation that takes place using a video monitor unit or computer with an attached video camera. Technology that gives the patient and provider real-time visual presence of a medical interpreter who in turn, can also see and hear both patient and provider. Transmissions can take place on private networks, shared private network or on the public internet.

VMI Technology addresses efficiency and quality issues
Remote video interpretation eliminates both the travel and wait time associated with “in person” interpretation. From an average of 1 service unit/hour (for in-person) to between 2-4 service units/hour (for VMI).

Practice Improvements Associated with VMI
Quick and easy access encourages interpreter use by providers. Dramatically reduces average wait time for interpreters. Eliminates the practice of skipping LEP patients in queue due to long wait times for interpreters.