ACKNOWLEDGEMENTS

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ABOUT THE CONNECTING WORLDS CURRICULUM

Purpose
The purpose of this curriculum is to provide bilingual participants with:

1. An introduction to the theory, concepts, and skills related to the consecutive mode of health care interpreting,

2. An appreciation for the complexities of the roles and responsibilities of interpreters in the health care setting and the skills required to carry out those functions,

3. An introduction to ethical principles, considerations, and strategies to assist participants in determining how to handle the challenges that arise within the interpreting context, and

4. Limited opportunities to apply concepts and theory through simulated interpreting sessions and case studies.

Training Design and Philosophy
The Connecting Worlds curriculum is comprised of three pieces:

1. Trainer Manual
2. Participant Manual
3. Participant Workbook

The Connecting Worlds curriculum strives to provide a unique forum for participants to share and learn from each other’s experience, knowledge and skills. Our approach is to engage participants as active learners and teachers by involving them in interactive learning modalities including group discussions, case study analysis, and role-plays. To the extent possible, a concerted effort was made to provide students with opportunities to apply the theories, concepts, techniques, and strategies presented throughout the training. While the Trainer Manual leaves room for personal training styles, the expectation is that all learning objectives of the curriculum will be met in order for a training to be called a Connecting Worlds training.
Incorporation of California Standards for Health Care Interpreters

The California Standards for Health Care Interpreters developed by the California Healthcare Interpreting Association are incorporated into the Connecting Worlds training curriculum. We felt it was important to align this statewide training curriculum with the statewide performance standards, which were developed by the interpreting community throughout California. To the extent possible, we have referenced the CHIA Standards where they relate to specific training topics or sections and we have attempted to be consistent with the labels used to describe the roles of the interpreter. However, we must caution that this relatively short curriculum is not able to address all aspects of the CHIA standards. We cannot claim that this training will fully prepare participants to meet the standards.

Bilingual Proficiency Required

It is important to note that for health care interpreters to effectively perform their responsibilities, they must possess a high degree of proficiency in English and their language(s) of service. The Connecting Worlds training is conducted in English. Participants are provided limited opportunities to practice and develop medical terminology in English and language(s) of service. However, this training does not assist individuals with developing language proficiencies.

Limitations of the Curriculum

A 40-hour training curriculum can only hope to introduce participants to the basics of health care interpreting. The Connecting Worlds Partnership often faced the very difficult decision of having to delete or allocate little time to various training topics. Very limited time is available for participants to actually practice the skills and strategies introduced and many important topics and issues are not addressed at all within this curriculum. We have attempted to address some of these limitations by building in homework assignments and time to review assignments. Our vision is to eventually develop add-on modules that can be used to augment this introductory curriculum. The curriculum was developed and various sections piloted by the partner organizations. Since then, each of the partner organizations have implemented the curriculum for their particular needs and audiences. Unfortunately, this publication does not reflect the many lessons learned from those experiences. However, the partner organizations are most likely able to provide recommendations and suggestions based on their experiences with the curriculum.
This training is not a language course or a course on medical terminology. While limited medical terminology is introduced in this training, more extensive study is required to effectively provide health care interpreting. While homework assignments provide students with some exposure to human anatomy, it is very limited. Human physiology is not at all addressed by the curriculum.

**Encourage Continuing Education**
Given the limitations of the curriculum and for many other good reasons, we highly encourage interpreters to seek out continuing education opportunities to broaden exposure to a fuller scope of interpreting issues and skills development. Through this training program, our hope is that participants will begin to engage in their own self-assessment and seek out and organize continuing-education opportunities.

**Additional Copies**
Additional copies of this curriculum may be obtained through The California Endowment, 1-800-449-4149.

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Opening of Training Learning Objectives (1-1)

By the end of the Opening of Unit 1, you will be able to:

- Learn the names and primary language(s) of trainer(s) and participants.
- Understand the purpose of the Connecting Worlds training and its learning objectives.
- Share expectations and develop group agreements.
Connecting Worlds Training Goals (1-2)

After completing the training, participants should:

- Understand the roles and responsibilities of the health care interpreter and appreciate the importance of the profession.

- Appreciate the complexities of the health care interpreter’s roles and responsibilities as well as the skills needed to address them.

- Be familiar with the *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Interventions*.

- Be familiar with standard health care interpreting protocols and techniques.

The training will:

- Introduce techniques and tools for effective consecutive interpreting.

- Provide opportunities for practice through role plays.

- Include case study discussions of interpreting issues.

- Require completion of homework assignments to become familiar with very basic medical terminology and reinforce training concepts.
### Connecting Worlds Training is NOT:

(1-3)

- A training to learn medical terminology.

- A way to improve language proficiency in English or language of service.

- A complete training on all aspects of the California Standards for Healthcare Interpreters.

- An endpoint – completion of the training does not guarantee that participants will have all of the necessary skills to effectively interpret. Do continue to attend interpreting conferences and seminars, develop medical terminology, continue to develop language proficiency, etc.

- A course to receive certification in health care interpreting.
NONE

END OF OPENING (UNIT 1)
PARTICIPANT MANUAL
UNIT 1

TRAINING PRE-TEST (30 MINUTES)

PARTICIPANT OUTLINE

PARTICIPANT NOTES

NONE
End of Training Pre-Test (Unit 1)
Module 1 Learning Objectives: Introduction to Health Care Interpreting (1-4)

By the end of Module 1, you will be able to:

• Define the following key terms: interpret, translate, source language, target language, ad-hoc interpreter, and register.

• Define the purpose of the health care interpreter.

• Describe the importance of communication and interpreting in health care.

• Identify key knowledge and skills required for health care interpreting.
### Key Terms (1-5)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERPRET</strong></td>
<td>Language being interpreted from.</td>
</tr>
<tr>
<td><strong>TRANSLATE</strong></td>
<td>Untrained and untested interpreter.</td>
</tr>
<tr>
<td><strong>SOURCE LANGUAGE</strong></td>
<td>Orally expressing a message from one language to another.</td>
</tr>
<tr>
<td><strong>TARGET LANGUAGE</strong></td>
<td>Language being interpreted to.</td>
</tr>
<tr>
<td><strong>AD-HOC INTERPRETER</strong></td>
<td>Converting written text from one language to another.</td>
</tr>
<tr>
<td><strong>REGISTER</strong></td>
<td>Vocabulary, grammar, and pronunciation that usually reflects a speaker’s educational and social background.</td>
</tr>
</tbody>
</table>
Guidances For Health Care Interpreting (1-6)

a. Facilitate Patient-Provider Communication

b. Support Health and Well-Being of the Patient

c. Uphold Ethical Principles

d. Follow Standard Health Care Interpreter’s Practice

e. Uphold Laws, Regulations and Policies (State/Federal)

Purpose Statement: California Standards for Healthcare Interpreters (1-7)

The fundamental purpose of health care interpreters is to facilitate communication between two parties who do not speak the same language and may not share the same culture.
Communication in Health Care
(1-8)

With communication:

• Providers can gather the information needed for an accurate diagnosis. Patients and providers can negotiate treatment plans.

• Patients and providers can better understand each other’s views, concerns, values and priorities, and cultural practices and perspectives.

• Patients can understand how to care for themselves.

• Patients can understand their options and participate in decisions regarding their health.

• Patients and providers are more likely to develop trusting and caring relationships with each other.
Knowledge and Skills Needed for Health Care Interpreting
(1-9)

• Language skills
• Knowledge of interpreting practices and ability to apply them
• Listening skills
• Strong short-term/working memory
• Skills in guiding the flow of communication
• Medical terms and concepts in both languages
• Attention to detail
• Cultural knowledge

What Happens When Qualified Interpreters Are Not Available?
(1-10)

• Family members, children, friends, any bilingual person in the area, and untrained bilingual employees are asked to interpret. All have good intentions and do not intend to cause harm.
• Patients are seen without an interpreter.
• Patients are turned away unless they bring someone to interpret for them.
Key Term
(1-11)


Problems with Unqualified Interpreters
(1-12)

- One study showed that 23% to 53% of words were incorrectly interpreted by untrained interpreters.⁴
- Another study showed that untrained interpreters were more likely to make mistakes that had potential clinical consequence.²
- Omissions, substitutions, and errors in interpreting change meaning and can result in misdiagnosis, unnecessary testing, and inappropriate treatment.
- Confidentiality may be a concern and patients may withhold sensitive but important information.
- Patients and providers lack the language skills to judge the accuracy and completeness of the interpreting.

Why Are Unqualified Interpreters Used?
(1-13)

• Lack of systems to provide trained and tested interpreters.

• A lack of recognition by health care organizations of their responsibilities to provide linguistically accessible services.

• Interpreting services are viewed as too expensive.

• Interpreting is viewed as an easy task. Interpreters simply convert words in one language into equivalent words in another language.

• A belief that anyone who is bilingual can interpret.
Interpreting Facts
(1-14)

- Interpreting requires high levels of language skills in two languages. Oral testing is the best way to evaluate bilingual proficiency.

- Interpreting requires bilingual proficiency AND demonstration of a complex set of interpreting skills.

- Words and phrases in the source language do not always exist in the target language.

- Interpreters often must describe and explain terms that do not have linguistic equivalents.

- Interpreters must understand different cultural perspectives and world views.

- Various federal and state laws and regulations exist that require most health care organizations to have linguistically accessible services.
Module 2 Learning Objectives: Models and Standards for Health Care Interpreting (1-15)

By the end of Module 2, you will be able to:

• Describe the purpose of CHIA’s California Standards for Healthcare Interpreters and become familiar with them.

• Describe the expertise of each member of the Three-Way Partnership model of interpreting and identify the primary relationship.

• Describe the duty of the health care interpreter as a member of the health care team.
PARTICIPANT OUTLINE

Purpose of California Standards for Healthcare Interpreters (1-16)

• Define expectations of health care interpreters and identify the basic skills, knowledge, and performance measures a competent health care interpreter must demonstrate.

• Help interpreters by providing guidelines for interpreting practice and professional behavior.

• Provide a framework for the content of training programs.

• Eventually provide a framework for testing and certification.
California Standards for Healthcare Interpreters (1-17)

Section #1: Ethical Principles for Health Care Interpreters
- Confidentiality
- Impartiality
- Respect for Individuals and Their Communities
- Professionalism and Integrity
- Accuracy and Completeness
- Cultural Responsiveness

Section #2: Standardized Interpreting Protocol
- Pre-Session
- During the Session
- Post-Session

Section #3: Guidance on Interpreter Roles and Interventions
- Message Converter
- Message Clarifier
- Cultural Clarifier
- Patient Advocate
California Standards for Healthcare Interpreters: View of the Health Care Interpreter’s Duty (1-18)

- Health care interpreters are part of the health care team.

- As part of the team, interpreters have a duty to support patients’ health and well-being.

- The health and well-being of the patient help to guide the actions of the interpreter.
California Standards for Healthcare Interpreters: Ethical Principles
(Based on California Standards for Healthcare Interpreters, 11/02)

1. Confidentiality: Interpreters treat all information learned during interpreting as confidential.

2. Impartiality: Interpreters are aware of the need to identify any potential or actual conflicts of interest, as well as any personal judgments, values, beliefs or opinions that may lead to preferential behavior or bias affecting the quality and accuracy of the interpreting performance.

3. Respect for Individuals and Their Communities: Interpreters strive to support mutually respectful relationships between all three parties in the interaction (patient, provider, interpreter), while supporting the health and well-being of the patient as the highest priority of all health professionals.

4. Professionalism and Integrity: Interpreters conduct themselves in a manner consistent with the professional standards and ethical principles of the health care interpreting profession.

5. Accuracy and Completeness: Interpreters transmit the content, spirit and cultural context of the original message into the target language, making it possible for patient and provider to communicate effectively.

6. Cultural Responsiveness: Interpreters seek to understand how diversity and cultural similarities and differences have a fundamental impact on the health care encounter. Interpreters play a critical role in identifying cultural issues and considering how and when to move to a cultural clarifier role. Becoming culturally sensitive and culturally responsive is a life-long process that begins with an introspective look at oneself.
Three-Way Partnership
(1-20)

Recognizes the three unique relationships in an interpreting encounter and the expertise of each party.

Relationship 1: Patient-Provider
Relationship 2: Provider-Interpreter
Relationship 3: Interpreter-Patient

Primary Relationship: Patient-Provider Relationship

In most situations, interpreters support and reinforce the primary relationship between the patient and provider.*

*When interpreters assume the role of Patient Advocate, their actions may not always support the Patient-Provider relationship.
**Module 3 Learning Objectives:**

**Pre-Session (1-21)**

*By the end of Module 3, you will be able to:*

- Identify key information to include in a one-minute pre-session introduction to patients and providers.

- Develop a rough script for a pre-session introduction in English and your language of service.
Standard Interpreting Practices: Protocols (1-22)

Protocol 1: Pre-Session
Before the session begins, interpreters establish the basic guidelines to the interpreting session.

Protocol 2: During the Session
During the session, interpreters facilitate communication to support the patient-provider relationship.

Protocol 3: Post-Session
After the session, interpreters provide closure to the interpreted session.

(California Standards for Healthcare Interpreters. Section 2, Standardized Interpreting Protocols.)
Standard Interpreting Practices: Pre-Session Introductions
(1-23)

Before the session begins, the interpreter establishes the basic guidelines for the interpreting session with both the patient and provider.

- Interpreter introduction.
- Provider briefs interpreter, as necessary.
- Interpreter briefs provider, as necessary.

(California Standards for Healthcare Interpreters. Section 2, Standardized Interpreting Protocols.)
Standard Interpreting Practices:
Pre-Session Introductions
(1-24)

• Name

• Language of Service

• Organizational affiliation, if needed

• Confidentiality. Explain to patient if needed

• Interpreter’s obligation to interpret everything spoken by all parties

• Request for patient and provider to address each other directly

• Need to pause frequently to allow for interpretation

• Possibility that the interpreter may intervene for clarification

(California Standards for Healthcare Interpreters. Section 2, Standardized Interpreting Protocols.)
Module 4 Learning Objectives:
During the Session (1-25)

By the end of Module 4, you will be able to:

• Describe the recommended positioning for interpreters to enhance patient-provider communication.

• Describe the use of first-person voice in health care interpreting and its advantages.

• Describe the four modes of interpreting and the advantages and disadvantages of each mode.
Standard Interpreting Practices: 
During the Session 
(1-26)

During the session, interpreters facilitate communication to support the patient-provider relationship by acting to:

a. Position themselves to maximize and encourage direct communication between patient and provider.

b. Remind the patient and provider verbally or with gestures to address each other directly, as needed.

c. Use the first-person (“I”) as the standard form of interpreting, to enhance direct patient-provider communication, and to exercise discretion in switching to the third-person (“he” or “she”) when the first-person form causes confusion or is culturally inappropriate for either or both parties.

d. Attend to verbal and nonverbal cues that may indicate the listeners are confused or do not understand, and to check whether clarification is needed.

e. Manage the smooth flow of communication by, for example, pacing the amount of information presented, avoiding side conversations with either party, and preventing parties from speaking simultaneously.

f. Intervene for clarification when interpreters do not understand the terminology or message.

g. Indicate clearly when interpreters are speaking on their own behalf (instead of interpreting the words of either patient or provider) when intervening for any purpose.

h. Consider interrupting the communication process in extreme circumstances, to privately discuss with the provider or patient issues of concern to the interpreter that may not be openly discussed within the session (e.g., sensitive matters requiring privacy may arise when multiple family members are present or when a patient’s safety is in jeopardy).

(California Standards for Healthcare Interpreters. Section 2, Standardized Interpreting Protocols.)
Positioning
(1-27)

1. The health care interpreter is next to and slightly behind the patient (patient and provider are facing each other).

2. The health care interpreter is between the provider and the patient (patient and provider are facing the interpreter).

3. The health care interpreter is next to the provider (patient is facing both the provider and interpreter).
Positioning: During the Physical Exam (1-28)

- Ask the provider whether interpreting is needed during the physical exam.
- If interpreting is not required, offer to step out and return after the exam.
- If interpreting is required, provide the patient with as much physical privacy as possible.
- Some exam rooms may have a curtain to step behind.
**First-Person Voice and Third-Person Voice in Interpreting**  
*(1-29)*

**Examples:**

**Third-Person Voice** (not the preferred method)

<table>
<thead>
<tr>
<th>Doctor</th>
<th>When did it start hurting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreter</td>
<td>The doctor wants to know when it started hurting.</td>
</tr>
<tr>
<td>Patient</td>
<td>About three days ago.</td>
</tr>
<tr>
<td>Interpreter</td>
<td>She says about three days ago.</td>
</tr>
</tbody>
</table>

**First-Person Voice** (generally preferred)

<table>
<thead>
<tr>
<th>Doctor</th>
<th>When did it start hurting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpreter</td>
<td>When did it start hurting?</td>
</tr>
<tr>
<td>Patient</td>
<td>About three days ago.</td>
</tr>
<tr>
<td>Interpreter</td>
<td>About three days ago.</td>
</tr>
</tbody>
</table>
Using First-Person Voice
(1-30)

- Is standard practice in all fields of interpreting.

- Reinforces the primary relationship between the patient and the provider.

- Mimics how the patient and provider would speak to each other if they spoke the same language and could directly communicate.

- Shortens communication by not including extra phrases such as “He said…” and “The doctor asks…”

- Keep in mind that the purpose of using first-person voice is to facilitate communication. If it is not effective in doing so, interpreters should be flexible and consider switching to third-person voice. However, before doing so, interpreters should make an effort to explain and use first-person voice.
Modes of Interpreting (1-31)

• Mode = style, manner, form, ways

• “Mode” is the term used in the interpreting field

Modes of Interpreting (1-32)

1. Consecutive interpreting
2. Simultaneous interpreting
3. Summary/paraphrasing interpreting
4. Sight translation
Consecutive Interpreting
(1-33)

- One person speaks at a time.
- Each speaker and the interpreter take turns speaking.
- Only a few sentences are interpreted at a time.
- Interpreter can better control the flow of communication and can more easily ask for clarification and/or repetitions.
- Usually less confusing, more accurate.
- Takes more time.
- Can disrupt speakers’ flow of thoughts as they wait for the interpretation.
- Most commonly used mode in health care.
- The focus of this training.
Simultaneous Interpreting
(1-34)

- Interpreter stays slightly behind the speaker and interprets at the same time as the speaker is talking.
- Most common at meetings and conferences; not as commonly used as the consecutive mode in health care.
- Sometimes used in emergency situations or mental-health settings.
- Takes less time.
- More closely mimics direct patient-provider communication.
- Can be confusing with two voices speaking at once, unless special equipment is available.
- Difficult for beginning interpreters to perform well.
PARTICIPANT OUTLINE

Summary/Paraphrasing Interpreting
(1-35)

- One person speaks for some time and the interpreter summarizes the main points at the end.
- Does not include every specific detail of the speakers’ messages.
- The interpreter decides what to interpret and what to leave out; important information may be left out.
- Speakers don’t know which messages are included or left out from the interpretation.
- Summary interpreting is generally avoided and usually is the practice of untrained health care interpreters.

Sight Translation
(1-36)

Interpreter reads a written document and orally interprets it into the targeted languages.

END OF MODULE 4: DURING THE SESSION (UNIT 1)
Module 5 Learning Objectives: Accuracy and Completeness (1-37)

By the end of Module 5, you will be able to:

- Understand the importance of providing accurate and complete interpreting.

- Identify obstacles that affect participant’s personal ability to completely and accurately recall messages.

- Identify strategies to overcome obstacles to accurate and complete recall of messages.

- Become familiar with Ethical Principle 5: Accuracy and Completeness of the California Standards for Healthcare Interpreters.
Ethical Principle 5: Accuracy and Completeness
(Based on California Standards for Healthcare Interpreters) (1-38)

Interpreters transmit the content, spirit and cultural context of the original message into the target language, making it possible for patient and provider to communicate effectively.

Performance Measures
a. Convey verbal and non-verbal messages and speaker’s tone of voice without changing the meaning of the message.

b. Clarify the meaning of non-verbal expressions and gestures that have a specific or unique meaning within the cultural context of the speaker.

c. Maintain the tone and the message of the speaker even when it includes rudeness and obscenities. Note: Different cultural understandings and levels of acceptance exist for the usage of obscene expressions and profanities, and we understand the resistance most interpreters have toward uttering such expressions, although interpreters need to honor this ethical principle of “Accuracy and Completeness” by striving to render equivalent expressions.

d. Clarify meaning and verify understanding, particularly when there are differences in accent, dialect, register and culture.

e. Maintain the same level of formal/informal language (register) used by the speaker, or to request permission to adjust this level in order to facilitate understanding when necessary to prevent potential communication breakdown.

f. Notify the parties of any medical terms, vocabulary words, or other expressions that may not have an equivalent either in the English or target languages, thus allowing speakers to give a simplified explanation of the terms, or to assist speakers in doing so.
Register (1-39)

- A speaker’s linguistic features of pronunciation and choice of vocabulary and grammar that contribute to the perceived level of a speaker’s level of education or social class. (California Standards for Healthcare Interpreters)

- Level of language. Reflects socio-economic background such as education.

High/Low Register (1-40)

**Higher-Register Example:** Contact a medical professional if unexplained fatigue is severe, persists for more than two weeks, and impairs your ability to conduct daily activities of living.

**Lower-Register Example:** Call a doctor if you feel very tired without a good reason. Also call if you’re tired for more than two weeks and it keeps you from doing what you do everyday.
CONNECTING WORLDS PARTICIPANT MANUAL: UNIT 1

END OF MODULE 5: ACCURACY AND COMPLETENESS (UNIT 1)
Module 6 Learning Objectives: Practice Session (1-41)

By the end of Module 6, you will:

• Practice use of first-person voice.

• Practice consecutive mode of interpreting.

• Practice recommended positioning.

• Practice accurate and complete interpreting.

• If language coaches are available, consult with them on a) pre-session introduction in English and language of service, b) medical terminology, and c) language resources such as glossaries and dictionaries.
Unit 1 Role-Plays and Peer Feedback
(1-42)

**Format:** Small same-language groups

**Time:** 30 minutes

**Materials:**
- Unit 1 Role-Play A: Short Dialogues Between Patient and Receptionist (Participant Outline)
- Unit 1 Role-Play B: Short Dialogues Between Patient and Doctor (Participant Outline)
- Handout: Connecting Worlds Peer Feedback form
- Teaching assistants proficient in the participants’ language(s)

**Directions:**
- Get into groups of three from the same-language group.
- Decide who will play the role of the patient, provider, and interpreter.
- Make sure each person gets to play the role of the interpreter.
- Use your dictionary to help you if necessary to play your roles.
- Circle any words that may be problematic or do not have word equivalents.
- Those who play the patient or provider should note any problems and give appropriate feedback to the person playing the interpreter on his/her interpreting skills. Use the Peer Feedback form if needed.
Unit 1 Role-Play A: Short Dialogues between Patient and Receptionist (1-43)

**ROLES:**
1. Patient
2. Receptionist
3. Trained Health Care Interpreter

**Dialogue A**

**Patient:** I want to see Dr. Wong today.

**Receptionist:** Do you have an appointment with Dr. Wong?

**Patient:** No, but it is my day off and I want to see the doctor for my check-up.

**Receptionist:** I’m sorry, but Dr. Wong’s schedule is completely booked for today.

**End of Dialogue A**

**Dialogue B**

**Patient:** I need the doctor to fill out this form for me. It is for my work.

**Receptionist:** What is your medical record number?

**Patient:** It is 1327598.

**Receptionist:** What is your home address?

**Patient:** 5555, Telegraph Avenue, #15, Berkeley, California, 94703

**Receptionist:** Your home telephone number?

**Patient:** 510-555-1620

**Receptionist:** Very well, we will call you to pick up the form once it is completed.

**End of Dialogue B**
Dialogue C

**Patient:** My stomach hurts.

**Doctor:** How long have you had this pain?

**Patient:** Two days.

**Doctor:** What is your pain like? Sharp, dull, constant?

**End of Dialogue C**

Dialogue D

**Patient:** I’m out of white pills.

**Doctor:** What do you take the pills for?

**Patient:** I take them for my high blood pressure.

**Doctor:** Who is your primary doctor?

**End of Dialogue D**

Dialogue E

**Patient:** I took the pills that the doctor prescribed for me and I feel sick.

**Doctor:** What do you mean by “sick”? Give me your symptoms.

**Patient:** I feel dizzy, weak, and tired all the time.

**Doctor:** These are all side effects of the medication that you are taking.

**End of Dialogue E**

END OF MODULE 6: PRACTICE SESSION (Unit 1)
# Closing Module Learning Objectives

By the end of the Closing Module, you will be able to:

- Review key training concepts.
- Preview Unit 2 learning objectives.
- Understand the homework assignment.
- Complete the training evaluation.
PARTICIPANT OUTLINE

PARTICIPANT NOTES

END OF CLOSING (UNIT 1)
Opening of Unit 2 Learning Objectives (2-1)

By the end of the Opening of Unit 2, you will be able to:

- Learn about the trainer(s) and other training participants.
- Optional: Participate in an exercise to develop your working memory.
- Understand the Connecting Worlds training goals and schedule, and Unit 2 learning objectives.
<table>
<thead>
<tr>
<th>PARTICIPANT OUTLINE</th>
</tr>
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<tbody>
<tr>
<td><strong>Connecting Worlds Training Goals (2-2)</strong></td>
</tr>
<tr>
<td>• Participants will understand the roles and responsibilities of the health care interpreter and gain an appreciation for the importance of the profession.</td>
</tr>
<tr>
<td>• Participants will gain an appreciation for the necessary skill sets required to carry out the complexities of the health care interpreter roles and responsibilities.</td>
</tr>
<tr>
<td>• Participants will become familiar with the California Standards for Healthcare Interpreters.</td>
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<tr>
<td>• Participants will be introduced to standard health care interpreting protocols and techniques.</td>
</tr>
<tr>
<td>• Introduce techniques and tools for effective interpreting.</td>
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<tr>
<td>• Provide opportunities for practice and “hands-on” application.</td>
</tr>
<tr>
<td>• Discuss case studies on interpreting issues.</td>
</tr>
<tr>
<td>• Complete homework assignments.</td>
</tr>
</tbody>
</table>

END OF OPENING( UNIT 2)
PARTICIPANT MANUAL
UNIT 2

REVIEW AND APPLICATION OF UNIT 1 (30 MINUTES)

PARTICIPANT OUTLINE

Review and Application of Unit 1
Learning Objectives
(2-3)

By the end of the Review and Application of Unit 2, you will be able to:

• Review key learning objectives from Unit 1.

• Review select homework assignments from Unit 1.

PARTICIPANT NOTES

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Module 1 Learning Objectives:
Introduction to the Roles of the Health Care Interpreter (2-4)

By the end of Module 1, you will be able to:

• Describe the four roles of the health care interpreter within the health care visit.

• Identify the barriers to quality health care that the four roles try to address.

• Understand the STEP Process.
Roles of the Health Care Interpreter
(2-5)

Patient Advocate

Cultural Clarifier

Message Clarifier

Message Converter

Adapted with permission from the Cross-Cultural Health Care Program: Bridging the Gap, Seattle, Washington, 1996
Role 1. Message Converter (2-6)

As a Message Converter, interpreters listen to the speakers, observe their body language, and convert the messages from one language into another. This should be done accurately and completely, without unnecessary additions, deletions, or changes in meaning. The content and register of the source language should be reflected in the target language.

To ensure accuracy and completeness, interpreters must often intervene to manage the interpreting session.

Also called “conduit.”

Barriers Addressed:
• Primarily language differences between speakers.
• Some cultural issues may be involved.
Role 2. Message Clarifier
(2-7)

In the Message Clarifier role, interpreters watch for possible words, concepts or ambiguous messages that may lead to misunderstanding or confusion for any of the parties — interpreter, patient, or provider.

Interpreters intervene when they need a) an explanation or simplification of a word or concept and b) to confirm their understanding of the speaker’s message.

Interpreters also intervene to verify when they think the patient or provider may need an explanation or simplification of a word or concept. If needed, interpreters intervene to a) facilitate speakers in providing their own explanations of unfamiliar words or concepts or b) directly explain unfamiliar words or concepts.

Barriers Addressed:
• Lack of equivalent words between English and the language of service.

• Diversity within a language.

• Ambiguity of a speaker’s message.

• Difficulty hearing the speaker’s message.

• Differences in register* between speakers and possibly the interpreter.

*A speaker’s linguistic features of pronunciation and choice in vocabulary and grammar, which contribute to the speaker’s perceived level of education or social class. (CHIA)
Potential Barriers to Message Clarifying (2-8)

1. Lack of equivalents between English and language of service.
   *Provide possible examples in your Participant notes*

2. Diversity within a language.
   *Provide possible examples in your Participant notes*

3. Ambiguity of a speaker’s message.
   *Provide possible examples in your Participant notes*

4. Difficulty hearing the speaker’s message.
   *Provide possible examples in your Participant notes*

5. Differences in register* between speakers and possibly the interpreter.
   *Provide possible examples in your Participant notes*

*A speaker’s linguistic features of pronunciation and choice in vocabulary and grammar, which contribute to the speaker’s perceived level of education or social class. (CHIA)*
Role 3. Cultural Clarifier
(2-9)

In the Cultural Clarifier role, interpreters watch for culturally based differences in terms or concepts that may lead to misunderstanding for any of the parties — interpreter, patient, or provider.

Interpreters intervene to a) explore or confirm whether different cultural perspectives are causing misunderstanding, b) facilitate speakers in providing their own explanations of cultural terms or concepts, c) directly explain cultural terms or concepts to the patient or provider, when appropriate, or d) suggest culturally appropriate approaches.

Also called “cultural broker,” “cultural liaison,” or “cultural bridge.”

Barriers Addressed:
- Primarily cultural differences between speakers.

- Some language differences may be involved. Language and culture are very intertwined.
Role 4. Patient Advocate (2-10)

As a Patient Advocate, interpreters actively support change in the interest of the patient’s health and well-being. This is an optional role, which individual interpreters must decide whether or not to take on, given each situation.

Patient Advocacy may occur within the interpreted health visit or it may occur outside of the visit.

Patient Advocacy may be as simple as reminding the provider to schedule interpreting for the patient’s next appointment. Or it may involve more complex issues, such as discrimination, a clashing of cultural approaches, or organization-wide or system-wide policies and practices that present barriers to care for limited English speakers.

Barriers Addressed:
System barriers and individual health care workers’ unfamiliarity with or prejudice related to patients’:

• Access to quality health care for limited English-speaking patients.

• Differences in language and culture.

• Financial status or lack of insurance coverage.

• Race, ethnicity, or immigration status.

• Patients’ limited knowledge of their rights and services accessible to them.
STEP Process: Interpreter Roles (2-11)

There are four stages in the STEP Process:

Step 1: Support patient-provider relationship.

Step 2: Try to identify communication barrier.

Step 3: Evaluate appropriate role.

Step 4: Provide action (intervention).
c. Uphold Ethical Principles

a. Facilitate communication between patient and provider

b. Support the health and well-being of the patient

c. Uphold Ethical Principles

d. Follow standard health care interpreting practices

e. Uphold laws, regulations and policies

Message Converter

Message Clarifier

Cultural Clarifier

Patient Advocate

Adapted with permission from the Cross-Cultural Health Care Program: Bridging the Gap, Seattle, Washington, 1996
Module 2 Learning Objectives:
Message Converter Role and Interventions
(2-13)

By the end of Module 2, you will be able to:

• Define the key term: Interpreter Interventions.

• Describe the Message Converter role.

• Explain the importance of interpreting ALL messages for ALL parties.

• Describe interventions related to the Message Converter role.

• Practice interventions related to the Message Converter role.
Interpreter Interventions: Actions taken by a health care interpreter to:

a. facilitate communication between patient and provider

b. support the health and well-being of the patient

c. uphold ethical principles

d. follow standard interpreting practices

e. uphold laws, rules and regulations

In other words, actions taken to carry out interpreter roles and Five Guidances for Health Care Interpreting. (See 2:12.)

Other words for interventions are “strategies” and “actions.”
Role 1. Message Converter
(2-15)

In the Message Converter role, interpreters listen to both speakers, observe body language, and convert the meaning of all messages from one language to another, without unnecessary additions, deletions, or changes in meaning. To do so, interpreters must manage the flow of communication between all parties present. Interpreters need to intervene (verbally or non-verbally) when parties speak too fast or fail to allow the interpreter time to interpret. They also need to manage turn-taking, indicating to individuals speaking at the same time that they will be heard in sequential order or that a party must be allowed to finish speaking.

(California Standards for Healthcare Interpreters, Section 3, Role 1, Message Converter)
Message Converter Role: Common Interventions (2-16)

1. CONVERT MESSAGES FROM ONE LANGUAGE TO ANOTHER
   • This is the basic intervention most commonly expected of interpreters.
   • Interpret messages accurately and completely from one language to another.
   • Share ALL messages with ALL parties.

   The following interventions may be conducted verbally, with gestures, or through other actions.

2. MANAGE THE FLOW OF COMMUNICATION (supports accurate and complete interpreting)
   • Guide speakers to pause so that the number of messages does not overwhelm you as the interpreter.
   • Guide speakers to take turns to avoid more than one person speaking at a time. (Manage turn-taking.)
   • Guide speakers to slow down. (Manage the pace.)

3. REQUEST REPETITION (supports accurate and complete interpreting)
   Request that speakers repeat a message. Sometimes done by repeating as much of the message the interpreter recalls and guiding speakers to fill-in the missing information.

4. GUIDE SPEAKERS TO ADDRESS EACH OTHER (facilitates communication between patient and provider)
   Guide speakers to address each other directly, instead of the interpreter.
1. CONVERT MESSAGES FROM ONE LANGUAGE TO ANOTHER
The Importance of Interpreting ALL Messages for ALL Parties
(Message Converter Role: Common Interventions) (2-17)

- Interpreting ALL messages for ALL parties supports direct communication between the patient and provider.

- Protects the interpreter from deciding what should and should not be interpreted. Keeps the speakers responsible for determining what is shared in the medical visit.

- Uninterpreted side conversations between interpreter and patient, or interpreter and provider can be viewed by the other as rude and disrespectful.

- Speakers (patient and provider) become unsure of which of their messages are and are not being interpreted. Can lead to mistrust of the interpreter and unnecessary repetition by speakers.

- Patients or providers may assume that interpreters who seek clarification are confused or don’t know what they are doing.

- Patients may suspect that the other speakers are discussing “bad news” about their condition.

- Providers may believe that interpreters are giving advice or filtering information.

- Providers may feel the interpreter is “taking over” the visit.

- Patients or providers excluded from a side conversation may believe that important information is being kept from them.
2A. MANAGE THE FLOW OF COMMUNICATION: 
GUIDE SPEAKERS TO PAUSE
(Message Converter Role: Common Interventions) (2-18)

List possible ways to guide speakers to pause (verbally, with gestures, or with other actions).

English:

Language of Service:
2B. MANAGE THE FLOW OF COMMUNICATION: 
GUIDE TURN-TAKING
(Message Converter Role: Common Interventions) (2-19)

List possible ways to guide turn-taking (verbally, with gestures, or with other actions).

English:

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Language of Service:

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2C. MANAGE THE PACE OF SPEAKERS
(Message Converter Role: Common Interventions) (2-20)

List possible ways to manage the pace of speakers (verbally, with gestures, or with other actions).

English:

Language of Service:
3. REQUEST REPETITION
(Message Converter Role: Common Interventions) (2.21)

List possible ways to request repetition (verbally, with gestures, or with other actions).

English:

Language of Service:
4. GUIDE SPEAKERS TO ADDRESS EACH OTHER
(Message Converter Role: Common Interventions) (2:22)

List possible ways to guide speakers to address each other (verbally, with gestures, or with other actions).

English:

Language of Service:
Module 3 Learning Objectives:
Three Steps for Stepping Out of the Message Converter Role
(2-23)

By the end of Module 3, you will be able to:

• Describe when it is appropriate to step out of the Message Converter role and into other health care interpreter roles.

• Describe Three Steps for Stepping Out of the Message Converter role.

• Define the key term: Transparent Interpreting.
Q: When is it appropriate to step out of the Message Converter role and into the other roles of Message Clarifier, Cultural Clarifier, and Patient Advocate?

A: Interpreters step out of the Message Converter role only when it appears necessary to support the Five Guidances for Health Care Interpreting.

Q: What do interpreters need to be aware of when stepping out of the Message Converter role?

A: Patients and providers commonly expect interpreters to carry out the Message Converter role. When interpreters step out of the Message Converter role, interpreters become more active participants and contribute their own thoughts and opinions. Interpreters risk overstepping the boundaries of their profession.

When interpreters speak their own thoughts and opinions, they risk their messages being mistaken for those of another speaker’s.

When interpreters speak their own thoughts and opinions without sharing them with everyone present, they risk losing everyone’s trust.

It’s best to suggest and recommend rather than tell patients and providers what to do.
Three Steps for Stepping Out: Guidelines for Stepping Out of the Message Converter Role (2-25)

STEP 1:
Identify Your Messages by Switching from First- to Third-Person Voice

STEP 2:
Share ALL Messages with ALL Parties

STEP 3:
Step Back

These three steps support “transparent” interpreting.
PARTICIPANT OUTLINE

Step 1:
Identify Your Messages by Switching from First- to Third-Person Voice (2-26)

Notify all parties (patients, providers, family members) when you are speaking your own thoughts. Switch from first-person voice to third-person voice when identifying and sharing your own message.

Examples: [Speaking to the provider] “The interpreter is unfamiliar with that test. Can you please describe it?” AND [Speaking to the patient] “As the interpreter, let me ask if it’s better for me to stand on the other side. Do you hear better with your right ear?”

Step 2:
Share ALL Messages with ALL Parties (2-27)

As discussed in Module 2, interpreters should interpret everything spoken by all parties, for all parties (e.g., patient, provider, family members). This includes ALL messages from the interpreter, as well.

Examples: [Speaking to the patient] “The interpreter was unfamiliar with the test and asked the provider to describe it.” [Speaking to the provider] “The interpreter asked the patient if it’s better to stand on the other side since she seems to hear better with that ear.”
PARTICIPANT OUTLINE

Step 3: Step Back (2-28)

Return to the Message Converter role when possible and if necessary, let parties know.

Example: “Please continue, the interpreter will return to interpreting.”

PARTICIPANT NOTES
Key Term (2-29)

Transparent Interpreting: The practice of keeping all parties in the interpreted session fully informed of what is happening, who is speaking, and what the interpreter is doing, is known as “transparency.” Whenever interpreters intervene by voicing their own thoughts and not the interpreted words of one of the speakers, it is critical that they ensure that a) the message is conveyed to all parties and b) everyone is aware that the message is from the interpreter. (For example, “The interpreter would like to say...”)*

* Restated from the California Standards for Healthcare Interpreters, glossary, pg. 71.
### Module 4 Learning Objectives: Message Clarifier Role and Interventions (2-30)

By the end of Module 4, you will be able to:

- Describe the Message Clarifier role.
- Describe the interventions related to the Message Clarifier role.
- Describe the guidelines for intervening as a Message Clarifier.
- Practice interventions related to the Message Clarifier role.
Role 2. Message Clarifier Role
(2-31)

(Restated from the California Standards for Healthcare Interpreters, Section 3, Role 2, Message Clarifier.)

In the Message Clarifier role, interpreters watch for possible words or concepts that may lead to misunderstanding or lack of understanding.

Interpreters intervene when any of the parties, including the interpreter, may be confused by a word or phrase, or need an explanation.

Interpreters are careful to NOT take control of the patient-provider communication and only step into this role when miscommunication or a lack of understanding occurs or appears likely to occur.

It’s preferable for interpreters to assist speakers in providing their own explanations, rather than interpreters providing the explanation.
Guidelines for Intervening as a Message Clarifier (2-32)

When stepping into the Message Clarifier role, interpreters should be aware of the Message Clarifier Guidelines and follow the “Three Steps for Stepping Out.”

Clarifier Guideline 1
Don’t assume that patients or providers need or want clarification. Check by asking.

Clarifier Guideline 2
If more information is needed, allow the speaker to provide the information. Assist with the explanation, only if needed.

STEP 1:
Identify Your Messages by Switching from First- to Third-Person Voice

STEP 2:
Share ALL Message with ALL Parties

STEP 3:
Step Back
Message Clarifier Role: Common Interventions (2-33)

The following are common interventions that interpreters might use in the Message Clarifier role. These may be performed for the benefit of any of the parties present (e.g. patient, family members, provider, or the interpreter).

1. **CHECK IF LISTENERS NEED MORE INFORMATION OR SIMPLER EXPLANATION**
   - Interpreters often sense that patients or providers do not understand the message.
   - Interpreters indicate to speakers that the listener might not understand their message.
   - Interpreters don’t assume but check whether listeners want more information or a simpler explanation.

2. **REQUEST EXPLANATION OF UNFAMILIAR TERMS OR CONCEPTS**
   - Interpreters ask speakers to explain terms or concepts that are unfamiliar to the interpreter.
   - When patients or providers want more information or simpler explanations, interpreters request this from the speaker.

3. **CLARIFY AMBIGUOUS MESSAGES**
   - When a message is unclear or has more than one possible meaning, interpreters ask speakers to confirm or clarify the message in order to interpret accurately.

4. **FIND AN ALTERNATE EXPLANATION FOR A TERM WITH NO LINGUISTIC EQUIVALENT**
   - When a direct linguistic equivalent of a word, phrase, or concept doesn’t exist in the target language, the interpreter informs the speaker and suggests the speaker provide an alternate explanation. If needed, the interpreter may assist the speaker in providing an explanation.
Scenario A Demonstration  
(Message Clarifier Role: Common Interventions) (2-34)

**ROLES:**
1. Patient
2. Provider
3. Trained Health Care Interpreter

**Provider:** [Addresses the patient.] Since there was quite a bit of sugar in your urine sample, I’m going to order a glucose tolerance test.

**Interpreter:** [Interprets the provider’s statement to the patient.]

**Patient:** [Looks bewildered.]

**Interpreter:** [Addresses the provider.] The interpreter thinks the patient may be confused about what you just said. It might be something you want to ask about.

**Provider:** [Addresses the interpreter.] Okay, I’ll do that.  
[Addresses the patient.] Is there anything you don’t understand?

**Interpreter:** [Addresses the provider.] As the interpreter, I’ll tell the patient what I told you and then interpret what you said.

[Addresses the patient.] Speaking as the interpreter, I told the doctor I wasn’t sure you understood what he said and suggested he might want to find out. This is what he said.

[Interprets the provider’s question to the patient.] Is there anything you don’t understand?

**Patient:** Why do you want to do a test? What kind of test is it?

**Interpreter:** [Interprets the patient’s questions to the provider.]

**Provider:** Okay. Let me explain.

**Interpreter:** [Interprets the provider’s statement to the patient.]

End of Scenario A
PARTICIPANT OUTLINE

Scenario B Demonstration
(Message Clarifier Role: Common Interventions) (2-35)

ROLES:
1. Patient
2. Provider
3. Trained Health Care Interpreter

Provider:  [Addresses the patient.]  I’m going to write down the name of a very effective pediculicide that you can buy over-the-counter.

Interpreter:  [Addresses the provider.]  Excuse me, Dr. Barker, the interpreter is unfamiliar with the word “pediculicide.” Can you please explain?

Provider:  [Addresses the interpreter.]  Oh sure. It’s a shampoo that kills head lice.

Interpreter:  [Addresses the provider.]  Thank you. The interpreter will explain to the patient what we just talked about.

[Addresses the patient.]  As the interpreter, I asked Dr. Barker to explain a medical term. I’ll now return to interpreting what he said.

[Continues to address the patient.]  Interprets the provider’s statement to English with the explanation of “pediculicide”:

I’m going to write down the name of a shampoo that can be bought without a prescription and is very effective at killing head lice.

End of Scenario B
Scenario C Demonstration
(Message Clarifier Role: Common Interventions) (2-36)

ROLES:
1. Patient
2. Provider
3. Trained Health Care Interpreter

Patient: [Addresses the provider.] I bought the medicine you gave me the prescription for.

Interpreter: [Interprets the patient’s statement to the provider.]

Provider: [Addresses the patient.] How many days have you been taking it? Do you take it with food?

Interpreter: [Interprets the provider’s questions to the patient.]

Patient: [Addresses the provider.] Two times.

Interpreter: [Interprets the patient’s statement to the provider.]
[Continues to address the provider.] Excuse me, the interpreter isn’t clear what the patient is referring to and would like to clarify his answer.

Provider: [Addresses the interpreter.] Please, go ahead.

Interpreter: [Addresses the patient.] Speaking as the interpreter, I told the doctor I wasn’t sure what you meant by “two times.” She said it was okay to ask you. Is “two times” the number of days you took the medicine or the number of times you took it with food? Or something else?

Patient: [Addresses the interpreter.] I just bought the medicine today. I took it two times before coming to see the doctor. Should I take it with food?

Interpreter: [Interprets the patient’s message to the provider.]

End of Scenario C
**PARTICIPANT OUTLINE**

**Scenario D Demonstration**  
(*Message Clarifier Role: Common Interventions*)  
(3-37)

**ROLES:**
1. Patient  
2. Provider  
3. Trained Health Care Interpreter

**Provider:**  
[Addresses the patient.] From the symptoms you describe, you probably have a common cold. Unfortunately, there’s not a lot to do except to relieve the symptoms.

**Interpreter:**  
[Interprets the provider’s statement to the patient.]

**Patient:**  
[Addresses the provider.] Maybe I can get a prescription? My co-worker had the same thing and her doctor prescribed an antibiotic.

**Interpreter:**  
[Interprets the patient’s statement to the provider.]

**Provider:**  
[Addresses the patient.] I can’t really speak to your co-worker’s situation. But colds are caused by viruses. Antibiotics don’t work against viruses.

**Interpreter:**  
[Addresses the provider.] Excuse me, the interpreter would like to explain that we don’t have the word for “virus” in our language. But the patient might know the English term; I’ll ask.

[Interprets the provider’s statement to the patient. Uses the English word for “virus” in the interpretation.]

[Addresses the patient.] As the interpreter, I told the doctor that we don’t have a word for “virus” in our language. Are you familiar with that word in English?

**Patient:**  
[addresses the interpreter] No, I’ve never heard of it.

**Interpreter:**  
[Interprets the patient’s response to the provider.]

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**End of Scenario D**
Module 5 Learning Objectives: Impartiality (2-38)

By the end of Module 5, you will be able to:

- Describe California Standards for Healthcare Interpreters, Ethical Principle 2: Impartiality.

- Define the key terms: Conflict of Interest and Impartiality.
Ethical Principle 2: Impartiality  
(California Standards for Healthcare Interpreters)  
(2-39)

Interpreters are aware of the need to identify any potential or actual conflicts of interest, as well as any personal judgments, values, beliefs or opinions that may lead to preferential behavior or bias affecting the quality and accuracy of the interpreting performance.

Performance Measures
Interpreters maintain impartiality by attempting to:

a. Demonstrate no preferential behavior or bias toward or against either party involved in the interpreting.

b. Allow the parties to speak for themselves and to refrain from giving advice or counsel, or taking sides.

c. Respect the right of the parties in a conversation to disagree with each other, and to continue interpreting without becoming drawn into the disagreement.

d. Refrain from interjecting personal opinions, beliefs or biases into the patient/provider exchange even when interpreters disagree with the message, or perceive it as wrong, untruthful, or immoral.

e. Avoid exhibiting non-verbal body language or facial expressions (e.g., eye-rolling, shoulder-shrugging, or any display of shock or disgust) that convey bias and lack of impartiality.

f. Disclose personal ties between the patient and the interpreter to the health care professional. Consider withdrawing and requesting substitution by another interpreter when personal ties cause discomfort or embarrassment, leading patients to avoid speaking freely.

g. Request permission to withdraw if it is perceived that pursuing the interpreting session would cause undue mental or emotional distress to the interpreter due to personal trauma or experiences, thus impeding the interpreting task.  

Note: In cases where there is no alternative interpreter, interpreters will give thorough consideration to the situation and act responsibly, in a manner respectful of both self and others.
Key Terms
(2-40)

Conflict of Interest: Conflict between the (personal or private) interests of the interpreter and his/her obligations as a health care interpreter.

Impartial: unbiased, without prejudice, fair, neutral, objective, even-handed.
PARTICIPANT OUTLINE

Case Study 1  
(2-41)

A hospital interpreter sells life insurance as a side job in the evenings and on weekends. After interpreting for patients, the interpreter tells them that he is a life insurance company representative. He asks whether they would like to learn more about his company’s products and services. He assures them it is completely voluntary.

Case Study 2  
(2-42)

An interpreter has been working with a patient off-and-on for the past six months. The patient recently was told she has breast cancer. In the medical visit, the provider presented the various treatment options and has asked the patient and her daughter to talk it over with the family and return for a follow-up appointment.

After you’ve helped the patient schedule a follow-up appointment, the patient tells you that there’s no one to discuss the treatment options with. She seems very desperate and asks you, “If I were your mother, what would you advise me to do? You’ve seen these kinds of problems before. What do you think I should do?”
Case Study 3
(2-43)

A 15-year-old recent immigrant received news of a positive pregnancy test a week ago. She is 16 weeks pregnant and has not informed the father of the baby or her parents. She wants to arrange for a therapeutic abortion and wants to get information about the costs.

Case Study 4
(2-44)

An interpreter is interpreting for a family of a six-month old. The baby is the couple’s first child and a second cousin of the interpreter. The baby was born with a cleft palate and has had one surgery, but needs more. The family has been resisting further surgeries because the baby seemed to experience such great pain after the first one. The surgeon believes that the baby’s ear infection, soon after the surgery, made the situation worse than usual. The interpreter sees this family every two to three months at family gatherings and strongly feels that the baby should complete the treatment that the surgeon is recommending.
NONE

END OF MODULE 5: IMPARTIALITY (UNIT 2)
Module 6 Learning Objectives:
Practice Session
(2-45)

By the end of Module 6, you will:

• Conduct pre-session introductions with both the provider and patient.
• Practice use of first-person voice.
• Practice consecutive mode of interpreting.
• Practice the correct positioning.
• Practice accurate and complete interpreting.
• Practice standard interpreting practices.
• Practice Message Converter and Message Clarifier roles and interventions.
• If language coaches are available, consult with them on a) pre-session introduction in language at service, b) previous medical terminology homework, and c) effective Message Converter and Message Clarifier interventions in language of service.
• Review diagrams, vocabulary words, and taping assignments from the previous unit.
PARTICIPANT OUTLINE

Unit 2 Role-Plays and Peer Feedback (2-46)

Format: Small same-language groups

Time: 60 minutes

Materials:
- Unit 2 Role-Play A: Patient (Man) with Hand Laceration (Participant Outline)
- Unit 2 Role-Play B: Patient (Man) with Hand Laceration (Participant Outline)
- Unit 2 Role-Play C: Patient (Man) with Hand Laceration (Participant Outline)
- Handout: Connecting Worlds Peer Feedback form
- Teaching assistants proficient in the participants’ language(s)

Directions:
- Get into groups of three from the same-language group.
- Decide who will play the role of the patient, provider, and interpreter.
- Make sure each person gets to play the role of the interpreter.
- Use your dictionary to help you if necessary to play your roles.
- Circle any words that may be problematic or do not have word equivalents.
- Those who play the patient or provider should note any problems and give appropriate feedback to the person playing the interpreter on his/her interpreting skills. Use the Peer Feedback form if needed.
PARTICIPANT OUTLINE

Unit 2 Role-Play A: Patient (Man) With Hand Laceration
(2-47)

A 45-year-old man goes to Urgent Care with a deep laceration on his hand. His 11-year-old daughter accompanies him. This will be their first experience in a health care setting in the U.S.

ROLES:
1. Patient (Man)
2. Receptionist
3. Trained Health Care Interpreter

Trained Interpreter: (Conduct pre-session introductions with both patient and provider.)

Receptionist: What is your name and address?

Patient: My name is ___________. I live at 247 Main Street, Apartment 17.

Receptionist: Do you live in Merced?

Patient: I live in Winton, next to a large field with some trees.

Receptionist: What is your date of birth?

Patient: I am not sure but I think it is June 15, 1956.

Receptionist: Do you have any health insurance?

Patient: No, I came here to work with my brother and his family.

Receptionist: Is there someone we can notify in case of an emergency?

Patient: (Looking alarmed) What kind of emergency?

Receptionist: This is a question that we ask everyone. We do not expect there to be an emergency.

Patient: My wife ____________, or my brother ____________ can help if there is a problem.

Receptionist: Do you have a phone number where we can reach either of them?

Patient: I do not have the phone number with me. I have not been here very long.

Receptionist: I need to explain this authorization form because you need to sign it before the doctor can see you.

End of Unit 2 Role-Play A
PARTICIPANT OUTLINE

Unit 2 Role-Play B: Patient (Man) With Hand Laceration

(2-48)

ROLES:
1. Patient (Man)
2. Triage Nurse
3. Trained Health Care Interpreter

Trained Interpreter: (Conduct pre-session introduction with both patient and provider.)

Triage Nurse: I need you to step onto the scale here and then sit over there, please.

Patient: How much do I weigh?

Triage Nurse: You weigh 124 pounds. Who is your private doctor?

Patient: I have not seen a doctor in this country.

Triage Nurse: Are you allergic to anything?

Patient: I’m not sure what you mean.

Triage Nurse: Have you ever had a bad reaction to any medicine that you have taken?

Patient: One time when I was small, my mother took me to a hospital. The doctor gave me a shot and it made me very sick and my mother would never take me back there.

Triage Nurse: Do you currently take any medications?

Patient: No, I do not take medicine.

Triage Nurse: Relax, and I will take your blood pressure, pulse and temperature. How did this accident happen?

Patient: I was working outside with an old knife, cutting some weeds. I heard a loud noise coming from the house and it happened. The knife was in my hand like this. (The patient reenacts)

Triage Nurse: What time did this happen?

Patient: Sometime after lunch.

Triage Nurse: Have you had a tetanus shot in the last five years?

Patient: What kind of shot is that?

Triage Nurse: It keeps you from getting a disease, known as lockjaw, from germs that may have been on the knife.

Patient: I never had that kind of shot before.

End of Unit 2 Role-Play B
Unit 2 Role-Play C: Patient (Man) with Hand Laceration  
(2-49)

**ROLES:**
1. Patient (Man)  
2. Doctor  
3. Trained Health Care Interpreter  

**Trained Interpreter:** (Conduct pre-session introductions with both patient and provider.)

**Doctor:** Tell me about your past medical problems.

**Patient:** I am strong and never get sick.

**Doctor:** When was the last time you saw a doctor?

**Patient:** Only one time in my life when I was this high (gestures hand as to show height) and very sick. I saw a doctor in my country.

**Doctor:** Do you ever drink alcohol or use street drugs?

**Patient:** Why are you asking me so many questions when I have only come to have my hand taken care of?

**Doctor:** These are routine questions that we ask everyone who comes here. I am now going to examine the laceration on your hand.

**Patient:** I am happy you will fix this so I can go home. My family is waiting for me.

**Doctor:** This wound will require stitches and a bandage before you can go home.

**Patient:** That is good. I want to go home.

**Doctor:** This Novocain will sting at first, but then will numb the area so that I can sew the stitches in. It is important to keep your hand very still for me. I am finished. It took 10 stitches. Remember to keep the bandage clean.

**End of Unit 2 Role-Play C**
PARTICIPANT OUTLINE

Review of Connecting Worlds Participant Workbook

Unit 1 - Diagrams, vocabulary words, taping assignments

(2-50)

Format: Same-language groups

Time: 30 minutes

Materials:

• Connecting Worlds Participant Workbook: Unit 1 (diagrams, vocabulary words and taping assignments).

• Teaching assistants proficient in the participants’ language(s).

Objectives:

• To review diagrams, vocabulary words, and taping assignments from the previous unit.

Directions:

• Work in the same small language groups.

• Review your work from the previous unit: diagrams, vocabulary words, taping assignments from your Workbook.

• Check for appropriate translations and pronunciation in your languages.

• Offer your peers constructive and appropriate feedback.

END OF MODULE 6: PRACTICE SESSION (UNIT 2)
## Closing Module Learning Objectives (2-51)

By the end of the Closing Module, you will be able to:

- Review key training concepts.
- Review Unit 3 learning objectives.
- Understand the homework assignment.
- Complete the training evaluation.
Opening of Unit 3 Learning Objectives (3-1)

By the end of the Opening of Unit 3, you will be able to:

• Learn about the trainer(s) and training participants.

• Optional:
  a) Get to know you activity
  b) Participate in an exercise to develop your working memory.
Connecting Worlds Training Goals (3-2)

- Participants will understand the roles and responsibilities of the health care interpreter and gain an appreciation for the importance of the profession.

- Participants will gain an appreciation for the necessary skill sets required to carry out the complexities of the health care interpreter roles and responsibilities.

- Participants will become familiar with the California Standards for Healthcare Interpreters.

- Participants will be introduced to standard health care interpreting protocols and techniques.

- Introduce techniques and tools of effective interpreting.

- Provide opportunities for practice and “hands-on” application.

- Discuss case studies on interpreting issues.

- Complete homework assignments.
Review and Application of Unit 2
Learning Objectives
(3-3)

By the end of the Review and Application of Unit 2, you will be able to:

• Review key learning objectives from Unit 2.

• Review select homework assignments from Unit 2.


• Review Standardized Interpreting Protocols, Protocol 2: During the Encounter, Session or Interview.
**PARTICIPANT OUTLINE**  

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**PARTICIPANT NOTES**

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**END OF REVIEW AND APPLICATION (Unit 3)**
Module 1 Learning Objectives: Cultures of the Health Care Encounter (3-4)

By the end of Module 1, you will be able to:

• Define the key terms: culture and cultural competency.

• Identify the cultural views represented in the interpreted health care encounter.

• Describe characteristics of the U.S. health care system.

• Describe the requirements for specialists in the U.S.

• Identify health care professionals in different medical fields.
There are many definitions of culture. This is one definition.

**Culture:** “The thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. Culture defines how health care information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given. In sum, because health care is a cultural construct, arising from beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services treatment and preventive interventions. By understanding, valuing, and incorporating the cultural differences of America’s diverse population and examining one’s own health-related values and beliefs, health care organizations, practitioners, and others can support a health care system that responds appropriately to, and directly serves the unique needs of populations whose cultures may be different from the prevailing culture.”

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Key Term
(3-6)

(California Standards for Healthcare Interpreters)

Cultural Competency = A continuous process of seeking cultural sensitivity, knowledge and skills to work effectively with individuals and families from diverse cultural communities and with their culturally diverse providers.

Cultures in the Interpreted Health Encounter
(3-7)

U.S. Health Care System
Culture of the U.S. Health Care System (3-8)

- Diagnosis and treatment based on evidence-based science and research
- Professional objectivity
- Competitive, market-based business model with a profit incentive
- Pressure to achieve efficiency and productivity
- Very aware of time and schedules
- Standard protocols and practices
- Physical health often approached separately from and mental/spiritual health
- Other?

Financial Characteristics of the U.S. Health Care System (3-9)

- $1.3 trillion was spent on health care in 2000. This was 13.2% of the Gross Domestic Product.²

- Costs are increasing rapidly, per capita national health expenditures: 1990 – $2,738 to 2000 – $4,637, a 69% increase.³

- Of all the states, California has the highest percentage of its population enrolled in an HMO – 54.1% in 2000.⁴

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California’s Uninsured
(3-10)

- In 1999, 22% (6.8 million) of Californians between the ages of 0-64, were uninsured.\(^5\)

- The rate of uninsured varies greatly by race and ethnicity. Immigrants, particularly those without citizenship, are less likely to have insurance coverage (job-based, privately purchased, Medi-Cal, or Healthy Families).

- Uninsured Californians - 1999\(^6\): 0-64 yrs
  - White: 13%
  - Latino: 36%
  - Asian American/Pacific Islander: 23%
  - African American: 22%
  - American Indian/Alaska Native: 20%

- Uninsured Californians - 1999\(^7\): 19-64 yrs
  - U.S.-Born: 17%
  - Naturalized Citizen: 23%
  - Non-Citizen, Legal Resident: 36%
  - Non-Citizen, Undocumented: 65%

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\(^{6}\) Ibid., pg. 12.

\(^{7}\) Ibid., pg. 38.
Education and Training of U.S. Physicians (3-11)

Fellow, 1-3 years of sub-specialty training**

Resident*, 3-7 years of specialty training**

M.D. Degree, 4-year Medical School

B.A. or B.S. Degree, 4-year College

* First-year residents are sometimes called interns. All physicians must complete a residency program before practicing on their own.

** Length of residency or fellowship depends on the specialty and sub-specialty.
## Health Care Professionals (3-12)

Match the specialty to the right physician.

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<td>Primary Care Provider / General Practitioner/ Family Practice</td>
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- Heart/circulatory system
- Major internal organs
- Mental health
- Pregnancy and birth
- Skin
- Surgery
NONE

END OF MODULE 1: CULTURES OF THE HEALTH CARE ENCOUNTER (UNIT 3)
Module 2 Learning Objectives:
Cultural Responsiveness
(3-13)

By the end of Module 2, you will be able to:

• Become aware of how culture impacts patient and provider views on health and health care.

• Describe some common views on health and health care held by members of the community for whom you interpret.

• Become aware of the diversity of views held by patients and providers on health and health care.

• Become aware of the impact of culture on patient-provider communication and interaction.

• Become aware of your own personal views on health and health care.

• Describe Ethical Principle 6: Cultural Responsiveness of the California Standards for Healthcare Interpreters.
Potential Impact of Interpreter Views on Health and Health Care (3-14)

- Each person brings his/her own cultural assumptions to the health care encounter, including the interpreter.

- It is important for interpreters to be aware of their own personal beliefs and assumptions regarding health and health care in order to deliver quality interpreting.

- Awareness of personal beliefs and values can help the interpreter be non-judgmental, maintain impartiality, and ensure accurate and complete interpreting.
Ethical Principle 6: Cultural Responsiveness  
(California Standards for Healthcare Interpreters)  
(3-15)

Interpreters seek to understand how diversity and cultural similarities and differences have a fundamental impact on the health care encounter. Interpreters play a critical role in identifying cultural issues and considering how and when to move to a cultural clarifier role. Becoming culturally sensitive and culturally responsive is a life-long process that begins with an introspective look at oneself.

Performance Measures
Interpreter demonstrates cultural responsiveness by seeking to:

a. Identify and monitor personal biases and assumptions that can influence either positive or negative reactions in him/her, without allowing him/her to impact the interpreting.

b. Recognize and identify when personal values and cultural beliefs among all parties are in conflict.

c. Monitor and to prevent personal reactions and feelings, such as embarrassment or frustration, that interfere with the accuracy of the message, and to recognize such reactions may be similar to or different from the patient and provider.

d. Identify statements made by providers and patients indicating a lack of understanding regarding health beliefs and practices, and to use applicable strategies suggested in the cultural clarifier role to prevent potential miscommunication.

e. Seek continually to update their knowledge and understanding of the dynamic cultures of patients, health care providers, and the culture of the health care system in the United States.
How to Learn About and Stay Current on Cultural Health Beliefs and Practices (3-16)

- Books and newsletters
- Web sites: www.diversityrx.org (with links to other sites)
- Workshops are often sponsored by health care organizations
- Talking to family, friends, and other interpreters about their health beliefs and practices.
- Other: ____________________________
Dr. Arthur Kleinman’s Questions
text enclosed in parentheses (3-17)

These questions are provided as a guideline for your conversations with family, friends, and other interpreters to learn about their health beliefs and practices.

- What do you call the problem?
- What do you think has caused the problem?
- Why do you think it started when it did?
- What do you think the sickness does? How does it work?
- How severe is the sickness? Will it have a short or long course?
- What kind of treatment do you think the patient should receive? What are the most important results you hope he/she receives from this treatment?
- What are the chief problems the sickness has caused?
- What do you fear most about the sickness?
NONE

END OF MODULE 2: CULTURAL RESPONSIVENESS (UNIT 3)
Module 3 Learning Objectives: 
Cultural Clarifier Role and Interventions 
(3-18)

By the end of Module 3, you will be able to:

• Describe the Cultural Clarifier role.

• Describe the interventions related to the Cultural Clarifier role.

• Describe the guidelines for intervening as a Cultural Clarifier.

• Practice interventions related to the Cultural Clarifier role.

• Define the following key terms: stereotype and generalization
Role 3: Cultural Clarifier
(3-19)

Transparently facilitates exploration and explanation of cultural concepts, terms, beliefs, and practices particularly related to health care. Also called “cultural brokering,” “cultural liaison,” or “cultural bridging.”
Factors to Consider for Cultural Clarification (3-20)

1. Cultural differences can affect the delivery of effective health care services, possibly resulting in misunderstanding and miscommunication between the provider and patient.

2. Your own cultural background and your own level of acculturation affects your personal beliefs, values, and behaviors.

3. Your personal culturally based beliefs, values, and behaviors are not necessarily shared by all individuals of a similar cultural background (i.e., avoid stereotyping and projecting your own beliefs onto others).

4. You cannot assume to know the full range of cultural beliefs, values, and behaviors of every individual of a cultural background, even if you share the same background.

5. Increase your understanding of the community’s culture for which you interpret, in order to identify potential barriers to communication.

6. Increase your understanding of Western medical culture and providers.
Cultural Clarifier: 
Common Interventions 
(3-21)

This approach provides a framework for the interpreter to work within, and to prevent or reduce misunderstanding within the Three-Way Partnership.

1. Watch for possible miscommunication/misunderstanding between patient and provider.

2. Alert patient and/or provider to potential miscommunication or misunderstanding.

3. Ask if the patient and/or provider want to explore the issue.

4. Explore what the issue may be with patient and/or provider.

5. Explain issues with patient and provider, if appropriate.
Key Terms
(3-22)

Generalization
• Reflects general characteristics of a group of people, but cannot be assumed to apply to each individual in the group.
• For generalizations to be helpful, they must be backed by scientific evidence.

Stereotype
• Applies group generalizations to each individual in the group. Through stereotyping, a judgment is reached based on limited knowledge and understanding of a subject.
• Doesn’t allow for variation within a group.
Three Steps for Stepping Out: Guidelines for Intervening as a Cultural Clarifier (3-23)

This guideline includes Three Steps for Stepping Out and two additional guidelines for the Cultural Clarifier Role.

**STEP 1:**
ID Your Messages by Switching from First-to Third-Person
*Write examples in Participant Notes.*

**STEP 2:**
Share ALL Message with ALL Parties

Cultural Clarifier Guideline 1
Don’t assume that patients or providers need or want clarification. Check by asking.

Cultural Clarifier Guideline 2
Identify for patients and providers, cultural concepts that may be causing confusion and miscommunication. Avoid stereotyping. If more information is needed, allow the speaker to provide the information. Assist with the explanation, only if needed.
*Write examples in Participant Notes.*

**STEP 3:**
Step Back
*Write examples in Participant Notes.*
NONE

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Module 4 Learning Objectives: Confidentiality (3-24)

By the end of Module 4, you will be able to:

• Describe the importance of confidentiality in the health care setting.

• Describe Ethical Principle 1: Confidentiality of the California Standards for Healthcare Interpreters.

• Become familiar with federal and state medical privacy and confidentiality laws (HIPAA and CMIA).

• Identify health information protected by federal and state medical privacy and confidentiality laws (HIPAA and CMIA).

• Discuss how different cultural views of confidentiality may affect patient’s expectations of the interpreter.

• Discuss case studies related to confidentiality.
Why is Confidentiality Important? (3-25)

PARTICIPANT NOTES

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Ethical Duties to Protect Patient Confidentiality – From the Oath of Hippocrates (circa 400 B.C.)
(3-26)

“Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad I will not divulge, as reckoning that all such should be kept secret.”
Ethical Duties To Protect Patient Confidentiality – Ethical Principle 1: Confidentiality
(California Standards for Healthcare Interpreters) (3-27)

Interpreters treat all information learned during the interpreting as confidential.

**Performance Measures:**
Interpreters maintain confidentiality by acting to:

a. Advise all parties that they will respect the confidentiality of the patient/provider interaction, and, when applicable, to explain to the patient what “confidentiality” means in the health care setting.

b. Advise all parties in the interpreting session to refrain from saying anything they do not wish to be interpreted.

c. Decline to convey to providers any information about the patient gained in a community context (more likely to occur in linguistic communities that are demographically small). Note: In cases where the interpreters are privy to information regarding suicidal/homicidal intent, child/senior abuse, or domestic violence, interpreters act on the moral, if not legal, obligation to transmit such information to the provider, in keeping with institutional policies, interpreting standards of practice and code of ethics and the law.

d. Decline to convey to patient any personal information about the provider.
Legal Duties to Protect Patient Confidentiality - Health Information Portability and Accountability Act of 1996 (HIPAA) (3-28)

- A broad federal law with several purposes, including protecting the privacy of individual’s health information.

- Protects health information in oral, written, or electronic form.

- HIPAA defines when patient information can and cannot be used and disclosed without patient authorization.

- In general, patient authorization is required to release protected health information except for purposes of treatment, payment, and health care operations (e.g., quality improvement, audits, training of health care professionals) and when legally required to do so.

- The federal Department of Health and Human Services, Office for Civil Rights is responsible for enforcement of the privacy regulations.

- More information available at: www.hhs.gov/ocr/hipaa

9 Information in this curriculum about medical confidentiality and patient privacy laws is not intended to provide specific legal advice, nor should it be considered a complete training on medical confidentiality or patient privacy. It is only meant to provide a general overview for health care interpreters.
Confidentiality of Medical Information Act (CMIA, Civil Code 56 et. seq.) (3-29)

- A California state law, which protects the privacy of patient health information.
- Protects patient information in electronic or written form.
- CMIA defines when patient information must, can, and cannot be disclosed.
- In general, patient information cannot be disclosed without patient authorization except when legally required to do so and for treatment, diagnosis, payment of health care, licensure, and quality assurance activities.
- More information available at: www.leginfo.ca.gov/calaw.html
What Information is Protected?  
(3-30)

HIPAA generally protects health information in any form that relates to:

An individual’s past, present, or future
- Physical or mental health conditions
- Health care treatment or services
- Payment for services

AND

That contains or can be linked to information that can identify a patient or the patient’s relatives, employer, or household members. Examples include:

- Name
- Address
- Date of birth
- Date of admission, discharge, or death
- Phone/Fax/E-mail
- Social security number
- Medical record number, health plan number, account number
- Certificate/license number
- Vehicle serial numbers, license plates
- Web and Internet addresses and numbers
- Identifiers such as fingerprints and voice prints
- Full-face photo images and similar images
- Any other unique identifying number, characteristic, or code
When Can Protected Health Information Be Shared Without Patient Authorization? (3-31)

In general, both HIPAA and CMIA allow for protected health information to be shared for the following purposes:

- Treatment: or the delivery of health services (such as interpreting services).
- Payment for health services.
- Health care services such as quality improvement activities, evaluation of provider of health plan performance, case management, audits, and reviews, business planning and administration, and training health care professionals.
Reporting for Public Health and Public Interest
(3-32)

HIPAA and CMIA also allow for protected health information to be released by health care providers and organizations without patient authorization to protect the public health and prevent disease, injury, and disabilities. Some examples that California laws require health care providers to report regardless of patient authorization, include:

- Recording births and deaths
- Reporting diseases such as TB, hepatitis, sexually transmitted diseases, HIV/AIDS, food poisonings, trichinosis
- Cancer reporting
- Pesticide poisoning
- Epilepsy
- Information for organ transplants
- Suspected or known abuse of a child, senior, or dependent adult*
- Suspected or known injuries (self-inflicted or inflicted on another) by a firearm or deadly weapon, assaultive or abusive conduct, including domestic violence.*

* NOTE:
- California law does NOT list health care interpreters among the professions that are required to report abuse and assault.
- However, interpreters should be aware that various health care professions are legally required to report suspected or known cases to law enforcement or government agencies.
- While health care interpreters are NOT legally required to report, some organization’s policies may require interpreters to report this information to a health care provider or other official.

10 There are many other situations (e.g., legal and judicial purposes, research purposes, certain government functions) in which protected health information can be released without patient authorization. More information is available at Web sites about HIPAA and CMIA.
How Much Patient Information Can Be Shared? (3-33)

- Health care providers directly involved with the patient’s treatment are not restricted in their ability to access any of the patient’s health information.

- Patients generally have the right to access all of their health information. (Two exceptions include psychotherapy notes or information for legal proceedings.)

- For others, only the minimally necessary information needed to do their jobs should be accessed and shared with others.
Situations That Specifically Require Patient Authorization (3-34)

HIPAA specifically prohibits using or sharing protected health information without patient authorization for:

• Non-Health Purposes: Patient authorization must be obtained before sharing patient information with prospective employers, life insurance companies, or financial institutions.

• Marketing Purposes: Patient authorization must be obtained before using or sharing patient information with businesses such as pharmaceutical companies. (Health organizations and providers are allowed to communicate about services and products available to their patients. Fundraising is also permitted with some restrictions.)
What Are the Penalties for Violating HIPAA and CMIA?
(3-35)

- HIPAA allows for civil and criminal penalties.

- Under HIPAA, health care plans, health providers, and health clearinghouses can face civil penalties of $100 per violation to a maximum of $25,000 for violations of the same rule in a single year.

- Under HIPAA, individuals (such as health care interpreters) can face criminal penalties. Penalties range from $50,000 and as much as one year in prison to $250,000 and as much as 10 years in prison.

- California state law allows for patients to sue for compensatory damages, punitive damages up to $3,000, attorney fees up to $1,000, and costs of the lawsuit.

- California state law also allows for violations of the state medical confidentiality law to be punishable as a misdemeanor. Individuals (such as health care interpreters) can be fined from $1,000 to $250,000 per violation.

- Policies of health care organizations often state that failure to protect patient confidentiality may be grounds for dismissal.
Other Important Information
(3-36)

• Most health care organizations will have a designated Privacy Officer. If you have questions, you can ask your supervisor or the Privacy Officer.

• Greater restrictions are in place for releasing patient information related to mental health, alcohol and drug abuse treatment, HIV/AIDS, and developmental disabilities.
What Does Protecting Patient Confidentiality Mean for Interpreters in Their Day-to-Day Work? (3-37)

The following are general guidelines:

- **DO** safeguard written logs, schedules, or activity sheets that contain protected health information. Lost or stolen written documents should be immediately reported to your supervisor or contracting agency.

- **DO** look for private space or lower your voice when discussing protected health information.

- **DO** be aware that just leaving out a patient’s name may not be enough to protect the patient’s confidentiality. Other information may make it possible to identify the individual, even without the name.

- **DO** refer requests for protected health information back to the patient, provider, or other health care professionals or staff when possible. Avoid providing protected health information when the patient or others involved with the patient’s care can do so.

- **DO** destroy or shred any documents (such as notes taken during the medical visit) that contain protected health information before throwing them away.

- **DO** request a copy of the confidentiality or privacy policies of the organization that coordinates or oversees your work.

- **DO** ask your supervisor or Privacy Officer if you are not sure whether to share protected health information.

- **DON’T** share protected health information with anyone unless it is needed to do your job or their job.

- **DON’T** share more information than is necessary for your or others to do your jobs.

- **DON’T** access patient information unless you need it to do your job.

- **DON’T** send e-mail containing protected health information unless it is encrypted.
Case Study 1
(3-38)

Kelly is an interpreter for an Ob/Gyn department at a hospital. She is out shopping and recognizes one of the patients she interpreted for earlier in the week. The patient is shopping with someone who appears to be a friend or family member.

Question: Is it appropriate for Kelly to approach the patient, say hello, and show her concern by asking if the patient is doing better since the doctor’s visit? Why or why not? What is an appropriate way for Kelly to handle this situation?

Case Study 2
(3-39)

Gene is a contract interpreter and interpreted at a clinic today. He returned home and mentioned to his wife that he saw their neighbor’s 17-year-old daughter at the clinic that morning. Gene does not mention the purpose of the daughter’s clinic visit.

Question: Is this a violation of the privacy laws and patient confidentiality since the purpose of the clinic visit was not disclosed? Why or why not?
Case Study 3  
(3-40)

Maya interprets for a group of primary care providers. After a visit, a patient asks Maya if the provider is single. The patient wants Maya to ask the provider if the provider might be interested in meeting her single nephew.

Question: What is an appropriate way for Maya to handle this situation?

Case Study 4  
(3-41)

Kim is a staff interpreter at a hospital. While walking through the hospital lobby, she runs into a relative of a patient who Kim interpreted for this morning. The relative asks Kim if she knows if her uncle is still hospitalized or if he was discharged.

Question: What is an appropriate way for Kim to handle this situation?
Case Study 5  
(3-42)

You are an on-call interpreter at a doctor’s office. At the end of the day, you are asked to call a non-English speaking patient to remind him of tomorrow’s appointment.

Question: What is an appropriate way to handle this situation? What should you do if the patient is not at home but you reach a family member?

Case Study 6  
(3-43)

You are an interpreter at a hospital. Last week you interpreted for a patient during her doctor’s visit. During that visit, the doctor and patient discussed how the new medication was working. The doctor then referred her to a specialist. You are now interpreting for the same patient at the specialist’s appointment. When the specialist asks about any medications the patient is taking, the patient says she’s not taking any.

Question: What is an appropriate way to handle this situation?
NONE

END OF MODULE 4: CONFIDENTIALITY (UNIT 3)
Module 5 Learning Objectives: Note-Taking (3-44)

By the end of Module 5, you will be able to:

• Describe how to handle interpreting mistakes.

• Describe and practice note-taking.

• Describe and practice activities to strengthen working memory.
Correcting Interpreting Mistakes (3-45)

California Standards for Healthcare Interpreters, Ethical Principle 5, Accuracy and Completeness states:

“Interpreters demonstrate accuracy and completeness by acting to reveal and correct interpreting errors as soon as recognized.”

Possible Strategies:
1. Tell the provider that you realized you misinterpreted a word or phrase.
2. Tell the provider that you will explain this to the patient.
3. Tell the patient of the error.
4. Check with both patient and provider to see if either of them has any questions.
5. Remember, that as you step out of the Message Converter role, use third-person voice and identify the message as coming from the interpreter, sharing all your messages with all parties.

Examples:

Interpreter: [Addressing the provider]
Excuse me Dr. Chavez, the interpreter just realized that instead of saying “kidney,” she said “liver.” Let me tell the patient.

Interpreter: [Addressing the patient]
Mrs. Haya, as the interpreter, I just told the doctor that I made an interpreting mistake. The word should have been “kidney” not “liver.” The doctor was talking about your liver.

* If this happens after you have left the interpreting session, inform your supervisor or organization/agency you work for. They can help locate the provider and patient to correct the mistake.
Note-Taking Tips
(3-46)

- Note-taking is helpful in remembering lists, numbers, and the order of steps to take.
- Note-taking is also useful in jotting down words you had difficulty with and want to research later.
- Explain to patients why you take notes. Assure patients that notes you take do not have their name on it and will not be shared with anyone.
PARTICIPANT OUTLINE

Note-Taking Symbols
(3-47)

1. Woman

2. Man

3. Pregnant

4. Food

5. Increase

6. Decrease

7. Change

8. Prescription

9. Morning

10. Danger
NONE
NONE

END OF MODULE 5: NOTE-TAKING (UNIT 3)
Module 6 Learning Objectives:
Practice Session
(3-48)

By the end of Module 6, you will:

• Conduct a pre-session.

• Practice use of first-person voice.

• Practice consecutive mode of interpreting.

• Practice positioning.

• Practice accurate and complete interpreting.

• Practice Message Converter, Message Clarifier, Cultural Clarifier roles and interventions.

• Review diagrams, vocabulary words, and taping assignments from the previous unit.
Unit 3 Role-Plays and Peer Feedback
(3-49)

Format: Small same-language groups

Time: 60 minutes

Materials:
- Unit 3 Role-Play A: Patient (Daughter) with Asthma (Participant Outline)
- Unit 3 Role-Play B: Patient (Daughter) with Asthma (Participant Outline)
- Unit 3 Role-Play C: Patient (Daughter) with Asthma (Participant Outline)
- Handout: Connecting Worlds Peer Feedback form
- Teaching assistants proficient in the participants’ language(s)

Directions:
- Get into groups of three from the same-language group.
- Decide who will play the role of the patient, provider, and interpreter.
- Make sure each person gets to play the role of the interpreter.
- Use your dictionary to help you if necessary to play your roles.
- Circle any words that may be problematic or do not have word equivalents.
- Those who play the patient or provider should note any problems and give appropriate feedback to the person playing the interpreter on his/her interpreting skills. Use the Peer Feedback form if needed.
Unit 3 Role-Play A: Patient (Daughter) With Asthma
(3-50)

The 11-year-old daughter of an immigrant/refugee mother was diagnosed with asthma at the pediatrician’s office. She was referred to the hospital’s respiratory therapy department to talk to a respiratory therapist and learn about asthma and how to use an inhaler.

**ROLES:**
1. Mother
2. Respiratory Therapist
3. Trained Health Care Interpreter

**Trained Interpreter:** Conduct introductions with both patient and provider.

**Respiratory Therapist:** Good morning Ms. _________. My name is __________. I am a respiratory therapist. Your doctor wanted you to come today to learn about your daughter’s asthma and how she can use an inhaler, with a spacer, to breathe better.

**Mother:** Yes, the doctor said that someone would talk to me about my daughter’s problems with breathing and about medications.

**Respiratory Therapist:** Did the doctor explain to you that your daughter has asthma?

**Mother:** No, the person who was helping me talked fast and I did not hear him too well.

**Respiratory Therapist:** Your daughter’s difficulty in catching her breath is called asthma. Asthma is an illness that causes the air passages in the lungs to be irritated, make extra mucus, and swell. This makes it hard for your daughter to breathe. She may have a tight feeling in her chest, or she may wheeze. Wheezing is a loud noise that you can hear when your daughter breathes in and out.

**Mother:** She never had this before. We want to get good medicine to make this stop. Can you give her a shot for this?

**Respiratory Therapist:** No, there are no shots for asthma. Asthma is a chronic illness. It can be treated but it does not go away, like a cold. Some children stop having asthma as they grow up. Medicines used in the proper way will allow your child to breathe better and engage in activities like other children.

**Mother:** How did my daughter get this problem? My husband and I do not know how this happened to her. We think there should be strong medicine here in this country to make this stop.

**Respiratory Therapist:** Again, there are no shots that will stop asthma from developing. The medicines that the doctor prescribed will help her when she can’t breathe.

**End of Unit 3 Role-Play A**
Unit 3 Role-Play B: Patient (Daughter) with Asthma (3-51)

Mother and daughter are being taught about asthma and how to use an inhaler at a hospital’s respiratory therapy department.

**ROLES:**
1. Mother
2. Respiratory Therapist
3. Trained Health Care Interpreter

**Trained Interpreter:** Conduct introductions with both patient and provider.

**Mother:** I worry when my daughter cannot breathe. I think that she is worse at night. Sometimes she breathes very fast and cannot talk very much.

**Respiratory Therapist:** That is what happens during an asthma attack. Smoke, colds, and cold air seem to cause some children to have asthma attacks. Coughing may be the first sign that your child’s asthma is not under control. The asthma medicine will help to control an asthma cough.

**Mother:** I have trouble helping my daughter with the machine that the doctor gave us.

**Respiratory Therapist:** This machine is called an inhaler. The inhaler is a special sprayer that gives a certain amount of medicine, when it is used properly. After removing the cap from the inhaler, attach the spacer. Then, shake the inhaler well.

**Respiratory Therapist:** The spacer is very important. It holds the medicine in this chamber until your daughter inhales and this way, the medicine is not lost before she breathes in. Your daughter must breathe in slowly, and deeply.

**Mother:** I will try to remind her of that and show her what to do. Can I try to do this now?

**Respiratory Therapist:** Yes, you can practice this until you can do it easily.

**Mother:** Most of the time, I am home with my children and my husband’s parents. But what should I do if she needs the inhaler when I am not home?

**Respiratory Therapist:** It is always good when the adults and older children in the family know how to help your daughter.

End of Unit 3 Role-Play B
Unit 3 Role-Play C: Patient (Daughter) with Asthma (3-52)

ROLES:
1. Mother
2. Respiratory Therapist
3. Trained Health Care Interpreter

Trained Interpreter: Conduct introductions with both patient and provider.

Mother: Sometimes she does not listen to me when she is having trouble breathing.

Respiratory Therapist: It will be easier to teach her when she is well. She needs to hold her breath, while you count slowly to 10. Then, she can exhale. You should clean the spacer (write in how often, like “everyday”) and continue to use it over again.

Mother: How can I tell when she is going to have a breathing problem?

Respiratory Therapist: Children usually have warning signs before an asthma attack. Knowing these signs is important to avoid more serious medical emergencies. Taking medication when the signs first begin is important.

Mother: Two weeks ago, ________ started coughing and couldn’t breathe through her nose. She cried and told me that she felt bad. When this happens I think of my son who got sick and after we took him to the hospital, I never saw him again.

Respiratory Therapist: Asthma is a condition that the medicine can help when your daughter starts coughing and experiencing shortness of breath. She might say that her chest hurts, or that she cannot catch her breath.

Mother: When she feels that way, I will give her the medicine and she will feel better. What if the medicine does not make her breathe better?

Respiratory Therapist: She will start feeling better in about 15 minutes. If her breathing does not get better, take her to the Emergency Room.

End of Unit 3 Role-Play C
PARTICIPANT OUTLINE

Review of Connecting Worlds Participant Workbook
Unit 2 - Diagrams, vocabulary words, taping assignments
(3-53)

Format: Same-language groups

Time: 30 minutes

Materials:
- Connecting Worlds Participant Workbook: Unit 2
  (diagrams, vocabulary words, and taping assignments).
- Teaching assistants proficient in the participants’ language(s).

Objectives:
- To review diagrams, vocabulary words, and taping assignments from the previous unit.

Directions:
- Work in the same small language groups.

- Review your work from the previous unit: diagrams, vocabulary words, taping assignments from your Workbook.

- Check for appropriate translations and pronunciation in your languages.

- Offer your peers constructive and appropriate feedback.

END OF MODULE 6: PRACTICE SESSION (UNIT 3)
By the end of the Closing Module, you will be able to:

- Review key training concepts.
- Preview Unit 4 learning objectives.
- Understand the homework assignment.
- Complete the training evaluation.
Opening of Unit 4 Training
Learning Objectives
(4-1)

By the end of the opening of Unit 4, you will be able to:

• Get to know and learn more about the trainer(s), and other training participants.

• Understand the learning objectives for the day.
Connecting World Training Goals (4-2)

- Participants will understand the roles and responsibilities of the health care interpreter and gain an appreciation for the importance of the profession.

- Participants will gain an appreciation for the necessary skill sets required to carry out the complexities of the health care interpreter roles and responsibilities.

- Participants will become familiar with the California Standards for Healthcare Interpreters.

- Participants will be introduced to standard health care interpreting protocols and techniques.

- Introduce techniques and tools of effective interpreting.

- Provide opportunities for practice and “hands-on” application.

- Discuss case studies on interpreting issues.

- Complete homework assignments.
Review and Application of Unit 3 (4-3)

By the end of Review and Application of Unit 3, you will be able to:

- Review key learning objectives from Unit 3.
- Review selected homework assignments from Unit 3.
Module 1 Learning Objectives: Title VI of the Civil Rights Act of 1964 (4-4)

By the end of the Module 1, you will be able to:

• Define the Key Term: LEP, Limited English Proficiency.

• Identify the federal law that protects the rights of limited English speakers to receive service from federally assisted programs.

• Identify whether federally funded health organizations or providers can require LEP patients to bring a family or friend to interpret in order to receive services.

• Identify the federal agency responsible for enforcing Title VI.

• Describe how investigations of possible violations of Title VI are triggered.
Key Term
(4-5)

**LEP:** Limited English Proficient.

Refers to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English.


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**2000 California Census**
(4-6)

- The 2000 U.S. Census showed that 39.4% of Californians do not speak English at home. (This is an increase from the 1990 figure of 31.5%.)

- Just over half of these Californians said they speak English less than very well.
Title VI of the Civil Rights Act of 1964 (4-7)

“No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

(Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d)

Title VI and LEP Protections (4-8)

The U.S. Supreme Court has interpreted “national origin” to include limited English proficiency. As a result, federally funded programs are prohibited from discriminating against individuals based on their English abilities.
Revised Title VI Guidance
(4-9)

In August 2003, a revised guidance was issued by the Office for Civil Rights. The purpose was to reinforce and clarify the responsibilities that federally funded programs have in serving LEP persons.

www.hhs.gov/ocr/lep/revisedlep.html

Who is Covered by Title VI?
(4-10)

- Organizations and providers who receive federal funding.

- Examples of health care organizations that commonly receive federal assistance include:
  - Hospitals
  - Universities with health or social service research
  - Nursing homes
  - Home health agencies
  - Managed care organizations
  - State, county, and local health agencies
  - State Medi-Cal (Medicaid) agencies
  - Physician and providers
  - Private contractors, subcontractors, and vendors
### Title VI Questions and Answers (4-11)

<table>
<thead>
<tr>
<th>Question 1:</th>
<th>Can health care providers or organizations require limited English speakers to bring a family or friend to interpret for them?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer:</td>
<td>No.</td>
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</table>

<table>
<thead>
<tr>
<th>Question 2:</th>
<th>Who is responsible for enforcing Title VI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer:</td>
<td>The Office for Civil Rights (OCR) of the federal Department of Health and Human Services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3:</th>
<th>How does OCR enforce Title VI LEP requirements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer:</td>
<td>OCR conducts investigations when it receives complaints or reports on non-compliance. OCR attempts to achieve voluntary compliance but can cut off federal funding if compliance is not reached.</td>
</tr>
</tbody>
</table>

www.hhs.gov/ocr/lep/revisedlep.html
NONE

END OF MODULE 1: TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 (UNIT 4)
## Module 2 Learning Objectives: Patient Advocate Role and Interventions (4-12)

By the end of Module 2, you will be able to:

- Describe the role of the Patient Advocate.
- Practice applying the ethical decision-making process for ethical dilemmas.
- Identify the interpreter’s role in reporting cases of child abuse, domestic violence, and suicide.
Role 4. Patient Advocate
(4-13)

An individual who actively supports change in the interest of patient health and well-being. Interpreters require a clear rationale for the need to advocate on behalf of the patient.

(California Standards for Healthcare Interpreters)

Patient Advocacy Options and Strategies
(4-14)

OPTION 1: The interpreter is not obliged to take action, and may decide not to intervene or pursue a strategy.

OPTION 2: The interpreter determines there is a need to intervene as a Patient Advocate.
Applying the Ethical Decision-Making Process
(4-15)

1. Ask questions to determine if there is a problem.

2. Identify and clearly state the problem, consider the ethical principles that may apply, and rank them in terms of applicability.

3. Clarify personal values as they relate to the problem.

4. Consider alternative actions, including benefits and risks.

5. Decide to carry out an action chosen.

6. Evaluate the outcome and consider what might be done differently next time.

(California Standards for Healthcare Interpreters)
1. Ask questions to determine if there is a problem.
   (4-16)

Explore the issue further to understand the patient's concerns and address possible misconceptions before deciding on how to proceed.

(Applying the Ethical Decision-Making Process - California Standards for Healthcare Interpreters)
2. Identify and clearly state the problem, consider the ethical principles that may apply and ranking them in applicability. (4-17)

Problem: The interpreter may not know what to do with information shared by the patient.

Interpreters must consider their ethical duty to:

- Respect the patient’s autonomy, maintain impartiality, and uphold confidentiality.

- Determine whether there may be some degree of flexibility in deciding how and what information, if any, to share with the provider.

- Weigh the (two) considerations above, in relation to the interpreter’s overall concern for the health and well-being of the patient. (Among health care professionals, it is generally accepted that if the information is relevant to the patient’s care, that information should be shared with others having health care responsibilities and who are also bound by confidentiality ethic.)

(Applying the Ethical Decision-Making Process - California Standards for Healthcare Interpreters)
3. Clarify personal values as they relate to the problem. (4-18)

- Spiritual beliefs. Animist, Buddhist, Christian, Hindu, and Muslims, among others. Spiritual beliefs differ and influence the way an interpreter approaches problems. Spiritual differences may pose a challenge for interpreters.

- Traditional culture. Different cultural beliefs influence interpreters. Interpreters may struggle with a desire to protect a patient or themselves from possible ridicule.

- Acculturation. Interpreters need to expend additional effort to understand the patient who is less acculturated.

- Personal honesty. Interpreters may experience personal feelings of lack of honesty, accuracy, or transparency of their interpreting.

- Guilt or shame. Interpreters may face concerns about patient (and potentially community) reaction to reveal patient information.

(Applying the Ethical Decision-Making Process - California Standards for Healthcare Interpreters)
4. Consider alternative actions, including benefits and risks.

5. Decide to carry out an action chosen.

6. Evaluate the outcome and consider what might be done differently next time.

   (4-19)

Reflect on the outcome of the action. If the patient gains benefit to and from the action, the interpreter may take a similar action in the future, in comparable circumstances. If the outcome was negative, resulting in problems for the patient or community, the interpreter may consider taking a different course of action in the future.

In dealing with ethical dilemmas, interpreters need to keep in mind that their actions must be consistent with the ultimate goals of supporting the patient’s health and well-being and when possible supporting the patient/provider relationship.

(Applying the Ethical Decision-Making Process - California Standards for Healthcare Interpreters)
Reporting Requirements (4-20)

“When information is related to domestic violence, child abuse, suicide, or intent to harm others, other factors must be considered in the process of determining an appropriate course of action. While California interpreters are not specifically identified as legally obligated to report a potentially harmful situation to their supervisor, interpreters must become familiar with the policies and requirements of health care or other organizations that employ their services.”

(California Standards for Healthcare Interpreters)
Module 3 Learning Objectives:
Respect for Individuals and Their Communities
(4-21)

By the end of the Module 3, you will be able to:

• Describe California Standards for Healthcare Interpreters Ethical Principle 3: Respect for Individuals and Their Communities.

• Define the following key term: Autonomy.

• Understand the purpose of Informed Consent.

• Understand the purpose of Advance Directives.
Ethical Principle 3. Respect for Individuals and Their Communities
(California Standards for Healthcare Interpreters)
(4-22)

Interpreters strive to support mutually respectful relationships between all three parties in the interaction (patient, provider and interpreter), while supporting the health and well-being of the patient as the highest priority of all health care professionals.

Performance Measures
Interpreters demonstrate and promote respect for individuals by seeking to:

a. Treat all parties equally and with dignity and respect, regardless of ethnicity, race, age, color, gender, sexual orientation, religion, nationality, political viewpoint, socioeconomic status, or cultural health beliefs.

b. Recognize that the concept of patient autonomy, including the process for patient-informed consent for treatment valued by the health care system, may conflict with the world view of many patients and their families from other cultural backgrounds, and to alert the provider or others (e.g., nurse, social worker, patient advocate, risk manager, interpreter supervisor) that such conflicts exist.

c. Recognize the expertise all parties bring into the interaction by refraining from assuming control of all the communication, and to provide a full and complete interpreting of all voices in the interaction.

d. Allow for physical privacy, maintaining necessary spatial and visual privacy of the patient while positioning themselves in the interactions.

e. Advise the provider of potential communication barriers due to gender differences between patient and provider, or patient and interpreter.

f. Refrain from influencing patient decisions and health care choices (e.g., informed consent, medical procedures, or treatment options).

g. Respond to disrespectful remarks by reminding all participants in the interaction of the ethical principle requiring accurate interpreting for everything that is spoken, including rudeness, and discriminatory remarks and behaviors.
Key Term (4-23)

Autonomy = A central principle in bioethics: patients who are competent to make decisions should have the right to do so, and physicians should have the concomitant duty to respect patient preferences regarding their own health care. (Beauchamp and Childress, 1994)

(California Standards for Healthcare Interpreters)

Informed Consent (4-24)

The process whereby a physician informs his/her patient about options for treatment (including surgery), for the patient’s illness. As part of this process, the likely risks and benefits of the procedure are described to the patient so that he/she is able to make a rational decision regarding what he/she wants to be done. (Bernstein, 2001)

(California Standards for Healthcare Interpreters)
Advance Directives
(4-25)

The purpose is to provide guidance on the kind of medical care to provide a patient, if that person can no longer make his/her wishes known.

Two types of Advance Directives, both are completed in advance of a serious illness when the patient can still state his/her wishes.

1. Instructional: written statements that provide specific guidance on treatment options such as CPR, intubation, hydration, tube feeding, or mechanical ventilation.

2. Proxy: guidance on treatment options but also designates another person to make medical decisions, if the patient can no longer do so.
Module 4 Learning Objectives:
Sight Translation (4-26)

By the end of Module 4, you will be able to:

• Define sight translation.
• Identify key guidelines for sight translation.
• Practice sight translation.

Definition of Sight Translation (4-27)

Sight translation is the oral translation of a written document.
Guidelines for Sight Translation (4-28)

Patient-Related Issues:
- Review the entire document prior to translating (this is not necessary for brief information or forms).
- Identify key words and difficult expressions before translating.
- Keep the translation as close to the text as possible.
- Omit nothing. If no equivalent word exists, provide an explanation of the term.
- Remember that some of the documents that need to be translated will be legal documents.
- Maintain a normal pace in reading.
- Check with the patient to make sure information was understood.

Provider-Related Issues:
- The provider should be present or available in case there are questions (the provider is accountable for all interaction that takes place during the patient’s visit).
- Identify parts of the document that are relevant to the patient. Check with the provider before omitting parts that appear irrelevant.
- If there is a need to summarize, have the provider summarize and then interpret.
- Do not make editorial comments.
- Explain the role of the interpreter in sight translation.
- Ask for key points in the document.
- Ask the provider to be available to answer any questions.
NONE

PARTICIPANT OUTLINE

PARTICIPANT NOTES
**Module 5 Learning Objectives:**  
**Summary of Units 1-2**  
(4-29)

By the end of the Module 5, you will be able to:

- Review key training concepts from Units 1-2.
CONNECTING WORLDS PARTICIPANT MANUAL: UNIT 4

PARTICIPANT OUTLINE

NONE

PARTICIPANT NOTES

END OF MODULE 5: SUMMARY OF UNITS 1-2 (UNIT 4)
Module 6 Learning Objectives: Practice Session (4-30)

By the end of Module 6, you will:

• Conduct a pre-session.

• Practice use of first-person voice.

• Practice consecutive mode of interpreting.

• Practice positioning.

• Practice accurate and complete interpreting.

• Practice interventions of Message Converter, Message Clarifier, and Cultural Clarifier roles: the Patient Advocate role is optional.

• Review diagrams, vocabulary words, and taping assignments from the previous unit.
PARTICIPANT OUTLINE

Unit 4 Role-Plays and Peer Feedback
(4-31)

Format: Small same-language groups

Time: 60 minutes

Materials:
• Unit 4 Role-Play A: Patient (Woman) with Diabetes (Participant Outline)
• Unit 4 Role-Play B: Patient (Woman) with Diabetes (Participant Outline)
• Handout: Connecting Worlds Peer Feedback form
• Teaching assistants proficient in the participants’ language(s)

Directions:
• Get into groups of three from the same-language group.
• Decide who will play the role of the patient, provider, and interpreter.
• Make sure each person gets to play the role of the interpreter.
• Use your dictionary to help you if necessary to play your roles.
• Circle any words that may be problematic or do not have word equivalents.
• Those who play the patient or provider should note any problems and give appropriate feedback to the person playing the interpreter on his/her interpreting skills. Use the Peer Feedback form if needed.
PARTICIPANT OUTLINE

Unit 4 Role-Play A: Patient (Woman) with Diabetes
(4-32)

A 42-year-old mother goes to the doctor with symptoms of tiredness, thirst, and frequent urination.

ROLES:
1. Patient (Woman)
2. Doctor
3. Trained Health Care Interpreter

Trained Interpreter: (Introduce yourself and provide pre-session).

Doctor: Good Morning, Mrs. _________. How are you feeling since you were here a few days ago?

Patient: I am feeling a little tired.

Doctor: How many times a day are you urinating? Do you get up at night?

Patient: Yes, I have this problem. I would like to take some medicine to help me.

Doctor: The blood tests that you had done came back positive for diabetes. Your blood sugar was 260 milligrams.

Patient: What is this diabetes?

Doctor: Diabetes means that you have too much sugar in your blood. That is what is making you feel so tired. It can make you thirsty and cause frequent urination.

Patient: Can you give me medicine to cure it so I am not so tired?

Doctor: Your diabetes may not need medication. It can be controlled by eating certain amounts of food and exercising regularly. When your blood sugar is normal, you won’t need to drink so much or urinate as often. You will also not be so tired during the day. I will schedule an appointment for you to see a dietician as soon as possible.

Patient: Maybe I am eating too much sugar and that is why I have this problem.

Doctor: Eating too much sugar does not cause diabetes. We do not know exactly why people get diabetes. We think that the change in activity level and foods that people eat here in this country, cause some immigrants and refugees get diabetes.

Patient: I work very hard at home, cooking, cleaning and taking care of my husband, children and his parents.

Doctor: Yes, you do work hard at home but I also want you to exercise daily, example, walk fast each day until you sweat, and continue walking for about 20 minutes without stopping.

End of Unit 4 Role-Play A
Unit 4 Role-Play B: Patient (Woman) with Diabetes (4-33)

ROLES:
1. Patient (Woman)
2. Doctor
3. Trained Health Care Interpreter

Trained Interpreter: (Introduce yourself and provide pre-session).

Doctor: Good morning, Mrs.__________. Your blood sugar is normal this morning and you have lost several pounds. That is very good news.

Patient: I have been very tired and feel like crying all of the time. I don’t want to do my chores: I am not taking care of my family as well as I used to.

Doctor: How long have you been feeling this way?

Patient: When you told me that I have the disease that cannot be cured: that just made me so worried. My mother-in-law made me some herbal tea but it has not helped me. Maybe my soul has gone away.

Doctor: Have you been sleeping at night?

Patient: I am thinking too much and cannot sleep well. I am always worried about my disease and I think about it a lot at night. I can’t go to sleep.

Doctor: How is your appetite?

Patient: You told me to eat only small amounts of food. I have not felt hungry. I am tired and do not want to eat.

Doctor: What do you think caused the diabetes?

Patient: I think I lost my soul. Since I came to this country I do not practice traditional celebrations. I think this is why I have diabetes.

Doctor: Have you had thoughts of death or killing yourself?

Patient: No, I have children who need me. I need to do my traditions. That will help me.

Doctor: What do you mean by your traditions? It isn’t witchcraft is it? (Need for interpreter intervention) There is also medicine that may help you. It is common for someone to feel depressed after being diagnosed with a disease like diabetes. In this country, there are special doctors and clinics that provide care to people who feel like you do. If the traditional treatment does not help, we have other ways to help you, too.

Patient: Thank you.

End of Unit 4 Role-Play B
PARTICIPANT OUTLINE

Review of Connecting Worlds Participant Workbook
Unit 3 - Diagrams, vocabulary words, taping assignments
(4-34)

Format: Same-language groups

Time: 30 minutes

Materials:
- Connecting Worlds Participant Workbook: Unit 3 (diagrams, vocabulary words, and taping assignments).
- Teaching assistants proficient in the participants’ language(s).

Objectives:
- To review diagrams, vocabulary words, and taping assignments from the previous unit.

Directions:
- Work in the same small language groups.
- Review your work from the previous unit: diagrams, vocabulary words, taping assignments from your Workbook.
- Check for appropriate translations and pronunciation in your languages.
- Offer your peers constructive and appropriate feedback.
END OF MODULE 6: PRACTICE SESSION (UNIT 4)
PARTICIPANT MANUAL
UNIT 4

CLOSING (20 MINUTES)

PARTICIPANT OUTLINE

Closing Module Learning Objectives (4-35)

By the end of the session, you will be able to:

• Review key training concepts.

• Preview Unit 5 learning objectives.

• Understand the homework assignment.

• Complete the training evaluation.
### Opening of Unit 5 Learning Objectives (5-1)

By the end of the Opening of Unit 5, you will be able to:

- Get to know and learn more about other training participants.
- Understand the learning objectives for the day.
Connecting World Training Goals (5-2)

- Participants will understand the roles and responsibilities of the health care interpreter and gain an appreciation for the importance of the profession.

- Participants will gain an appreciation for the necessary skill sets required to carry out the complexities of the health care interpreter roles and responsibilities.

- Participants will become familiar with the California Standards for Healthcare Interpreters.

- Participants will be introduced to standard health care interpreting protocols and techniques.

- Introduce techniques and tools of effective interpreting.

- Provide opportunities for practice and “hands-on” application.

- Discuss case studies on interpreting issues.

- Complete homework assignments.
Review and Application of Unit 4 Learning Objectives (5-3)

By the end of the Review and Application of Unit 4, you will be able to:

• Review key learning objectives from Unit 4.

• Review selected homework assignments from Unit 4.
Module 1 Learning Objectives: Health Care Interpreting as a Profession (5-4)

By the end of Module 1, you will be able to:

• Distinguish the difference between “certification” and an individual agency’s “certificate.”

• Identify resources for continuing education and professional development.

• Identify steps to continually build skills in health care interpreting.

• Identify resources available to health care interpreters.
Organizational Contact Information

California Healthcare Interpreting Association (CHIA)
http://chia.ws/

National Council on Interpretation in Health Care (NCIHC)
www.ncihc.org

The Society of Medical Interpreters (SOMI)
P.O. Box 3304
Seattle, WA 98104-3304
www.sominet.org

Massachusetts Medical Interpreters Association
800 Washington Street, NEMC Box 271
Boston, MA 02111-1845
Phone (617) 636-5479
Fax (617) 636-6283
www.mmia.org
How to Continue Building Skills and Knowledge (5-6)

• Attend courses on various health areas offered by local community colleges or by your own interpreting agency.

• Develop vocabulary of medical terminology, either through self-study or classes.

• Take a human anatomy and physiology class.

• Join professional organizations.

• Attend professional meetings and conferences.

• Read about health topics for which you frequently interpret.

• Purchase references such as dictionaries and glossaries.

• Use a notebook to jot down terms to research later. Develop a personal glossary of these terms.

• Practice interpreting skills using the radio or TV.

• Others:
Group List of Resources and References on Health Care Interpreting (5-7)

Language of Service:

English:
Module 2 Learning Objectives: Professionalism and Integrity (5-8)

By the end of the session, you will be able to:

• Describe California Standards for Healthcare Interpreters Ethical Principle 4: Professionalism and Integrity.

• Identify effective interpreting techniques for challenging interpreting situations in health care.
Ethical Principle 4:
Professionalism and Integrity
(California Standards for Healthcare Interpreters)
(5-9)

Interpreters conduct themselves in a manner consistent with the professional standards and ethical principles of the health care interpreting profession.

Performance Measures

a. Respect the boundaries of the professional role and to avoid becoming personally involved to the extent of compromising the provider-patient therapeutic relationship.

b. Protect the interpreter’s own privacy and safety.

c. Avoid personal, political or potentially controversial topics with all parties at all times.

d. Refrain from soliciting or engaging in other business while functioning as the interpreter.

e. Resist creating expectations by either party that the interpreter role cannot fulfill, including functions related to the work of the other health professionals, such as taking patient histories, physically moving patients, or assisting the provider in examining the patient, or acting as the patient’s counselor.

f. Inform both parties about limitations in interpreting skills and experience when necessary and to consider declining assignments requiring skills beyond the interpreter’s level of language proficiency (in either language) and interpreting skill.

g. Dress in appropriate attire in accordance with the setting, environment, and organizational policies.

Continued…
**Ethical Principle 4: Professionalism and Integrity (5-10)**

**Performance Measures (Continued)**

h. Ensure their professional level of language proficiency (in both languages) and interpreting skills through appropriate and available assessments, testing, accreditation, and certification.

i. Participate in basic training and ongoing professional development through related continuing education activities, such as community college classes, workshops provided by the interpreter’s organization, and health seminars.

j. Decline bribes, gratuities, or favors from any party involved in the interpreting in a culturally sensitive and appropriate way, although small gifts of food from patients and their families may be graciously accepted and shared with other staff, when culturally appropriate.

(California Standards for Healthcare Interpreters)
NONE
Module 3 Learning Objectives:
Self-Development and Staying Healthy (5-11)

By the end of Module 3, you will be able to:

- Identify different ways to cope with the stress of health care interpreting.
NONE

END OF MODULE 3: SELF-DEVELOPMENT AND STAYING HEALTHY (UNIT 5)
Module 4: Summary of Units 3-4
(5-12)

By the end of the Module 4, you will be able to:

• Review key training concepts from Units 3-4.
NONE

END OF MODULE 4: SUMMARY OF UNITS 3-4 (UNIT 5)
Module 5 Learning Objectives: Practice Session (5-13)

By the end of Module 5, you will:

- Conduct a pre-session.
- Practice use of first-person voice.
- Practice consecutive mode of interpreting.
- Practice positioning.
- Practice accurate and complete interpreting.
- Practice interventions of Message Converter, Message Clarifier, and Cultural Clarifier roles: the Patient Advocate role is optional.
- Review diagrams, vocabulary words, and taping assignments from the previous unit.
PARTICIPANT OUTLINE

Unit 5 Role-Plays and Peer Feedback (5-14)

Format: Small same-language groups

Time: 60 minutes

Materials:
- Unit 5 Role-Play A: Patient (Son) with Appendicitis (Participant Outline)
- Unit 5 Role-Play B: Patient (Elderly Man) With Hypertension And Stroke (Participant Outline)
- Handout: Connecting Worlds Peer Feedback form
- Teaching assistants proficient in the participants’ language(s)

Directions:
- Get into groups of three from the same-language group.
- Decide who will play each the role of the patient, provider, and interpreter.
- Make sure each person gets to play the role of the interpreter.
- Use your dictionary to help you if necessary to play your roles.
- Circle any words that may be problematic or do not have word equivalents.
- Those who play the patient or provider should note any problems and give appropriate feedback to the person playing the interpreter on his/her interpreting skills. Use the Peer Feedback form if needed.
Unit 5 Role-Play A: Patient (Son) with Appendicitis

(5-15)

The mother takes her 9-year-old son to the Emergency Room with right-side abdominal pain. A traditional healer helped their son improve for a while but her son now cannot stand because the pain is so bad. The mother is asked to make decisions about surgery. This role-play will demonstrate the different Western health care values that may conflict with the family’s traditional cultural values.

**ROLES:**

1. Mother and Patient (Son)
2. Doctor
3. Trained Health Care Interpreter

**Trained Interpreter:** (Introduce yourself and provide pre-session.)

**Doctor:** What is the problem with your son today?

**Mother:** He has been getting worse for several days. He is not hungry and says that his stomach hurts. He threw up his food this afternoon and he feels very hot.

**Doctor:** When did the symptoms start?

**Mother:** He started feeling bad two, no, three days ago.

**Doctor:** Did it start suddenly or gradually?

**Mother:** He was running around and eating well before he got sick. It came on fast.

**Doctor:** What have you been doing to help him feel better?

**Mother:** I have been giving him herbs (state name of herb) that his grandmother has been fixing. We have taken him to see a (healer, curandero, sobadora, neng) who helped him feel better for one night. The (healer) said that if he did not feel better soon, we should bring him to the hospital. *(Interpreter leaves “healer” in the non-English language and asks provider if he/she would like the patient to explain the term.)*

**Doctor:** Who is this (healer) and what did he or she do?

**Mother:** The (healer) performs ceremonies that bring the spirit back to a sick person or fights evil spirits that make people sick.

Continued...
Doctor: The healer was wise to tell you to come to the hospital. Waiting any longer may have killed him. Sometimes people wait too long when their children are sick and home remedies do not help them.

Mrs. __________, I think that your son needs the care we can provide him here at the hospital. (Speaking to the son) Where do you feel the pain? Touch where it hurts.

Patient: It hurts here.

Doctor: What does the pain feel like?

Patient: It hurts like a stick inside me all the time now. When I sit, walk and I cannot run or jump.

Doctor: (Speaking to the mother) Your son is very ill. I think that he has appendicitis. He needs surgery to remove his appendix before it ruptures. There is a good chance that it has not ruptured because he is still having so much pain. I am going to order some laboratory tests, as soon as possible.

Mother: I know that my son is very sick. Can you give him some strong medicine to make him well?

Doctor: I do not think that you understand. There is no medicine to make him better. If we wait much longer, he could die from complications of a ruptured appendix. I need you to sign the consent form.

Mother: I cannot sign this form until my husband, and his father and mother can come.

Doctor: If you do not sign, we will call in Child Protective Services. It is considered here, in the U.S., to be neglect when a parent refuses a treatment that can save a child’s life.

Mother: I want you to help my son. I do not want you to cut him open to help him. That would not be a good thing if my husband is not here to say.

Doctor: We do not have much time. I am calling the surgeon to come here to evaluate your son. If you need your husband, then call him now.

End of Unit 5 Role-Play A
Unit 5 Role-Play B:
Patient (Elderly Man) with Hypertension and Stroke (5-16)

The refugee/immigrant family visits the grandfather in the intensive care unit. He has been diagnosed with high blood pressure and a serious cerebral vascular accident or stroke. This role-play will demonstrate end-of-life issues that many families struggle with. Again, Western health care culture and values may conflict with the family’s traditional cultural values.

ROLES:
1. Son
2. Doctor
3. Trained Health Care Interpreter

Trained Interpreter: (Introduce yourself and provide pre-session).

Doctor: Mr. __________ has experienced a severe stroke and has some neurological damage. He is not able to move his left side. He is not able to speak and is having trouble swallowing. He is also having trouble breathing on his own. We have connected him to a machine called a ventilator that is helping him breathe.

Son: Can you help my father get well?

Doctor: We are doing everything that we can for him. His blood pressure is very high. We are giving him medicine, intravenously, to treat it. He has not responded since he was brought in several hours ago.

Son: He had been complaining of a headache last night. We were worried, but he said he would be better after he slept.

Doctor: A stroke happens when a blood vessel that feeds the brain becomes clogged or bursts. Then part of the brain does not work; the part of the body that it controls also cannot work. We are helping him to breathe with a machine and are monitoring his heart.

Son: Will he get better?

Doctor: We will know more after the next 24 hours. His condition is very serious right now. I need to ask your mother some difficult questions about life-sustaining treatments.

Continued...
Son: Can you tell me and then I will talk to my mother?

Doctor: She is the person who will need to decide if your father wants treatments, like cardiopulmonary resuscitation (CPR). This is an emergency procedure when a person’s heart stops. It involves chest compressions and possibly defibrillation. In your father’s condition, it would not correct the medical problems that he currently has.

Son: If my mother says no, then you won’t take care of my father anymore?

Doctor: We will do everything that we can to treat him, but if his heart stops, we will not try to get his heart started again.

End of Unit 5 Role-Play B
PARTICIPANT OUTLINE

Review of Connecting Worlds Participant Workbook
Unit 4 - Diagrams, vocabulary words, taping assignments
(5-17)

Format: Same-language groups

Time: 30 minutes

Materials:
• Connecting Worlds Participant Workbook: Unit 4
  (diagrams, vocabulary words, and taping assignments).

  • Teaching assistants proficient in the participants’ language(s).

Objectives:
• To review diagrams, vocabulary words, and taping assignments from the previous unit.

Directions:
• Work in the same small language groups.

• Review your work from the previous unit: diagrams, vocabulary words, taping assignments from your Workbook.

• Check for appropriate translations and pronunciation in your languages.

• Offer your peers constructive and appropriate feedback.
None

End of Module 5: Practice Session (Unit 5)
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NONE

END OF TRAINING POST-TEST (UNIT 5)
# Closing Module Learning Objectives (5-18)

By the end of the session, you will be able to:

- Review key training concepts.
- Complete the daily evaluation.
NONE

END OF CLOSING (Unit 5)
ORGANIZATIONAL CONTACT INFORMATION

- **Asian Health Services**  
  Contact: Linda Okahara  
  818 Webster Street  
  Oakland, CA 94607  
  Ph: (510) 986-1153 x205  
  E-mail: Lokahara@ahschc.org

- **Clinicas de Salud del Pueblo**  
  900 Main Street  
  Brawley, CA 92227  
  Ph: (760) 344-9951  
  Interpreter training program no longer available

- **Healthy House within a MATCH Coalition**  
  Contact: Marilyn Mochel, RN  
  1729 Canal Street  
  Merced, CA 95340  
  Ph: (209) 724-0102  
  Fax: (209) 724-0159

- **Special Service for Groups/PALS for Health**  
  Contact: Susan Choi, MS  
  605 West Olympic Boulevard, Suite 600  
  Los Angeles, CA 95340  
  Ph: (213) 553-1827  
  Fax: (213) 553-1822

- **Vista Community Clinic**  
  Health Promotion Center  
  Contact: Linda Medal, MA  
  1000 Vale Terrace  
  Vista, CA 92084  
  Ph: (760) 407-1220 x 166  
  Fax: (760) 414-3701