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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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PARTICIPANT WORKBOOK
UNIT 1-5 ASSIGNMENTS RECORD

Unit 1 Assignment Record
Due: _____________________________

☐ Pre-Session Introduction with the Provider
☐ Pre-Session Introduction with the Patient
☐ Ad-Hoc Interpreter - Children: Voices for Their Parents
☐ Ad-Hoc Interpreter Questions
☐ Case Study 1: Ad-Hoc Interpreter
☐ Case Study 2: Ad-Hoc Interpreter
☐ Modes of Interpreting
☐ Standardized Interpreting Practices
☐ Start, Stop and Continue Reflection
☐ Respiratory System Diagram
☐ Nervous System Diagram
☐ Vocabulary Words
☐ Other: _____________________________

Unit 2 Assignment Record
Due: _____________________________

☐ Roles of the Health Care Interpreter
☐ Barriers
☐ Message Converter and Message Clarifier Interventions
☐ Practice Exercises
☐ Self-Assessment of Standard Interpreting Practices
☐ Self-Assessment of Message Converter Role and Interventions
☐ Self-Assessment of Three Steps for Stepping Out of the Message Converter Role
☐ Self-Assessment of Message Clarifier Role and Interventions
☐ Digestive System Diagram
☐ Endocrine System Diagram
☐ Vocabulary Words
☐ Vocabulary Words for Pain
☐ Taping
☐ Other: _____________________________

__________________________________________

__________________________________________
Unit 3 Assignment Record
Due: ____________________________
✓ Health Beliefs and Practices
✓ Confidentiality
✓ Issues of Confidentiality
✓ Heart Diagram
✓ Eye Diagram
✓ Auditory System Diagram
✓ Vocabulary Words
✓ Taping
✓ Other: _______________________________________________________

Unit 4 Assignment Record
Due: ____________________________
✓ Patient Advocacy
✓ Ethical Dilemmas: Words Can Be Harmful
✓ Ethical Dilemmas Questions: First Encounter Between Interpreter and Receptionist
✓ Ethical Dilemmas Questions: Second Encounter Between Interpreter and Receptionist
✓ Consent Forms and Anti-Discrimination Laws
✓ Guidelines for Sight Translation
✓ Start, Stop and Continue Reflection
✓ Skeletal System Diagram
✓ Urinary Tract Diagram
✓ Female Reproductive Organs Diagram
✓ Male Reproductive Organs Diagram
✓ Vocabulary Words
✓ Taping
✓ Other: _______________________________________________________


Unit 5 Assignment Record

Due: ________________________________

☐ Professional Challenges and Staying Healthy
☐ Practice
☐ Start, Stop and Continue Reflection
☐ Other: __________________________________________

______________________________________________
Write your pre-session introduction to the English-speaking provider Dr. Barker. This is the first time you are working with her, so remember to include all of the required information presented in the training. Practice saying the introduction so that it can be said quickly and from memory. Be prepared to share your introduction at the next training session.
Write your pre-session introduction to the non-English speaking patient. This is the first time you are working with him, so remember to include all of the required information presented in the training. Give the patient an appropriate title and name in your language of service. Practice saying the introduction so that it can be said quickly and from memory. Be prepared to share your introduction at the next training session.

Title/Name: __________________________

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__________________________________________________________________________
It’s 2:30 in the afternoon and I have to rush out in the middle of my history class. My heart pounds like a drum. Fear and worry overtake me. My head burns with what feels like hot, boiling blood rushing up my head. I’m confused and lost; I don’t know what’s going on.

Finally, I arrive at the hospital. I sit outside the waiting room with my older sister and I began to weep silently. My sister yells at me with frustration, “Stop crying. Mom’s going to be okay. Stay here till the doctor comes. I have to go home and pick up dad.”

Dr. Harrison walks down an infinite hallway with his long white coat that nearly reaches down to his feet. He comes with the bad news. “I’m sorry to tell you this but your mom has cancer. The hemorrhoid we found turned out to be a tumor. I know that your mom doesn’t speak English, so can you please interpret for her?”

I don’t like sitting in the hospital, and I feel uncomfortable. I want to tell the doctor that I don’t want to be here. But since my mom doesn’t speak English, my sister Janice and I are the only ones that can help mom. The doctor looks at me and he begins to talk about my mom’s medical condition. He talks to me as simply as possible, so I can understand the situation, and says my mother’s cancer would require surgery and probably radiation and chemotherapy treatments afterward. I am shocked. Surgery. Radiation. Chemotherapy. Side effects. I can’t even begin to think of how I’m going to tell my mom. All this information is new to me; all those big words sound horrible. And the doctor is expecting me to tell mom this in Cantonese. I begin to translate for my mom. She looks back at me with watery eyes. I search for comforting words in Cantonese that would help calm her, but I am lost. It’s hard enough to think of the Cantonese terms for various organs, for surgery and chemotherapy.

Instead, I describe the situation in basic terms, and leave gaps in-between my explanation. Since I don’t know how to say “surgery,” I tell her that there will be needles, knives, tubes, and cuts into her body.

My mom bursts out crying, pushing me away. She doesn’t want to see anyone.
AD-HOC INTERPRETER QUESTIONS

1. Have you ever been in the position of interpreting for family and friends? If yes, what kind of challenges did you face in those situations?

2. What are your thoughts about the young writer becoming the designated interpreter for her mother? What kind of problems can potentially occur when children are asked to interpret?

3. Do you think it’s ever appropriate for adult family members to interpret? Do you think it’s ever appropriate for minor children to interpret?
You arrive at a clinic to interpret for a patient. You meet the patient in the waiting area and she thanks you for coming but says your services won’t be needed today because her 24-year-old niece can interpret for her.

What are possible ways to handle this situation? What would you say to the patient in your language of service, and her niece in English?
You are attending a meeting on language access in health care. You happen to sit next to an administrator of a hospital who finds out you’re an interpreter. He tells you that they’re beginning to get in more Russian and Bosnian-speaking patients. But he says that it really hasn’t been a problem because these communities have such a strong sense of family that they generally bring a daughter, son, or other family member who can interpret for them.

How would you respond?
MODES OF INTERPRETING

Put a check next to the statements that are true about each mode of interpreting. The number of correct statements for each mode is in parenthesis.

Consecutive (check 4)
1. ❑ One person speaks at a time.
2. ❑ More than one person speaks at the same time.
3. ❑ This mode is usually less confusing and more accurate than the other modes.
4. ❑ This mode is commonly used in health care interpreting.
5. ❑ This mode takes more time.

Simultaneous (check 2)
6. ❑ This mode takes more time.
7. ❑ The interpreter interprets almost at the same time as the patient or provider is speaking.
8. ❑ The interpreter has to take notes.
9. ❑ This mode is useful when interpreting for a speaker, who is presenting at a meeting or conference.
10. ❑ This mode is commonly used in health care interpreting.

Summary/Paraphrasing (check 2)
11. ❑ One person speaks for some time and the interpreter summarizes the main points at the end.
12. ❑ The least recommended mode in health care interpreting because of the great possibility for making mistakes or leaving out important information.
13. ❑ This mode is used all of the time in health care interpreting.

Sight Translation (check 2)
15. ❑ Is sometimes necessary when documents the patient must understand are not available in his/her language.
16. ❑ This mode is rarely used in health care.
As stated in the California Standards for Healthcare Interpreters, 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.

The standardized interpreting practices introduced in Unit 1 of the training are meant to support the primary relationship between the patient and provider.

Explain how the following interpreting practices or protocols support communication and the primary relationship between the patient and provider.

a. Using first-person voice:

b. Interpreting everything communicated (verbally and non-verbally) by patients and providers:

c. Positioning of the interpreter slightly behind the patient:
START, STOP AND CONTINUE REFLECTION

Think about making an ongoing commitment to professional health care interpreting. Based on the training so far, write down what you will start doing, stop doing and continue doing.

I will start...

*For example:* I will start to use first-person voice when interpreting.

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START, STOP AND CONTINUE REFLECTION (continued)

I will stop...

*For example:* I will stop adding information that was not said by either the patient or the provider.
START, STOP AND CONTINUE REFLECTION (continued)

I will continue...

*For example:* I will continue to learn medical vocabulary.
Translate the diagrams into your language of service. If you are unable to translate the diagram, you should go onto the next section of this workbook and ask your trainer/teaching assistants for assistance.

Note: Discuss with your trainer, teaching assistant, or language coach recommended medical language dictionaries and resources for health care interpreting.

Respiratory System

(A Handout for Interpreters in Health)
Nervous System
(A Handout for Interpreters in Health)
Can you say and use the following words in both English and your language of service? Check off the vocabulary words that may be difficult for you and write them in either a notebook or on 3” x 5” cards to study and review often:

### EXAMPLE

<table>
<thead>
<tr>
<th>Term</th>
<th>Pronunciation(s)</th>
<th>Translation(s)</th>
<th>Definition(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>asthma</td>
<td>az-m</td>
<td>boomkin, soomkin</td>
<td>A chronic respiratory condition, allergic in origin, marked by labored breathing accompanied by wheezing, constriction in the chest, and often by attacks of coughing or gasping.</td>
</tr>
</tbody>
</table>

**Own Sentence**: My friend has been suffering from asthma for a very long time, and more recently she experienced a severe asthma attack that required her to be hospitalized.

- Adenoid
- Asthma
- Bronchitis
- Cold
- Flu
- Emphysema
- Epilepsy
- Sinusitis
- Laryngitis
- Hoarseness
- Lung cancer
- Meningitis
- Migraine headaches
- Pneumonia
- Polio
- Sore throat
- Stroke
- Tonsil
- Tuberculosis

Other: ___________________________________________________________
Exercise 1: Tape record yourself saying aloud the terms from the above diagrams and from the vocabulary words list in both English and your language of service. How was your pronunciation? Now try using them in a sentence. How did you do? Your trainer, teaching assistant, or language coach will go over the work you have done here with your peers during the practice session for the next training.

Exercise 2: Now tape yourself giving a pre-session introduction to both the patient and provider, in both languages. How did you do? Did you include all the information recommended by the curriculum? Share how you did with your trainer, training assistant, or language coach and peers in the next training session.
Check the correct answer for each of the descriptions describing the roles of the health care interpreter.

1. Converts both verbal and non-verbal messages from one language to another.
   - Message Converter
   - Message Clarifier
   - Patient Advocate

2. Interrupts and asks for clarification.
   - Patient Advocate
   - Message Converter
   - Message Clarifier

3. Informs speakers that specific words or terms do not exist in the other language.
   - Message Clarifier
   - Message Converter
   - Patient Advocate

4. Intervenes when there appears to be confusion or misunderstanding, resulting from possible differences in cultural views between patient and provider.
   - Message Clarifier
   - Cultural Clarifier
   - Message Converter

5. Takes action to support the health and well-being of the patient, often going beyond facilitating communication.
   - Message Converter
   - Message Clarifier
   - Patient Advocate

6. Is the role that patients and providers generally expect the interpreter to conduct.
   - Message Converter
   - Message Clarifier
   - Cultural Clarifier

7. Has the potential to have high impact on the patient-provider communication and interaction since the interpreter plays a very active role.
   - Patient Advocate
   - Message Converter
   - Message Clarifier
BARRIERS

Check the best answer for each of the descriptions describing barriers/challenges to effective communication.

1. Differences in languages spoken.
   - Language Barrier
   - Ambiguous Message
   - Individual Prejudice

2. Differences in the level of language spoken reflected in pronunciation and use of more difficult vocabulary and grammar.
   - Cultural Barrier
   - Register Barrier
   - System Barrier

3. Differences in culture.
   - Language Barrier
   - Individual Prejudice
   - Cultural Barrier

4. Lack of interpreter services at a health care organization.
   - Language Barrier
   - Regional Variations in a Language
   - System Barrier
MESSAGE CONVERTER AND MESSAGE CLARIFIER INTERVENTIONS

Be prepared to share your interventions with other participants at the next training.

Even after providing a pre-session introduction and intervening a couple of times with gestures and saying “Please pause,” the provider is not pausing frequently enough for you to interpret everything. Write down what you could say to the provider in a polite, yet firm manner. Remember to use third-person voice.

1. What would you say to the provider (in English):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

The patient has used a term you believe is a term used in another region of the country. You think the word refers to the inner thigh but you’re not sure. Write down what you could say to the patient in your language of service to verify or request explanation. Should you use third-person voice when intervening?

2. What would you say to the patient (in your language of service):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
PRACTICE EXERCISES

In these practice exercises you will need to find two health videos or tape two TV or radio programs in English and two videos or programs in your language of service. If possible, videos or programs with a health focus are preferred.

For English health videos you can try looking at your local library, video store, or health education center. You might try looking for a health information phone line with recorded health-education messages and practice with these messages. These are sometimes offered as a public service by local hospitals or health care organizations.

Programs or videos with a health focus and in your language of service probably will be more difficult to find. If you can’t find them, a TV or radio program with conversation (such as talk shows or game shows) can be used.

Bring to the next training, your tapes and notes used in these practice exercise.

**Exercise 1: Managing the Flow of Communication (language of service)**
Tape a short TV or radio program in your language of service. Practice a) interpreting into English and b) managing the flow of messages, by pausing the TV or radio program. Challenge yourself to pause the tape as little as possible but still maintain accuracy and completeness. How did you do? Share how you did with your trainer and peers in the next training.

**Exercise 2: Managing the Flow of Communication (English)**
Tape a short TV or radio program in English. Practice a) interpreting into language of service and b) managing the flow of messages, by pausing the TV or radio program. Challenge yourself to pause the tape as little as possible but still maintain accuracy and completeness. How did you do? Share how you did with your trainer and peers in the next training.

**Exercise 3: Note-Taking (language of service)**
Tape another short TV or radio program in your language of service. Practice interpreting with note-taking. Was it useful? Why or why not? In what language did you find it easier to take notes? Share your thoughts with your trainer and peers in the next training.

**Exercise 4: Note-Taking (English)**
Tape another short TV or radio program in English. Practice interpreting with note-taking. Was it useful? Why or why not? In what language did you find it easier to take notes? Share your thoughts with your trainer and peers in the next training.
SELF-ASSESSMENT OF STANDARD INTERPRETING PRACTICES

The goal of this assignment is to help you identify which interventions you might need to concentrate on and practice on your own, with other training participants, or with a language coach (if available). In the comment boxes, describe any difficulties you have with the intervention. Does it make a difference whether you intervene with the provider (in English) or with the patient (in language of service)?

1. Providing a pre-session introduction.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

   Comments:

2. Using first-person voice in interpreting.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

   Comments:

3. Positioning myself slightly behind the patient (when possible).
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

   Comments:
SELF-ASSESSMENT OF MESSAGE CONVERTER ROLE AND INTERVENTIONS

The goal of this assignment is to help you identify which interventions you might need to concentrate on and practice on your own, with other training participants, or with a language coach (if available). In the comment boxes, describe any difficulties you have with the intervention. Does it make a difference whether you intervene with the provider (in English) or with the patient (in language of service)?

1. Convert messages from one language to another accurately and completely.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

2. Manage the flow of communication: guide speakers to pause.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

3. Manage the flow of communication: guide speakers to take turns.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.
SELF-ASSESSMENT OF MESSAGE CONVERTER ROLE AND INTERVENTIONS
(continued)

4. Manage the flow of communication: guide speakers to slow down.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

5. Request repetition.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

6. Guide speakers to address each other directly, instead of the interpreter.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

Comments:
SELF-ASSESSMENT OF THREE STEPS FOR STEPPING OUT OF THE MESSAGE CONVERTER ROLE

The purpose of this assignment is to help you identify which interventions you might need to concentrate on and practice on your own, with the other training participants, and language coaches (if available). In the comments box, describe any difficulties you have with the intervention. Does it make a difference whether you intervene with the provider (in English) or with the patient (in language of service)?

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

   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.

   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

2. Step 2: Share ALL Message with ALL Parties

   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.

   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

Comments:
SELF-ASSESSMENT OF THREE STEPS FOR STEPPING OUT OF THE MESSAGE CONVERTER ROLE (continued)

3. **Step 3: Step Back**
   
   *Return to the Message Converter role when possible and if necessary, let parties know.*

   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

   **Comments:**

   __________________________________________

   __________________________________________

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   __________________________________________
# SELF-ASSESSMENT OF MESSAGE CLARIFIER ROLE AND INTERVENTIONS

The purpose of this assignment is to help you identify which interventions you might need to concentrate on and practice on your own, with the other training participants, and language coaches (if available). In the comments box, describe any difficulties you have with the intervention. Does it make a difference whether you intervene with the provider (in English) or with the patient (in language of service)\

<table>
<thead>
<tr>
<th>1. Ask the listener if he/she needs more information or simpler explanation from the speaker.</th>
<th>Comments:</th>
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<tbody>
<tr>
<td>❑ Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.</td>
<td></td>
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<tr>
<td>❑ Needs some work. I understand how to do it, but need more practice doing this.</td>
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<tr>
<td>❑ Needs a little work. I can do this but need more practice to become very comfortable.</td>
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<tr>
<td>❑ Doesn’t need much work. I am very comfortable with this. It is easy for me.</td>
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<tr>
<th>2. Ask for clarification when I am unfamiliar with terms or concepts.</th>
<th>Comments:</th>
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<tr>
<td>❑ Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.</td>
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<tr>
<th>3. Ask for clarification when the speaker’s message is ambiguous.</th>
<th>Comments:</th>
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<tr>
<td>❑ Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.</td>
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</table>
SELF-ASSESSMENT OF MESSAGE CLARIFIER ROLE AND INTERVENTIONS
(continued)

4. Explain to the listener that there is no direct linguistic equivalent of a word/term, and ask if the listener needs an alternate explanation from the speaker.
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.

5. Signal with parties when I step out of the Message Converter role and speak my own thoughts by using third-person voice.
   Example: “The interpreter requests/suggests/needs…”
   - Needs a lot of work. I am not sure I understand how to do this. This is very hard for me.
   - Needs some work. I understand how to do it, but need more practice doing this.
   - Needs a little work. I can do this but need more practice to become very comfortable.
   - Doesn’t need much work. I am very comfortable with this. It is easy for me.
Translate the diagrams into your language of service. If you are unable to translate the diagrams you should go onto the next section of this workbook and ask your trainer, teaching assistant, or language coach for assistance.

Digestive System

(A Handout for Interpreters in Health)
Endocrine System

(A Handout for Interpreters in Health)

Hormone-Producing Glands

- Pituitary gland
- Thyroid and parathyroid glands
- Adrenal glands
- Pancreas
- Sex glands (ovaries in females, testicles in males)
Can you say and use the following words in both English and language of service? Check off the vocabulary words that may be difficult for you and write them in either a notebook or on 3” x 5” cards to study and review often:

- Cirrhosis of the liver
- Diabetes
- Food poisoning
- Gallbladder problems
- Heartburn
- Hepatitis
- Hernia
- Hiatal hernia
- Indigestion
- Hemorrhoids (piles)
- Stomach flu
- Stomach ulcer

Other:

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VOCABULARY WORDS FOR PAIN

A. ENGLISH DESCRIPTIONS OF PAIN

Every language and culture has its own ways of describing pain. The table lists common terms used in English to describe pain. How would you interpret them into your language of service?

1. Acute pain:

2. Burning pain:

3. Chronic pain:

4. Cramping pain:

5. Dull pain:

6. Piercing pain:

7. Pins and needles/prickly:

8. Radiating pain:

9. Sharp pain:

10. Shooting pain:

11. Stabbing pain:

12. Throbbing pain:
VOCABULARY WORDS FOR PAIN (continued)

B. LANGUAGE OF SERVICE DESCRIPTIONS OF PAIN

1. Talk to individuals in your community of different ages and backgrounds to develop a list of terms in your language of service that are used to describe pain or discomfort.

2. Fill in the chart with the term or description of pain in your language of service. Are there specific pain descriptions used to describe headaches, injuries or broken bones, labor and delivery, toothaches, stomach aches, backaches, or other situations?

3. How would you interpret the description into English?

4. Be prepared to discuss and share them with others in your language group during the next practice session.

<table>
<thead>
<tr>
<th>LANGUAGE OF SERVICE</th>
<th>ENGLISH</th>
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</table>
Taping

Tape record yourself saying aloud the terms from the above diagrams and from the vocabulary words list in both English and your language of service. How was your pronunciation? Now try using them in a sentence. How did you do? Your trainer, teaching assistant, or language coach will go over the work you have done here with your peers during the practice session in the next training.
Compare some traditional health beliefs and practices of the community for which you will interpret, and that of the Western medical community’s beliefs and practices. Below are some possible topics you may want to consider in your writing.

- What causes people to get certain illnesses?
- The kind of foods that may be good or bad for certain illnesses.
- What causes fever?
Circle the statements that are the most appropriate.

1. Why is it important for health care interpreters to protect the confidentiality of health information?
   a. Patients may delay or avoid care if they think that embarrassing information might leak out.
   b. Patients may worry about rejection if others find out they have a disease that is highly contagious or has a stigma attached to it.
   c. To develop and maintain the trust of both patients and providers.
   d. All of the above.

2. Once a patient dies or an interpreter stops working in the health care setting, the interpreter no longer needs to protect the confidentiality of protected health information.
   a. True
   b. False

3. Which of the following is prohibited by patient confidentiality laws (HIPAA or CMIA) unless the patient gives written authorization?
   a. Interpreters sharing or using patients’ names and addresses to send them information and advertisements for life insurance products and services.
   b. Physicians sharing information about a patient’s case for training other physicians.
   c. Providers mailing their patients information about a new low-cost car seat program for low-income women.
   d. Providers giving background information to an interpreter about the patient’s case before the medical visit.

4. Which types of health information are protected by HIPAA or CMIA?
   a. Electronic
   b. Paper
   c. Oral
   d. All of the above

5. An interpreter discusses a patient case with her spouse and does not mention the patient’s name but mentions where the patient works. Is this considered protected health information?
   a. Yes
   b. No
6. Which of the following is protected health information?
   a. A patient’s previous surgeries
   b. When and where a patient will be undergoing a diagnostic procedure
   c. The type of health insurance that a patient is using to pay for delivery of her baby
   d. All of the above

7. Is it permissible for interpreters to share information with their supervisor or contracting agencies regarding cancellations, no-shows, or a problem that occurred during the interpreting session?
   a. Yes
   b. No
Reference the California Standards for Healthcare Interpreters Ethical Principle 1: Confidentiality and Performance Measures to help you respond to the following questions:

1. How do you explain to the patient what “confidentiality” means in the health care setting? (Write in your language of service, if possible. You may also audiotape your response.)

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ISSUES OF CONFIDENTIALITY (continued)

2. What if you have some personal information about the patient and the provider asks you for some information on this patient, what would you say?

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Heart

(A Handout for Interpreters in Health)

![Diagram of the Heart]

- Superior vena cava (from the head and shoulders)
- Aorta (to body parts)
- Pulmonary artery
- Pulmonary veins
- Right atrium
- Left atrium
- Right ventricle
- Left ventricle
- Interventricular septum
- Inferior vena cava (from the abdomen and lower body)
Eye

(A Handout for Interpreters in Health)
Auditory System
(A Handout for Interpreters in Health)
Can you say and use the following words in both English and language of service? Check off the vocabulary words that may be difficult for you and record them in either a notebook or on 3” x 5” cards to study and review often:

- Amblyopia (lazy eye)
- Angina
- Astigmatism
- Cataracts
- Crossed eye
- Ear infection
- Farsightedness
- Glaucoma
- Heart Attack
- Hyperopia (farsightedness)
- Hypertension
- Hypothermia
- Myopia (nearsightedness)
- Presbyopia
- Varicose Veins

Other:

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TAPING

Tape record yourself saying aloud the terms from the above diagrams and from the vocabulary words list in both English and your language of service. How was your pronunciation? Now try using them in a sentence. How did you do? Your trainer, teaching assistant, or language coach will go over the work you have done here with your peers during the practice session in the next training.
Write your responses on the lines provided below.

1. What is a Patient Advocate?

[Blank lines for written response]

2. What should an interpreter do if he/she wants to advocate for a patient?

[Blank lines for written response]
3. What are the potential benefits of being a Patient Advocate?

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4. What are the potential risks of being a Patient Advocate?

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Read the following article. Be prepared to discuss the questions that follow in the next training.

WORDs CAN BE HARMFUL

While waiting for a patient in the reception area of one department in a major hospital, I had the experience of hearing a receptionist make a discriminatory remark. I had to think on my feet how to handle the situation: I was checking with one of the receptionists to see if my patient’s appointment was still on and to see if he’d arrived yet. This receptionist, I had noted, spoke some Portuguese and Spanish, and Tagalog too, I believe. I assumed she was probably pretty broadminded, given her language aptitude and development. Upon conversing a bit, I realized she had traveled widely, as well. But she then went out of her way to indicate to me her disdain for Mexican Spanish, which she said is a lower version of Spanish, and that Mexicans “bastardize” real Spanish. I didn’t know what to say at that moment, but I realized I’d better remain alert around this receptionist, since most of my patients there are Mexican, and she might manifest the prejudices she harbors while speaking with them.

What did I do in this situation? Not much. I definitely made a mental note of the incident. I also mentioned it to another interpreter in a casual conversation about language and our work experiences. I did not make a written record of the incident, something I later wished I had done. Because there was no patient at my side at the time, I didn’t have any immediate advocacy role to play, but I remember thinking that with this receptionist’s perspective, there was a likely problem in her relations with the general patient population. I braced myself for what I would do in the future — if a problem came out in my presence, or if I were to be consulted about any other such problems in that department.

I also recognized that people need to have some intellectual freedom, to formulate their thinking about national and cultural differences, and that while hearing this woman’s views surprised me, given her position and her language abilities, I must say that on the positive side, at least she puts out her opinion honestly, rather than hiding her opinions and having them fester. If I wasn’t an interpreter in this situation, I probably would have challenged the view more — perhaps asking what makes one form of the language more legitimate than another, and who decides which form is more legitimate? But because I was conducting my work, and I see myself as a representative of an agency (Asian Health Services), I chose to withhold my opinions, since any expression on my part would be a type of intervention, or advocacy, and I hadn’t had a chance to think through whether it would be appropriate in this type of situation.

In retrospect, I think this kind of comment should be recorded in my paperwork for the agency. Mainly, because it is not "personal" — it’s not "my" experience, per se. It is an objective occurrence in a work scenario. And if this were to prove to be part of a pattern, my notes would serve as documentation. The
course of action I would recommend, given what I mentioned about the need for intellectual freedom, would not have any punitive character whatsoever. I mean, when "Ebonics" was a big issue in society, people debated it widely, and I certainly encourage that type of "free-wheeling" discussion, even — and maybe especially — in the workplace. Maybe I would suggest a discussion with the individual about how sensitive people are to having their culture, including their language, judged — that these comments can be seen as put-downs, which can have a negative impact on their health care environment and their perception of the quality of their care.

I continued to work occasionally in the same environment, and since I was a little uncomfortable with this woman due to her outlook being so different than mine, I made a special effort to be considerate of her, so as not to sow division. Unfortunately, a few weeks later, I had a very similar experience as the first, again with the same receptionist: I arrived and waited for a patient. The patient, a Mexican woman, arrived. I did my introduction with her — including the parts about "complete and accurate" and "no side talk." The patient and I approached the receptionist so the patient could register. I noticed the receptionist had a haircut, and I commented that it looked nice (I don’t remember if I spoke English or Spanish, but in any case, I made it transparent for the patient). The receptionist, referring to her hair, grumbled, "Oh, they messed it up." She stretched her neck forward to see the waiting room, and turned to look both ways. Then she commented, "There’s none of them here," and loudly whispered, "It’s because they’re Vietnamese!" The patient saw the receptionist’s behavior, and heard the comment.

First of all, I felt somewhat irate. To me, this was blatant racism, and I was sickened by having to interpret the comment, which I basically did. I felt embarrassed on behalf of the hospital, too, because I felt they would not want to be represented this way, and the receptionist does have a role of representing the hospital. I know my own anger level — and I did not want to provoke an immediate confrontation, so right there, at the reception desk, I limited my response, asking the patient, "Did you understand what she said?" The patient said, "Somewhat." I said, "I’ll clarify exactly, in a minute." I wanted to let the receptionist know, in a non-provocative way, that her comment would be shared, and imply that it may be scrutinized. I allowed the receptionist to complete the registration of the patient. The receptionist then directed the patient to sit in the section of the room near her, to wait to be called by the doctor.

I led the patient to another section of the room. I clarified exactly what was said. The patient didn’t like the comment either. I told her I was not very surprised by this comment, but very disturbed by it. That it’s in line, unfortunately, with a view she expressed on another occasion about Mexican Spanish being inferior to Castilian Spanish. The patient felt these comments were not appropriate, given her position as a receptionist, but the patient did not express any desire to confront this problem.

So I realized that any further "advocacy" I chose to pursue would be later, after I consulted my employer. When I raised it with my employer, I was a little surprised that their was no "pat" answer — no formula for dealing with this type of situation. My team’s coordinator found the situation disturbing and thought-provoking, and obviously took note of the situation with an open mind — hoping to develop an appropriate response. She suggested I raise this type
of question at the CHIA conference, so we could get some broader vision and suggestions.

As far as the CHIA guidelines for how to resolve such an ethical dilemma:

1. **Ask questions to determine whether there is a problem.** Doubt existed after the first incident, but the second incident put the problem in clear focus.

2. **Identify and clearly state the problem, considering the ethical principles that may apply and ranking them in applicability.** I did not question WHETHER to interpret the comments, because this is a patient’s RIGHT, to have complete and accurate interpretation so they can make their OWN decisions about their health care. I allowed the patient to take the lead role as far as whether to confront on the spot. I wanted to help facilitate the patient’s comfort for their appointment, recognizing that the PRIMARY relationship involved is between the patient and the doctor as the main provider in this case, rather than with the receptionist, so I didn’t pursue it further when the patient declined to pursue it. But I also felt that in order for her to trust the hospital’s care that this receptionist’s views must be identified and criticized, or else the patient might see these comments as representative of the hospital’s approach, and feel uneasy there. I also wanted the patient to know that she CAN rely on an interpreter to assist her with discrimination she may encounter.

3. **Clarify personal values relating to the problem.** I’m used to confronting in situations, but I cannot substitute myself for the patient, or for the role of the agency I work for. Sometimes I need to take a step back, especially since I have very strong feelings about discrimination.

4. **Consider benefits and risks of alternative actions.** I felt that the risks of doing nothing more than I did, as far as "on the spot," were minimal. But I felt that with doing nothing more afterward, the risk increases that these discriminatory comments could socially pollute the health care environment for many patients seen every day at this major hospital. A big risk of acting impulsively to confront the racism, however, would be that my actions could back fire, contributing to a defensive, punitive and repressive climate for hospital workers, which would also jeopardize patients, and could easily jeopardize the trust being developed by hospital staff for interpreters.

5. **Decide to carry out the action chosen.** I am still contemplating the appropriate course of action to take.

6. **Evaluate the outcome and consider what might be done differently next time.** I feel that the way I handled it in the immediate situation was fine. The receptionist is aware that I am alert to her behavior. I have not done anything to antagonize her or jeopardize her position, so there is still room for discussion on good footing in the future. I raised this with my agency, and together we are seeking an approach to solve the problem.

— A health care interpreter
1. Is prejudice against a language the same as discrimination against a person or groups of people? How are they similar? How are they different?

2. This incident took place in the absence of a particular patient. Does that affect the way you would handle the situation?
3. Are expressions, such as that made by the receptionist, common in society? Are they common in a health care setting? What would you do if you were NOT an interpreter, but were present in this situation?

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4. Is there an appropriate advocacy role for an interpreter in this situation? If so, where would you start? Whom would you approach? What course of action would you suggest he/she/they follow? What results might you expect?

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5. If you were to decide not to do anything about this incident, what would be the worst-case scenario? Best-case scenario?
6. Would you interpret the remark regarding Vietnamese people? If there is an advocacy role for the interpreter in this situation, how do you play it?

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7. How does the patient fit into any potential advocacy scenario? Would you confront the receptionist? What other avenues exist to remedy the situation?

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8. What is at stake if you advocate here? What is at stake if you don’t? How do you rank options and select the most appropriate role to play?
CONSENT FORMS AND ANTI-DISCRIMINATION LAWS

1. Information about the risks and benefits of proposed treatments or procedures. Patients are asked to sign whether they approve or decline a treatment.
   - Advance Directive
   - Informed Consent Form
   - Title VI of the 1964 Civil Rights Act

2. Provides guidance on the kind of medical care to provide a patient when that person can no longer take part in his/her treatment options or decision-making process. There are two types of directives (instructional and proxy), both are completed in advance of serious illness when the patient can still state his/her wishes.
   - Advance Directive
   - Informed Consent Form
   - Title VI of the 1964 Civil Rights Act

3. Prohibits discrimination by programs receiving federal financial assistance – examples of federal assistance include Medicare Part A (hospitalization), Medicaid/Medi-Cal, and Maternal Child Health grants. This law has been interpreted to mean that limited English speakers have a right to bilingual services at no cost to the patient.
   - Informed Consent Form
   - Title VI of the 1964 Civil Rights Act
   - Advance Directive
GUIDELINES FOR SIGHT TRANSLATION

Read the statements below and check off what you, as the interpreter, should or should not do for sight translating.

1. Make sure that the provider is available because the patient may have some questions.
   - Should do
   - Should not do

2. Ask the provider to summarize the document.
   - Should do
   - Should not do

3. Understand key words before sight translating them.
   - Should do
   - Should not do

4. Explain words that do not have the same meaning in the patient's language.
   - Should do
   - Should not do

5. Make personal comments about the information.
   - Should do
   - Should not do

6. Check to make sure that the patient understands the information.
   - Should do
   - Should not do
START, STOP AND CONTINUE REFLECTION

Think about making an ongoing commitment to professional health care interpreting. Based on the training so far, write down what you will start doing, stop doing and continue doing.

I will start...

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I will stop...

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I will continue...
Translate the diagrams into your language of service. If you are unable to translate the diagrams, you should go onto the next section of this workbook and ask your trainer, teaching assistant, or language coach for assistance.

Skeletal System
(A Handout for Interpreters in Health)
Urinary Tract System
(A Handout for Interpreters in Health)
Female Reproductive Organs
(A Handout for Interpreters in Health)
Male Reproductive Organs

(A Handout for Interpreters in Health)
Can you say and use the following words in both English and your language of service? Check off the vocabulary words that may be difficult for you and write them in either a notebook or on 3” x 5” cards to study and review often:

- AIDS (Acquired Immune Deficiency Syndrome)
- Arthritis (joint disease)
- Backaches
- Bone disease (osteoporosis)
- Breast cancer
- Broken bone (fracture)
- Bursitis
- Condom
- Crabs
- Diaphragm
- Dislocation
- Enlarged prostrate gland
- Fibroids
- Gonorrhea (the clap)
- Hernias (rupture)
- Herpes 2
- Hysterectomy
- Incontinence
- Kidney failure
- Muscle spasm
- Ovarian cyst
- The Pill (birth control)
- Pre-menstrual tension
- Pulled muscle (muscle strain)
- Sprain
- Stone (Kidney and Bladder)
- Syphilis
- Urinary tract infection
- Vasectomy
- Yeast infection

Others:

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Taping

Tape record yourself saying aloud the terms from the above diagrams and from the vocabulary words list in both English and your language of service. How was your pronunciation? Now try using them in a sentence. How did you do? Your trainer, teaching assistant, or language coach will go over the work you have done here with your peers during the practice session in the next training.
What are some of the potential challenges (personal and professional) you will face as a health care interpreter? What will you do in order to keep yourself healthy?

A. My potential challenges (managing stress, avoiding burnout, etc.)

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B. My way to stay healthy (exercise, watch movies, eat balanced meals, get adequate amounts of sleep etc.)
PRACTICE

Use your tape player to review and work on areas you need to improve on, for both the pre-session introductions to the provider and the patient and any of the interpreter roles.
START, STOP AND CONTINUE REFLECTION

Think about making an ongoing commitment to professional health care interpreting. Based on the training so far, write down what you will start doing, stop doing, and continue doing.

I will start...

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I will stop...

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I will continue...