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Inside:

- *Greetings from Greg*, pg. 2
- *Spotlight: Marin Vat, Khmer trainer*, pg. 2
- *Best Practices*, pg. 3
- *Vaccines*, pg. 3
- *All in a Day's Work: Culturesmart News*, pg. 4

Finding Culturesmart

Mail:
Culturesmart, Inc.
67 Federal Ave.
Quincy MA 02169

Telephone:
617-890-1111

Email:
info@culturesmart.org

Internet:
culturesmart.org

Upcoming Training

North Shore Medical Center Union Hospital, 500 Lynnfield Street, Lynn, MA

Saturdays, 9 a.m.-2 p.m., October 13 through December 15, 2007. (No class on November 24.)

Languages: Spanish, Portuguese, Haitian Creole, Chinese Mandarin, and Chinese Cantonese. Others may be offered based on demand, so please ask if your language isn't listed!

Interpreters of Languages of Lesser Diffusion: Training Challenges but Big Rewards

At Culturesmart we use our *The Essential Piece* manual as the basis of all our medical interpreter training programs. The manual provides interpreters of all languages with a broad basis for interpreting work by covering ethics, cultural differences, the American medical system, and basic interpreting methodologies.

But group sessions involving interpreters of many nationalities are only one portion of the training program. On most days, we spend the morning with the large group and then split up into language-specific sections for the afternoon.

Those sessions look at vocabulary in English and the target language, and participants practice their new knowledge in role plays.

Culturesmart offers some languages — such as Spanish — quite often, but we offer training in over 20 other languages, too.

Not all of those languages are common. Bangladeshi, Khmer, and Urdu are just a few of the languages of lesser diffusion (LLDs) for which Culturesmart has developed materials.



Roman Tessema, Culturesmart's first Amharic-speaking trainee.

We are always open to adding new languages to our repertoire: *The Essential Piece* manual and Train the Trainer program fit all languages and nationalities.

When we added Amharic to our list of languages this summer, we reflected on what it takes to enhance our offerings to client hospitals and individual interpreters, as well as the patients they serve.

Culturesmart's Greg Figaro says one of the challenges of LLD courses is negotiating rates for small groups of students. Although Culturesmart can shift revenue from courses that have higher attendance — such as Spanish or Portuguese — it is costly to find, train, and pay trainers. "It's difficult to find language specialists who also have medical knowledge," says Greg.

Training those specialists is the next challenge, says Greg, and Culturesmart prepares each, individually, in how to deliver the *TEP* course. (see below)

Language-specific sessions, with their medical vocabulary and practical exercises, get to the nitty-gritty of interpreting. Beyond developing interpreting skills, these meetings give participants opportunities to speak with col-

leagues and reach consensus on translating medical concepts that might not exist in both languages. "It's a great way for them to share their knowledge and experiences," says Greg. "That's very important for them as professionals and the communities they serve."

What Are Languages of Lesser Diffusion?

Languages of lesser — or limited — diffusion (LLDs) are spoken by relatively small populations. That is one of the few constants among these dozens of languages. Some, like Finnish, are spoken primarily in their homelands. Others, like African languages, are also spoken in immigrant communities around the world.

European examples of LLDs include Dutch, Finnish, Welsh, and Catalan. Khmer, Guaraní, or Lao might be considered Asian LLDs. African LLDs comprise Somali, Amharic, and Acholi.

Some LLDs, like Finnish, are spoken by most people in the country. In Ethiopia, though, Amharic is the official language but is spoken by only about a third of the population.

How Does Culturesmart Train the Trainer?

People often ask how we prepare trainers to deliver our *The Essential Piece* medical interpreting curriculum.

Training trainers has no one path: all trainers have strengths and weaknesses, so we provide individual, relevant support to help them enter the real world of training. We might focus on training methodology, enhancing knowledge of *TEP* manual material, or medical terms.

One important step for all new trainers is attending *TEP* training

to observe experienced trainers. We have also developed a comprehensive trainers' manual that guides trainers through material and activities for the entire course. Although the manual is detailed, it allows spontaneity and provides suggestions for handling potentially difficult situations.

Training language coaches is even more customized because language-specific sessions concentrate on bilingual comprehension of medical terminology and role plays that often have unique cultural implications.

We help all trainers develop

skills for giving feedback to trainees, both during in-class activities and assessments at the end of the course.

Are you interested in becoming a Culturesmart trainer or language coach? We are always looking for talented qualified trainers in certain languages. Contact us for more information!

Greetings from Greg, by Greg Figaro, President and Founder, Culturesmart, Inc.

Dear colleagues and friends:

LLDs — languages of lesser diffusion — present unique challenges for their speakers. How many people outside Somalia speak Somali? How many people around the world study Latvian? LLDs are usually not spoken much outside their “home” countries, except among pockets of immigrants.

As a native speaker of Haitian Creole and former interpreter, I’ve seen the need for qualified medical interpreters: although some immigrants come to the U.S. with a good knowledge of English, many do not. Waves of immigration have brought residents and citizens from countries whose languages few Americans can study: Somalia, the former Yugoslavia, and Vietnam are only a few examples. These factors combine to raise demand for interpreters among immigrant groups.

I wanted to write to you about LLDs because, over the years working as an interpreter and trainer, I have noticed that many training programs offer numerous courses and resources for interpreters of Spanish and a few other languages, but interpreters who speak LLDs are often left

to their own devices. This is why Culturesmart is so proud to offer language-specific training in many LLD languages.

The topic is fresh on my mind this fall because this summer we trained a new interpreter of Amharic, the official language of Ethiopia. We are also working with a new Khmer trainer: Marin Vat, profiled below.

You might wonder about the wisdom of developing resources just to train one person. Although there was only one Amharic trainee in the summer group, our work will spread. First, we hope our trainee will eventually work with hundreds of patients, helping to keep them healthy while serving as a liaison to a new health care system and its country.

That ripple effect is important, particularly among relatively isolated communities. Haitian Creole, for example,

has more than one million speakers outside Haiti but we train very few interpreters. Some communities don’t have many interpreters because jobs are scarce: prospective interpreters can’t justify the cost of an interpreting course if they can’t expect steady work.

Another benefit of training in LLDs is that we build Culturesmart’s offerings and expertise with each new language and culture. We’re happy we can offer Amharic to other clients.

In the end, I think our approach benefits everyone. It’s the right thing to do. The new interpreter can establish herself in a profession, benefiting Amharic-speaking patients in her community. Health care providers win, too, by having a qualified interpreter present at appointments.



Greg with the Rosetta Stone.

Spotlight: Marin Vat, Cambodian Trainer

Marin Vat is more than just a Culturesmart trainer — as minority community liaison at the Fall River, MA, Housing Authority, Marin’s regular job involves interpreting and acting as a cultural broker between speakers of English and Khmer. Though Khmer is considered a language of lesser diffusion (LLD), Fall River is home to about 3,000 Cambodians. Marin stays busy: he works with about 150 families living in affordable housing. His responsibilities include interpreting at medical appointments.

In his spare time, Marin volunteers for after school programs that teach traditional Cambodian dances, like the coconut and flower dances, to children.

Marin has been helping people bridge linguistic gaps since he used his high school English to teach English to fellow refugees in a camp during the

1970s. Although he began his career in the U.S. at a jewelry factory in 1979, Marin says he also interpreted for his co-workers and helped other refugees find places to live.

In preparation for serving as a Culturesmart trainer, Marin took *The Essential Piece* training several times. “The material and everything and the role plays, that’s perfect,” he says, noting that he found the medical terminology and human anatomy especially helpful.

Medical English-Cambodian reference materials are difficult to find, but Marin says he makes do with a glossary developed under government assistance when Cambodian refugees came to the U.S. after the Vietnam War. Despite the lack of standard Cambodian terms for certain conditions, like multiple sclerosis, Marin

draws on knowledge he gained during training and explains the disorders, sometimes creating new phrases. That strategy only works for people who speak good Cambodian he says. “Otherwise you get lost.”

Lack of language proficiency is another problem in many LLD communities — younger people who grow up in the U.S. often speak native English but don’t have proficient enough skills in their families’ languages to become interpreters. Khmer, which is largely derived from Sanskrit, is complicated, according to Marin, particularly because speech patterns and registers vary depending on the speakers’ social status.

Marin says it can be difficult to convince some of his elderly patients that they must take medications consistently or follow diets to avoid complicating conditions like diabetes or high blood pressure. It is also hard to talk to teenagers about the dangers of gangs, but Marin finds ways to show respect to people of all ages, building relationships in his community. “It depends on how you approach the people,” he says.



Marin reading the paper during a training break at Caritas Good Samaritan Medical Center last summer.

Best Practices: Interpreting in a Small Community

What Should You Do If It Seems Like You Know All of Your Patients?

Many interpreters work frequently with the same patients. Sometimes this is a good thing: you are familiar with the patient and his health so know the necessary vocabulary in both languages and can greet him and his doctors by name.

Other situations, though, might feel too familiar. In some small communities, interpreters may see their patients in social settings, the grocery store, or their neighborhoods. Even more difficult: some languages have so few qualified interpreters that even a hospital in a moderate-sized city might have only one interpreter. Depending on cultural norms and the scope of appointments, this could mean that not all medical encounters are handled by interpreters of the same gender as their patients.

Although the potential for awkward situations always exists in medical appointments, there are ways that interpreters can minimize discomfort and maximize the quality of medical care, while maintaining ethical standards.

Follow the Patient's Lead. Don't be offended if a patient doesn't greet you in public! If s/he says Hello

and mentions feeling better, be gracious, but don't pry for information.

Reassure on Confidentiality. Some patients become very concerned about confidentiality in small communities. Remind them that you are ethically bound not to speak about them or their health outside medical appointments.

Don't Talk About It! It can sometimes be tempting to mention something that you learned from a patient, but don't give in. After all, it's against the law!

Recommend Telephone Services as a Backup. Although a qualified, on-site interpreter is the best option for appointments, occasionally there are situations where the interpreter or patient is too uncomfortable to proceed. If you run into an intractable problem and no other local interpreter can take your place, be sure to remind the provider about phone interpreting services.

Don't Know the Word?

What should you do if you have no idea how to interpret a word, either because you don't know it or it doesn't exist in one of your languages? Medical technology and cultural traditions vary a lot, so these situations arise quite frequently.

★Ask for help (1). If you are interpreting into a target language, ask the doctor to explain or even show what s/he is talking about. This can convey the word while generating more trust among all members of the triad.

★Ask for help (2). If a patient is speaking about a traditional medical treatment that doesn't have a name in English, ask him or her to describe it to the doctor. You can complete the description if need be, but involving the patient builds relationships.

★Write it. Once you have a new word, write it in your personal glossary of terms!

Many people — adults and children — don't like to hear the word “**vaccination**.” For most of us, it conjures up one thing: a big needle for a **shot** or **injection**. Most vaccinations are important for both personal well-being and public health because they protect people from diseases that are dangerous and very **contagious**, or easy to pass on. **Immunizations**, though, can be quite controversial. For example, many researchers believe that a mercury-based preservative in children's vaccines has caused an increase in cases of **autism**. Despite reductions, some shots still contain mercury, so many patients or parents may want to discuss this question. Even more difficult: most states require a number of immunizations before children can start school.

Vaccinations have an interesting mechanism: the patient receives a small dose of a **pathogen** from a disease. Just enough of the pathogen is given in a weakened or dead form to cause an **immune response** without making the person sick. The immune response often lasts for years, though some vaccines require **boosters**, repeat doses that renew the effect.

Many vaccinations are given in combination shots. **DTP** protects against **diphtheria**, **tetanus**, and **pertussis** (**whooping cough**). **MMR** vaccinates against **measles**, **mumps**, and **rubella**. Other vaccines prevent diseases like **chicken pox** or **influenza**. Not all vaccines are shots these days: **polio** vaccines, for example, are often given **orally**.

One vaccine has been in the news lately: an immunization for females that prevents many types of **human papillomavirus (HPV)** from causing **genital warts** or **pre-cancerous tissue abnormalities** of the **cervix** or **vagina**. If the vaccine can prevent cancer, why is it controversial? There are many reasons, including that it is expensive and is given only to girls before they become sexually active. Further, cervical cancer can usually be discovered early if women have regular **Pap tests**, making some experts think it is unnecessary because women should continue to have Pap smears even after receiving the shot, which doesn't protect against all HPV strains. Finally, the vaccine is new, so nobody's sure how long it protects.

This is only a very basic introduction to vaccines. Learn more at:

Immigrant visa immunizations: http://travel.state.gov/visa/immigrants/info/info_1331.html

Vaccine safety: http://www.cdc.gov/od/science/iso/about_iso.htm

HPV Vaccine (Gardasil): <http://www.cdc.gov/std/HPV/STDFact-HPV-vaccine.htm>

Med School for Interpreters: Vaccines



All in a Day's Work: Culturesmart News

Out and About: Culturesmart Medical Interpreter Training Programs

- An open-enrollment fall session of *The Essential Piece* training will be held beginning on **October 13, 2007, at North Shore Medical Center Union Hospital, 500 Lynnfield St., in Lynn, MA.** The program will be run from 9 a.m.-2 p.m. on October 13 through December 15, with no class on Thanksgiving, November 24. Languages: Spanish, Portuguese, Haitian Creole, Chinese Mandarin, and Chinese Cantonese. Other languages may be offered, based on demand. Early bird registration fee of \$645 available through October 9, 2007. Registration is \$695 after that date. Visit www.culturesmart.org for information or to register.
- Culturesmart is starting the training of 20 Spanish speaking bilingual staff at **Charlotte Hungerford Hospital in Torrington, CT.** The training will run from September 12 through October 17, 2007. This program is funded through a grant from the Connecticut Health Foundation.
- Culturesmart recently concluded *The Essential Piece* open-enrollment training at **Elmhurst Hospital Center in Elmhurst, NY,** in August. Interpreters of Spanish and Mandarin-Chinese attended the program, which fit with new state guidelines on providing interpreter training.
- Culturesmart recently concluded *The Essential Piece* open-enrollment training at **Caritas Good Samaritan Medical Center in Brockton, MA** in August. Twenty-three Interpreters of Spanish, Portuguese, Chinese-Cantonese, Haitian Creole, Khmer and Amharic attended the program.

For the most up-to-date information about training events, please contact Culturesmart at 617-890-1111 or visit www.culturesmart.org.



Culturesmart at Conferences

Culturesmart hopes to see you at an upcoming conference!

- Greg and other Culturesmart trainers will be attending the **International Medical Interpreters Association (IMIA) conference** on October 5-7, 2007. For conference information, see: <http://www.mmia.org/conferences/Programschedule2007.asp>

Thanks to those of you who visited us at past events!

- As a member of the Standards and Training Committee (STC) of the National Council on Interpreting in Health care (NCIHC), Greg led a three-hour workshop program about medical interpreter certification and the recently published NCIHC Standards of Practice at the first annual **Texas Association of Healthcare Interpreters and Translators Symposium on Language Access in Texas**, held in Houston, Texas, on August 24-25, 2007. The program is still available at: <http://www.tahit07.eventbrite.com/>
- Greg presented Business Basics for Freelance Interpreters at Advancing the Profession of Health Care Interpreting in Des Moines, Iowa, on March 30-31, 2007.
- Greg lead two workshops on Business Practices at the **New England Translators Association (NETA)** on May 5, 2007, in Marlborough, MA.



Pictured here are Mandarin Chinese speaking (left) and Spanish speaking (right) participants from our most recent training program at Elmhurst Hospital Center in Elmhurst, NY (New York City). This program trained 25 individuals in Chinese Mandarin and Spanish.