

## **Interpreter Skills Workshop Riverside County Regional Medical Center**

### **Goals:**

- 1. Build training capacity of interpreter team**
  - a. Build capacity to lead interpreter trainings**
  - b. Build capacity to train/support individual bilingual staff to be interpreters**
- 2. Build interpreting skills of bilingual staff**
- 3. Develop team spirit between interpreters and bilingual staff**
- 4. Build mental health interpreting skills**

### **8:00-8:10 Food and Gathering**

### **8:10-8:20 Warming Up (10 mins)**

#### **2 Warm-Up 'lines'**

- Name, Department, Position, Languages line (*welcome pair lines*)
- What time did you get up this morning? (*quite line & then double for debate*)

### **8:20-9:00 Why are we here? Why are Qualified Interpreters needed?**

(Getting to know each other and establishing the importance of the training) (40 mins)

**A. Using a trained interpreter to maintain a therapeutic environment.** Let's look at different ways 'interpreting' happens in the therapeutic environment (and what's a therapeutic environment anyway!?) *We use this as an opportunity—when folks work in pairs—to have them introduce themselves to each other (different pairs for each video segment) and then, introduce themselves (name, department, position?) before they speak*

- **Show Kaiser Video--family member interprets (10 mins)**
  - **Get into pairs & respond to this question:** "Have you seen this? Have you ever been in the position of interpreting for family or friends? What was that like for you? What kinds of challenges did you face in these situations?"
  - **Come back to full group and ask:** What do you know from your own experience or what did you see in the video that could hurt the therapeutic environment?--record answers on butcher paper.
- **Show Kaiser video—untrained interpreter (10 mins)**
  - **Get into pairs & respond to this question:** "Have you seen this? What did you see that could hurt the therapeutic environment?"
  - **Come back to full group and ask:** "What did you see in the video of the untrained interpreter that could hurt the therapeutic environment? -record answers on butcher paper.
- **Show Kaiser video—trained interpreter (10 mins)**

- **As group, respond:** “What differences did you see in the video when a trained interpreter is used? -record answers on butcher paper.
  - Note: One thing that the video doesn’t show—that you can’t see—a trained interpreter knows and follows *ethical principles*—for example, the interpreter will hold everything in confidentiality and the interpreter won’t take sides.

- **Use overhead “A Qualified Healthcare Interpreter...”** These video clips and our own experience shows that Interpreting requires bilingual proficiency AND a complex set of interpreting skills AND the skilled use of ethical principles
- Identify differences between *translator* and *interpreter*.

A Qualified Healthcare Interpreter =

- Bilingual Proficiency in Medical Terminology, AND
- a complex set of interpreting skills, AND
- the skilled use of ethical principles

Why Use a Qualified Interpreter?

- For a Therapeutic Environment
- It’s the Law

## B. Using a Trained Interpreter: It’s the Law (10 mins)

Present:

- Researchers back up what you know to be true. They have investigated the dynamics of using untrained interpreters and this is what they’ve found:
  - One study showed that 23% to 53% of words were incorrectly interpreted by untrained interpreters
  - Another study showed that untrained interpreters were more likely to make mistakes that had potentially serious consequences for the patient
- Bad experiences and research that shows the dangers of using untrained interpreters have made politicians pass several laws require hospitals to use trained interpreters... **Title VI of the Civil Rights Act of 1964.** The Supreme Court has ruled that federally funded programs are prohibited from discriminating against individuals based on their English abilities.
  - What this means: Any hospital or medical agency that gets federal funding—money from Washington, DC—can’t discriminate against Limited English Speakers. They can’t require LEP to bring in family or friends to interpret. If they don’t provide interpretation services, they risk an investigation by the Office of Civil Rights.
- *Barb – here we could indicate that the hospital has a policy about interpreting. Since the policy needs major revisions, we can simply reference it. We also might describe very briefly how we interpreters cover the hospital – 5 minutes.*

## 9:00-9:10 Training Overview (10 mins)

\* Four Goals of Training & Framework of Training (5 mins)

*Use overhead “4 Goals of Training”*

You will walk out of this training

- Knowing the basic **Standards for Healthcare Interpreters** and with practice in using those Standards. Includes:

- **The different roles** that you can assume as a healthcare interpreter and guidance for situations such as—when do you do word-for-word interpretation and what do you do when you think the doctor doesn't understand what the patient is saying?
  - The **standard interpreting protocols** for starting an interpretation session and for managing a session. How you are expected to interpret. For example: how do you tell a patient to slow down or ask a doctor to explain something differently when you think the patient *or you* don't understand what's being said?
  - How to uphold the **ethical principles** you are bound to—we all want to always do what's right... but sometimes it's not clear what's right. For example: what do you do when a patient tells you something but also tells you not to tell the doctor?
- Having reviewed and practiced the **medical terminology and phrases that frequently require interpretation.**
- Knowing the vocabulary and concepts important for interpreting in **mental health sessions**
- Getting to know each other and learning how to rely on each other for support in your work as a bilingual staff member

- Framework

When you have these skills and know the standards—you are a professional healthcare interpreter. As a professional, you are expected to continue to build your skills and knowledge beyond this training. This training is a first step in a process of support for you--*Barb – since we have full-time certified interpreters, we might highlight here that we are the professional healthcare interpreters who the hospital expects to interpret at an advanced level for the most complicated and delicate situations. Our experience is: academic – we have studied interpreting in college-level courses for years; Varied:, years of experience doing “only interpreting”, extensive experience in translating, all of which for and in a variety of settings (all specialties and subspecialties, tragedy, criminal and legal matters, with patients from many countries and with many speech patterns), we can be a resource for staff, not only for terminology and ethical issues, but also where situations are felt to be beyond their capabilities, comfort levels or coping skills. I think I can discuss this section, being sure to maintain self-esteem and support the importance of their work in the hospital.*

- Expectations of Training

*Use overhead “Expectations of Training”*

- We all commit to being here on-time and ready. Start at 8:00; Lunch from 12-12:30; End at 4:00.
- The training is based on all of us being active participants—listening, asking questions, working with each other--you will be expected to work in pairs and small groups, participate in role-plays or practice skits. There is a small amount of homework required.

- We are all learners here. Everyone is expected to respect each other and what is shared. All personal stories or discussions are to stay in this room—when someone shares something, they can expect that we will all hold it with confidentiality.

### 9:10-9:15 Kaiser Video on the Modes (5 minutes)

### 9:15-9:30 Consecutive Mode—What it requires (15 mins)

Health Care interpreters use consecutive mode and sometimes sight translation. (5 mins)

- What is consecutive mode?
- What does consecutive mode require for interpreters? (overhead 8)

<p><b>Consecutive mode:</b>  <b>No Adding-No Omitting-No Changing</b></p> <ul style="list-style-type: none"> <li>• Active listening</li> <li>• Concentration</li> <li>• Memorization skills</li> </ul>
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- Why shouldn't anything be added or omitted? (if interpreter decides what to add/omit?) *Jennifer's Hot Potato Example*
- **Telephone Game.** —to emphasize no adding, no omitting, and no changing—and need for memory aids (5 mins)
  - Divide group into two lines (*they can still be sitting at their desks*)---the facilitator reads one sentence to the first person in each line (position far enough away that the two lines don't hear each other)
  - At end of the line—check the line's "interpreted" sentence against the beginning sentence—note errors that the lines made.

1: "Last week on Thursday I started taking the pills the doctor prescribed for me and now I feel dizzy, weak, and tired all the time."

2: "Since there was quite a bit of sugar in your urine sample, I'm going to order a glucose tolerance test."

3: "Relax and I will take your blood pressure, pulse, and temperature. How did you cut your hand?"

4: "My medical record number is 110-58-76."

5. Group reflection: Ask interpreters how they remember what to interpret accurately and completely—what strategies do they use? Start a "Memory Strategies" sheet --- Have participants add to this list throughout training. Take notes! (5 mins)

### 9:30-9:45 Four modes of Interpreting (15 mins)

1. Review 4 modes (5 mins)

- Overhead 9 "Interpretation: 4 Modes"
- Model each of the modes...

<p>Interpretation: 4 Modes</p> <ol style="list-style-type: none"> <li>1. Consecutive</li> <li>2. Simultaneous</li> <li>3. Summarization</li> <li>4. Sight Translation</li> </ol>
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2. What's my Mode? Game (5 mins)
  - Divide room/area into four squares with 1 mode sign at each square. Trainers role play patient/provider using different modes. Participants quickly move to appropriate squares and tell why they moved to that square.
3. Sight Translation (5 min) *Here we can discuss consents/instructions that they might have to read to patient. Most important thing here is to be sure they say everything, not just summarize. I'm not incredibly worried about their ability to provide a professional level sight translation like we're expected to do for state tests.*

## 9:45-9:50 Break (10) 10??

### 9:50-10:35 Managing the Session (45 mins)

1. Present the Four things to remember: (*use overhead "managing the session"*)(20 mins)
  1. **Using the First Person "I"** (*Jen—this is where you and your interpreters talk about the things to consider in using 1<sup>st</sup> person...there must be a way to structure this to let the interpreters show leadership here while supporting them to make sure all points are covered...*)
    - a. Is standard practice in all fields of interpreting
    - b. Reinforces relationship between patient and provider
    - c. Mimics how patient & provider would speak to each other
    - d. Shortens communication
    - e. *Things to consider: "new patient vs. old patient"; "I'm going to examine you." .... Is it culturally appropriate? how does the patient feel?*
  2. **Positioning** (*explain—draw on board) (again what are the principles behind this---how does the patient/provider feel? Question where do you stand at a bedside? Where do you stand in a clinic? In an ER chair?)*)
    - a. Interpreter next to and slightly behind the patient
    - b. Interpreter between the provider and patient
    - c. Interpreter is next to the provider
  3. **Consecutive interpretation**—no adding, no omitting, no changing
  4. **Closing the Session**—what does the interpreter say?

### 2. Practice using the 4 "managing the session" techniques (15 mins)

*Talk about how to give feedback. Those who play the patient or provider will give feedback to the interpreter after the dialogue*

*This is about practicing how to do role-plays.*

*Divide into groups of three by language—patient, provider, interpreter; circle any word that may be problematic or does not have equivalents in other language;*

- Role Plays on pages 1 & 2

- **Group debrief: (10 mins)** Ask and respond to:
  - What will be important for you to practice?
  - Is it hard using 1<sup>st</sup> person? Why?

- Many providers/patients you interpret for will say “Ask Mr. Vargas what medications he is taking.” Instead of “Mr. Vargas, what medications are you taking?” What do you do in these situations? We will talk more about this in the afternoon....

### **10:35-11:25 What can providers and patients expect from an interpreter? What do providers and patients need to know to work with an interpreter?.... Pre-Session Protocols (50 mins)**

*Barb – we need to emphasize that this may be things we would say to a provider or patient who has never used an interpreter. They might not need to say it every time.*

1. SHOW Kaiser Video of Pre-Session (5 mins)
2. Explain what a protocol is.
3. Go to **overhead 10—SPEC plus 1** and—identify the elements of a pre-session script.
4. **Go to Overhead 11—pre-session script to provider**—have participants read it over.
5. Do line dance with pre-session script in hand (25 mins, Barb)
  - First partner speaks pre-session message
  - Second partner speaks pre-session message
  - “move down the line” (2 times more with script)
  - Ask for feedback from group—what would you change? What do you like about it? *Clarify elements needed, etc....*
  - First partner speaks revised pre-session message—without script
  - Second partner speaks revised pre-session message—without script
  - Repeat “move down the line” 2x more
  - Ask for questions/feedback

#### **6. Homework/Language Group Work (20 mins)**

Write this pre-session in your non-English language (you can work in groups) and practice it. Memorize it because we will do the line dance on our next training day.

### **11:25-11:40 Review---work in groups (15 mins)**

1. Name three ways that a trained interpreter is different from a family member or untrained interpreter.
2. Name 4 ways to “Manage the Session”
3. Name the 4 modes of interpretation
4. Name the 5 important elements of a pre-session

### **11:40-12:00 HCIN overview and how it relates to Riverside—remote interpreters and the equipment**

This will be a quick overview with a short video clip of how the remote interpreter system works. It will also be a way to share the experiences bilingual staff from other hospitals with the remote interpreter system have...(could be a video clip of an MA from SJGH). *Barb – it is important to recognize that the purpose of our training is to equip them for in-person interpreting. However, they may be used to help continually train others in the use of video and other remote technologies. They should know how to set up and recognize that there may be times*

*when they can't take the time to do the interpretation themselves, and may find it better to take their time to help set it up...etc...*

## **12:00-12:30 LUNCH**

### **12:30-12:40 Overview of 4 roles. (10 mins)**

There are four roles/hats that interpreters can play during a session. Each role responds to a particular barrier in communication that a patient and a provider might encounter.- bring out/identify different “hats” with appropriate label. NOTE that this is tricky for bi-lingual staff because they also have ‘role/hat’ as medical provider! We will talk about this later. Note difference between modes and roles....

We are going to look at each of the four roles, allowing the Kaiser video to help us understand each role. This video clip identifies 4 roles and will start us talking about the Interpreter as Converter role.

### **12:40-1:30 Interpreting Protocol: Interpreter as Converter 50 mins)**

1. **SHOW VIDEO segment 4**—4 role overview and focus on **converter role. (5 mins)**
2. Present: (overhead #15) (20 mins)
  - *Make sure that participants understand that converter role responds to the language barrier between patient and provider. This role is most common and least invasive—only convert messages.*
  - What does this role sound like? Chart paper divided in middle: “what it sounds like” and “what it doesn’t sound like”
    - i. The interpreter as converter converts messages from one language to another.
    - ii. The interpreter as converter Interprets ALL messages for ALL parties. Why all messages for all parties? Why all the time? Discuss importance.
    - iii. The interpreter as converter **Manages the Flow of Communication**—it is the interpreter’s responsibility to make sure that the communication is at a rate that can be interpreted accurately. It is the interpreter’ s responsibility to:
      1. **Guide speakers to pause or slow down**
      2. **Guide speakers to speak directly to each other**
      3. **Request that speakers repeat what they said, if needed.**
  - **How to Intervene as a Converter (see overhead)** What is best way to intervene to make sure that you can interpret accurately? Some things to consider:

- i. Do you switch to 3<sup>rd</sup> person? Example: “The interpreter is unfamiliar with that test. Can you please describe it?” *Do you say “disculpe?” Do you say “I’m not familiar with this word in Spanish, can I give it to you in English?”*
- ii. **Share** ALL messages with ALL parties—including YOUR own message. Example: [to the patient] “The interpreter was unfamiliar with that test and asked the doctor to describe it.” AND [to the doctor] “The interpreter asked the patient if it’s better to stand on the other side since she seems to hear better with that ear.”
- iii. Step Back. Return to the Message Converter role.

3. Practice interventions (**25 mins**)

- Role play: #3 Patient/Provider who speak in long sentences and don’t pause—practice interventions
  - i. Facilitator models first part; then in language teams to continue practicing.
- Report-back in whole group. Things to consider:
  - i. Biggest complaint of provider is when interpreter steps out of converter role and has side conversation with patient. Could be to clarify something like EKG test or to better understand what patient is saying.... When interpreter is clarifying what has been said.... Next role we look at is how to be a message clarifier.

**1:30-2:20 Interpreter as Message Clarifier, Part I. (50 mins)**

1. Show Video segment 4—clarifier role. (**5 mins**)
2. Ask the group (**5 mins**) Chart paper divided in middle: “what it sounds like” and “what it doesn’t sound like”
  - What does this message clarifier role sound like?
  - When does an interpreter jump into the clarifier role/hat?
  - *Make sure that participants understand that the interpreter usually assumes the clarifier role in response to a barrier between patient and provider caused by complex medical information. The interpreter interprets faithfully, but in such a way so the patient and provider understand. Does this mean that you describe the EKG process yourself?*
  - NOTE: the interpreter should let the speaker give the explanation and should help the speaker, *only if needed.*

3. **Common Interventions as Message Clarifier:**

(use *overhead #17 “Message Clarifier”*)

1. **Check if Listeners Need More Information or Simpler Explanation (don’t assume) (20 mins)**
  - Demo Scenario, p. 6 (instructors) (participants write down their “lines”)
  - Identify *high register* vs. *low register*
  - Message Clarifier Role Practice p. 7
  - Message Clarifier Role Practice p. 8

- Debrief

2. **Request Explanation of Unfamiliar Terms or Concepts (20 mins)**

- Demo Scenario p. 9 (participants write down their “lines”)
- Message Clarifier Role Practice Activity p. 10
- Message Clarifier Role Practice Activity p.11
- Debrief

**2:20-2:35 Break**

**2:35-3:35 Message Clarifier, Part II. Common Interventions as Message Clarifier con’t.**

3. **Clarify Ambiguous Messages (30 mins)**

- Demo Scenario p.12 (participants write down their “lines”)
- Message Clarifier Role Practice—in small groups. p.13
- Message Clarifier Role Practice----in small groups p.14
- Debrief

4. **Find another way to explain a term with no linguistic equivalent (30 mins)**

- What does “linguistic equivalent” mean?
- Demo Scenario p.15 (participants write down their “lines”)
- Message Clarifier Role Practice in small groups p.16
- Message Clarifier Role Practice in small groups p. 17
- Debrief

**3:35-4:00 Conclusion-Consolidation (25 mins)**

1. Participants individually complete a “The Training So Far...” worksheet
  - a. Three things that I’ve learned that I want to remember: \_\_\_\_\_
  - b. Something that I need more work on is: \_\_\_\_\_
  - c. A question I have is: \_\_\_\_\_
2. Homework: Practice pre-session script to patient and to provider because we will start off our next training day working on it. (*Jen, DO YOU WANT TO HAVE THEM KEEP A JOURNAL OF WHAT THEY WILL SEE AS INTERPRETERS IN THE DAYS BEFORE THE NEXT TRAINING?*) *Yes*
3. Appreciations

## Day 2

### 8:00-8:10 Food and Gathering

### 8:10-8:30 Warming Up (20 mins)

- Line of pairs—name something fun you like to do
- Line of pairs—one thing you noticed since 1<sup>st</sup> day of training
- Fill up the board
  - i. 4 modes
  - ii. 4 things to remember about managing an interpretation session
    1. Positioning
    2. first person
    3. no omitting, adding, changing
    4. closing session
  - iii. SPEC +1

### 8:30-9:00 Ethics of Accuracy and Completeness (35 mins)

- **OVERHEAD 18: *interpreter ethical principles & Quick Overview***--Note that there is a set of ethical principles that interpreters must uphold. Throughout this training we will look at how we can best follow those principles. A description of these principles is given in *The California Standards for Healthcare Interpreters*. (*give each participant will have a copy at the training*)
- **OVERHEAD 19: Ethical Principle: Accuracy & Completeness. (15 minutes)**
  - a. **This is about being a message clarifier—why?**
  - b. How do you make sure you are interpreting accurately and completely?
    - Clarify meaning of non-verbal expressions and gestures that have a specific or unique meaning within the speaker’s culture. **ASK: What is an example of a non-verbal expression or gesture in your culture that others may not know?**
    - Maintain the tone and the message of the speaker even when it includes rudeness and obscenities.
      - **ASK: who has experienced interpreting for someone who is angry/using bad language?**
      - **ASK: do interpreters have to repeat obscene expressions and profanities?**
      - **ASK: what will you do when a patient is rude or using bad language?**
    - Clarify meaning and check for understanding—particularly when there are differences in **register** and culture
      - **ASK: In your experiences, what are words that frequently have to be given in “street language”?**
    - Notify the parties of any medical terms, words, or expressions which may not have an equivalent in either English or target language—allow the speakers to give a simplified explanation of the terms.

- **OVERHEAD 20: Correcting Interpreting Mistakes (15 mins)**

What if you make a mistake? Interpreters must act to reveal and correct interpreting errors as soon as they are recognized. Better to look incompetent than to give a wrong or incomplete message. NOTE: KEY IS TO NOT HAVE SIDE CONVERSATIONS.

\* **Riverside Interpreters to give examples of mistakes they've made/heard of.**

\* **Riverside Interpreters model how to correct a mistake: —have participants write their “lines” on their notes**

1. Tell the provider that you realized you misinterpreted a word & that you will explain this to the patient.
2. Tell the patient of the error.
3. Check with both the patient and provider to see if either of them has any questions.

**Example:** 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.”

\* **“Step-In” Game with Interpreters**

- Interpreters role-play making a mistake. When participants hear the mistake they tap interpreter on the shoulder and step in with the appropriate correction. First time, interpreters model how this game is played.

## **9:00-9:20 Medical Terminology**

**Jen—go wild. Is this enough time to scratch the surface? What do you want to include in the notebook glossary? Do we hand out the Kaiser books here?**

## **9:20-10:05 Cultural Clarifier Role—the foundation (45 minutes)**

### **1. Show Kaiser Video, segment 4. (5 mins)**

- The cultural broker role responds to the barrier of miscommunications or misunderstandings that can happen between patient and provider who do not share the same ethnic socioeconomic, and/or cultural background.
- The cultural broker role takes place when the interpreter intervenes to acknowledge, explain, or clarify the cultural differences between provider and patient. These differences can be related to food, child rearing practices, religion, health beliefs and practices...(hiccup cure/wart cure)

### **2. Break into Small Groups according to language group/culture (10 mins) (Overhead 21)**

- Give of an example of a cultural misunderstandings/conflicts you have seen or could imagine between a patient from your language group and a healthcare provider.
- After a few minutes, give each group the **cultural understanding in regard to health beliefs/practices** worksheet.
  - What causes people to get certain illnesses? How would you explain this to a provider?
  - Are there beliefs that people bring about what will cure them of an illness? How do you explain that to a provider?
  - What causes fever? What cures it? How do you explain it to a provider?
- Have small groups report back. **(15 mins if more than 1 language group?)**
  - Tell us how you would tell a provider about one of the cultural based beliefs that a patient may hold
  - Tell us something that you learned/that you hadn't heard before

### **3. Interpreters Panel: When I've had to be a cultural clarifier (10 mins)**

When listening to interpreters—ask yourself why is this role of cultural clarifier important? What are the risks in assuming this role?

### **4. Reflect on Video and Interpreter's Panel: (Overhead #21) (5 mins)**

- Why is the cultural clarifier role important?
- What are the risks of assuming this role?

## **10:05-10:20 Break (15)**

## **10:20-11:00 Cultural Clarifier Role—Practice Interventions. Common Interventions (40 mins)**

### **1. REFER to OVERHEAD 21--- (5)**

- **Watch** for possible miscommunication/misunderstanding between parties
- Alert patient and provider—Remember **STEPPING OUT** protocol.
- **Ask** if the patient and/or provider want to explore the issue
- **Explore & Explain** what the issue may be with the patient and/or provider

### **2. MODEL Cultural Clarifier (5)**

- a. Demo page 18.
- b. Have participants write their lines (on Overhead 21)

### **3. Small Groups to practice interventions as cultural clarifier (20)**

- a. Cultural Clarifier Role Practice, p. 19. (mal de ojo) OR
- b. Cultural Clarifier Role Practice p. 20 (diabetes)

### **4. Debrief/ Do a Fishbowl cultural clarifier role-play (10)**

## **Ethical Principle: Cultural Responsiveness**

*Jen—this fits here in theme but not in time! Even if we gave 5 minutes to it and then bring it up again around respect for individuals and their communities....*

This is a very different angle on culture---interpreting for someone that *doesn't share* your culture. Interpreters seek to understand how diversity and cultural similarities and differences have a fundamental impact on the healthcare encounter. Interpreters play a critical role in identifying cultural issues and considering how and when to move to a **cultural clarifier** role. Developing **cultural sensitivity** and **cultural responsiveness** is a life-long process that begins with an introspective look at oneself.

Ask: how do you demonstrate cultural responsiveness? What should you watch out for?

1. Identify and monitor personal biases and assumptions that can impact your interpreting
2. Monitor and personal reactions and feelings, such as embarrassment or frustration, that interfere with how you are interpreting; recognize that such reactions may be the same or different from the patient and provider
3. Identify statements that providers or patients make that indicate that they don't understand the health beliefs or practices being shared

### **11:00-11:20 Advocate Role (20 mins)**

#### **1. SHOW Video, segment 4. (5 mins)**

**2. Break into Small Groups**---ask participants to come up with 3 other situations that they have seen or heard about in which interpreters may choose to play an advocate role. Ask for reporter to give report back. **(5 mins)**

#### **3. Report-Back/ Overhead 22—what is advocacy?**

- **Take example from report back to show/discuss thought process:**
- What changes are required to meet the needs of the patient?
- What options exist for patient?
- Who can potentially carry out the positive changes?
- Is the patient in agreement with this course of action?
- What are the risks of intervening in this situation?
- What does it look like? What *shouldn't* it include? NOTE: It does NOT mean having side conversations in front of provider; giving medical advice; describing a procedure (unless you are in a dual role and the doc wants you to?)
- Why do we say this is the interpreter role with the most risk?

### **11:20-11:50 Dual Roles as Provider & Interpreter**

- Jen, let's talk about how to structure this—it might be good to talk to the participants beforehand about their concerns with this dual role. It also might be interesting to talk about it in terms of the 4 different roles of an interpreter—and how that is different AND the same for dual roles (i.e.,

you still can't have side conversations with patients, how you manage the session....). It might be nice to have some interpreters present for this for them to offer support the bilingual staff??....i also see this as the beginning of the conversation in which we can also refer to the dual roles throughout the rest of the training....

- Maybe “my role as a Nurse/MA” and “my role as an interpreter”---how they compliment each other. How they bump into each other?
- Maybe “what do my providers need to know about my dual role so that I can do my job most effectively?” -- this could translate into some kind of action plan for the participants/interpreter service in terms of education of the staff? (like when is it ok for a dual role interpreter to say no?)
- Also—here is where you reiterate what you expect/don't expect from bilingual staff; how they fit into your overall system for interpretation....

### **11:50-12:00 Consolidation**

**In Pairs & then full group:** What would you say? A medical assistant friend who is also called upon to interpret asks you what you learned that could help her interpret better. What would you tell her?

### **12:00-12:40 Lunch**

### **12:40-12:50 Warm Up/Dinamicas(10)**

### **12:50-3:00 Mental Health Training (with break) (130 mins)**

#### **3:00-3:40 Interpreting Game: What's my Role? (40 mins)**

- Divide into groups of three and give Interpreting Game dialogues. (20 mins prep—have each group repeat the dialogue a number of times)
- Have each group work on their role play to present to the larger group. This is an opportunity to “fishbowl”/critique. Ask small groups to present realistically—have them in front of the room....the doc/provider & interpreter coming through the door. This is a chance for some fun as well as learning.
- Ask larger group
  1. what was the intervention of the interpreter? What role did he/she take?
  2. what suggestions can you give to the interpreter?
  3. what interpreter lines do you want to remember?

#### **3:40-4:00 Conclusion & Prep for Shadowing Exercise**

Individual write-ups: (10 mins)

- What is something new that you've learned today?
- What is something that you haven't done before that you want to try when you next interpret?
- If your charge nurse asks you about the training, what is something important that you think he/she should know about interpretation or your dual role? (*after folks write this....ask them if they would like to share*)

Instructions/Getting it together for the shadowing exercise. (10 mins)

- What to expect? What to remember for next training when we debrief.

## Day 3

### 8:00-8:10 Food and Gathering

### 8:10-8:30 Warm-Up (20 mins)

- \* Something fun in line dance
- \* Making a mistake “step-in” exercise
- \* SPEC+1 line dance

### 8:20-8:50 Debrief from shadowing (30 mins)

### 8:50-9:20 Ethical Principle: Impartiality (30 mins, Alberto)

#### Present Impartiality Overhead (10 mins)

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.

*Ask:* How could an interpreter’s values or beliefs impact their ability to interpret in any situation? Have you been in this situation or seen it happen?

Note that each interpreter brings his/her own cultural assumptions to their encounters—An interpreter’s awareness of his/her own cultural assumptions can help the interpreter be non-judgmental, maintain impartiality, and ensure accurate and complete interpreting.

*Ask why?*

*Ask:* How do you maintain impartiality? What should you watch out for?

- Show no favor or bias against anyone involved in the interpretation
- Allow the parties to speak for themselves; don’t give advice or take sides
- Don’t give your personal opinions, beliefs—even when you disagree with the message or think that what is being said is wrong
- Don’t show non-verbal body language or facial expression that convey bias
- Disclose personal ties between the patient and interpreter and change interpreters if the personal ties mean that patients might not speak freely

#### Practice: *Impartiality Case Studies (p.28) (20 mins)*

1. Work in small groups and then debrief in whole group. For each case study, answer the following questions:
  - a. What are the ethical issues?
  - b. How should the interpreter respond?

### 9:20-9:50 Respect for individuals and their communities (30 mins)

**Of course we respect all people and their ideas—easier said than done.**

**The principle:** 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 healthcare professionals. This ethic is tied with cultural responsiveness...

**Read through OVERHEAD 23 (do not discuss yet):** What this principle means for interpreters:

- 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.
- recognize the concept of patient autonomy
- alert provider of potential communication barriers
- respond to disrespectful remarks.

### **1. Treating all equally:**

**Break into small practice groups:** Practice role play p. 24

#### **Debrief in small groups—and then in full group**

- a. What would some interpreters find difficult with this case?
    1. Disagreed w/the patient decision? Irresponsible decision? This calls on the principle of impartiality.
    2. Gay man—difficult for many people.
  - b. Who are other people have you interpreted for that our society doesn't treat equally or with dignity and respect? Homeless? Prostitute? Drug addict? Prisoners? Who else?
  - c. Describe an encounter you have had (or could imagine having) with a doctor or patient that challenge your personal beliefs or ideas.
  - d. Name someone you know who models this principle of respecting individuals and communities. What is it that stands out for you about them?
- ### **2. Recognizing concept of patient autonomy.**
- a. **ASK:** What is does patient autonomy mean? Patients who are competent to make decisions should have the right to do so.
  - b. **Some ethical dilemmas with the right of patient autonomy.**
    - **Role play: Giselle's case study.** Family not wanting patient to know the diagnosis—don't give terminal diagnosis to their 65-year-old mother.
      1. **ASK:** What does informed consent mean?
      2. **ASK:** Why is it important in our healthcare system? (it is a right)
      3. Alert provider of possible conflicts between a patient's 'world view' and informed consent for treatment.

- **ASK:** What is another example of a patient encounter in which the importance/dilemma of patient autonomy comes up? (Write in their overhead notes, p. 23) Some examples:
  1. Not wanting to get an HIV test
  2. Refusing medical treatment when it is needed
  3. Provider says a discriminatory, offensive or rude remark about the patient. Do you translate it?
    - a. You don't want to offend the patient.
    - b. The patient has the right to know what is being said.
    - c.

**3. Responding to disrespectful remarks** by reminding all participants in the interaction of the ethical principle requiring accurate interpreting for every thing that is spoken, including rudeness, and discriminatory remarks and behaviors.

**4. Advising the provider of potential communication barriers** due to gender differences between patient and provider, or patient and interpreter.

## 9:50-10:00 Break

### 10:00-10:30 Ethical Principle: Confidentiality (30 mins)

Interpreters treat all information learned during the interpreting as confidential. This follows HIPPA requirements. HIPPA is a broad federal law that protects the privacy of individual's health information. (**OVERHEAD 24**)

2. **Break into 3 small groups. (3 Case Studies p. 29) (10 minutes)** Name a recorder/report-back person in each group. Each small group 'reads' their case, discusses it, and will 'present' their case.
3. **Debrief (10 minutes):**
  - a. **ASK:** respond to the written questions
  - b. **ASK:** what are the ethical issues?
4. In whole group, discuss (**10 min**)
  - a) **ASK:** Give 3 reasons why confidentiality important?
    - Patient rights to confidentiality
    - The patient/patient's community might lose trust in you
    - It's the law
    - You might be wrong/not have the whole story
  - b) **ASK:** How do you maintain confidentiality as an interpreter?
    - *Make sure that the following points come out:*
      - Advise all parties that you will respect the confidentiality of the interaction—when applicable;
      - **ASK:** do you have to explain to the patient what confidentiality means? Will it make a difference?

- Advise all parties that you will interpret everything said—that they should not say anything that they do not wish to be interpreted. (we will talk about this tomorrow when a patient says something to you and tells you not to tell the doctor)
- Don't give providers any information about the patient gained in a community context. (ASK: what is an example of an interpreter having information about a patient?)
- Don't give patients any personal information about the provider.

### **10:30-10:55 Using Family Members (25 mins, Barb)**

Jen, this is a chance to consolidate thinking around ethical principles and gets at an issue that folks confront a lot.

**Work first in small groups, then in whole group.** *Worksheet:* What would you say if someone said to you “Isn't it better to use a family member? A patient will be much more comfortable with a family member and the family member will understand them better.... That's being more culturally responsive than having an interpreter who is a stranger”

- Main Points to pull out:
  1. how does this fit into ethical principles we've identified?
  2. .
  3. .

### **10:55-11:05 Professional Development/Integrity (10 mins)**

This is an ethical principle but is a place to pitch your support program for bi-lingual staff and for CHIA. Is 10 mins enough?

### **11:05-11:30 Modes/roles/ethics game OR a role play practice session? (25 mins)**

### **11:30-11:40 Line Debrief Dance (10 mins)**

- Line Question: If I remember only 2 things from this training, they would be:
- Line Question: My greatest challenge as an interpreter is:
- Line Question: I'm excited to be an interpreter because:

### **11:40-11:45 Individual Reflection time (5 mins)**

### **11:45-12:00 Appreciations and Certificates of Training (15 mins)**

