

A guide to Medical Interpreting: Diversity, Equity, Inclusion and Healthcare

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A guide to Medical Interpreting: Diversity, Equity, Inclusion and Healthcare
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Introduction

WELCOME

DR. DIANA RUGGIERO

Welcome to ***A guide to Medical Interpreting: Diversity, Equity, Inclusion and Healthcare***. This book is possible thanks to the generosity of the TN Open Education Grant Project – Cycle 3 (“OER Grant”) whose primary purpose is to increase equity in access to quality, no/low-cost educational materials.

In this book, you will find resources for medical interpreting, case scenarios, practice exercises, and more!

I want to give a special thank to Dr. Will Thompson, Dr. Robert Denn, Ms. Glynda Luttmann and Ms. Laura Wright

Our amazing team is formed by Trish Lange, McKinlee Deustch, Dr. Carl Hess, and Dr. Fedoria Rugless.

Our project took over a year to be completed, we worked hard on the material selection, the chapter outlines and overall the quality of the content. It is all for you to enjoy and learn at absolutely no cost!

Chapter 1 Introduction

By the end of this module, students should be able to:

- Describe the world of medical interpreting

Cultural aspects

- More preventative medicine

Describe interpreting in the US

- Practice interpreting 1

Welcome to the medical interpreting and medical Spanish combined. This book will offer you opportunities to learn about the medical interpreting process in the USA, how to become a certified medical interpreter, and what to expect in an encounter.

Before diving into cultural differences or similarities, let's clarify the difference between interpreting and translating: Interpreting is the rendering of the verbal message and the written translation.

We will also navigate culture and cultural awareness, and humility.

One of the first resources I want to learn about is the culturally and linguistically appropriate services you can expect when going into medical encounters in the USA.

One of the first things I would like to invite you to do is to check where your state stands in terms of CLAS. [clas-tracking-map](#)

The main goal of the CLAS standards is to reduce disparities and add equity to the medical encounter.

Now for this first Chapter, I want to share my story. So you can picture the difference in culture in the medical field between a country like Argentina and one like the USA.

First, Argentina offers free healthcare to its citizens and anyone who needs help.

My father, Dr. Rizzo, was a medical doctor, a clinician who had the practice at home.

We lived in Ituzaingó, in the province of Buenos Aires, on the west side.

He was a kind man who cared for his patients. He would never turn down anyone in need and often did not charge for his consultation. He also found a way to avoid prescribing medications that were extreme side effects but rather homeopathic remedies.

He started to do acupuncture, laser, teas, and other treatments. He also focused on preventive medicine, ways for people to avoid seeing him! I know he was not interested in the money but in the well-being of his patients.

My dad was a great human being; while he respected the ethics and laws of the medical profession, he was always kind and caring to others.

I always strived to be like him, and I started medical school when I arrived in the USA.

But something shocking prevented me from continuing with my career. I did not understand the healthcare system in the USA, and to be honest, I did not enjoy it very much. Regardless, I lived here, so I had to adapt.

Little after that, I fell in love with teaching languages, and it all was a perfect fit: teaching Spanish for medical purposes was a natural fit.

But going back to my dad, how could I even see medicine not as I saw it growing up.

My dad had a small practice. I helped the patients in the waiting room, gave them water, and chatted with them to welcome them. Sometimes they even felt better by talking to me, and when they went to see my dad, they were like, “I feel better already; I love your daughter.”

And this is what is crucial: how the medical encounter occurs. Going to the Doctor is already traumatic. Not to mention the protocol you must go through when you go to the hospitals

and clinics in the USA. Here is what you can expect. You enter the waiting room, a desk with ladies behind it and a paper clipboard with the name of the Doctor you are about to see. Then, you are supposed to write your name and then sit down immediately; you are also supposed to know the name of the Doctor who will see you. There is no sign to explain this to you nor anybody to welcome you. Nothing happens. You are supposed to know this. There is a pen to sign or an iPad, which, BTW, when the pandemic is on, you are supposed to constantly touch on and on (keeps the clients coming back!)

It would help if you also recorded the time you arrived. Yes, there is usually a giant clock; you must write it down when you come.

In the waiting area, there is a huge plasma TV. It is playing issues with health that end up recommending a specific drug for you to ask the Doctor to prescribe you. Yes, the drug companies want the patient to ask the doctors to prescribe medications, not the other way around. Some of the ads are very general but persuasive.

Then, right after you sit down, maybe after a second, the lady behind the desk gets the clipboard and will call your name. With names like mine, the case is they won't be able to pronounce it right, so instead of saying your last name, they say your first name.

Now your information is required: your medical insurance and your payment. Nothing else matters at this point. After providing the medical insurance, you'll wait for the nurse to call you. She gets you in and starts the triage: taking your vitals and asking why you want to see the Doctor. Your vitals are your temperature, weight, and blood pressure. An old-school weight scale sometimes requires the nurse to move with her hand to establish your weight. And they usually do not tell what they find out, the number, or even if it is average or not. Nothing said. Now, they put you in a room and wait for the Doctor, whom you might see for seconds at a time.

Now let me walk you into my dad's practice. When you arrive at the house, a sign reads, "Welcome to Dr. Rizzo's clinic."

When you come to the office, I will open the door, and my dog and I will greet you while you walk in and help you into the waiting room, full of flowers and pleasant smells. I will also have soft music playing, like classical music.

I have water, coffee, tea, and pastries for you, of course, considering those with cardiac issues or diabetes, which I have on record, and I know every patient by first and last name. I not only know who they are, but they are also my neighbors, their kids go to school with me, or we know each other because they own a local shop, like a grocery or bread (Panadería)

One cultural thing to note is that in Argentina, at least during the time I lived there and in this particular situation, people greet each other with a kiss. And the Doctor's office is no exception. We welcome you with a cheek kiss. So I did this for each patient, and I also hugged them.

When my father, Dr. Rizzo, would come to take them to the office, he would kiss them and hug them.

He will perform the temperature test, blood pressure, or weight only if needed, not at the routine. He did not have a nurse to do this for him; he did it himself. Now consider this is a small clinic.

My dad tried very hard to remove a person from medication hurting their health and find an alternative solution. Sometimes the answer was as simple as diet and exercise or changing the diet to plant-based (which was in the 80s).

Another thing my father did was to encourage people to be in a state of gratitude and a positive mindset. To not only love their bodies but their diseases. Bless the whole experience. Dr. Rizzo used to say, "Try to see what this disease is trying to tell you; it is here for you to learn something."

As an immigrant in the United States, coming from this family, and having Dr. Rizzo as my father, it is tough to go into

a medical system; for legitimate reasons, you are just another number.

What are the experiences you had with the medical system across the globe? Have you experienced similar situations in the USA or abroad? Again, this is my humble experience, and I tell it this way, with flaws, exaggerating at times, and with a bit of heart because, of course, I love my father. What is your story?

Activity:

Before you watch the video: think about how the healthcare system in the USA works.

What are 3 aspects you are aware of?

Watch the video, while you compare and contrast what Alejandro explains to about the Argentinian healthcare system vs the USA



An interactive H5P element has been excluded from this version of the text. You can view it online

here:

<https://pressbooks.pub/medicalinterpreting/?p=20#h5p-1>

Reflect upon one aspect you learned today you did not know before

Chapter 2 CCHI exams

Welcome to Chapter 2: Becoming Certificated in Medical Interpreting

In this module, you'll explore and become familiar with the CERTIFICATION COMMISSION FOR HEALTHCARE INTERPRETERS (CCHI) organization. <https://cchicertification.org/education/> CCHI “administers a national, valid, credible, vendor-neutral certification program for all healthcare interpreters – and the public good.”

Certification as a medical interpreter requires a candidate to pass two separate exams.

SPAN 4705 is a prerequisite for national certification. You will have to study additional material not covered in this course on your own to further prepare for the certification exams. Certification is optional and is not required to complete this course successfully.

Learning Objectives

At the end of this module, students will:

1. identify what is required to take the CCHI certification exams and
2. Internalize the difference between the two CCHI exams.

Instructions

1. Navigate to the page <https://cchicertification.org>

2. Create an account
3. Explore how you can become a medical interpreter in Spanish. What are the two types of certifications they offer? What are they called?
4. Watch the webinars below.
5. Read and Explore CCHI FAQs for Interpreters, The Core Chi Candidate Handbook, The Core-Chi Certification Brochure, and Domain I.

Check List

- I explored the site and CCHI FAQs for Interpreters, The Core Chi Candidate Handbook, The Core-Chi Certification Brochure, and Domain I.
- I watched Webinars
- I am registered
- I know the difference between the two types of certifications they offer.

Watch videos/webinars

General Information

[#CCHI](#) [#MedicalInterpreter](#) [#HealthcareInterpreter](#)

[CCHI Healthcare Interpreters Certification Program](#)

[#healthcareinterpretercertification](#) [#certifiedmedicalinterpreter](#) [#Int](#)

Tips on Taking CoreCHI Written Healthcare Interpreter Exam

CHI™ Oral Performance Healthcare Interpreter Certification Exam Structure and Interface

The Core Certification Healthcare Interpreter™ (CoreCHI™) certification is to offer healthcare interpreters of any language a reasonable national professional standard that assesses their core professional knowledge. It also focuses on critical thinking, ethical decision-making, and cultural responsiveness skills and abilities needed to perform the duties of the healthcare interpreter.

The purpose of the Certified Healthcare Interpreter™ (CHI™) certification is to offer healthcare interpreters of most common the U.S. languages a reasonable national professional standard that assesses their core professional knowledge and language-specific interpreting skills needed to perform the duties of the healthcare interpreter.

Assessment:

Module 2 quiz

CoreCHI™

Core Certification Healthcare Interpreter™ Exam is the:

certification of an interpreter's core knowledge about healthcare interpreting. The foundation every interpreter

needs regardless of the language(s) they interpret. Accredited by NCCA.

Language: English and other languages.

\$35 Application Fee

\$175 Exam Fee

Group of answer choices

True

False

Question 21 pts

- CHI™
- Certified Healthcare Interpreter™ Exam is the:
- Certification of an interpreter's language-specific performance skills in healthcare interpreting.
- NCCA accredits the CHI™-Spanish certification.
- Language: Spanish, Arabic, and Mandarin
- CoreCHI™ required
- \$275 Exam Fee

Group of answer choices

True

False

Question 31 pts

I understand, read, and explored the CHI CHORE test content outline from the brochure. I am fully responsible for studying the topics on my own that are not covered in this course before I decide to take this certification in the future.

Group of answer choices

True

False

Assessment Module 2 Interpreting exercise–

Interpreting exercise

1- Watch the video

[Shadow and Switch](#)

2- Now that you are familiar with the training, here are some

choices: get together with 1 or 2 other classmates (zoom. Meetings, anyhow) and practice doing the shadow and switch. If you cannot find a classmate due to the time difference, schedule, or anything else that might affect the experience, try it with a person who is close to you: your roommate, family member, significant other, and if the other person is not bilingual, no worries! Have them always speak in English, while you will switch when necessary. Once you practice, you will realize what I am explaining here! Most important: have fun.

3-For the assessment portion, you will do a metacognitive exercise:

Write a short paragraph about the experience doing shadow and switch with your classmates; what worked for you and what did not? How did you feel doing the experience?

Interpreting Exercise #1 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.

- do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
- Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video 1 without Captions



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=22#oembed-1>

Video 2 with captions in Spanish and English



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view them online here: [https://pressbooks.pub/
medicalinterpreting/?p=22#oembed-2](https://pressbooks.pub/medicalinterpreting/?p=22#oembed-2)

Chapter 3

Module 3

A National Code of Ethics for Interpreters in Health Care/
National Standards of Practice for Interpreters in Health Care,
Objectives:

- Given A National Code of Ethics for Interpreters in Health Care/National Standards of Practice for Interpreters in Health Care, students will identify them by completing a quiz.
- After completing this section, students can apply a decision-making protocol for advocacy to medical interpreting.
- Students will be able to participate and get to know classmates.

Instructions

1. Read

[CODE OF ETHICS](#)

[NATIONAL STANDARDS](#)

1. Watch the following video: identify the standards present here, and what can you say about the performance?

Quick Review of the NCIHC's Code of Ethics for Medical Interpreters

PARTICIPATION 1

Use this space to do the following:

- Look at the first six NCIHC standards of practice related to accuracy (Standards 1 to 6, NCIHC, 2005, p. 5). Working individually, paraphrase the objective, its related ethical principle, and the six standards (in other words, all the text in bold on p. 5). <https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf>
- [\(Links to an external site.\)](#)
- Consider and discuss
- 1. Standard 1 Four health providers come into a clinical appointment one after another to speak with a patient: a doctor, a nurse, a social worker, and a speech therapist. Each provider asks the parent the same questions about the child, including which therapies the child receives (physical, occupational, speech), for how long, and how often. After the fourth provider asks these same questions, the parent turns to the interpreter, exasperated, and says, “Es como que una no sabe lo que hace la otra. ¿Cuántas veces me van a hacer estas mismas preguntas? ¿Se las tengo que contestar otra vez?/It’s as if one of them has no idea what the other is doing. How many times are they going to ask me the same questions? Do I have to answer them again?” With accuracy and transparency in mind, how should the interpreter respond, and to whom? What might be challenging for the interpreter who faces a

decision like this in real life?

You must post at least ONE complete response (at least 150 words) and comment on someone else's post, to receive full participation credit.

Please, be respectful of differing opinions, and always be positive and constructive in your postings.

Let's get involved in class and start communicating. Now is it is time to share!

Interpreting exercise:

Cultural note: While in the USA, most doctors measure pregnancies in weeks, in Latin America and Spain, people use months. So four weeks equals one month. Take this into account when interpreting or translating.

Written translation:

Translate the following phrase into Spanish. The client you have is a Latinx woman who is pregnant. Consider how people measure in different parts of the world (challenge yourself to know how to use google translate, and if you do, it is to verify your accuracy!)

The pregnancy is going well; at 12 weeks, the fetus shows progress in growth; however, we recommend you increase your weight with protein by 10 pounds. Your weight now is 105 pounds, and your goal should be 115 pounds.

Interpreting Exercise #2 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 4

Welcome to Chapter 4. This unit focuses on the domain of Professional Responsibility and Interpreter Ethics. Some of the job tasks we will explore are to maintain the boundaries; maintain impartiality; assess the need for advocacy; address ethical dilemmas; present self professionally; pursue professional growth; adhere to safety measures; and manage stress.

Let us start with an excellent example of boundaries in a medical interpreting situation. An interpreter is a conduit of information, transmitting what the provider says to the patient and the other way around. It is best to avoid certain things like accepting gifts, giving people rides, or providing personal information beyond the interpreting encounter.

Another is, and often not talked about, physical contact with the patient/clients or provider. A simple hug can be “interpreted” as leading and unprofessional. Personal thoughts and affection change from person to person.

Being fair means not including personal opinion in the interpretation unless it becomes life-threatening or is disrespectful or harmful to the wellbeing of all parties (advocacy is here!)

Before watching this video:

1- What do you recall as impartiality? How would you describe it to someone outside the field of interpreting?

Now watch the video from Connecting Cultures Healthcare Interpreters <https://www.youtube.com/watch?v=4pgAWJurMEI>

2- What do you think about the video? What did you learn that you will apply in the subsequent interpreting encounter?

The following practice focuses on a 3 part series that has to do with the Seven Common Values of Medical interpretation. [One Voice Language Solutions LLC](#)

It is a youtube channel that provides valuable information for healthcare professionals.

Activity 1: While watching the video, note which values appeared and what the opinion on the matter is?

<https://www.youtube.com/watch?v=ZAWd4tWGeOM&t=131s>

Activity 2: While watching the video, consider which values appear and what the opinion on the matter is?

<https://www.youtube.com/watch?v=AKuTB-k9Af4&t=29s>

Activity 3: While watching the video, consider which values appear and what the opinion on the matter is?

<https://www.youtube.com/watch?v=QCFwmpH-tqA>

The final exercise to turn in: Now that Activities 1, 2, and 3 are complete, make a summary of the report and turn it in as a summary paragraph.

Interpreting Exercise #3 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=26#oembed-2>

Chapter 5

Manage the Interpreting Encounter

This chapter will include the tasks of:

- Monitor one's competence and limitations;
- Manage unfamiliar terms and concepts;
- Manage the flow of communication.

The interpreting encounter is regulated mainly by the interpreter in terms of how she/he presents themselves, makes clear what his/her roles are and how the encounter will take place.

The following video, [Interpreting for Palliative Care – Scene 1](#) by California Health Care Foundation, exemplifies perfect management of the initial contact by the interpreter to the provider, in this case, the doctor. Take a moment to watch the video, and while watching it, please answer the following questions:

1. What skills does the interpreter show in the initial contact?
2. What are some essential questions she asked?
3. What else did is observed of importance?

Asking for Clarification

While the medical interpreting happens, needs clarification will happen.

While [watching the video](#), please note three common mistakes interpreters make while asking for clarification.

Difficult situations

Sometimes an encounter might be problematic where there is [a video](#) discussing such a situation.

Activity:

Create a dialogue

Dialogues: During the course, There are six dialogues students will write to practice medical interpreting skills, learn about Spanish cultural information, and prepare for their careers.

Each Dialogue is about a different topic, focusing on the topic provided as follows:

For DIALOGUE, we will focus on: Managing the Interpreting Encounter

Guidelines for writing Dialogue

- Use template (chance for each chapter topic)
- Font size 12, Candara or times new roman, up to 2 pages in length.
- Choose at least three characters (Doctor or nurse, interpreter, patient)
- Always use the same characters as developing a sitcom (i.e., Grays Anatomy; Scrubs, Nurse Jacky, Dr. House)
- Complete work online to become familiar with the topic
- Create up to two pages of Dialogue in Spanish and English (bilingual) using the topic information
- Post finished Dialogue on learn/dropbox in the corresponding dropbox.

Interpreting Exercise #4 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 6

Healthcare Terminology

The purpose of this chapter is to go over the skill of learning new healthcare terminology and how to learn.

First, the learning scientist is a fantastic resource, an incredible tool to approach learning and memorize in different ways until we find the most comfortable.

<https://www.learningscientists.org/downloadable-materials>

Here is the next step, when we will be building medical terminology vocabulary.

Read and study Chapters 1 and 2 on the following OER book

- [1. Identifying Word Parts in Medical Terms](#)
- [2. Medical Language Rules](#)

<https://www.oercommons.org/courses/building-a-medical-terminology-foundation/view>

Assessment:

From the language rules 1-5, which ones were already known? Which one was new? Provide a sample for each rule from experience or simply different from the example.

<https://www.oercommons.org/>

Interpreting Exercise

#5 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=30#oembed-2>

Chapter 7

U.S. Healthcare System

The U.S. healthcare system is unique in how it is set up compared to other countries.

For the first part, please listen to Introduction and History of Modern Healthcare in the U.S.

Recording: lecture

Health I.T. Workforce Curriculum 01-01 – Introduction and History of Modern Healthcare in the U.S.

by [Oregon Health & Science University \(lead\)](#)

<https://www.oercommons.org/courses/introduction-and-history-of-modern-healthcare-in-the-us/view>

For the assessment portion of it, please write a short paragraph including the following:

1- What are three new things previously learned about the healthcare system?

2-What is the experience of being exposed to a healthcare system other than the use or hear about it? Please compare and contrast briefly.

3-Is the concept of nurse practitioner familiar? Does this career exist in other cultures? What are some reasons?

Concepts to focus on:

PPOs

Nurse practitioners

Insurance

Referral system

ambulance/ems/fire rescue

OTC v prescriptions

Simulation in Healthcare

<https://www.oercommons.org/courses/simulation-in-healthcare/view>

Intercultural healthcare

<https://www.oercommons.org/courses/intercultural-healthcare>

Introduction and History of Modern Healthcare in the U.S.

Recording: lecture

Health I.T. Workforce Curriculum 01-01 – Introduction and History of Modern Healthcare in the U.S.

by [Oregon Health & Science University \(lead\)](#)

<https://www.oercommons.org/courses/introduction-and-history-of-modern-healthcare-in-the-us/view>

Interpreting Exercise #6 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.

2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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view them online here: <https://pressbooks.pub/medicalinterpreting/?p=32#oembed-1>

Video with Captions in Spanish and English



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=32#oembed-2>

Chapter 8

Cultural responsiveness

This chapter will discuss the different ways to approach medicine across cultures and personal preferences.

We cannot say that everyone within a culture will be adopting these particular approaches to cure or solve issues, but we can talk about the knowledge at least of these cultural practices.

Let us differentiate between a stereotype and a prototype.

With stereotypes, we say that everyone within a culture will behave a certain way. With a prototype, we say, some of the members of a culture will exhibit a preference for these practices, but at the end of the day, it is truly a personal preference.

These are some concepts to know as a medical interpreter working in the Latinx community:

- Many Latinx members kiss on the cheek when saying hello; it does not mean anything sensual.
- Mal de Ojo (translated as evil eye) believes that people can look at you with negative energy and cause you illnesses or feel bad. Many Latinx community members place a red lace around the baby's wrists to protect them. In other places in the world, in some parts of Brazil, we will see necklaces with red peppers, salt, and even a sign like this.



*Brazil good
luck*

Brazilian good luck sing by Noah Lara

Vickvaporub is used frequently for almost anything: a cold, the flu, pain, to relax. Everyone has some in their homes.

Empacho is an affection that makes people feel sick after overeating, and they feel sluggish. There are different approaches to curing it, secret ways, and a specific ritual around it. For example, my grandmother, from Argentina, was the daughter of an Italian immigrant. She believed that when a person has “empacho,” the cure is praying in silence, saying their full name and presence, stepping about 3-4 meters and walking towards them, fondling a measuring tape or cloth, and praying in silence until you reach the stomach.

See video

<https://youtu.be/S5K4dlz9AT0>

Other elements to have in consideration are:

1. Familism: the need for a community to always do things in a family unit, even going to the doctor
2. Closeness: The need to seek affection and closeness in a medical encounter
3. Respect: the incredible respect the Latinx community had a for a doctor or similar title
4. Understanding specific jobs in healthcare (like nurse practitioners) and the lack of those in countries outside the USA. They have doctors and nurses, but the title nurse practitioner is rare on many occasions.
5. Male center society or Machismo, where men are at the center of the decision-making and women follow.

The medical encounter is different in Latin American countries and Spain for many reasons, and in the USA, it usually follows a protocol. However, there are similarities as well. We must consider that encounters vary by state, clinic, and type of care.

Assessment

Before watching the video:

What is your knowledge about mal de Ojo? What have you learned?

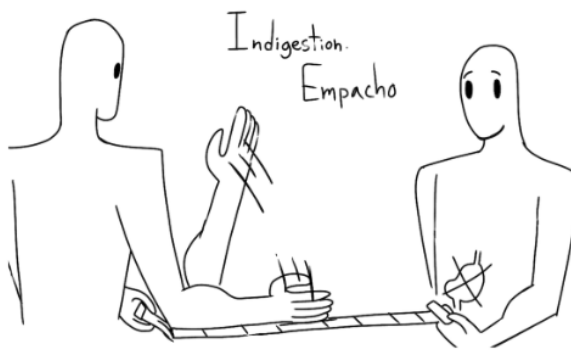
While watching the video: what are three elements that catch your attention?

https://www.youtube.com/watch?v=Z_56kt4HPbQ

After watching: How does the video explain mal de Ojo? How does it compare and contrast to what you already know? What is something new you learned?



Mal de ojo by Noah Lara



empacho

Empacho by Noah Lara

Interpreting Exercise #7 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 9

Healthcare Terminology

Sistemas 1, 2, 3

Welcome to chapter 9.

Here we will focus on healthcare terminology.

CCHI is a national non-profit organization founded in July 2009 and operated as a 501(c)(6) corporation. They aim to develop and administer a comprehensive national interpreter certification program to assess medical interpreters' competence and to help ensure the quality of interpreting in any healthcare setting and modality of interpreting. CCHI brings medical interpreters, representatives from national and regional non-profit interpreting associations, language companies, community-based organizations, educational institutions, healthcare providers, and advocates for individuals with limited English proficiency (LEP).

CCHI programs include the [Core Certification Healthcare Interpreter™ \(CoreCHI™\)](#) and [Certified Healthcare Interpreter™ \(CHI™\)](#) certifications for interpreters and [CEAP \(Continuing Education Accreditation Program\)](#) for educators/trainers.

CCHI is the first and only organization certifying healthcare interpreters in the U.S. to receive [NCCA accreditation](#) for its certification programs.

CCHI is governed by elected volunteer Commissioners, many of whom are practicing medical interpreters and CCHI certificants. The Commissioners employ staff to manage operations and rate exams. CCHI contracts with a testing company and various testing sites across the U.S. to administer CCHI exams.

The CCHI provides a series of practicing medical interpreting glossaries. Here is what the CCHI explains: We, interpreters, love

words and, yet, never seem to have enough time for in-depth research. Wouldn't it be great if, right before an appointment, we could grab a brief, reliable, user-friendly bilingual glossary with words, terms, and phrases most frequently used by providers and patients at that type of appointment?

Our volunteer Lois Feuerle and the two Commissioners, Virginia Perez-Santaella and Karin Ruschke spearheaded this project. However, it is up to interpreters to create the English mini-glossaries and translate them into as many languages as possible.

During the project's first phase, the CCHI Mini-Glossaries will consist of 50-101 words and terms. They will be organized thematically around an appointment type, in a logical sequence rather than alphabetically.

The CCHI does need help to make this project thrive! Please send us (to solutions@cchicertification.org) your suggestions about:

- translating the existing mini-glossaries into different languages (attachments are accepted; let us know what font you use),
- adding new terms to the existing mini-glossaries (remember, the maximum is 101),
- better translation or another translation of any term listed in any existing mini-glossary,

Which appointment type we should create a glossary.

CCHI is also looking for volunteers of different languages to form language-specific Terminology Committees for this project. If interested, please contact them at solutions@cchicertification.org.

Glossaries:

1-Cardiovascular <https://cchicertification.org/uploads/001-SPA-CCHI-mini-glossary-Cardiovascular.pdf>

[Click here to play a matching game](#)

<https://learningapps.org/watch?v=po5frv4ot22>
<iframe src="https://learningapps.org/watch?v=po5frv4ot22"
style="border:0px;width:100%;height:500px"
allowfullscreen="true" webkitallowfullscreen="true"
mozallowfullscreen="true"></iframe>

2- ENT-ear

https://cchicertification.org/uploads/002-SPA-CCHI-mini_glossary-ENT-ear.pdf

Click here to play a matching game

<https://learningapps.org/watch?v=p4ys9m13322>

3- Respiratory System

https://cchicertification.org/uploads/003-SPA-CCHI-mini_glossary-Respiratory-rev.pdf

Now, go to <https://learningapps.org/> and create a matching game!

Post in the assignment.

How to work with Glossaries:

For each Glossary, study the column in Spanish and English; Create flashcards or print them and fold the page in half. Then test it!

References

<https://cchicertification.org/about-us/>

<https://cchicertification.org/cchi-mini-glossaries/>

Interpreting Exercise #8 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 10

Healthcare Terminology

Sistemas 4, 5, 6, 7

Welcome to chapter 10.

Here we will focus on healthcare terminology.

CCHI Mini-Glossary Project Glossary #4

Subject: Affordable Care Act – Insurance Language: Spanish

https://cchicertification.org/uploads/002-SPA-CCHI-mini_glossary-ENT-ear.pdf

CCHI Mini-Glossary Project Glossary #5

Subject: Gallbladder

https://cchicertification.org/uploads/005-SPA-CCHI-mini_glossary-Gallbladder.pdf

CCHI Mini-Glossary Project Glossary #6

Subject: General Consent (Sight Translation)

https://cchicertification.org/uploads/006-ENG-CCHI-mini-glossary-General_Consent.pdf

CCHI Mini-Glossary Project Glossary #7

Subject: MRI Intake Form (Sight Translation)

https://cchicertification.org/uploads/007-ENG-CCHI-mini-glossary-MRI_Intake.pdf

How to work with Glossaries:

For each Glossary, take time to study the column in Spanish and English; create flashcards or print them and fold the page in half. Then self-test it!

Interpreting Exercise #9 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 11

Practicing Interpreting

This practice is key to becoming a medical interpreter. With practice, students can achieve fluidity in communication, allowing them to have a great exchange during the encounter.

In this chapter, we need to talk about the different kinds of interpretations modalities:

-Simultaneous, consecutive, and sight.

Simultaneously, repeat everything the LI is saying with a delay of 2-3 seconds simultaneously. This interpretation appears in documentaries and the UN.

-Consecutive: it is when a person says something, the Interpreter then waits until the phrase is complete and then it is interpreted, and then the other person says something, and the Interpreter does the same.

-Sight: the interpreter “translates” what is written in a form orally.

Dialogues: During the course, Students will write six dialogues to practice medical interpreting skills, learn about Spanish cultural information, and prepare for their careers.

Each Dialogue is about a different topic, focusing on the topic provided as follows:

DIALOGUE 1 ANESTHESIA

DIALOGUE 2 ENDOCRINOLOGY PEDIATRIC

DIALOGUE 3 HIV/AIDS

DIALOGUE 4 OBSTETRICS

DIALOGUE 5 NEUROLOGY

DIALOGUE 6 RHEUMATOLOGY

Guidelines for writing Dialogue

- Use template (chance for each chapter topic)

- Font size 12, Candara or times new roman, up to 2 pages in length.
- Choose at least three characters (Doctor or nurse, Interpreter, patient)
- Use the same characters when developing your sitcom (i.e., Grays Anatomy; Scrubs, Nurse Jacky, Dr. House)
- Complete work online to become familiar with the topic.
- Create up to 2 pages of Dialogue in Spanish and English (bilingual) using the topic information
- Post finished Dialogue on learn/dropbox in the corresponding dropbox.

Dialogue should:

1. The Dialogue Must Have a Purpose
2. The Dialogue Should Provide Information
3. Dialogue should show evidence of chapter reading.
4. “Use dialogue as you would actual speech.” Remember, this is how people talk, so use dialects or forms of expressions people would use according to where they live, including Spanglish, Perfect Spanish, and English.

Following a Dialogue Sample and a Dialogue template

Medical Dialogue

Dialogue template SAMPLE

Date:

Your name: María Gonzales

Setting: Urgent Care-Adult hospital

Participants: Nurse Jackie, patient, and Interpreter

Tarea number: 1-Chapter: Cardiovascular system

1- Objective: What is the goal of this Dialogue? The goal is to find out if Señora López is at risk of a heart attack due to smoking and sedentarism/ practice saber vs. conocer

2- Context: Describe the situation and setting of the Dialogue

(place, type of communication, anything that needs clarification). It happens at the Church Clinic, in person

3- Include online completed work.

4- "Use dialogue as you would actual speech." Remember it can be bilingual

5- Describe characters and intentions when necessary

6- Be creative!

7- Characters are: Mrs. Lopez, Nurse Jackie, and the Interpreter

8- Character Description: La señora López tiene 40 años y es de México, Jalisco pero vive en Memphis. Nurse Jackie es de Nashville y es anglosajona, de orígenes alemanes y tiene 38 años. _____ es un/a intérprete médico que tomó la clase de Spanish for healthcare with Diana Ruggiero and now is a medical interpreter since he/she completed The National Board of Certification for Medical Interpreters (NBCMI).

9- Pre-conference information: Nurse Jackie to Interpreter: This patient is LEP (limited English proficiency) and needs your help being interpreted. I have to assess what is wrong with her, and we have to be quick; this is triage.

I am (your first name), your Interpreter.

I will interpret everything you say in the first person and keep it all confidential.

Please speak to each other in short sentences, and I may interrupt for clarification.

Can I be your Interpreter today?

Soy (tu nombre), tu intérprete

Voy a interpretar todo lo que diga en primera persona y será confidencial.

Por favor hable en oraciones cortas y quizás lo/la interrumpa por clarificación

¿Puedo ser tu intérprete hoy?

Your Dialogue here:

Nurse/Enfermera: Jackie

Interpreter

Patient: Señora López

Enfermera (with a big smile): Good afternoon Mrs. Lopez! My name is Jackie, and I will be your nurse today. This is _____, and he/she will be your medical Interpreter for today. Do you know each other?

Buenas tardes Sra. Lopez! Mi nombre es Jackie y seré tu enfermera hoy. Esta es _____ y él / ella será su intérprete médico por hoy. ¿Se conocen ?

It is ok, thank you. No, we do not know each other.

Paciente (a bit confused, she feels lost. She feels she is not dressed elegant enough to be at the doctor): Esta Bien, gracias. No, no nos conocemos.

Enfermera (in a nice calm tone, with all the patience in the world): What seems to be the problem today? How are you feeling?

¿Cual es el problema hoy? ¿Cómo se siente?

Well ... I was painting my house and smoking a cigarette, and suddenly my heart started beating fast, and I fell ... off a ladder and I hit my back and a little my head ... my chest hurts a lot

Paciente (Now she is moving her hands a lot): Bueno... estaba pintando mi casa y fumando un cigarrillo, y de repente mi corazón empezó a latir rápido y me caí... de una escalera y me golpeé la espalda y un poco la cabeza...me duele mucho el pecho..

Enfermera (looking surprised): Oh my goodness Mrs. Lopez! How many cigarettes do you smoke a day? How long ago have

you had this pain? Does anyone in your family have medical problems such as high blood pressure?

Oh Dios mío, señora López! ¿Cuántos cigarrillos fumas al día? ¿Cuánto tiempo hace que tienes este dolor? ¿Alguien en su familia tiene problemas médicos como presión arterial alta?

About an hour ago, and yes, my parents have high blood pressure. Moreover, I smoke two packages a day.

Paciente: Hace como una hora y sí, mis padres tienen la presión sanguínea alta. Y fumo 2 paquetes al día.

Enfermera: Do you know how bad it is to smoke so much? Have you ever had a heart attack?

¿Sabes lo malo que es fumar tanto? ¿Alguna vez has tenido un ataque al corazón?

breathing deeply * No ... I can ... breathe .. * Mrs. Lopez faints *

Paciente: *respirando profundamente* No...puedo...respirar.. *
Señora Lopez se desmaya*

Ahora la paciente está en el piso, el intérprete no sabe qué hacer, la enfermera está muy preocupada y transpira mucho, casi parece que llora.

Now the patient is on the floor, the Interpreter does not know what to do, the nurse is distraught and perspiring a lot, and she almost seems to cry.

Enfermera: Code blue! Bring the doctor! Mrs. Lopez, can you hear me?

¡Código Azul! ¡Trae al doctor! Sra. López, ¿me oyes?

* still fainted *

Paciente: *todavía desmayada*

Enfermera: Mrs. Lopez you might be suffering from a heart attack or internal bleeding from your fall. We're going to take you down to get a CT scan.

Sra. López, podría estar sufriendo un ataque cardíaco o una hemorragia interna por su caída. Vamos a llevarte a una tomografía computarizada.

* still fainted *

Paciente: *todavía desmayada*

Enfermera: Let's go! Hurry!

¡Vamos, apúrense!

Medical Dialogue

Dialogue template

Date:

Your name: Setting:

1- Objective: What is the goal of this Dialogue?

2- Context: Describe the situation, and setting of the Dialogue (place, type of communication, anything that needs clarification)

3- Include information from online work completed.

4- "Use dialogue as you would actual speech." Remember it can be bilingual

5- Describe characters and intentions when necessary

6- Be creative!

7- Characters are:

8- Character Description:

9- Pre-conference information:

10- Your Dialogue here:

Dr. /Nurse

Interpreter

Patient/s:

Interpreting Exercise #10 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!

3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 12

Fitness, Prevention, and aquatics exercises/fitness

Medical interpreting can take place in many situations. One of the scenarios could be rehabilitation after a surgery or simply a fitness encounter to prevent disease.

In any case, we will focus today on aquatics fitness because it is both healing and fitness advanced. It helps prevent injuries, and it is a safer environment.

Many of the interpreting situations may take place in the unusual space of water.

We cannot continue the chapter without the instruction of one of the leaders in water fitness

<http://ruthsova.com>

She works closely with the Aquatics <https://aeawave.org>, where she imparts lessons on water rehabilitation.

Dr. Diana Mabel Ruggiero has developed an aquatics course, aqualinda, where she creates entire classes with music and exercises for the betterment of the participants. Aqualinda is teaching unique water fitness for everyone, focusing on DEI (Diversity, Equity, and Inclusion). One of the unique elements of aqualinda is that the instructor combines the exercises and then adds the music to match the exercises and not the other way around.

For example, if an exercise has a running portion, she might choose the song “hit the road Jack” where participants have to run!

Another aspect of Aqualinda is that students sing along and have fun, creating a positive environment and lessening any mental burden to the condition they might have.

Different types of activities you can do in the water:

Ai chi

“Ai Chi was developed in 1993 by Jun Konno, owner of the

Aquadynamics Institute in Yoko- Hama. He created Ai Chi as preparation for Watsu, which is based on stretching meridians and creating a balance between yin and yang, according to the philosophy of Masunaga.¹ At this time, Ai Chi consists of 19 movements or katas. (Lambeck 1)

This type of practice brings balance and connection among the participants, bringing a unique flow of energy to the participants.

Lambeck, Johan, and Anne Bommer. “Ai Chi®: applications in clinical practice.” *Comprehensive aquatic therapy*, 3rd ed. Washington State University Publishing (2010).

Shallow water fitness

Participants are in a class in the water; their feet touch the ground. The class can include equipment like buoyancy weights and noodles.

Deep water fitness

Students are in the deep end with buoyancy belts and move in the deep end of the pool, following a series of exercises.

Water bikes

There are a series of water bicycles you can place underwater, and students follow the teacher’s lead.

Water platforms

These boards float, and students have to stand on them for equilibrium.

Jumping/Aqua trampoline

They go underwater, and participants jump on them to do exercises.

Interpreting Exercise

#11 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
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 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



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Video with Captions in Spanish and English



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Chapter 13

About Church Health



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About Church Health

As a faith-based health care not-for-profit, Church Health believes in caring for one another as we'd all like to be cared for. That's why we commit every day to making the highest quality health care accessible to more Memphians—especially those facing social and economic challenges—so we can all live our lives with dignity, vitality and joy.

With services that span all ages, including the youngest of us, and that treat the whole person, we make it possible for more Memphians to live fully. Today, with the support of our partners, volunteers and donors, we conduct over 61,300 patient visits a year in Memphis and serve as a model for countless communities across the nation.

Learn more about Church Health's [history \(Links to an external site.\)](#) and facilities at [Crosstown Concourse \(Links to an external site.\)](#).

Volunteer Opportunities

Volunteers are the lifeblood of Church Health. We're able to best serve those in need because of the service provided by people like you who are connected to our mission of health and healing.

Our volunteers come from all walks of life, but their common commitment and motivation enables Church Health to grow and impact more people right here in Memphis.

Nonmedical Volunteers

Because of the variety of services we provide, we're fortunate to offer many opportunities for you to volunteer with us. If you love Church Health and want to help us promote our services to the community, we have the perfect spot for you as a Church Health volunteer!



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=47#oembed-4>

Interview with Dr. Fedoria Rugless Chapter

The purpose of this chapter is to inform students of non-traditional care that ensures DEI tactics are included in care delivery.

- Objectives
 - Increase awareness of new populations e.g. underserved and uninsured.

- Learn about whole-person integrated care.
- Incorporate the practice cultural humility when interacting with patients.
- What would you like the students will be able to do with it
 - To be able to incorporate this new knowledge into everyday practice and approach.
 - To be culturally sensitive towards all individuals students would come in contact with.
 - Gain an appreciation of whole health and inclusion.
- Exercises/Case Scenarios to follow up to make sure students have comprehended the material.

The content:

1- What do you do for church health/any organization and how does it impact the community?

I serve in a dual role as the Director of Research at Church Health, and as a Research Assistant Professor at the University of Memphis College of Health Sciences, which has encapsulated my passions and areas of service in the healthcare, research, and academic arenas. In this role, I oversee the Healthy Memphis Initiative and work as a liaison between various investigators, university faculty and students, along with community partners and organizations, with the goal of building a strong, nationally recognized, collaborative research program and network that enhances the community-based and clinical work being done locally within model organizations. The Healthy Memphis Initiative is a collaboration of Church Health and the University of Memphis, along with other institutions and community partners, whose missions neatly intersect to provide a variety of programs and services to a wide range of populations in the Memphis area. While the various departments and schools within the University of Memphis have had relationships with Church Health for a long time, the partnership was formalized to

strengthen and consolidate existing partnerships, as well as expanding to include other organizations, departments, and schools in the partnership in innovative ways.

The Healthy Memphis Initiative includes dozens of existing collaborations that help a wide range of populations, including children, the elderly, the impoverished, and the underserved population. Most of the partnerships work to improve the health, education, and quality of life outcomes for the Memphis community. Some of these partnerships are manifested in a variety of projects and programs which include: Faith Community Nursing Transitional Care; Culinary Medicine; Chronic Pain Assessment in Integrated Primary Care; Mid-South Congregational Church Health Needs Assessment; Diabetes Wellness, Intervention, and Prevention; and Development of a Measure for Perceived Normality of Adverse Childhood Events.

The vision of the Healthy Memphis Initiative is to develop strong partnerships and commitment within the Memphis metropolitan area, that provide improved experiences in the care, life, health, and well-being of the population by pursuing new knowledge through integrated collaborative research along with interdisciplinary study and discovery beyond our walls.

The primary goals of this partnership are:

- Develop a nationally recognized collaborative research program between the University of Memphis, Church Health, and other institutions.
- With focus on community health research, form a bridge of collaboration between various Memphis researchers and investigators to develop projects with the ultimate goal of improving the health of Memphis and Shelby County residents.
- To strengthen and consolidate existing partnerships, as

well as expansion to include other university departments and schools in innovative ways.

Education and innovation go hand-in-hand with healthcare and is a major component of the collaborative initiative. Many students can participate in internships, scholarships, practica, and fellowships. Church Health also provides affordable health coverage for UofM graduate students through its Memphis Plan. This partnership looks to continue expanding the educational relationship between all institutions involved.

The best part of this relationship is that it benefits not just the Church Health Center and the University of Memphis, but the entire Memphis area community. Areas of community impact include:

- Achievement of health equity through trusted collaborations, direct services and partnerships.
- Improvements in the outreach and management of community resources.
- Targeted collaborative research programming that addresses health care disparities and communicable diseases within the community.
- Improvement of the overall health of Memphis and Shelby County residents.
- Reduction of chronic diseases and the impact of social determinants on health.

The Healthy Memphis Initiative meets quarterly and provides a healthy medium called “The Hive”. Within “The Hive” many individuals and experts in the field can come together in a central location to brainstorm, create new ideas, review projects before implementation, increase the number of collaborations, and produce studies that display strong outcomes.

Through leveraging our networks, and maintaining unified collaborative efforts, the Healthy Memphis Initiative has a tremendous impact not only in the Mid-South, but will be influential on a national level.

2-How can we incorporate DEI in healthcare?

Church Health is a model example of the incorporation of DEI in healthcare. It is a faith-based non-profit health care organization that cares for the whole person in an integrated care model for healthy living. Through this model they can make connections across the domains of faith, medicine, movement, work, emotions, nutrition, friends and family. Church health provides medical services, behavioral health, optometry, dentistry, physical rehabilitation, urgent care, and nutrition support for its patients. The patients that visit Church Health are the underserved and uninsured population. It is designated as a patient-centered medical home from the National Committee for Quality Assurance (NCQA) and provides care that puts patients at the forefront of services regardless of race, nationality, status, or background. The providers at Church Health ensure that they highest quality of health care is accessible to all Memphians, especially those who may be facing various social and economic challenges. Church Health believes in caring for one another as we'd all like to be cared for. They make it possible for many Memphians to live fully by providing services that span all ages and treat the whole person. To date, they conduct an average of 60,000 patient visit a year.

3-What are some real-life situations (change names) you had to navigate and solve in terms of this theme?

Denise spent many years without the confidence and assurance of a bright, healthy smile. For a time, even with health insurance, she couldn't find consistent and complete dental care in Shelby County. Through her own research for a new health care provider, she learned about Church Health

online. After she became a medical patient, she was able to seek treatments for several dental issues. “Here I am, going to try and find a dentist, and I found out about all these other services available to me,” Denise stated. “Mental health, family and faith, nutrition, medical, I was going to have everything all encompassed by becoming a patient at Church Health. It seemed unbelievable to me; I had never known of such a program.” Denise connected with Dr. Thompson at Church Health to plan out her extensive dental care needs. It was a year and a half worth of care needed. “When she first took over my case, she had a different point of view on how my dental plan should work,” Denise said. “She really took the time to explain to me why she wanted to do it the way she wanted to do it. Even though I didn’t always like the answer, she was absolutely right about the course that we took. I needed crowns, fillings, a partial, a root canal. All this was going wrong in my mouth at the same time and my dental bite had changed.” Dr. Thompson instilled hope to Denise with the care plan she developed for the 71-year-old. “We rehabilitated her dentition by opening her bite, replacing crowns, and fabricating new partial for missing teeth,” Dr. Thompson explained. “She now has a stronger, healthier and more confident smile thanks to Church Health programs and teamwork that help support our processes here.” No longer does Denise have to worry about being self-conscious enough to not even smile in a family photo. “It means everything to me because I do feel more confident to smile on when I meet people. It puts people in a much better mood when you greet them with a smile,” Denise said. “I didn’t realize it until I started looking at my family pictures that I wasn’t smiling. People do notice it now.” It has even impacted Denise’s ability to obtain a new job as a result of her new smile. With a new perspective on inclusive health care, Denise says “Thank you to everyone at Church Health for all that has been done for me to improve my physical and mental health as well as my spiritual well-being!”

For most of her life, Valencia has been caring for others. In fact, she cared so much for those around her that she didn't realize her own health was declining. As a certified nursing assistant, she made a career in helping children with special needs, the elderly and her neighbors. "I live in an area of Memphis where my neighbors are generally 62 and older," Valencia said. "I often check on them and help them with their doctor appointments and visits to the grocery store. Sometimes I will also help them bathe or anything else they might need." When her own health started to fail, Valencia learned the hard lesson to care for her own wellness first. Valencia's high blood pressure and extreme anxiety alerted her that she needed medical attention. Under the care of Dr. Smith at Church Health, she was diagnosed with hyperthyroidism. Following a regimen of medication and a lower-stress lifestyle, Valencia experienced healing through this intervention. "Valencia and I have a special relationship. While sometimes reluctant, she has done everything I asked her to do including changing her habits to lower stress," says Dr. Smith. Valencia is now able to continue her passion to care for others. "My health care journey at Church Health has been rewarding and I'm so grateful," Valencia added. "I'm doing well and I'm feeling good." Valencia's journey with us has been about much more than her hyperthyroidism. Her eyesight has improved with treatment for glaucoma, cataracts, and new glasses from our eye clinic. Her smile shines brighter than ever because she can get regular dental care at our dental clinic. Valencia knows we are here for her mind and body. "Church Health has taken such good care of me," Valencia said. "I'm especially grateful for Dr. Smith who has been my provider and friend for so many years."

4-What advice do you have for medical interpreters in general?

It is important for medical interpreters to see the whole person. Interpreters should always read the room and assess the state of their patient or persons that they are interacting with. Be sure to leave any bias or preconceived notions or ideas outside and use all sensory elements when engaging. Meet the person where they are and be able to explain things in a way that a student in elementary school can understand. Advancing health equity requires taking specific steps to mitigate bias in processes and protocols, designing programs and approaches to prevent and reduce health inequities. Ultimately, it is crucial for the medical interpreter to have a strong love for people, a desire to reduce healthcare disparities within underserved populations, and a burden for all to obtain holistic optimal health and wellness.

5-How does your research impact your practice?

My research interests have spanned from studying exposure effects and neuromotor performance, to patient centered outcomes, cancer research, HIV behavioral surveillance, and community based participatory research. I have presented my research in several publications, and at various conferences nationally and internationally which include the American Public Health Association Annual meeting & Expo, Center for Environmental Genetics Regional Showcase, International Association for the Study of Lung Cancer World Conference, American Society of Clinical Oncology Annual Meeting, and the Annual Conference on the Science of Dissemination and Implementation in Health. I am also a Certified Clinical Research Professional through the Society of Clinical Research Associates. Regionally, I have previously led out in clinical research at the Baptist Memorial Hospital Cancer Center and the State of Tennessee Department of Health. I have a strong passion for patient-centered outcomes research, in that I'm able to implement new findings very quickly within our patient population and improve their overall health and wellness. I

am also driven when it comes to community-based research. I believe that everyone should have a voice and input when conducting research, and it is important to incorporate the community voice in research study design and methodology. The community members then feel like that play a role in the research process, and the research model is then sustainable.

6-Please develop case scenarios where students have to critical think a situation in terms of health and DEI

Mr. Johnson, a thirty-three-year-old African American patient had been deemed a “frequent flyer” (a term used to describe those who keep coming to the hospital for the same reason, often assumed to be drug seekers) by the nurses and doctors in the emergency department. Each time he came in complaining of extreme headaches he was given pain medication and sent home. On this last admission, he was admitted to the ICU, where Courtney, a nurse, had just begun working. When she heard him described as a frequent flyer, she asked another nurse why he was thought to be a drug seeker. She was told, “He has nothing else better to do; I’m not sure why he thinks we can supply his drug habits.” Although Courtney says her instincts told her that something else was going on, she saw his tattoos, observed his rough demeanor, and went along with what everyone else was saying. While she was wheeling him to get a CT scan, Mr. Johnson herniated and died. What could have been Mr. Johnson’s cause of death and how his death have been prevented?

Answer: It turned out that he had a rare form of meningitis and truly was suffering from severe headaches. If some of the staff had not stereotyped him as a drug seeker on one of his earlier visits, perhaps his life could have been saved. This incident left a lasting impression on Courtney, who vowed not ever to judge a patient on his looks, and to trust her instincts, rather than let others influence her nursing care.

A nurse named Anike went into the room of an African-American male who presented with a swollen left foot. The patient, Mr. Bell, kept ringing the call light and asking for more pain medication. Anike assumed Mr. Bell was merely seeking pain meds. Another nurse came on shift and reassessed the patient. He discovered that Mr. Bell's fourth and fifth toes were red and swollen and had pus. This nurse summoned the physician and Mr. Bell was eventually taken to the operating room for incision and drainage of his left foot. What role did stereotyping affect the patient?

Answer: Stereotyping severely harmed the patient; Anike could have assessed the situation and patient better and caught the situation with Mr. Bell's toes earlier before it escalated into a surgical procedure.

Jen, a second-year medical student, was on a pediatrics visit learning how to perform a newborn exam. As she followed the attending into the patient's room, she noticed that the baby's mother was sitting on the side of the crib talking in Spanish to her husband. The attending started to explain to Jen what is important to notice about a baby and what to look for on the physical exam, and proceeded to ask her questions about the causes of pneumonia and meningitis in the newborn period. As they were talking, the infant's mother came over to the crib. In an attempt to welcome her into their conversation, Jen said "hello," and proceeded to compliment her on her beautiful child. As soon as she finished the sentence, the mother said "thank you," but frowned, and her demeanor changed slightly—she stopped smiling, and looked nervous. What did Jen do wrong?

Answer: Jen suddenly realized that the family was Mexican, and her complimentary words, intended as a tool to gain the mother's trust, resulted in causing her distress. Remembering what she had learned about Mexican culture and *mal de ojo* (evil eye), she touched the baby's hand, and looked back at the mother. The change was remarkable—the mother smiled

back at her, and nodded her head. She did not say anything, but her smile and nod tacitly communicated her gratitude for preventing *mal de ojo*.

Emma Chapman was a sixty-two-year-old African American woman admitted to the coronary care unit because she had continued episodes of acute chest pain after two heart attacks. Her physician recommended an angiogram with a possible cardiac bypass or angioplasty to follow. Mrs. Chapman refused, saying, "If my faith is strong enough and if it is meant to be, God will cure me." When Judy, her nurse, asked her what she thought had caused the problem, she said she had sinned and her illness was a punishment. According to her beliefs, illnesses from "natural causes" can be treated through nature (e.g., herbal remedies), but diseases caused by "sin" can be cured only through God's intervention. Remember, treatment must be appropriate to the cause. In addition, Mrs. Chapman may have felt that to accept medical treatment would be perceived by God as a lack of faith. What should Judy do in this scenario?

Answer: Judy decided to call Mrs. Chapman's minister to come to the hospital; Mrs. Chapman finally agreed to the surgery after speaking with her minister.

7- Include an exercise/activity to include student perspectives on healthcare and diversity, where we can hear their voices

Discussion questions for students:

Describe a time when you felt that you were being judgmental or stereotyping a patient.

What are some steps that you can take to ensure that you remain open-minded towards patients?

What do you feel are cultural aspects that you need to be aware of in the healthcare setting?

Bibliography:

<https://www.memphis.edu/hmi/>

<https://churchhealth.org/stories/>

Caring for Patients from Different Cultures, by Geri-Ann Galanti. 5th Edition.

INTERPRETING EXERCISE

Cultural note: While in the USA, most doctors measure pregnancies in weeks, in Latin America and Spain, people use months. So four weeks equals one month. Additionally, these countries use the metric system to measure height and weight. Take this into account when interpreting or translating. Consider how people measure in different parts of the world.

TASK

Client information

The client you have is a Latinx woman having an eight-week pregnancy ultrasound.

Translate the following phrase into Spanish in your own words and then using Google translate:

In this ultrasound, you can see your baby. The baby measures $\frac{1}{2}$ inch long and weighs approximately .04 oz—the average size for an eight-week pregnancy. Oh, wait! I see baby number two. Congratulations, you are having twins!

Interpreting Exercise #12 (Video)

TASKS

Compare and contrast the two situations shown in the video below.

Check your understanding of what each person says using captions.

INSTRUCTIONS

1. The following video has 2 situations: A & B. Please watch both situations carefully.
2. Next, watch the captioned video
 - Note since the video is in both Spanish and English, you need to watch the specially captioned video containing captions in both languages.
 - do not just turn captions on in YouTube!
3. Write a short paragraph, create a video, OR a graphic comparing and contrasting situations A & B.
 - Indicate which situation you would choose for your professional practice.
 - Briefly describe how/if the captions helped you.
 - Did you miss any information? If so, why?

Video without Captions



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=47#oembed-2>

Video with Captions in Spanish and English



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.pub/medicalinterpreting/?p=47#oembed-3>

Chapter 14

Case scenarios are fictional (or not) situations that you might have to come up with when you are in a medical situation. We need to thank Dr. Christina Garcia, who created the following scenarios for you to do activities in your classes.

Christina García, Ph.D., is an Associate Professor of Spanish and Linguistics at Saint Louis University. Her research interests include a phonetic variation of the Spanish-speaking world, sociophonetic perception, and L2 pronunciation acquisition. Her work has been published in journals such as *Language Variation and Change*, *Studies in Hispanic and Lusophone Linguistics*, and *Spanish in Context*.

[simulation](#)

Case scenarios in medical interpreting

#1

A lady goes to the doctor because she does not feel well. She only speaks Spanish, and they assigned a local interpreter to her. When the nurse asks her what brought her here today, she explains to the interpreter that she feels she has a curse. She speaks in a low voice. She stays in the corner and does not want the nurse to understand what she is saying. She is acting as telling a secret to the interpreter. What would you do in the shoes of the interpreter, and why?

#2

You are an interpreter in a small clinic. A young man walks in and tells you in the middle of the interpreting section that his “Chamorros” are hurting.

You have no idea what that word means. How do you handle this situation?

#3

You are doing a sight translation. A prescription the doctor gave to the patient. The patient has a severe reaction to the

medication. You notice the prescription says take ONCE a day, and that the patient brought the prescription bottle almost empty. He explains that he took 11 pills. What happened here?

4

The lady who you are about to interpret for gave you an envelope with 100 dollars.

You asked, what is this for? She explains: it is a gift. What do you do next?

#5

The patient you are about to interpret for has difficulty spelling and pronouncing last name. You have no idea how to read it out loud. What do you do?

#6 by Edgardo Abdiel Cruz-Martinez

You have to explain diabetes to a newly diagnosed patient. Often patients need help understanding their new diagnosis. For example, explaining what A1c values mean and dieting control.

Create a dialogue for the following situations by Janaina McFarlin

Escenario 1

Situación: Cita con el ginecólogo Razón: prolapso uterino

La intérprete solo tuvo clases de español para la enseñanza y es amiga de la paciente. La intérprete no conoce el vocabulario médico ni tiene experiencia como intérprete.

Diálogo:

Escenario 2

Situación: Sala de emergencias Razón: perforación del intestino delgado

Una colega de trabajo de la paciente se convierte en la intérprete. La paciente tiene que hacer una cirugía de emergencia. El doctor explica a la paciente que la situación

es delicada, de vida y muerte y tiene que tomar una decisión inmediata. La colega de trabajo no está mentalmente preparada para hacer la interpretación y sale repentinamente de la consulta con el cirujano.

Diálogo:

Escenario 3

Situación: Sala de emergencias Razón: una picada de araña

A las diez de la noche el padre lleva a la madre al hospital por una picada de araña y el hijo de nueve años los acompaña para interpretar. El padre y la madre no hablan inglés. El hijo pequeño no entiende al doctor para explicar para su madre las recomendaciones médicas. La madre aterrorizada por ver su mano muy hinchada se desmaya. El niño empieza a llorar.

Diálogo:

Exercises by Dr. Antonio Martin Gomez

- Crear una entrevista inicial entre paciente y médico para ayudarle a rellenar el formulario de entrada del paciente (datos personales, seguro médico, etc).
- Anamnesis o preguntas iniciales para establecer un diagnóstico.

What is needed: Data By Lindsay Leigh Helms and Hanna Nicole Pitner

Dr. Helms and Pitner gathered the following data from their pilot study:

1. What situations might a nurse find themselves in that

require Spanish skills?

I feel ok with making conversation but need help with vocabulary. I feel like if I could say terms like “heart rate,” then I would be able to fill in the gaps of other words needed to get my point across. (Participant 3)

In the ER, nurses must ask triage questions like medical history, weight, height, and “do you feel safe at home? And to introduce myself, discover the acuity level, give commands and to understand discharge paperwork in Spanish (Participant 7)

In the ER we have to figure out complaints like when it (the symptoms) started, medical history, surgical history, social history, triage questions, explaining what I’m doing (IV, fluids, blood pressure), and it takes time to find the language line or interpreter (Participant 6)

taking vital signs, explaining medications (side effects and use), assessment of significant change questions (Can you feel me touch you? Can you breathe?), checking your mental state, other questions (Do you need help doing X?) (Participant 2)

In COVID testing drive-through. I need to be able to communicate things like “roll down your window,” “do not grab my arm,” and “I am going to put this in your nose.” I could direct them to the pamphlet, but it would be helpful to say these things. (Participant 1)

In the clinic setting, I need to be able to talk to them about their pain. I would need more cultural understanding as well. (Participant 1)

Basic assessment for why they came to the ER, ask about allergies to medications, are you pregnant, have you had a baby (which way were they cut, c-section), no records on the patient (Participant 4)

Blue phones are available and can be called from the cell phone. Some clinics have in-person translators. I want to explain in detail and use empathy to comfort a person. (Participant 1)

Another part of my job is giving lab results via phone. I would prefer not to do a 3-way call because this gets very confusing for the patient. I might say things like, “your cholesterol is high, and a way to fix that would be exercising more– things like patient education. (Participant 1)

I need to be able to explain prescription labels such as, “take your medicine twice a day.” (Participant 1)

DATA ANALYSIS:

Specific situations that required Spanish in the workplace.

Asking questions and giving commands

When the translators are not available/technology is not working.

Chapter 15

Mental Health and the Latinx Population

While this is only a chapter, I would desire to elaborate on a whole book on this topic.

In this chapter, I will share my personal story about mental health and the factors that can influence mental health conditions in the Latinx population.

Many aspects of mental health need to be taken into consideration when talking to a Latinx patient:

- Generation in the USA. When did they arrive? Were they born to Latinx parents? What generation are they? Algo age is essential.
- Ways to get to the USA. Did this person have to travel here? Or were they born in the USA? Are they from Puerto Rico (Commonwealth), or do they have to swim in a float from Cuba? Did they cross the border through the desert? Are they political refugees from Venezuela whose lives are at risk and who almost died in a robbery? Are they newly hired in a University, and are they on a special visa? Are they students? Did they just get married to a USA citizen?
- Health believes. It truly applies to anyone. What do you think about health? Is it more preventive for you, or do you believe doctors have the ultimate truth in all the sayings? Do you have a more holistic approach to health? Are there any home remedies your family uses that you would like to incorporate into your health routine? Many also believe God is the highest force to talk to or communicate with, so they do not need a psychologist or priest. Why would they speak to a doctor in mental health if they have God? Maybe they would choose a priest first.

What is needed by Adrianna Perez Zarco?

There is a need how to respond to a mental breakdown related to anxiety (or panic attacks). Sometimes people resort to calling 911 or the police to help, but that worsens things. Information about helping someone who is going through a mental health breakdown I know it would be beneficial, especially to the Latinx community. Not many Spanish details are readily available regarding mental health, and it is still considered a taboo topic.

When someone is having an episode, it's not received well, and sometimes people hold it against the individual for "being difficult."

Here you can read about my personal story with mental health and suicide.

<https://www.connectingmemphis.com/memphis/diana>

Working with the Latinx Patient



An interactive H5P element has been excluded from this version of the text. You can view it online

here:

<https://pressbooks.pub/medicalinterpreting/?p=52#h5p-2>

Tupelo Medical

Interpreting Exercise

The following vignettes depict a medical interpreting situation. After reading it, please indicate what went wrong and why.

What is a possible solution according to your views?



Appendix

This is where you can add appendices or other back matter.