



North Carolina Professional Interpreter Association Committed to Quality Communication in Health and Human Services

GREETINGS TO ALL NCPIA MEMBERS!

By Paul A. Ayivon
Chairperson, NCPIA

tion of which NCPIA is member. As subsequent result of this new curriculum, the UNCG Center for New North Carolinians, with the support and collaboration of NCPIA, has developed a gradual credentialing process to measure the knowledge of interpreters and validate their professionalism. This is an effort to meet the need of credentialing/certification expressed by a vast majority of practicing interpreters; by the same token, this will fill such a vacuum in North Carolina.

NCPIA is also involved in a National Disaster Preparedness project that will call on all the local chapters. Obviously this general assembly will be a turning point in many ways; we will elect a new executive bureau that will help implement all these exciting projects and consolidate the foundation of our dear association.

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Greetings to all NCPIA members! Our association is growing due to more trained interpreters who are joining; the immediate result is that there are more practicing interpreters conscious of the critical role they play, and aware of their importance in the communities. Also, this bigger membership will eventually give us the political power we need to make our voice and legitimate concerns heard in order to bring about positive changes.

For about three months now, a new Level 1 training curriculum is being tested; this new curriculum is built on the National Standards of Practice for Interpreters in Health Care as published by the National Council on Interpreting in Health Care, an organiza-

True Story: A New Form of Medical Spanish

By Jose A. Lopez
NCPIA member, Buncombe County

I have been caring for my 89 year old mother and taking her to her medical appointments for almost 20 years and in the past several years, here in North Carolina, I have come across a new phenomenon: it's a new breed of *non-Spanish speaking* doctors who "communicate" with Spanish speaking patients in a strange form of language.

These doctors think that they speak Spanish and communicate directly with non-English speakers without the use of an interpreter. An example of this is the time when my mother was admitted to the ER with extremely low sodium levels. The doctor came in the room and began to speak to my mother in the above mentioned strange form of language. He asked her

the following question: "**Tiene la vista bor-racha?**" My mother looked at me with great surprise and confusion in her eyes. I could almost hear her thoughts: "I haven't drunk alcohol for years! "

I told the doctor that what he must mean is *borrosa*, which means blurry, and not *borracha*, which means drunk. I then had the difficult job to interpret for my mother with the correct choice of words what the doctor had said in his unique form of Spanish.

Has something similar happened to you? Share your Story! Email NCPIA at khalistarr@gmail.com and we will print it in next month's issue!

Curriculum and Credentialing Updates

By Raleigh Bailey, Director
Center for New North Carolinians

Curriculum Revision:

The UNCG Center for New North Carolinians looks forward to working closely with NCPIA on several initiatives. The new curriculum we are developing could become a national model.

While the major skills remain the same, the new curriculum

is organized around the “National Standards of Practice for Interpreters in Health Care” that were developed by the National Council on Interpreting in Health Care (NCIHC) in September, 2005. The curriculum is organized around the concept of 9 Ethical Principles of professionalism. Those nine principles are further divided into 32 Standards of Practice that correspond to the basic skills that are covered in interpreter training.

The curriculum is not limited to Spanish interpretation, but applies to any target language. The interpreter will be ex-

pected to develop cultural competency skills for whatever target languages they work with.

Certification:

The proposed credentialing system to accompany the new curriculum will document professional skills of North Carolina interpreters. It is a competency based system, meaning that interpreters can demonstrate most of their professional skills through role play activities to show that
(continued on page 4)

Elusive Expressions

No one knows better than interpreters how elusive language can be. Nearly every interpreter has stories to tell about confusing expressions, funny scenarios, or serious situations resulting from a miscommunication. Email NCPIA at khalistarr@gmail.com to share your favorite story or elusive expression for next month's issue!

“Over the Counter Drugs”

A former interpreter at CNNC, Tom Hinton, tells the story of taking a recently arrived Montagnard to a doctor due to what appeared to be a bad cold. The doctor told the patient to take some “over the counter drugs at the drug store.” Tom spent considerable time interpreting and discussing this message to the patient.

The doctor intervened, asking Tom why it was taking so long to interpret this simple message. Tom explained to the doctor that first he needed to explain what a counter is, and then he needed to explain that in the US, medicines are often sold at special stores called drug stores. Some medicines in the US are regulated and can only be dispensed by a specially trained person called a pharmacist, with permission from a doctor. Other drugs, however, could be purchased by anyone, right over the counter. After hearing Tom's explanation, the doctor was astonished.

Example of a Pre-Session

By Tania Rossi, NCPIA member

Hola, me llamo Tania Rossi, soy una interprete profesional. Voy a facilitar su visita/entrevista con

Todo lo que se diga y pase aquí es estrictamente confidencial. Por favor, hable directamente con el medico. Yo voy a repetir todo lo que usted diga tal como lo diga, como si yo fuera un eco. Por ejemplo, si usted dice: “Me llamo Luis José Gomes Asencio”; yo diré en ingles: “Me llamo Luis José Gomes Asencio.”

Por favor trate de hablar en frases cortas para facilitar la interpretación. Voy a estar detrás de usted y voy a mirar hacia abajo para concentrarme mejor. No olvide de mirar siempre al medico y no a mi. Tenga confianza de hacer todas las preguntas que tiene al medico. Durante la entrevista, si yo tengo alguna duda o pregunta levantara mi mano y diré: “La interprete necesita

clarificación”. Si usted tiene alguna queja o algo no le gusto durante su visita a la clínica, note que en la sala de espera hay una caja con papel al lado donde puede escribir y depositar su queja. Tiene alguna pregunta de cómo yo interpretar?

English Translation:

Hi, my name is Tania Rossi, I'm a professional interpreter. I'm going to facilitate your visit/interview with...

Everything that is said here is strictly confidential.

Please, speak directly to the doctor. I'm going to repeat everything that you say exactly how you say it, as if I were your echo. For example, if you say “My name is Luis José Gomes Asencio”, I will say in English, “My name is Luis José Gomes Asencio.” Please try to speak in short sentences to make the interpretation easier. I'm going to be behind you and look at the floor to concentrate better. Don't forget to look at the doctor and not at me. Please ask the doctor if you have any questions. During the interview, if I have a question or a doubt, I'll raise my hand and say, “Interpreter needs clarification.” If you have any complaints or something that you didn't like during your visit to the clinic, there is a box with paper in the waiting room where you can write your complaint and put it in.

“First, Do No Harm” : Following the Rules Is Not Always The Most Ethical Way to Act

By Arelys Chevalier, MSSW, LCSW

A few months ago I had the privilege of being on call for a cesarean section interpreting assignment. The nurse questioned the patient about the purpose of her admission. Somehow the nurse thought that the young pregnant woman was there to deliver vaginally.

The young woman and her husband were nervous. This pregnancy had been complicated with gestational diabetes; it was estimated that the unborn baby was very large, making the delivery difficult and risky. Since the couple had never worked with a professional interpreter before, I took the time to explain in detail during the pre-session my role as an interpreter, and they quickly and easily followed my pre-session suggestions. The medical personnel also listened without comment to my pre-session, and I could detect a lot of negative body language especially in response to statements that I would interpret everything I heard without exceptions.

Moments before taking the patient into the operating room a young, small female doctor introduced herself to me and the expecting couple as the physician who would be performing the procedure. As soon as I saw the appropriate moment I gave my pre-session to the physician. Without letting me finish, she looked at me and with a strong tone of command said: “In my operating room you will not say everything that everyone says. Where is my regular interpreter anyway?” I explained to her that if the patient and her husband spoke English they would under-

stand everything that was said in the room. She argued that English speaking patients and their husbands are so involved in the birthing process that they are not listening to what is being said unless it is directed to them.

I decided it would be in the patient’s and her family’s best interest not to anger nor disturb the doctor’s composure who was about to perform the operation. The doctor went on muttering something under her breath about her regular interpreter’s whereabouts.

I felt foolish and out of place, but determined to do the best job I could under the circumstances. I thought about patient’s self determination and my responsibility to offer non-English speakers the same level of information as native English speakers. In my heart were feelings of guilt for betraying the Interpreter Code of Ethics and the thousands of people that I have trained; however, I stood by my decision not to upset this doctor at a critical moment when the life of a young mother and baby were in her hands.

The patient was given a sedative and partial anesthesia to relax.

She was instructed to remain calm, to breathe deeply and to inform the medical personnel of any and all feelings of pain, shortness of breath, sensations of weight on her chest and a number of other symptoms which would be indicative of problems. I was instructed to sit by her head and to interpret what the patient said; they also instructed me on the importance that she remain calm and her breathing regular. When the patient caught a glimpse of her open abdominal area in the large overhead lamp she became agitated and screamed to have them cover it up away from her sight. The procedure continued when this was done.

The small doctor was struggling using all of her physical strength to free the baby from the mother’s womb. The doctor lovingly kept chanting: “Come on baby, you can do it, you can come out!” She pulled and pulled. Big beads of sweat were coming from her brow and her goggles were steamed with tears and perspiration. The dedication and commitment of the entire medical team was palpable in the room.

At times I wished that the

The National Code of Ethics: Why are they Important?

The National Code of Ethics for Interpreters in Health Care sets the ethical environment for the practice of health care interpreters in the United States. A code of ethics establishes uniform values that serve to uphold the integrity of the interpreter profession and the purpose of NCPIA. By understanding and upholding the National Code of Ethics, NCPIA is able to more effectively assist in quality assurance and professional recognition and development.

It is vital to understand, however, that the principles contained in a code of ethics are abstract. *“It is not a “how to” recipe nor is it an answer book for the many unique and problematic situations an interpreter may face in the real world.”* Rather a code of ethics is a tool interpreters can use to resolve dilemmas an interpreter will inevitably face.

“Do No Harm” (continued from page 3)

doctor would ask someone else to help her pull, but she continued the struggle by herself. Sometimes she ordered someone to stop a “bleeder” or pass her tools. She regularly looked over to me to instruct me to tell the patient to breathe deeply or to ask for any signs of physical distress.

I kept my promise, and only said what the doctor instructed. The baby was finally freed from the womb and into the light. He weighed almost 13 pounds! The doctor remarked that this was probably the biggest baby ever delivered in this hospital. The doctor held the baby with love and admiration and

then handed him to his mother who held him and cried tears of joy and gratitude. She thanked the doctor.

I have had a long time to reflect upon this incident. I do not regret breaching the ethic of interpreting everything without exception. My decision was based on the health care ethical mandate of “First, do no harm”. I did not want to upset the doctor at a time when she needed all her concentration and composure. Would the patient, who got so agitated at the sight of her open abdomen, benefit from being told when she was bleeding excessively or being cut during the operation? Was the doctor hiding negative feelings toward the patient in her demand to me that I not interpret everything? I think not. I have memorized the Interpreter Code of ethics, its 9 Principles and 32

Greensboro’s Chapter Meeting

By Kammaleathahh Livingstone
Americorps ACCESS member

NCPIA’s Greensboro Chapter is ready to help organize the first Assembly meeting of 2006. NCPIA’s executive bureau is thrilled to have a chapter in Greensboro to help with organizing events.

Chapter meetings provide a forum for all members to voice concerns, discuss noteworthy experiences and challenges faced in interpreting, and to support each other as each member develops professionally.

Grace Cuebas Colon, vice chair, led the meeting’s agenda and gave an inspiring explanation of how



she sees the Greensboro chapter manifesting NCPIA’s overarching mission: “I want this group to be a *nido*. In

Spanish, that means to have a nest or a home to come to where we can share the challenging things we face in interpreting. We need to support one another, educate ourselves, and continually push ourselves to be better professionals.”

The Greensboro chapter is also focused on promoting compliance and understanding the spirit of Title VI,

one of the main tenets of NCPIA’s purpose. Paul Ayivon, chapter member, spoke about the significance of Title VI: “It is critical for chapter leaders and all NCPIA members to be knowledgeable about the content and terminologies of Title VI. Only then will interpreters be able to identify cases of non-compliance and report them.”

Jacqueline Corbin Adams, deputy secretary, commented: “I am looking forward to the greatness of this group. Right now we are pulling together.”

“CNNC Partners with NCPIA” (continued from page 2)

they can provide professional interpretation at Level I and II of the AHEC training system. Assessment for more advanced levels is planned to be developed after field testing the Level I. Currently interpreters can apply to take the assessment after completing Level II training. For those who have already completed Levels I and II of the old curriculum, some special workshops will be offered to show how to frame the old training skills into the new national standards.

Advisory Council:

An Advisory Council will be meeting in November to provide input into the new curriculum format and into the proposed North Carolina credentialing system. NCPIA representatives, along with other stakeholders including state agencies and clients are included on the Advisory Council. Following the Advisory Council meeting and input, more specific information will be provided to NCPIA and the broader community.

“We may have all come on different ships, but we’re in the same boat now.”

What Time is It? It's Election Time!

NCPIA's annual meeting and election of the new executive bureau will be held at UNC Greensboro on Saturday November 11th, 2006. We would like to see everyone participate in nominating and electing new officers so we can all participate in moving NCPIA forward!

The agenda for our meeting includes a report from the Executive Bureau, presentations from the local chapters, and a presentation regarding a special opportunity to receive mini grants in support of a statewide natural disaster preparedness effort. Our business agenda includes amending our bylaws and election of officers. Start thinking about possible candidates to represent NCPIA.

2006 membership must be current to vote. Members must be present to vote and present to be nominated for a position. After nominations, an election committee formed of volunteers, not running for office, will convene to determine

newly elected officials based on the counted votes.

The current officers of the Executive Bureau are as follows:

Chairperson: Paul Ayivon

Vice Chairperson: Sarah Arredondo

Secretary: Martha Crespo

Treasurer: Susan Chilcott

Deputy Treasurer: Rosana Campos Sandoval

Information Commissioners: Mary Jo Jones and Aurora Tudela

From reviewing other organization's bylaws, the following are descriptions of duties and responsibilities of the executive bureau:

Chairperson: Apprises the membership of NCPIA activities, establishes the agenda for each meeting, presides at general meetings, chairs the Executive Bureau, appoints committee chairs in agreement with the Steering Committee, and submits an annual report to NCPIA.

Vice Chairperson: Assists the chairperson in fulfilling the duties of that office and presides at meetings in the

chairperson's absence.

Secretary: Records and reports the minutes of all meetings, collaborates with an electoral committee to prepare ballots, conducts correspondence for NCPIA, except as delegated to a committee or another individual, and reports to the Board on correspondence received and sent.

Deputy Secretary: Assists the Secretary in fulfilling the duties of that office and presides at meetings in the Secretary's absence.

Treasurer: Receives and disburses all monies for NCPIA, maintains and/or reports financial records, corresponds with secretary with an up-to-date membership roster, and prepares a budget proposal annually for approval by the Board.

Deputy Treasurer: Assists the Treasurer in fulfilling the duties of that office and presides at meetings in the Treasurer's absence.

UNCG Center for New North Carolinians (CNNC) Now Offering: Translation Course for Health and Human Services

What can you expect?

The purpose of this course is to teach the necessary skills to translate accurately. The topics covered include:

- the principles of translation
- source language/target language
- language and culture
- content and intent
- editing/updating and proofreading

Who should attend?

Individuals who are bilingual in English and any other languages who currently provide or are willing to provide

translation services in Health and Human service settings.

Instructor: Paul Ayivon, MA

Free-lance translator (English – Spanish – French) 20-years experience.

Date: December 8th and 9th, 2006

Time: 9AM to 4:00PM each day with an hour for lunch.

Cost: \$150.00

Location: University of North Carolina Greensboro, Stone Building, Room 269

Parking: \$5.00 per day at the Walker Ave parking garage. Directions to the parking deck and Stone Building will be given at registration.

Interested In Registering?

E-mail Susan Chilcott at alschilcott@yahoo.com or call 336-334-5411. Registration is limited. Payment must be made prior to the class. **Payment: Make your check payable to UNCG-CNNC to secure your place.**

Mail to: Center for New North Carolinians, Attn: Susan Chilcott

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TAKE THE FIRST STEP: START A NCPIA CHAPTER!

NCPIA develops as a result of the dynamism and growth of local chapters. Individual chapters represent NCPIA by being publicly visible and actively involved in promoting the interpreter profession.

Interested?!?

To know who is in your area, contact:

The Center for New North Carolinians
413 S. Edgeworth St.
Greensboro, NC 27401
(336) 334 5411

NCPIA NEEDS TO HEAR YOUR VOICE!

TO THE NCPIA MEMBERSHIP:

Greetings! My name is Kammaleathahh Livingstone and I am an Americorps ACCESS member, serving at the Center for New North Carolinians. I have begun to compile the NCPIA newsletter, and it will be printed quarterly.

This newsletter is a powerful communication tool for NCPIA, and I would like to receive articles from all of you. NCPIA needs to hear your voice!

FOR MORE INFO, EMAIL: khalistarr@gmail.com

"The united voice" idea has really gotten our community's attention. Plan a meeting and see what happens. You will be amazed!" ~ Mary-Jo Jones, NCPIA Information Commissioner, Asheville Chapter