Peralta Community College District

Program Review 2013-14

Below please find the program review form, to be filled out by department chairs and program leaders. These will be reviewed at the college level and then forwarded to the district-wide planning and budgeting process. The information on this form is required for all resource requests – including faculty staffing requests – for the 2013-14 budget year.

I. Overview

Date Submitted:	November 19, 2013	Administrator:	
BI Download:		Dept. Chair:	Dr. Fabian Banga

Dept./Program(s): Spanish Medical Interpreter Certificate	**Fall '13 Cohort**
	Medical Interpreting 1 3 units
	Cultural Brokerage 3 units
	Boundaries and Ethics 3 units
	         Total **9 units**
	
	Spring '14 Cohort
	Medical Interpreting 1 3 units
	Internship 1 2 units
	         Total **5 units**
	
	Fall '14 Cohort
	Medical Interpreting 3 3 units
	Internship 1 2 units
	         Total **5 units**
	
	         Program Total 19 units
	
	This curriculum when completed leads to the Certificate of Achievement

Campus:	Berkeley City College
Mission	The mission of the Spanish Medical Interpreter Certificate Program at Berkeley City College is to provide all bilingual Spanish/English students the opportunity to become linguistically and culturally competent interpreters who can function effectively and efficiently in healthcare settings. This is achieved through academic preparation, practical skills training and service in health care settings. Certificate candidates learn: a) roles and responsibilities of a health care interpreter; b) basic knowledge of common medical conditions, treatments and procedures; c) insight in language and cultural nuances for specific communities; d) application of interpreting skills in English and Spanish; e) professional ethics and boundaries; and f) cultural brokerage knowledge and skills. This is a vocational program that prepares individuals to function as Spanish medical interpreters in the healthcare field.

II. Goals and Outcomes (add lines as needed)

II.a. Goals (for each one, cite Institutional Goal(s), Appendix II)

- **Medical Interpreter Program goals:** will advance student access to a program that will provide employment opportunities, provide successful outcomes in skill acquisition for students, and afford equitable opportunities for those students wishing to use their language skills in the service of those who most need it. *(A1, A2 , A3, C2)*
- Complete program review and implement their action plans. *(A.2, C1)*
- Expand the number of medical sites for student internships *(B)*
- Develop the Spanish Medical Interpreter Certificate Program as a Program of Distinction *(C)*

II.b. Program Outcomes [for each one, cite ILO(s), Appendix I]

PROGRAM OUTCOMES (Mapped to Institutional Learning Outcomes, Appendix I).:

PROGRAM 1:
Medical Interpreter Program

- Identify barriers to understanding that can occur between English-speaking clinical providers and Spanish-speaking patients and approaches to overcoming those barriers.
- Identify the specific roles of the interpreter and the appropriate use of each role. *(Self-Awareness & Interpersonal Skills, Communication Skills, Critical Thinking)*
- Demonstrate general knowledge of anatomy, physiology, pathology and basic concepts of biomedicine. *(Information Competency, Computational Skills, Global Awareness & Valuing Diversity, Communication)*
- Define key medical terminology related to body systems and medical specialties in English and Spanish. *(Information Competency, Computational Skills, Communication)*
- Demonstrate a general understanding of organizational policies, procedures and protocols related to expectations of medical interpreters in healthcare systems. *(Self-Awareness & Interpersonal Skills, Communication Skills, Critical Thinking)*
- Demonstrate an understanding of the Interpreter Code of Ethics, and the Standards of Practice identified in the *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Intervention. (Self-Awareness & Interpersonal Skills, Communication Skills, Critical Thinking)*

PROGRAM 2:

General Education component(s):
Span 2A and English 1A

Basic Skills component(s):
Fully Bilingual Spanish/English

III. Evidence			
III.a. Institutional Data			
Enrollment	**2011-12**	**2012-13**	**2013-2014**
Census Enrollment (duplicated)	80	55	55
Sections (master sections)	3	3	3
Total FTES	6.56	4.91	4.91
Total FTEF	0.60	1.00	1.00
FTES/FTEF	10.93	4.01	4.01
Retention			
Enrolled	80	45	45
Retained	68	40	40
% Retained	85%	88%	88%
Success			
Total Graded	12	17	NA
Success	12	17	NA
% Success	41%	59%	NA
Withdraw			
% Withdraw			

Faculty Data (ZZ assignments excluded)	Fall 2013
Contract FTEF	0.50
Hourly FTEF	0.60
Extra Service FTEF	0.00
Total FTEF	0.60
% Contract/Total	0%

Fall 2013*

Faculty Data Comparables F2011 (ZZ assignments excluded)				
	Alameda	**Berkeley**	**Laney**	**Merritt**
Contract FTEF				
Hourly FTEF				
Extra Service FTEF				
Total FTEF				
% Contract/Total				

*Please see full attached report that includes other data that cannot be included in this page.

III.b. External Evidence	
CTE and Vocational: Community and labor market relevance. Present evidence of community need based on Advisory Committee input, industry need data, McIntyre Environmental Scan, McKinsey Economic Report, licensure and job placement rates, etc.	**Medical Interpreter Program** According to the U.S. Census Data, the Latino/Hispanic population, already the nation's largest minority group will triple in size from 2005 through 2050. Latinos/Hispanics will make up 29% of the U.S. population compared to 16% in 2010. Births in the U.S. will play a growing role in Latino/Hispanic growth. The Bay Area is composed of very diverse ethnic and language communities, among them is Alameda County. The population of individuals who do not speak English, well or not at all, has grown and is expected to continue growing. Presently, that group accounts for 34% of the Latino/Hispanic population. Alameda County Latino/Hispanic Population is 312,752. Latinos/Hispanics as percent of county population is 21%. This is a significant percentage of the population that is potentially disenfranchised of access to medical services due to language barriers. According to The California Endowment the lack of interpreters implies language, cultural, and literacy barriers. This Limited English Proficiency (LEP) population needs and will need medical, behavioral health services, and social services. These individuals cannot adequately receive health services without providers who speak their language. There are not enough bilingual providers to meet the demand. The next best way to provide linguistically competent healthcare personnel is to have trained medical interpreters. This situation has been addressed as a requirement for Healthcare Systems and Health Plans in California by SB 853 to provide interpretation services for all their members who do not speak English beginning on January 1, 2009.

Program Review Narrative:

The Spanish Medical Interpreter Certificate Program at Berkeley City College was instituted in the Fall 2011 semester. It is an accredited California State Education Department program. It is likewise approved and listed by the International Medical Interpreter Association (IMIA). It is designed to train bilingual/bicultural students to become linguistically and culturally competent interpreters who can function effectively and efficiently in healthcare settings. This is accomplished through academic preparation, practical skills training and service in health care settings.

The Spanish Medical Interpreter Certificate Program has a community Advisory Board made up of individuals who represent the following areas: interpreting vendors, Latino community healthcare systems, practicing Spanish medical interpreters, healthcare system language services managers, and private hospital system managers. This Advisory Board meets once every semester wherein they are apprised of the program and provide feedback and recommendations for improvement.

Certificate candidates learn: a) roles and responsibilities of a health care interpreter; b) basic knowledge of common medical conditions, treatments and procedures; c) insight in language and cultural nuances for specific communities; d) application of interpreting skills in English and Spanish; e) professional ethics and boundaries; and f) cultural brokerage knowledge and skills. This is a vocational program that prepares individuals to function as Spanish medical interpreters in the healthcare field.

Presently, the program has three cohorts of students: one to graduate at the end of Fall '12 , another at the end of Fall '13, and the other one to graduate at the end of Fall '14. The program is working with 2 hospitals and 4 clinics in the East Bay. Students will be given preparation and are expected to take the National Medical Interpreter Certificate Exam at the end of this program. Once they are certificated they can expect to be guaranteed interviews for hospital interpretation work and higher volume of work with interpreting vendors. The pay for self-employment is between $40-60 an hour. There is a growing demand for this profession not limited to institutions such as hospitals and clinics but likewise for video and telephone interpretation. Some of our students are already working using this technology.

Berkeley City College has initiated a complementary component of contract education. The college has been accredited as the Northern California institution to offer a 40 hour course of *Bridging The Gap*, which will allow an individual to qualify to take the National Medical Interpreter Certificate Exam after successful completion of the course. This component will address present interpreters in the field who need certification. Two courses of *Bridging The Gap* have already been provided.

For the future, a third component would include offerings of Continuing Education Units (CEU) on a contract education basis for Certified Medical Interpreters (CMI). The director of the program has been accepted as and is now a member of the Testing Committee of the National Board of Certification for Medical Interpreters.

Action Plans:

The Medical Interpreter Certificate Program:
- Developed a vocational program curriculum that prepares students to find jobs that provide a reasonable living wage.
- Implemented two student cohorts starting on Fall '11 and Fall '12.

III.c. Program Outcome Assessments (add rows as needed)	Findings	Action Plans
PROGRAM 1:		• The program will graduate first cohort Dec. 2012. • Increase budget for the program
PROGRAM 1 continued:		
General education component:		
Basic skills component:		

Program Outcome Assessments Narrative:

The Spanish Medical Interpreter Certificate Program is in the process of developing student learning outcome assessment tools including an exit interview. An intake application to the program was developed last semester (Spring '12) and has been applied with the second and third cohort. A candidate interview was designed and used with 80 applicants for the second resulting in the selection of 30 students, and 150 candidates for the third in the selection of 40 students . Each candidate was given a 30 minute interview to assess language proficiency in both English and Spanish, as well as commitment, aptitude and attitude towards the profession.

III.d. PCCD Institutional Goals -- Narrative

Check all that apply.	**Medical Interpreter Program**
Advance Student Access, Success & Equity Increase Transfer and Program Completion Rates Engage our Communities & Partners Build Programs of Distinction Create a Culture of Innovation & Collaboration Develop Resources to Advance & Sustain Mission	• The interpreter certificate program advances student access to a program that provides employment and self-employment opportunities. It provides successful outcomes in skill acquisition for students, and afford equitable opportunities for those students wishing to use their language skills in the service of those who most need it. • The interpreter certificate program likewise engages the community in attracting Latino individuals to access a college program that will benefit them and their community. The first cohort will graduate 95% Latino students. The program engages partners such as local hospitals, clinics and HMOs. • It may lead to a program of distinction, very much needed in Alameda County, which meets a well recognized need in the medical and healthcare services field. • It will create a culture of innovation and collaboration as it provides an unmet need with collaboration with community and partners. • Lastly, the goal of this project is consistent with the goals of PCCD in having vocational programs that prepare students to find jobs that provide a reasonable living wage. This is a needed innovative project since the preliminary research has identified the need for medical interpreters and there is no such training program in the East Bay.

IV. Action Plans

Please describe your plan for responding to the above data. Consider program learning outcomes, institutional goals, external evidence, and BI data. Also, please reference any cross district collaboration with the same discipline at other Peralta colleges.

Include overall plans/goals and specific action steps. Add rows as needed.

Action Item	Steps/Timeline	Person(s) Responsible	Supporting Data Source (check all that apply)
1.- Medical Interpreter Program: developed a vocational program curriculum that	Fall '11	José Martín	_x_Assessment Findings __BI Data _x_Insitutional

prepares students to find jobs that provide a reasonable living wage.			**Goals** **__Other**
Implemented three student cohorts starting on Fall '11, Fall '12, and Fall '13.	Fall '11, Fall'12, and Fall '13	José Martín	__**Assessment Findings** __**BI Data** _X_**Insitutional Goals** __**Other**
The program will graduate first cohort Dec. 2012. Increase budget for the program	**Fall '12**	José Martín VP of Instruction	__**Assessment Findings** __**BI Data** _X_**Insitutional Goals** __**Other** __**Assessment Findings** __**BI Data** _X_**Insitutional Goals** _X_**Other**

V. Resource Needs	Link to Action Plans (Section)
Please describe and prioritize any **faculty, classified, and student assistant** needs.	• Full time faculty/coordinator • Administrative Classified Assistant • Student mentors • Coaches • Designated counselors • Tutors • Stipends for students and coaches to meet the hospital required background checks and immunizations. • Job Developer • Instructional assistants
Please describe and prioritize any **equipment, material, and supply** needs.	• Language Lab, • Health Care Interpreter Network video/voice interpreting system. • 6 laptops for training on video/voice interpreting.
Please describe and prioritize any **facilities** needs.	• Designated classrooms for interpretation (212, 223, and 226).

Berkeley City College Institutional Learning Outcomes

Berkeley City College's Institutional Learning Outcomes, as described below, are the skills and knowledge that students are expected to attain as a result of completing an instructional program at BCC. Students completing an A.A. or A.S. at BCC will be able to demonstrate all of the BCC Institutional Learning Outcomes. All BCC courses and certificates are designed to teach some or all of the ILO's. In addition, students achieve these ILO's throughout their experiences at BCC, for example, with student services and student clubs.

Communication
Students show that they communicate well when they
• *Critically read, write, and communicate interpersonally, with audience awareness; and*
• *analyze communications for meaning, purpose, effectiveness, and logic.*

Critical Thinking
Students demonstrate critical thinking skills when they
• *identify problems or arguments and isolate facts related to arguments;*
• *use evidence and sound reasoning to justify well-informed positions; and*
• *generate multiple solutions to problems and predict consequences.*

Computational Skills
Students demonstrate computational skills when they
• *ability to access information on the internet.*

Ethics and Personal Responsibility
Students show the ability to behave ethically and assume personal responsibility when they
• *analyze the consequences of their actions and the impact of these actions on society and the self; and*
• *demonstrate collaborative involvement in community interests.*

Global Awareness & Valuing Diversity
Students demonstrate global awareness and show that they value diversity when they
• *identify and explain diverse customs, beliefs, and lifestyles; and*
• *analyze how cultural, historical, and geographical issues shape perceptions.*

Information Competency
Students demonstrate information competency when they
• *use of language in a competent way, both in English and Spanish*
• *interpreting in different modes such as consecutive, simultaneous, and site translation*
• *use video/voice technology effectively.*

Self-Awareness & Interpersonal Skills
Students demonstrate self-awareness and interpersonal skills when they
• *analyze their own actions and the perspectives of other persons; and*
• *work effectively with others in groups.*

Institutional Goals

Berkeley City College's Institutional Goals are aligned with the PCCD Strategic Goals, and are listed below:

Advance Student Access, Success & Equity
Engage our Communities & Partners
Build Programs of Distinction
Create a Culture of Innovation & Collaboration
Develop Resources to Advance & Sustain Mission

Curriculum:
Spanish 070 Spanish Medical Terminology implemented in Fall '11, '12, '13

Spanish medical terminology for the human body: Internal and external anatomy, its nature and system, general diseases, treatment modalities and procedures, first aid in emergencies and common injuries; bridging the language and cultural gap between clients and providers.

COURSE CONTENT:
Students will be able to:

1. Identify and present Spanish medical terminology.
2. Apply proper medical, dental, and mental health terms in interpretation settings.
3. Present and explain cultural context in reference to the language itself.

LECTURE CONTENT:

Definition of terms 25%
a. Learn the Spanish medical terms used in various medical settings such as physical, dental, and mental health.
Recall of medical terms 30%
a. Application of verbs in reference to terms.
Identification of the human anatomy terms 25%
a. Description of human anatomy terms
Describe cultural context in reference to the language itself 20%
a. Catholic concept of human body vs. animal bodies.

SLO Addendum to the Course Outline

Student Learning Outcomes	Institutional Outcomes	Assessment Method
1. Define the following key terms: interpret, translate, source language, target language, ad-hoc interpreter, and register.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
2. Identify key medical terms and human anatomy required for health care interpreting.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
3. Identify usage of standard Spanish words as well as regional words used in different areas of the Spanish speaking world as part of the Hispanic/Latino mosaic culture.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
4. Describe the standard health care interpreting protocols and techniques.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
5. Demonstrate medical interpreting skills.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)

SPAN 071 Spanish Medical Interpreting I implemented in Spring '12,'13,'14

Effective language interpretation in health care settings: Basic knowledge of common medical conditions; treatments and procedures, insight in language and cultural nuances for specific communities; basic modes of interpretation; techniques for strengthening memory; and interpreting accurately; overview of the U.S. health care system and the responsibilities of health care interpreters.

Course Content:
Students will be able to:

1. Define the following key terms: interpret, translate, source language, target language, ad-hoc interpreter, and register.
2. Identify key knowledge and skills required for health care interpreting.
3. Describe the expertise of each member of the Three-Way Partnership model of

interpreting and identify the primary relationship.

4. Describe the duty of the health care interpreter as a member of the health care team.
5. Describe the roles and responsibilities of the health care interpreter and demonstrate an appreciation for the importance of the profession.
6. Identify and name the California Standards for Healthcare Interpreters.
7. Describe the standard health care interpreting protocols and techniques.
8. Demonstrate medical interpreting skills.

LECTURE CONTENT:

Principles of Interpreting I 20%

Theoretical Foundations and Principles

Interpreting: Roles & Responsibilities

Purpose. Barriers and Access Issues

Requirements. Linguistic Competence

Cultural Competence 10%

Theoretical Definitions

Cultural Specific Characteristics

Legal & Ethical Foundations. CLAS Standards 20%

Professional Practice

Interpreting Modes

Interpreter's Role: One Voice

Self-care and the Interpreter

Stress Management

Medical Interpreting Procedures 25%

Skill Building

Treatment and Procedures

Vocabulary Development

Modes of Medical Interpreting Settings 25%

Face-to-Face

Video Medical Interpreting
Telephonic Interpreting

SLO Addendum to the Course Outline

Student Learning Outcomes	Institutional Outcomes	Assessment Method
1. Identify and present the standard health care interpreting protocols and techniques.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. essay
2. Identify and present the California Standards for Health care Interpreters.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. essay
3. Describe the expertise of each member of the Three-Way Partnership model of interpreting and identify the primary relationship.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam
4. Demonstrate appropriate medical interpreting skills in the Pre-Encounter, Pre-Session, or Pre-Interview; During the Encounter, Session, or Interview; and in the Post-Encounter, Post-Session or Post-Interview.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. other (describe below)

SPAN 072   Spanish Medical Interpreting II implemented in Fall '12, '13

Continuation of Medical Interpreting I: Effective language interpretation in health care settings:
Basic knowledge of common medical conditions, treatments and procedures; insight in language

and cultural nuances for specific communities; basic modes of interpretation; techniques for strengthening memory; interpreting accurately; overview of the U.S. health care system and the responsibilities of health care interpreters.

Students will be able to:

1. Describe the three unique relationships in an interpreting encounter and the expertise of each party. Relationship 1: Patient-Provider Relationship 2: Provider-Interpreter Relationship 3: Interpreter-Patient
2. Identify key information to include in a one-minute pre-session introduction to patients and providers.
3. Write a rough script for a pre-session introduction in English and Spanish.
4. Demonstrate the recommended positioning for interpreters to enhance patient-provider communication.
5. Describe the use of first-person voice in health care interpreting and its advantages.
6. Describe and apply the four modes of interpreting and the advantages and disadvantages of each mode.

LECTURE CONTENT:

Principles of Interpreting II

1. Theoretical Foundations and Principles   20%
   The Professional Interpreter
   Interpreter's Scope of Practice
   Skills Required. Note-taking,
   Discretionary Perception

2. Cultural Competence   10%
   Interpreter's Roles
   Cultural and Ethical Dilemmas
   Legal & Ethical Foundations - HIPPA

3. Professional Practice   20%
   Interpreting Modes
   Interpreter's Role: One Voice
   Self-care and the Interpreter

4. Adv Medical Interpreting Procedures and Interpreting in the Health Care Industry   50%
   U.S. Health Care System
   Specialties of Medical Interpreting
   Standardized Interpreting Protocol
   Pre-Session
   During the Session
   Post-Session
   Guidance on Interpreter Roles and Interventions
   Message Converter
   Message Clarifier
   Cultural Clarifier

PREREQUISITE(S):

- SPAN 071: Spanish Medical Interpreting I
  Subject course and pre/corequisite is: Sequential

SLO Addendum to the Course Outline

Student Learning Outcomes	Institutional Outcomes	Assessment Method
1. Describe the three unique relationships in an interpreting encounter and the expertise of each party. Relationship 1: Patient-Provider Relationship 2: Provider-Interpreter Relationship3:Interpreter-Patient Institutional Outcomes	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Critical Thinking 5. Global Awareness/Valuing Diversity 6. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
2. Write a rough script for a pre-session introduction in English and Spanish.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Critical Thinking 5. Computational Skills 6. Self-Awareness & Interpersonal Skills	1. exam 2. essay
3. Demonstrate the recommended positioning for interpreters to enhance patient-provider communication.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)
4. Describe and apply the four modes of interpreting and the advantages and disadvantages of each mode.	1. Ethics and Personal Responsibility 2. Information Competency 3. Communication 4. Critical Thinking 5. Self-Awareness & Interpersonal Skills	1. exam 2. other (describe below)

HUSV 070 Boundaries and Ethics implemented on Fall '11,'12,'13

Analysis of ethical principles and dilemmas that arise in health care settings: Criteria of conduct in professional boundaries, language and cultural guidelines to be applied by health care interpreters.

Students will be able to:

1. Use case study analysis to demonstrate impartiality in interpretation.
2. Demonstrate respect, integrity, and professionalism for individuals and their communities in role plays and case studies.
3. Interpret health care discussions accurately and completely.
4. Explain Confidentiality of the California Standards for Healthcare Interpreters.
5. Identify health information protected by federal and state medical privacy and confidentiality laws (HIPAA and CMIA).
6. Discuss how different cultural views may affect patient's expectations of

the interpreter.
7. Use case studies to demonstrate knowledge and skill in ethical interpretation.

LECTURE CONTENT:

1. Confidentiality 30%
a. Advise all parties that they will respect the confidentiality of the patient/provider interaction, and, when applicable, to explain to the patient what "confidentiality" means in the healthcare setting.
b. Do not share any patient information with anyone.
c. Advise all parties in the interpreting session to refrain from saying anything they do not wish to be interpreted.
d. Decline to convey to patient any personal information about the provider.
e. Decline to convey to providers any information about the patient gained in a community context.

2. Impartiality 10%
a. Demonstrate no preferential behavior or bias towards or against either party involved in the interpreting.
b. Allow the parties to speak for themselves and to refrain from giving advice or counsel, or taking sides.
c. Respect the right of the parties in a conversation to disagree with each other, and to continue interpreting without becoming drawn into the disagreement.
d. Refrain from interjecting personal opinions, beliefs or biases into the patient/provider exchange even when interpreters disagree with the message, or perceive it as wrong, untruthful, or immoral.
e. Avoid exhibiting non-verbal body language or facial expressions (e.g., eye-rolling, shoulder-shrugging, or any display of shock or disgust) that convey bias and lack of impartiality.

3. Respect for Individuals and Their Communities 10%
a. Treat all parties equally and with dignity and respect, regardless of ethnicity, race, age, color, gender, sexual orientation, religion, nationality, political viewpoint, socioeconomic status, or cultural health beliefs.
b. Recognize the expertise all parties bring into the interaction by refraining from assuming control of the communication, and to provide a full and complete interpreting of all voices in the interaction.
c. Advise the provider of potential communication barriers due to gender differences between patient and provider, or patient and interpreter.
d. Allow for physical privacy, maintaining necessary spatial and visual privacy of the patient while positioning themselves in the interaction.
e. Respond to disrespectful remarks by reminding all parties in the interaction of the ethical principle requiring accurate interpreting for everything that is spoken, including rudeness, and discriminatory remarks and behaviors.

4. Professionalism and Integrity 20%
a. Respect the boundaries of the professional role and to avoid becoming personally involved to the extent of compromising the provider-patient therapeutic relationship.
b. Protect the interpreter's own privacy and safety.

c. Avoid personal, political or potentially controversial topics with all parties at all times.
d. Refrain from soliciting or engaging in other business while functioning as the interpreter.
e. Dress in appropriate attire in accordance with the setting, environment, and organizational policies.
f. Participate in basic training and ongoing professional development through related continuing education activities, such as community college classes, workshops provided by the interpreter's organization, and health seminars.

5. Accuracy and Completeness 10%
a. Convey verbal and non-verbal messages and speaker's tone of voice without changing the meaning of the message.
b. Clarify the meaning of non-verbal expressions and gestures that have a specific or unique meaning with the cultural context of the speaker.
c. Maintain the tone of the message of the speaker even when it includes rudeness and obscenities.
d. Reveal and correct interpreting errors as soon as recognized.
e. Clarify meaning and to verify understanding, particularly when there are differences in accent, dialect, register and culture.
6. Cultural Responsiveness 10%
a. Gain awareness of how one's personal values impact the ability to work within and across cultural groups.
b. Increase knowledge about similarities and differences between diverse cultural groups.
c. Identify and monitor personal biases and assumptions that can influence either positive or negative reactions in themselves, without allowing them to impact the interpreting.
d. Recognize and identify when personal values and cultural beliefs among all parties are in conflict.
e. Monitor and prevent personal reactions and feelings, such as embarrassment or frustration, that interfere with the accuracy of the message, and to recognize such reactions may be a result of their own personal acculturation level, which may be similar to or different from the patient and provider.
f. Identify statements made by providers and patients indicating a lack of understanding regarding health beliefs and practices, and to use applicable strategies to prevent potential miscommunication.

7. Review and discussion of case studies with ethical implications 10%
a. Ask appropriate questions to determine whether there is a problem.
b. Identify and clearly state the problem, considering the ethical principles that may apply and ranking them in applicability.
c. Consider alternative actions, including benefits and risks.
d. Evaluate the outcome and consider what might be done differently next time.

SLO Addendum to the Course Outline

Student Learning Outcomes	Institutional Outcomes	Assessment Method
1. Describe Confidentiality of the California	1. Ethics and Personal	1. essay

Standards for Healthcare Interpreters.	Responsibility 2. Communication 3. Critical Thinking 4. Self-Awareness & Interpersonal Skills	
2. Identify health information protected by federal and state medical privacy and confidentiality laws (HIPAA and CMIA).	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Self-Awareness & Interpersonal Skills	1. essay
3. Discuss how different cultural views may affect patient's expectations of the interpreter.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Self-Awareness & Interpersonal Skills	1. essay
4. Interpret accurately and completely.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Self-Awareness & Interpersonal Skills	1. other (describe below

HUSV0711 Cultural Brokerage implemented in Fall '11.'12,'13

Analysis of cultural brokerage: Interpreter as liaison, cultural guide, mediator, and catalyst for change; bridging the gap between patients and providers; integrating awareness, knowledge, and skills.

Students will be able to:

1. Describe how culture impacts patient and provider views on health and health care.
2. Describe some common views on health and health care held by members of the community for whom you interpret.
3. Describe the impact of culture on patient-provider communication and interaction.
4. Explain student's own personal views on health and health care.
5. Describe Ethical Principle 6: Cultural Responsiveness of the California Standards for Healthcare Interpreters.
6. Describe and identify the Cultural Clarifier role.
7. Describe the guidelines for intervening as a Cultural Clarifier.
8. Define the following key terms: stereotype and generalization.

LECTURE CONTENT:

Cultural differences can affect the delivery of effective health care services.
20%
a. Culture and language are inseparable.

b. Cultural beliefs about health and illness around the world vary significantly from the biomedical perspective.
c. Many traditional health beliefs, practices, and healers lack equivalent terms.
d. Understanding the patient's cultural health belief system is equally important as understanding the provider's health belief system.

Cultural background (your own/others), level of acculturation, personal beliefs, values. 20%
a. It is very important that you know your own cultural background and health belief system.
b. It is very important to understand the cultural adjustment process and level of acculturation of the patient.
c. It is very important to be clear of your own personal beliefs and values so as not to let them interfere with the interpreting process.

Assumptions of cultural beliefs, values, and behaviors. 20%
a. Understand the negative impact on the health outcome when making assumptions of cultural beliefs, values, and behaviors.
b. Checking one's own cultural beliefs, values, and behaviors to insure that they do not interfere with the interpreting process.

Understanding of the community's culture for which you interpret. 20%
a. The Patient Advocate role is part of being an interpreter that requires knowledge of both the patient's and the provider's culture.
b. The cultural-clarifier role goes beyond word clarification to include a range of actions that typically relate to an interpreter's ultimate purpose of facilitating communication between parties not sharing a common culture.
c. How to interrupt the communication process with a word, comment, or a gesture, as appropriate.

Understanding of Western medical culture and providers. 20%
a. It is very important to understand Western medical culture and providers if the interpreter is to convey to the patient what is being proposed.
b. Clear communication to the patient about procedures, medications, and cost is the role of the interpreter.
c. Suggest cultural concerns that could be impeding mutual understanding.

SLO Addendum to the Course Outline

Student Learning Outcomes	Institutional Outcomes	Assessment Method
1. Apply understanding of Western medical culture and practices in interpretative situations.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. exam 2. essay
2. Identify assumptions of	1. Ethics and Personal	1. essay

cultural beliefs, values, and behaviors.	Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	
3. Identify and explain your own cultural background, level of acculturation, personal beliefs, and values.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. essay
4. Identify and explain the community's culture for which you interpret.	1. Ethics and Personal Responsibility 2. Communication 3. Critical Thinking 4. Global Awareness/Valuing Diversity 5. Self-Awareness & Interpersonal Skills	1. essay

COPED 470H Medical Interpreting Internship implemented in Spring '12, Fall '12, Spring '13, Fall '13

These series of courses is supervision of student internships/shadowing in healthcare settings, i.e., hospital or clinic, extending classroom-based occupational learning.

COPED 470H- Interpreting Internship Student Learning Outcomes

1- Abel to demonstrate use of first-person voice.
2- Discuss and demonstrate competence in elements of workplace, culture and professionalism: e.g. time management, reporting and accountability, maintaining personal and professional boundaries.
3- Identify specific areas of improvement needed for interpreting in health care settings.
4- Abel to demonstrate accurate and complete interpreting.
5- Abel to demonstrate standard interpreting practices.

Instruction:

The Spanish Medical Interpreter Certificate Program incorporates various forms of instruction. Among the forms are: lecture, large and small group discussions, student presentation to larger group, videos, interpreting practices including use of video/voice methods with the aid of laptops accessing Skype, and utilization of Moodle to create web-enhanced instruction .

Student Success:

The program is still in its initial phase and graduating its first class on Dec. 13, 2012. We graduated 12 out of the 30 students who began the program in the Fall '11. In addition we have 6 students of the first cohort who used this program to get accepted into a nursing program, and 1 student who used this program to get accepted into an EMT program. Sadly, 1 student died in the second semester of the program. Four students of the first cohort have taken and passed the National Medical Interpreter Certification written exam, and are now waiting to take the verbal exam. We graduated 17 students out of the 29 students who began the second cohort in Fall '12. Of the second cohort 13 students are poised to take the National Medical Interpreter Certification written exam.

Human and Physical Resources:

Since the implementation of the Spanish Medical Interpreter Certificate Program the infrastructure has been insufficient. This program has a very strong component of interaction with the community. Students do internships, shadowing, and volunteer work at hospitals and clinics. Contracts are required between BCC and prospective sites. Supervision of students on site, as well as job development are required. The need for a full-time coordinator(especially since the second cohort was implemented) has been evident.

To have proper staffing of the program implies: faculty, coaches, instructional assistants, mentors, tutors, job developer, and classified assistance. Presently, the program only has part-time faculty and coaches. In order to facilitate acceptance into the program, class registration, and overall integration of students into BCC student life; a designated counselor is advisable. As of Fall '12 we now have a designated counselor for the program.