ESL Introduction to Health Care Occupations Curriculum

Developed by NORTH SEATTLE COMMUNITY COLLEGE for the ESL Healthcare Bridge Program

Funded by the Seattle Community-Based Health Care Partnership Project

Seattle CENTRAL Community College
NORTH Seattle Community College
SOUTH Seattle Community College
SVI Seattle Vocational Institute

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Introduction to Health Care Occupations

ESL059 VOCATIONAL ESL 5
Intended for students currently enrolled in the ESL Program to provide specific support in vocational ESL and designed to assist students pursuing career programs and professional technical programs.

North Seattle Community College
ABE/ESL Department
9600 College Way North
Seattle, Washington 98103
(206) 527-3709
ESL 059
Introduction to Health Care Occupations

Objectives, Syllabus, Resources, Evaluations
Learning Objectives:
Students will practice listening, reading and speaking with comprehension and presenting oral and written information clearly.

Course Objectives:
1. Students will become acquainted with the U.S. health care system and its components (abbreviated history, qualities of health care workers, locations of health care delivery systems, medical insurance programs, legal and ethical considerations in health care).
2. Students will learn about the many allied health care occupations and the routes to pursue to attain the skills needed for these occupations.
3. Students will be introduced to the most common medical prefixes, suffixes and word roots as a tool for future study of medical terminology.
4. Students will visit a hospital and tour several departments with a health care recruiter.
5. Students will participate in various role playing exercises that illustrate active listening, importance of body language, interview skills, informational interview skills, objective documentation of patient complaints, and medical trage.
6. Students will practice selected practical skills such as using safe body mechanics, hand washing and infection control techniques, and blood pressure measurement.
7. Students will read, discuss and summarize selected health articles from popular print media and present orally to the class.
8. Students will hear presentations from a minimum of 6 presenters who work in selected health care fields (such as Pharmacy Technician, Medical Assistant, Dental Assistant, Radiological Assistant, Nurse and Nursing Assistant, Dietary Assistant and Medical Translator) and learn about prerequisites, length of programs and course of study.
9. Students will learn how to research an allied health care career on-line with the medical librarian at NSCC.
10. Students will learn how to prepare and make an oral and written presentation of their research findings about one allied health care career to the class.
11. Students will visit the Career Planning office at NSCC and learn how to research job opportunities on line.
COURSE SYLLABUS: Introduction to Health Care Careers

ESL 059 (02)
12:00-1:50 T /Th
Classroom: IB 1308 (Instructional Building)

Instructor: Kristin Distelhorst, MSN, RN, TESOL certificate

Contact Information: Kristin Distelhorst
Office: IB 2418 C
Office Hours: T/Th 2:00-3:00 and by appointment
E-mail Address: kdistelhorst@accd.cic.edu
Telephone: (206) 528-4552 ext 2

REQUIRED TEXT: Health Science Career Exploration by Louise Simmers
Price: $56.30--new / $42.25--used

STRONGLY RECOMMENDED:
3-ring binder notebook and a package of divider tabs.
English(English dictionary)

CALENDAR:
No class: Thursday, November 23 (Thanksgiving)
Last class: Thursday, December 7

COURSE DESCRIPTION:
This class will
• introduce you to a variety of health care careers through speakers and a visit to
health care settings
• help you learn about the U.S. health care system and its resources
• help you identify your career interests and identify steps to pursue your goals
• help you develop a personal health care career plan that is exciting and realistic

COURSE CONTENT:
This class will include the history and trends of U.S. health care, U. S health care
systems, personal qualities of health care workers, careers in health care, infection
control and safety in health care, legal and ethical issues, cultural diversity and
preparing for a career in health care. Students will do readings, listen and ask questions
of speakers, prepare a short presentation on a specific health care career and prepare a
personal health career plan for themselves.
1. Pair work to discuss simple health care articles from newspaper-students discuss, summarize in writing and present to class
2. Role playing of specific health care scenarios
3. Visits
   a. Northwest Hospital
   b. Medical Assistant Laboratory at NSCC
   c. NSCC Career Center/Career Center Lab and work with Janet Sekijima
   d. NSCC Library and work with Maria Paz on researching health care careers
   e. Health and Human Services Department-NSCC
4. Presentations from guest speakers
   a. Pharmacy Technician Program-NSCC
   b. Dental Assistant Program-SVI
   c. Medical Assistant Program-NSCC
   d. CNA and Nursing Program-NSCC
   e. Radiology Technician Program-NSCC
   f. Seattle King County Public Health Nurse
   g. Seattle King County Public Health Medical Interpreter Program
5. Viewing movies
6. Introduction to taking blood pressure, pulse, practicing hand washing and practicing good body mechanics
7. Exposure to prefixes and examples of medical terminology
<table>
<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assistant, LPN</td>
<td>Mary Sitterley-NSCC</td>
<td><a href="mailto:msitterley@sccd.ctc.edu">msitterley@sccd.ctc.edu</a></td>
<td>(206) 528-4562</td>
</tr>
<tr>
<td>Pharmacy Assistant</td>
<td>Shannon Trivett-NSCC</td>
<td><a href="mailto:strivett@sccd.ctc.edu">strivett@sccd.ctc.edu</a></td>
<td>(206) 527-3790</td>
</tr>
<tr>
<td>Medical Interpreter</td>
<td>Annette Holland Seattle King County Public Health Department</td>
<td><a href="mailto:Annette.Holland@metrokc.gov">Annette.Holland@metrokc.gov</a></td>
<td>(206) 205-9142</td>
</tr>
<tr>
<td></td>
<td>Paulina Lopez Red Cross Language Bank</td>
<td><a href="mailto:Paulina.Lopez@seattledcross.org">Paulina.Lopez@seattledcross.org</a></td>
<td>(206) 726-3554</td>
</tr>
<tr>
<td>Radiology Technician</td>
<td>Patti Larson-NSCC</td>
<td><a href="mailto:plarson@sccd.ctc.edu">plarson@sccd.ctc.edu</a></td>
<td>(206) 528-4559</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>Margaret Camden- SVI</td>
<td><a href="mailto:mcamden@sccd.ctc.edu">mcamden@sccd.ctc.edu</a></td>
<td>(206) 587-4908</td>
</tr>
<tr>
<td>WA Basic Health Plan</td>
<td>Penny Lara-Figueroa-Seattle King County Public Health Dept</td>
<td><a href="mailto:Penny.Lara-Figueroa@metrokc.gov">Penny.Lara-Figueroa@metrokc.gov</a></td>
<td>(206) 205-3068</td>
</tr>
<tr>
<td>Role</td>
<td>Name</td>
<td>Email</td>
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</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Medical Assistant</td>
<td>Michaelann Allen-NSCC</td>
<td><a href="mailto:mallen@scccttc.edu">mallen@scccttc.edu</a></td>
<td>(206) 527-5667</td>
</tr>
<tr>
<td></td>
<td>Patti Larson-SVI</td>
<td><a href="mailto:plarson@scccttc.edu">plarson@scccttc.edu</a></td>
<td>(206) 587-4934</td>
</tr>
<tr>
<td>Career Services NSCC</td>
<td>Janet Sekijima-NSCC</td>
<td><a href="mailto:jseki@sccttc.edu">jseki@sccttc.edu</a></td>
<td>(206) 527-7656</td>
</tr>
<tr>
<td>Health/Medical Librarian</td>
<td>Maria Paz-NSCC</td>
<td><a href="mailto:mpaz@scccttc.edu">mpaz@scccttc.edu</a></td>
<td>(206) 526-7718</td>
</tr>
<tr>
<td>Tour of NW Hospital</td>
<td>Jill Cartright</td>
<td><a href="mailto:Jill.Cartright@nwsea.org">Jill.Cartright@nwsea.org</a></td>
<td>(206) 368-1655</td>
</tr>
<tr>
<td></td>
<td>Northwest Hospital Nurse</td>
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<tr>
<td></td>
<td>Recruiter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Health Unit</td>
<td>Gail Ouattara-SVI</td>
<td><a href="mailto:gouderra@scccttc.edu">gouderra@scccttc.edu</a></td>
<td>(206) 587-4922</td>
</tr>
<tr>
<td>Coordinator</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CPR Training</td>
<td>Barbara Breit</td>
<td><a href="mailto:Barbara.Breit@seattle.gov">Barbara.Breit@seattle.gov</a></td>
<td>(206) 684-7274</td>
</tr>
<tr>
<td>(standard and for ESL</td>
<td>Seattle Fire Department</td>
<td></td>
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<tr>
<td>students)</td>
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<tr>
<td>Dietary Aid</td>
<td>Grace Woods</td>
<td><a href="mailto:Grace.Woods@mcdoh.gov">Grace.Woods@mcdoh.gov</a></td>
<td>(206) 296-9820</td>
</tr>
<tr>
<td></td>
<td>Seattle King County Public</td>
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<tr>
<td></td>
<td>Health Department</td>
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<tr>
<td>Category</td>
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<tr>
<td>A/V Equipment</td>
<td>Dave Gronbeck</td>
<td><a href="mailto:dgronbeck@sccd.ctc.edu">dgronbeck@sccd.ctc.edu</a></td>
<td>(206)526-0072</td>
</tr>
<tr>
<td>Advising</td>
<td>Stephanie Swanson</td>
<td><a href="mailto:sswason@sccd.ctc.edu">sswason@sccd.ctc.edu</a></td>
<td>(206)527-7303</td>
</tr>
<tr>
<td>Loft-Tutoring</td>
<td>Pappi Tomas</td>
<td><a href="mailto:ptomas@sccd.ctc.edu">ptomas@sccd.ctc.edu</a></td>
<td>(206)526-0164</td>
</tr>
<tr>
<td>EMT</td>
<td>Karen Urick</td>
<td><a href="mailto:kurick@sccd.ctc.edu">kurick@sccd.ctc.edu</a></td>
<td>(206)527-3790</td>
</tr>
</tbody>
</table>
North Seattle Community College
Evaluations by ABE/ESL Students

<table>
<thead>
<tr>
<th>Class, Section no.</th>
<th>Introduction of Health Care Occupations ESL 059-2</th>
<th>Teacher</th>
<th>Kristin Distelhorst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>T, Th 12:1-1:50 pm</td>
<td>Quarter</td>
<td>Fall</td>
</tr>
</tbody>
</table>

Please put an X in boxes to show your opinion. Do not write your name on this paper.

How much have these things helped you improve your English skills?

<table>
<thead>
<tr>
<th>About the Class</th>
<th>Very good</th>
<th>Good</th>
<th>OK</th>
<th>Not good</th>
<th>Not good at all</th>
</tr>
</thead>
</table>

- The textbook: *Health Science Career Exploration*  
- The hand-outs for each lesson that the teacher gave out in each class  
- Discussing different situations and problems in groups of 2  
- Reading newspaper articles about health and presenting them to the class and writing a summary on the board  
- Researching one health care career and making an oral presentation to the class  
- Preparing a written description of one health care career for your class  
- Acting out scenes with partners-patients and health care worker in doctor’s offices or clinics or hospitals  
- Listening to speakers talk about their careers  
- Going for a tour at Northwest Hospital and answering questions about the tour for homework  
- Doing reading of the textbook for homework  
- Practicing hand washing, body mechanics,
**About the Teacher**
(To the teacher: List at least 5 items in this section.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>The teacher comes to class on time.</td>
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<tr>
<td>The teacher is prepared to teach every day.</td>
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<tr>
<td>The teacher wants students to talk and ask questions.</td>
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<tr>
<td>The teacher listens to students and answers students’ questions.</td>
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<tr>
<td>The teacher corrects homework and class work quickly and carefully.</td>
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<tr>
<td>The teacher helps all of the students learn.</td>
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<tr>
<td>The teacher makes the class a comfortable and friendly place to learn.</td>
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<tr>
<td>The teacher makes the class interesting.</td>
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<tr>
<td>The teacher gives enough homework</td>
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<tr>
<td>The teacher finds information that is useful for the student</td>
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</table>

**About You**
(To the teacher: List at least 5 items.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always</th>
<th>Usually</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>My attendance is good.</td>
<td></td>
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<tr>
<td>I come to class on time.</td>
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<tr>
<td>I participate in class (listen, speak, ask questions, work with a partner or in a small group).</td>
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<td>I review the lessons outside of class.</td>
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<tr>
<td>I do the reading that is assigned for homework.</td>
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<tr>
<td>My reading is better now.</td>
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<tr>
<td>My writing is better now.</td>
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<tr>
<td>My listening is better now.</td>
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<tr>
<td>My speaking or pronunciation is better now.</td>
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</table>

1. **Please answer the questions below.**
   a. What do you like about this class?
b. Has this class helped you improve your English so that as an adult living in the United States you can do better as a citizen, community member, family member, worker, and/or student?

Why or why not?

c. What could the teacher change to improve this class?

d. Any other comments, positive or negative:

Thank you for your help!
<table>
<thead>
<tr>
<th>Career</th>
<th>Program</th>
<th>Requirements/Prerequisites</th>
<th>Length/Format of Program</th>
<th>Admissions Information</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Dental Assistant</td>
<td>Seattle Technical College</td>
<td>High School diploma or GED</td>
<td>Fall, winter, spring, summer</td>
<td>Fall and spring</td>
<td>Counseling: 425-235-2352 ext 5840</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Language 45</td>
<td>2 quarters</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Math 36</td>
<td>1200 clock hour course</td>
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<tr>
<td>Dental</td>
<td>Lake Washington Technical College</td>
<td>Compass Test must test (usually completion of ESL level 6)</td>
<td>4 quarters (M-F 8:30-3:30)</td>
<td></td>
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</tr>
<tr>
<td>Assistant</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dental</td>
<td>Renton Technical College</td>
<td>High school diploma or GED</td>
<td>Fall and winter</td>
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<tr>
<td>Assistant</td>
<td></td>
<td>COMPASS or ASSET test</td>
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<td></td>
<td></td>
<td>Have health insurance and vaccinations</td>
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</tr>
<tr>
<td>Occupation</td>
<td>Institution</td>
<td>Requirements</td>
<td>Duration</td>
<td>Sessions</td>
<td>Contact Person</td>
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</tr>
<tr>
<td>Nursing Assistant (CNA)</td>
<td>South Seattle Community College</td>
<td>Attend mandatory orientation. Sign up for CASAS (reading and math score of 220 or higher). Ability to pay program costs.</td>
<td>1 quarter (3 days a week-9:30) during clinical-some Fridays</td>
<td>Fall, winter, spring, summer</td>
<td>(206) 768-6654</td>
</tr>
<tr>
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</tr>
<tr>
<td>Nursing Assistant (CNA)</td>
<td>Bellevue Community College</td>
<td>Must attend an information session, have immunizations and have taken a CPR class. <strong>NOTE:</strong> Bellevue Community College is planning to offer an ESL- CNA class in Fall 2007-it will be 15 weeks-2-3 days/week with ESL component</td>
<td>1 quarter (meets in evenings and some Saturdays) 130 clock hours</td>
<td>Offered 4 times/yr. winter, spring and 2 classes in summer.</td>
<td>Jo-An Gazdik</td>
</tr>
<tr>
<td>Nursing Assistant (CNA)</td>
<td>Edmonds Community College</td>
<td>Vocational ESL class (1 quarter-15 hours/week) followed by 15 credits of prerequisites and then 8 credits of nursing assistant classes and externship.</td>
<td>3 quarters day and evening classes</td>
<td>Fall, winter, spring</td>
<td>Elizabeth Patterson</td>
</tr>
<tr>
<td>Pharmacy Technician</td>
<td>NSCC</td>
<td>High school completion or GED, Completion of Math 097 and English 097/098, Compass test-placement into ENG 101, Typing proficiency of 35 WPM.</td>
<td>3 quarters</td>
<td>Fall and spring</td>
<td>Shannon Trivett</td>
</tr>
<tr>
<td>Bellevue Community College</td>
<td>No prerequisites</td>
<td>2 nights/week</td>
<td>All quarters</td>
<td>Erica Ferreri (425) 564-3144</td>
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</tr>
<tr>
<td>Shoreline Community College</td>
<td>Highly recommended: Medical Terminology Anatomy and Physiology Computer Technology</td>
<td>6 credits finish MLT 2'4- (Principles of Phlebotomy) then evaluated for practicum</td>
<td>Fall and Spring</td>
<td>Molly Morse (206) 546-6947 <a href="mailto:mmOREED@shORELINE.EDU">mmOREED@shORELINE.EDU</a></td>
<td></td>
</tr>
<tr>
<td>Renton Technical College</td>
<td>High school diploma or GED COMPASS or ASSET test Have health insurance and vaccinations</td>
<td>Daily 5-9 pm ½ quarter</td>
<td>Fall, winter, spring</td>
<td>Counseling: 425-235-2352 ext 5840 Registration: 425-235-2352 ext 5528 (Jimmy Pham) Instructor: Simone Terrell (425) 235-2352 x <a href="mailto:sterrell@ntc.edu">sterrell@ntc.edu</a></td>
<td></td>
</tr>
<tr>
<td>Edmonds Community College</td>
<td>Vocational ESL class (1 quarter-15 hours/week) followed by 1-7 hours (1 or 2 quarters) followed by 9 credits in phlebotomy</td>
<td>Day and evening</td>
<td></td>
<td>Elizabeth Patterson <a href="mailto:elizabeth.patterson@edcc.edu">elizabeth.patterson@edcc.edu</a> (425) 640-1017</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Institution</td>
<td>Requirements</td>
<td>Duration</td>
<td>Season</td>
<td>Contact Person</td>
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</tr>
<tr>
<td>Radiology Technician</td>
<td>NSCC and once a month at Bellingham Technical College</td>
<td>Eng 101, Anatomy and Physiology, Intermediate Algebra, Introduction to Medical Terminology, General Psychology or Sociology and Software applications (see fact sheet for specific courses at NSCC)</td>
<td>7 quarters-full time Financial aid and Work Source funds are available Waiting list for entry</td>
<td>Fall</td>
<td>Patti Larson</td>
</tr>
<tr>
<td>LPN (Licensed Practical Nurse)</td>
<td>NSCC</td>
<td>Compass Test into MAT 098 or higher MAT 100 (Math for Health Care Careers) Recommended: Introduction to Medical Terminology (AH1 100)</td>
<td>4 quarters</td>
<td>Fall or spring</td>
<td>Mary Sitterley</td>
</tr>
<tr>
<td>LPN (Licensed Practical Nurse)</td>
<td>Renton Technical College</td>
<td>High school diploma or GED Passing scores on COMPASS test (Reading-62, Writing-32, Math 39) BEST plus speaking test Have health insurance Complete CASAS-text into high ESL level 4 and 5</td>
<td>ESL-6 quarters-1 for CNA and 5 quarters for Practical Nurse</td>
<td>Winter</td>
<td>Jenna Pollock</td>
</tr>
<tr>
<td>LPN (Licensed Practical Nurse)</td>
<td>South Seattle Community College</td>
<td>CNA license Passing score on COMPASS or ESL COMPASS test Transcript of ENG 101 and MATH 102 GPA 2.0 or higher</td>
<td>4 quarters</td>
<td>Summer and winter</td>
<td>Katherine Flenniken</td>
</tr>
</tbody>
</table>
ESL 059
Introduction to
Health Care Occupations

Introduction
Students Tasks, Activities, Homework

Introduction

1. Complete student information form
2. Students interview each other and report to class
3. Students discuss examples of decision making in their own lives
4. Student, in pairs, are given real life scenarios of decisions and discuss with partner and present decisions to class
5. Teacher/students discuss class syllabus, expectations, and format
6. Read textbook p 2-12
Introduction to Health Care Careers
Student Information

Name: _____________________________________________
      first          last
What do you like to be called? ____________________

Your student id # ____________________________

Your phone number ____________________________

Email address __________________________________

Emergency contact __________________________________
  Please print clearly           phone #
  Please print clearly

What languages do you speak? ________________________________

Current ESL level? ______level 4 ______level 5 ______level 6 or higher

How long have you been studying at NSCC? ________________________________

What classes have you taken? ________________________________
  ________________________________
  ________________________________
  ________________________________

What classes are you taking now? ________________________________
  ________________________________
  ________________________________

Are you currently working? Yes ______ No ______

If yes-how many hours per week? ________________

Please tell me about your education
  Graduate from high school or equivalent? ________________________________
  Graduate from special training program? ________________________________
  Graduate from college or university? ________________________________
Health Care Careers
Student Interviews

1. Your name__________________________
(Make sure you know how to pronounce it)

2. What languages do you speak?____________

3. Why are you interested in working in health care?

4. Describe one experience you have had in a health care setting. (it can be positive or negative)

5. What is one quality you have that will be helpful to you in your career?
Why are you interested in a career in health care?

________________________________________________________

________________________________________________________

________________________________________________________

Have you had any previous work experience in a health care setting?

________________________________________________________

________________________________________________________

________________________________________________________

Is there a health care career you are most interested in or best suits your interests?

________________________________________________________

________________________________________________________

________________________________________________________

How long do you want to prepare for a health care career in this country?  As fast as possible_____

Less than 2 years_____  2-4 years_____

What do you hope to learn in this class?

________________________________________________________

________________________________________________________

________________________________________________________

What questions do you have for me, your instructor?

________________________________________________________

________________________________________________________

________________________________________________________
Decision Making-1

1. All day, every day, we are making decisions—whether we realize or not.
2. Sometimes we think we don’t have time to make decisions—ie wake up late, no time for breakfast
3. What that means is that we FORGET that we have the choice and can take the responsibility
4. Making decisions gives you power over your life—you can choose wise or unwise choices but you have a choice.

Groups of two:
1. Talk about a typical day from the time you get up till the time you go to bed

List 10 decisions you make in a day

Eg: 1. what time to get up
2. what to eat for breakfast

2. Talk about why you think people put off making decisions

- sometimes you need more information—that is you need to do research
- sometimes people spend so much time doing research they “miss the boat” (the tv that is on sale is not longer on sale, the job you wanted is no longer available)
- sometimes people want to be perfect and if they can’t make perfect decisions they make no decisions—they worry about the what if’s (what if I don’t like the new boss, the new job etc)
- there are always unknowns in making decisions— you don’t know how things will turn out—but nothing ventured, nothing gained
3. **Talk about some ways to overcome fears**

- every day take a little risk
- expect to feel afraid
- reward yourself when you take a risk
- break big fears into smaller pieces (learn what you want to do, learn where you can take classes, go and find out how to enroll, go back again and enroll, go to one class etc)
- it’s ok to admit you are afraid

4. Making decisions means taking actions when you decide to make conscious choices in your life-you feel better and you are in charge!
ESL 059
Introduction to Health Care Occupations

NW Hospital Tour
Students Tasks, Activities, Homework

Northwest Hospital Tour

1. Students given question sheet to complete and suggested questions to ask tour guide
2. Class visits Northwest Hospital and two recruiters take the class to the Emergency Room, Intensive Care Unit, Diagnostic Imaging and Clinical Laboratory Departments
3. Subsequent class sessions are spent reviewing new terms presented during the tour
4. Subsequent class session-view half of movie-A Day in the Life of Health Care Services
5. Read p32-36
RELEASE AND INDEMNITY AGREEMENT

I hereby state that I wish to participate in courses and/or activities offered by NORTH SEATTLE COMMUNITY COLLEGE, a non-profit educational institution. I recognize any outdoor activity may involve certain dangers, including but not limited to the hazards of travelling in mountainous terrain, accidents or illness in remote places, forces of nature, and the actions of participants and other persons. I further understand and agree that without some program providing protection of its assets and its leaders, NORTH SEATTLE COMMUNITY COLLEGE would not be able to offer its courses and activities.

In consideration of and as part payment for the right to participate in the activities offered by NORTH SEATTLE COMMUNITY COLLEGE, I hereby release NORTH SEATTLE COMMUNITY COLLEGE and its members from any and all liability, claims and causes of action arising out of or in any way connected with my participation in any activities offered by NORTH SEATTLE COMMUNITY COLLEGE, I personally assume all risks in connection with these activities, and further agree to indemnify NORTH SEATTLE COMMUNITY COLLEGE and its members from all liability, claims and cause of action which I may have arising from my participation in activities. I, the terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE AND INDEMNITY BY READING IT BEFORE I HAVE SIGNED IT.

__________________________________________
(SIGN AND PRINT NAME)

DATE ___________________________
1. What type of hospital is Northwest Hospital?
   ___ specialty
   ___ general
   ___ government
   ___ university

2. How many beds does Northwest Hospital have? __________

3. How much does one night in a regular bed cost at Northwest Hospital?
   ___________________________________________________________________

4. Does Northwest Hospital provide rehabilitation services?
   ___ Y
   ___ N

5. If you answered yes to #4, what kind of rehabilitation is offered?
   ___________________________________________________________________

6. Does Northwest Hospital use volunteers?
   ___ Y
   ___ N

7. What do volunteers do at Northwest Hospital?
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
8. What was the most impressive thing you saw on your tour today?

9. What surprised you the most about Northwest Hospital?

10. Does Northwest Hospital provide hospice care?
   
   Y
   N

11. Other comments about today's tour or things you want to know more about.
ABBREVIATIONS

1. ER- emergency room
2. IV- intravenous
3. MI- heart attack (myocardial infarction)
4. MRI- the use of nuclear technology to show the parts of human cells, tissues and organs (magnetic resonance imaging)
5. CAT/CT scan- a scan of a body part that helps show tumors or other abnormalities in the body (computerized axial tomography)
6. ICU- intensive care unit
7. CCU- coronary care unit
8. EKG- electrocardiogram
9. ENT- Ear, Nose and Throat

Triage: a way to sort people into groups according to who needs the attention right away and who can wait a little longer

Chief complaint: what the person’s complaint is when they come to the Emergency Room

Pediatrics: refers to treating infants and children

Monitor: in the Emergency Room-a monitor is attached to a person with wires that are placed on the chest and it can show the person’s heart beat and blood pressure. Also, a small finger clip can be put on a person’s finger to measure the pulse (heart rate) and the amount of oxygen that is getting into a person’s blood

Code cart: a special piece of equipment on wheels that has everything medical people need to treat emergencies (especially during a heart attack or when a heart stops beating or people stop breathing)
Oxygen/Suction: These two pieces of equipment can help the medical personnel either give more oxygen to someone who is having trouble breathing or use a tube to suction (vacuum out) things that are blocking the person’s breathing.

Trauma Room: This room in the Emergency Room is where the most severely ill patients are taken when all kinds of equipment is needed to save a person’s life.

Respirator/ventilator: a machine that can breathe for a person who is unable to breathe on their own.

Crash cart: same thing as a code cart (a special piece of equipment on wheels that has everything medical people need to treat emergencies especially during a heart attack or when a heart stops beating or people stop breathing.

Open heart surgery: a surgery when a person’s chest is opened and the blood is circulated outside the body so that work can be done on the heart.

Valve replacement: the replacement of one of the heart valves (there are 4 in the heart).

GI bleed: bleeding somewhere in the digestive system (gastrointestinal bleed).
ESL 059

Introduction to Health Care Occupations

Health Care History/Trends
Health Care History and Trends

1. Students each given a historical time period on a card and asked to bring back 2-3 highlights in health care from that period written on the card.

2. Cards are assembled along the board to illustrate timeline and advances in health care.

3. Discuss of major important events in health.

4. Discussion and handout on history of health care trends in health care.

Ancient Times (4000 BC-400 AD)
- Ancient Chinese believed in the need to cure the mind, body and soul making use of herbs, plants and animal parts.
- Some herbs and plants are still used today. Digitalis comes from the foxglove plant, morphine from the poppy plant.
- Ancient Romans built sewers to carry away wastes and bring water—they built a sanitation system.
- Hippocrates—a Greek physician is considered the Father of Medicine. He believed that disease was caused by natural causes—not demons or spirits.
- New doctors take an oath to perform their practice honestly called the Hippocratic Code.

Dark Ages (400-800 AD)
- Monks and priests used prayer to treat illness.
- Study of medicine was stopped.

Middle Ages (800-1400 AD)
- Greeks and Romans had new interest in studying medicine.
- Medical universities were built to train doctors.

Renaissance (means rebirth -1350-1650 AD)
- Dissections of human body began.
- Leonardo da Vinci drew accurate pictures of the body-outside and inside.
- Circulation of the blood was described.
- Medical books were published now that there was a printing press.
16th, 17th and 18th century (1650-1900) BIG DISCOVERIES

- Vaccination for smallpox discovered (-milkmaids who recovered from cowpox did not get smallpox).
- Microscope was invented so microorganisms (bacteria and viruses) could be identified.
- Stethoscope was invented (doctor did not want to listen to the heart by putting his ear on a woman's chest).
- Women often died after student doctors delivered their babies. (Students were going from the dissection room to the delivery room and bringing germs with them). This led to insisting that doctors wash their hands. Death rate went from 18% to 1%. Today doctors wear sterile gloves.
- After learning that bacteria in the air got into wine and spoiled it, people learned to heat the wine (sterilization)
- This led to the study of infection of wounds after surgery and the cleaning of operating rooms with antiseptics.
- Nurses training began: famous nurses included Florence Nightingale (treated soldiers on the battlefield and is called the founder of modern nursing) and Clara Barton (founded the American Red Cross).
- X-rays were discovered.
- Anesthesia (means without feeling) was discovered to control pain during surgery.

20th and 21st Centuries

- Mold growing on a dish of bacteria killed the bacteria! 12 years later Penicillin was discovered!
- Continual development of medicines, vaccines, antibiotics, new surgical procedures, open heart surgery, transplants, separation of conjoined twins etc.
- Discovery of DNA and how genetics works.
- Start of health care plans to pay costs of health care.
- Runaway health costs!
Cost Containment: controlling the cost of health care. Why are costs so high?

1. Advancing technology (transplants, artificial organs, genetic engineering, computer imaging and diagnosis)
2. The population is growing older and living longer (more medicines, chronic diseases, hospital and nursing home stays)
3. Lawsuits lead to higher insurance costs for doctors and hospitals, more tests may be ordered to avoid lawsuits

Reducing Health Care Costs

1. Diagnostic-related groups (DRG's)
   - Federal health plans (Medicare and Medicaid) will pay only a fixed amount for certain diagnosis.
   - If the hospital provides treatment that costs less than fixed amount they can keep the money.
   - If the hospital provides treatment that costs more than fixed amount they must accept the loss of money.

2. Combining services
   - Health care facilities join together to save on equipment and costs. They serve more people and reduce the cost for each person.

3. Outpatient services
   - Patients get care without entering the hospital which saves money.

4. Mass or bulk purchasing of supplies
   - Buying equipment and supplies in large quantities saves money

5. Prevention
   - Preventing illness is always cheaper than treating illness (immunizations, education, regular physical exams avoids some illnesses and expensive visits to the emergency room)

6. Focus on energy conservation (hospital recycling, energy efficiency, energy audits)
Other Health Terms

Home Health Care

- rapidly expanding field providing nursing, physical, occupational and speech therapy, respiratory services, food and nutrition, housekeeping, health aids and social services to people at home.

Geriatric Care

- adult day care centers, retirement housing, assisted living, long-term care (nursing homes, rest homes, foster care)
- OBRA (Omnibus Budget Reconciliation Act) requires that nursing/geriatric assistants complete approved training and pass written test and do retraining if away from job for more than 2 years. Also identifies patients' rights and that they are enforced.

Telemedicine

- use of video, audio and computer systems to provide medical or health services between providers who are not in the same location (EMTs transmit electrocardiograms for diagnosis, surgeons use computer guided robotic equipment to perform surgery from a distance, patients send information via the internet etc)

Holistic Health Care (treating the whole body and mind)

- the desire for physical, emotional, social, mental and spiritual wellness has led to a new focus on holistic health care
- new businesses have emerged: weight loss programs, health food stores, counseling centers, quit smoking, drinking, and drug programs

Alternative methods (in place of or in addition to “western” system which looks at physical signs and systems, determining the cause and treating the patient)

- Ayurvedic-uses diet, herbs, yoga, exercise, minerals
- Chinese medicine- uses acupuncture, acupressure, herbs, tai chi
- Chiropractors-uses massage and manipulation for misalignment of bones
- Homeopaths-uses drugs from plants, animals and minerals
- Naturopaths-uses natural therapies, diets, lifestyle changes
- Hypnotists-uses ways to create a trance-like state to convince people to change their behavior

National Health Care

- The goal is to provide all Americans with health care coverage
ESL 059
Introduction to Health Care Occupations

Health Care Settings
Health Care Systems

1. Handout health care systems
2. Watch movie: Diversified Health Care - Is a Career in Health Care for You?
3. Pair discussion of medical articles
4. Discussion of prefixes and selected medical terms
5. Students sign permission slips for hospital tour
6. Read p. 24-32
1. U.S. health care is delivered in a variety of settings.
2. It is one of the fastest growing industries in the U.S. and billions of dollars are spent on health care.
3. **HOSPITAL TYPES** (for-profit, government, religious, non-profit)
   - General hospitals: provide diagnostic, medical, surgical and emergency services
   - Specialty hospitals: treat certain ages and conditions-examples: Fred Hutchinson Cancer Research Center, Seattle Cancer Care Alliance, Children’s Hospital & Regional Medical Center, also burn centers, private psychiatric hospitals
   - Government hospitals: operated by the federal government-examples-VA Hospitals, state psychiatric hospitals, state rehabilitation hospitals
   - University or College Medical Centers - example: University of Washington Medical Center
4. **LONG TERM CARE FACILITIES** - provides care for elderly people and those with physical, chronic or long-term illnesses (they are called residents not patients)
   - Extended care or skilled nursing facilities: provide skilled nursing and rehabilitation services to people who either return home or go to another type of living situation
   - Nursing homes: help people with ADL (activities of daily living), provide physical, emotional, social and recreational services.
   - Assisted or independent living facilities: provide meals, housekeeping, laundry services, transportation, social activities (these may stand alone or be in a setting with a long term care facility and a nursing home) Residents either buy their unit or lease it.
   - Foster care: in some areas, people open their homes and take in residents and care for them
5. **DOCTOR’S OFFICES** - general practitioners, family doctors, specialists in all areas, some deal only with children or women
6. **DENTIST’S OFFICES/DENTAL CLINICS** - offer general or specialized care of the teeth
7. **MEDICAL CLINICS/MEDICAL CENTER CLINICS**
   - These can be in hospitals or in neighborhoods.
   - They can be run by groups of doctors or by hospitals.
   - They can be specialty clinics such as surgical, rehabilitation, pediatric (for children), sexually transmitted diseases, women’s, public health (immunizations), or general family practice clinics.
8. OPTICAL CENTERS
   • These can be in stores, owned by opticians or ophthalmologists.
   • These provide vision examinations, prescribe eyeglasses, contact lenses and check for eye diseases.

9. EMERGENCY CARE
   • These include ambulance services, rescue squads provided by city (911), emergency rooms in hospitals, emergency clinics, and medical evacuation services.

10. LABORATORIES-Dental and Medical
    • Medical laboratories perform diagnostic tests
    • Dental laboratories make dentures and other mouth devices

11. HOME HEALTH CARE
    • In home services can be provided by hospitals, health departments, private individuals, non-profit and profit agencies
    • These provide help with nursing care, personal care, therapy and homemaking

12. HOSPICE SERVICES
    • These provide care for terminally ill persons who are not expected to live longer than 6 months
    • Provide sensitive care for the patient and family and allow the person to die with dignity and in comfort at home.
    • Service can be in the home or in a hospice facility (example: Bailey Boushay House)

13. MENTAL HEALTH FACILITIES
    • These provide care for people with mental diseases and disorders as well as for people who need counseling to help them deal with concerns and problems.
    • These include counseling centers, clinics, centers for addiction

14. GENETIC COUNSELING CENTERS- can be part of a hospital or a private center
    • These provide counseling for couples and individuals who are concerned about genetic disorders

15. REHABILITATION FACILITIES
    • These provide physical, occupational, recreational, speech and hearing services

16. SCHOOL HEALTH CLINICS- located in schools and colleges
    • These provide health education, counseling, testing (in elementary schools)

17. OCCUPATIONAL HEALTH CLINICS
    • These are located in large companies to provide health care for employees
1. Your friend was in a car accident on the way home from school. She bumped her head on the window and has a lot of pain in her back. Where should she go for treatment right away?

2. If she cannot move, what type of service can you call to take her someplace?

3. If a person cannot speak English very well, what can he say on the phone if he calls 911?

4. Your grandmother had a stroke and has paralysis of the right arm and leg. She lives at home with her husband but he is away all day at work. She needs help getting meals and with her personal care. She also needs therapy for her arm and leg. What kind of services could she get and where?

5. You are looking for a family doctor. What could you do to find a doctor?
ESL 059

Introduction to Health Care Occupations

Qualities of Health Care Workers
Personal Qualities of a Health Care Worker

1. Handout personal qualities of health care worker
2. Role playing-teacher and volunteer role play unprofessional health care worker and patient. Volunteer and teacher role play unprofessional behavior of health care worker towards team member
3. Class identifies errors and unprofessional behaviors
4. Review medical terms
5. New prefixes
6. Pair discussion of medical articles
7. Read p. 38-45
Qualities of a Good Healthcare Worker

Most people become healthcare workers to help other people. To be successful, you must be sincerely interested in helping others, be able to communicate effectively and work well as part of a team.

- Positive Attitudes and Patience: try to fix a problem rather than complain about it, be understanding, learn to deal with frustration
- Willingness to Learn: be ready to learn new ways since health care is always changing
- Empathy: have the ability to understand how other people feel and be interested in them and communicate with them
- Responsibility: Dependability and Honesty: be ready to do your job honestly, take responsibility and be part of the team
- Competence: being able to complete your tasks accurately
- Commonsense and Good Judgment: able to handle difficult situations and keep confidential information
- Respect for Team- every team member has an important job to do, but each has a different background, so respect the opinions of all your team members

Professional Appearance

- Uniform or clothing- neat, clean, well-fitting, always have a name badge
- Nails, hair, jewelry, make up- clean, not flashy or excessive, shouldn’t interfere with work or transmit germs
- Personal hygiene- clean, no strong scents (hairspray, perfume, etc)
ESL 059
Introduction to Health Care Occupations

Health Insurance
Students Tasks, Activities, Homework

Medical Insurance

1. Handout on health insurance plans
2. Overhead presentation of one plan with discussion and questions about specific coverage
3. Speaker from Seattle King County Public Health to discuss Basic Health insurance
4. Students are asked to research one health care plan on the internet or phone and answer three questions:
   What is the deductible?
   What are the out of pocket expenses?
   What is the co-payment on selected care items?
5. Students move around a table set up with short summaries or health insurance plans and answer questions at each station
6. Read p.45-55
Health Care Careers
10-10-06
Health Insurance Plans

1. The cost of health care in the United States is so high that many people rely on some kind of health insurance to help them pay the costs.

2. The way most private health insurance plans work is that the person pays a premium (means a monthly amount) to the insurance company and then the insurance company pays a percentage of the doctor or hospital bill (in some cases may pay all of the bill).

3. Insurance terms
   - Deductible—the amount the patient pays before insurance pays
   - Co-insurance—the percentage patient has to pay (80/20)
   - Co-payment—the amount the patient pays (i.e. $10 for each doctor visit)

4. Many people get health insurance through their work—then their employer pays the premium.

5. Another type of health insurance is called an HMO (Health Maintenance Organization) Group Health Cooperative is an example of an HMO in Washington.
   - HMO’s focus on preventive care
   - Once you pay the premium, you pay no more for your care
   - One disadvantage is that in an HMO you must use the HMO’s doctors, laboratories and hospitals for your health care.

6. Another type of health insurance plan is called PPO—preferred provider plan. It means that the insurance has agreements with certain doctors, dentists and hospitals and you must use those for your health care.

7. Medicare: is a federal program for all individuals over 65 years of age. It is also for a person who is disabled and has been getting Social Security benefits for at least 2 years. It pays for 80% of the services and often persons will have another insurance policy to pay the other 20%.

8. Medicaid: is a state program which pays for health care costs for low income persons, blind persons and physically disabled people.

9. Workers’ Compensation: is a health insurance plan for workers injured on the job. In addition to paying for health care, it can pay for wages lost because of the on-the-job injury.
The benefits of this plan, for medically necessary services, will be provided at the percentage specified below, after the deductible and any applicable copays have been met. Unless otherwise specified, all benefits are subject to the annual deductible in addition to any copays and coinsurance. The Selections network offers you the most complete coverage. To be eligible you must choose a Personal Care Provider (PCP) from our list of Selections providers, except for self-referral benefits specified in your contract. Your PCP will manage your care; however when you need more specialized care, your PCP will refer you to a Selections specialist or extended network provider. The extended network offers you the freedom to choose from many of the providers who participate with the Company (Regence BlueShield). You may use these providers without a referral if you are willing to pay a greater share of the cost.

<table>
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<tr>
<th>Benefit Category</th>
<th>Benefit Description</th>
<th>Percent covered</th>
<th>Out-of-Pocket Max.</th>
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<td>Annual Deductible</td>
<td>$500 per individual / $2,500 per family or $1,000 per individual / $2,000 per family</td>
<td>$500 per individual / $2,500 per family or $1,000 per individual / $2,000 per family</td>
<td>$500 per individual / $2,500 per family or $1,000 per individual / $2,000 per family</td>
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<td>Annual Out-of-Pocket Coinurance Amount</td>
<td>$2,800 per person / $5,000 per family</td>
<td>No out-of-pocket maximum</td>
<td>£2,800 per person / £5,000 per family</td>
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<td>Hospital Facility (Inpatient &amp; Outpatient)</td>
<td>80% / 50%</td>
<td>Hospital Facility (Inpatient &amp; Outpatient)</td>
<td>80% / 50%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>80% / 80%</td>
<td>Ambulance Services</td>
<td>80% / 80%</td>
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</tr>
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<td>Outpatient Rehabilitation</td>
<td>80% / 50%</td>
<td>Outpatient Rehabilitation</td>
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</table>
Prescription Drugs
$2,000 per calendar year maximum; closed formulary; not subject to deductible

Orthodontics
$1,000 lifetime maximum

Prostheses and Orthotics
80% 50%

Smoking Cessation
$100 lifetime maximum

Spinal Manipulations
$15 professional copay
10 visits per calendar year maximum

Copays: Each covered person will be required to pay a $15 professional copay for certain services such as outpatient professional services performed in the office, home, hospital outpatient department, or other facility, and a $75 copay for each visit to a hospital emergency room for illness, injury, or surgery (waived if directly admitted to the hospital as an inpatient). Copays do not apply toward the deductible or to the out-of-pocket coinsurance amount.

Annual Out-of-Pocket Coinsurance Amount: Benefits will be provided at the percentage specified until the annual out-of-pocket coinsurance (stoploss) maximum has been reached for the Selections network. When your eligible out-of-pocket coinsurance expenses for the Selections network have reached $2,000 per person per calendar year, the payment level for most benefits within the Selections network only will increase to 100% of the allowed amount for the remainder of the calendar year. Any balances of charges not covered by this plan will be your responsibility to pay. The annual deductible, copays, outpatient rehabilitation care, prescription drugs, and smoking cessation programs do not apply to the maximum stoploss amount. The maximum stoploss amount per family is three times the individual stoploss amount. There is no stoploss maximum on extended network benefits.

Emergency Care: Inside the service area, your plan will cover treatment by a network or non-network physician or hospital. You will receive the higher level of benefits only if you notify us within 24 hours or as soon as is reasonably possible, and you agree to follow our managed care guidelines. Otherwise, you will receive the lower level of benefits. Benefits will be based on the recognized provider's annual charge for the service.

Care Outside the Service Area: You have the same coverage and limitations for care outside our service area as you do within the extended network. However, any benefit payable at 50% will be paid at 80%, except benefits for prescription drugs which are paid at the level specified. Any additional charges will be your responsibility and you may have to pay for them yourself. If you live in the service area and are admitted to a hospital while traveling outside the service area, you must contact the Company within 24 hours to receive full plan benefits. You must also agree to comply with the Company's managed care guidelines, which may require you to move under the care of a Selections provider in the service area as soon as feasible. If you meet all requirements, inpatient benefits will be provided at the Selections network level. Pre-admission approval is required for all inpatient admissions outside the service area if you seek care from providers that have not contracted with a Blue Cross and/or Blue Shield plan, except for emergency services or maternity admissions. When you need health care outside of the United States or its territories, call the Blue Card Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-973-1177.

Waiver: Periods: No benefits are provided for treatment relating to a transplant until you have been covered under this or a prior plan with the Company for 12 consecutive months. No benefits will be provided for preexisting conditions, including maternity, until you have been covered under this plan for six consecutive months, unless you were continuously covered for at least nine months under the immediately preceding insurable plan.

This is a brief summary of benefits; it is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations, and exclusions, refer to the plan contract. Your feedback is important to us. If you have suggestions about the benefits covered under this plan, you may contact us at 1-888-344-8234 or visit our Web site at www.wa.regenene.com, and complete the suggestion box form located or the Contact page.
1. What is the annual deductible for me?
2. What is the annual deductible for my husband?
3. Do I have to pay something when I go to the dr's office or hospital?
4. How much do I pay?
5. Will the insurance pay if I need home care?
6. What percentage will the plan pay?
7. What percentage will I pay?
8. Can I get my mammograms paid for?
9. If my husband goes to an emergency room and gets admitted to the hospital—what does he have to pay at the emergency room?
10. What does he have to pay if he is not admitted to the hospital from the emergency room?
11. If I take this health insurance and I am pregnant, will they pay for my care?
No....

To learn more about hospitals that have met specific safety standards, visit The Leapfrog Group's web site at www.leapfroggroup.org.

Studies have shown that xylitol, a natural sweetener, can help prevent tooth decay. Regular use of xylitol products may help improve your oral health. For discounts on xylitol products, including gums, mints, mouthwash and toothpastes, go to www.epidental.com/aetna.

Member: KRISTIN ALTHEA HOBST

Group Name: THE CITY OF SEATTLE

Group Number: 1000096.20.01 PA 07

All Remarks Appear After Final CIA

Claim Activity for

| DATE AND TYPE OF SERVICE | DENTISTRY/OFFICE | (

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
</table>

This is the claim detail for the bill received on 03/02/00.

<table>
<thead>
<tr>
<th>DYNACARE NORTHWEST, INC.</th>
<th>0105056</th>
</tr>
</thead>
</table>

| X-Ray or Lab Services | 49.50 |
| X-Ray or Lab Services | 14.50 |
| X-Ray or Lab Services | 24.50 |
| X-Ray or Lab Services | 38.92 |
| Medical Services | 72.00 |

Columns Totals: 199.42

<table>
<thead>
<tr>
<th>AMOUNT PAID</th>
<th>AMOUNT REIMBURSED</th>
</tr>
</thead>
</table>

Total Fails: 75.40

Patient Responsibility (shaded columns)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
</table>

DYNACARE NORTHWEST, INC. May Bill You: $42.00

General Remarks:

1. Your plan covers medical fees that Aetna has negotiated with your Preferred (In-Network) provider. Your provider has agreed NOT to charge you for the higher amount.

ESL Introduction to Health Care Occupations Curriculum Continued on Next Page

Page 52 of 197
Basic Health: Low-cost health care coverage for eligible Washington residents

Basic Health—a Washington State Health Care Authority program—contracts with health plans all over Washington State to provide reduced-cost health care coverage to qualified Washington State residents.

Eligibility
Basic Health is for Washington State residents who are:

• Within Basic Health's income guidelines (see below);
• Not eligible for free or purchased Medicare;
• Not institutionalized at the time of enrollment; and
• Not attending school full-time in the United States on a temporary student visa.

Cost
• Monthly premiums are based on age, income, family size, and health plan chosen
• No copayments for preventive care services
• Low copayments on some services
• $150 annual deductible
• 20% coinsurance on some services
• $1,500 annual out-of-pocket maximum

To be eligible for Basic Health, your family's gross (before taxes) monthly income must be lower than the amount shown (for your family size) in the table below:

<table>
<thead>
<tr>
<th>Number of People in Your Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>$1,633.42</td>
</tr>
</tbody>
</table>

Valid through June 30, 2007
Understanding Basic Health

Basic Health is for Washington State residents who are:

- Not eligible for free or purchased Medicare
- Not institutionalized at the time of enrollment
- Within Basic Health's income guidelines

Cost

- Monthly premiums are based on age, income, family size, and health plan chosen
- No copayments for preventive care services
- Low copayments on some services
- $150 annual deductible
- 20% coinsurance on some services
- $1,500 annual out-of-pocket maximum

Choice of provider

- Select your own doctor or other provider affiliated with the health plan you choose
- Choice of health plans in most counties
- Decide on the health plan that offers the best value, location, and providers for you

Benefits

- Doctor and hospital care, including preventive care
- Emergency services
- Prescription drugs

Basic Health contracts with health plans all over Washington State to provide reduced-cost health care coverage to qualified Washington State residents. All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage vary (such as which prescription drugs or preventive services are covered). The amount the state contributes to your monthly premium depends on:

- Your age:
- Your income:
- The number of people in your family; and
- The health plan you choose

See the publication Health Plans and Premiums for more information about monthly premiums. Call 1-800-660-9840 if you need help with your estimate.
**Copay**
A set dollar amount you pay when receiving specific services or treatments. In most cases, this will be $15, except for prescription drugs and emergency room visits (see page 56). Copays do not apply to your deductible, coinsurance, or out-of-pocket maximum. The following are copays you will be responsible for in 2023:

- **Office visit:** $15
- **Prescription drugs**
  - Tier 1: $10
  - Tier 2: 50% of the drug cost
- **Emergency room visit:** $100

**How it works:**
Sally takes her son, Charlie, to the pediatrician for a bad cough. Sally pays the $15 office visit copay at the doctor’s office.

**Deductible**
The amount you pay before your health plan starts to pay for certain covered services. In 2023, you will be responsible for paying the first $150 of certain covered medical costs before your health plan pays 80% of the covered services. The $150 annual deductible must be met for each family member enrolled in Basic Health. The deductible does not apply towards the annual out-of-pocket maximum. If you change plans any time during the year, the amount you’ve paid toward your deductible for covered family members will start over with your new health plan.

**How it works:**
John falls off his roof and is taken to the hospital by ambulance. The ambulance service is subject to his annual deductible. John has not paid anything toward his deductible, so he is responsible for the first $150 of the $200 cost. He also is responsible for paying 20% coinsurance of the remaining bill.

<table>
<thead>
<tr>
<th>AMBULANCE SERVICES:</th>
<th>$200</th>
</tr>
</thead>
<tbody>
<tr>
<td>John’s deductible</td>
<td>$150</td>
</tr>
<tr>
<td>Remaining bill</td>
<td>$50</td>
</tr>
<tr>
<td>John pays 20% of remaining bill:</td>
<td>$10</td>
</tr>
<tr>
<td>Health plan pays 80% of remaining bill:</td>
<td>$20</td>
</tr>
<tr>
<td>John’s total cost</td>
<td>$220</td>
</tr>
</tbody>
</table>

Because John has met his $150 deductible, he will only pay copayments and the 20% coinsurance for the rest of the year until he reaches his annual out-of-pocket maximum.

**Coinsurance**
The percentage you pay when your health plan pays less than 100% for covered services. Your health plan will not pay toward services with a coinsurance until you have paid your $150 annual deductible. In 2023, you will be responsible for paying 20% of the cost for services that have a coinsurance. Your health plan pays the remaining 80%.

**How it works:**
Sally is hospitalized for an injury. The hospital stay costs $1,000. The hospital stay is subject to her annual deductible. Sally has already paid her annual deductible, so she pays 20% coinsurance for the hospital stay and her health plan pays the remaining 80%.

| HOSPITAL STAY: | $1,000 |
| Sally pays 20%: | $200 |
| Health plan pays 80%: | $800 |

**Out-of-pocket maximum**
Your coinsurance costs apply toward your out-of-pocket maximum of $1,500 per person, per calendar year. When you or another covered family member reaches the out-of-pocket maximum, you are not responsible for any further coinsurance costs for covered services received by that person during the year. Your health plan will pay 100% of all coinsurance costs. However, you will still be required to pay applicable copayments.

**How it works:**
When John fell off the roof, he seriously damaged his knee. He will need three surgeries in 2023 to repair the damage. Each surgery will cost $5,000 and his coinsurance is 20%. The surgeries are subject to his annual deductible, which he has already met with the ambulance service.

| FIRST SURGERY: | $5,000 |
| John pays 20%: | $1,000 |
| Health plan pays 80%: | $4,000 |

For the second surgery, John will not have to pay the full 20% coinsurance because he has already paid $70 for the ambulance service and $1,000 for the first surgery that go toward his annual out-of-pocket maximum of $1,500.

(continued on next page)
### Waiting periods

#### Pre-existing conditions
You must wait nine months from the day your coverage begins before Basic Health will cover pre-existing conditions, except for maternity care and prescription drugs.

If you had coverage similar to Basic Health coverage (including Healthy Options or other Medical Assistance program with similar coverage) any time in the three months just before you applied for or were enrolled in Basic Health, your waiting period for treatment of a pre-existing condition will be shorter. If your enrollment was delayed due to Basic Health enrollment limits, you may receive up to three months credit toward the waiting period. The table below gives examples of how this works.

<table>
<thead>
<tr>
<th>Previous similar coverage</th>
<th>Waiting period for organ transplant procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous coverage in effect within three months of either the date Basic Health receives your application or the date your coverage begins.</td>
<td>You must be enrolled in Basic Health for 12 consecutive months before you're covered for organ transplant procedures, unless:</td>
</tr>
<tr>
<td>Coverage during both the three months before your application was received and the three months before your coverage begins, with a break in coverage.</td>
<td>• The transplant is for a condition that was not pre-existing; or</td>
</tr>
</tbody>
</table>

The waiting period for coverage of organ transplants will not be waived or reduced because of either:

- Other similar coverage in effect before your Basic Health enrollment; or
- Time spent waiting for Basic Health coverage.

<table>
<thead>
<tr>
<th>Month credited toward the nine-month waiting period for pre-existing conditions</th>
<th>One month credit for each month of continuous coverage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous coverage during the longer of the two coverage periods. For example, if you had three months continuous coverage before your application date, and two months coverage before your Basic Health coverage began, credit would be given for three months coverage.</td>
<td>One month credit for each month of continuous coverage.</td>
</tr>
</tbody>
</table>

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ESL Introduction to Health Care Occupations Curriculum  
Page 56 of 197
Benefits and services subject to the deductible and coinsurance

Before your health plan pays the 80% coinsurance for the following benefits, you must first pay your $150 annual deductible. Once you meet your $150 deductible, all coinsurance payments will be applied toward your $1,500 annual out-of-pocket maximum. Deductibles and out-of-pocket maximums are per person, per year. Once the $1,500 per person out-of-pocket maximum has been reached, the health plan pays for all covered benefits and services with a coinsurance. Members are only responsible for copays for benefits and services listed on page 6. If you change health plans any time during the year, the amount you’ve paid toward your deductible and out-of-pocket maximum for covered family members will start over with your new health plan.

<table>
<thead>
<tr>
<th>Benefit/services</th>
<th>Member's payment responsibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital, Inpatient</td>
<td>20% coinsurance; deductible applies.</td>
<td>Facility charges may include, but are not limited to, room and board, prescription drugs provided while an inpatient, and other services received as an inpatient. See “Other professional services” below.</td>
</tr>
<tr>
<td>Hospital, outpatient</td>
<td>20% coinsurance; deductible applies</td>
<td>Includes services received as an inpatient, surgeries, anesthesia, chemotherapy, radiation, and other types of inpatient and outpatient services.</td>
</tr>
<tr>
<td>Other professional services</td>
<td>20% coinsurance; deductible applies</td>
<td>Includes services received as an inpatient, surgeries, anesthesia, chemotherapy, radiation, and other types of inpatient and outpatient services.</td>
</tr>
<tr>
<td>Mental health</td>
<td>20% coinsurance; deductible applies to inpatient; $300 maximum facility charge per admittance.</td>
<td>Limited to 10 inpatient days a year and 12 outpatient visits a year. Office visits to manage medication do not count towards 12-visit maximum. Outpatient visits are subject to $15 copay (see “Office visits”).</td>
</tr>
<tr>
<td>Laboratory</td>
<td>No copay or coinsurance for outpatient services. 20% coinsurance for inpatient hospital-based laboratory services.</td>
<td>Deductible applies to services with coinsurance.</td>
</tr>
<tr>
<td>Radiology</td>
<td>20% coinsurance, except for outpatient x-ray and ultrasound</td>
<td>Deductible applies to services with coinsurance.</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>20% coinsurance; deductible applies</td>
<td>Includes approved transfers from one facility to another. No coinsurance if transfer is required by the health plan.</td>
</tr>
<tr>
<td>Chiropractic/physical therapy</td>
<td>20% coinsurance; deductible applies</td>
<td>Up to six visits combined for postoperative treatment following reconstructive joint surgery, as long as visits are within one year of surgery.</td>
</tr>
<tr>
<td>Chemical dependency</td>
<td>20% coinsurance and deductible apply to inpatient; $300 maximum facility charge per admittance.</td>
<td>Limited to $5,000 every 24-month period; $10,000 lifetime maximum. Outpatient visits are subject to $15 copay (see “Office visits”).</td>
</tr>
<tr>
<td>Organ transplants</td>
<td>Deductible, coinsurance, and copays apply by special service.</td>
<td>12-month waiting period, except for newborns in for a condition that is not pre-existing.</td>
</tr>
</tbody>
</table>
How it works
Basic Health members who are pregnant usually receive care through the Maternity benefits Program (a Medicaid program). This program, jointly administered by Basic Health and Department of Social and Health Services (DSHS), allows you to receive maternity benefits through the same health plan you choose for Basic Health. When selecting a provider for your maternity services, make sure (s)he contracts with your chosen health plan.

More services
The Maternity Benefits Program allows you to receive other services called First Steps, which include maternity support, such as:
- Child-birth education classes,
- Child care, and
- Transportation to medical appointments.

Eligibility
If you are pregnant when you apply for Basic Health, your application will be referred to DSHS to determine your eligibility for the Maternity Benefits Program. If you want to be enrolled in Basic Health while your eligibility for the Maternity Benefits Program is being determined, you must specifically request that on your application. If you do not qualify for the Maternity Benefits Program, you may be able to receive maternity services through Basic Health.

If you are pregnant and your income is higher than Basic Health’s income guidelines, go to your local DSHS Community Service Office to apply for the Maternity Benefits Program. DSHS determines eligibility for the Maternity Benefits Program based on Medicaid eligibility criteria. There are some differences between Medicaid and Basic Health eligibility criteria. For example, Medicaid criteria will count your unborn child when determining your family size, while Basic Health does not count the child until birth. As a result, you may be eligible for one program, but not the other.

How to apply
You can request a Maternity Benefits Application and other materials from Basic Health. Medicaid requires written verification of the pregnancy from a licensed doctor, nurse, or medical lab, and will ask for an estimated due date. Home pregnancy tests are not accepted as proof of pregnancy. If you are eligible for the Maternity Benefits Program, Basic Health will cover maternity services for only 30 days after your doctor verifies your pregnancy. To continue your maternity coverage without interruption, Basic Health must receive your Maternity Benefits Application within 30 days of the date your pregnancy is verified. If you do not apply within that time, you’ll have to pay the full cost of any maternity care you receive beyond 30 days after your pregnancy is verified.

When coverage begins
Coverage for maternity services will begin only when your Basic Health coverage begins. (If you’re eligible, DSHS may provide other assistance for maternity services received during the most recent three months before your Basic Health coverage starts.)

Please note:
2006 benefit changes affect Basic Health members, not Basic Health Plus or Maternity Benefits Program members.
For health plan information

Health plan information in this document is believed to be accurate and current, but be sure to confirm with the health plan before making decisions.

<table>
<thead>
<tr>
<th>Customer service hours</th>
<th>Customer service phone numbers</th>
<th>Web site address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Columbia United Providers, Inc.</strong></td>
<td>Mon. – Fri. 8 a.m. – 5 p.m.</td>
<td>1-800-315-7862 or 360-891-1820  TDD: 1-888-297-9662</td>
</tr>
<tr>
<td><strong>Community Health Plan of Washington</strong></td>
<td>Mon. – Fri. 8 a.m. – 6 p.m.</td>
<td>1-800-440-1561  TTY/TDD: 1-800-803-6388</td>
</tr>
<tr>
<td><strong>Group Health Cooperative</strong></td>
<td>Mon. – Fri. 8 a.m. – 5 p.m.</td>
<td>1-888-901-4636  TTY: 1-800-833-6388</td>
</tr>
<tr>
<td><strong>Kaiser Foundation Health Plan of the Northwest</strong></td>
<td>Mon. – Fri. 8 a.m. – 8 p.m.</td>
<td>1-800-913-2000  TTY: 1-800-735-2900</td>
</tr>
<tr>
<td><strong>Molina Healthcare of Washington, Inc.</strong></td>
<td>Mon. – Fri. 7:30 a.m. – 6 p.m.</td>
<td>1-800-869-7105  TTY: 1-877-665-4629</td>
</tr>
</tbody>
</table>

After you send in a Basic Health application

Basic Health receives many applications, and processes them on a first-come, first-served basis.

"Processing" means that a Basic Health staff member will review your application and any documentation you sent with it. If you are eligible and there is space available, we will then send you a bill for your first month’s premium; this bill will tell you when your Basic Health coverage will begin, as long as your payment is received by the due date.

If you are enrolling in Basic Health, the health plan you choose will send identification (I.D.) cards for you and your enrolled family members. Some health plans may require that you choose a primary care provider before they will issue your I.D. card. The enrollment confirmation letter you receive from Basic Health can serve as temporary identification until you receive your card.

It is important to remember that Basic Health is a state program; we use tax dollars to help pay for your health coverage. Because of this, it is important that we frequently verify eligibility of Basic Health members. At least once each year, Basic Health will ask you for updated documentation to verify your eligibility; this may include proof-of-income, residency, and family size. To ensure your continued enrollment in the program, you must respond to any requests for information completely and by the due date given at that time. This process is called "recertification."

On an ongoing basis, you are responsible for letting us know if any of the information used to verify your eligibility for Basic Health changes. You will receive a Basic Health Member Handbook when you enroll; it will explain the details.

If you have questions, please visit our Web site at www.basichs.e.hca.wa.gov, or call 1-888-660-2840.
For Washington State Residents

Health Plans and Premiums

Use this brochure to find health plans in your county and figure your monthly Basic Health premium. Then keep it as a reference in case your income or family size changes. This information is updated twice a year when Basic Health's income guidelines or health plan premiums change.

Basic Health premiums are based on your income, age, family size, and the health plan you choose.

Follow these three easy steps using the information in this brochure:

1. Find your income band.
2. Find the health plans available in your county.
3. Estimate your monthly premium.

All health plans in Basic Health offer the same basic benefits, but monthly premiums, providers, and some details of coverage vary (such as which prescription drugs or preventive care services are covered). Premium differences have to do with the rates health plans charge to cover their costs. Please be aware that this document only gives monthly premium amounts. See Understanding Basic Health for information on copays, coinsurance, deductibles, and out-of-pocket costs.

If you are eligible for free or purchased Medicare, you are not eligible for Basic Health. For information on benefits and eligibility, or help in choosing a health plan, see Understanding Basic Health.

Do not return this document. Keep it as a reference in case your income or family size changes, or you move to a different county; you are required to report these changes to Basic Health.


This document, along with the Application for Basic Health, Understanding Basic Health, Member Handbook, and other helpful documents, is available on our Web site: www.basichealth.hca.wa.gov.

If you would like to speak to a Basic Health staff member, call 1-800-660-9840.
Dear Basic Health Applicant:

Thank you for your interest in Basic Health. Enclosed you will find:
- ✔ A Basic Health application with a return envelope.
- ✔ Understanding Basic Health, which lists information on benefits and coverage, as well as health plan phone numbers.
- ✔ Health Plans and Premiums, to find out which health plans are available in your area, and to help figure your monthly premium.
- ✔ A Resource List for Basic Health, with information on who to contact in your area for application assistance.

These documents are also available on our Web site at [www.basichealth.hca.wa.gov](http://www.basichealth.hca.wa.gov).

Am I eligible for Basic Health?

You may be eligible for Basic Health if you:
- Live in Washington State:
  - Are not eligible for free or purchased Medicare (the federal health program for people over age 65 or people who have been on social security disability for more than two years);
  - Meet the income guidelines shown in the enclosed Health Plans and Premiums brochure. This brochure will also show you how much your coverage will cost.

Is there space available in Basic Health?

Basic Health can enroll only a limited number of people. Applications are processed on a first-come, first-served basis. If your application is incomplete or we reach our enrollment limit, your enrollment may be delayed. Coverage is offered once you are determined eligible and space is available. You will be notified if your coverage will be delayed. Please respond promptly to any requests for additional information; otherwise, you may be required to re-apply for Basic Health, causing further delay.

What is Basic Health Plus and what does it cover?

Basic Health Plus is a health care coverage program for children, jointly administered by Basic Health and the Department of Social and Health Services (DSHS). Basic Health Plus provides complete health care coverage for children from the same health plan that provides services for other family members in Basic Health.
- Basic Health Plus is a Medicaid program and is only for children of families who qualify for Basic Health. Children must be dependents under age 19 who are living in your home, and are U.S. citizens or legally admitted. DSHS will determine eligibility. A social security number is required for any children who are applying for Basic Health Plus. If you are applying for Basic Health Plus coverage only (no adults enrolling in Basic Health), please apply directly through your local DSHS Community Services Office.
- There are no copayments for services or prescriptions, and no waiting period for pre-existing conditions for children enrolled in Basic Health Plus.
- Basic Health Plus includes Basic Health benefits, plus additional benefits such as dental, vision, speech, and occupational therapy.
- If your children do not qualify for Basic Health Plus, you can enroll them in Basic Health, as long as they are eligible. (If you want Basic Health for your children while their Basic Health Plus eligibility is being determined, you must check the box at the bottom of Section 4 of the Basic Health application.) You will be charged a premium for children enrolled in Basic Health.
How should I report my income?
Report all gross (before taxes) family income and benefits from all sources. Include all income and benefits received in the last three months, by you and your spouse. Also include any benefits received by dependents, even if they're not enrolled in Basic Health. See Section 7 of the application for details. Basic Health may use current income documentation, or your average income from the most recent tax year. After you’re enrolled, you will be required to provide new income documentation at least once a year.

What if I’m sick before my coverage starts?
Basic Health will not pay for treatment until your coverage begins. Also, you may have a waiting period for pre-existing conditions even after your Basic Health coverage begins. See Understanding Basic Health for details. (There are no waiting periods for pre-existing conditions for members of Basic Health Plus or Maternity Benefits Program. Also, when applying for these programs, you may request help with unpaid medical bills for the last three months by answering “yes” to the appropriate question in Section 3.)

I’m paid in cash. How do I report it?
Submit a signed, dated statement that shows your name, the date(s) you were paid, the gross amount you were paid, and the name of the company or person who paid you.

Who should I list as my dependents?
On the application, Section 4, list:
- Your unmarried children, who are:
  - Under age 19, including your stepchildren, legally adopted children or other children for whom you have legal guardianship (you must provide documentation of legal guardianship); or
  - Under age 19, enrolling for coverage, and in your custody under an informal guardianship agreement that is signed by the child’s parents and authorizes you to obtain medical care for the child (you must provide a copy of the guardianship agreement and proof that you are providing at least 50 percent of the child’s support); or
  - Under age 23, including your stepchildren, legally adopted children, or other children for whom you have legal guardianship (you must provide documentation of legal guardianship), and a full-time student in an accredited school; or
  - Your dependent of any age who is incapable of self-support due to disability (you must provide proof of disability and, if the disabled dependent is not your birth or adopted child, you must provide proof of legal guardianship).

Can I deduct my child care expenses from my income?
Yes, you can deduct at least some of your work- or school-related dependent care expenses (work- or school-related means the dependents spends time in dependent care so that the adults in the home can go to work or school) that you must provide copies of your receipts that include the amount you paid, along with the child care provider’s name, address, and phone number. If you are a student, send proof of enrollment from the school.

Are dental and vision covered under Basic Health?
Basic Health does not cover dental or vision services. Dental and vision services are available through DSHS for members enrolled in Basic Health Plus and the Maternity Benefits Program.

Is one health plan better than another, and does a higher premium mean better coverage?
All health plans contracted with Basic Health provide the same benefits package, however, the premiums vary depending on which plan you choose. There may be different doctors, clinics, hospitals, and
Permission Form (Optional)

If you want someone else to be given information about your Basic Health account, or help with your application or future changes to your account, please complete, sign, and date this form. You can:

- Use the form now by attaching it to your application and returning it in the envelope provided; or
- Fill out and mail the form to Basic Health, P.O. Box 42683, Olympia, WA 98504-2683 at any time.

The permission will be in effect until you leave Basic Health or tell us to cancel it.

This form will not be used for Basic Health Plus or the Maternity Benefits Program.

To: Basic Health

The person(s) named below are authorized to act as my or my family’s representative in the preparation and submission of the Basic Health application and future changes to my Basic Health account.

The person(s) listed below may provide information necessary for processing my application, enrollment, and future changes to my Basic Health account. I understand that by signing this form I have not authorized the release or sharing of my health information. This permission will continue as long as I am enrolled in Basic Health unless I notify Basic Health that it is cancelled.

**Applicant’s name (please print):**

**Applicant’s social security number (voluntary)**

**OR** subscriber I.D. number, once assigned, if different than social security number:

**Name(s) of person(s)/representative(s) given permission to access account:**

**Relationship to applicant OR name of organization (list phone or fax number):**

- Penny Lara-Figueroa
  - Public Health-Seattle & King County
  - 999 3rd Avenue #900 Seattle, WA 98104
  - Phone: 206-295-3068
  - Fax: 206-296-0881

**Must be signed by you and your spouse (if applicable)**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Social security number (voluntary)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of all children age 14 and over who receive Basic Health coverage.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Social security number (voluntary)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority’s (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-693-2822 or online at www.hca.wa.gov.

PDA 24-250 (11/06)
Section 1: APPLICANT AND HOUSEHOLD INFORMATION

If you need help in a language other than English, what language and dialect do you speak?

Proof of your street address listed below is required (not P.O. Box).

Applicant’s last name:
First name:
Middle initial:
Street address (must match proof):
Apt.
City:
County:
State:
ZIP code:
Mailing address or P.O. box (if different from above):
City:
County:
State:
ZIP code:
Home phone number:
Daytime phone number:
Marital status (check one):
° Single
° Separated
Legally married - (date and marriage)

Section 2: COVERAGE FOR APPLICANT AND SPOUSE

Complete this section for applicant and legal spouse even if not requesting coverage.

For applicant listed above:
Social security number:
Birth date:
Sex:
M
F
Do you have family members currently receiving social security disability benefits?
° Yes
° No

If "yes," list them here with dates benefits started. Attach copies of the original and current award letters for each.

Do you have family members eligible for Medicare (the federal health program for people over age 65 or people who have been on social security disability for more than two years)?
° Yes
° No

If "yes," list family here:
Enrollment data:
(month/year)

Spouse’s last name, first name, M.I.:
Social security number:
Birth date:
Sex:
M
F
Are you applying for coverage?:
° Yes
° No

Are you applying for:
° Basic Health Plus for a child under 19 or this application?  
° Basic Health Plus for a child under 19 or this application?  
° Basic Health Plus for a child under 19 or this application?
° Yes
° No

If yes, attach proof that shows pregnant woman’s name and due date.

Due date:

Provider’s name:

Phone #:

Are you applying for a child under 19 or this application?
° Yes
° No

If yes, attach proof of income for those three months.

Social security numbers are required if you answered "yes" to any of these questions.

Section 3: HEALTH PLAN SELECTION AND ADDITIONAL PROGRAM CHOICES

Choose one health plan for your family

Not all health plans are available in every county. Read Health Plans and Premiums to see the plans available where you live.

CHECK ONE:
° Columbia United Providers, Inc.
° Community Health Plan of Washington
° Group Health Cooperative
° Kaiser Foundation Health Plan of the Northwest
° PeaceHealth of Washington, Inc.

HCA 24-300 (11/04)

Are you applying for:
° Yes
° No

Are you applying for:
° Yes
° No

Are you applying for:
° Yes
° No

If yes, attach proof of income for those three months.

Social security numbers are required if you answered "yes" to any of these questions.

Type of coverage (check one):  
° Individual/family coverage  
° Group coverage (through an employer, home care agency, or financial sponsor)

Complete this part only if your premium will be paid in full or in part by your employer, home care agency, or financial sponsor. (Return the completed application directly to your group contact.)

Employee/organization:

Group I.D. number:

Daytime phone number:

ESL Introduction to Health Care Occupations Curriculum
Section 5: OTHER BIOLOGICAL PARENT (IF LIVING IN THE HOME)

Are you applying for Basic Health Plus coverage for a child whose other biological parent is not legally married to you, but is living in your home? (This information is used to determine Basic Health Plus eligibility only. If the other biological parent wants coverage, they must submit a separate application.)

If you checked "yes", you must fill in the following information about that parent:

Name of other biological parent: 
Social security number (if known): 
Birth date: 
Gross income: 
Daytime phone number: 

List the names of this parent's children shown on your application: 

Section 6: VOLUNTARY INFORMATION

Completing this section is voluntary and will not affect your ability to enroll, but may help us to better assist you.

ETHNIC BACKGROUND

☐ White/Caucasian
☐ Asian or Pacific Islander (API)
☐ Other or mixed ethnic background
☐ Native Hawaiian/Other Pacific Islander

WHERE DID YOU GET YOUR APPLICATION?

☐ Family/friend
☐ Local nonprofit organization
☐ Government office, such as 211 or your local health department
☐ Other:

Section 7: FAMILY INCOME

Applicant's name: 

LIST NAME(S) OF ALL CURRENT EMPLOYERS FOR:

Self: 
Spouse: 

If you have not received a full 30 current/consecutive days of income or benefits from any source of income you listed on the "Family Income Worksheet" (Page 4, Section 7 of the application), please explain why here. Also explain any periods for which you don't have documentation.

Self: 
Date: 
Spouse: 
Date: 

Page 66 of 197
FORM A: Self-Employment or Rental Income Worksheet

Use this form only if you are self-employed or have rental income and you:

• Have not filed a federal income tax return for the business in the last tax year; or
• Haven't been in business for at least 12 months.

If you need to complete this form for more than one business, copy the form and complete a separate form for each business.

Name of business:

Unified Business Identifier (UBI) number:

Date business began:

☐ SOLE PROPRIETORSHIP  ☐ PARTNERSHIP (LP or LLP Partnership):  ☐ CORPORATION

Reporting period: Last calendar months you are reporting since business began  (such as July 2002 thru Sept. 2003)

**Total number of months for the reporting period above:**

**INCOME**

**EXPENSES**

Line 1. Gross income, sales or rental income

Line 2. Cost of goods

Line 3. IRS allowable expenses* (except depreciation, amortization, and business use of home)

Line 4. Gross self-employment taxes

Line 5. Total allowable expenses (add lines 2, 3, and 4)

Line 6. Total self-employment profits/loss for months listed above (subtract line 5 from line 1).

* IRS allowable expenses include wages paid for salaries, advertising, car and travel expenses, insurance (non-medical), legal and professional services, rent/lease of business property/equipment, repair/maintenance, utilities, or other IRS allowable expenses. You may be asked to provide proof of income and expenses.

The information I have given in this form and the documents I am enclosing are true, correct, and complete to the best of my knowledge. I understand that if I withhold information or give BH false or misleading information, my family and I may lose coverage. BH may also bill me for up to two times the amount the state paid for my family's coverage if I have given false information. BH may prosecute me for perjury or charge me for services required through fraud. If I am billed for past due taxes or penalties but not to pay, the state may refer me for collection or bill my assets.

Must be signed by you and your spouse (if applicable)

X  Your signature

X  Spouse's signature

Social security number

Date

Social security number

Date

Privacy Notice: Washington State may report disclosures of any information you submit as a public record. The Health Care Authority's (the agency that administers Washington's Medicaid) Privacy Notice is available upon request by calling 360-623-2822 or go online at www.hca.wa.gov.

ESL Introduction to Health Care Occupations Curriculum
Section 8: OTHER INSURANCE INFORMATION

INFORMATION ON OTHER HEALTH CARE COVERAGE

List yourself and any family members who have other health insurance or are covered under a health program (such as Tri-Care, Medicare, or Medicaid), even if they’re not applying for Basic Health coverage.

Complete the last three columns below (marked with an “*”) only if you are applying for Basic Health Plus or the Maternity Benefits Program.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Health insurance company or health program</th>
<th>Phone number of health insurance company or health program*</th>
<th>Policy or group number*</th>
<th>Policy end date*</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Section 9: AGREEMENT AND SIGNATURE

I understand that:

- I must provide proof of my gross family income (before taxes) and report income changes that would change my premium or eligibility to Basic Health/Department of Social and Health Services (DSHS) within 30 days after the end of the month that the new income was earned. My signature on this form authorizes Basic Health to verify my family income with other state or federal income reporting agencies.

- I must report address changes and changes in my family, for example, a marriage or divorce, the birth of a child, or a child who leaves the home or is no longer a dependent of a full-time student.

- The information attached to this application may be verified by Basic Health and/or DSHS through contact with other state or federal agencies, or other third-party sources.

- This application and attachments may be used to determine eligibility for Medicaid (Basic Health Plus coverage or the Maternity Benefits Program).

- By signing this and receiving Medical Assistance benefits, my family and I assign to the state of Washington our rights to any third-party payment for medical care of covered medical services while receiving medical benefits.

- Basic Health’s deposit of my premium payment does not guarantee coverage. The payment will be refunded if I am determined ineligible for coverage.

- I authorize any health plan or medical provider to get medical records for me or my children under age 18 to Basic Health, for purposes of participation in Basic Health Medical Assistance program.

I have read and understood the information in this application. I declare, under penalty of perjury, the information I have given in this application and attachments is true, correct, and complete to the best of my knowledge. I understand that anyone who submits false information may lose coverage, may be held financially responsible for premiums obtained under Basic Health or additional premium amounts due, and may face other penalties, prosecution, and collection.

AGREEMENT MUST BE SIGNED BY YOU AND YOUR SPOUSE

<table>
<thead>
<tr>
<th>X</th>
<th>Signature of applicant</th>
<th>Date</th>
<th>Signature of spouse</th>
<th>Date</th>
</tr>
</thead>
</table>

Signature of all children age 14 and over

<table>
<thead>
<tr>
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<th>Signature</th>
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</thead>
</table>

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Section 10: IS YOUR APPLICATION COMPLETE?

Use this checklist below to make sure you include:

- Documentation of all 30 days income for all types of income.
- Current tax year 1040 form, including all schedules and S-5 form, if you received one.
- Documents showing your name and current street address.
- Court order showing required child support you are paying, if applying for Basic Health Plus or the Maternity Benefits Program.
- Application signed by all family members over age 18 asking for coverage.

Your health plan choice on the first page of this application.

The Enrollment Form (found on the next page) if you’re the same person as listed to be able to access your account information.

Please enclose all required forms and documentation, and return in the envelope provided.

Mail to: Basic Health, P.O. Box 94213, Seattle WA 98124-6513

Questions? Call 1-800-860-9840

on the Internet, go to: www.basichealth.hca.wa.gov
ESL 059
Introduction to Health Care Occupations

Communications - Interviews and Recording
Health Care worker 4 at Dr.'s office

Why do you want to see the doctor today?
Has he had a cold?
Are you giving him any medicine?
Has he ever been sick before?

Patient 4 with child at doctor's office

Your 14 month old son has a fever of 102 since yesterday.
He had a cold two days ago and now he is very unhappy and is pulling at his ear.
He doesn't want to eat but just wants to be held.
You don't know what is wrong. This is the first time he is sick.
You gave him Tylenol last night and this morning.
Students Tasks, Activities, Homework

Communication and Recording
1. Handout on communication, barriers to communication and recording
2. Teacher demonstrates interview technique
3. Students are paired and given specific health care scenario to act out with a partner
4. Students perform their scenarios for the class
5. Illustration of objective and subjective recording
6. Students write objective recording of their interviews on the board
7. Students choose career for oral presentation
8. Students given homework to complete on stress
9. Read p 55-60
Effective Communication

Communication
The exchange of information, thoughts, ideas, and feelings

- **Verbal**: spoken words and written communication
- **Nonverbal**: behavior such as facial expressions, body language, gestures, eye contact, and touch
- **Three essential parts**:
  - **Sender** – gives information or ideas to another person
  - **Message** – the information, ideas, or thoughts
  - **Receiver** – person who receives the message from the sender

**Effective Verbal Communication**:
- The message must be clearly stated and clearly understood (not use medical jargon or abbreviations)
- Pronunciation and good grammar are very important
- The receiver must be able to hear (consider persons who are medicated or having hearing or visual problems) and understand the message (people often don’t want to admit they didn’t understand)
- Always be willing to admit you don’t know but will find out and follow up
- Avoid distractions and interruptions (music, loud noise, other people in the room, children playing, tv, radio, machinery)
- Active listening uses eye contact, avoiding interruptions, eliminate distractions. Reflect back statements to show you heard and understand.

**Nonverbal Communication**:
- Can show interest and caring more then words by facial expressions, eye contact, body language and touch
- Awareness of both sender and receiver’s body language
- Verbal and nonverbal messages must agree for effective communication (don’t say kind words with an angry face)
1. **Good communication skills**: what are the elements?
   - **Active Listening**: practice makes perfect
   - Reflect back what is said
   - Ask questions
   - Stay focused
   - Don’t interrupt
   - Avoid distractions
   - Keep positive attitude

2. **Barriers to communication**
   - **Hearing loss and deafness**: so lip reading and facing person is important, speak slowly and clearly, use short sentences
   - **Poor vision**: explain what you are doing, explain noses, announce presence in room, and use touch if appropriate
   - **Speech impairment**: use patience, encourage speech and wait, speak slowly and clearly, don’t interrupt or finish sentences, use pictures or gestures
   - **Cultural**: different beliefs about disease and illness, everyone has the right to refuse treatment or add cultural remedies as well
   - **Eye contact and touch**: depends upon the culture whether this is appropriate or not
   - **Language differences**: use a translator or relative, speak slowly and use simpler words, pictures or gestures
   - **Psychological**: if persons are fearful or stressed, it is difficult to communicate
Health Care worker 1 at Dr's office

Why are coming to the doctor today?
Do you have a fever?
How long have you been sick to your stomach?
Have you been vomiting? How long?
Have you ever had surgery?
What medicines do you take?

Patient 1 at Dr's office

You are visiting the doctor.

You are sick to your stomach and have been vomiting at home for 1 day.

Your fever is 100

Last year you had your appendix removed and you also had surgery to fix a broken arm

The only medicines you take are vitamins and something to help you sleep
Health Care worker 2 at Clinic

What brings you to the clinic today?
Are you having any special problems?
Why do you think your blood pressure is high?
Would you like me to give you some information about some places that can help you?

Patient 2 at Clinic

You have a regular appointment at the clinic to check your blood pressure.

You think your blood pressure might be high today because you are worried about your husband. He has been drinking and falling down.

You want him to get help but you don’t know what to do.
Patient 3 at Emergency Room
You were driving this morning and the car in front of you stopped and you hit the car.
You seemed fine so you went to work but now you have a headache and your shoulder and neck are very sore.
You took some aspirin but it doesn’t seem to be helping.

Health Care worker 3 at Emergency Room
What brings you to the emergency room today?
How long ago did this happen?
Have you taken any medicines?
Are you allergic to any medicines?
Health Care worker 5 at Dr.'s office

What brings you to the doctor today?
Are you sick to your stomach?
Are you vomiting?
Are you having trouble sleeping?
Have you ever been in the hospital? Why?
Are you taking any medicines? What are you taking?

Patient 5 at doctor's office

You have a terrible headache that won't go away.
The headache makes you sick to your stomach but you have not thrown up (vomited)
This past week you have been very tired and are sleeping more than usual.
Last year you were in the hospital for a lung infection.
You take medicine for depression and for high blood pressure.
Symptoms: Headache, fever of 102°F
Sneezing, coughing, sore throat

You've got a cold

Symptoms: Headache, sick to your stomach (nausea)

You've got a migraine

Symptoms: You can't see well (your vision is blurry)

Very bad headache
You've got an ear infection

Symptoms:
Pulling on your left ear, pain in your ear, fever of 101°F, headache

You've got food poisoning

Symptoms:
Diarrhea, vomiting, stomach cramps, pain
Health Care Careers
November 2, 2006

Recording and Reporting

Recording observations while giving care
What you see (color, swelling, rash, sores, rate of breathing, behavior)
What you smell (breath, body odor, smell of urine)
What you hear (cough, speech, body sounds)
What you feel-touch (pulse, skin temperature, dryness)
What to Report

- subjective findings—what the patient says—use patient’s own words in quotes
- objective findings—what you observe with your senses or measure (not what you think is happening)

How to Report

- Accurate and complete
- Neat handwriting—easy to read
- Spelling and grammar is correct
- Put patient’s words into quotation marks
- Person who is writing signs name and title

Confidentiality

HIPPA (Health Insurance Portability and Accountability Act)-1996

- Patients have total control over what is in their records
- Patients have the right to see their records and get copies
- Patients must give permission before the record can be given to anyone else—family members, insurance, other doctors
- Patients have the right to expect that their information and records will be protected and kept confidential
Health Care Careers
Homework due Tuesday, October 31
Textbook p.55-57

1. What is stress?
   ________________________________________________________________
   ________________________________________________________________

2. What are some of the causes of stress?
   ________________________________________________________________
   ________________________________________________________________

3. Is some stress good?
   ________________________________________________________________
   ________________________________________________________________

4. One way to deal with stress is with problem solving tools. List the 7 steps
a. ________________________________________________________________
b. ________________________________________________________________
c. ________________________________________________________________
d. ________________________________________________________________
e. ________________________________________________________________
f. ________________________________________________________________
g. ________________________________________________________________

5. What is the 4 step plan when stress causes physical problems?
a. ________________________________________________________________
b. ________________________________________________________________
c. ________________________________________________________________
d. ________________________________________________________________
6. Describe 6 other things you can do when you feel stress.

7. How do you handle stress in your life?
ESL 059
Introduction to Health Care Occupations

Personal Safety
Students Tasks, Activities, Homework

Safety
1. Handout on safety
2. Teacher demonstrates body mechanics
3. Students are paired and given specific tasks to perform to practice body mechanics
4. Discussion of fire safety
5. Read p.
6. Handout for infection control
7. Discussion of breaking the chain of infection
8. Students asked to arrange prepared cards in order of how infections are spread and how to break the chain of infection
9. Discussion and review of body parts
10. Read p.220-231
Safety in Health Care

1. Body Mechanics
   - Used to prevent injury to yourself and others
   - Refers to the way you move your body to keep your balance and use your muscles
   - Makes lifting, pulling and pushing easier
   - Prevents strain and tiredness

2. Rules for Good Body Mechanics
   - Broad base of support (think of the bottom of a triangle)
   - Bend from knees and hips and keep back straight
   - Use strongest muscles (shoulders, upper arms, thighs, hips) not back
   - Use your weight to push, pull or slide-try not to lift if possible
   - Always carry heavy objects close to your body
   - Avoid bending for long periods of time
   - Avoid twisting your body
   - If something is too heavy, get help or use equipment

3. Safety for Patients
   - Only perform procedures if you have been instructed
   - Always provide privacy for the patient
   - Always make sure you have the correct patient
   - Always explain what you are going to do and make sure the patient understands and agrees
   - Watch the patient closely during a procedure
   - Report anything in the environment that is unsafe
   - Before leaving make sure patient is safe, able to call for help
4. Safety for health care worker
   - Keep all areas neat and clean with supplies close at hand
   - Wash your hands frequently-before and after working with patients
   - Dry hands thoroughly
   - Use correct body mechanics
   - Report all accidents and injuries
   - Wear safety glasses when needed to protect eyes
   - Wash any liquids off your skin immediately

5. Fire Safety- *Fire needs 3 things in order to burn-oxygen (air), fuel (anything that burns) and heat (sparks, matches, flames)*
   - Three types of fire extinguishers- water type for paper, cloth and wood, carbon dioxide for gasoline, oil, paint, cooking fat and chemical for electrical fires
   - In case of fire-most important thing is to remain calm, move people to safety and call in an alarm to the fire department
   - Other things to remember-air causes fires to spread more quickly- after moving people to safety and calling in alarm-close all windows and doors to prevent drafts
   - Never smoke when oxygen is in use
   - Store flammable liquids in proper containers in safe area
   - Do not overload electrical outlets or use damaged cords
   - Put out matches and cigarettes completely and never empty ashtrays into trash cans or things that can burn.
ESL 059

Introduction to Health Care Occupations

♦

Infection Control
Microorganisms (micro means small) - the common word for this is **germs**

- These are living organisms that are so small they can only be seen under a microscope
- Some are good and some cause disease
- There are several different types of microorganisms

  **Bacteria** - (examples: strep throat, ear aches, skin infections, tuberculosis) - they are killed by most antibiotics

  **Virus** - smallest - most difficult to kill (examples: common cold, measles, chicken pox - especially serious: Hepatitis B, C and AIDS) - certain vaccines have been or are being developed to treat these diseases

  **Fungus** - (examples: athlete's foot, yeast infections) - use special anti-fungus medicines to kill them

  **Protozoa** - (examples: malaria, African sleeping sickness, diarrhea caused by a certain type of protozoa) - some medicines have been developed to prevent the disease, or to treat these diseases if caught in the early stages

  **Rickettsia** - these are parasites - means they must live on other living things (examples: disease spread by fleas, ticks and lice) - they are often treated with antibiotics

**Chain of Infection** - in order for diseases to spread from person to person, certain things need to be present

1. The organism that causes a disease
2. The place where the organism can live (animals, environment, human body, things such as doorknobs, clothing, utensils, cups, bedpans)
3. A way for the organism to escape from where it is growing (from wounds, saliva, blood, droplets in a sneeze)
4. A way for the organism to be passed to someplace or someone else (object to person or person to person)
5. A way for the organism to get into another person's body (a sore or cut, through the nose, mouth, weak immune system that cannot fight off diseases)
6. A person who cannot fight off the organism (because the body is not strong enough to fight the infection).
Using a paper towel to turn on and off a faucet

Washing hands before and after touching things the person with a cold used

Covering mouth when you cough

Droplets from a sneeze or cough
Virus that causes common cold

You catch a cold!

Drinking from a glass that a person with a cold used

You don't catch a cold!

Covering nose when you sneeze
Standing close to a person when they sneeze or cough

A person recovering from an illness who is weak

Eating well, getting enough sleep, staying healthy

A drinking glass used by a person with a cold

Person with a cold who is coughing and sneezing
Breaking the chain of infections for health care workers

➢ Blood and body fluids are main routes for transmitting disease

➢ Ways to take precautions for health care workers
  1. Use protective equipment such as gloves, gowns, masks, face shields, glasses especially when there is contact with blood, body fluids, dressings, bed linens, bathroom supplies and/or any spilling of blood or fluids
  2. Hand washing before and after patient contact
  3. Use marked containers for contaminated needles and equipment (by law must use special equipment to make sure workers do not stick themselves with contaminated needles and always place used syringes and needles in specially marked containers
  4. Train all workers how to work with precautions
  5. Post signs at patient’s room about precautions needed

➢ Other techniques to avoid the spread of communicable disease include
  1. Using a single room for a patient who is “in isolation”
  2. Using separate containers for clean and dirty equipment
  3. Ventilation of patient’s room, filtered air and masks if patient has a disease spread through droplets they breathe
  4. Using special equipment only for that patient

➢ Reverse isolation: some patients need to be protected from diseases when they have a weak immune system, are badly burned or are receiving drugs or radiation for cancer
7. Our bodies do have many ways to fight off organisms—fever, white blood cells, body produces substances to fight infections, the small hairs in our nose, wet membranes in our mouth, noses can trap organisms)

Breaking the Chain of Infection—using Aseptic Technique
Aseptic means the absence of organisms that can cause disease

- Good hand washing
- Use of disposable gloves or gowns
- Cleaning of environment
- Cleaning of instruments
- Antiseptics—most often used on the skin—helps prevent growth of organisms—does not kill viruses (examples alcohol)
- Disinfectants—this is a product that kills disease organisms except viruses—uses chemicals on objects—not on skin or people
- Sterilization—this kills all microorganisms including viruses by using steam under pressure, high heat or gas

Hand Washing: to prevent the spread of microorganisms that cause disease
1. Always use soap—preferably from a dispenser and not a bar of soap
2. Always use warm (not hot) water
3. Clean all surfaces
4. Use friction
5. Wash with fingers pointed down to keep water off your arms and then running back down over your hands
6. Use a dry paper towel to dry your hands and turn off the faucet
7. If your nails are dirty use a brush or small cuticle stick to clean under your nails.

REMEMBER:
- Wash your hands often
- Wash after bathroom use, handling dirty equipment
- Wash before and after every patient
Breaking the chain of infections for health care workers

- Blood and body fluids are main routes for transmitting disease
- Ways to take precautions for health care workers
  1. Use protective equipment such as gloves, gowns, masks, face shields, glasses especially when there is contact with blood, body fluids, dressings, bed linens, bathroom supplies and/or any spilling of blood or fluids
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- Reverse isolation: some patients need to be protected from diseases when they have a weak immune system, are badly burned or are receiving drugs or radiation for cancer
<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Abdominal (to cause to terminate, go away)</th>
<th>Adhesion (body tissues that normally are apart grow together)</th>
<th>Biceps (a muscle with two places where it attaches to the bone)</th>
<th>Biology (study of life)</th>
<th>Corpse (a dead body)</th>
<th>Hydrotherapy (the use of water for healing)</th>
<th>Hydrocephalus (extra fluid in the brain)</th>
<th>Macroscopic (able to be seen with the eyes)</th>
<th>Microscope (an instrument to enlarge something too small to be seen with the eyes)</th>
<th>Telemedicine (the use of video, audio and computer systems to provide health care from a distance)</th>
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<tr>
<td>audio</td>
<td>hear</td>
<td>Auditory (related to hearing)</td>
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<td></td>
<td></td>
<td>Audiometer (an instrument to measure hearing)</td>
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<tr>
<td>cide</td>
<td>kill</td>
<td>Germicide (something that kills germs)</td>
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<tr>
<td>epi</td>
<td>upon, over</td>
<td>Epidermis (outer layer of skin or cells)</td>
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<td>inter</td>
<td>between</td>
<td>Intercellular (between cells)</td>
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<tr>
<td>mortis</td>
<td>death</td>
<td>Mortician (a person who takes care of a person who has died)</td>
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<td>pre</td>
<td>before</td>
<td>Pre-Operative (Pre-op) before surgery</td>
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<td>post</td>
<td>after</td>
<td>Post-Operative (Post-op) after surgery</td>
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<td>Prefix</td>
<td>Meaning</td>
<td>Examples</td>
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<tr>
<td>ex</td>
<td>out</td>
<td>Exhalation-breathe out Exfoliation-dead skin dropping off</td>
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<tr>
<td>hetero</td>
<td>mixed, unlike</td>
<td>Heterosexual-some one who is attracted to a person of the opposite sex</td>
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<tr>
<td>homo</td>
<td>same, alike</td>
<td>Homosexual-someone who is attracted to a person of the same sex</td>
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<tr>
<td>peri</td>
<td>around</td>
<td>Pericardium-the sac around the heart Periocular-around the eye</td>
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<tr>
<td>poly</td>
<td>many</td>
<td>Polycystic-many cysts Polyclinic-hospital or clinic that treats many diseases</td>
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</table>
Draw a line between the prefix and the meaning

audio  between
hydro  two
inter  away from
ab  before
pre  look at
bio  body
epi  after
scope  kill
corpus  water
cide  toward
micro  examine
ad  large
post  life
macro  hear
bi  distance
tele  upon, over
mortis  small

1. What is home health care? _____________________________

2. Is home health care a way to contain health costs? _Y_ N
   Why? _____________________________

3. What does pm mean? _____________________________

4. If someone needs help with ADL, what does that mean?
   _____________________________

   _____________________________
Scalp
Skull
Hairline
Forehead
Eyebrow
Eyelash
Eyelid
Eye
Cheek, cheek bone
Face
Nose, nostril, nasal cavity
Lips
Mouth
Gums, Tongue
Teeth
Chin
Ear lobe
Jaw
Neck, nape
Collar bone
Chest
Back
Shoulder, shoulder blade
Armpit
Elbow
Forearm
Wrist
Palm
Fingers, knuckles, fingernails
Breasts, breast bone
Waist
Abdomen, belly
Buttocks
Pubic area, vagina, penis, anus
Hip, hip bone
Thigh
Knee, knee cap
Calf
Shin
Heel
Arch
Ball of foot
Toes, toenails
<table>
<thead>
<tr>
<th>Prefix</th>
<th>Meaning</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterio</td>
<td>Artery</td>
<td>Arteriogram (a picture of the arteries)</td>
</tr>
<tr>
<td>Brachio</td>
<td>Arm</td>
<td>Brachial artery or vein (artery or vein in the arm)</td>
</tr>
<tr>
<td>Cranio</td>
<td>Skull</td>
<td>Cranium (that part of the skull that surrounds the brain)</td>
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<tr>
<td>Dent</td>
<td>Tooth</td>
<td>Dentist (person who treats the teeth) Dental (relating to the teeth)</td>
</tr>
<tr>
<td>Gastro</td>
<td>Stomach</td>
<td>Gastritis (inflammation of stomach)</td>
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<tr>
<td>Hepat(o)</td>
<td>Liver</td>
<td>Hepatitis (inflammation of the liver)</td>
</tr>
<tr>
<td>Nephr</td>
<td>Kidney</td>
<td>Nephritis (inflammation of the kidney)</td>
</tr>
<tr>
<td>Opth/opti</td>
<td>Eye/vision</td>
<td>Ophthalmoscope (instrument to examine the eyes), Optician (person who makes eyeglasses and lenses)</td>
</tr>
<tr>
<td>Oto</td>
<td>Ear</td>
<td>Otoscope (instrument to examine the ears)</td>
</tr>
<tr>
<td>Ped, Pod</td>
<td>Foot</td>
<td>Pedicure (care of the feet and toenails), Podiatrist (person who treats the feet)</td>
</tr>
<tr>
<td>Phlebo</td>
<td>Vein</td>
<td>Phlebotomist (person who draws blood from the veins), Phlebotomy (the opening of a vein)</td>
</tr>
<tr>
<td>Vertebr (o)</td>
<td>Spine, vertebra</td>
<td>Vertebral column (the row of back bones running down your spine)</td>
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</table>
ESL 059
Introduction to Health Care Occupations

Legal/Ethical Considerations
Students Tasks, Activities, Homework

Legal and Ethical Responsibilities

1. Handout on Legal and Ethical Responsibilities
2. Handout on Communication in Health Care-HIPPA
3. Handout on Ethics in Health Care, Documents, and Professional Standards
4. Students given ethical scenarios to discuss and decide how to handle with a partner and then share with class
5. Students answer questions about health records
6. Read p.116-129
Legal and Ethical Responsibilities
For Health Care

- All states have laws (legal responsibilities) about health care
- These laws protect you and everyone else in health care
- It is important to learn and understand what you are allowed and not allowed to do as a health care worker
- The following is a list of the most common wrongful acts that can happen in health care

1. **Malpractice** (mal means bad)-this is when a mistake or bad action causes a patient injury, loss or damage
   (Examples: giving the wrong medicine, operating on the wrong body part or the wrong patient)

2. **Negligence**- this is when a health care worker does not give the right care that is expected of him/her
   (Examples: patient falls out of bed because the side rails were not put up, using non-sterile instruments)

3. **Assault and battery**-threat or attempt to injure, unlawful touching
   (Example: hitting a patient, threatening a patient)

4. **Invasion of Privacy**- talking about or telling personal information about a patient without the patient’s consent
   (Example: telling other people about a patient’s condition without their consent, not covering a patient during a procedure to protect their privacy)

5. **False imprisonment**- holding someone against their will
   (Example: keeping someone in the hospital against their will or using restraints without permission)

6. **Abuse**-anything that cause physical harm, pain or mental suffering
   (Examples: can be physical, verbal, mental, psychological, sexual)

**NOTE:** domestic abuse can refer to any time someone uses power and control over another person-as in child abuse, elderly abuse or partner abuse
Health care workers are required by law to report signs of abuse to their supervisors

7. Defamation - written or spoken statements that can damage a person's reputation
   (Example: reporting to a government agency that a patient has a certain disease when this is not true)

### Communication in Health Care

- Health care records are confidential information and are legal documents
- They belong to the health provider (Dr.'s office, clinic, hospital)
- They cannot be told to anyone else outside the health care team unless the patient gives written consent
- Patients have the right to get copies of their health care records
- Records must be kept in a locked or secure area
- If records are destroyed they must be shredded
- Errors in the record can only be crossed out, not erased
- Now that many records are computerized, there is the need for using passwords and codes so that only certain people can look at the records
- The U.S. government was worried about protecting patient confidentiality that they passed the HIPPA (Health Insurance Portability and Accountability Act)-1996
- Patients have total control over what is in their records
- Patients have the right to see their records and get copies
- Patients must give permission before the record can be given to anyone else, family members, insurance, other doctors
- Patients have the right to expect that their information and records will be protected and kept confidential
Ethics in Health Care

1. promote health and save lives
2. keep patients as comfortable as possible
3. respect patient's choice to die with dignity and comfort when everything has been discussed with patient and family or determined in patient's will or medical directives
4. treat all patients equally (prejudice based on race, color, religion, economic status, disability, nationality, sexual orientation has not place in health care or in U.S. society)
5. provide health care to all individuals to the best of your ability
6. stay active in your skills
7. maintain confidentiality about patients
8. do not engage in illegal or immoral practices and report those actions of others to the appropriate supervisors
9. show loyalty to patients, co-workers and employers
10. be honest sincere and caring and treat others as you want to be treated

Advanced directives:

- living wills - what the person wants to happen or not happen when they are very sick or at the end of their life
- durable power of attorney for health care - who the patient wants to make medical decisions for them when they are unable to make decisions for themselves
1. Only perform procedures which you have been trained to do and are legally permitted to do. (Refuse to do those you are not allowed to or are not trained to do)

2. Use approved and correct methods for any procedure you do

3. Make sure you have permission to perform any procedure (doctor’s orders, written orders, supervisor’s orders)

4. Always identify the patient and get consent before doing any procedure

5. Always follow safety precautions

6. Keep all information confidential

7. Think before you speak and be careful about what you say

8. Treat all patients equally

9. Do not accept tips, bribes or presents for the care you give

10. If you make a mistake, report it immediately

11. Use professional dress, language, manners and actions
In small groups you will **role play** the scenarios demonstrating both the **correct** and **incorrect** ways to approach this health care dilemma.

You are employed as a nurse's aide at a geriatric facility. A patient tells you that he is saving his sleeping pills so he can commit suicide. He has terminal cancer and is in a great deal of pain. What should you do? Why?

A co-worker who is an ESL employee does not understand the orders that the physician wrote. However, she is afraid to tell the Charge Nurse because she doesn’t want to lose her job, so she just guesses at what the order reads and confides this to you. You are the only one who knows this and you realize this may put the patient in danger, but your friend doesn’t want to lose her job. What should you do?

You are a pharmacy technician assisting the pharmacist, who is filling prescriptions for patients. You notice that the pharmacist puts a few of the pain pills in his pocket and doesn’t put all of the pills in the patient's prescription bottle. He doesn’t think that anyone has noticed what he has just done. This person is your boss. He tells you to bring the bottle to the patient but you know that some of the medication is missing. What should you do?

You are employed as a dietary assistant in a hospital. As you are bringing a food tray into a patient’s room, when you notice a nurse walks past the food cart and helps herself to food from a patient’s tray. She tells you that she’s hungry and is too busy to eat lunch. What should you do?

You are a medical assistant working in a clinic. The doctor is very busy and asks you to start an IV infusion and give the patient a narcotic to help control their pain from cancer. You were not trained to perform this procedure, but you have watched the RN perform this many times and you think you know how to do it correctly. The patient is in pain and needs the medication now. There is no one else available to help. What should you do?
Legal and Ethical Issues in Health Care

1. Who owns the patient’s health care records? (p. 120)

2. What right does a patient have over his/her health records? (p.120)

3. What should a health worker do if she or he makes an error in writing in a paper record? (p.120)

4. The HIPPA law gives a set of rules about patient information – what are two of these rules? (p.121)
   1.
   2.

5. Give examples of 3 patient rights in the Patients' Bill of Rights (p.123)
   1.
   2.
   3.

6. Answer the question on the card you were given
ESL 059
Introduction to Health Care Occupations

Oral Presentations
Oral Presentations
Allied Health Careers

Certified Nursing Assistant (CNA) Assistant
Laboratory Technician

Licensed Practical Nurse (LPN)
Phlebotomist

Medical Assistant (MA)
Pharmacy Technician

Medical Interpreter
Dietary Assistant

Health Unit Coordinator (HUC)
Dental Assistant

Emergency Medical Technician (EMT)
Physical Therapy Assistant

Respiratory Therapy Assistants
Radiology Technologist
ORAL PRESENTATIONS

- This is an opportunity for you to learn about one health care career.

- You will choose one career you want to learn more about and research the following information:
  
  Title of career (example: pharmacy technician, certified nurse assistant, laboratory technician etc)

  Description of what that person does

  What kind of training and education is required?

  How long does it take to get the training and education?

  Where can you go to get the training and education?

  What type of person likes this type of career?

  What is the outlook for getting a job in this field?

  What is the typical salary for this type of job?

- You can present the information to your class in any way you like:
  
  you can make a poster and present to the class

  you can make a PowerPoint Presentation for the class

  you can make signs and speak to the class

  you can bring in a speaker to speak with you

- You must prepare a written report to pass out to the class and give to the teacher.

- We will start these presentations November 14
Sample Worksheet for Oral Presentations

1. What is a Pharmacy Technician
   A pharmacy technician is a person who

2. Where and how do they work (that means under whose supervision)?
   Pharmacy technicians can work in many different places such as

3. What do they do?
   Pharmacy technicians do a variety of different tasks such as

4. What kind of training and education is needed to become a pharmacy technician?
   To become a pharmacy technician you need to

5. What programs can you take to become a pharmacy technician?
   In the greater Seattle area there are several schools who teach people to become pharmacy technicians. These schools include
6. How long do these programs take?
Most of the pharmacy technician programs can be completed in

7. What are the steps (prerequisites) before entering a pharmacy technician program?
In order to enter a pharmacy technician program you need to

8. Is there a certification process?
In order to become a licensed pharmacy technician one must

9. What is the job outlook for pharmacy technicians?
The outlook for pharmacy technicians is

10 What is the pay for pharmacy technicians?
The pay for pharmacy technicians depends on where they work.
Introduction
My report today is on (title of career).....
I am interested in this career because........

Where do they work?
...can work in many different places such as ... and ... and ....
They always work under the supervision of......

Duties- give examples like the following-use your own words
- They help get the patient ready
- They sterilize instruments
- They take x-rays
- They help with procedures
- They put notes in the patient's record
- They take vital signs
- They give instructions to the patient
- They help the patient be more comfortable
- They clean and polish things that are made for the patient's mouth
- They help the dentist
- They schedule appointments

Training and Education
✓ If you want to become a ..... you need to sign up for a program.
✓ In order to get into a program you need to... (be at a certain English or math level, pass a test or have a certain amount of education like high school diploma or GED)
✓ The program usually takes......
✓ If you want to go to a program in the Seattle area you can go to....
✓ In this program you study........and ....and... and..... and do....hours of externship (practice)
✓ It costs $ ... to do this program and scholarship money is available
✓ After you finish the program you take an examination to become certified

Special skills needed
- In order to become a ..... a person needs to be able to
  1. ...
  2. ...
  3. ...
  4. ...

Wages and opportunities in Washington State (what is the pay?)
- The starting salary is $... and the average yearly income is $....
- The opportunities for this career are....

Conclusion
If you like to do... and this,.... and are good with..., you might be interested in learning more about becoming a....

HCC-xaml#outlinena#orientation
### Introduction to Health Care Careers

#### Oral Presentations

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<thead>
<tr>
<th>Date</th>
<th>Details</th>
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<td>Thursday, November 16</td>
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<td>Tuesday, November 21</td>
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<tr>
<td>Tuesday, November 28</td>
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<td>Thursday, November 30</td>
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On the day of your presentation: bring copies of your report to hand out to all the students and the teacher.

You can use PowerPoint, overhead projector, pictures, a poster or any way you choose to make your presentation.

Please let me know what equipment you will need ahead of time.

Your presentation should be a minimum of 5 minutes and as long as 10 minutes.

Be sure to practice your presentation ahead of time before you come to class.

Let me know what help you need.
Healthcare Career Oral Presentation Evaluation

Name: _____________________________________________________________

Title of Career: ___________________________________________________

Content and Knowledge:
___ General description of career
___ Tasks involved
___ Specific skills or abilities
___ Prerequisites to enter program
___ Length of time to complete program
___ Future job outlook
___ Average earnings (hourly, yearly)
___ Certificate or degree required
___ Location of programs in Seattle area
___ Other interesting facts or information about topic

Organization: (Introduction, Main Body, Conclusion or Summary)
___ Well-organized and stays within the five minute limit
___ Facts presented in a way that is easy for audience to understand
___ Asks for and answers questions

Speaking Skills:
___ Pronunciation is clear and loud
___ Speech is at appropriate speed and volume is appropriate (audience can hear and understand the speaker)
___ Uses eye contact with entire audience
___ Is comfortable in front of group (body language)
___ Appears confident and well-practiced with content

Use of Visual Aids:
___ Handouts for everyone in audience
___ Poster or visuals
___ Information presented in interesting and informative way

Score: ______/ ______ points
ESL 059

Introduction to Health Care Occupations

◆

Health News Articles for Discussion
Naps May Benefit Night-Shift Nurses and Doctors

Researchers have found evidence that health care workers who take a nap in the middle of a night shift perform their tasks more efficiently, are more alert and are in a better mood than those who work through the night without a rest.

Many studies have shown that naps improve performance in shift workers, according to background information with the research, but until now the effect has never been tested in nurses and doctors.

Researchers divided 49 night-shift nurses and doctors into two groups. For three consecutive shifts, the first group took a 40-minute nap at 3 a.m., while the second group worked through the night. Then they performed memory tests, a simulated intravenous insertion and a simulated driving test. They also answered a questionnaire to determine their mood and feelings of alertness.

The napping group made fewer errors in the physical and mental tasks and reported better mood and alertness. But there was no difference between the two groups in the driving test. Those who had napped also scored worse on memory tests administered immediately after waking, but by later in the morning, that difference disappeared.

“There is a belief that people who nap are lazy, and that attitude needs to change,” said Dr. Rebecca Smith-Coggins, the lead author of the study and an associate professor of surgery at Stanford. “Naps are a powerful and inexpensive way to improve work.”

The study appears in the November issue of Annals of Emergency Medicine.
Need to quit a bad habit? There could soon be a vaccine to help

BY RONALD KOTULAK
Chicago Tribune

CHICAGO — Vaccines, the most potent medical weapon devised to vanquish deadly germs, are being called on to do something different and culturally revolutionary: inoculate people against bad habits such as overeating, cigarette smoking and drug use.

Whether this new era of vaccine research can subdue many of the poor lifestyle choices that are today’s biggest threats to health — causing obesity, cancer, heart disease and other problems — has yet to be proved. But the evidence is promising enough to persuade the federal government to plunk millions of dollars toward finding a few of the vaccines that can end nicotine and cocaine addiction.

The National Institute on Drug Abuse, which has spent $15 million on clinical trials for the vaccines and plans to spend more, predicts that one of the nicotine vaccines may be available for marketing in three years.

The American Cancer Society has projected that we will have 1 billion people die from smoking in the world in this century,” said Frank Vocci, director of medical tobacco development for the institute. “If you had a vaccine that helped people quit and stay quit, or prevent them from smoking, that’s where you’d get the greatest public-health benefit.”
ESL Introduction to Health Care Occupations Curriculum

Recent studies confirm that ibuprofen underlines the effectiveness of aspirin against blood clots.

In this study, it did not make any difference whether the aspirin or the ibuprofen was taken first. Waiting two hours won't solve the problem.

Q: I am confused about when to take my medicine. The label on my blood-pressure pills says to “take on an empty stomach.” How long after a meal should I wait?

A: Many drugs must be taken on an empty stomach to work effectively. Examples are the blood-pressure pill Capoten (captopril) and the osteoporosis medicine Fosamax (alendronate). This means at least an hour before eating or two hours after a meal.

Q: How do I lower triglycerides? My count is 195, and my doctor says that's too high.

A: High triglycerides, like elevated cholesterol, can increase the risk of heart disease. Cutting back on carbohydrates often can lower triglycerides. Doctors also prescribe niacin or fibrate-type drugs (Tricor or Lopid).

Another option is fish oil. This natural product is very effective at lowering triglycerides. Researchers are also exploring whether fish oil can fight inflammation associated with arthritis, heart disease and dementia.

Q: Do you have any information regarding sugar-free gum and diarrhea?

A: Most people who have to take their medicine with food are told not to skip meals. Still, some medications can be taken with a snack or even right before going to bed.

Q: You advise people to dispose of old mercury thermometers and replace them with electronic models. How should we discard the old ones?

A: Many communities have a household hazardous-waste collection facility. If none is available, ask your pharmacist how to dispose of old mercury thermometers safely.

Q: You invited readers to tell you if deodorant helps insect bites. I keep a stock deodorant in my first-aid kit at all times. It has never failed to take the pain away immediately and reduce any after-effects of the bite.

A: Other readers have also found this trick helpful. A grandmother shared the following: "Usually if you rub the deodorant on the bite right away, it stops itching immediately. You are never bothered with it again."

In their column, Joe and Teresa Graedon answer letters from readers. Write to them c/o King Features Syndicate, 888 Seventh Ave., New York, NY 10019, or e-mail them at pharmacy@mindspring.com or via their Web site: www.peoplespharmacy.org
Study: Mother’s voice – not smoke alarm – awakens kids

BY JOANNE VIVIANO
The Associated Press

COLUMBUS, Ohio — Children in deep sleep awoke to recordings of their mothers’ voices — calling them by name and ordering them out of their bedrooms — even if they slept through the beeping sound a smoke alarm makes, according to a small study.

The study reafirms previous research showing that what works for adults doesn’t always work for children, said Dr. Gary Smith, one of the co-authors.

“Clearly, the strategy that has been tried and true and used for years … fails miserably for children,” said Smith, director of the Center for Injury Research and Policy at Columbus Children’s Hospital.

The study of 24 children ages 6 to 12 found that 23 awoke to the recorded voice of their mother saying “(Child’s first name)! Wake up! Get out of bed! Leave the room!” Fourteen of the children also awoke to the traditional tone of the alarm. One child didn’t wake up to either.

The children who woke up to the voice did so at a median time of 20 seconds, compared with three minutes for those who woke up to the tone, according to the study by Columbus Children’s Hospital researchers being released today in the journal Pediatrics.

Both alarms were using a large speaker sounds measuring 75 bels, about four times louder than levels used in home alarms, Smith said.

The next step is to determine why children respond to the voice differently, with their mothers’ voices being delivered sooner than the alarm tone.

Nancy said her child, who was part of the study, awoke to the voice but was still sleeping when it was time to leave the room.

One child didn’t wake up to the voice and wouldn’t wake up to the alarm either.

ESL Introduction to Health Care Occupations Curriculum
Page 122 of 197
SAFETY

ICE on Cellphones: An Acronym for Emergencies

A simple acronym entered into people's cellphone listings, ICE, can help emergency room doctors who are trying to track down a patient's family.

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CHILD CARE

Infants, Acid Reflux and the Decision to Formula Feed
craving mint? I just found out I do have a very low iron level. Could this be the problem?

A: Your very low iron level could indeed be contributing to your craving. Iron or zinc deficiency is sometimes associated with a condition called pica. This is the medical term for craving and eating non-food substances. While mint coffee or cookies qualify as food, mint-flavored lip balm certainly does not! When you correct the iron deficiency, your craving may disappear.

Q: What can you tell me about buying medicine from Canada? I added up our costs for the year and found that my wife and I are paying more than $5,000 between us for drugs to treat high blood pressure, cholesterol, reflux and osteoporosis.

A: Brand-name prescriptions often cost significantly less from a Canadian drugstore. Make sure you deal with a legitimate Canadian pharmacy, one that has a physical address in Canada and a provincial license that can be verified. Customs officials have been confiscating some drug shipments from Canada. A new law permits Americans to bring a 90-day supply across the border. Mail-order shipments may still be confiscated, though Customs officials say they will start relaxing their enforcement.

Q: During the past nine years, I have tried everything I ever heard about and everything

A: A few years ago, we heard from a grandmother and from a World War II veteran that urinating on your feet in the shower could help control athlete's foot. This is the first we have learned that it might also work against nail fungus. Thanks for sharing your experience with this inexpensive remedy. We cannot explain how it might work.

Q: I've been dieting and exercising more than ever for the past year. This helped drop my cholesterol from 265 to 221 in nine months.

A: Although there is no research linking these supplements with elevated cholesterol, we have heard from dozens of readers that their cholesterol rose when they took glucosamine and chondroitin. You might need a different way to relieve your aching joints.

You may wish to try turmeric, grape juice with pectin (Certo), fish oil or pomegranate juice.

In their column, Joe and Teresa Graedon answer letters from readers. Write to them c/o Ring Features Syndicate, 888 Seventh Ave., New York, NY 10019, or e-mail them at pharmacy@mindyourpr.com or via their Web site: www.mindyourbody.com.
The Unpleasant Facts of How Colds Are Spread

Colds are commonly passed from person to person, through a handshake or similar contact.

But a new study offers evidence that people infected with rhinovirus, the cause of many colds, leave a trail of germs on everyday objects that can infect other people.

For the study, researchers asked 15 volunteers with colds to stay in hotel rooms and behave largely as any guest would. They were asked to stay awake for five hours before going to bed and to spend two more hours in the room the following morning. They were asked to wash their hands only after using the bathroom.

The next day, the researchers, led by Dr. Owen Hendley of the University of Virginia Health System, swabbed various objects in the room and sampled them for rhinoviruses. About a third of the objects tested positive, including remote controls, pens and door handles.

How did the researchers know that the germs could be passed on to other people?

Some months after their first hotel stay, six of the volunteers were asked to spend another night there. But before they went into their rooms, the researchers took mucous samples from their first colds, spread them around and allowed them to dry.

When the subjects checked out the next day, their hands were swabbed and rhinovirus was detected, said the researchers, who presented their findings at a recent Interscience Conference on Antimicrobial Agents and Chemotherapy.

The virus is usually spread from the hand to the nose or eye, but the volunteers were immune because they had caught it before.

AGING

One Area Where Women Age Faster Than Men

Researchers studying skin damage have found that women suffer more in one area they may wish they did not: how quickly their skin thins.

But the new equipment allowed them to look at deep layers of skin, gaging, among other things, the levels of collagen and elastin. As those components of the skin break down, people begin to look older.

The researchers tested the technique by looking at people's forearms, and found that even for the same person there could be big variations. In a 35-year-old, the researchers said, some areas of the forearm can look as if they belong on someone 10 years younger, while others would not look out of place on someone twice their age.

But as a general rule, the researchers said, women's skin thins more quickly, both in the face and the arms, than men's. The researchers found that men's skin thins at a rate of 1.5 percent per year, while women's thins at a rate of 2.5 percent per year.
Not recommended, but...

Bed-sharing with an infant is a personal decision for parents. The American Academy of Pediatrics recommends against the practice, saying it increases the risk of accidental death. But for those who choose to ignore the recommendation, there are ways to make it safer:

Sleep position: Put the baby on his back to sleep.

Clothing: Dress the baby less warmly than if she were sleeping alone; adult body heat must be taken into account.

Mattress: Be sure the mattress is firm. Waterbeds, solas, armchairs and pillowed mattresses are unsuitable for sleeping with a baby.

Bedding: Don't place pillows, quilts, comforters or sheepskins under a sleeping infant. Don't have extra pillows in the bed, and be cautious of adult covers.

Physical dangers: Make sure there are no spaces where the baby's head can get wedged, such as between the mattress and the wall, headboard or footboard.

Dangers: Don't smoke around the baby. If you abuse drugs or alcohol or are overly tired, don't sleep with a baby.

Age: Don't let the baby sleep with other children.
to 48 hours.

Anyone has a fever over 104 less it comes down readily with treatment, and the person is comfortable.

Other worrisome symptoms are present, for example, confusion, difficulty breathing, stiff neck, inability to move an arm or leg or a first-time seizure.

"Lethargy is particularly worrisome in children with fevers because it can signify a serious infection," says Dr. Michelle L. Gordon, a Team Health hospitalist in Edmonds. "Call your physician when a fever is accompanied by significant behavior changes."

Not all doctors do things the same way; your doctor may have her own set of guidelines about when a fever requires her attention, and you should use those.

Fever treatment at home

Fever are uncomfortable, of course. But they can frequently be treated effectively at home, according to Diane Kirse, a registered nurse who has practiced in the healthcare field for 30 years.

"So many times parents rush to the ER [emergency room] without trying measures to bring the fever down, such as cooling techniques or medication. Some people don't administer medication such as Tylenol or ibuprofen appropriately. They fail to administer the correct dose and don't repeat the dose often enough."

If a fever is being treated at home, there are several ways to help lower the temperature and provide comfort:

Do not bundle up someone who has chills, because this raises the body temperature even higher.

Do remove excess clothing or blankets. The environment should be comfortably cool. For example, one layer of lightweight clothing and one lightweight blanket to sleep. If the room is hot or stuffy, a fan may help.

A lukewarm bath or sponge bath may help cool someone with a fever. This is especially effective after medication is given, otherwise the temperature might bounce right back up.

Do not use cold baths or alcohol rubs. These cool the skin, but often make the situation worse by causing chivering, which raise the core body temperature.

Offer cool liquids, as tolerated.

Offer over-the-counter medicines such as acetaminophen (the active ingredient in Tylenol), ibuprofen (the active ingredient in Advil), or other fever formulas. Always use medications according to the directions on the label. Always check with your physician before giving any over-the-counter medications to children younger than a year.

No one likes a fever, but knowing what it is, how to treat it and when to call for help will help you chill out when a fever strikes.

Anna Hueitt is a registered nurse, Nurse in Business.
Researchers Devise New Weapon for Head Lice

The scourgé of elementary school, head lice, may have a formidable new enemy, even if it is just air. Researchers said yesterday that they had developed a blow-dryer-like device that appears to get rid of lice and their eggs in a single half-hour session.

"We think that it works by drying them out," said the lead author of the study, Dr. Dale H. Clayton, a biologist at the University of Utah. "The key is volume of air, not heat."

The report appears in the current issue of Pediatrics.

Anyone who has had to deal with lice can attest to how difficult they are to get rid of. According to the study, the problem results in tens of millions of lost school days.

Dr. Clayton and his colleagues hit upon the idea of using blown air as a treatment, as they were trying to find a way to keep lice alive in a dry climate. Dr. Clayton studies bird lice but had trouble keeping them alive when he moved to Utah because it is so arid. Later, when his two children got lice, he said, he got the idea of using air.

The researchers tried six methods on 169 volunteers. All did well at killing the nits, but there were differences in how well they killed the lice. The best result came from a device now being commercially developed by the researchers for use at schools and clinics that combines a plastic hand piece with an air source. The device puts out heated air but at much larger volume than a blow dryer.

Apart from the apparent effectiveness of the device, it may offer another advantage over current methods. Lice cases are on the rise because the creatures have developed resistance to the chemicals used against them. They are not likely to do so with the dry-air method, the researchers said.

Findings Suggest Need to Rethink Prostate Tests

The speed at which a marker for prostate cancer grows is a strong indicator for how much risk a patient runs, even if the level is below that a biopsy ordinarily would not be ordered, researchers have found.

Writing in the current Journal of the National Cancer Institute, researchers say the findings suggest that doctors should reconsider perform a biopsy to see if there is a malignancy. And even then things remain murky. If the biopsy is positive, the patient is likely to undergo treatment, often with serious side effects, even though the cancer may be so slow growing that it may never pose any real threat.

"It has been estimated today that 15 to 60 percent of the men who were diagnosed never would have
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CHILD CARE

Infants. Acid Reflux and the Question of Feeding.
The average annual amount spent per person in America on healthcare was $4,400 in 2004. This amount is expected to rise to $11,000 by 2014.

What is our healthcare buying power?
What do the figures really mean, in terms of buying power? In 1960, Americans spent five cents of every dollar on healthcare. In 2005, we spent 15 cents out of every dollar on healthcare. That is triple the amount from just 40 years ago. What's worse, that proportion is projected to increase sharply during the next 10 years.

Rising Healthcare Costs

Proportion of Family Income Going to Healthcare Rising Sharply

Average Starting Salaries for Hot Program Graduates

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>26%</td>
<td>$38,419</td>
</tr>
<tr>
<td>Licensed Practical Nursing</td>
<td>7%</td>
<td>$27,548</td>
</tr>
<tr>
<td>Radiology</td>
<td>7%</td>
<td>$35,623</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>6%</td>
<td>$32,949</td>
</tr>
<tr>
<td>Computer Technologies</td>
<td>4%</td>
<td>$34,647</td>
</tr>
<tr>
<td>Health Information Technology</td>
<td>2%</td>
<td>$27,481</td>
</tr>
<tr>
<td>Medical Lab Technician</td>
<td>2%</td>
<td>$33,299</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>2%</td>
<td>$29,983</td>
</tr>
</tbody>
</table>

The U.S. Bureau of Labor Statistics reports that between the years 2003-2012, service-providing industries are expected to grow faster and employ more people than "goods-producing" industries. Specifically, the education and health services sector is expected to add more jobs than in any other area. Healthcare jobs are expected to grow by 32 percent during this time period, suggesting that registered nursing and related fields should remain "hot" for a long time to come.
Nutritional Information Leaves Many Uninformed

Nutrition labels contain a wealth of information for people watching their weight or keeping an eye on other health issues.

But a new study has found that the messages are not getting through to many people who lack the reading or math skills needed to decipher them.

"Many patients were confused by the complexity of the nutrition label and could not find the proper information," said the study, which appears in The American Journal of Preventive Medicine.

The researchers, led by Dr. Russell L. Rothman of Vanderbilt University, asked 200 primary care patients to look at labels and then asked them questions about what they had read.

The labels provided the nutritional information in terms of a single serving. One question asked the patients the amount of carbohydrates in a 26-ounce bottle of soda that the label said had two and a half servings. Only about a third got the right answer.

When the serving was one bagel, only 60 percent could say how many carbohydrates they would take in if they ate half a bagel. Most of the problems were linked to poor reading and math skills.

"This is critical, because as many as 90 million Americans have inadequate literacy and numeracy skills," the study said.

But the labels also proved challenging to stronger readers. Some were confused by the footnote of recommended daily nutrient intake, believing that it referred to what was in the product they were looking at.

"Even patients with higher levels of education can struggle to interpret current food labels," the study said.
ESL 059
Introduction to Health Care Occupations

Resource Handouts
Library Services for Faculty

Librarians can also serve as a resource for instructors in helping them incorporate use of the library and Internet in their curriculum. An class session can help your students make the most of the many resources available in the library and on the Internet.

Contact the librarian liaison for your division to arrange an orientation.

Reserves
You may place library or personal materials on reserve for students to check out for specified periods of 2 hours, 24 hours or 3 days.

Bring items to the Checkout Desk for processing and allow a three-day turn around to make them available.

eReserves
Materials may also be made available online through eReserves.

For further information, please contact the Library Circulation Department at 526-7714.

Borrowing Privileges
Your SCCD Faculty ID card is your library card. Cards are available from your division secretary.

Media Services

Media Collection
The NSCC Film, Video, and DVD Catalog is accessible through the NSCC Library’s Homepage.

The media collection—videos, films, DVDs, CDs, slides, etc.—is located on the main floor of the library, in the Circulation area. You can reserve media items and have them delivered to your classroom. Please call Casey Chow at 527-3611 to reserve Media.

Library Instruction & Information Literacy
A principle mission of the library is instruction and information literacy. Library classes are available for a range of needs and can include any of the following:
- Introductory tours
- Instruction in library research
- Hands-on sessions using library catalog and research databases
- Instruction, guidance, and strategies for searching the Web
- Instruction and research strategies for specific courses or course assignments
- Customized library resource webpages

Media Equipment
Equipment such as projectors can be delivered to your classroom. Please make reservations at least 24 hours in advance. To request equipment, please leave a message or contact David Groebeck, Monday to Friday at 8am to 5pm at 526-0072.

Faculty Librarians

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*Division Liaison for Information Technology, Electronics, HVAC, CAD, Watch Technology, Distance Learning

Library Hours
Mon - Thurs 8am - 9pm
Friday 8am - 4pm
Saturday Noon - 5pm
Sunday Noon - 5pm

Phone Numbers
Circulation Desk $27-3607
Reference Desk $27-3609
Media Services $27-3611
Media Equipment $26-0072
Administration $27-3610

the Library @ North Seattle Community College
http://dept.sccdc.ctc.edu/nslib
All members of the NSCC community are expected to adhere to the provisions of the United States Copyright Law and to take responsibility for copyright compliance.

The web site to help you be sure you are complying with copyright laws and regulations is at <http://nortthonline.sccctc.edu/ftc/faculty_copyright.shtml>.

Depending on what you want to do in the classroom (including the online classroom), laws and guidelines may be slightly different, and unfortunately, are rarely straightforward. You need to take a little time to analyze your particular situation.

**Cardinal rules:**

*Not every use of copyrighted materials by instructors is "fair use" — but many are, and you should evaluate the use you want to make against the 4 factors of fair use and the various guidelines that have been developed. See the website.*

*If you want to create a coursepack, you need to go through the Book Store where they will get copyright permissions for the coursepack and sell it to the students. Permissions have to be obtained each quarter even if you want to use the same copyrighted materials.*

**Library eReserve guidelines are posted on the website at** <http://nortthonline.sccctc.edu/ftc/copyright/reserves.shtml>.

*Copies of articles, book chapters, etc. generally may be put on reserve for one quarter only without obtaining copyright permission. When permission is obtained, it is usually for one quarter only — rarely will a publisher or copyright holder give "blanket" permission.*

*The library does not put coursepacks on reserve or electronic reserve.*

More.....

*On our website, <http://nortthonline.sccctc.edu/ftc/faculty_copyright.shtml>, there are links to laws, guidelines, the Copyright Clearinghouse, the U.S. Copyright Office, and a number of helpful and authoritative websites on copyright.*
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Artstor</td>
<td>Contains approximately 500,000 images of art, architecture and archeology from a wide range of cultures and time periods. The images are from the collections of several libraries, museums, institutions, private collectors, photographic archives, publishers, slide libraries, and individual scholars.</td>
</tr>
<tr>
<td>ABI/INFORM</td>
<td>Trade &amp; Industry (via ProQuest) indexes full-text articles and citations of more than 750 business periodicals and newsletters with a business, industry or trade focus. Provides the latest industry news, product and competitive information, marketing trends, and more. Contains publications on every major industry, including finance, insurance, transportation, and construction. This database is accessible through ProQuest.</td>
</tr>
<tr>
<td>WOIS/The Career Information System</td>
<td>Distributes information about careers, schools and training programs focusing on Washington State. Describes civilian occupations, educational programs, schools, and military careers. Includes current employment opportunities and wages in Washington State.</td>
</tr>
<tr>
<td>College Source</td>
<td>Features over 12,000 College Catalogs for 2-year, 4-year, graduate, and professional schools, along with a profile of every accredited college in the U.S. Includes a search feature to find colleges by major, enrollment, tuition, degrees, state, or affiliation.</td>
</tr>
<tr>
<td>AskERIC</td>
<td>Is the free, web-based version of the ERIC Database, the largest source of education information. Provides indexing from 1966 to the present.</td>
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<tr>
<td>Britannica.com</td>
<td>Is the online version of the Encyclopaedia Britannica, plus selected Internet sites and articles from magazines and journals.</td>
</tr>
<tr>
<td>Academic Search</td>
<td>Premier is a very large, multi-disciplinary database, which includes scholarly journals as well as newspapers and popular magazines. Indexes over 8,000 journal titles, including more than 4,600 full-text journals.</td>
</tr>
<tr>
<td>General Reference Center</td>
<td>Is a general interest, easy to read database providing access to articles from newspapers, journals, and reference books.</td>
</tr>
<tr>
<td>ProQuest</td>
<td>Is another very large, multi-disciplinary database which provides full-text articles and indexing to thousands of journals, periodicals, dissertations, newspapers, and magazines. Includes full-text articles for The New York Times starting from 1851, and the Washington State Newstand that provides full-text newspaper coverage in Seattle, Tacoma, Spokane and other cities.</td>
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<tr>
<td>Academic Search</td>
<td>Premier (formerly Health Source: Nursing/Academic Edition) includes the publications from the Health Source: Nursing/Academic Edition database and can be searched separately by limiting your results to Health Titles. The Health Titles Include more than 900 scholarly full-text scholarly journals focusing on nursing and many medical disciplines.</td>
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</tbody>
</table>
| History Resource Center: U.S. provides access to over 1,000 historical (primary) documents, more than 30,000 reference articles, and over 65 full-text journals covering events, individuals and periods in U.S. history from pre-Civil War to the present.


| TOPICsearch is a current events database of over 40,000 full text documents carefully selected by librarians and teachers from 2,500 diverse sources including international and regional newspapers, EBSCO's periodicals collection, biographies, public opinion polls, book reviews, pamphlets, government information and EBSCO's Current Issues database. Search by current event, topic, and reading level.

| Contemporary Authors provides biographical and bibliographical references for more than 90,000 authors in the U.S. and around the world.

| Contemporary Literary Criticism provides a collection of critical essays on contemporary authors. Each CLC Select entry contains a biographical/critical introduction, listing of principal works and additional sources.

| Multicultural Publications

| ENHANCE NewsWatch (ENW) is a full text database covering about 200 newspapers, magazines and journals of the ethnic, minority and native press from 1985 to the present. Searchable in both English and Spanish. Some articles are in Spanish.

| AccessScience provides full search capabilities of the McGraw-Hill Encyclopedia of Science and Technology (9th ed.), articles of recent research developments, biographies of scientists, a science dictionary and late-breaking science and technology news.

| Books24x7: ITPro provides access to 400+ ebooks, Journals, research reports and documentation in the field of computer technology. Articles and parts of books may be searched for by topic, printed or downloaded.

| Northwest High Tech provides a searchable database containing profiles of more than 2,000 computer companies in Washington, Oregon, Idaho, British Columbia and Alberta.

| Science And Technology

| Alternative PressWatch specializes in abstract and full-text articles from non-mainstream sources, offering an independent and critical viewpoint. Includes current material plus archives extending back 5 years.

| CQ Researcher, published by CQ (Congressional Quarterly) Press, reports on a current social issue each week. Reports are approximately 12,000 words long. Topics include public policy, public opinion, economics, education, environment, government, law, and medicine.

| CultureGrams has cultural reports for 187 countries and territories covering 25 categories such as land and climate, history, personal appearances, greetings, gestures, family, diet, holidays, economy, education, health, and events and trends. Includes reports of each of the U.S. states with maps, flags, symbols, and timelines, plus sections on history, economy, geography, and population.

| Opposing Viewpoints Resource center is a database covering social issues, such as gun control, genetic engineering, censorship, endangered species, and terrorism. It provides viewpoint articles, contextual topic overviews, government and organizational statistics, biographies of social activists, court cases, profiles of government agencies and special interest groups, newspaper and magazines articles, as well as links to web sites.

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**SCCD Student/Staff ID number required for off-campus use. **

On campus use only.

ESL Introduction to Health Care Occupations Curriculum

Page 136 of 197
For additional brochures, contact the public information office at your local community or technical college, or order them online through the Washington State Department of Printing General Store at www prt wa gov.

Washington community and technical colleges are equal opportunity, affirmative action institutions.

Thanks to Lake Washington Technical College and Seattle Central and Tacoma community colleges for use of their photos in this brochure.

Produced by the State Board for Community and Technical Colleges, Office of Communications March 2005

Puget Sound Community and Technical Colleges
Job Search Workshops
Presented by
North’s Career Services

All workshops will be held Wednesday at 1:30-3:00 pm in IB 3315.
Register to attend some or all workshops – Call Janet at 206-527-7656.


Although a good resume won’t land you the job, a bad resume may prevent you from getting interviews. Most resumes fall short because they don’t speak to the reader. Create a set of resumes that are versatile enough to respond to hundreds of jobs, yet can be easily customized to address the specific needs of the recruiter, hiring manager, or your personal contact.

How to Apply Online – and Other Basic Job Search Skills – Wed., 11/1

Today’s job search requires specific computer skills that you must know to succeed. Learn to open an email account, apply online and search for jobs using a popular online job board.

Creating an Effective Cover Letter – Wednesday, 11/8

Use the power of a well-crafted cover letter to convince the employer s/he should interview you. Help yourself to stand out in the crowd of other job seekers.

Resume Critique Session – Wednesday, 11/15

Bring 6 copies of your current resume and the description of a position for which you’d apply. In a safe, supportive small-group, benefit from the collective experience and feedback of other job seekers. Get ideas for improving the content, focus and format of your resume.

For future job search workshops, see career.northseattle.edu, “Services for Students,” and “Seminar/Events.”
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"Interview Power" – Videotape – Wednesday, 11/22
Watch this informative video to learn key interviewing skills through easy-to-understand demonstrations. Includes practical tips from Microsoft, Boeing and Qwest hiring managers.

Preparing for Your Next Job Interview – Wednesday, 11/29
Be prepared for your next interview. Learn how to anticipate questions. Practice successful techniques to present yourself more effectively. Role-play as both the interviewee and the interviewer. Learn to think like an employer.

How to Create More Job Interviews – Wednesday, 12/6
Learn techniques for creating more jobs interviews for yourself. Also, view an informative videotape called "The Quick Job Search."

“Salary Negotiations Videotape” – Wednesday, 12/13
Learn valuable negotiation skills that maximize your compensation package and earn what you deserve. Practice your negotiation skills in a role-play situation.

For future job search workshops, see career.northseattle.edu, “Services for Students,” and “Seminar/Events.”
**USING INTERFASE**

North's students can access InterfaSE, our online job and internship database. You can search for and apply for jobs, store multiple copies of your resume for employer viewing, and have certain types of jobs emailed to your inbox. New opportunities are posted every day, so log in often!

**How Do I Get Started?**

- Go to: [https://www.myinterfaSE.com/northseattle/student/](https://www.myinterfaSE.com/northseattle/student/)
- Click: "Click Here to Register" at bottom of screen
- Decide on and **remember** your username and password
- Fill in: All fields marked "required" with an asterisk (*)
- Click: "Register"

Once you are registered, you may search the jobs database, but Career Services staff must activate your registration before you can apply for jobs online.

---

**Finding Jobs & Internships**

### SEARCH

- Choose the tab "Jobs," then "Job Search."
- Enter the criteria for the type of job you want, then click "Search." First, try searching ALL jobs by not entering any criteria or key words.
- You may save your search. Click "Save Search." It will be available on your home page. Each time you run the search, it will pick up any new additions that match your criteria.

### APPLY

- Search for the job.
- Click on the job title to view details about the job.
- If there is no "Submit Resume" button, you must apply offline. Send a resume to the contact as directed, or apply through the company's website. If the job is accepting online applications, click "Submit Resume."
- This will bring up the Self-Referral page. Click "Select Documents" to choose which resume and cover letter the employer will receive; click "save" when you are satisfied with your choices.
- If you like, you may also type a short message to the employer.
- Click "Submit" to send the information.
Code of Ethics for Interpreters in Health Care

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.

- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.

- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.

- The interpreter treats all parties with respect.

- When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.

- The interpreter strives to continually further his/her knowledge and skills.

- The interpreter must at all times act in a professional and ethical manner.
Introduction to Interpreting in and around Seattle

Including profile of Interpreter Contractors

May 2003
Introduction

Thank you for expressing an interest in interpreting in and around Seattle. Whether you are a professional interpreter who has just relocated here, or a bilingual, bicultural person interested in beginning a career in interpreting, this packet is intended as a basic orientation to interpreting in the Puget Sound region. It includes an overview of how interpreters are trained and contracted in this area and a list of organizations, agencies, and clinics that may be interested in contracting your services. As the field of interpreting is developing rapidly, some of this information may be incomplete or out-of-date when you receive it, but hopefully it will give you some ideas to start out.

Interpretation and Translation

Interpretation and translation are related but different fields, which require different expertise and training. Translators render documents written in one language into another written language. Their tools are a computer, a modem, a fax machine, and many dictionaries. Translators must focus carefully on the meaning and connotation of each and every word. Because such a high level of fluency is required, it is recommended that translators translate only into their dominant language; some work in teams with another translator having a different dominant language.

Interpreters are conveyor of spoken language. While interpreters may use dictionaries on occasion, they must be prepared to interpret language and concepts rapidly and on the spot. Interpreters must work well under time pressure, and medical and social service interpreters, in particular, must have good interpersonal skills.

This document is primarily about interpretation. If you are interested in translation work you can get more information locally from the Northwest Translators and Interpreter Society (NOTIS) at (206) 382-5642 or from their website at www.notisnet.org. Another good resource is the American Translators Association (ATA), which provides, among other things, a national-level accreditation process. The ATA can be contacted by phone at (703) 883-6100, by email at ata@atanet.org, or you can look at the ATA website at www.atanet.org.

A word about training and certification

There is no generic training program or certification test in Washington State that prepares and validates all interpreters for all venues. Training is available through various programs for different types of interpreters, and there are tests that apply to different interpreting venues. Each area is listed below with its respective information on training and certification.

Interpreting for the Deaf, Deaf-Blind, and Hard of Hearing

This area of interpreting is highly developed and well-organized, with its own system for training, certifying, and contracting interpreters. Much has been written about this branch of the profession. If you are interested in finding out more, contact 1.) Interpreter Referral Service at the Community Service Center for the Deaf and Hard of Hearing (206-322-4996) or visit their website at www.csccdh.org or 2.) Sign-on, A Sign Language Interpreting Resource at 206-672-7100, www.signonasl.com, or email techs@signonasl.com. If you are interested principally in training, contact Seattle Central Community College’s training program for American Sign Language interpreters at 206-344-4347 or www.seattlecentral.org.
**Escort Interpreting**

Escort interpreters accompany foreign dignitaries and business people who are in the U.S. on visiting programs or trade delegations. These interpreters provide interpretation for all aspects of the trip, virtually around the clock. Escort interpreters are contracted directly by the business or training organization that is organizing the visit; one large group of escort interpreters is contracted directly by the State Department of the United States Government. These interpreters must be contracted by the Office of Language Services of the Department of State in Washington, DC. For more information, visit their website at http://exchanges.state.gov/education/vip/escort.htm. To request an application and information packet, call 202-647-3492.

**Business Interpreting**

Business interpreters interpret for trade delegations or during international business negotiations. They are contracted either through interpreting agencies or directly by the business entities involved. No specific certification is available, but most agencies will require some type of screening test, which will focus largely on relevant vocabulary and technical knowledge.

**Conference Interpreting**

Conference interpreters provide language services from an isolated booth using earphones and a microphone to reach conference attendees who are listening through earphones as well. Conference interpretation is typically done simultaneously. Because continuous simultaneous interpretation requires tremendous concentration, conference interpreters usually work in teams and relieve each other every 20-30 minutes. Conference interpreters require specialized training and are contracted through agencies or directly by conference organizers.

**Legal (Court) Interpreting**

**Venues**


**Training available**

*Washington State Courts*: The Administrative Office of the Courts (AOC) usually offers training in preparation for the oral exam for those interpreters of Spanish, Vietnamese, Cambodian, Laotian, Cantonese, Korean, and Russian who have passed the written exam of the Washington State Court Interpreter Certification. For more information, visit their website at www.courts.wa.gov/programs or call their interpreter line at (360) 765-5361.

The meetings and workshops of the Washington State Court Interpreters and Translators Society (206-382-5696) provide continuing education.

*Introduction to Court Interpretation*: A 20-hour long combination of lecture, case studies, group participation, and skill building practice in a language lab environment. This

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workshop requires fluency in English and at least one other language and exposure or experience as an interpreter in any venue. The objectives of this workshop are to train participants to become qualified legal interpreters by effectively applying appropriate interpreter roles and the judicial interpreter code of ethics to a number of different situations in legal settings. This cost of this course is $100 and is offered throughout the year. For more information or to register for this course, contact Flores & Associates, PO Box 95662, Seattle, WA 98145-2662; Tel: 206-526-1961; Fax: 206-729-0862; Email: interpreters@uol.com.

Certification

Washington State Courts: Interpreters of Spanish, Vietnamese, Cambodian, Laotian, Cantonese, Korean and Russian must be certified by an oral and written test offered through the Administrative Office of the Courts. The written test is preceded by a one-day workshop focusing on the Code of Conduct for legal interpreters, legal vocabulary, interpreting techniques and testing procedures. For more information or to register, contact the Administrative Office of the Courts, Interpreter Line at (360)705-5301. You may also visit The Washington State Courts Certified Court Interpreters website for more information at http://www.courts.wa.gov/programs_orgs/pos_interpret/.

U.S. Federal Courts: These interpreters are certified through the Federal Court Interpreter Certification Examination Program (FCICE). Certification is offered in Spanish, Navajo, and Haitian Creole. Other languages are considered "Professionally Qualified" or "Language Skilled" (determined by the local federal court). The Certification Examination consists of a written exam followed by an oral exam. You must pass the Written Exam in order to qualify to take the Oral Exam. For more information or to request an information packet, contact FCICE, 241 Lathrop Way, Sacramento, CA 95815; Tel: 916-263-3494; Email: FCICE-Spanish@cps.ca.gov; Website: http://www.cps.ca.gov/fcie-spanish/index.asp

Who Contracts

Court interpreters are contracted through agencies or by the Courts directly:

Washington State Courts: Contact King County Superior Court, Interpreter Services (206-296-9358). Also, contact WTS, Washington State Courts Interpreters and Translators Society (206-380-5690).

U.S. Federal Courts: Contact local federal courts to determine if those courts have a need for the language of expertise. For Federal Courts in Seattle, contact the Interpreter Coordinator (206-523-7415).

Qualifications

Exceptional fluency in both English and the target language, command of an extensive vocabulary including legal terminology, completion of the 60 hour training (recommended for State Courts), certification.
Venues:

Typical venues include clinics, hospitals, social service agencies (such as welfare offices), support enforcement, or workplace’s compensation examinations.

Training and continuing education

Bridge the Gap: a 40-hour basic training offered through the Cross Cultural Health Care Program. This course deals specifically with medical interpreting, and provides a 400+ page student manual, a medical glossary (available in 12 languages including English), culture-specific materials (available for 18 different cultural groups) and an Interpreter’s Guide to Medications. The course costs $300 locally; certain agencies and hospitals subsidize their interpreters’ fees. Some institutions are now requiring this course as a prerequisite for contracting an interpreter. For more information, contact Monica Alfonzo at CCICP (206-840-0329 ext. 32).

The Medical Interpreters’ Forum: a monthly forum for interpreters sponsored by the Society of Medical Interpreters (SO/MI), focusing on different medical specialties, vocabulary development and discussion of difficult interpreting situations. The Forum is free to members; non-members are asked to donate a small amount for the cost of materials. Interpreters who attend a series of Forums will receive a certificate of attendance. For more information, contact Andrea Pulido by email at mariapulido@hotmail.com or Cristina Paget by email at mcpaget@miraclememi.com.

Medical Interpreting Skill Building Seminar: a one-day seminar offered by the Translation and Interpretation Institute at Bellevue Community College. This workshop is open to anyone interested in medical interpreting. Participants gain an understanding of modes of interpreting, terminology building, note taking, and ethics in the field. Memory exercises and practice tips are included. For more information, see the website www.citied.bcc.ctc.edu or call (425) 564-3171.

Advanced Medical Interpreter Training: a 16-hour long intensive intermediate level workshop focuses on the development of medical terminology and applied ethics while simultaneously providing participants with the opportunity to practice consecutive interpretation, simultaneous interpretation, and sight translation. The cost of this course is $80 for members of SOMI, NITS, and NOTIS; $90 for non-members. For more information, contact Flora & Associates: PO Box 95662, Seattle, WA 98145-2662; Tel: 206-856-1961; Fax: 206-729-0862; Email: interpreters@acl.com

Certification

The Office of Language Interpreter Services and Translations (LIST) of the Department of Social and Health Services (DSHS) certifies and qualifies medical and social service interpreters. DSHS will pay for interpreter services for clients who receive welfare or medical coupons only if the interpreter has been certified or qualified through LIST’s process. There is one set of written and oral tests to certify social service interpreters and a different set of tests for medical interpreters. Certification is offered in Spanish, Russian, Vietnamese, Chinese (Cantonese and Mandarin), Laotian, Korean and Cambodian. There is a non-language-specific qualifying exam for interpreters of all other languages. LIST will send sample test questions upon request to help you prepare. Contact LIST Testing and

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Certification at (360) 664-6037 or (360) 664-6111 for initial test information and materials. For further information after submitting initial test materials, contact (360) 664-6038.

Note: Certification by the Washington State Court or the Federal Court system can be substituted for DSHS Social Service Interpreter Certification. Accreditation by the American Translator Association can be substituted for the DSHS Translator certification. However, no other certification can be substituted for the Medical Interpreter Certification.

Who contracts

Medical and social service interpreters are contracted by interpreter agencies, hospitals and clinics, and by social service organizations. Organizations employ interpreters in several ways; staff interpreters are considered employees of the institution, with guaranteed hours and benefits; contract interpreters are considered independent contractors and are paid only for the time they interpret; agency interpreters are sent from one of the interpreter agencies at the organization's request.

Much of the work for medical and social service interpreters facilitates care to people receiving welfare or Medicaid benefits. As mentioned before, DSHS will reimburse the services of a certified/qualified interpreter to a Medicaid patient or a welfare office. However, to be reimbursed, all of the spoken language interpreter services must be booked through the few agencies that have contracts with DSHS. You can find some of the agencies listed in the Contractor Profiles at the end of this document.

There are a few hospitals and clinics that, because of their funding, do not book interpreters through the DSHS contracted agencies, even for Medicaid patients. These are Harborview Medical Center, the University of Washington Medical Center, and PacMed Clinics. These institutions contract interpreters directly as well as through other agencies.

Qualifications

Hospitals, clinics and agencies all look for bilingual, bicultural interpreters with training, experience in interpreting and knowledge of the medical and social service fields. Many organizations apply their own internal screening tests, which generally focus on medical or social service vocabulary and basic knowledge of health care and anatomy. Though DSHS certification is not required to interpret for non-DSHS patients, many contractors are requiring certification or qualification for all their interpreters. Some organizations now require the interpreter to take specific training courses within a certain interval after being contracted.

General Training Programs

The Translation & Interpretation Institute at Bellevue Community College offers an accredited evening certificate program in interpreting and translation for qualified bilingual candidates. The 240-hour certificate program in interpreting or translation typically takes 1 – 2 years to complete and consists of a series of non-language-specific foundation courses, followed by language-specific training (available in selected languages) and an industry practicum. The institute also provides weekend workshops and customized training. For more information, please visit their website at wwwcontenido.bcc.ccc.edu or contact the department at (425) 564-3171.

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Professional Organizations

Northwest

SOMI (The Society of Medical Interpreters)

The Society of Medical Interpreters (SOMI) was formed in 1994 with the mission of promoting professionalism and excellence in interpretive services to enhance the provision of health and social services to ethnic communities. The goals of the organization are the following:

- To provide training for interpreters and service providers, including all levels of clinicians as well as support staff and administrators;
- To establish and maintain a professional code of ethics and standards of practice for medical interpretation;
- To promote active communication between service providers, ethnic communities and the interpreter community;
- To research, gather and disseminate information related to interpreter issues;
- To provide a supportive network for the interpreter community; and
- To promote awareness among health care providers and the community of the value of interpreter services.

In order to fulfill these goals, SOMI provides ongoing education (the monthly Medical Interpreters' Forum and periodic workshops), a bimonthly newsletter and quarterly social events, as well as sponsoring occasional regional conferences. Anybody currently involved in interpreting in a medical or social service environment may become an active member; there are also membership categories for others who support the mission of SOMI, including institutions, organizations and corporations. Individual membership is $30. For more information please call (206) 729-2100 or go to www.somner.org.

WITS (Washington State Court Interpreters and Translators Society)

The Washington State Court Interpreters and Translators Society (WITS) was established in 1988. It is open to everyone who is committed to high quality and high standards in the professions of interpreting and translating, particularly in the legal arena.

The purpose of the Society is to uphold the highest standards of ethics and competence in the profession; to promote the recognition of the profession; to offer and support continuing education opportunities for interpreters and translators; and to foster communication and cooperation among like professionals and professional organizations.

WITS publishes a quarterly newsletter and offers programs throughout the year for members and friends. For further information, contact WITS, PO Box 1012, Seattle, WA 98111-1012; Tel: 206-382-5690; Website: www.witsnet.org.

NOTIS (Northwest Translators and Interpreters Society)

The Northwest Translators and Interpreters Society was established in 1993 as a forum for professional translators and interpreters in this region. NOTIS is a cooperating group of the Introduction to Interpreting • Revised May 2003 • Cross-Cultural Health Care Programs page 7
American Translators Association (ATA), a professional society with over 8,500 members throughout the United States and overseas. Membership in NOTIS is open to individual translators and interpreters residing in the Pacific Northwest (Alaska, Idaho, Montana, Oregon and Washington). Companies, organizations and anyone interested in the profession are also invited to become members of NOTIS. Individual membership is $35. For information, call (206) 382-5642 or on-line at www.notisnet.org.

All members are expected to support the objectives of the Society, as follows:

- To promote the recognition and advancement of the professions of translation and interpretation; to promote high standards; and to protect and safeguard the rights and interests of professional translators and interpreters;
- To provide information which will assist newcomers to the profession and enhance the abilities of established practitioners; and to assist members in marketing their services, though NOTIS does not serve as a referral service;
- To provide a forum in which translators and interpreters and those in allied fields can get acquainted, network and discuss mutual needs and business objectives;
- To inform the general public, clients and persons in allied fields about NOTIS and about translation and interpretation, raising awareness and respect for the value of the professions; and
- To seek to influence public policy as it applies to the professions of translation and interpretation.

National

ATA (American Translators Association)

The American Translators Association, founded in 1959, is the largest professional association of translators and interpreters in the U.S. with over 8,200 members. ATA’s primary goals include fostering and supporting professional development of translators and interpreters and promoting the translation and interpretation professions. To achieve its purpose of formulating and maintaining standards for professional competence, ATA established an accreditation program in 1963, which was fully implemented in 1971. Accreditation is currently available in 26 language combinations.

In 1997, the ATA established an Interpreters Division, to support the interests of interpreters. The division welcomes members who work in all interpretive venues - conference, legal, medical and social service. For more information go to www.atanet.org/ID/; or contact Helen D. Cole, division administrator at 301-572-285.

ATA membership is open to anyone with an interest in translation or interpretation as a profession or scholarly pursuit. The cost varies according to membership status; an Associate Membership is $95. ATA also has a variety of publications available for subscription or sale. For further information contact ATA, 225 Reinekers Lane, Ste 590, Alexandria, VA 22314; Tel: (703) 683-6100; Fax: (703) 683-6122; Email: ata@atanet.org; website: www.atanet.org.

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NAJIT (National Association of Judiciary Interpreters and Translators)

The National Association of Judiciary Interpreters and Translators was incorporated as a professional association in 1978 to promote quality interpretation and translation services in the judicial system. NAJIT now has over 900 worldwide members, including practicing interpreters and translators as well as educators, researchers, students and administrators.

The purposes of the Association are:

- To promote professional standards of performance and integrity;
- To achieve wider recognition for the profession of judiciary interpretation and translation;
- To advocate training and certification of interpreters through competent and reliable methodologies;
- To advance the highest quality services;
- To encourage greater interchange among active judiciary interpreters and translators; and
- To make the public and the judicial community aware of the unique role and function of interpreters and translators in the legal system.

Anyone who shares NAJIT’s interests and objectives is welcome to join. Annual dues vary by membership status. Individual membership dues are $95. NAJIT also produces a quarterly journal, 

Protest, dedicated to court interpreting and legal translation, and an annual Language Services Guide and Interpreters and Translators Directory. For more information, contact NAJIT: 2:50 N 107th St #205, Seattle, WA 98133. Tel: (206) 367-8704; Fax: (206) 367-8777; Email: headquarters@najit.org; Website: www.najit.org.

NCIHC (National Council on Interpreting in Health Care)

The National Council on Interpreting in Health Care started as an informal working group in 1994 at the Cross Cultural Health Care Program and met yearly until it was formally established in 1998. The NCIHC is a multidisciplinary organization whose mission is to promote culturally competent professional medical interpreting as a means to support equal access to health care for individuals with limited English proficiency. The goals of the organization include:

- Establishing a framework that promotes culturally competent health-care interpreting, including standards for the provision of interpreters services in health care settings and a code of ethics for interpreters in health care;
- Developing and monitoring policies, research, and model practices;
- Sponsoring a national dialogue of diverse voices and interests on related issues; and
- Collecting, disseminating and acting as a clearinghouse on programs and policies to improve language access to health care for limited-English proficient (LEP) patients.

NCIHC currently has approximately 160 active members. Membership is open to anyone involved in interpreting and the membership fee is currently waived. For more information or to join contact NCIHC, 1217 Sunset Ave, Santa Rosa, CA 95407; Fax: (707) 541-0437; Email: j.berns@ncihc.org; Website: www.ncihc.org.

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Starting work as an independent contractor

Unless you find work as a salaried employee of an institution or agency, working as an interpreter or translator means that you will be working as an independent contractor, that is, as an independent business person. If you work as a contractor and make over $28,000, you will need to pay local, state and federal business taxes, including your own Supplemental Security Income (SSI). As a contractor, you will need to acquire a business license (UBI number), which is obtained for a nominal fee by registering with the Department of Revenue.

As an independent contractor, you will need to think about how you sell your services. You will be expected to sign contracts, to adhere to a code of ethics, to return paged calls promptly, to invoice for your work in a timely way, and to dress and act professionally.

In return, you should be conscious of the value of the skill you are selling. Before signing any contract, review it carefully. You may contract with multiple organizations, but before you do, make sure you understand the terms of the offer each is making you. As an interpreter, you will want to know the following:

- Whether the per-hour rate differs depending on the location of the assignment;
- Whether you will be paid for travel time and wait time;
- How much you will be paid for the appointment if the patient does not show up;
- How long the "minimum" is. A "one-hour minimum" means that you will be paid for an hour whether you interpret for one minute or sixty minutes;
- What the cancellation policy is, i.e., how close to the time of the appointment can you or the agency cancel without any responsibility;
- When you must invoice for a service after you have provided it, and how soon after invoicing you will receive payment;

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• Whether you will be required to carry professional liability insurance (Errors and Omissions insurance);

• Whether you will be required to get a pager. Many organizations will loan or rent you one; and

• Whether you will be required to participate in any particular training. Some organizations will pay part of the costs of training.

The two key issues to consider as an independent contractor are the hourly rate of pay and the volume of work. Different agencies, hospitals, and courts pay their interpreters different rates, which may be negotiable. Also, you will want to know how much work you can expect to get. It might be better to be paid at a lower rate with more appointments than at a higher rate with only one appointment a week. As you consider signing a contract, balance all the terms of the contract together and compare it to the package being offered by other organizations. Often small pay differences are offset by other benefits.

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This document was originally prepared in 1999 by Cindy Reat. It was updated in May 2003 by Monica Affonzo.

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Mario A. Flores, Contract Trainer - CCHCP
New Broker System for Medical Interpreters in Washington State

By Mario A. Flore

Washington’s Legislature passed Senate Bill 8832 during the 2002 session out of concern for the escalating expenditures the Department of Social and Health Services (DSHS) was incurring in the provision of interpretation services for its Limited English Proficient (LEP) clients. Sponsored by Senators Brown, Winsley, Thibadeau, Deccio and Franklin, the bill was signed into law by the Governor on March 27, 2002. It directs DSHS to procure and deliver interpretation services by “means which it determines to be most cost-effective.” It amends state law to allow interpretation services and interpreter brokerage services to be exempt from the statutes governing competitive procurement of non-client services. As a result of that law, on January 1, 2003, DSHS launched a new system for scheduling oral interpretation services, turning that function over to nine regional brokers around the state and effectively ending the competitive procurement process that had been conducted jointly by DSHS and the Department of General Administration.

The regional brokers, who already book transportation services for DSHS’s Medical Assistance Administration and its Medicaid program, are paid a flat administrative fee per appointment based on their costs, while the interpreter agencies assigned to the appointments are paid an hourly rate capped at $28 an hour. DSHS is counting on the change to reduce their interpretation services costs and create a more competitive marketplace for interpreters.

Interpretation services at public hospitals and local health jurisdictions are not included in the new broker system. Washington is one of only a handful of states to access the Federal Financial Participation (FFP) Interpreting Program for Government and Public Facilities, known as Federal Match, that helps cover the cost of interpreting for LEP Medicaid patients while receiving Medicaid services at public facilities.

DSHS’s rationale to switch from language agencies to the regional brokers is that they are “pure brokers without the conflict of interest involved in scheduling themselves to provide the service.” According to Doug Porter, Assistant Secretary of the Medical Assistance Administration, “the change will benefit interpreters overall.” Porter also said the change came about after the Legislature approved a challenging budget that set a savings goal for DSHS “of $8 million over the next year and a half” and that DSHS is planning to meet its first legislative savings target of $2.6 million for the first six months of 2003.

At a meeting DSHS held with stakeholders on October 28, 2002, the impression was that the new broker system would undergo review six months from its launch before permanent implementation. However, Nora Guzman-Dyseth, Interpreter Program Manager of the Medical Assistance Administration, affirms “the DSHS brokerage for interpreter services was implemented on a permanent basis January 1, 2003.” But still, a 14th Senator Rosa Franklin is circulating to get feedback on the new system to state that, if enough complaints are aired, the broker system will be terminated. Guzman-Dyseth also adds that the feedback from stakeholders shows much improvement since implementation and that any issues, such as quality of interpretation services, are addressed “as quickly as possible.”

There are approximately 180,000 LEP clients of DSHS throughout the state who often require the services of an interpreter. DSHS is expected to spend $36 million this biennium on...
interpreter services, with about two-thirds of that expense for medical interpreters helping medical providers. According to Porter, “the Legislature’s clear signal is for providers to help as control these costs or be prepared to take them over.” DHSH insures their payment for medical interpretation services is intended to supplement, not replace, medical providers’ responsibility to overcome language barriers.

The new broker system requires that in order to arrange for an interpreter, a DHSH contract service provider (i.e., medical provider) or DHSH staff must contact one of the nine Language Interpreter Services brokers on the broker list to request an oral language interpreter for scheduled appointments. The interpreter service’s broker is responsible for making sure that interpreters used for DHSH clients are certified, qualified, or authorized by the DHSH Language Testing and Certification section as social services or medical interpreters.

DHSH reimburses interpretation services only when the request is placed by an appropriate “Requester,” either a DHSH contract service provider or DHSH staff. Clients and interpreters are not considered Requesters. Additionally, interpreter services must be arranged for in advance of the scheduled appointment time. The brokers are required to respond to all requests within 48 hours, confirming whether or not the interpreter appointment can be filled.

DHSH does not reimburse for interpretation services when the interpreter was not scheduled by the broker in advance of the appointment time. Neither do they reimburse for no-shows or cancellations; they consider that client or medical provider no-shows, and cancelled appointments are a cost of doing business for the broker and its subcontractors. Brokers, broker’s subcontracted interpreter agencies, or individual interpreters are not allowed to bill DHSH or DHSH medical providers for the cost of no-shows or cancelled appointments. No reimbursement is provided for interpreter services for in-patients at public health agencies, public hospitals, and local health jurisdictions since they are the responsibility of the hospital and are not covered by DHSH. Mileage is reimbursed if the encounter is outside a 30-mile radius of the interpreter’s place of business, home, or last appointment.

Interpreters are now being paid, on average, $20 an hour, down 20% from $25 and have to wait up to 96 days for reimbursement, although MAA says brokers are being paid within 60 days. Since most interpreters are freelancers who travel from place to place for appointments and pay both income and self-employment taxes, their earnings are effectively reduced to $8-10 an hour. DHSH aims to have the contract brokers create a more “efficient and competitive” marketplace and seek relationships with as many interpreters and agencies as possible, though brokers are currently being discouraged from contracting directly with interpreters. Contrary to DHSH’s expectations, however, this confluence of factors has led to the disillusionment of many medical interpreters who have either opted not to accept any DHSH assignments or have left the field altogether. This, in turn, makes it more difficult for agencies to fill appointments and has led to the frustration of medical providers who find themselves without the tools to overcome language barriers.
Required qualifications: Volunteer interview; American Red Cross orientation; Language Bank Interpreter Training required. (Prior interpretation experience and DSHS certification/qualification a plus, but not required.)

Comments from Agency: Becoming a volunteer interpreter/translator is an excellent way to gain experience in the field. Build up your resume, network with others.

ANDALEX, Inc.
421 SW 6th Avenue, Suite 1150
Portland, OR 97204
(503) 241-9756
Fax: (503) 246-6115
E-mail: mroberts@amoles.net
Website: www.amoles.net
Contact: David Magoon

Specialty Areas: Translation, Court, Business, Conference, Medical and Social Service Interpreting.

Languages Contracted: Everything but Spanish and Russian.

Languages in special demand: Specializing in rare languages.

Contracting Status: On-call; set hours. Independent contractors; salary available depending on language.

Required Qualifications: Medical, legal, and social service interpreting experience or training.

Comments from Agency: Will pay top money for rare languages.

Arabic Language and Translations Services
1535 NE 148th St
Shoreline, WA 98155-7217
206-367-4834
206-367-3577
Fax: 206-367-6369

Email: h.crofton@wwor.net
Contact: Afifi Darra; Helen Crofton

Specialty Areas: Translation; Court, Business, Conference, Medical, and Social Service Interpreting.

Language Contracted: Arabic only.

Contracting Status: On-call; contracted per encounter.

Terms of Contract: Travel time outside city paid; cancellations paid if within 12-24 hours of appointment.

Payer: Required.

Required Qualifications: Court certification if available; prefer BA or advanced degree; DSHS certified/qualified.

Comments from Agency: Website is process: www.arabictranslation.net

Center for Multicultural Health/Community Interpretation Services
105 - 14th Avenue, Suite 2-3
Seattle, WA 98122
(206) 431-6910
Contact: Janelle Richardson-Heard
Specialty Areas: Translation; Medical and Social Services Interpreting.

Languages Contracted: All

Contracting Status: On-call

Terms of Contract: Travel time outside city paid; errors and omissions insurance paid; one hour guaranteed minimum (in-person interpretation); patient no-shows paid (depends on contract); cancellation under 24 hours paid.

Payer: Required

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Required Qualifications: DSHS certification; in-house orientation/training.

Comments from Agency: In addition to having strong language skills, interpreters must abide by CIS' professional standards for interpreters and DSISH's Code of Professional Conduct.

Certified Languages International
4700 SW Macadam #200
Portland, OR 97239
(800) 237-8434
(800) 688-8786
Contact: Kristie Quinan

Specialty Areas: Translation; Court, Business, Conference, Medical and Social Service Interpreting.

Languages Contracted: All
Languages in Special Demand: Spanish, Russian, and Vietnamese.

Contracting Status: On-call; contracted per encounter.

Terms of Contract: Parking paid; travel time outside city paid; one hour guaranteed minimum; cancellations under 24 hours paid.

Pager: Required, rental $8.00.

Required Qualifications: 1-year minimum experience; internal screening test.

Children’s Hospital and Regional Medical Center
4800 Sourdough Way NE
Seattle, WA 98105
(206) 987-5010
Fax: (206) 987-2186
Contact: Patty Hencz, RN, Manager, Liz Holland, RN, Coordinator

Specialty Areas: Translation; Medical Interpreting.

Languages Contracted: Multiple
Languages in Special Demand: Hmong, Mien, Oromo, and Tibetan.

Contracting Status: Contracted per encounter; part-time employees; on-call; must be available nights/weekends.

Terms of Contract: One hour guaranteed minimum; fee parking; travel time negotiable.

Pager: Required

Required Qualifications: "Bridging the Gap" training; minimum 2 years experience; internal screening test; DSHS certified; professional liability insurance.

Comprehensive Language Services, Inc.
911 Western Ave., Ste 555
Seattle, WA 98104-3608
(206) 464-3940
Fax: (206) 464-3948
Website: www.cls corp.com
Email: info@cls corp.com
Contact: Aldred R. Ricketts, Project Manager

Specialty Areas: Translation, Interpretation, Multimedia, Branding evaluation

Interpreting Specialties: Medical, legal, business, Social Services, Market Research and Community Outreach

Languages Contracted: Over 40 major languages and dialects.

Languages in Special Demand: Vietnamese, Korean, Mandarin, Cantonese, Laotian, Cambodian, Somali, Russian, Ukrainian.

Contracting Status: On call, contracted per encounter

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Terms of Contract: Payment range from $25-45/hour. For special projects rates are negotiated.

Pager or cell phone: Required

Internet/E-Mail access: Recommended.

Required Qualifications: Fluency in language pairs, current certification by state or national certifying entities and minimum 3 years experience as language professional.

Comments from Agency: At Comprehensive Language Services, we believe in the mutual benefits of fostering a long-term relationship with the interpreters and translators we work with.

Corporate Translation Services (CTS)
Language Link
911 Main St.
Vancouver, WA 98660
(800) 513-7273
Satellite office: 25th St. NW
Auburn, WA 98001
(253) 288-1065


Specialty Areas: Translation; Court, Business, Medical and Social Service Interpreting, Telephonic, On-site, Translations, Emergency services, 24-7 all year, will try to handle anything.

Languages Contracted: Over 120, including ASL.

Contracting Status: On-call; TB and blood pathogen check required.

Terms of Contract: Can vary, depending on client. Prequalified mileage sometimes paid.

Payer or cell phone: Helpful.

Required Qualifications: Internal screening test; DSHS certified/qualified preferred but not required; resume; 3 professional references; valid ID.

Comments from Agency: Come join our professional team.

Dynamic Language Center
15215 52nd Ave S, #100
Seattle, WA 98183
(206) 244-6709
Fax: (206) 243-3795
Email: dynamic@aolusa.com
Website: www.dlc-usa.com
Contact: Jaine Rustemagic, Subcontractor Liaison

Specialty Areas: Translation; Court, Business, Conference, Medical and Social Service Interpreting.

Languages Contracted: Over 150 Languages.

Languages in Special Demand: Amharic, Bengali, Bosnian, Bulgarian, Cambodian, Cantonese, Creole, Greek, Hindi, Hmong, Japanese, Korean, Latvian, Mandarin, Mien, Serbo-Croatian, Somali, Tagalog, and Tongan.

Contracting Status: On call.

Terms of Contract: Paid parking, travel time, mileage paid no-shows and cancellations depends on the client.

Payer: Required

Required Qualifications: Basic training. DSHS certified/qualified, 2 years minimum experience required.

Comments from Agency: Dynamic is always looking for experience interpreters and translators. Strong emphasis is made on

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punctuality and ethical behavior. DSHS certification required.

**Edward & Associates Translation and Interpretation Services**
9024 West Mall Drive
Everett, WA 98208
(425) 513-0543
(888) 993-0959
Fax: (425) 513-9733
Website: www.edwardtranslations.com
Contact: Ed

**Specialty Areas:** Interpreting in all fields.

**Languages Contracted:** All

**Contracting Status:** Contracted per encounter.

**Terms of Contract:** Travel time inside and outside city paid; mileage inside and outside city paid; patient no-shows paid; cancellations paid if within 24 hours of appointment; two hour minimum pay guaranteed Snohomish County—other counties may vary.

**Pager:** Call tell free and follow the prompt.

**Required Qualifications:** Court certified training; DSHS certified/qualified.

**Comments from Agency:** Excellent recommendations from offices of administrative hearings, and L&I providers, 350,000 word translations per year, school districts in many subjects.

**Foreign Language Specialists, Inc.**
1145 12th Ave C-1A
Tsaquah, WA 98027-8989
(425) 369-3996
Fax: (425) 369-3098
Email: president@flsincorp.net
Email for information: fls@flsincorp.net
Website: www.flsincorp.net
Contact: Oiga Afonin, President

**Specialty Areas:** Medical, Social, L & I, Legal and business interpretation and translation.

**Languages Contracted:** All foreign and American Sign Language.

**Languages in Special Demand:** Albanian, ALS, Bosnian, Cambodian, Chinese, Hmong, Korean, Kurdish, Laotian, Mien, Oromo, Punjabi, Somali, and Vietnamese.

**Contracting Status:** On-call; contracted per encounter.

**Terms of Contract:** Parking paid; one hour guaranteed minimum; mileage in and outside city paid; help with costs of training available; liability insurance provided.

**Pager:** Required, maybe provided free.

**Required Qualifications:** Internal screening test; “Bridging the Gap” interpreter training preferred; DSHS certified/qualified preferred; 1-year minimum experience.

**Comments from Agency:** In case of special demand, we help interpreters to obtain an Emergency Certificate from DSHS after they pass the FLS internal test and submit a strong resume.

**German Language Services**
258 – 48th Avenue SW
Seattle, WA 98116
(206) 938-1600
Contact: Courtney Sears-Ridge

**Specialty Areas:** Translation; Court, Business, Conference, Medical, and Social Service Interpreting.

**Languages Contracted:** German only.

**Contracting Status:** Contracted per encounter.
Terms of Contract: Parking paid; travel time outside city paid; mileage outside city paid; patient no-shows paid; cancellations under 24 hours paid; one-hour minimum; help win costs of training available.

Page: Not required

Required Qualifications: Internal screening test.

Comments from Agency: Internal screening test.

Glyph Language Services
126 NW Canal St, Suite 102
Seattle, WA 98107
(206) 315-0994
Fax: (206) 325-4085
Email: info@glyphservices.com
Website: www.glyphservices.com
Contact: Joe Riddle

Specialty Areas: Translation, Court, Business, Conference, and Social Services Interpreting.

Languages in Special Demand: All legal Vietnamese, Korean, and East African languages.

Languages Contracted: All

Contracting Status: Freelance

Terms of Contract: Parking paid; travel time outside city paid; patient no-shows paid; cancellations paid if within 48 hours of appointment; guaranteed minimum 2 hours.

Page or cell phones: Not required, but strongly recommended.

Required Qualifications: Legal interpreting experience; no minimum experience—applicants looked at individually; resume required.

Comments from Agency: Proven high proficiency in both languages; absolute reliability; pertinent experience.

Harborview Medical Center Interpreter Services
325 Ninth Avenue
Seattle, WA 98104-2499
(206) 731-2288
Fax: (206) 731-2386
Contact: Martine Pierre-Louis

Head Start, PSEED
450 SW 152nd Street
Burien, WA 98166
(206) 439-6910 ext. 4908
Contact: Claudia Dow

Specialty Areas: Social Service Interpreting, Early Childhood Interpreting, Home visits.

Languages Contracted: All

Languages in Special Demand: Spanish, Russian, Vietnamese, Cambodian, and Somali.

Contracting Status: On-call; contracted per encounter.

Terms of Contract: Fee 5-hour basic training; mileage paid outside city.

Page: Not required

Required Qualifications: Basic Interpreter training experience preferred.

Comments from Agency: We serve Head Start Program in King and Pierce counties.

International Business Solutions
P.O. Box 2076
Lynnwood, WA 98036
(425) 672-0974
Contact: Patricia Nieto

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Specialty Areas: Court, Business, Conference (limited), Medical, and Social Service Interpreting, Translation.

Languages Contracted: Over 50 international languages.

Contracting Status: Contracted per encounter.

Terms of Contract: Parking paid; travel time paid (varies with client); mileage outside city paid; two hour guaranteed minimum; all no-shows paid; cancellations under 24 hours paid.

Pager, cell phone or email: Preferred but not required.

Required Qualifications: Court certification where applicable; prefer BA or advanced degrees; legal experience for legal assignments required.

International Community Health Services
720 - 8th Ave S, Suite 100
Seattle, WA 98104
(206) 461-3235
Fax: (206) 461-3619
Contact: Colin Olaf

Specialty Areas: Translation; Medical Interpreting.

Languages in Special Demand: Mien, Samoan, Cantonese, Mandarin, Khmer, Vietnamese, Korean, Tagalog, Toisanese, and Lao.

Languages Contracted: Arabic, Hindi, Khmer, Tibetan, Thai, Eritrean, Oromo, Samoan, Vietnamese, and Khmer and others.

Contracting Status: On call; contracted per encounter.

Terms of Contract: Parking paid; patient no-shows paid; cancellations under 24 hours paid.

Comments from Agency: We have two clinics: International District (ID) Medical and Dental Clinic at 720 8th Ave South and the Holly Park Medical and Dental Clinic at 7116 Martin Luther King Jr. Way S, Seattle, WA 98118, Tel: 206-461-4948

International Language Services
Affiliated with Virginia Mason Medical Center and Group Health Central
P.O. Box 3797
Federal Way, WA 98063-3797
(206) 799-7777
Fax: (206) 835-6000
Website: www.interpret4you.com
Contact: Suzy Martin

Languages Contracted: Korean, Vietnamese, Spanish, Cantonese, Mandarin, Sign language, others.

Contracting Status: On call, contracted per encounter.

Terms of Contract: Parking paid; mileage outside city paid; one hour guaranteed minimum; patient no-shows paid; cancellations paid if within 24 hours; liability insurance provided.

Pager: Not required

Required Qualifications: Internal screening test; if DSHS certified/qualified, no internal testing needed.

King County Superior Court
Office of Interpreter Services
King County Superior Courthouse
516 3rd Avenue
Seattle, WA 98104
(206) 296-9558
Contact: Martha Cohan, Susana Stentri
Sawrey, Charlotte Taylor

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King County Regional Justice Center 4th & James
Kent, WA
(206) 205-2519

Juvenile Court
1211 E Alder, Room 332
Seattle, WA 98122
(206) 205-9311

Contact: Jennifer Allen

Specialty Areas: Court Interpreting

Languages in Special Demand:

Languages Contracted: All languages, including ASL, tactual.

Contracting Status: On-call

Terms of Contract: One hour guaranteed minimum; cancellations paid if within 24 hours of appointment.

Pager: Strongly recommended—voice-mail pager is best.

Required Qualifications: Individual screening, Court certification in certified languages.

Comments from Agency: Anyone interested should feel free to call the office and/or come to observe court hearings and other court interpreters.

The Language Bank at Tacoma Community House
1314 South "L" Street, P.O. Box 597
Tacoma, WA 98415
(253) 593-6101
Fax: (253) 593-7853
Website: www.schonine.org
Email: ycosme@schonine.org
Contact: Yana Cosme, Coordinator

Specialty Areas: Translation; Business Interpreting, Medical Interpreting, Social Service Interpreting. State contracts in

Pierce, Kitsap, Thurston, Lewis, and other nearby counties.

Languages in Special Demand: Somali, Cambodian, Somali, Russian, Vietnamese, Bosnian, Albanian, Chinese (Cantonese and Mandarin), Tagalog, and any other welcome.

Languages Contracted: All

Contracting Status: On-call

Terms of Contract: Mileage over 30 miles outside city paid (with some exceptions); Patient no-shows paid; guaranteed minimum 1 hour; liability insurance provided.

Pager: pager or cell phone required.

Required Qualifications: One-year experience preferred; DSHS certified/qualified; good

Comments from Agency: We are always looking for friendly, professional qualified interpreters in all languages. DSHS contract for Pierce and Kitsap counties. All work performed during pay period paid. Payment not dependent on DSHS reimbursement.

The Language Connection LLC
16436 SE 128th St.
Renton, WA 98059
(425) 277-8045
Fax: 425-277-5065
Contact: Alfonso Benitez, General Manager;
Kristen Fields, Office Manager

Specialty Areas: Translations, Medical and Social Services. Serving King and Snohomish Counties.

Languages Contracted: All

Languages in Special Demand: Albanian, Cambodian, Laotian, Oromo, Somali, Tagalog, and Vietnamese. All languages welcome!

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Contracting Status: On call and contracted per encounter.

Terms of Contract: DSBS encounters are paid when paid, non-DSHS are paid when performed during pay period. One hour guaranteed minimum for non-DHS, in person completed appointments. Mileage outside of Seattle city limits paid*. Liability insurance provided.

*Depends on client.

Cell phone: Required

Pager: Strongly recommended, not required.

Required Qualifications: Must attend interpreter orientation, must speak English and native language fluently, Continued ED strongly recommended. Minimum 1 year experience (paid or volunteer); DSBS certified/qualified preferred; must adhere to interpreter code of ethics and any changes published in monthly newsletter.

Comments from Agency: We invite you to join our team of qualified, professional freelance interpreters to help meet the needs of our growing community.

The Language Exchange, Inc.
PO Box 1251
Mount Vernon, WA 98273
(360) 753-9910
Fax: (360) 753-9919
Email: schedule@langex.com
Contact: Julie Scerbik

Specialty Areas: Translation; Court, Medical, and Social Service Interpreting.
Serving Skagit, Whatcom, Island, San Juan and Northern Snohomish Counties.

Languages Contracted: All

Contracting Status: On call; contracted per encounter.

Languages in Special Demand: Spanish, Russian, and ASL.

Terms of Contract: Travel time outside county (Courts); mileage outside county paid (MAA); patient no-shows paid if within 23 hours (Courts); one hour guaranteed minimum; help with costs of training available (depends on language); liability insurance provided.

Pager: Not required, but preferred.

Required Qualifications: "Bridging the Gap," in house, or workshop training; 3 months minimum experience required; internal screening procedures; DSBS certified/qualified; court certification for courts, if available.

Language Line Services
1 Lower Rapids Drive
Building 2, Human Resources Dept.
Monterey, CA 93940
(800) 712-6096
Fax: (800) 821-9049
Website: www.onlinetranslation.com (go to "careers" and click online application)
Website: www.langline.com

Specialty Areas: Business, Medical and Social Service Interpreting, Government, Law enforcement, Court

Languages Contracted: 150 languages

Languages in Special Demand: Spanish, Asian and Southeast and South Asian languages, American Indian languages

Contracting Status: Part-time employee; full-time employee; set hours.

Terms of Contract: Work from home; no travel.

Pager: Not required.

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Required Qualifications: Professional interpretation experience; internal screening test.

Comments from Agency: We are the world’s largest provider of over-the-phone interpretation. We offer regular schedules with benefits as well as training, peer support and a wide variety of calls. All interpreters work from home.

MEI: Middle East International Services
West University Center
500 Ninth Ave NE, Ste 300
Seattle, WA 98105
(206) 633-6057, (206) 633 6058
Fax: 206-633-6049
Website: www.dalilusae.com
Contact: Wael B. Farhood

Specialty Areas: Translation; Court, Business, Conference, and Medical Interpreting.

Languages Contracted: Arabic, Hebrew, Turkish, and Farsi ONLY.

Languages in Special Demand.

Contracting Status: On call; contracted per encounter.

Terms of Contract: Parking paid; travel time inside and outside city paid; mileage outside city paid; patient no-shows paid; cancellations paid if within 12 hours of appointment; help with costs of training available.

Pager: Not required; cost of rental $9.98/month

Required Qualifications: Internal screening test; medical terminology test; University degree, 12 hours of training; 6 years experience required.

Comments from Agency: Recognized in the state of Washington as a target area specialist since 1978. Comprised of a carefully selected complementary team of professional translators and interpreters. For more information, see website at www.meigroup.com. Typesetting and graphic design capabilities.

Open World Translations
2671 NE University Village, Ste. 1
Seattle, WA 98105
(206) 523-1100
Fax: 206-522-3345
Website: www.openworldtranslations.com
Email: jobs@openworldtranslations.com
Contact: Brooke Hendricks

Specialty Areas: Translation; Localization; Voiceover Services; Court, Business, Conference, medical, and Social Service Interpreting

Languages Contracted: Most

Languages in Special Demand: Albanian, Serbo-Croatian, Hmong, Laotian, Samoan, Somali, Cantonese, Punjabi, and Vietnamese.

Contracting Status: Contracted per encounter.

Terms of Contract: Parking paid*; mileage in and outside city paid*; patient no-shows paid*; 1 hour guaranteed minimum*.

*Depends on client

Pager or cell phone: Strongly recommended.

Required Qualifications: Internal screening test, DHS certified preferred, resume, valid ID. American Translators Association certified desirable.

Comments from Agency: Individuals with prior experience and/ or appropriate academic background will be given preference.
PacMed Clinics
Interpreter Services
1200 – 12th Ave S
Seattle, WA 98144
(206) 621-4086
Fax: (206) 326-2408
Contact: Brenda Lloyd, Head Scheduler

Specialty Areas: Translation; Medical Interpreting

Languages Contracted: Most.

Languages in Special Demand:

Contracting Status: Set hours (for part and full-time employees); on call; contracted per encounter.

Terms of Contract: Liability insurance provided; one hour guaranteed minimum first hour at each site; help with costs of training available; patient no-shows paid; special forums and trainings provided.

Pager: Required; available to contractors for a $50 deposit.

Required Qualifications: Internal screening test; basic medical terminology; fluency in English and target language; two years minimum experience in medical interpreting; DSHS certified/qualified.

People Translation Services
5013 S. Barton Place
Seattle, WA 98119
(206) 722-4821, (888) 253-1881
Fax: (206) 722-3735
Pager: (206) 516-7051
Contact: Frank Peters or Merita Peters

Specialty Areas: Translation; Court, Business, Conference, Medical, and Social Service Interpreting.

Languages Contracted: Multiple

Languages in Special Demand: Asian and Pacific Islander languages, European and African Languages

Contracting Status: On call; contracted per encounter; full-time; must be available on nights/weekends.

Terms of Contract: Parking paid; travel time or mileage inside and outside city paid; liability insurance provided; one hour guaranteed minimum; medical insurance provided; patient no shows paid; cancellations under 24 hours paid.

Pager: Required

Required Qualifications: Basic training; minimum 2 years experience, internal screening test; DSHS provider number; DSHS certified/qualified; professional liability insurance.

Comments from Agency: Prefer highly qualified interpreters and translators, good references required.

Polylang Translation Services, Inc.
1200 – 112th Ave NE, Ste. #C-178
Bellevue, WA 98004
(425) 455-5158
Fax: (425) 455-4946
Email: polylang@polylangpts.com
Contact: Regina Frank, Coordinator

Specialty Areas: Translation; Court, Business, Conference, Medical, and Social Service Interpreting.

Languages Contracted: Most major languages

Languages in Special Demand: Russian, Spanish, and Vietnamese.

Contracting Status: On call.
Terms of Contract: Mileage outside city paid; liability insurance provided; one-hour guaranteed minimum.

Pager: Preferred

Required Qualifications: DSIS certified/qualified for Spanish, Chinese, Vietnamese, Russian; internal screening test for languages where few certified/qualified interpreters exist. Prefer interpreters to have prior experience working in medical setting.


Seattle Interpretation Services, Inc.
5701 Rainier Ave S
Seattle, WA 98118
(206) 760-9384
(206) 766-8110
Contact: Canh Tran, Sound

Specialty Areas: Business, Conference, Medical, and Social Service Interpreting.

Languages Contracted: All.

Languages in Special Demand: Spanish, Vietnamese, Lao, Mien, Thai, Hmong, Khmu, Sonali, Toisanese, Taiwanese, Pushu, Tigrignia, Amharic, Farsi, Cantonese, Mandarin, and Gromo

Contracting Status: On call, contracted per encounter.

Terms of Contract: Travel time outside city paid; mileage outside city paid; patient no-shows paid; cancellations paid if within 24 hours; guaranteed minimum 1 hour; liability insurance provided.

Pager: Required

Required Qualifications:

Comments from Agency: "Bridging the Gap" training; minimum experience 6-12 months required; internal screening test; DSIS certified/qualified.

Universal Language Services, Inc.
PO Box 4147
Bellevue, WA 98009

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Specialty Areas: Translation, Court, Business, Conference, Medical, and Social Service Interpreting.

Languages in Special Demand:

Languages Contracted: All

Contracting Status: On-call; contracted per encounter.

Terms of Contract: Mileage outside city paid; one hour guaranteed minimum; liability insurance provided.

Pager or Cell phone: Required

Required Qualifications: DSHS certified/qualified/authorized; internal screening test.

Comments from Agency: Hiring interpreter scheduler, full-time with benefits.

University of Washington Medical Center
Interpreter Services
1959 NE Pacific Street, Room BB 312
Box 356167
Seattle, WA 98195-6167
(206) 598-4663
Fax: (206) 598-7806
Email: Lgolley@u.washington.edu
Contact: Linda Golley, Manager

Specialty Areas: Medical Interpreting.

Languages Contracted: Most. Up to 80 different languages.

Languages in Special Demand: Russian, Vietnamese, Spanish, Somali, Cantonese, Mandarin, Somali, Korean, Japanese, Amharic, Tigrigna, Farsi

Contracting Status: Part-time; set hours; full-time and part-time employees; on call. Relationship is that of staff, not contractors.

Terms of Contract: Patient no-shows paid; cancellations paid; parking not paid; telephonic and on-site work

Paging: Required; provided free.

Required Qualifications: 1 year medical interpreting experience, prefer “Bridging the Gap” with community college interpreter training, multilingual preferred; DSHS certified/qualified.

Comments from Agency: Very intense technologically sophisticated language required

WorldLink Technologies
1450 114th Ave SE, Suite 230
Bellevue, WA 98004
(425) 451-4444
Fax: (425) 453-0187
Website: www.worldlinktech.com
Email: cmarapodi@worldlinktech.com
Contact: Carlos Marapodi, Operations Manager, ext. 34

Specialty Areas: Translation; Localization, Voice-over, and Interpretation of Technical, Business, Marketing, Corporate, Medical, Social Services, Training, Legal, Education, Government software, Video, Games, Documentation, Cofatal, etc.

Languages Contracted. Over 80 languages, including Braille.

Comments from Agency: Submit resumes to www.worldlinktech.com by fax or regular mail.

Yohana International Interpreter Service
5905 – 190th Pl. SW

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Specialty Areas: Translation; Business, Conference, and Medical Interpreting.

Languages Contracted: 124 languages

Languages in Special Demand: All African languages

Contracting Status: On-call; contracted per encounter.

Terms of Contract: Patient no-shows paid; one hour guaranteed minimum; cancellations paid if within 24 hours.

Pager: Required.

Required Qualifications: Must pass in-house medical test; one year minimum experience required; DSHS certified/qualified.
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OVERVIEW

The language certification examination administered by the Department of Social and Health Services (DSHS) is considered both a proficiency-based and a criterion-referenced evaluation process. In other words, language proficiency in English and a second language as well as interpreting/translation skills are measured according to minimum competency standards determined by the nature of work involved, and by experienced practicing court interpreters/translators, social services interpreters/translators, bilingual professionals in their respective fields of practice, and language specialists.

This Manual, then, is prepared to provide comprehensive information on the evaluation and certification process. More specifically, the main purpose of this Manual is to familiarize test candidates with the general testing and certification process, test information and exam procedures, the format and content of different tests, and the evaluation criteria employed in evaluating bilingual proficiency.

Readers should be advised that this Manual is not intended to serve as training materials for enhancing test performance, nor does the Manual purport to substitute for techniques of improving interpreting/translation skills, acquisition of specialized terminology, academic preparation, or practical experience as a language interpreter and/or translator.

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Examination Policy Statements

No-comment, no-return policy
This agency adopts a no-comment, no-return policy for all the tests it offers. Once an examination is administered, it becomes the property of this agency. The agency will not release the examination to anyone, including the test candidate, nor will the agency discuss specific contents of the examination with the test candidate or any other party. Submitting the Examination Application Form attached to this Manual signifies a test candidate's acceptance of this policy.

Test critique policy
Consistent with our no-comment policy, specific test items or erroneous answers will not be discussed with the test candidate. However, critique in broad areas of test performance is available if a request for such critique is submitted in writing.

Appeal policy
Request for appeal of test results should be submitted to this office, in writing, within two months from the date of the score report letter. No appeals will be honored if the requests are made thereafter.
### Eligibility for Testing

Anyone who is currently employed by DSHS in a bilingual capacity, or applying for DSHS positions; with bilingual requirements, or currently working under contract to serve DSHS clients, or wishing to work under contract to serve DSHS clients is eligible to take any of the certification or screening examinations. There are no minimum qualification requirements in formal educational background, years of interpreting/translating experience, or other language-related experience. However, all the tests administered by this agency, both written and oral, assess language proficiency in each of the tested language pairs at a level that is comparable to their respective professions.

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### Languages Tested and Types of Test

DSHS language testing includes test of certified languages and screening languages. Broadly speaking, there are five types of tests that are intended to evaluate the bilingual proficiency and interpreting/translation skills of five categories of people, i.e., DSHS employees and new recruits with bilingual assignments, contracted interpreters providing oral interpretation services to DSHS social service programs, contracted translators providing written translation services to DSHS social service programs, medical interpreters providing oral interpretation services to DSHS clients in medical settings, and licensed agency personnel whose agency is providing services to DSHS under contract.

**Certificated Languages** (Social Service interpreters, Medical interpreters, Translators, and DSHS employees and new recruits with bilingual requirements):

<table>
<thead>
<tr>
<th>Language</th>
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<tbody>
<tr>
<td>Cambodian</td>
<td>Chinese-Mandarin</td>
<td>Laotian</td>
<td>Spanish</td>
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<tr>
<td>Chinese-Cantonese</td>
<td>Korean</td>
<td>Russian</td>
<td>Vietnamese</td>
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</tbody>
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**Screening Languages** (Social Service interpreters and Medical interpreters --- Translator testing not available for screening languages):

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<thead>
<tr>
<th>Language</th>
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<tbody>
<tr>
<td>Albanian</td>
<td>American Indian</td>
<td>Amharic</td>
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<tr>
<td>Arabic</td>
<td>Armenian</td>
<td>Bengali</td>
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<tr>
<td>Bikol</td>
<td>Braille (English)</td>
<td>Bulgarian</td>
<td></td>
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<tr>
<td>Burmese</td>
<td>Cebuano</td>
<td>Cham</td>
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<td>Chamorro</td>
<td>Chiu Chow</td>
<td>Czech</td>
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<td>Danish</td>
<td>Dari</td>
<td>Dutch</td>
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<td>Estonian</td>
<td>Farsi</td>
<td>Fijian</td>
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<td>Finnish</td>
<td>French</td>
<td>Georgian</td>
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<td>German</td>
<td>Greek</td>
<td>Haitian</td>
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<td>Hakka</td>
<td>Hebrew</td>
<td>Hindi</td>
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<td>Hmong</td>
<td>Hungarian</td>
<td>Ibo</td>
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<td>Ilocano</td>
<td>Ilongo</td>
<td>Indonesian</td>
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<td>Italian</td>
<td>Japanese</td>
<td>Kikuyu</td>
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<td>Khmer</td>
<td>Latvian</td>
<td>Lithuanian</td>
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<td>Macedonian</td>
<td>Malayalam</td>
<td>Malaysian</td>
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<td>Marshallese</td>
<td>Marshallese</td>
<td>Mien</td>
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<tr>
<td>Norwegian</td>
<td>Oromo</td>
<td>Pashto</td>
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<tr>
<td>Persian</td>
<td>Polish</td>
<td>Portuguese</td>
<td></td>
</tr>
</tbody>
</table>

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Test Schedule

Normally, testing is conducted once a month from February to November for all languages statewide. No testing is offered in the months of December and January due to potential hazardous driving conditions.

Due to limited sitting capacity for the written test and limited time slots for the oral test per test session, test appointments are scheduled on a first-come-first-served basis. Therefore, it is not practical to publish and distribute the testing schedule for any meaningful purpose.

Test candidates can pick and choose their test sites when they register for testing. They will not be able to, however, pick and choose their test dates due to the unavailability of information about open time slots on a given test day. Once an application is processed by Language Testing and Certification (LTC), a test date and time will be assigned to the candidate. If the assigned date or time in the test confirmation letter does not work for the candidate, he/she needs to contact LTC to reschedule the test within ten (10) calendar days from the date the confirmation letter is sent. Otherwise, the assigned test date and time will be made secured and the “test re-scheduling policy” will apply. In other words, if a candidate cannot keep a test appointment and does not contact LTC to reschedule the test within ten calendar days from the date the confirmation letter is sent, the candidate needs to pay another test fee should he/she decides to re-schedule for the same test.

For more information about test fee and test re-schedule policies, please consult appropriate articles under Registration Policies.

Test Sites

DSHS testing is currently offered at six locations statewide. Since test sites are subject to change based on facility availability, the volume of test applications, and other factors, candidates should pay special attention to their test confirmation letter, which contains specific information on test date, test time, and test location.

Test sites in Eastern Washington:

Spokane --- Shilo Inn
Test sites in Western Washington:

Everett --- The First Congregational Church
2624 Rockefeller Ave. Everett

Seattle --- American Red Cross
1900 25th Avenue South, Seattle

Olympia --- The United Churches of Olympia
11th Avenue at Capitol Way, Olympia

Camas --- Zion Lutheran Church
824 NE 4th Avenue, Camas

For driving directions to each of the test sites, please consult Driving Directions to Test Locations enclosed with your confirmation letter.

Test Registration

Test registration for DSHS assignment pay employees and applicants for DSHS bilingual positions (except Yakima area) is normally done over the telephone. Whenever possible, a candidate may take both the written and oral tests on the same day, if the position requires written and oral skills.

Test registration for all other candidates, however, follows a different format. It involves the following steps:

1. A candidate downloads, completes, and prints the Examination Application (05-218) form from the LTC internet website: http://www1.dshs.wa.gov/msa/ltc. Candidates who do not have internet access may call LTC 800-605-5126 to request a copy of the Examination Manual which contains the Examination Application form.
2. The candidate mails the completed Examination Application form together with the appropriate payment to LTC.
3. LTC, based on time slot availability, sends the candidate a registration confirmation letter together with a pretest package. The pretest package contains driving directions to test locations and study guides including Sample Written Test Questions, Sample Oral Exercises and audio practice CD (for first time test takers only), List of Terminology, and Code of Professional Conduct.
4. When registering for the oral test, or retaking a test, there is no need to call LTC. The candidate simply completes the application form that comes with the score report letter and mails it with the appropriate payment to LTC. Another confirmation letter will be sent when the candidate is scheduled for testing.
Registration Policies

The following registration policies apply to all test candidates with certain exceptions indicated by **:

RP1 No walk-in registration at the test sites will be allowed.
RP2 No telephone registration will be allowed.*
RP3 Completed examination application form without the required payment will not be processed.*
RP4 Money orders, bank checks, and personal checks are the only acceptable forms of test fee payment. No cash or any other forms of payment will be accepted. LTC will not be liable for any loss if payment is not made by the required methods.*
RP5 Payment remitted for the wrong amount will be returned with the application.*
RP6 Score report letters will not be sent to candidates whose personal checks have been returned for insufficient funds.*
RP7 If the candidate has a disability and needs a reasonable accommodation, please request the accommodation in the application form or during the initial telephone contact with LTC. Supporting documents such as a physician’s statement about the accommodation must be attached to the application.
RP8 Candidates must attend the test session as indicated in the registration confirmation letter. No free rescheduling will be granted if candidates fail to attend the confirmed test session.
RP9 If candidates arrive late for the written test but still decide to go ahead and take it, they will be taking the test at their own time. Late arrival for the oral test may result in loss of the assigned time slot. No free rescheduling will be granted for late arrivals, whether candidates decide to take or not to take the test.
RP10 If upon receiving your confirmation letter you realize that you will not be able to keep your appointment, please call our office immediately. If we do not hear from you within ten (10) calendar days from the date the confirmation letter was sent, your appointment date will be made available and all registration policies will take effect.
RP11 Test fees are non-refundable. If candidates fail to attend the confirmed test session in the event of an emergency, instead of refunding the test fee, the test session may be rescheduled only once with supporting documentation such as police reports or physician statements about the emergency.*
RP12 Candidates will receive their registration confirmation letter and a pretest package within 10 working days after their application form and payment are received. It is the candidates’ responsibility to contact LTC if they have not received the confirmation letter and pretest package within this time frame.
RP13 There is no attempt limit in trying to pass any of the tests. A completed examination application form and payment are required for each and every test attempt.
RP14 While a test is pending appeal, no reschedule application of the same test will be accepted.
RP15 It is the candidates’ responsibility to inform LTC of any change of name, mailing address, telephone numbers, and e-mail address. A name change request has to be made in writing with a photo copy of a court document such as a marriage or divorce certificate.

* Except OSHS bilingual staff, applicants for openings of DSHS bilingual positions, and licensed agency personnel.

Test Fee Schedule

The following test fees apply to all languages being tested by LTC and are subject to change over time.
Testing for Certificated Languages (Spanish, Vietnamese, Cambodian, Laotian, Mandarin Chinese, Cantonese Chinese, Russian, Korean):

Social Services Interpreter Test:
- Written Test: $30.00 per attempt
- Oral Test: $45.00 per attempt
- Simultaneous Test (retake only): $25.00 per attempt

Medical Interpreter Test:
- Written Test: $30.00 per attempt
- Oral Test: $45.00 per attempt

Translator Test:
- Written Test: $50.00 per attempt

Screening for Non-Certificated Languages (Languages other than certificated languages listed above):
- Written Screening (social service OR medical): $30.00 per attempt
- Oral Screening (social service OR medical): $45.00 per attempt, per language

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Test Evaluation

Both objective scoring and holistic scoring are employed in the test evaluation process, depending on the nature of the test or subtests. Wherever possible, a computerized scanner is used for objective scoring. Otherwise, highly skilled certified interpreters/translators are used for test evaluation. To maximize scoring objectivity and consistency, evaluators are trained and monitored in following detailed rubrics for objective and holistic evaluation.

Following are the indicators being evaluated for various types of test or subtests:

**Employee Writing Subtest — objective evaluation:**
- Syntax — structure (word order, agreement, length, phrasal and clausal embeddings), grammar, mechanics
- Completeness — ideas, facts, key words and expressions
- Organization — cohesion (transition, conjunction, continuity), coherence (pronominal reference, consistency)
- Readability — register (social/cultural), clarity, fluency

**Employee Translation Subtest — objective evaluation:**
- Faithfulness — inaccuracy, omission, embellishment
- Syntax — structure (word order, agreement, length, phrasal and clausal embeddings), grammar, mechanics
- Readability — register (social/cultural), reading level, fluency

**Oral Test — Sight Translation:**
Objective evaluation (80%):
   Pronunciation — phoneme, tone, stress, intonation
   Fluency — hesitation, fragmentation, incomplete sentence
   Vocabulary — inaccuracy, omission, embellishment, repetition
   Grammar — parts of speech, word order, agreement, verb tense, clause

Holistic evaluation (20%):
   Register, idiomaticness, delivery time, coherency

Oral Test --- Consecutive Interpretation:

Objective evaluation (80%):
   Pronunciation — phoneme, tone, stress, intonation
   Fluency — hesitation, fragmentation, incomplete sentence
   Listening comprehension — rate of speech, length of sentence, length of speech
   Vocabulary — inaccuracy, omission, embellishment, repetition
   Grammar — parts of speech, word order, agreement, verb tense, clause

Holistic evaluation (20%):
   Register, retention, response time, coherency

Oral Test --- Simultaneous Interpretation:

Objective evaluation (80%):
   Pronunciation — phoneme, tone, stress, intonation
   Fluency — hesitation, fragmentation, incomplete sentence
   Listening comprehension — rate of speech, length of sentence, length of speech
   Vocabulary — inaccuracy, omission, embellishment, repetition
   Grammar — parts of speech, word order, agreement, verb tense, clause

Holistic evaluation (20%):
   Accuracy, enunciation, pace/speed, coherency

Test Score Reporting

Test scores will normally be available within 4 weeks for the written test, and 6 weeks for the oral test from the test date. Test scores are considered confidential information and will not be released over the telephone. Once the scores are available, a score report letter will be mailed to the mailing address provided by the candidate. If the candidate wishes to have test scores sent to a specific organization or individual, the request must be made by the candidate personally. LTC will verify the candidate by checking identification information, and the candidate needs to provide the name and mailing address of the organization or individual to whom the score report letter will be sent.

Once candidates pass the required testing, they are considered certified (for certificated languages) or authorized (for screening languages). The effective date of the certification/authorization is the date shown on their score report letter. The score report letter can be used as verification of certification or authorization status.
Certification

I. Types of Certificate

For certified languages, certified status will be granted to DSHS bilingual employees, interpreters, and translators once they pass the required examinations. Certificates will be mailed to candidates within a month from the date they pass all examination requirements. It is the responsibility of the candidate to inform LTC of any change of name and address, to check the accuracy of information presented on the certificate, and to contact LTC if a certificate is not received within the normal time frame. For information on what examinations are required for which type of certification, consult the following:

DSHS Employees and New Recruits: Employee Test

Cluster One --- Oral Test
(Office Assistant, Office Assistant Senior, Office Assistant Lead, Office Support Supervisor, Secretary, Secretary Senior, Secretary Lead, Secretary Administrative, Secretary Supervisor, Executive Secretary, Customer Service Specialist, Forms and Records Analyst, Homemaker, Human Resource Assistant, Human Resource Development Specialist, Support Enforcement Technician)

Cluster Two --- Written and Oral Tests
(Financial Services Specialist, Fiscal Technician-Accounting, Store Clerk, Supplies Technician, Quality Control Specialist, Work First Program Specialist, Medical Assistant Specialist)

Cluster Three --- Written and Oral Tests
(Vocational Rehabilitation Administrator, Vocational Rehabilitation Counselor, Vocational Rehabilitation Counselor Trainee, Vocational Rehabilitation Counselor Intern, Rehabilitation Aide)

Cluster Four --- Written and Oral Tests
(Community Worker, Service Delivery Coordinator, Community Services Program Manager, Community Resource Program Manager, Assistant to CSG Administrator)

Cluster Five --- Written and Oral Tests
(Social Worker, Mental Health Program Administrator, Mental Health Administrative Services Chief, Mental Health Program Specialist, Mental Health Counselor, Juvenile Rehabilitation Counselor, Institutional Counselor, Psychiatrist Aide)

Cluster Six --- Written and Oral Tests
(Support Enforcement Officer, Financial Recovery Enforcement Officer)

Cluster Seven --- Written and Oral Tests
(Developmental Disability Case/Resource Manager, Developmental Disability Outstation Manager, Attendant Counselor--DD)

(Note: Positions not listed will be categorized on a case by case basis)
Social Service Interpreters: Social Service Interpreter Test
Level One (Basic) — Written Test, Sight Translation and Consecutive Interpretation Test (must take and pass written test first)
Level Two — Written Test, Sight Translation, Consecutive Interpretation and Simultaneous Interpretation Test (must take and pass written test first)

Medical Interpreters: Medical Interpreter Test
--- Written and Oral Tests (must take and pass written test first)

Translators: Translator Test
--- Written Translation Test

Clerical positions of Licensed Agency Personnel only need to take the same test as DSHS employee Cluster One.

II. What Certification Means

Per Chapter 388-03 WAC (Washington Administrative Code), DSHS policies, and the consent decree between DSHS and Legal Services, all DSHS staff serving in a bilingual capacity and interpreters/translators providing bilingual services to DSHS clients under contract, are required to obtain certification status by successfully passing a bilingual fluency test. No bilingual duties will be assigned to any staff and no interpreter service will be assigned to any contractor without proper certification or authorization.

For DSHS positions requiring bilingual skills, once candidates become certified, they are eligible to receive assignment pay; For job applicants (new recruits) applying for DSHS bilingual positions, passing the required test enables them to be qualified for these positions if they also pass the test administered by Department of Personnel; For individuals who wish to interpret and/or translate for DSHS clients, being certified/authorized makes it possible to work under contract for the Department.

If so desired, it is the responsibility of certified/authorized interpreters and translators to contact and negotiate contracts with local DSHS contracted agencies, or directly with local DSHS offices where there is no DSHS contracted agency. LTC does NOT provide contract services. For general questions regarding testing and certification or other related issues, please see the hot links at the LTC website: http://www1.dshs.wa.gov/msa/ltc

III. Lists of Certified/Authorized Interpreters and Translators

A certified interpreter/translator is defined as one who has met the testing requirements for any certified language, and an authorized interpreter is defined as one who has met the testing requirements for any screening language (see Languages Tested and Types of Test listed previously). Lists of certified interpreters, certified translators, and authorized interpreters are published and distributed to DSHS contracted agencies, local DSHS offices, LEP Cluster Coordinators, and Regional LEP Coordinators. The lists are updated regularly to include newly certified and authorized interpreters/translators. The purpose of distributing the lists is to enable contracted agencies and DSHS service programs to locate and contact certified or authorized interpreters when needed. Some information contained in the lists, such as mailing address and
phone numbers, may be considered confidential. Therefore, any interpreter/translator who does not want to have such information printed on the lists should contact LTC at 800-605-5126 to have it removed.

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Test Development

Since DSJS is testing various categories of personnel with different nature of employment, different approaches were utilized in test development. Nevertheless, the general process of test development, regardless of which test type, would more or less involve the following procedures:

--- Consultation with Department of Personnel
--- Consultation with interpreter program managers or coordinators
--- Consultation with specialists in related fields of practice
--- Analysis of Class Specifications and Specification Questionnaires
--- Survey of bilingual positions
--- Development of test guidelines
--- Development of proficiency guidelines
--- Development of test specifications
--- Review of related written materials circulated in DSJS and medical settings
--- Research of other related written materials
--- Item development
--- Item review by related specialists
--- Test review by stakeholders and other interest groups
--- Test revision
--- Pilot testing
--- Test Validation

Test Validation

Content validity was the approach adopted for DSJS test validation. Several groups of professionals were involved in this process.

Psychometricians from academic institutions and Department of Personnel were consulted on the technicalities of item development and test construction. Every test item was reviewed by these psychometricians, and their input was taken into account in test revision.

Language teachers and language specialists were involved in the content validation aspect of the process by checking the technicalities of language employed in the tests, and checking test items against proficiency guidelines and test specifications.

Subject matter experts (SME) constituted the largest group of professionals in the test validation process. SMEs participating in the process ranged from line workers, supervisors, managers, to bilingual physicians of various specialties. Feedback from the SMEs included quantitative ratings on specific indicators and qualitative open-ended critiques/comments/suggestions.

Pilot Testing

Pilot testing was conducted to clarify test instructions and test items, to provide reference for benchmark setting, and to iron out the routine of test administration as well as timing.
Cautions were taken in identifying pilot test participants. Efforts were made to make sure that only those who would not need to take the same test when it is administered on full scale were eligible to take part in pilot testing.

**Item Reliability**

Following is item reliability information for the tests that had reasonable sample size for statistical analysis when the statistics were performed (one test cycle/grading session):

- **Statistical program:** QuickSCORE II
- **Data collection criteria:**
  - By test type;
  - Computer scannable dichotomous scale items;
  - All-inclusive, by test period.
- **Statistics:** Kuder-Richardson formula 20 (KR20) for internal consistency

**Medical Certificated Written Test**
- Reliability coefficient: 0.91

**Social Service Certificated Written Test**
- Reliability coefficient: 0.89

**Medical Screening Written Test**
- Reliability coefficient: 0.91

**Social Service Screening Written Test**
- Not available due to inadequate sample size.

**Employee Written Test**
- Not available due to inadequate sample size.

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**Test Reliability**

- **Statistical program:** SPSS 13.0
- **Data collection criteria:**
  - All languages;
  - Test-retest/parallel forms;
  - Time lapsed between attempts – within one year;
  - Data as recent as needed to generate reasonable sample size (some tests).
- **Statistics:**
  - Cronbach's Alpha for internal consistency;
  - Pearson product moment correlation for test-retest/parallel forms correlation;
  - t test for significance of correlation coefficient.
Medical Certified Test

Written test:
N = 56
Cronbach’s Alpha = .87
Pearson correlation: r = .78
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 54; critical value = .35

Oral test:
N = 72
Cronbach’s Alpha = .76
Pearson correlation: r = .52
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 70; critical value = .30

Social Service Certified Test

Written test:
N = 75
Cronbach’s Alpha = .92
Pearson correlation: r = .86
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 74; critical value = .30

Oral test:
N = 72
Cronbach’s Alpha = .82
Pearson correlation: r = .71
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 70; critical value = .30

Medical Screening Test

Written test:
N = 20
Cronbach’s Alpha = .87
Pearson correlation: r = .80
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 18; critical value = .56

Oral test:
N = 20
Cronbach’s Alpha = .71
Pearson correlation: r = .58
Correlation is significant at the 0.01 level (2-tailed, p < .007)
df = 18; critical value = .56
Social Service Screening Test

Written test:
N = 13
Cronbach’s Alpha = .75
Pearson correlation: r = .63
Correlation is significant at the 0.05 level (2-tailed, p < .022)
df = 11; critical value = .68

Oral test:
N = 21
Cronbach’s Alpha = -.111
Pearson correlation: r = -.068
Correlation is not significant (2-tailed, p < .770)
df = 19; critical value = .55

Employee Test

Written test:
N = 40
Cronbach’s Alpha = .81
Pearson correlation: r = .71
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 38; critical value = .39

Oral test:
N = 72
Cronbach’s Alpha = .85
Pearson correlation: r = .78
Correlation is significant at the 0.01 level (2-tailed, p < .000)
df = 70; critical value = .30

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Correlation between Sight Translation and Consecutive Interpretation

Statistical program:
SPSS 13.0

Data collection criteria:
All-inclusive, by test period;
Variable test periods to generate reasonable sample size (some languages).

Statistics:
Pearson product moment correlation;
t test for significance of correlation coefficient.

Medical Certified Oral Test

All Languages:

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Test Information and Exam Procedures

I. Test for DSHS Employees and New Recruits

The Written Test (90 minutes)

The written test for DSHS employees with bilingual duties is composed of five sections. Section one is a vocabulary test. This section consists of two parts. Part one is a synonym test of general vocabulary commonly encountered in the Department (Department specific). Part two is a test of words-in-context. Words or phrases included are among those typically used in a particular position cluster or in a particular service area (position cluster specific). For example:
eligible

A. attainable B. enable C. qualified D. specified

(Position cluster specific):

Assistance is provided for the purpose of promoting self-sufficiency.

A. self-abnegation B. self-adequacy C. self-development D. self-sponsoring

Candidates will need to choose from A, B, C, and D the word or phrase that most closely means the same as the underlined word or phrase.

Section two is a Cloze test of reading comprehension. Two short texts are included. The content of one text is Department specific, and the content of the other text is relevant to a particular position cluster or field of service. Key words or phrases are left out throughout each text. Candidates will need to "fill in" the blanks to "recover" the text by choosing a word or phrase from four options provided. For example:

While you are on assistance, the support ____ by OSE repays the State. When your grant stops, this assignment stops and current support belongs to you. Support owed before you go off assistance ____ to the State.

1. A. collected B. enforced C. given D. paid
2. A. awards B. confers C. returns D. issues

Section three is a brief test of writing skills. Candidates will need to summarize, in their own words and in the same language as the original text, a passage of certain length with no more than a given number of sentences.

Sections four and five are translation tests — from English into another language and vice versa. The content of the source text is relevant to services provided by a particular program.

The Oral Test (20 minutes)

The oral portion of the employees' test consists of two parts. Part one is a sight translation. The candidate will have a total of 3 minutes to orally translate a short English paragraph into a target language. Candidates may review the text silently before interpreting, but the review time will count towards the overall 3 minutes.

Part two is a situational interpretation exercise. A pre-recorded conversation between an English and a non-English speaking persons will be played with a pause after each speaker. The pause allows adequate time for the candidate to interpret from one language into another. Candidates will be permitted to take notes during this exercise. Note pads and pencils will be provided. A total of 2 repeats (2 segments between pauses) will be allowed during the entire exercise, if they are so requested by the candidate.
The entire oral test will be audio-recorded for scoring accuracy and documentation. The recorded test will be scored by independent raters retained by LTC, who are highly skilled professionals and/or certified interpreters.

ii. Test for DSHS Social Service Interpreters

The Written Test (90 minutes)

The written test for social service interpreters is a screening test. It consists of four sections, all in multiple choice formats. Section one: standard English grammar; Section two: terms or usages commonly encountered in various DSHS service programs; Section three: professional code of ethics; Section four: brief writing test. All items in Sections one, two and three are in English, while items in Section four are in the language a candidate is testing for.

For each item in sections one, two, and four, the candidate will need to make the best choice from four options provided; while for section three, the candidate will need to identify whether each given statement is true or false.

The Oral Test (30 minutes)

Oral test for social service interpreters will ONLY be administered to those candidates who have successfully passed the written screening test. For this portion of the test, each candidate will orally interpret in three exercises (three sections):

Section one — sight translation: The candidate will be given three minutes to orally render an English text into a target language, and another three minutes to orally render a non-English language text into English. The candidate may silently review each text before interpreting, but the review time will be part of the three minutes allowed for each text.

Section two — consecutive interpretation: A pre-recorded conversation between an English and a non-English speaking persons will be played. The candidate will assume the role of the interpreter. The recorded conversation has built-in pauses. The pauses allow adequate time for the candidate to render the interpretation. The candidate will be permitted to take notes during this exercise. Note pads and pencils will be provided. If so requested by the candidate, a total of 2 repeats (2 segments between pauses) will be allowed during the entire exercise.

Section three — simultaneous interpretation: Two short recordings will be played at a slower-than-normal speaking speed. The candidate will need to listen to the recordings through headphones and simultaneously interpret the statements from English into a target language.

The entire oral exam will be audio-recorded for scoring accuracy and documentation. The recorded test will be scored by independent raters retained by LTC, who are highly skilled professionals and/or certified interpreters.

As stated previously, interpreters taking the oral test for the first time will be given all three sections of the oral test, although they only need to pass the first two sections (sight translation and consecutive interpretation) to acquire basic (level one) certification status. If level-one certified interpreters wish to obtain level two status, they may register to only retake the simultaneous section. The fee for retaking the simultaneous section of the oral test is $25.00. Level two certification status will be automatically granted to those who pass all three sections of the oral test.
III. Test for DSHT Translators

Written Translation Test (120 minutes per direction)

DSHT translators are referred to those who provide written translation services to the Department under contract. The translator test is available in the Spanish, Vietnamese, Cambodian, Laotian, Chinese, Russian, and Korean languages. At this point, only one direction of translation test, i.e., English to target language, is offered to contracted translators. Certificates issued to those who have passed the test(s) will specifically reflect the test requirement(s) they have met.

The translator test covers such subject matter areas as social services, legal services, and medical services. Categories of texts included in the test range from general to semi-technical.

To test for a translator certificate, the candidate must choose and translate three texts out of four. Failure to follow test instructions (requirements) will result in an invalid test. Only one test will be given to an individual candidate at a time.

Reference materials, including dictionaries, will be allowed during the translator’s test. Pencils, answer sheets, and erasers will be provided.

The translation test will be graded by professional translators on a pass/fail basis. Specific grading guidelines will be followed in determining the pass or fail of a test.

IV. Test for Medical Interpreters

The Written Test (90 minutes)

The written test for medical interpreters has five sections, all in multiple choice formats. Section one — code of ethics: In this section, statements regarding professional code of conduct are written in the English language, and the candidate will need to determine whether each statement is true or false.

Section two — medical terminologies: This section covers such areas as parts of the body, symptoms, disease/illness/injury/physical disorder, treatment, prescription, medical personnel, and miscellaneous health related expressions. All stems in section two are in the English language while all options are in a non-English language. For each question, the candidate will need to identify the target language equivalent of the English word/term in the stem.

Section three — clinical/medical procedures: Both stems and options in this section are in the English language. The candidate will need to choose from those given options the one that best describes each procedure.

Section four — brief writing test in the English language: The candidate will need to choose an option to best complete each unfinished sentence.

Section five — brief writing test in a non-English language: The format of this section is exactly the same as that of Section four, except that all items are written in a language other than English.
The Oral Test (30 minutes)

The oral test for medical interpreters is composed of two parts — sight translation and consecutive interpretation.

Part one — sight translation: The candidate will be allowed six minutes to orally render an English text into a target language, and another six minutes to orally render a non-English language text into English. The candidate may silently review each text before interpreting, but the review time will be part of the six minutes permitted for each text.

Part two — consecutive interpretation: Some pre-recorded audio materials will be played in this exercise. The candidate will assume the role of an interpreter. The recorded materials have built-in pauses. The pauses allow adequate time for the candidate to render the interpretation. The candidate will be given the freedom to take notes during the exercise. Note pads and pencils will be provided. A total of 2 repeats (2 segments between pauses) will be allowed during the entire exercise upon the candidate’s request.

The entire oral exam will be audio-recorded for scoring accuracy and documentation. The recorded test will be scored by independent raters retained by LTC, who are highly skilled professionals and/or certified interpreters.

V. Test for Licensed Agency Personnel (LAP)

Licensed Agency personnel is referred to individuals in a licensed non-DSHS agency providing services to DSHS clients under contract with certain DSHS programs such as Mental Health and Alcohol and Substance Abuse.

The Written Test (90 minutes)

The written test for Licensed Agency Personnel follows the same format as DSHS Employee Cluster Five written test. However, because of the different recruitment testing procedures employed by the state and licensed agencies, the weight placed on assessing LAP language skills differs from that of DSHS employees to a certain extent (refer to Test for DSHS Employees).

The Oral Test (20 minutes)

The oral test for Licensed Agency Personnel is the same as the oral test for DSHS employees (see Test for DSHS Employees).

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Screening Test for Non-Certificated Language Interpreters

Non-certificated language interpreters are referred to those who speak a language other than the regular DSHS certificated languages, namely, Spanish, Vietnamese, Cambodian, Laotian, Mandarin Chinese, Cantonese Chinese, Russian, and Korean.
The scope of screening testing for non-certificated language interpreters is relatively narrower than that of certificated languages testing. While consideration is given to assess an interpreter’s English and the target language skills, a desirable comprehensive approach of testing is not possible due to limited resources.

Screening tests are available for social service interpreters and medical interpreters. Anyone who speaks English and a second language other than the above-listed certificated languages and is currently working under contract, or wishing to work under contract is eligible to take either the social service interpreter screening test or the medical interpreter screening test, or both. The screening tests are not available in any certificated language.

A score report letter will be mailed to the candidate once he/she finishes a portion (written or oral) of a test. Candidates who pass both the written and oral screening tests will be issued an authorization letter stating his/her eligibility to provide language services to DSHS programs.

The process of test registration for screening languages is the same as that for certificated languages (see Test Registration).

All registration policies stated in this Manual that are applicable to certificated language interpreters also apply to screening language interpreters.

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Screening Test Information and Exam Procedures

II. Screening Test for DSHS Social Service Interpreters

The Written Screening Test (75 minutes)

The written screening test for DSHS social service interpreters consists of three sections, all in multiple choice formats. Section one: standard English grammar; Section two: terms or usages commonly encountered in various DSHS service programs; Section three: professional code of conduct. All items in the written screening test are in the English language.

For each item in sections one and two, candidates will need to make the best choice from four options provided, while for section three, candidates will need to identify whether each given statement is true or false.

Candidates will use a standard computer scannable answer sheet to record their answers. All items in the written screening test are designed for objective computer scoring.

The Oral Screening Test (30 minutes)

Candidates must take and pass the written screening test first before they can take the oral screening test. The oral screening test for DSHS social service interpreters has three parts. Part one is a sight translation exercise of ten unrelated sentences from English into a target language; Part two is a memory retention test; Part three is a consecutive interpretation exercise from a target language into English.

The oral screening test will be audio recorded for the purpose of scoring and record keeping. Objective scoring will be the only method employed in evaluating the oral screening test.
5. Screening Test for Medical Interpreters

The Written Screening Test (75 minutes)

The written screening test for medical interpreters is composed of four sections, all in multiple choice formats. Section one: professional code of conduct; Section two: medical terminologies; Section three: clinical/medical procedures; Section four: indirect writing test in the English language. All items in the written screening test are in English.

For each item in section one, candidates will need to identify whether each given statement is true or false. For each item in sections two, three, and four, candidates will need to make the best choice from four options provided.

Candidates will use a standard computer scannable answer sheet to record their answers. All items in the written screening test are designed for objective computer scoring.

The Oral Screening Test (30 minutes)

Candidates must take and pass the written screening test first before they can take the oral screening test. The oral screening test for medical interpreters has three parts. Part one is a sight translation exercise of ten unrelated sentences from English into a target language; Part two is a memory retention test; Part three is a consecutive interpretation exercise from a target language into English.

The oral screening test will be audio recorded for the purpose of scoring and record keeping. Objective scoring will be the only method employed in evaluating the oral screening test.

Test Day Reminders

* Candidates should bring a picture I.D. to present to the test proctors at the sign-in desk.
* Candidates should arrive early for sign-in. This will insure that the test will begin and end on time.
* The written test will begin and end as scheduled. Therefore, if candidates arrive late for the written test but still decide to go ahead and take it, they will be taking the test at the loss of their own time. Late arrival for the oral test may result in loss of the assigned time slot.
* No reference materials, including dictionaries, will be allowed for Employee’s Test and Interpreter’s Test. Answer sheets, pencils, and erasers will be provided. However, reference materials, including dictionaries, will be allowed for the Translator’s Test.
* Any scratch paper used during the oral test by the candidate for note taking or otherwise must be submitted to the Test Proctors before the candidate leaves the test room.
Any cheating behavior, if discovered by Test Proctors, may result in the cancellation of a candidate’s eligibility for taking the test.

Candidates:
Please save this Manual for future reference!
* If you have further questions, please call our office at 800-605-5126.

NOTES