



### More information about the presenter

**Linda Golley** manages the innovative Interpreter Services program at University of Washington Medical Center in Seattle. Linda also serves as CCHI (Certification Commission for Healthcare Interpreters) Vice-Chair. She teaches interpreters and health care professionals on topics such as cultural competence at end of life, medical terminology, and barriers to care. Linda's B.A. is in International Political Economics. Her Masters is in Organizational Management. Linda was raised in Germany, Peru, and Mexico, then came to the United States at age 17 to attend Stanford University. She combined pre-med classes with a major in international relations, focusing on the political economics of food distribution in the Third World.

Linda has been a social justice activist ever since, both in her healthcare work and in her volunteer positions. With respect to medical interpreting, Linda's primary concern is that the patients' goals, needs, and preferences are served. To that end, the medical interpreter who is well prepared technically, intellectually, and emotionally can provide the best support for patients traversing the American health care system. Linda enjoys developing and teaching curriculum for interpreters, including medical terminology, infection control, eliminating barriers to care, and interpreting at end-of-life. Linda builds training content for the NCIHC (National Council on Interpreting and HealthCare) Home for Trainers webinar work group, and is an active trainer for NOTIS (Northwest Translators and Interpreters Society) and TAHIT (Texas Association of Healthcare Interpreters and Translators)

#### **From Linda Golley**

Every interpreter present on the units finds himself in the middle of germ warfare and industrial hazards. I will share some of my learnings from my last 35 years working in direct patient care. **These learnings inform the presentation.**

*Many of our interpreters, and I, have been injured on the job over the years.* Most of these injuries involve mechanics: Slipping on a highly polished floor with rain on it from people coming out of the weather with wet umbrellas. Descending internal stair wells quickly to get to the next assignment, and missing a step or catching a toe in a dangling garment. Slipping in water left by a janitor mopping. Falling in a hallway outside of the pathology lab due to a film from wax from specimens. We also have had several interpreters break their toes or feet by banging into equipment in narrow hallways. These injuries resulted in many surgeries, long and painful recoveries, and in one case permanent disability. Protective shoes, but even more importantly, slowing down to a safe pace and being alert to hazards, are the best prevention.

*Many of our staff and agency interpreters have been exposed to patients with latent or active TB,* before these patients were known by their care team to have the disease. Although TB is a very scary disease once it gets a foothold in a person or in a population, not one of our hospital staff, doctors, or interpreters has gone on to develop TB from his/her exposure at work. I have had interpreters who were terrified, others who have gone through the exposure process numerous times and don't worry about it now. Some interpreters tried to avoid interpreting for patients with TB even when protected by respirators and masks. Part of the infection control training is to remind interpreters that as health care workers, they do not get to choose which patients they see. If they DO stay in healthcare, they must use precautions properly and see all assigned patients.