May 5, 2014.

>> Schafer: Hello and welcome.

We are ready to begin recording, please.

If you are at home, watching our webinar, please raise your hand and let us know. It's very easy to vote. You'll see in the right side control panel, a blue and white control panel and then you'll see a series of icons that indicate hands. So collect one of those icons and then you'll be able to vote. So please proceed.

I see the numbers. They're going up.

So it looks as though we have about 65% of our participants viewing from home today.

Absolutely wonderful. It's a brave new world, isn't it?

I wish that I were at home as well. But I'm very happy to be here with you.

Let's go to the next slide, please.

This webinar is hosted by the National Interpreter Education Center of which we are a part. We are a part of the National Consortium of Interpreter Education Centers. There are six centers nationwide.

Next slide, please.
My name is Trudy Schafer. And I am the project coordinator here at the National Interpreter Education Center. Our office is housed in Northeastern University in Boston, Massachusetts.

I am delighted to be here facilitating today's webinar entitled "Here's to your health: Infusing health care interpreter education -- oops, let me try this one more time. Infusing health care interpreting into interpreter education programs.

And before we proceed, I have a few houses keeping details to attend to.

If any of you experience technical difficulties of any type with the captioning or if you are viewing with a group of people, and you wish to earn CEUs, it's very important that you look at a document entitled tech help, captioning and more. And that is in the material section in your control panel. If you click on the materials section, you will see that there is some information and assistance there.

We will reserve the final 10 or 15 minutes for question and answer period. At that time, if you wish to pose a question, very simple matter of once again going to the side panel and at the bottom, click on chat, type your
question in there. I will be reviewing the questions and signing them. And when I have completed signing them, our presenters, our panelists will be responding to those questions.

So -- so you will be learning from some wonderful modules that Doug and Karen have developed. We sent out a description, as to how you should access those modules when the seminar is over, so we'll make sure that everyone received that after this webinar is completed.

Next slide, please.

Our presenters today are Doug Bowen-Bailey, he's one of our presenters and he is an interpreter, a practitioner, a mentor, a resource developer. And he has developed a number of online workshops entitled "Body Language".

That series focuses on developing skills that allow people to discuss anatomy in ASL.

Doug has also written a chapter in a book entitled "In our hands". The book is edited by Laurie Swabey as well as Karen Malcolm.

The chapter that Doug contributed is entitled "Just what the doctor ordered, online possibilities for health care interpreter education."

Our second presenter is Karen Malcolm. Karen is an
interpreter, an interpreter educator. She is based in Vancouver, Canada. She's been an interpreter for 32 years. Over the last 20 years, her specializations have included mental health and health care interpreting.

She is the co-editor of a volume entitled: "In our hands, educating health care interpreters." This volume was published by Gallaudet University Press. Karen has also co-authored a chapter entitled: "An ounce of prevention is worth a pound of cure. Educating interpreters about the risk of vicarious trauma in health care settings."

So welcome, Doug and Karen. Thank you for joining us today for this webinar.

>> Hello.

>> Hello, Karen.

Next slide, please.

Doug, can you join us as well?

>> I was considering whether I would or not and I finally decided I'll join you. I'll be here.

>> Schafer: Welcome to both of you. I'll be here briefly, just long enough to announce the results of the poll. And then I will disappear until the next poll is conducted. Okay?
Bowen-Bailey: So Karen and I will be handed off the presentation. But we would like to know, first, who you all are out there watching this webinar.

And we thought at first that we would ask each of you to introduce yourselves by name. Then we changed our minds and decided that it would be good to know a bit about your experiences with either teaching, healthcare interpreting or doing the interpreting and observing.

So, please, raise your hand if you are either working in or mentoring in healthcare settings.

And then Trudy will tabulate the poll and give us the results.

The numbers are climbing. This is a bit like eBay, people bidding, getting up the cost.

Selling jewelry. We could be doing that as well.

Yes, I have this fabulous ring, up for offer. So it looks like we've stabilized at about 40% of our viewers that have raised their hands. Okay, buy for now. I'll see you all later.

Bowen-Bailey: Next slide, please.

So in this hour, what we are going to be doing is to be discussing the modules that we have created and learning how to access it.
The module that we will also talk about what it contains, what the students will be learning in this module.

And we'll also be listing the activities and assessments that are within it.

We will also be identifying learning resources. We will talk a bit about each one of these points.

When this PowerPoint is shown, you can get the PDF version of it as well.

Next slide, please.

>> Bowen-Bailey: We would like to start you off with the big picture. So we're zooming out a bit to show you the module and how you can access it.

The module will be on Moodle, which is an online learning management system, an LMS. You can go into Moodle at no charge. So when the webinar is complete, we'll be sending you information on how to access that and it's a beautiful first-time cost to all of our buyers of zero dollars. Absolutely free admission.

So when you go into the Moodle, what you will see is this screen. It looks much like this screen.

You will see a table of contents.

In that table of contents is a list of everything that
Moodle contains and tonight we'll be going through some of those contents, but most important what we want you to know is that you can get into that -- into that site for free. Next slide, please. So this first picture shows you the top half of the screen and the other shows you the bottom half. You will notice that the first slide has a picture of me posing, right? That's actually a video clip of me signing in ASL, explaining different parts. We didn't include it in this picture because we couldn't show you that much in one screen shot.

But -- but I'm there. Signing in ASL. All of the information is -- about this project and reason for that is because the project has the intention of balancing access through ASL and English. We wanted to make sure that students could tap into this module in the language that works best for them.

And we didn't want to be unilaterally either ASL or English, but to actually provide a balance which would enable all of our learners to use what works best for them. Next slide, please.

>> Malcolm: So I would like to talk a little bit about the project goals. We feel as though more interpreters are working in health care settings these days and
certainly even more are needed. In 2008, the NCIEC did a needs assessment within the deaf community on this topic. The question they asked is where do you feel as though you most need interpreters and where is it most challenging to get interpreters?

And the largest percent of respondents said that the most qualified interpreters were needed in the healthcare setting.

And in employment situations as well.

When asked where their priorities were, around getting interpreters, the -- the employment setting came in first and health care second.

So that flipped their priorities. But clearly there is a need. And the programs for teaching health care interpreting are limited. In some universities, in the IEP, there may be one course, there may be some ancillary discussion on the topic. But it is not sufficient [indiscernible]. There's some interpreters who have never worked in health care settings or never even observed in those settings and they're somewhat intimidated by taking up a career in medical interpreting.

So this module is intended to give interpreters some glimpse into the field. Of healthcare interpreting. So
that's essentially our goal, next slide, please.

>> Bowen-Bailey: So here we'll be talking about the various parts of the module. We'll only touch upon them at this point, but we'll go into greater depth throughout the webinar.

When we developed this webinar, we decided that -- when we developed this module, we decided that it would be best to offer a menu option so that learners could walk through this in the manner that best fit them, rather than providing them with an inflexible format that would force choices on them.

We thought a whatever works for you approach would be the best way to design them. In the instructor guide, [indiscernible], all of the modules are available in one document. And it happens to be a Word document.

So in that format, you can download and make adaptations to the document as you see it. There is, also, a PDF format available if you wish.

That describes all of the activities, it contains the links to movies, it contains the evaluations and assessments, everything is there in one document.

So if, for example, you don't have web access or you would rather not conduct this module online, you can just
print out the instructor guide and have a complete hard copy of the -- of the instructions.

Some people feel much better with the hard copy than they do with the digital access and that's available for you by just clicking on the instructor guide. That contains every part of the module.

Second point is why healthcare interpreting? That part focuses on the goals and the inspiration behind this project.

The deaf community's statement of needs, their desires when it comes to healthcare interpreting, what works best for them, all of that is contained in that section of the [indiscernible]. There are also four ASL videos as well as one English text presentation as to why interpreters have chosen to work in the healthcare field and that is intended to inspire and to entice interpreters into this field.

Then we move on to exploring healthcare resources. In that section it is -- what's available to learners is an ability to assess situations and context for ethical situations as well as other questions related to interpreting.

And fourth is the teacher resources section, which is
not so much designed for students, but for teachers who are interested in presenting information on healthcare interpreting.

There are articles, books, and other materials to explore and learn more from available in that section. So now that I've touched on each one, we will explore them at some greater depth. I do have notes here and I realize that I have not looked at all at my notes, so I am hoping that I have covered what I was intending to cover, next slide, please.

>> Malcolm: I will begin with why healthcare interpreting. This section of the module has two parts. The first is an English essay focusing on why the field is important. And the reasons behind the statement of need by the deaf community that the expansion of healthcare interpreters is important.

We also have anecdotal evidence from the deaf community that there's a struggle to find qualified interpreters in this field and so we explore that within the English essay.

We talk about the attitudes and skills that are required to be a successful healthcare interpreter. We have information from the CATIE Center, which is in
Minnesota, yay Minnesota! [Laughter]. Yay Minnesota, yes.

It was the CATIE Center that conducted quite a large study of healthcare interpreting as a field and the interpreters that work in the field and made a study of what skills were required and experience. And they developed -- they developed an 8-page document categorized into domains which were called -- included skills called competencies. And that's the basis of our English essay in this section of the module. It's not the full eight pages. But it may be that you will find your students are motivated to find out more information and look to the wider study. So that's the first part of this piece of the module. The second piece is something that we're very excited about. It is excerpts of four interviews with experienced ASL interpreters who work in the healthcare setting. All four of them explain their experiences in ASL. They work in different states, including Vermont, Florida, Maryland, and Minnesota. And so they each explained their experiences about how they became interested in the field, what they enjoy about it, what challenges they found along the way and they offered some advice towards people who are considering the field.
Students may peruse these videos on their own at home or as a part of your natural course work and watch it as a group.

Discussions can ensue that will be very helpful and perhaps even papers could be assigned as reflections about the experience of watching the videos.

We can ask students what they have learned, what new experiences and thoughts they've had, what concepts were new to them. Whether their opinions about healthcare interpreting have changed as a result of seeing these videos, and maybe even, if you could ask any of these interpreters any question, what might you ask them?

And in this way, generate new thoughts and creativity around the concept.

Okay.

Next slide, please.

>> Bowen-Bailey: Before we discuss this slide, I just wanted to point out that the videos contained within the module and the videos on Moodle are contained both within the module or shown as a link. There is a URL link as well.

So that if -- for example, if you were working in a college or whatever environment where you teach, if
there's a different learning system, you wanted to be able to take those addresses out and use them in a different environment, that's possible. It's easy to cut and paste those addresses and so you don't need to view the videos in their original source.

One of our activities focuses on ethics. So we started thinking about how interpreters behave in healthcare settings. At this stage, we like to compare the CPC, that is the codes of professional conduct from the NCIHC, and the NAD and RID.

The NCIHC is the National Council of Interpreting in Healthcare settings.

So some of this information comes from organizations that focus on spoken language interpreters but we thought it was useful to our study as well. So we begin the module by comparing these three ethical systems and thinking about how these systems affect the choices of healthcare interpreters, within those settings.

We know that doctors have a code of conduct that affects their behavior and so this is an opportunity for us to look and compare these items and how those codes of conduct interact within the healthcare situation.

Around then students might be assigned papers to
consider other ethical codes and how they compare with our own.

Or how we might use these ethical codes to address various situations that might come up within a healthcare setting.

These are just various ideas for use in the classroom. Next slide.

The next activity contained in the module is role plays. We know that many of us as educators use role plays within interpreter education, and they are very valuable resource. It's a great opportunity for people to get an example of what it might feel like to be in a situation, for themselves and being in a safe environment at the same time.

So our first example is acid reflux.

>> Terrible disease. [Laughter]
>> Doug actually may be experiencing it at this point.
>> Painful.
>> Right and our second role play is with regard to asthma.

So students are able to work in groups. Generally with groups of four students or above.

And they choose roles to enact during the role play.
One student will be the doctor, one student will be deaf patient, one could be the interpreter. And a fourth or fifth student can just sit and observe the situation and take notes as to what they see within the interaction.

When the role play is finished, maybe after about 10 or 15 minutes and students have had a chance to take natural turns -- actually, another point is that they are not spontaneously creating dialogues, we have within our module also suggested dialogue that they can follow, so a patient has specific lines, on a specific card, and maybe the goal of the patient for that interaction is different than the stated goal of the doctor for that interaction. And so students can read these prior to acting in the role play and see how the situation unfolds.

Prior to the assignment, they may be able to go on Google or some other computer search engine and find out more about the condition that they have. So the interpreters can do prep work as well.

Possible discussion topics include spoken English choices, and as well as sign language choices for expressing the same ideas.

If it's possible to invite deaf people to take part in the role plays, they could be cast as the deaf patients
and be a native signing example for the students.

If there are training programs for healthcare settings within the university where you teach, that can be a fantastic opportunity to take advantage of those settings and invite non-deaf individuals from outside of the program to come and participate as well to play the role of a doctor, for example, or a lab tech. If a student is playing the doctor, we might see examples of eye contact being enacted by people who are playing the doctor and not looking at the deaf person and then speaking English to them in a way that the interpreter and the deaf person might not be used to.

So it's a really wonderful learning tool for healthcare interpreters to see what situations may actually feel like in real life.

Next slide, please.

>> Bowen-Bailey: This is something that Trudy mentioned in her introduction for me. This is a sample of body language cardio. Which was created through the CATIE Center at Saint Catherine university. And we have downloaded some samples that we use throughout the module. We're not using all of it because it would be quite overwhelming. What we like is to give people a taste of
the information and what we'll show you is something that you can use to expand in your own program.

You can contact the CATIE Center for more information.

So this is a sample from a workshop that was held about the cardiovascular system. And it really focusing on learning the ins and outs of that system, how the cardiovascular system works and how problems and diseases may come up. It's explained in ASL and there are three steps.

The first step is learning about what happens in the system when it's working naturally. It talks about blood and blood pressure. Students who are involved in the program can think about blood pressure and how it works, whether blood pressure is high or low, they can read and see pictures, visuals about how that process works in the body.

And then finally, they will record themselves discussing that process in ASL. Once they understand it and can express it themselves, we move on to the second part. Which is ASL resources, such as videos, movies, blogs, to see how other people, both deaf and non-deaf are using those signs to explain that process.

We have an example by someone named Nigel Howard who
made a video of himself explaining the whole concepts of how the process works and various problems that might come up. So students can watch Nigel and see his beautiful ASL, which I have to say we all find very inspiring and I will think when I grow up, I want to sign just like him, so it will be a good experience for them. They will be very inspiring and also teach them at the same time.

I only offer one example of that -- excuse me, we don't just offer one example because we don't want students to come away with thinking there's just one right way to sign these things.

So there's a video of myself as well, signing these same concepts. And we also have deafMD.org, which contains a multitude of information from the CDC, the Centers for Disease Control. Which explains a lot of this information as well and deafMD.org took that information from English and translated it into ASL, so that's another piece of an example that we have.

So students can try themselves, see how well they do and then go back to these resources over and over again to try to improve their own explanations in ASL. Maybe they want to copy what they see and learn how to improve their own language skill.
The third piece is again to ask the students to record themselves. And that gives them an opportunity to have incorporated into their own language what they have tried in the first place and learned from others by example.

The Moodle course, if you use that program, you can put the link and you would be able to open it and come back to it at any time. So students are able to post the videos that they make of their own work. And you can go back to your own discussion place within the course software.

Whatever software you're using. That's how we've set it up.

But it will be clear when you read about that how that process works.

So this just gives the students a taste of the experience and again if you or they are interested in more, you can feel free to contact the CATIE Center for more of that information and discuss with them.

I think that was everything that I wanted to say about that slide. So next slide, please.

This is a part of the same series, talking about body language and discourse that may happen within a healthcare interpreting setting.

So the concept of healthcare discourse generally is the
subject of one module. How individual participants in a healthcare interaction would converse with one another. What the doctor's view of one situation or interaction might be compared to the patient's own view and how the interpreter can be involved to facilitate that interaction.

This is a real opportunity for students or mentees to get a real sense of what it would be like in an actual interpreted medical situation, without putting anyone at risk.

When no one will die if there's an error in the interpreting, this is the safe space.

So this is a really great opportunity for students generally to focus on the history and physical interview, the HPI, that begins most medical interactions.

When the doctor first meets a patient, there are very standard questions or interview that happen at the beginning of each appointment. And so interpreters will have a chance to practice how to gauge these and match them. This is a data collection process that doctors go through and so it's important that the world view of the doctors is understood by the interpreters and the students. It can help us understand a wider -- the wider
vision of the appointment to do a better job.

So we have some mock HPI and we see some appointments. Appointments with doctors and with patients and these are interactions with real doctors and deaf patients. And we've just gone ahead and asked them to see what happens within these role plays with live interpreters and when that was completed, we had a conversation with everyone and the people who participated said "Wow, that really felt real, that felt very authentic as an experience."

So depending on the level of your students, maybe they're just observing what's happening, but more advanced students, more skilled students, can try to interpret these as well. And get real benefit from viewing these authentic interactions.

So the same as what we discussed with the body language. There are three steps to this as well. The first step may be students observing, just watching. They may think about the resources to support their learning. And when they see the picture of a woman sitting, for example, that woman's name is Rachel Saint John. She is an MD. She's a doctor. Plus she's a certified interpreter. So she has knowledge about both how doctors view interpreted interactions and medical appointments and
the interpreter's own perspective on these appointments. So she understands the HPI from multiple angles, that history and physical interview. And she goes through these step-by-step, giving us much needed schema about each from both perspectives. Explaining why doctors would ask that question and so we have an outline of that in English, which she explains in ASL, so students are again able to use her as an example, as a sample text. And it's ideal to have this information coming from someone with such rich knowledge from both perspectives.

Another piece is a picture with the man, and that man's name is Dr. Chris Mooreland, he is also an MD. He is a deaf man. And he's from San Antonio, Texas. He works in a teaching hospital there, supervising residents.

Residents, yes. Excuse me. For my missing of residents. It was a bad sign choice.

So Dr. Mooreland, was given some real appointments. We sent along some transcripts, and we asked Chris to read them over and look at all of the questions that were asked throughout the course of the interaction. And we asked him how he would translate those questions into ASL, how he would ask patients in ASL those -- for that same information.
And we asked him to think about how he would sign that particular question or how he would ask for that information. So students can start by signing the question and then review Chris' own interpretation and incorporate some of his sign choices as well.

So we also have a piece without a photograph there, which is a story from the patient's own perspective about working with interpreters in healthcare settings.

And we see more of a diverse perspective in this item. Because we hear about what patients want and of course what patients want is not standard across the board. So it's an opportunity for students to think about the rich diversity of experience that exists within the deaf community and what their goals might be for healthcare appointments.

I think just about what I wanted to mention for the interpreting healthcare discourse piece. Why don't we move on to the next slide.

Is Trudy still awake? Let's check in. Are you still with us, Trudy?

We have gone on and on here. We want to make sure that nobody out there has fallen asleep in the meantime. So if you have personally and currently interpreted in
healthcare settings, please raise your hand.

>> And the poll says?
Numbers are changing by the second.

>> Bowen-Bailey: So the 88th voter is going to win a new car, we just decided this, FYI. Yeah. NCIEC has just a million cars to give away. I'm sorry, Doug, this is going to come out of your budget.

>> Oh, sorry, a new bike. A new bike.

>> Okay. 48% of our participants raised their hands. In response to that question.

>> Next slide. Next slide, please.

>> Malcolm: Some of you have not yet interpreted in healthcare settings. You may recall that Doug mentioned that you could still benefit from the module and use it with your students. Even if you haven't interpreted in healthcare settings. It's a wonderful resource. We'll talk a little bit about the resources within. Next slide, please.

I suspect you all know about StreetLeverage, right? It is a wonderful resource. We have a post from the StreetLeverage site from Richard Laurion who talks about improving healthcare interpreting. Specializing for sign language interpreters and that is a very thoughtful item
that you could read and review.

Maybe some of you, after reading it, will feel that your students could benefit from reviewing that information as well. And select that as a resource for the course. We also have a blog post that was written by Katherine Allen. And Katherine is a spoken language interpreter. She talks about her view on using technology in this setting. And her experience is that most people when offered the option of the VRI or live interpreters, should be given both options, but what's interesting is that she doesn't call it VRI interpreting because in the spoken language world it's VMI, video medical interpreting.

But that's certainly a good read to get a take from a spoken language interpreter working in the healthcare setting.

Doug also mentioned the National Council on Interpreting in Healthcare, the NCIHC, they have standards of practice and a code of ethics. It's an excellent document. It's very well done, it's thoroughly written, something to review. And then there is a website, www.healthcare.org -- I'm sorry, healthcareinterpreting.org which is a rich resource. Deaf
people talk on that site about where they go to the doctor, what kinds of health issues they are encountering. There are also some videotaped interactions that can be used for interpreting classes. I believe there are three or four, but -- that's available on that site.

There's some discussion about the experience of going through a pregnancy, childbirth using interpreters, as well as other situations. So it's a wonderful resource. Next slide, please.

Here are more resources. One article that was written by Robyn Dean for the RID. She talks about training medically qualified interpreters using the domain control schema. This is something that we've already mentioned, but just to repeat, there's also a set of domains and competencies for healthcare interpreters, this is a full eight-page document that can be read [indiscernible] in your programs. We also have some book information that Doug mentioned, in our hands is certainly one of them, educating healthcare interpreters which is published by Gallaudet University Press. This has a wealth of information. There's one chapter on vicarious trauma when interpreting. This may be very beneficial for students to read and consider as they -- [indiscernible] for the world
of healthcare interpreting.

Next slide, please.

There's another book that was written by Ineke Creze, who is from New Zealand.

Ineke is a spoken language interpreter and she specializes in healthcare settings. She wrote an excellent book on the topic. Doug has written a review on this book that talks about the information contained within -- in Doug's opinion it's a good idea to buy this book. There is also information in English as well as in sign language. It doesn't contain exactly the same information, but they do parallel one another.

There's also a report on health issues for the deaf community written by the world federation of the deaf. They publish this report and certainly it's another excellent resource to read and get a sense for deaf people's perspective on healthcare interpreting. Next slide, please.

So it is your time now to pose any questions you may have. Remember to use the chat feature on your side panel and Trudy will sign the questions for us. And then Doug or I will respond.

>> Schafer: We will try to answer your questions, of
course.

>> See if you can handle it. I do want to remind the interpreters to please speak loudly.

So that they can be heard.

The first question, is an easy one to answer, I think. Is this module free?

>> Yes, it is.

It's a special deal today, just for you, the viewers of this webinar!

>> All of the viewers, not just the one who asked the question.

>> Schafer: This is your tax money at work. All of your tax dollars being applied for your benefit here. This is Trudy, I have a question actually. For students who are still involved in their IEP who may be newer to the field and not out and working, or students who are more experienced and actually working interpreters, would they all been from this module? Or is it intended for a specific group of students?

>> Malcolm: I can answer that.

I do feel that these modules are suitable for many levels of interpreters, from the preservice to the more experienced. Those interpreters who have not yet even
started interpreting could still benefit a great deal from viewing the videos, from discussing and analyzing the code of professional conduct, it may be that interpreters are not even ready to engage in role plays around healthcare interpreting, but they could certainly benefit from watching more experienced students or interpreters participating in those types of role plays, Doug, do you have something to add?

>> Bowen-Bailey: I just want to restate that we do have the menu future available, specifically to engage audiences of different levels. So you can not only look for the level that's most suitable for you, but also the content that most interests you.

So I do agree that our modules are suitable for many different audiences. Yes.

>> Schafer: Brenda Nicodemus has entered a question. She's asking whether that module is a good fit for associate's programs, bachelor's programs and others. And I think your answer that you just stated, Doug, clarifies that these modules are appropriate for students of any level.

We have a question from Darcy Tucker. Will the module be added to by future workshops?
>> Bowen-Bailey: I can take that question. The CATIE Center has several resources under development. There's a healthcare fellowship program that's been established in order to -- in order to provide people with practice interpreting before they have been able to start working with doctors or at hospitals or in the healthcare field. So this is a mentorship program for those who are interested and it's a newly established resource for interpreters.

The body language work that I have done, we will be adding workshops over time. We're trying to complete the diabetes module right now. And its entitled sugar in our vein and I'll have more information in that about working in the field of diabetes. Which is a healthcare concern across the nation. So I'll be adding more workshops in the body language resource as well.

>> Schafer: We have a question from -- Christian Homborg.

>> Do you think there should be special training requirements for healthcare interpreters and do you foresee that happening?

>> I can answer that.

>> Either one, please.
Bowen-Bailey: At this point, RID is considering developing a certification for medical interpreting.

And I know that the CATIE Center has been coming up with ideas that relate to that certification as to required meetings and content that would be important to know. So I would say that it is coming down the road. I can't say exactly how far down the road it will be. But we will probably have something that parallels the SCL, the legal certification. Something like an SCM. A medical certification specifically. But it is in discussion right now. I don't know how long it will take to enact.

Malcolm: To add to that, the CATIE Center has been doing a lot of work, including these modules, it is possible at some point down the road we will be able to establish a program for healthcare interpreting. As Richard said in his street leverage article, that in the future, it will be important to have specialized knowledge in healthcare in order to do a very good job of interpreting in that field.

Schafer: I believe we're running out of time. We have many, many questions in our chat box, but I think we only have time for one more. We apologize for that.
There are so many and they're coming up so quickly.

Our final question will be from Tiffany Green. Does this module include information -- oh, excuse me. Was this module developed with deaf interpreters in mind or developed with deaf interpreters at its foundation?

>> Bowen-Bailey: In terms of the focus, it really is on programs. So it could be utilized in a deaf interpreter training program. Every video that has spoken content also has captions. So those would be maybe less useful for deaf interpreters, but certainly they could pause -- the spoken information would be less useful for the deaf interpreters, but they could pause it and read the text and interpret what is happening in the video because they have access to the captions.

But certainly we could give some thought to how to ensure the deaf interpreters have full access to such a training.

>> Schafer: I would also like to mention that there is content within body language as well. That includes Nigel Howard. And his work and other resources from deaf interpreters contained within the module already. So the answer is, yes, some of that content has been created by deaf people.
When you sign into the module, it is interpretereducation.org/online. And we will send you that information after the webinar has completed. But what you'll notice when you sign in is there's a list of several modules. Healthcare interpreting is one and there are several others as well. We do also include one that is specifically about deaf interpreting and hearing interpreting working as teams. And that is a wonderful resource. We have another module with regard to Deaf-Blind interpreting, and another regarding working in VR settings, vocational rehabilitation settings. So when you enter the Moodle, you will see access to all of these modules.

And we encourage you to check those out.

Next slide, please.

We would like to go ahead and say thank you to our presenters, Doug Bowen-Bailey and Karen Malcolm. We really enjoyed the presentations, we thank you so much for your time, your energy, your experience, your wisdom and your humor, of course, so our gratitude to you.

If there are more questions with regard to content, you can feel free to contact Doug and Karen at the addresses you see on your screen. If you have questions about the
NCIEC or the modules specifically, please feel free to be in touch with me at my address also shown below.

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We would like to offer our thank yous today to our interpreters, Jean Reese and Rachel Juttleson and as well as our captioner, Terry McGinty.

Also, if there are any questions with regard to CEUs, please contact Bonnie Kaplan, at the email address you see on your screen. She can help with any questions regarding those credits.

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This webinar was hosted and funded through grants from the U.S. Department of Education, Rehabilitation Services Administration, RSA, with that we wanted to say a final thank you to everyone for your participation and hope you enjoy your week. Thank you so much, good night.

>> Goodbye.
>> Thank you.

[End of webinar.]