

# Caduceus



Publication of the Medical Division of the American Translators Association



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LETTER FROM OUR  
ADMINISTRATOR**Dear Medical Division Members,**

I hope you had some time to relax this summer or will take some time off. Taking time off is so important to recharge our batteries for the remainder of the year.

The Medical Division has had many activities so far! In April, we had our second MED Talk of 2024 on Interpreting for Palliative Care by Daniela Obregón, the assistant administrator of ATA's Interpreters Division. In July, we had our third MED Talk on Communicating Effectively Across Borders in Clinical Trials by Afaf Steiert and Matthias Steiert. Additionally, we had three additional networking events this year: two online networking events in June and August, and one in-person networking event in May, hosted by our assistant administrator, Sara Greenlee, which coincided with the CHIA Conference in San José, California. And we might have one more online event this year. Stay tuned!

We are working hard to bring you the best training and networking opportunities. Hopefully, you checked out the ATA webinar on August 20, 2024, Business Practice Dos and Don'ts for Freelance Medical Interpreters & Translators by Diana Sanchez-Vega.

As you may know, ATA's Annual Conference will be held in Portland, Oregon, from October 30 to November 2, 2024, and we traditionally host our annual dinner during the conference. This year, the Medical Division's annual dinner will take place on Friday, November 1st, at Mama Mia Trattoria, just a 6-minute drive from the conference hotel. We will enjoy dinner in a private dining room, where we can mingle and network. Registration is now open! You can find all the details and register here: <https://ata-md.org/ata65-division-dinner/>. We would love to see you there!

Regarding educational sessions during ATA65, there will be plenty of excellent medical-related sessions, including our Professional Forum, titled "Scripting Slam for Medical Encounters," scheduled for Saturday, November 2nd. We invite healthcare interpreters to join us and share their experiences and ideas in a guided collaborative session. This year, we do not have a Distinguished Speaker since we had one last year, and from now on, divisions may have a Distinguished Speaker every other year.

Finally, we suggest you follow us on social media (LinkedIn, Instagram, Facebook, and X) and subscribe to our group email. We share all our news there first!

I hope you enjoy our fall issue prepared by our wonderful editorial team.

Sincerely,

*~María Paula Plazas*



# Greetings and much gratitude for your interest in this issue of *Caduceus*.

Our featured article is by Danielle Maxon who has written for Caduceus in the past. I encourage you to read her past articles, such as in the Fall 2017 issue on the topic of data security. It can be found in the Caduceus Archive and would be a great complement to the nice primer she has prepared for us in this issue on secure file transfer and HIPAA. It is a great how-to on encryption—an easy and preferred way you can secure PHI (protected health information). You will also learn some basics about data at rest and data in motion, also known as data in transit.

Medical Division member and German Language Division Administrator Karen Leube provides us with an interview with Danjela Bruckner about an innovative simulation-based project that trains healthcare professionals and interpreters to work together at Leipzig University in Germany.

Andreea Boscor provides a report with her insights about the NAJIT conference that was held May 17-19 in Providence, Rhode Island.

Remember that we would love to receive your conference reports and other article submissions for Caduceus. Conference reports are a terrific way to share your experience and can be an immense help to colleagues in deciding if an event might be a worthwhile investment. Caduceus newsletter submission guidelines can be found on the Medical Division website.

Best wishes for your professional and personal endeavors as we enter the last few months of the year, and happy and safe travels to those attending ATA65.

~ *Silvia Villacampa*

## Caduceus Team

**Silvia Villacampa | Luz Miranda Valencia |  
Gabriela Penrod | Andreea Boscor**





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## SECURE FILE TRANSFER FOR HIPAA COMPLIANCE AND PEACE OF MIND

DANIELLE MAXSON, C.T.



Danielle Maxson has been translating since 2009 and specializes in medical translation with a focus on patient records. She is an ATA-certified Portuguese to English and Spanish to English translator and the chair of ATA's Business Practices Education Committee. Before focusing on translation, she worked as a Spanish teacher and a medical interpreter. For more information, visit <https://dmaxsontranslates.com>.

*Disclaimer: The author is not a cybersecurity professional or an attorney. The content of this article is intended for educational purposes only and should not be construed as legal or cybersecurity advice.*

Imagine this scenario: Your newest translation client is a hospital serving patients who travel from around the world for medical treatment. The first project they send you is a set of medical records for a patient needing transplant surgery. The files arrive as an email attachment, and when you open them, no patient information is redacted. Does this situation raise any red flags for you? It should.

As medical translators, we may have access to confidential information about patients, including personal information like dates of birth, medical history, medications they take regularly, and more. As a matter of course, we should protect the patient's confidentiality by making sure no one gains unauthorized access to those records while they remain in our possession. If we receive the records from a health care provider, insurance company, or a translation agency they hire, we are also bound by federal law to protect the patient's personal health information (PHI).

The federal law in question is the Health Insurance Portability and Accountability Act (HIPAA). If the mere mention of HIPAA makes you groan, I understand – I groan about it too. HIPAA and its follow-up legislation, namely the Health Information Technology for Economic and Clinical Health Act (HITECH) and the HIPAA Omnibus Rule, established a framework that all Covered Entities (health care providers, health insurance companies, and health care clearinghouses) must comply with in order to prove they are striving to protect PHI from unauthorized access. These laws also state that any organization a covered entity hires to help them store, process, transmit, or handle PHI is called a Business Associate and is bound by the same rules.

So, if we're translating patient records for an insurance company or our local hospital, we need to understand our role in a HIPAA-compliant framework and how to fill it. Listing and explaining all our HIPAA-related responsibilities is well beyond the scope of a newsletter article, so I'm going to focus on just one piece of the HIPAA puzzle: encryption. This is the easiest way, and the preferred way, of making sure electronic PHI (e-PHI) doesn't get read by the wrong eyes.

What is encryption, and why bother with it?

Forgive my quick, non-techy definition, but encryption is basically an IT method of obscuring data in a file so it can only be read by people who have the key to unscramble it. If someone gets hold of your unencrypted laptop or smartphone and cracks your passcode, they'll be able to read everything you've stored there. If you've encrypted the device, or even individual files on the device, the thief won't be able to crack the encryption and read the protected information. That's why encryption is the preferred data protection method under HIPAA: a passcode can often be cracked or bypassed, but encryption is much stronger and provides better protection.

HIPAA requires that we protect patient data both at rest (on our machines) and in motion (when it gets sent anywhere outside our own systems). Several years ago, I wrote about [encrypting e-PHI at rest](#). We also need to think about encrypting file transfers between ourselves and our clients. That's why the email delivery I mentioned earlier should bother you. The files were delivered to you unencrypted and unprotected. If someone else intercepted the email message meant for you, they would have access to patient health information they're not supposed to have.

Encrypting e-PHI in motion can be tricky because the options are not so clear-cut, and encrypting emails and file transfers is not as commonly discussed as keeping computer resources safe in an office environment. However, "tricky" doesn't mean "impossible." We actually have a few types of resources available to us. By learning to use some of these methods, we can protect e-PHI, improve the security of other types of confidential information, and offer a better service to our clients.

So how do we send files securely under HIPAA?

If the records you are translating fall under HIPAA, and you've been hired by a covered entity or Business Associate that's farther up the vendor chain than you are, then the hiring entity should have secure file transfer methods set up and the required paperwork in place. Make sure you follow the client's instructions on file transfer and encryption to the letter. This sounds like a silly piece of advice, but I have been told at least one story of a translator who ignored instructions for delivering files securely and never received another project from the client. I seriously doubt that is an isolated incident because the penalties for failing to comply with HIPAA requirements involve backbreaking fines. Don't bother reinventing the wheel; make sure you understand the client's system and use it without fail.

What if a private client sends me their medical records directly?

The important thing to remember here is that HIPAA governs what *covered entities and their business associates* are allowed to do with PHI. It does not cover a [wide variety of other situations](#) where

health information is accessed or disclosed. So, if you receive the records for a cancer patient seeking treatment in the US and you get those records from a health care provider, health insurance company, or an LSP hired by a covered entity, you're classified as a Business Associate and bound to comply with HIPAA regulations. If the patient contacts you directly and asks you to translate their biopsy reports so they can get cancer treatment in the US, HIPAA does not apply.

That does not mean, however, that you can or should do whatever you want with your client's medical information. You are still bound by ethical obligations, including the [ATA Code of Ethics and Professional Responsibility](#). That code lists seven points we use to guide our professional practices. Point 5 states that we will "hold in confidence, not divulge, and protect privileged and/or confidential information obtained in the course of our work." I choose to follow this requirement by applying the same protections to all personal health information, whether it is protected under HIPAA or not. If the exchange doesn't fall under HIPAA protections, there's some paperwork I don't have to do, but I still want to make sure no one but the patient reads their health records.

I encourage you also to encrypt the transfer of e-PHI, whether HIPAA applies or not. It makes your daily procedures easier because you don't need to implement separate protocols for different types of health information, and it offers all your clients the same level of protection, whether the law requires it or not.

If a client doesn't have an encryption method set up, what are my options for encrypting files?

Here are some encryption methods you may find useful for transferring files to clients. This is not an exhaustive list; you may find another solution that works for you. And please remember I am not a cybersecurity professional, and these ideas are for educational purposes only. Before you use any of them, check carefully to make sure you understand how the method works and that you aren't breaking any rules by using it.

- Single-file or multiple-file encryption: If you're making a single delivery of one or a few files that contain PHI, consider sending them in an encrypted zip file. Just using the zip function in Windows File Explorer won't protect anything, but programs like WinZip (paid) and 7-Zip (free) allow you to create an encrypted zip file that can only be decrypted if the recipient has the password and the same program. These programs are easy to find and should be fairly easy to install.
- Encrypted email: You can pay for an email service that allows you to encrypt email messages and attachments to and from a given client. This method involves some expense on your part, but it provides peace of mind for you and the clients. Make sure the service offers end-to-end encryption.
- Web-based file transfer services: Online services like Hightail and WeTransfer allow you to upload a file to their servers and send your client a link to download the file. The service encrypts the traffic along the entire route. This option has a couple of advantages: you don't

have to handle the encryption process yourself, and the client can easily download the file by clicking a link in their email.

- Encrypted FTP upload: Those who are more tech-savvy can use a secure File Transfer Protocol (FTP) method to upload files directly to a client's server. This option may not be great if you're working directly with a patient, but a covered entity may use this if you translate files for multiple patients. Your client will give you an account on their server, and you just need to download and upload the files through your account.
- Online file storage services: At the time this article was written, Dropbox and OneDrive both encrypt files at rest, meaning files are encrypted while stored on their servers. OneDrive also encrypts files in transit, so the data should be protected at all times. If you're working with patients and HIPAA doesn't apply, you may choose to transfer files by sending a link to a Dropbox or OneDrive location.
- WhatsApp: WhatsApp uses end-to-end encryption on all messages. It's also widely used, and many people are familiar with its features, unlike some of the other options here. So, if you're working with private clients and not covered entities, this solution may be the easiest for the client to use.



<https://unsplash.com/photos/digital-code-number-abstract-background-represent-coding-technology-and-programming-languages-KDMsC1xglWw>



Here are a few other things to remember about encryption:

- When a file is encrypted, the recipient will generally need a password or some type of key to unencrypt the file. Do not ever send the key with the encrypted file! That's like locking your home and leaving the key in the front door. To get the key to the proper recipient, send it separately from the file, and choose a different delivery method than the one you use to send the file. A text message, WhatsApp, or an old-fashioned phone call are all possible methods to give your client the decryption key without compromising the security of the file.
- Be excruciatingly careful about using regular email to send e-PHI. To put it bluntly, don't. Regular email messages are not encrypted and can be easily read by someone with the right know-how. Even if you have a habit of sending encrypted files, don't slip up and include e-PHI in a term query to a client.
- If you're working with HIPAA-protected records, make sure you have your paperwork in order. Before handling e-PHI, all HIPAA Business Associates are required to sign a [Business Associate Agreement](#) (BAA) with the client who hires them to handle the information. Clients who send you e-PHI that's covered under HIPAA should have sent you a BAA to sign. If you use a third-party solution like an encrypted email service, ask the company if they'll sign a BAA for you.

When you are working with electronic patient health information, it pays to be overly careful. Learning how to encrypt files when you send and receive them will help you protect your clients' health information and comply with HIPAA when applicable. You'll also have the tools to protect your own information when you need to send your personal files anywhere. Finally, being able to send files securely makes you look good to potential new clients. I encourage you to start exploring encryption and make it part of your daily workflow.

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**INTERVIEW WITH DANJELA  
BRÜCKNER – INNOVATIVE  
SIMULATION-BASED  
TRAINING FOR HEALTHCARE  
INTERPRETERS IN  
GERMANY’S MATERNITY  
CARE**



Karen Leube, German Language Division (GLD) Administrator and Medical Division member



Danjela Brückner is a research associate at the Institute of Applied Linguistics and Translation Studies (IALT) at the University of Leipzig and a freelance interpreter and translator for German, English, and Spanish.

► **Interview with Daniela Brückner**

ATA’s 9th Annual GLD Members in Europe Workshop took place at Leipzig University this past February. The workshop featured peer-led sessions and spotlighted research projects conducted at the University’s Institute of Applied Linguistics and Translation Studies (IALT). German Language Division (GLD) Administrator and Medical Division member Karen Leube was particularly interested in Leipzig University faculty member Danjela Brückner’s fascinating presentation on training hospital interpreters. Karen had the opportunity to ask Danjela questions about the “TeamTra” project, which involves simulation of interpreting scenarios in the obstetrics ward of a Leipzig hospital.

*Danjela Brückner, thank you so much for taking the time to talk with ATA’s Medical Division about the “TeamTra” project. Can you tell us how the project came to be and what it involves?*

My pleasure! The project “TeamTra,” or “Teaming in Translation – Healthcare Professions and Interpreting,” was conceived as an interdisciplinary teaching initiative at Leipzig University. The primary aim was to address the growing need for effective communication in medical settings, particularly in obstetric care, where language barriers can significantly impact patient outcomes.

The project involves medical students, midwifery students, and interpreting students working together in simulated medical scenarios. These scenarios, which include admission interviews, informed consent discussions, and postnatal consultations, are designed to enhance practical skills and cultural awareness. The ultimate goal is to improve the quality of care provided to patients with limited or no German language proficiency.

*Can you tell us something about the needs for health interpreting in Leipzig and Germany in general?*

With the rise in migration, Germany has seen a significant increase in the number of residents who do not speak German. This demographic shift has created a pressing need for professional healthcare interpreters, as language barriers can hinder access to healthcare, complicate medical consultations, and lead to misunderstandings and treatment errors. However, in many healthcare settings, there is a tendency to rely on non-professional interpreters, such as family members, friends, or volunteers, due to the lack of available professional services or cost considerations. While these informal arrangements may seem convenient, they present several significant challenges, ranging from accuracy and confidentiality to bias and legal concerns.

*What are the goals of “TeamTra”?*

The “TeamTra” project specifically addresses the challenges I just mentioned by training healthcare professionals and interpreters to work together effectively, aiming to ensure that all patients, regardless of the language(s) they speak, receive the information, and care they require. We broke this overall goal down into a subset of smaller goals:

- Fostering interprofessional collaboration between healthcare professionals and interpreters
- Providing hands-on training that simulates real-world medical scenarios
- Raising awareness about cultural differences and their impact on healthcare
- Underscoring the importance of working with professional interpreters in healthcare settings

*Can you describe a typical simulation?*

Certainly. A typical simulation might involve an admission interview in the delivery room. During this simulation, medical and midwifery students conduct a patient interview while an interpreting student facilitates communication between the patient and the medical team. The patient is an amateur actor specifically trained to play a non-German-speaking pregnant woman with her very own backstory. The scenario is designed to replicate real-life challenges, such as navigating cultural differences, managing patient anxiety, and ensuring accurate information exchange. After the simulation, participants receive feedback, focusing on communication skills, cultural aspects, and the effectiveness of their chosen strategies.

### *What are some of the biggest challenges for the students involved in the project?*

Students commented most on the increased complexity of an interpreted conversation – there’s another person in the room, which gave rise to many questions: Where do we all sit? Or do we stand? Do I establish eye contact with the patient or with the interpreter? Should I pause after every sentence? When does the interpreter speak?

Additionally, students had to navigate cultural differences, such as varying attitudes towards authority, eye contact, and family involvement in medical decisions. Another significant challenge is building empathy and trust with patients who may feel vulnerable or anxious, particularly in sensitive areas like obstetrics; this being even more difficult when you don’t share a language.

### *How is the project financed?*

The “TeamTra” project was funded by the Stiftung Innovation in der Hochschullehre, a foundation that promotes innovation in university teaching. The foundation also made a video about our project, providing a look behind the scenes of the simulations: <https://www.youtube.com/watch?v=TFPBab2-AsM>.

### *Have you noticed any changes in the way the hospital staff deals with language-related issues since the project was initiated?*

As our project was set in the “LernKlinik,” a skills and simulation lab at Leipzig University Medical School, I can’t vouch for the effect our project has had on clinical routines. What I can say, however, is that LernKlinik staff and other faculty at the Medical School have become much more aware of the importance of working with professional interpreters and have included this in their teaching. For example, they tell their students – who are, after all, future healthcare professionals – that they should always request professional interpreters at their future workplace and shouldn’t settle for “convenient” arrangements such as asking a patient’s child to interpret.

### *Does any one session stand out? Can you tell us about it?*

I distinctly remember a comment made by one of the midwifery students during a feedback session. She said, “This was beautiful. I’ve seen now that it is possible to create a connection with patients even if we don’t share a language – if we have a professional interpreter on the team. This would be incredibly helpful in the clinics, and I sincerely hope that this will become reality one day.” To me, she hit the nail on the head. Connection and good care ARE possible, with the help of professional interpreters.

### *How do you see the future of health interpreting in Germany?*

I’d like to say that I’m hopeful, but it’s a long battle. Nonetheless, there is growing recognition of the need for professional interpreters in healthcare settings, mainly among physician associations such as the German Medical Association (Deutsche Ärztekammer). As the German population becomes more diverse, the demand for trained interpreters will likely increase, and we may see more

formalized structures and policies supporting their inclusion in medical teams. Initiatives like “TeamTra” play a crucial role in raising awareness.

*Danjela, thank you so much for taking the time to talk to Caduceus!*

Thank you for having me! I am grateful for the opportunity to share our work and look forward to continuing the conversation on how we can improve communication and patient care in our healthcare systems.



Photo Credit: Bodo Tiedemann



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## NAJIT CONFERENCE REPORT

### The 2024 NAJIT Conference in Providence, Rhode Island

Each year, the conference of the National Association of Judiciary Interpreters and Translators is held in alternating regions of the U.S. in order to offer all members opportunities to easily attend without having to travel too far. This year, the conference stop was the charming city of Providence, Rhode Island. As one of the oldest cities in the U.S., Providence is full of historical charm and offers attendees lots to explore outside of conference hours, including scenic waterways and historic architecture. Providence's attractions include the historic East Side, the RISD Museum of Art and Waterplace Park, where I had the opportunity to enjoy an evening stroll, as well as its excellent culinary scene, which is particularly appealing to seafood lovers.



[https://unsplash.com/photos/city-skyline-under-blue-sky-and-white-clouds-during-daytime-t\\_ksiy4ZFa0](https://unsplash.com/photos/city-skyline-under-blue-sky-and-white-clouds-during-daytime-t_ksiy4ZFa0)

Here are some highlights from the conference:

#### Educational Sessions and Workshops

The core of the NAJIT conference consists of its educational sessions. Topics on the agenda this year included advanced interpreting techniques, note-taking, language and culture, mentoring, and elevating the profession, and the topic that is on everyone's mind these days:

technology in language services and the related ethical considerations. Several of the sessions were interactive, including mindful practice exercises and the opportunity to reflect on performance and come up with strategies to improve. Continuing education credits were also approved by ATA, CCHI and several other certifying bodies.

## **Networking**

One of the most valuable aspects of the conference that many attendees look forward to throughout the year is the chance to catch up with old friends in the profession and build new connections. As every year, the conference featured two evening events, the welcome dinner, and the Saturday reception, both of which were hits! The Annual Business Meeting Luncheon for the general membership was also a great opportunity to enjoy a meal with friends and colleagues while hearing about what the organization has accomplished over the past year and exciting initiatives to look forward to. The mid-day coffee breaks between sessions also provided a relaxed environment for attendees to discuss what they learned in the workshops, share experiences, exchange ideas, and build professional relationships.

As part of its scholarship program, NAJIT sponsored conference attendance and provided a stipend for three students enrolled in academically accredited translation and interpreting programs. Each student was paired with a more experienced mentor for the duration of the event who served as a guide and resource, and they also enjoyed a small special welcome dinner in order to get to know members of the leadership in a relaxed environment and to build connections.

## **Keynote Address**

The keynote address was delivered by Corinne McKay, a past president of the ATA and author of *How to Succeed as a Freelance Translator*. Ms. McKay focused on navigating the rapid changes currently affecting us all in the language industry, specifically forging paths towards a lucrative and fulfilling career in the age of AI, MT, and price-based competition. Her insight on how we can all evolve professionally and achieve success, even as the industry changes around us, provided a refreshingly positive perspective.

## **Exhibitor Hall**

The conference exhibitor hall remained available during conference hours for attendees to visit during coffee breaks or at their leisure. Several vendors showcased the latest tools and services for interpreters and translators, and several agencies from both the private sector and government were present at tables with information about what they do and opportunities for collaboration. As part of an ongoing effort to attract volunteers, there were also tables for specific project initiatives, as

well as a committee information table staffed by current volunteers in rotation ready to share their experiences with those interested.

## Going Green

At this year's conference, NAJIT introduced a Green Initiative that the leadership has been working on. As part of this initiative, participants were encouraged to use the mobile application as a guide to session locations and times and an agenda where to add events to stay organized for those of us who really enjoy lists. Other elements included more reusable conference materials, such as cups and tumblers, and informational materials made available via scannable QR codes.

Overall, the NAJIT conference was an excellent opportunity for professional growth and building relationships and I am already looking forward to next year in Indianapolis!



Photo credit: NAJIT



**Caduceus always welcomes members to share their experiences and insights from professional events they have attended so don't hesitate to write to us!**