

Passover 2024

Source: <https://www.myjewishlearning.com/article/passover-2024/>



The first Passover seder is on the evening of Monday, April 22nd, and the second Passover seder takes place on the evening of Tuesday, April 23rd.

Passover 2024 begins at sundown on Monday, April 22nd and ends the evening of Tuesday, April 30th for most Jews in diaspora. Jews in the land of Israel and some Reform Jews in diaspora will end Passover on the evening of Monday, April 29th.

What is Passover?

Passover is a festival of freedom. It commemorates the Israelites' Exodus from Egypt, and their transition from slavery to freedom. The main ritual of Passover is the seder, which occurs on the first two nights (in Israel just the first night) of the holiday — a festive meal that involves the re-telling of the Exodus through stories and songs, and the consumption of ritual foods, including matzah and maror (bitter herbs). The seder's rituals and other readings are outlined in the Haggadah — today, many different versions of this Passover guide are available in print and online, and you can also create your own.

What are some Passover practices?

The central Passover practice is a set of intense dietary changes, mainly the absence of hametz, or foods with leaven. (Ashkenazi Jews also avoid kitniyot, a category of food that includes legumes.) In recent years, many Jews have compensated for the lack of grain by cooking with quinoa, although not all recognize it as kosher for Passover. The ecstatic cycle of psalms called Hallel is recited both at night and day (during the seder and morning prayers). Additionally, Passover commences a 49-day period called the Omer, which recalls the count between offerings brought to the ancient Temple in Jerusalem. This count culminates in the holiday of Shavuot, the anniversary of the receiving of the Torah at Sinai.

What foods do we eat on Passover?

Matzah, or unleavened bread, is the main food of Passover. You can purchase it in numerous stores, or you can make your own. But the holiday has many traditional, popular foods, from haroset (a mixture of fruit, nuts, wine, and cinnamon) to matzah ball soup — and the absence of leavening calls upon a cook to employ all of his/her culinary creativity.



April 2024 Calendar

World Autism Month
Sexual Assault Awareness Month

- 1 – Lupus Alert Day (International)
- 1 – Easter Monday (Christianity)
- 2 – Autism Awareness Day (US)
- 5 – Laylatul Qadr (Islam)
- 5 – National Self Care Day (US)
- 7 – Divine Mercy Sunday (Catholicism)
- 10-12 – Eid al-Fitr (Islam)
- 11 – National Parkinson's Day (International)
- 13 – Vaisakhi / Baisakhi / Vishu (Sikhism)
- 15 – Universal Day of Culture (International)
- 17 – World Voice Day (International)
- April 21-May 2 – Ridvan (Baha'i)
- 22-30 – Passover (Judaism)
- 22 – Earth Day (International)
- 24 – Theravada New Year (Buddhism)

Why Medical Interpreting Should Not Be Left to Family Members

Source: <https://uoflhealth.org/articles/why-medical-interpreting-should-not-be-left-to-family-members/>



Having a family member tag along to your doctor's visit or be with you during an emergency situation brings a sense of comfort for all patients. But for those who are not fluent in English or cannot speak the language, having a family member who is English-proficient may seem to be an added bonus.

However, having family members serve as an interpreter between the patient and health care professionals is risky because it is impossible to know if the message is being interpreted correctly. Having a family member interpret also eliminates the patient's voice and understanding of their own medical diagnosis or treatment. From a legal standpoint, our responsibility for the provision of effective communication in accordance with Joint Commission, CLAS Standards, Title VI of Civil Rights Act of 1964, American Disabilities Act of 1990 and Section 1557 of Affordable Care Act, could result in having a family member interpret medical information to a patient become a liability to our health care system. UofL Health Language Services policy indicates that family members are not to be used for interpretation unless it is an urgent situation until a qualified resource is made available in order to protect our patients, providers, and health care system.

Staff and providers may think it is convenient for a patient's visitor to interpret as they seemingly speak English fluently, but family may lack impartiality and create more complications. Having a trained, qualified medical interpreter is the safest and most effective option for those who need interpretive services.

Other risks to using a patient's relative as an interpreter include lack of neutrality, potentially strained relationships, or miscommunication of care. We will take a deeper look into each of these issues and what team members are risking when they use a visitor as an interpreter for a patient.

Miscommunication of care

It can be easy for instructions or advice from the provider to be misinterpreted back to the patient with a family member as the interpreter. Omissions and inaccuracies are common when using a family member as an interpreter and can be detrimental in the care of the patient which can lead to mistakes and much worse. A medical trained professional has the comprehension of medical and general health care terms and can not only interpret them but can further explain them in layman terms for cohesive understanding.

Lack of neutrality

Due to power dynamics or emotional ties with said loved one, it is best to have an unbiased or impartial interpreter that will be sure to communicate the trained medical advice. A trained interpreter can also communicate the patients' concerns and needs without judgment as they are neutral participants who are solely focused on the best medical care without an emotional bias.

Potentially strained relationships

Some family members, especially children, may not be able to communicate critical personal information. Some communication needs may be too traumatic for family members to fully process at the moment while still bearing the stress of the job as the interpreter. A trained professional can take the weight of stress off of family members, especially if the patient may be critically ill and want to control how the family is informed.

Caring for Patients with Non-English Language Preferences

Source: <https://www.aacn.org/blog/caring-for-patients-with-non-english-language-preferences>

One of the unique characteristics of the United States is its highly diverse population. A long and complex immigration history has woven together many ethnicities, races, and cultures to form a rich tapestry of traditions. Immigrating families have positively and significantly impacted American society in many fields, including medicine, the arts, economics, and politics. With a growing population of people who speak a language other than English at home, nurses and other healthcare professionals must work toward providing better language-inclusive medical care.

Challenges to Access

When patients with non-English language preference (NELP) seek medical care, they meet barriers to equitable and appropriate care that patients who speak English do not experience. NELP patients are often denied precise, transparent, and reliable language access services. Language-incongruent encounters, typically described as encounters between patients and healthcare providers who do not speak the same language, increase the risk of misdiagnosis, adverse medication events, procedural complications and

possibly death. Language access bridges medical-related knowledge gaps and improves patient outcomes; furthermore, it is a regulatory requirement set forth by The Joint Commission, an organization that sets quality standards for effective care. Providers are ethically and legally responsible for delivering equitable, inclusive care to diverse patient groups. Nurses and other clinical providers must be well-informed regarding the lifesaving nature of language access in healthcare despite any personal bias against or perceived inconvenience of using interpreter services.

Barriers Led to Inequity

Various literature illuminates barriers to language access from the provider's perspective, including lack of readily available in-person interpreters, long wait times for telephone interpreters, and poor connectivity during video interpreting sessions. Although these obstacles are real, the needs of patients take priority, and they deserve professional interpreter service. In a 2021 California study, Spanish-speaking parents of pediatric patients reported receiving inaccurate information about medications and other vital matters from nonfluent providers attempting to speak Spanish instead of using a facility-approved and validated interpreter. Inaccurate information can lead to inequitable patient outcomes and inadvertent nonadherence to treatment plans. Patients have the right to understand their medical conditions, treatment options, and the potential risks and benefits associated with interventions. Further, miscommunication can cause providers to collect inaccurate medical histories and give instructions that are then misunderstood. Patients being treated in critical care areas of the hospital are at increased risk for infection, respiratory complications, and adverse medication reactions. These risks urge high vigilance regarding language accessibility.

It's Required

Language access is not only an imperative component of equitable healthcare, but also required. Regulatory organizations such as The Joint Commission emphasize that healthcare workers must provide communication methods that the patient fully understands. The Department of Justice seeks to enforce federal regulations, such as the Americans with Disabilities Act, that require covered entities to provide effective communication to all, including those who speak different languages.

New Supervisor Profile: Berenise Ruiz



Berenise is the newest addition to the MIS Management team taking on the role of the American Sign Language program supervisor. Berenise was born in Denver, Colorado, but moved to California at a young age, and has been living in Sacramento majority of her life. She grew up speaking Spanish at home. Once Berenise began attending school, she learned English very quickly.

Berenise has always been passionate about the medical field and helping others. Her journey into medical interpreting began at American River College, where she enrolled in the Healthcare Interpreting program. After graduation, she started her career as a healthcare interpreter in 2015, working for a private agency. In 2023, she joined UC Davis health as the new ASL program supervisor, a role that perfectly blends her interpreting skills with administrative and management tasks.

In her leisure time, Berenise cherishes spending time with her family. Introducing her "little one" to new experiences brings her great joy. Berenise expresses her enthusiasm for being a part of both the MIS leadership team and UC Davis Health as an organization.

Welcome to MIS, Berenise! We are happy to have you as a part of our team!