

National Braille Literacy Month

Source: <https://www.holidayscalendar.com/event/national-braille-literacy-month/>



January is National Braille Literacy Month and it's a month that celebrates Braille and raises the public's awareness of it. There are many misconceptions about this writing system, the main one being that braille is a separate language.

Braille is not a language, like American Sign Language, but is instead a reading and writing system that was developed for people with visual impairments. There's a braille system for just about every language, although there has been a move towards braille uniformity.

During this month, people are encouraged to learn more about braille or even take the time to learn how to read braille themselves.

The History of National Braille Literacy Month

Unfortunately, we aren't entirely sure when National Braille Literacy Month was created. We just can't seem to find any trace of its origin or creator. However, we do know that January was made this month because this is the month that Louie Braille was born in 1809.

He would create the braille system at the age of 12 after an accident left him blind at 3-years of age. He based it on a French military code that soldiers used to communicate in darkness called "Night Writing."

Facts About Braille

We wanted to take part in the spirit of this month by learning more about braille, so that's exactly what we did. The following factoids are some of the things that we learned about this form of writing. We think they're a good starting point for anyone interested in observing National Braille Literacy Month.

- According to a recent survey, only 20% of blind Americans can read braille.
- The number of blind people who know braille has been declining due to advances in audiobook and voice recognition software.
- The word braille isn't capitalized. It's only capitalized when it's used as a part of Louis Braille's name or at the beginning of a sentence.
- Braille takes up more space than the traditional words, so books written in braille are larger.
- The New American Bible is 45 volumes in braille.
- The "Braille Challenge" hosts more than 1,400 students from all over North America. Winners in each age group win monetary prizes.
- There are braille versions of Spanish, Arabic, Hebrew, and Chinese.

Observing National Braille Literacy Month

Taking the time to learn more about braille is the whole point of this month. People can also spread the word about this week using the hashtag #BrailleLiteracyMonth on social media.



January 2023 Calendar

National Blood Donor Month
Glaucoma Awareness Month

- 1 – New Year's Day (International)
- 3 – International Mind-Body Wellness Day
- 4 – World Braille Day
- 6 – Epiphany (Wester Christianity)
- 7 – Christmas Day (Orthodox Christian)
- 11 – National Human Trafficking Awareness Day (US)
- 14 – New Year (Orthodox Christian)
- 16 – Martin Luther King Jr. Day (US)
- 20 – International Day of Acceptance
- 22 – Lunar New Year (International)
- 23 – Parakram Diwas (India)
- 24 – International Day of Education
- 27 – International Holocaust Remembrance Day

Interpreters in Health Care: A Concise Review for Clinicians

Source: <https://www.sciencedirect.com/science/article/pii/S0002934320300127>

What Are Some Techniques a Provider Can Use to Most Effectively Work with a Health Care Interpreter?

There are a number of things that the provider should consider in order to make the most effective use of an interpreter:

Pre-visit

- Meet with the interpreter prior to the interview for introductions and to establish shared ground rules/behavior.
- Ask the interpreter questions such as, “Have you worked with this patient before? Is there anything that would be helpful for me/you to know before going in?”
- Allow extra time for the interview.

Set-Up/Environment

- Identify all persons in the room and who, if anyone, has some English proficiency.
- In an office setting: Position the interpreter next to or slightly behind the provider.
- In a hospital room or emergency department setting: Interpreter and provider should stand on the same side of the bed to avoid the patient having to swing head back and forth between interpreter and provider.
- Be sure the patient can see your face.
- Be sure you can see the face of the patient.
- Be sure any light source is on your face and not behind your head. This is especially important when interacting with a deaf or hearing-impaired patient.

Speaking Techniques

- Look at and speak directly to the patient in the first person, as if the interpreter was not present.
- Speak clearly at a normal pace in a normal volume. A common error is to speak too loudly.
- Speak in short sentences or short thought groups. Ideally, speak only 1 or 2 sentences at a time prior to allowing the interpreter to translate.
- Ask one question at a time, avoiding the “stacking” of questions (“Do you have any chest pain, shortness of breath, or palpitations?”)
- Use simple, common, everyday words.
- Avoid complex medical terms and acronyms (PE, COPD, ICU). When such terms must be used, be sure there is adequate definition/patient education.
- Avoid slang (“Bug Juice” for antibiotics).
- Avoid idioms (“Fit as a fiddle,” “Alive and kicking,” “Fall ill,” “Draw blood”).
- Consider adopting the patient’s terminology for a symptom/issue, after clarifying to be sure you have a shared understanding (“So you use the ‘purple’ inhaler that we call ‘Albuterol’?”).
- Avoid humor, as it can fail to translate.
- Do not allow the interpreter to answer for the patient.
- Keep control of the conversation by interrupting if necessary. If a lot of conversation occurs between interpreter and patient, ask the interpreter to explain.

Check for Understanding

- Use visual aids (diagrams, pictures and models) as much as possible to enhance communication.
- Provide frequent “wait time,” as pausing can be helpful for both the patient and the interpreter.
- Check often for understanding by asking questions.
- Be careful with explanatory analogies to be certain they are relevant and not idiomatic.
- Use “Tell me what I said” or “Show me what I said” or “How will you explain this to your family?” to check for understanding.
- Re-state what the patient has said in order to reinforce understanding.
- Ask for feedback from the interpreter prior to bringing closure to the interview.
- Summarize the conversation at the end, providing closure to the interview.