



Increasing Access to Healthcare

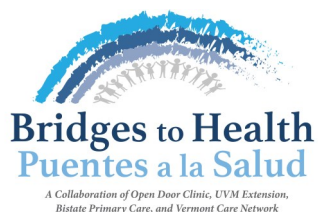
VOLUNTEER ORIENTATION MANUAL



WELCOME!

Our goal at the Open Door Clinic is to help patients access quality medical care with respect and dignity. Our volunteers are our lifeblood. Without your talents and tireless generosity, we would be unable to serve our community.

Mission: The Open Door Clinic provides access to free, quality healthcare services to those who are uninsured or under-insured in a compassionate, respectful and culturally sensitive manner until a permanent healthcare provider can be established.



Content

Our staff _____	3
ODC timeline _____	5
Patient eligibility _____	5
Volunteer eligibility _____	5
Clinic sites & hours _____	6
Clinic preparation _____	6
Non-medical volunteers _____	8
Medical volunteers _____	9
A guide to working with interpreters _____	12
Key points about Latino migrant farm workers in Vermont _____	12
Cultural considerations _____	13
Policies & procedures:	
- Sexual harassment _____	14
- Access to staff, volunteers', students' & visitors' information _____	15
- Confidentiality _____	16

How to contact the Open Door Clinic

Phone: 802-388-0137

Cell phone during clinic hours: 802-779-4828

WhatsApp: +1-802-779-4828

Fax: 802-388-4498

Admin office address: 100 Porter Drive, Middlebury, VT 05753

Clinic address: 110 Porter Drive, Middlebury, VT 05753

www.opendoormidd.org

odc@opendoormidd.org

Facebook: [opendoorclinicvt](https://www.facebook.com/opendoorclinicvt)

Instagram: [opendoormidd](https://www.instagram.com/opendoormidd)

LinkedIn: [open-door-clinic](https://www.linkedin.com/company/open-door-clinic)

Our Staff



Heidi Sulis, MPH, Executive Director. Heidi has been working in health care since 1985. She began her career at the American College of Nurse-Midwives, then worked for the Frontier Nursing Service in southeastern Kentucky. From 1989 to 2011, she managed the department of Community Health Outreach at Porter Hospital. Prior to joining the Open Door Clinic staff, Heidi worked at Bristol Internal Medicine, volunteered at clinics and served on ODC's Board of Directors. She earned her bachelor's degree in Anthropology and English from Wellesley College, and a MA in Public Health from Yale Medical School.

Lisa Beayon, Dental Hygienist: Lisa is a part-time Registered Dental Hygienist with Open Door Clinic. You can find her welcoming and skillfully caring for patients at Middlebury Dental Group on Exchange Street, her primary employer. She resides in Castleton, Vermont with her husband and two sons.



Claire Bradley, Medical Administrative Assistant: Claire began volunteering at Open Door in June 2025 as an interpreter and in November joined the team as a Medical Administrative Assistant. She lived in rural Guatemala for a year teaching data skills at a clinic/public health research site that largely worked with agricultural workers. She loves that she gets to continue connecting with migrant farm workers here in Vermont! She is currently doing a post-bac at UVM with the hopes of going to med school and continuing to support this community.

M. Fernanda Canales, Dental Coordinator: Fernanda was born in Argentina of Chilean parents. Her extended family resides in Chile. She came to the US as a 14-year-old non-English speaker. Over the past 39 years, she became an educator and school administrator in the public schools, with 32 of those years spent in Vermont schools. Fernanda and her husband, Chad, raised two children in Vermont and now are enjoying spending time with two grandchildren. Fernanda enjoys traveling, hiking and cross-country skiing. Upon retiring from education, in August 2022 she joined the Open Door Clinic as our Dental Coordinator. Fernanda enjoys the opportunity to speak Spanish and be of service to others.



Melanie Clark: Certified Vermont Health Connect Application Counselor. Melanie assists individuals and small businesses in understanding their health care options, provides information regarding plans and helps individuals choose the plan that best fits their needs. Previously, Melanie worked with the ODC for 13 years as the Tobacco Prevention Coordinator for the county, focusing on tobacco prevention and control initiatives.

Julia Doucet, RN: Clinical and Program Director. In addition to managing clinic and providing case management for patients, Julia runs health outreach clinics throughout Addison County, especially targeting migrant farm workers. Julia graduated from the University of Vermont with a degree in Environmental Science. She is fluent in Spanish and has lived and worked in Mexico and Central America.



Adam Fasoli, DMD: Volunteer Dental Director. Adam graduated from Middlebury College with a BA in Religion in 2004, and from Tufts School of Dental Medicine in 2010. He always knew that he wanted to have a career in healthcare and cannot imagine being in another profession.



Linn Larson, MD: Volunteer Medical Director. Linn did her medical training at UVM and her residency in Tacoma, Washington, where she started volunteering in an urban free clinic. She has worked and lived in Addison County since 1992. Linn joined the ODC as a volunteer when we were still operating out of a bus, and became our medical director in the summer of 2019. She has enjoyed travel medicine in Mexico, Peru and in an Arizona migrant clinic. In her free time, she enjoys all sorts of sports, singing in choirs and socializing. Linn and husband Ren Barlow have two grown children in graduate school in California.

Michelle Mayo, MS-RN: Clinic Coordinator and Nurse Case Manager. Michelle is from northern Vermont and worked on dairy farms as a young adult. She also spent many years in California and Arizona involved in crop production and produce handling. She has a master's degree in nursing from the University of Arizona, and has experience working in an acute care setting as well as home health. She is very honored to serve a patient population with such fortitude and resilience here at ODC.



Susannah McCandless, PhD: Communications and Volunteer Coordinator. Susannah holds degrees in Geography, Biology, and Latin American Studies. She has accompanied small-holder Costa Rican farmers, and studied who does the work to maintain Vermont's working landscapes. She continues to collaborate with farmworkers, whose grassroots advocacy has changed terms of access, mobility, and self-determination in the state. A Fulbright Scholar and Switzer Fellow, Susannah has taught and worked on land and food sovereignty, community forestry, ethnobiology, health, wellbeing and environmental justice. When not at ODC, she supports Indigenous and community work to strengthen conservation and wellbeing.

Numi Moreno Belaen: Patient Services Coordinator. Numi joined ODC in 2026, after graduating from Middlebury College with a BA in International & Global Studies on the Latin American Studies track, Portuguese and French. A native Spanish speaker, Numi is Costa Rican and Belgian. She grew up in Southern Pacific Costa Rica, in a family of farmers and food enthusiasts. That passion followed her to Middlebury, where she interned at the Knoll organic farm and had a leadership role with Dolci, the college's student-run fine dining restaurant, and spent semesters abroad in Brazil and France. At the ODC, Numi is excited to bring her languages, background in food systems, and commitment to community-based care to support the clinic's work serving the uninsured and migrant worker populations.



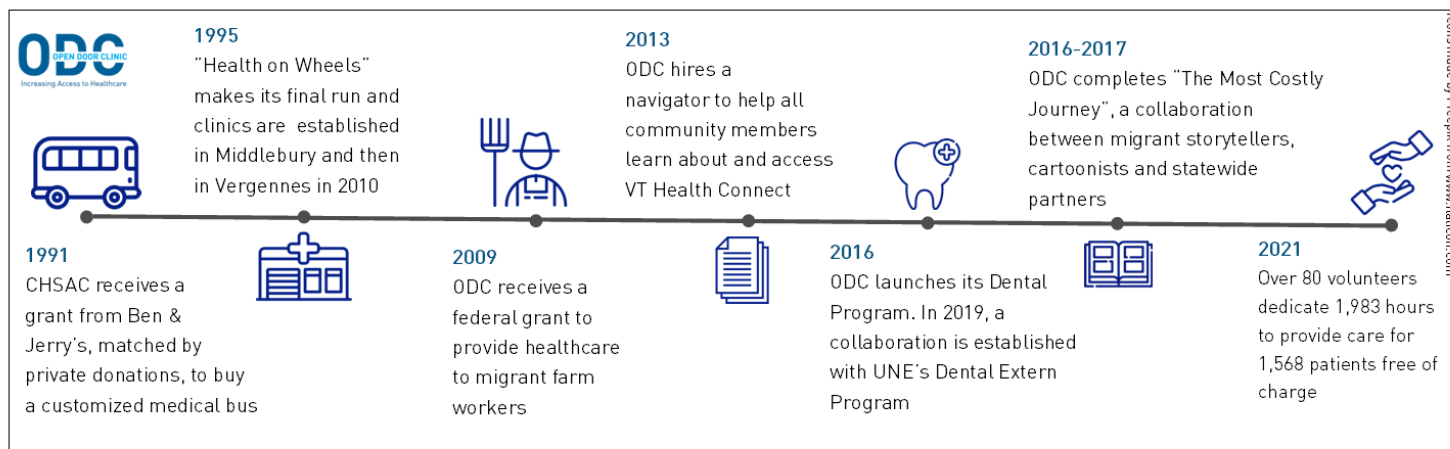
Lillian Prime: Community Health Worker. Lillian first volunteered in the ODC office as an interpreter and served as a summer intern, then worked as our Patient Services Coordinator. In July, 2026 she stepped fully into her new role as ODC's bilingual Community Health Worker, working closely with expectant parents, infants and families to connect them to health care, systems and services. This role expands how ODC serves our patient community. We are thrilled to have Lillian bring her calm, compassionate approach and brilliance at collaboratively managing complex systems and competing demands to this critical new position. A February 2025 Middlebury College graduate, Lillian studied environmental justice, Spanish, and Portuguese. She is inspired by ODC's mission and the community at the clinic.



Charlotte Reider-Smith: Administrative Assistant. Charlotte joined the Open Door team in 2023. She grew up in San Francisco, connecting and interacting with many Spanish speakers. She also spent a year living in Ecuador where she honed her Spanish skills, and has been overjoyed to be welcomed into a community of supportive, brilliant and diverse people, where she has been able bring Spanish back into her life. Charlotte graduated from Middlebury College in 2019 and lives in Goshen, VT. She has spent the last two years building her home and art studio, where she is excited to deepen her roots and continue her oil painting practice.



History



Patient Eligibility

In order to qualify for the services of the Open Door Clinic, patients must:

- Be uninsured; or be underinsured with an insurance deductible equal or greater than 10% of the family's annual income; and
- Have a household income 400% or below the 2025 federal poverty level (FPL)

People covered by Medicaid or Medicare are considered insured and are generally **not** eligible for our services.

2026 Income Guidelines													
Household Size	2026 Federal Poverty Guidelines	WIC & 3 Squares: as of 7/1/26		Open Door Clinic, Porter Hospital & UVMHC Sliding Scale, HAP Program		State Programs							
						Medicaid: as of 3/1/26		Medicaid for Pregnant Individuals: as of 3/1/26		Dr. Dynasaur: as of 3/1/26		You First	
						138%		213%		317%		250%	
	100%	185%		400%		138%		213%		317%		250%	
	Year	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month	Year	Month
1	15,960	29,526	2,461	63,840	5,320	22,025	1,835	33,995	2,833	50,593	4,216	39,900	3,325
2	21,640	40,034	3,336	86,560	7,213	29,863	2,489	46,093	3,841	68,599	5,717	54,100	4,508
3	27,320	50,542	4,212	109,280	9,107	37,702	3,142	58,192	4,849	86,604	7,217	68,300	5,692
4	33,000	61,050	5,088	132,000	11,000	45,540	3,795	70,290	5,858	104,610	8,718	82,500	6,875
5	38,680	71,558	5,963	154,720	12,893	53,378	4,448	82,388	6,866	122,616	10,218	96,700	8,058
6	44,360	82,066	6,839	177,440	14,787	61,217	5,101	94,487	7,874	140,621	11,718	110,900	9,242
7	50,040	92,574	7,715	200,160	16,680	69,055	5,755	106,585	8,882	158,627	13,219	125,100	10,425
8	55,720	103,082	8,590	222,880	18,573	76,894	6,408	118,684	9,890	176,632	14,719	139,300	11,608

Volunteer Eligibility

Volunteers are **not** required to commit to any minimum amount of time. You can volunteer as much or as little as your schedule allows. We do ask that active volunteers let us know when they no longer wish to volunteer with the ODC.

Open Door Clinic requires that volunteers:

- Are vaccinated against Covid-19
- Hold current Vermont licenses (medical volunteers) and provide copies of them, plus credentials and any supporting documentation
- Complete a volunteer application
- Sign the volunteer agreement/confidentiality form
- Complete an orientation session, online or in-person

Clinic staff will screen all potential volunteers by contacting references provided. For medical providers, we will complete a National Practitioners Databank Query and State of Vermont Professional License Query.

The Open Door Clinic participates in the Federal Tort Claims Act (FTCA) Free Clinic Insurance Program that provides malpractice insurance to volunteer healthcare providers free of charge to the clinic. All healthcare providers must be approved by the FTCA before they can provide care in the clinic. Administrative volunteers are covered by the Open Door Clinic’s professional liability insurance.

Clinic Site & Hours

The administrative offices and clinical space are donated by UVM Health Network - Porter Medical Center. Dental clinical space is donated by Middlebury Dental Group. ODC’s administrative office is on 100 Porter Drive, Middlebury, VT 05753.

Office hours vary, but we are usually here from Monday to Friday, 9 am to 4 pm.

Services are by appointment only!



Middlebury Clinic: 110 Porter Drive
Tuesday evenings: 4pm - 7pm
One Friday morning a month: 9am - noon

Dental Clinic: 1330 Exchange Street, Middlebury
(at Middlebury Dental Group)
Mondays 8am - 5pm

It is expected that all patient information, including that a particular person was even at the Open Door Clinic for an appointment, will be kept **confidential** by all staff and volunteers. Under no circumstances may volunteers discuss any patient information with anyone outside of clinic.

Clinic Preparation

Please arrive at least 15 minutes prior to the start of clinic for a pre-clinic huddle. We will provide a light dinner. A copy of the patient roster appointment schedule is available from the nurse case manager to help anticipate the flow of the evening.

Sign Up

Medical volunteers: if possible, please sign up to volunteer at another clinic before leaving. The schedule book is at the front desk.



Front desk volunteers and interpreters: please contact the Patient Services Coordinator to sign up to volunteer.

Maintaining Professional Boundaries

Delivering optimal care to our patients requires that we all maintain professional boundaries in our professional relationships with patients, families, and colleagues. All staff and volunteers are individually responsible for applying and maintaining appropriate boundaries in their work at the ODC. Maintaining these boundaries and relationships with patients who we see at clinic and may interact with in the community can be particularly challenging.

We have an ethical obligation to our patients and their families to practice within professional guidelines and codes of conduct. Examples of personal or social boundary violations include seeing patients in nonorthodox settings for the convenience of the provider, loaning a patient money, sharing personal information with the patient or transporting patients for any reason other than to a medical appointment. Any form of sexual activity with a patient is a clear boundary violation. Best practice and delivering optimal care require our diligence.

It is ODC policy that all volunteers:

- Keep personal information private, including phone numbers and home addresses. That said, we recognize that sharing a little bit of personal information helps build a trusting relationship and can make a volunteer medical provider feel more real and accessible.
- Keep all relationships professional and do not engage in social interactions outside of clinic hours either in person or via electronic communication such as email, phone messages or social networking sites. We understand that Addison County is a small community and a provider or volunteer may be unable to avoid social contact with patients. When this occurs, it is important to be cognizant of the context in which the interaction is taking place and act accordingly.
- Not accept personal gifts. Often a patient will bring special foods or treats and present them directly to one staff/volunteer. It is appropriate to graciously accept these gifts in the context of the entire volunteer team or office.
- Only visit patients at home when on work-related business. Home visits should be arranged through clinic staff and every effort should be made to have two volunteers present at every home visit.

Should there be a complaint regarding the breaching of professional boundaries, the relevant ODC staff will discuss the matter with the volunteer concerned and offer appropriate support and assistance.

The Open Door Clinic discourages all volunteers from providing any personal information to patients, such as cell phone numbers, home addresses, or social media connections.

NON-MEDICAL VOLUNTEERS

The Role of Front Desk Volunteers

You are the face of the clinic! You are the first person our patients see when they enter. Smile, greet the patients warmly saying “Hello” and “Hola”, and check them in for their appointment. The Nurse Case Manager will provide you with a copy of “Front Desk Volunteer Duties” to assist you. Let them know if you will need an interpreter to assist Spanish-speaking patients. Make sure you say goodbye properly to all patients and their companion, saying “Have a good evening”, or “Buenas noches”.



Greet patients as you would like to be greeted at your healthcare provider.

The Role of Medical Interpreters



Volunteer medical interpreters facilitate communication between patients whose primary language is not English and other volunteers and clinic staff. The volunteer interpreter’s primary role is that of conduit, accurately and completely interpreting everything that is said by both providers/clinic staff and patients throughout a patient’s medical visit. Every interpreter is required to attend a training, preferably in person, but possibly online, before they start volunteering.

The interpreter will primarily use consecutive interpretation mode during patient interactions and may, depending upon the target language, be asked to sight translate Open Door Clinic documents and/

or health education materials.

Volunteer Interpreter Requirements

- English and target language fluency (all interpreters must be assessed by an ODC language evaluator. On our 0-12 scale of 0-12, interpreters must obtain a score of 10 or above).
- Complete medical interpreter training, preferably in person, but possibly online
- High degree of professionalism and ability to establish and maintain appropriate boundaries
- Understanding of and ability to maintain patient confidentiality

Duties/Responsibilities

- Maintain patient confidentiality
- Interpret patient/clinic staff interactions accurately and completely, changing or omitting nothing
- Arrive 10 minutes early to appointments/clinics and ready to interpret
- Follow a business casual dress code

- Sight translate ODC documents and health education materials as necessary
- Assist patients with new patient intake forms and processes
- Assist in updating patient information as requested by ODC staff
- Ask for assistance and clarification when challenges or questions arise
- Adhere to ethical standards of interpreting as outlined in training materials
- Refrain from engaging in external patient relationships during clinic hours/while onsite and while interpreting at external appointments
- Check in with ODC staff for assignments/overview of the clinic's interpreting case load upon arrival
- When interpreting at clinic, wear ODC volunteer nametag throughout each interpretation session
- Submit any questions, concerns, problems and feedback to ODC Patient Services Coordinator
- Advise ODC's Patient Services Coordinator as soon as possible if you should need to cancel an interpreting session for which you have been scheduled or for any concerns/questions

MEDICAL VOLUNTEERS

The role of the Nurse Case Managers

The nurse case managers are clinic staff who work both in the office during the day and at all clinics to provide continuity of care to our patients. They oversee resource coordination, patient education, consultations with medical specialists and coordinate follow-up care for each patient.



It is extremely important that each patient check out with them before leaving their appointment.

Nurse case managers meet with patients regarding follow-up appointments, tests, referrals, medications, financial issues, schedule health maintenance exams, and discuss other health issues such as smoking cessation and nutritional support. They assess the patient's insurance eligibility and appropriateness of an appointment with our Certified Vermont Health Connect Application Counselor.

The role of volunteer Nurses and EMTs

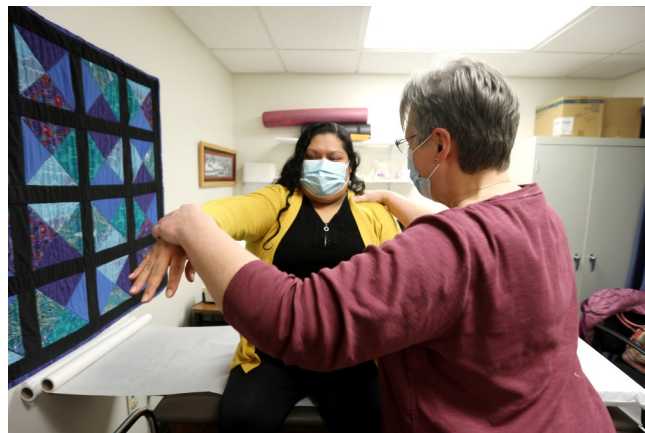
All of our clinical nurses are volunteers with a vast array of skills and experience. They are responsible for rooming patients, taking a brief patient history, performing medication reconciliation, performing POC testing as needed, and assisting the provider as necessary. Nurses administer vaccines provided by the Vermont Department of Health.

The role of volunteer Mental Health Providers

ODC patients can be referred to a volunteer mental health provider, when one is available, who will see the patient for up to six visits to provide short-term support and therapy. If more long-term therapy is necessary, a referral to CSAC (Counseling Services of Addison County) will be made, again depending on availability.

The role of volunteer Physical Therapists

Because of the type of work that many of our patients do, our physical therapists often address musculoskeletal problems, and have particular skills in examining, identifying underlying causes, providing treatments which can give some on-the-spot relief, and teaching patients self-care strategies. Because patients often come for only one or a few visits, this last skill is particularly important.



The role of volunteer Dietitians

When available, nutrition and dietetic counseling are provided by MSD (Master of Science in Dietetics) students from UVM MC. They are available monthly to individually counsel patients, often remotely, helping them to make healthy food choices and develop a healthy eating plan that fits their needs and lifestyle. They meet with our diabetic patients in a group setting during our quarterly diabetes clinics.

The role of volunteer Physicians and Nurse Practitioners

Our primary care providers are expected to provide high quality, respectful, compassionate, and culturally competent care to each patient. Our patient population includes native Vermonters as well as many migrant workers, both seasonal and semi-permanent. Providers often have 30 minutes or more with each patient to help deal with the extra time requirements of working with patients who frequently haven't seen a provider for a long time, and for the time required for foreign language interpretation.

The nurses will check in each patient and put them in an exam room. Anticipated supplies will be set up. Nurses can perform urinalyses, urine pregnancy tests, rapid strep tests, blood glucose levels, fecal occult blood tests, vaccines and EKGs on-site.

If additional resources are needed, the nurse or nurse case manager can assist you in accessing them.

Patient concerns include the typical family medicine diagnoses of health maintenance, depression, HTN, DM and overuse injuries. Providers should familiarize themselves with the services we provide in-house, such as physical therapy, nutritional counseling, mental health counseling, prescription assistance, smoking cessation assistance, as well as assistance with state-subsidized insurance from a Certified Vermont Health Connect Application Counselor.

Attention to oral health care is encouraged as our dental care program addresses both preventative and restorative dental care issues. Referrals to all subspecialists can be arranged when indicated. As you may very well be the only health care provider that the patient sees this year, attention to the whole patient is appropriate. Ask the nurse case manager coordinating clinic about the availability of our dental program before making a oral health referral.

Medications

Since all of our patients are uninsured or underinsured, providers must be certain that if any prescriptions are written, that the patient can afford them. This can be achieved by selecting an Rx from the \$4 per month list at local pharmacies and asking the patient if they will be able to afford it. We can access a variety of programs to help patients afford their medication.

Our patients normally do not incur charges for lab and x-ray services and potentially expensive referrals can often be provided at no or reduced charge to the patient. Providers should discuss any patient financial barriers with the nurse case manager at clinic, who can often help find solutions. Follow-up visits should

be arranged at appropriate intervals

The ODC does not prescribe any controlled substances such as narcotics or stimulants.

Record-keeping

We document on a paper clinic visit note for each patient visit utilizing the SOAP note format. Please remember to complete and sign each note before the end of the evening.

Often a patient's chart has lab/radiology results attached to the front. Providers review these labs with the patient and document this in the appropriate space. If further action is required, this should be documented on the lab/radiology report.



Patient Teaching

We have patient education materials available. Please ask the nurse case manager if you have a specific need.

Labs and X-rays

Labs and radiological procedures are performed by UVM Health Network - Porter Medical Center free of cost for our patients through a voucher program. The nurse case manager will arrange for all ordered tests to be performed. Prior to clinic or while seeing a patient, please review labs and x-rays reports that have come back, and document on the lab result sheet if follow-up is needed.

Vaccines

Providers should ensure that each patient's immunizations status is up to date. The Open Door Clinic can provide the following vaccines to patients at no cost: Tdap; Pneumovax 13 and 23; Hepatitis A; Hepatitis B; HPV 9; Covid-19 (when available); Influenza (when available); Shingrix (when available).

ODC In-House Referrals

We have several specialists who provide free services through the clinic. If the patient can benefit from any of them, the nurse case manager can assist with a referral. These include: Physical therapists; Chiropractors; Registered dietitians; Mental health providers; Pharmacists (for smoking cessation and medication management); Dental hygiene; Ophthalmologists and optometrists

Medical Referral Outside of the Open Door Clinic

The Open Door Clinic works closely with UVM Health Network - Porter Medical Center and affiliated providers for referrals to medical specialists. The nurse case manager can assist the provider in determining the appropriate specialist for the referral. Our patients are usually eligible for UVM Health Network and Porter Medical Center financial assistance which may allow discounted referral appointments.

Patient Follow-up

Schedule patients for follow up appointments at clinic as needed. Due to the time between volunteering sessions, it will usually be necessary for another provider to follow-up on patients who you have seen.

Because you are all volunteers, it is not anticipated nor expected that you follow up with the patients you see at clinic outside of clinic hours. Follow up will be provided by the ODC medical staff and, as needed, in con-

NB: To provide health care without an interpreter present, all volunteer providers must be assessed by an ODC language evaluator on this scale of 0-12. Providers must obtain a score of 10 or above to provide care without an interpreter.

A GUIDE TO WORKING WITH INTERPRETERS

The focus of the interaction should always be between the provider and the patient.

The goal of the interpreter is to convey the speaker's message as directly as possible. The interpreter has been taught to interpret everything you say as precisely as possible, adding nothing, omitting nothing, and changing nothing.

Speak directly to the patient, not the interpreter. For example, ask, "How are you today?" rather than, "Ask her how she is today."

Speak slowly and clearly, **pause frequently**, and use short sentences. This will increase the fidelity with which the interpreter can convey what you say to the patient.

Ask one question at a time.

Use plain English and to the extent possible, avoid technical terms, idiomatic expressions, colloquialisms, acronyms, and slang.

Be prepared to explain some parts of the conversation in more detail for the interpreter. Some terminology and concepts may not have an equivalent in the client's primary language.

Do not "think out loud" or ask the interpreter not to interpret something that you have said in the patient's presence.

Do not engage the interpreter in personal or side conversations. Everything you say will be repeated to the patient.

The interpreter is there to interpret only. Please do not ask them to assist you with any other tasks. The interpreter's role is to help you communicate with the patient.

Interpretation refers to the spoken word. **Translation** refers to the written word.

Key points about Latino migrant farm workers in Vermont

- There are approximately 1,200-1,500 Latino farmworkers in Vermont, with as many as 500-650 in Addison County. This is the highest concentration of workers in the state. Workers are also branching into new areas of work.
- Most Latino workers in Vermont are from Mexico, with the majority coming from the southernmost states of Chiapas, Tabasco and Veracruz. A small but growing number of Latino farm workers come from Guatemala and other Central and South American countries.
- The main language spoken is Spanish, but approximately 6% speak an Indigenous Mexican language as a first language.

- The average completed grade level is sixth grade, so some of our patients may have a low literacy level. Written materials, even in Spanish, might not be read or understood. Do not assume that patients can read or write.
- Many countries present dates of birth by using the day before the month, for example, 5/7/81 would mean July 5, not May 7. Make sure to confirm the month.
- Traditionally, two last names are used: the last name of the patient's father followed by the last name of their mother. Sometimes, two first names are also used. **Please ask for and use both first names and both last names for clarity and consistency.**

Cultural Considerations

Showing respect is a central tenet of Mexican culture, especially towards older people or people in perceived positions of authority, such as medical professionals. First names are generally not used without permission or an established relationship, especially with elders.

Asking questions may be seen as questioning authority or being disrespectful, so patients often avoided doing so. Please solicit questions actively!

A patient may demonstrate respect by answering questions the way s/he thinks the provider would like them answered. Open-ended questions are always more effective. If you ask, for example, "Do you smoke?", the answer will be no. If you ask, "How much do you smoke?", however, you may receive a more accurate response.

A patient may seem to agree when they really do not; nodding or saying "yes" and "OK" may mean nothing more than a show of respect, not a commitment to follow a plan of action.

The usual method of greeting or departure is a handshake.

Even if a migrant farmworker patient appears not to speak English, you should never assume that s/he cannot understand comments you make in English.

Conversely, a patient who seems to understand English may be limited in their mastery of the language. Ask them to repeat what they heard and understood, especially when talking about taking medication or other home care instructions.

Asking about an individual's immigration status is not appropriate.

Many Latino migrant farm workers subscribe to the belief that life is uncertain and each day is taken as it comes. "Fatalismo" manifests itself in approaches towards health. Behaviors include being less likely to seek preventive measures, delaying care until the symptoms become unbearable, or not showing up to an appointment if symptoms resolve.

For many Latino patients, time is flexible and therefore punctuality is not necessarily valued (much to the dismay of healthcare providers who rely on appointment times). In our patients who rely on volunteer drivers, this is generally not an issue.

"Machismo" may manifest itself in male patients. They may downplay or deny symptoms, not wanting to appear sick, complain, or be seen as "weak".

Interpersonal relationships are highly valued. Anything that may interfere with or threaten them (i.e., con-

The Iceberg Concept of Culture

Like an iceberg, the majority of culture is below the surface.



Surface Culture

Above sea level

Emotional load: relatively low

food ▪ dress ▪ music ▪
visual arts ▪ drama ▪ crafts
dance ▪ literature ▪ language
celebrations ▪ games

Deep Culture

Unspoken Rules

Partially below sea level

Emotional load: very high

Unconscious Rules

Completely below sea level

Emotional load: intense

courtesy ▪ contextual conversational patterns ▪ concept of time
personal space ▪ rules of conduct ▪ facial expressions
nonverbal communication ▪ body language ▪ touching ▪ eye contact
patterns of handling emotions ▪ notions of modesty ▪ concept of beauty
courtship practices ▪ relationships to animals ▪ notions of leadership
tempo of work ▪ concepts of food ▪ ideals of childrearing
theory of disease ▪ social interaction rate ▪ nature of friendships
tone of voice ▪ attitudes toward elders ▪ concept of cleanliness
notions of adolescence ▪ patterns of group decision-making
definition of insanity ▪ preference for competition or cooperation
tolerance of physical pain ▪ concept of “self” ▪ concept of past and future
definition of obscenity ▪ attitudes toward dependents ▪ problem-solving
roles in relation to age, sex, class, occupation, kinship, and so forth



Indiana Department of Education ▪ Office of English Language Learning & Migrant Education ▪ www.doe.in.gov/englishlanguagelearning

POLICIES & PROCEDURES

• SEXUAL HARASSMENT

POLICY: To protect staff and volunteers from unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, the ODC has instituted a policy of *no tolerance* regarding conduct that constitutes sexual harassment.

RESPONSIBILITY

Case Manager, Clinic Coordinator, any staff or volunteers.

PROCEDURE

1. Conduct of a sexual nature constitutes sexual harassment when:

Submission to the conduct is made either an explicit or implicit condition of employment or volunteer participation;

Submission to or rejection of the conduct is used as the basis for employment decision affecting the harassed employee or volunteer;

The harassment unreasonably interferes with an employee's or volunteer's work performance or creates an intimidating, hostile or offensive work environment.

2. Any individual staff member or participant who feels that he or she has been subjected to sexual harassment is encouraged to:
Inform the harasser directly that the conduct is unwelcome and must stop,
And/or report such incidents to the Clinic's Executive Director or to a member of the Board of Directors, immediately, without fear of reprisal. Confidentiality will be maintained to the extent possible.
3. All complaints will be handled promptly.
4. In determining whether the alleged conduct constitutes sexual harassment, the totality of the circumstances, the nature of the harassment and the context in which the alleged incidents occurred will be investigated.
5. Appropriate corrective action, up to and including discharge of the perpetrator, may be taken to remedy all violations of this policy.
6. The decision of the Executive Director may be appealed to the full Personnel Committee.

- ACCESS TO STAFF, VOLUNTEER, STUDENT & VISITOR INFORMATION

POLICY: Employees, volunteers, students and visitors have the right to expect that personal and confidential information will be held in confidence. Therefore, all information specific to and identifying of individuals, families, employees, volunteers, students and visitors is presumed to be confidential and subject to this policy.

RESPONSIBILITY

Clinic director, case manager, all staff, volunteers, students and visitors

PROCEDURE

1. Only that information needed to fulfill the goal of meeting administrative or legal obligations will be collected and appropriately recorded for each employee, volunteer, student or visitor.
2. No information about an employee, volunteer, student or visitor will be released without prior consent, unless directly connected with the administration of a program or necessary for compliance with federal or state laws or regulations.
3. Information that does not identify an employee, volunteer, student or visitor may be used for statistical research, forecasting program needs, or other such purposes.
4. Employees or volunteers must release sufficient information to comply with mandatory reporting requirements for cases involving the abuse, neglect, or exploitation of children and persons who are elderly or who have disabilities.
5. Information may be released without consent when Vermont law creates a duty to warn identified individuals of potential harm to person or property, in response to court orders, or to investigate or report criminal activity as purpose and content of the report; the name, address and affiliation required by federal or state law or regulation.
6. Only information relevant to the specific situation will be disclosed.
7. The disclosure will be documented to include: the date, of the person to whom the information was

released; notification of client when applicable.

Prior to releasing confidential information, the ODC will obtain the volunteer or employee's informed consent except as noted in #4-7 above

- CONFIDENTIALITY

POLICY: The Open Door Clinic *Health Information Policy* describes how a patient's medical information may be used. Confidential patient information will also be protected during clinic and administrative office activities.

RESPONSIBILITY

Clinic director, case manager, all staff and volunteers

PROCEDURE

1. Volunteer providers and interpreters should find a private space to review sensitive information and fill out paperwork with a patient. Pull a patient aside to review a test result, inquire about a medication dosage, or pose a financial question. The waiting room is a public space and not an appropriate location for these discussions.
2. Refer to patients in the waiting room by first name only.
3. Do not discuss patient information in front of others. That casual banter between employees may divulge confidential patient information.
4. The written record is an extension of the patient. Read only what you need to read in order to deliver care, and keep the record protected from the casual glances of others.
5. Staff members, volunteers, students, and visitors will refer all requests for information to the case manager, the patient services coordinator, or the clinic director.
6. No staff member, volunteer, student, or visitor will acknowledge that an individual is or is not a client without written consent from the client.
7. If a client has consented or requested, in writing, that information be released, staff member or volunteer will comply at the direction of the case manager, the patient services coordinator, or the clinic director.
8. All staff, volunteers (including, when applicable, members of the Board of Directors), students, and visitors will also abide by the Open Door Clinic's *Health Information Policy*.

All employees, volunteers, students and, when applicable, visitors, will receive a copy of this policy, *Confidentiality Policy*, the *Access to Staff, Volunteer, and Student Information Policy*, and the *Health Information Policy*, and sign a statement acknowledging review of these policies and understanding of protection of patient confidentiality.

-INTERPERSONAL CONFLICT



POLICY: The Open Door Clinic *Interpersonal Conflict Policy* describes how to address concerns between two volunteers, or a volunteer and a staff member, that the two individuals cannot readily resolve themselves.

RESPONSIBILITY

Clinic manager, clinical director, volunteer coordinator, executive director

PROCEDURE

1. If a conflict arises at ODC's weekly, clinic, please talk to the Clinic Manager. If there is a problem, the relevant member or members of staff will discuss it directly with the people involved, and decide remediation including language re-evaluation, additional training, or dismissal, as appropriate. These decisions will be documented and retained.
2. If the conflict or a concern recurs, or a new conflict arises, we will refer to the documentation and steps taken to resolve the previous instance of conflict.
3. If you are not comfortable approaching the clinic manager concerning the conflict, or if a conflict arises in a setting other than clinic, please reach out to the volunteer coordinator (for non-clinical concerns), or to the clinical director (for clinical concerns).
4. If any of the individuals holding the roles listed above are parties to the conflict, please reach out to the executive director, or to a member of the board.
5. All staff, volunteers (including, when applicable, members of the Board of Directors), students, and visitors will also abide by the Open Door Clinic's *Interpersonal Conflict Policy*.