MASSACHUSETTS GENERAL HOSPITAL

MEDICAL INTERPRETER SERVICES

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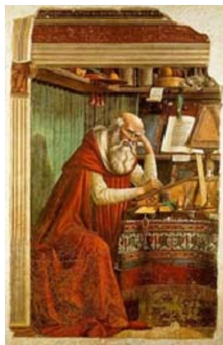
Medical Interpreters' Week

By Anabela Nunes, MBA

Medical Interpreters Recognition Week was celebrated at MGH September 30 through October 4, 2013. Recognition week coincides with September 30th, the International Translation Day, which is also the feast of St. Jerome, the Bible translator who is considered to be the patron saint of translators.



Today, this date is observed worldwide and includes interpreters as well as translators. It is an opportunity to highlight a profession within the field of healthcare that has made enormous strides in recent years. This is evidenced in the development of national standards and ethics and, of course, national certification for medical interpreters. As an essential member of the medical team, medical interpreters contribute to ensuring that the care that is delivered to limited English proficient (LEP) patients, and to patients who are Deaf and Hard of Hearing (DHH) is equitable, safe and of the highest quality.

Medical Interpreters Recognition Week at MGH started with a breakfast on Monday where we celebrated the work of the past year.

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- *Help keep our patients safe with good Hand Hygiene; always remember to Cal Stat before and after seeing a patient.*
- *Staff and Freelance Interpreters: Mark your Calendars—the MIS Holiday Celebration will be on Friday December, 20, 2013 in the Thier Conference Room. Please RSVP to Anabela if you would like to attend.*
- *Our next Interpreter Grand Rounds will be on Friday Jan 10, 2014 from 12 Noon to 1 pm in the Conference room.*

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MIS Hosts MGH at Interpreter Grand Rounds

By Andy Beggs

Medical Interpreters Recognition Week culminated with a very special Interpreter Grand Rounds in O'Keefe Auditorium on October 4, open to all MGH staff. The presenters were Frederick Chin, Khalil El-Rayah, Marina Michurina, and Carla Polonsky, and the topic was "Advanced Care Planning: Pain, Suffering and Dying in Culturally Diverse Ethnicities".

Presenters highlighted some patterns they saw within the cultures they represented. Fred, a Mandarin, Cantonese, Burmese and Toisanese interpreter, said that in China where Confucianism is strong, there is a hierarchical structure to decision-making about end of life issues. If the patient is in the hospital and the decision-maker is the grandmother who is homebound, then the family may need some more time so that they can consult with her.

Khalil began by talking about the word "Hakim" in Arabic, which

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Medical Interpreters Week *con't from page 1*

Tuesday through Thursday we hosted a display of materials in the White lobby with information for patients, families and staff. The interpreters appreciated

the opportunity to engage with patients and staff on the best practices of working with medical interpreters.

The recognition was also noted throughout the week in various MGH media outlets. This helped to raise awareness and highlight interpreters' role in caring for LEP and DHH patients.

The Excellence Every Day Communications Committee helped Interpreter Services by facilitating an impressive campaign for Interpreters. Different staff members were featured in a poster series on display in the main lobby of the hospital. Each poster highlighted a best practice and featured one of our own MGH professional medical interpreters.

Caring Headlines, a bimonthly Patient Care Services publication, featured an insightful clinical narrative by Andrew Beggs, CMI – the first clinical narrative written by a medical interpreter at MGH (http://www.mghpcs.org/News/CaringHeadlines/Documents/2013/October_3_2013.pdf). MGH Hotline also featured an article about Interpreter Services, http://www.massgeneral.org/about/newsarticle.aspx?id=4401 during this week.

The week culminated with Interpreter Grand Rounds, held on Friday. This was a hospital wide event that featured a panel discussion by four of our own medical interpreters about Advanced Care Planning: Pain, Suffering and Dying in Culturally Diverse Ethnicities. Each of the interpreters presented on the topic in the context of their own culturally diverse ethnicity.

As I reflect on this week and on the work that you, as medical interpreters, carry out each and every day I cannot help but feel a deep sense of heartfelt gratitude to each of you for your commitment to the mission and values of MGH MIS and the mission of The Massachusetts General Hospital.

On behalf of MGH and on behalf of each patient whose lives you touch with your empathy and expertise, Thank You. Your work helps patients navigate the complex healthcare system and bridges the linguistic and cultural gaps to enable clinicians to deliver the safest and highest quality care and to enable patients to make informed health decisions.

Yours is a noble profession which is revealed in your dedication to LEP and DHH patients and to our own MGH staff. Your commitment is best illustrated in a situation that happened to Carla Polonsky, CMI when she was stopped and asked, "Carla, what is it that you most love about interpreting? No sooner had she begun to answer the question then her pager went off and Carla responded: "I have to go see a patient". This is what relationship based, patient centered care is all about.

Grand Rounds con't from page 1

means "wise" and is often used in referring to doctors as a sign of respect, this is indicative of the deference which will be granted to providers by Arabic speaking patients. Carla spoke similarly about many of the Spanish-speaking patients for which she interprets, in that they will often defer to the doctors when asked to make a medical decision, saying, "I'm in your hands. You know what you are doing." Both Khalil and Carla mentioned that the concept of "hospice" does not exist in their cultures, and the family is the one who takes care of a dying person.

Pitfalls in describing both the nature and intensity of a patient's pain were mentioned by all presenters, and several suggested providing more detailed examples to describe the pain.

Above all, Fred stressed that we can't tell how a patient or family is going to act simply by knowing the patient's home country or language. "You have to ask the patient, not generalize." Marina emphasized that providers should "never presume, and never use stereotypes" in deciding how to provide care to patients from different cultures," and that "being a cultural broker is a great honor, but also a great responsibility."

As the first Medical Interpreter Grand Rounds open to the entire MGH community, the event helped to educate others about the difficulties faced in interpreting for scenarios involving pain, suffering and dying across cultures, and allowed the presenters to share some useful strategies for handling these situations.

Recognition

We congratulate both Carla Polonsky and Andy Beggs for being nominated for two distinguished Patient Care Services Awards.

Andy was nominated for the Brian M. McEachern Extraordinary Care Award which recognizes a team member's extraordinary care, compassion and patient advocacy. This award is named after a Boston Fire Fighter who lost his battle with cancer, but who performed extraordinary deeds, never expecting any recognition.

Carla was nominated for the Anthony Kirvilaitis Jr. Partnership in Caring Award. This award recognizes the unique and essential contributions of non-clinical employees in creating a caring, compassionate and efficient work environment.

The Problem with "Race" *by Rachel Levison, CMI*

As a Spanish medical interpreter, I often help patients with paperwork before appointments. While assisting a patient with a standard questionnaire this week, I came to the dreaded question: "With which race do you identify?" This is a particularly hard question to ask Latinos, as the choices are usually something like the following:

White or Caucasian
Black or African
Asian or Pacific Islander
Caribbean
Indigenous/American Indian
Other

There have been times when we have just decided to check "Other". Sometimes, if she is Dominican, Puerto Rican, or Cuban, I ask if she considers herself to be "Caribbean."

I had a similar problem years ago at Boston Medical Center which, at the time had a significant Puerto Rican population. As a bilingual research associate, I had to ask this question at the first interview. The patients would look at me incredulously as if I were crazy, raise their hands and shoulders in a shrug, and say, "Boriqua!" (A slang term for people who are proudly Puerto Rican.) This left me with the same dilemma: "Latino" or "Hispanic" was not an option on the form.

In one sense, it is an improvement that Hispanics are not lumped together as one race, because their ancestors could have been anything from Dutch, to West African, to Mayan. It varies greatly by country and region. For example, people in Mexico and most of Central America tend to be a mix of Spanish and Native American Indian (the original inhabitants of the continent), while the populations of Cuba, Puerto Rico, and the Dominican Republic reflect the slave trade, so they are predominantly a combination of African and Spanish. Of course, this is a broad generalization, but you get the idea: the Americas are big, and each country has its own history.

The difference, as I see it, between racial attitudes in the U.S. and those in Latin America is the following: here, we tend to label people as one thing or the other, no matter how complex their genealogy is. Barack Obama is a perfect example. Although he is fifty percent African, fifty percent Caucasian, we refer to him as The First Black President. Basically, in keeping with the "one drop" rule of this country's past, any person with visible African ancestry is classified as black.

In Latin countries, probably because the majority of the population is a mix, skin color is often treated as just another physical characteristic. You might hear people described as "… dark, but not quite as dark as Manuel" or "... tall, pretty, and with skin the color of Carolina's." Just as "gordito" (chubby) or "flaco" (skinny) are employed as affectionate nicknames, so are "negrito" (dark) or "guerito" (light-skinned, used in Mexico).

Per my observation (because I am not Latina, although I have lived in Latin America and worked with Latinos for many years), the most important aspect of identity in Spanish-speaking countries is nationality. Most Latinos couldn't tell you about their origins. If you ask their ethnicity, they will say "Colombian," "Cuban," or "Guatemalan," and will be surprised if you press them to elaborate further. I am not suggesting by any means that racism doesn't exist; on the contrary, the lighter your skin and the more Caucasian you look, usually the more privileged you are. However, there is less of a tendency to categorize people, and more room to see them as individuals.

Which begs the question: Why are we so obsessed with race in this country to begin with? I understand that this information can be valuable in medical research, given that some ethnic/racial groups are more prone to certain diseases. But at the very least, we need more than five or six options. Or maybe we should all check "Other."

Even better, we could follow the advice of the last patient I asked to identify her race. She said, "Maybe we should all say that we belong to the human race?"

Did you know…? A Four Part Series on Translations Part III: Editing *By Anna Pandolfo*

Editing is the next step after the target text has passed the revision stage. The main goals of editing are to improve the text for readability, style and coherence.

During the editing process it is imperative to bear in mind the purpose of the document, the targeted audience, the author, and the medium of publication (newsletter, website, signage, audio recording, etc.). While editing, always make sure that the stated facts and references in the text are accurate. Also, check for any unclear or ambiguous sentences or words. To achieve clarity and to convey the author's intent, sometimes it might even be necessary to delete, add and reshuffle sentences or paragraphs. Within a paragraph, the sentences should flow, the ideas must be connected, and there should be a smooth transition between one paragraph and the next.

It is always a good practice to read the text out loud to get a sense of the rhythm of the sentences, make sure that they are idiomatically accurate and that it reads as it was originally intended. In summary, the first and the last question that you want to ask yourself when editing a target text is: does it sound like a translation?

MGH

GRB 015G
55 Fruit St
Boston, MA 02114

Phone: 617-726-6061
Fax: 617-726-3253
E-mail: ckirwan@parnters.org

Visit us on the web:
massgeneral.org/interpreters

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Publisher: Anabela Nunes, MBA, Director MIS
Managing Editor: Chris Kirwan
Contributing Columnist: Andy Beggs

CyraCom—MGH's New Remote Telephonic Vendor

CyraCom is our new partner in providing cost-efficient and timely interpreting services to our providers, patients and their families in about 200 different languages. They will help us to continue to provide 24/7/365 services to our LEP patients. To connect by IPOPs dial 3-3344 and for VPOPs press # 8.

The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

Interpreter Profile: Chantha Long *by Andy Beggs*

Language: Khmer

Country of Origin: Cambodia

"My future depended on the interpreter," reflects Chantha. She was in a refugee camp called Kao I Dang in Thailand. It was 1988 and the US Embassy had arranged for her to be interviewed to come to the United States. She wondered if the very personal information she was revealing was being interpreted accurately and completely to the Embassy staff, which would either reject or approve her application to come to the United States based upon this communication. Chantha always remembers this experience, now that she herself is a Medical Interpreter.

Chantha has been with Medical Interpreter Services since October of 1994, longer than anyone other staff member. She has witnessed many changes in the department during this time. When she first came, the department was comprised of just two desks, two phones, and one word processor. The staff included just four people. "I was the main person to handle phone calls, coordinate requests for interpreters, and provide interpretation for the Cambodian patients. I would have to keep paging the other interpreters every five minutes because of the high demand for our services and the few resources available."

Today's MIS is comprised of 34 staff interpreters able to provide services in 10 languages, including American Sign Language. Freelance interpreters provide services for additional languages. We provide video interpretation, and back up telephonic interpretation. The department is able to provide language services 24 hours a day, seven days a week.

On interpreting itself, Chantha explains, "I work on enhancing not only my interpreting skills but also expanding my medical knowledge by reading, researching, and attending professional workshops and conferences. My obligation is to make sure that I can provide this beneficial and skillful service for patients and providers. A patient's life may depend on it."