Learning Objectives:
- Introduce your function,
- position the parties,
- interpret accurately and completely,
- correctly use the skill of sight translation.
NCIHC—National Council on Interpreters in Health Care

- Code of Ethics
- Standards of Conduct
- National Certification coming soon

http://www.ncihc.org/mc/page.do
Important but not covered here:

- Ethics of Medical Interpretation
- Cultural Competence
Role differs by placement

- In some places, interpreters are expected to simply repeat words back and forth within assigned encounters, and then go home.
- In other places, interpreters are expected to fully interact with all parties to assure effective communication and successful navigation of health care system. They may be expected to assist the patient through his entire experience at the organization.

- Find out what you are expected to do where you work.
Topics

- Modes of medical interpretation
- Sight translation
- Power of language
- Completeness
- Accuracy
- Positioning
- Introductions
Modes of Medical Interpretation: Consecutive, Simultaneous

- **Consecutive (preferred method)**
  - One person speaks at a time
  - Interpreter has time to process and clarify
  - Listener has time to process
  - Listener has only one voice to sort out
  - Takes a bit longer than simultaneous
  - Much better comprehension
Simultaneous Mode

- Use when little or no interaction is expected or permitted:
  - During a class
  - During a tour
  - For family listening to patient and doctor speaking English to each other
  - During an emergency or verbal tirade, when patient speaks continuously

- Disadvantages: difficult, tiring, no chance to check for understanding or meaning
Sight Translation

- **Purposes**
  - Brief items, several sentences
  - When patient asks interpreter to read English instructions again, that have already been gone over by care team
  - Help patient fill out forms
Sight Translation No-No’s

- Consents
- Patient education documents
- Clinical instructions of more than a couple of lines

- Script: Doctor (Nurse), please present this info to the patient, and I will interpret for you.
Language-the Interpreter’s Mark

- Our tool. Learn, grow, hone, enrich.
- Our power, for good and for ill. Ethics. Accuracy.
- Our pleasure when we have helped.
- Our gift to the community.
Language, Nuts and Bolts

- Language, Understanding What is Said
- Language, Adjusting Register
- Language, First Person
- Language, Completeness
- Language, Accuracy
- Checking for Understanding
Language, Understanding what is Said

- Good interpreting starts by clear and complete understanding by the interpreter of what is said.
- Constantly assess your understanding.
- When you do not understand, ask for clarification before proceeding.
- Do not interpret in circumstances beyond your solid comprehension. Study ahead.
Language, Adjusting Register

- You may adjust the register to some extent, from high to low.
- You may only adjust register when you understand exactly what is said at the higher register, otherwise have the provider explain content.
- When register is way too high for patient, have provider adjust register.
Language, First Person

Reasons to use first person:
Preserves voice of each party
Keeps language uncomplicated
Fast

Reasons not to use first person:
Some languages use gender and status designators that get weird when the interpreter speaks for the provider.
Language, Completeness

- Concept of meaning vs. specific words
- Interpreter must assess situation and get guidance from provider in some cases:
  - Usually: interpret the meaning throughout the patient’s speech, regardless of repetition, circularity, apparent non-sequitur.
  - Upon direction: interpret new meaning only
  - Upon direction: interpret exact words
To assure completeness:
- Break delivery of all parties into chunks of a few sentences.
- Write down all numbers, dates, medication names, dr. names, etc.
- Count major items to yourself and check with provider when you know you missed one.
Components of accuracy
- Actual meaning of each party’s words, if this is known
- Sub-texts of the words, or oblique hints
- Context to the conversation, if not clear to either party
- Body language, gestures, noises if they add meaning to or negate meaning of the words
The interpreter is the communication expert.

Your job **is** to get communication from one party to the other.

Your job is **NOT** to be an automaton who walks away at the end of the encounter with no responsibility for the effectiveness of the communication.

If effective communication did not happen, you did not do your job.
Check for double meanings
- “the interpreter would like to ask, do you mean that you actually vomited, or that you felt disgusted?”

Check for hidden context
- “the interpreter would like to ask, you appear to be referring to an event that happened, what was that event?”

Check if emotion seems opposite of word meaning
- “the interpreter would like to ask, should I interpret exactly, that you are happy that the insurance will not cover any of the costs?”
Language, Completeness, Voice and Tone

- Much of what is expressed is carried by the tone of voice, the inflection of the voice, the volume of the voice. This conveys both content and emotion.
- The interpreter should shadow the speaker’s tone, inflection, and volume to at least the extent that the listening party will notice.
- The interpreter can remind the provider that he speaks in the first person and conveys the patient’s words as they are spoken, if necessary.
Facial expression and body language can add a great deal of information, both about content and emotion, for some speakers.

When the interpreter is present in the same room as the speaker, it is best to look at the speaker so as to not miss these cues.

The interpreter should call out body language or facial expressions that add to or negate meaning, particularly if the listener would not notice the cues.
Between a provider and patient who speak the same language, it is the provider’s job to check for understanding, both to see if he understood the patient, and to see if the patient understood him.

When there is an interpreter in the middle, the interpreter must check for understanding in four directions: did he, the interpreter, understand both the patient and the provider, and did the patient and provider understand him, the interpreter.
Checking for Understanding

- It is STILL the provider’s job to check for patient understanding on the main points of content.
- Whenever possible, the interpreter should encourage the provider to ask the patient to repeat back, or teach back, the main points.
- The provider should document what the patient was able to teach back, in his notes.
All present should know what is being said, at all times. This is transparency.

The interpreter explains to both parties when the interpreter needs to have a side conversation with someone.

The interpreter also explains to the left-out party when there is a side conversation going on between other people in a different language in the same room.
The interpreter uses his own voice for explanations of side conversations:

- “The interpreter needs to clarify with Dr. Brown …”
- “The interpreter will now interpret the conversation being held between the doctor and the nurse.”
- “The interpreter needs to ask you what you mean by the word ‘scarolo’”
Positioning

- Adjust to circumstances
  - Who is in the room
  - What will happen during encounter
  - Patient’s hearing, vision
  - Modesty of patient
  - Power relationships
Introductions

- Adjust intro to situation
- Ask for direction from provider, or get briefed by provider, on goals of session and on method
- Intro to patient/family
- Intro to care team
- Elements which may be included:
  - Your name, language, credentials, history with patient or institution
  - First person, need for pauses, specific positioning
Summary

- National Standards provide important foundation
- Ethics and Cultural Competence are as necessary as the Nuts and Bolts for good practice
- Introduce and Position for the occasion
- Completeness
- Accuracy
- Interact with Provider for best results
- Check for Understanding
- Know your limits and limits of role