

Review

- What is the difference between translation and interpretation?
 - Written vs. spoken
- Difference between ad hoc vs. certified interpreter?
 - A certified interpreter has passed a formalized exam (such as those offered by CCHI or CMI). Ad hoc interpreters are often family members or bilingual staff members
- Why does the quality of interpretation matter in health care settings?
 - One reason: Better health outcomes for our patients!
- Most important factor in interpreter positioning?
 - Patient and provider can maintain eye contact.

Roles of the Interpreter



Patient Advocate

Culture Clarifier
(Culturebroker)

Message Clarifier

Conduit (Message Converter)

Interpreter as Clarifier*

- Exercise:
 - Get into groups of 4 people: 1 provider, 1 interpreter, 1 patient and 1 observer. Rotate roles with each new scenario, so that everyone gets a chance to be the Interpreter. The observer should be taking notes to check the accuracy of the interpreter in conveying the message.
 - The purpose is for the person playing the interpreter to practice interrupting or clarifying something that the provider or patient says.
 - Many people find this role difficult or awkward, so after each scenario, discuss amongst yourselves the different ways that the necessary clarification could have been made, and which might yield the best outcome. We will discuss all together after all 4 scenarios.

*This exercise was adapted from CHIA's Cross Cultural Health Care Program.

Interpreter as Clarifier: #1

The patient is a 25 year old woman who has an itchy rash.

- Provider: How is the rash? Have your pills been helpful?
- (Allow time for interpreter to interpret between each statement.)
- *Patient (in Spanish): When I was taking both pills, it wasn't itchy, but I ran out of one and started taking the other less often because you said it was dangerous. Now I'm taking one half pill every other day, and the itching has returned.*
- Provider: Wait a minute, you're just taking one half pill every other day? I've told you before, you can't adjust your own medication. This medicine has to be taken a certain way or it has serious potential side effects. You can't just lower the dose because you want to. And if you ran out of the others, why didn't you call?
- *Patient (in Spanish): Oh... It's just that you scared me a little when you told me that the pills could make my bones brittle. It doesn't seem right to be taking so many different pills.*
- Provider: I hear you. So, why don't we do this: start taking one whole pill every other day. I'm going to give you another prescription for the other type of pill as well. If we can't get a handle on this in another month, I'll take your case to Grand Rounds. But no more fooling around with your medicines, okay?

Interpreter as Clarifier: #2

The patient is a 35 year old man visiting a Primary Care clinic for shoulder pain.

- Provider: Tell me, how long has your shoulder been hurting like this? Didn't one of our residents see you about this same problem last summer?
- *Patient (in Spanish): Yes. I've had this pain for a long time, but it's been much worse lately. It hurts to lift my arm, it hurts to move it. I'm sick and tired of hurting all the time.*
- Provider: I see you've already tried anti-inflammatories and hot soaks. I think I'm going to order some tests to see if we're not looking at something more serious than some strained muscles. I'd like to get some X-rays and some blood tests. Didn't you mention that your father suffered from rheumatoid arthritis?
- *Patient (in Spanish): Well, he always said he had it, but who knows? Do you think I could have that?*
- Provider: I don't really know. Let's get those tests and then discuss it. Here's a referral to radiology and a lab slip. How about if I see you back in 2 weeks?

Interpreter as Clarifier: #3

The patient is a 40 year old woman who is meeting the surgeon before a gall bladder surgery.

- Provider: Hello, how are we feeling today? Ready for your surgery?
- *Patient (in Spanish): Yes, doctor, but I do have a bit of a cold. Is that going to be a problem?*
- Provider: As long as you don't have a fever, you'll be A-Okay. Now, I want to make sure you understand what we've got in mind for you. We're going to remove your gall bladder because of the gall stones. I hope we can do the procedure laparoscopically, but we may have to resort to the old method which involves a major incision.
- *Patient (in Spanish): How long will I be hospitalized? Will I be given general anesthesia?*
- Provider: If we do the laparoscopy, we'll have you in and out quick as a whistle, after just one night. If we have to make a major incision, though, we'll have to keep you around for a bit longer, maybe up to a week. As for anesthesia, yes, you'll be given general, given through an I.V.

Interpreter as Clarifier: #4

The patient is the mother of a 3 year old who comes to the primary care office with fever and .

- Provider: Hello, what seems to be the problem?
- *Patient's mother (in Spanish): Mateo hasn't been himself lately. He usually sleeps through the night but has been crying and fussing all night.*
- Provider: I'm so sorry to hear that. Has he had a fever?
- *Patient's mother (in Spanish): He's had a fever for several days now, but just last night it got so bad that it was keeping him awake.*
- Provider: What was the highest temperature you got? How did you take it?
- *Patient's mother (in Spanish): It was very hot. I felt his forehead with the back of my hand, and he was all sweaty.*
- Provider: Did he have any illnesses recently? Any sputum production or rhinorrhea?
- *Patient's mother (in Spanish): No, but he had a cough and a runny nose last week, and this week he keeps pulling at his ears.*



Interpreter as Clarifier: Summary

What issues came up in these scenarios?

Common Interview Routines

- Aspects of a Symptom (“OLD CARTS”)
 - Onset
 - Location
 - Duration
 - Characteristics
 - Aggravating factors
 - Relieving factors
 - Timing
 - Setting
 - Past occurrences
- Differential Diagnosis

Code of Ethics (NCIHC)

- 3 core principles: beneficence, fidelity, respect
- **Confidentiality**
- **Accuracy**
- **Impartiality**
- **Role Boundaries**
- **Cultural Awareness**
- **Respect**
- **Advocacy**
- **Professional development**
- **Professionalism**
- Process for applying these principles

National Standards of Practice

National Council for Interpreting in Health Care

- What are standards of practice?
 - “A set of guidelines that define what an interpreter does in the performance of his or her role, that is, the tasks and skills the interpreter should be able to perform in the course of fulfilling the duties of the profession.”

National Standards of Practice

National Council for Interpreting in Health Care

- **Accuracy**
 - **Objective:** To enable other parties to know precisely what each speaker has said.
 - Interpreter renders all messages accurately and completely, without adding, omitting, or substituting
 - Interpreter replicates the register, style and tone of the speaker
 - Interpreter advises parties that everything said will be interpreted
 - Interpreter manages the flow of communication
 - Interpreter corrects errors
 - Interpreter maintains transparency

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
 - Objective: To honor the private and personal nature of the health care interaction and maintain trust among all parties.
 - Interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law
 - Interpreter protects written patient information in his or her possession

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
 - Objective: To eliminate the effect of interpreter bias or preference.
 - Interpreter does not allow personal judgments or cultural values to influence objectivity
 - Interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary
 - Interpreter refrains from counseling, advising, or projecting personal biases or beliefs

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
 - Objective: To acknowledge the inherent dignity of all parties in the interpreted encounter.
 - Interpreter uses professional, culturally appropriate ways of showing respect
 - Interpreter promotes direct communication among all parties in the encounter
 - Interpreter promotes patient autonomy

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
 - Objective: To facilitate communication across cultural differences.
 - Interpreter strives to understand the cultures associated with the languages he or she interprets, including the biomedical culture
 - Interpreter alerts all parties to any significant cultural misunderstanding that arises

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
- Role Boundaries
 - Objective: To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.
 - Interpreter limits personal involvement with all parties
 - Interpreter with additional role adheres to all interpreting standards of practice while interpreting

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
- Role Boundaries
- Professionalism
 - Objective: To uphold the public's trust in the interpreting profession.
- Professionalism (continued)
 - Interpreter is honest and ethical
 - Interpreter is prepared for assignments
 - Interpreter discloses skill limitations
 - Interpreter holds him/herself accountable
 - Interpreter advocates for working conditions that support quality interpreting
 - Interpreter acts professionally

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
- Role Boundaries
- Professionalism
- Professional Development
 - Objective: To attain the highest possible level of competence and service.
- Professional Development (cont)
 - Interpreter develops language & cultural knowledge and interpreting skills
 - Interpreter seeks feedback to improve performance
 - Interpreter supports the professional development of fellow interpreters
 - Interpreter participates in organizations and activities that contribute to the development of the profession

National Standards of Practice

National Council for Interpreting in Health Care

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
- Role Boundaries
- Professionalism
- Professional Development
- Advocacy
- Advocacy (continued)
- Objective: To prevent harm to parties that the interpreter serves.
 - Interpreter speaks out to protect an individual from serious harm
 - Interpreter may advocate on behalf of a party or group to correct mistreatment or abuse

National Standards of Practice

National Council for Interpreting in Health Care

- **Accuracy**
- **Confidentiality**
- **Impartiality**
- **Respect**
- **Cultural Awareness**
- **Role Boundaries**
- **Professionalism**
- **Professional Development**
- **Advocacy**



◦ Example of an Ethical Dilemma*

A patient approaches you, outside of the medical interview, and give you more information about their medical history, but asks that you keep it secret from the provider.

What do you do?

* Drawn from CHIA's Standards of Practice booklet.



BREAK

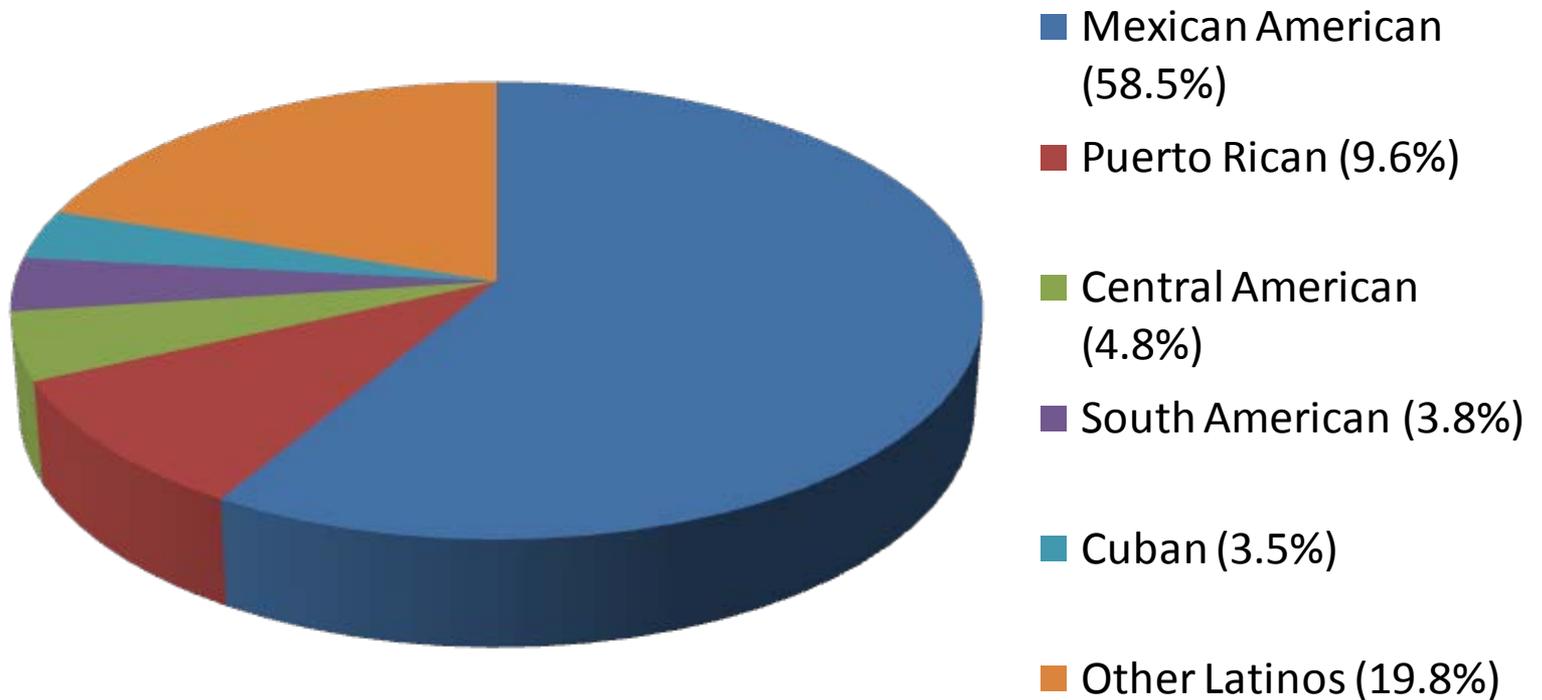


Culture and how it affects health

Latino population

Diversity within diversity

Latinos in the U.S.



Definitions

- Disease: pathophysiological process
- Illness: psychological experience of a disease
- Sickness: social determinants and social ramifications of disease and illness
- Culture-bound syndrome/folk illness: disease entity recognized by certain ethnic groups and not others

Theories of Disease Causation

1. Individual

Biomedicine

A red oval containing the word 'Biomedicine' in blue text. Two red arrows originate from the left side of the oval, one pointing to the word 'Individual' in the first list item and the other pointing to the word 'Natural' in the second list item.

2. Natural

3. Social

4. Supernatural

Interpreter as Culture-broker

- A 6-month-old boy is brought to the pediatrician by his parents because he is lethargic. The doctor examines the child and finds out he is dehydrated, and has an internal hemorrhage. Suspicious of child abuse, he asks the parents if the baby fell or was hit. The parents state that they held him upside down and hit him on the feet three times, so that his soft palate becomes normal.

The disease they are trying to cure is “mollera caida,” or “fallen fontanel.” The fontanel is on the top of the head between the skull bones, is soft in babies before their skulls finish developing, and can sink in during dehydration). It is a common belief in Mexico that the soft palate collapses in the mouth as a result of this condition, and that this can be reversed by putting the baby upside down and hitting his/her feet. Without this information the provider may go so far as to file for child abuse!

Interpreter as Culture-broker

- A mother accompanies her 2-year-old son with leukemia to the hospital for his first chemotherapy treatment. When changing him into a hospital gown, the mother cries out when the nurse tries to remove the child's necklace, stating that he will suffer from 'evil eye' if he does not keep the necklace on. Necklaces are forbidden by hospital policy, for risk of accidental strangulation. What do you do?

“Evil eye” (mal de ojo) is described as an illness that results from someone wishing ill or putting a spell on another person. It causes their blood to heat up leading to causing fever, vomiting and other common signs of illness. Some Latino parents believe that placing an amulet (azabache) on a necklace or bracelet will protect the child from mal de ojo. A good solution would be to explain these cultural beliefs, and suggest pinning the amulet on the inside of the hospital gown.

Interpreter as Culture-broker

- What other culture-bound illnesses do you know of?
 - What are their causes?
 - What are their symptoms?
 - What treatments are offered from them?

Use this information to make a chart.

Suggestions: susto, empacho, nervios, etc.

Interpreter as Advocate

Case #1:

- While interpreting at the Eye Clinic, the patient you are interpreting for complains of how expensive the bus ticket is. S/he also says s/he doesn't go to the clinics for every appointment because s/he cannot afford transportation.
 - As the interpreter, what would your role be? What would you do?

Interpreter as Advocate

Case #2:

- You are interpreting during an appointment, and the doctor says to the patient: “I will see you in two weeks for your follow-up appointment.” You know for sure that the patient has not understood the instructions very well, and still needs to ask some questions.
 - As the interpreter, what would your role be? What would you do?

Interpreter Self-Care

- Self-monitoring and self-assessment
- Physical Safety
 - Be proactive! Speak out!
- Emotional well-being
 - Debrief
 - Seek help from health providers at the Free Clinic or elsewhere if needed

Thank you!

- **Future Directions:**
 - Language and Communication terms
 - Medical terms and concepts
 - Persistent assessment and improvement