



MASSACHUSETTS
GENERAL HOSPITAL

MEDICAL
INTERPRETER SERVICES



A Reflection on Marathon Monday 2013

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The calm and peacefulness of Marathon Monday, April 15, 2013, was violently shattered by a cowardly act of terrorism. On that day our Interpreter Services family, along with the entire MGH community, our city, country and world were indelibly shaken by these events. Though it has been more than 6 weeks since the time of the bombings and the massive effort to capture those responsible; we continue to mourn the loss of precious life, heal from the physical and emotional wounds that were suffered, and join together as we collectively journey, step by step, through the hurt and harm to a place of healing and wholeness.

Dr. Peter Slavin so eloquently reminded us of the critical role we play as team members of this great institution. MGH and many other hospitals in and around Boston were called upon to respond to this tragedy, and did. Then beginning on Thursday night April 18 and continuing through Friday April 19, as the hunt for the perpetra-



tors continued, Boston's healthcare community was asked to step up yet again. MGH doctors, nurses and many other staff members struggled mightily to try to save the life of the MIT police officer who was ambushed in his car; then, a shelter in place order was issued, something unheard of in the history of this city. The uniqueness of this period was truly unparalleled.

I cannot tell you how grateful I felt for the dedication of all those who were able to make it to the hospital on that Friday. We were reminded that as a hospital we are always open and even if our particular department's services might

not be required on a large scale, we still play a critical role in the overall functioning of the hospital. Our presence as members of the medical team is necessary to MGH's ability to offer care during such crisis situations. We also provide support to the hospital as members of the pool of workers who can help out in situations of personnel shortages, as happened that day.

As I mentioned, and as Dr. Slavin stated, the uniqueness of that day stands alone; there were so many barriers to be considered when each of us had to decide whether or not to come to work that day; such a decision for personal safety is one that can never be taken lightly, and must always be respected. Some were even in the area that was most tightly locked down. Even with these restrictions in place, and a tense atmosphere all around, the staff, our patients and their families still depend on us to be here and ready to work.

The extraordinary efforts of all MGH staff who responded with such care and professionalism during these days truly bespeak Dr. Slavin's sentiments that, "Our employees once again demonstrated that they are the MGH's greatest assets." Personally, I have to say this applies even more so to our own MIS family, of which I am proud to be a part. The coordinators, staff interpreters and freelance interpreters who were able to make it in that April 19th revealed a deep sense of commitment to our mission, our hospital and our profession. This is, perhaps, a painful reminder of just how essential we are, and how critical our work is. Though everyone will not be able to do it every time, there are times when we are called upon to go to great lengths to be present at work to serve our patients, their families and our colleagues on the medical team.

Our thoughts and prayers are with those who bare the scars of these days that they may experience healing; and may all of us, from our different countries, races, religions, cultures and communities, continue to grow as a family and be Boston Strong.

By Anabela Nunes

National Certification Updates

Back in August of 2012, the National Board of Certification for Medical Interpreters approached MGH MIS about offering the oral exam here at Mass General. We were thrilled to oblige. Since that time 65 interpreters have taken their oral exam in Spanish here.

The exciting news is that the oral exam is now being offered here in Russian, Mandarin and Cantonese. Soon the oral exams in Korean and Vietnamese also be available.

And now, there is even more EXCITING news! The National Board has approved Mass General as a site where the NBCMI written exam may be tak-



Gustavo Garcia-Barragan, CMI, one of our first staff interpreters to take his oral exam at MGH

en. If you have not as yet taken the written exam and you would like to, please contact

either Chris Kirwan, in Medical Interpreter Services, or go to the National Board web site: www.certifiedmedicalinterpreters.org.

Go to the web site and register first. Then you can sign up for the written exam, and when you have passed the written exam and if it is available you can take the oral. If your oral exam is not yet available, you may still take the written exam and become a Qualified Medical Interpreter (QMI).

White Board Promotes Communication and Education

The “White Board” in our office plays a key role in our department’s communication plan. Here different medical terms, procedures, illnesses, etc., are put up on the board to solicit interpretations in various languages, or clarification on exactly what the terminology means. Everyone is free to contribute to the ongoing conversation.

One recent discussion revolved around the term “Randomized Study”. A few interpretations were written on the board, “Etude arbitraire” in French; “Estudio al azar” and “Estudio aleato-

rio” in Spanish. The dialogue that resulted also focused on exactly what a Randomized Study (a.k.a. Random Controlled Trials, Randomized Controlled Trials) is.

MGH defines a randomized controlled trial (RCT) as:

“A specific type of scientific study in which subjects are randomly – meaning by chance alone – assigned to receive the experimental treatment (the treatment group) or to have the usual care, or no intervention (the control group).

After randomization, the two groups of subjects are followed in exactly the same way, and the only differences between the care, procedures and tests they receive are the treatments being compared. Randomized controlled trials avoid sampling bias, where portions of a population are more or less likely to be included. This would result in a situation in which all types of participants are not equally represented.” www.massgeneral.org/children/services/lurie-center/evidence-based-research

News you can use!

~Interpreter Grand Rounds will be held on Friday July 12, 2013 at 12 noon in the Conference room. A topic and presenter have not yet been selected, so if you have an idea and are willing to present, please see Chris. All are welcome to attend. Bring your lunch and join us for the discussion.

~Staff meetings will take place June 20, 2013 at 9 and 10:30 am and at 3:30

pm in the Conference room.

~*Paving the Way to Health Care Access* is a full-day educational conference for medical interpreters, interpreter managers and coordinators, and other members of the healthcare team. This yearly conference is sponsored by UMass Medical School’s MassAHEC Network and it features workshops related to medical interpreting on topics such as

healthcare disparities, quality care for diverse populations, and offers opportunities to improve knowledge and skills. Click on the link for more information and to register: www.massmedicalinterpreting.org/sites/massmedicalinterpreting.org/files/Registration%20form-Paving%20the%20Way-June%2028%202013.pdf

Director attends DiversityRx Conference in Oakland, California

By Anabela Nunes

I had the privilege of attending the Eighth National Conference on Quality Health Care for Culturally Diverse Populations in March, 2013. This biennial conference brings together experts and stakeholders from healthcare, government, academia and various advocacy groups that are committed to improving access and quality healthcare for minority, immigrant and indigenous communities to reduce health care disparities. The theme of this year's conference was *Achieving Equity in an Era of Innovation and Health System Transformation*. There were approximately 700 attendees from near and far, spanning the entire globe.

There were many highlights from this conference, one of which was the opening keynote speech by Mark Smith, MD, MBA President & CEO, California HealthCare Foundation. He spoke about the healthcare reform and how success is defined in terms of the *triple aim*: enhance healthcare coverage, improve patients' experience and make healthcare affordable. This was a recurring theme throughout the 3 day conference as many workshops focused on one or more of these aims. Another highlight was during the plenary session *Redressing the Legacy of Racism to Make Meaningful Progress on Health Equity*. Gail Christopher, DN Vice President, Program Strategy, W.K. Kellogg Foundation, one of the panelists, suggested that the term racism shouldn't be used, that in fact, there is



Participants at the 8th National Conference on Quality Health Care for Culturally Diverse Populations

no such thing as different races.

Humanity is one sole race with diversity. If we are to make progress in reducing healthcare disparities we must embrace our collective humanity while celebrating our differences. Lastly, Dennis Andrulis, PhD, MPH Senior Research Scientist, Texas Health Institute shared some staggering facts during a workshop on *Affordable Care Act and Opportunities for Advancing Equity for Racially and Ethnically Diverse Communities: Taking Vision and Promise to Reality*. Forty five percent of newly eligible individuals entering the healthcare system are racial and ethnic minorities, which will mean increased focus and continued work on reducing

healthcare disparities.

I will end on a fun note. I attended a presentation, *Sharing Perspectives on Unconscious Bias in Health Care*, where the speaker talked about how our background and experiences shape our expectations and become the filter through which we assess our reality. To exemplify this phenomenon he showed a video on how our biases shape our behavior (open the link and watch). <http://www.youtube.com/watch?v=590pXIlr1Yc>. Enjoy.

MIS Campaign

Anabela has been working with the Excellence Every Day Communications Committee which is charged with helping different departments educate the greater MGH community about their services in creative ways.

This awareness campaign will be launched sometime in the near future and you will recognize the subjects of these informative posters on best practices for utilizing professional medical interpreters. Thank you to all those who agreed to have their pictures taken for the posters, your participation will help spread the word to our patients, their families and providers.

Did you know...? A Four Part Series on Translations

By Anna Pandolfo, Translation Specialist

Part I

Quality management in translation requires the revision of each translated document to ensure that accuracy and style standards are met. How do we accomplish that? Through a three step process always performed by a second pair of eyes: revision, editing and proofreading. Each process checks on different aspects of the text. Revision checks

for accuracy, completeness, register, style, specialized terminology, grammar and spelling among other things. Editing focuses on improving the text for readability. Proofreading is the final check on the layout of the text. In the following editions of this newsletter, we will explore more in depth how each of these processes work.

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Pot luck lunch, Friday April 26, 2013, Yum, Yum, Yum!

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, freelance interpreters and our MGH colleagues.

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!

As the white board behind all the interpreters in this picture from our pot luck lunch says, in many different languages: THANK YOU!

First, thanks to all who participated in our Pot Luck Lunch, it was fabulous. We are all looking forward to the next one! And we should add to Sayoko's profile below: "Makes a fantastic salad!!"

Thank you also, to all those who participated in our "Name the Newsletter Contest". As you can see, the name *The Interpreter* won the day with an overwhelming majority! The contributions of our Interpreter Staff, freelancers and from our colleagues around the hospital were extensive, creative and much appreciated!

Interpreter Profile: Sayoko Crabtree *by Andy Beggs*

Language: Japanese
Country of Origin: Japan

Sayoko is in her 18th year of medical interpreting at the MGH. She was a court interpreter, but one fateful day-Medical Interpreter Services received a request for Japanese from our Emergency Department, and the Boston Court Office gave MIS Sayoko's name. Her immediate response was "I can't do it, I've never been a medical interpreter," but the person on our end of the line said "Just this once." Sayoko agreed, and was amazed at how having a Japanese person in the room made the patient feel visibly at ease. She switched from court interpreting to

medical interpreting, and never looked back. "I think of the patient as a person, a real human being, worried and sick. And when the body hurts, the heart hurts more. I want to support them in every way and ease their anxiety." Sayoko was born in Japan, but came to the U.S. to attend a seminary, where she met her husband, an English teacher there. They married after her graduation. Her hobbies include cooking and Ikebana (Japanese flower arrangement). As a mycologist, she enjoys studying wild edible mushrooms. Sayoko concludes by saying "I love to work here. The Coordinators are very professional, and the Director is always ready to listen."

