MASSACHUSETTS GENERAL HOSPITAL

MEDICAL INTERPRETER SERVICES

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What Would You Do?

Case Studies for Training Medical Interpreters

"What would you do?" Asking this question in the context of a hypothetical situation is a useful tool for training anyone in any field. In Medical Interpreting there is a rich pool of interesting cases and situations that can serve this very purpose.

Medical Interpreters exercise their profession within the strict confines of the National Professional Standards of Practice and Code of Ethics. They maintain appropriate boundaries to protect patient confidentiality. However, as with any profession, the Standards and Codes do not cover every detail and every unique situation. There are many gray areas where these guidelines need to be applied carefully. One way in which professional medical interpreters keep open dialogue with their peers is by Interpreter Grand Rounds which offers the opportunity for colleagues to discuss particularly challenging cases and learn from them. Such discussions usually reveal a plethora of situations that require deep thought, reflection and engaging discussion to determine the best practice for a given situation.

From her own interpreting experience, discussions with colleagues across the profession and from general literature, Carla Polonsky, CMI has collected a number of narratives that are not lengthy case studies, rather just general situations which can pose challenging questions about how to deal with them. What she sees in these various scenarios are opportunities for learning, training, and discussion which can lead to best practices.

Imagine a situation where an interpreter enters a room and finds that a family member is already interpreting for the provider and wishes to continue interpreting. The provider is okay with the current setup and has the family member continue interpreting. The interpreter offers to stay in the room; but becomes concerned that the ability of the family member to interpret technical medical terms and concepts is not adequate. How does the interpreter address the provider, the patient and the family member interpreting?

Consider a second scenario which involves what to do when "sidebar conversations" between providers take place in front of the patient with the interpreter present. Does the interpreter interpret everything that is being said in the room? Is this a private conversation being held in a not so private place?

In both types of situations the interpreter's professionalism, respect, and ability to address the individuals involved in a collaborative manner help to resolve it in a positive manner. For Carla, a best practice which has emerged in discussions of these types of situations is huddling with the providers. In both types of cases understanding the situation, the background, and the goals for the encounter contribute to avoiding unnecessary conflict within the medical team and the family. In effect, this tool brings all members of the team together, opens a relational dialogue and puts everyone on the same page; ultimately such teamwork is focused on doing what is best for the patient, their family, and the patient's safety.

A third type of situation always seems to spark lively and interesting discussion. It centers around an interpreter's concerns about the competence of a patient who is being asked to consent to immediately necessary surgery. The patient is not coherent enough to understand and sign the consent form. The provider then suggests calling a family member who is in the hospital. The provider says to the interpreter, "If the patient signs the waiver (of their right to a professional medical interpreter in favor of using a family member), then the family member can get the patient to sign the consent form and we can get the patient into surgery." But because of the linguistic and cultural barrier between the patient and the provider, the provider may not understand that the patient is confused and lacks understanding even to waive their right to a medical interpreter.

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Interpreter Rounding

Medical interpreters started rounding on inpatients in 2012 as part of a collaboration with the Disparity Solutions Center to promote safety for patients

who are limited English proficient (LEP). In an effort to sustain and integrate Interpreter Rounds into the normal daily operations and to support one of the interventions of the Innovation Units (Hourly Rounding) MIS gathered a group of interpreters to study how best we might accomplish those goals. Their task was to develop a strategy that could help to improve our responsiveness to patient needs, compliment hourly rounding on the units and enhance equitable care. By reaching out in a spirit of advocacy to our LEP and DHH patients they hoped to encourage the use of interpreters and by so doing, to decrease healthcare disparities. To this end Chantha, Herve, Paulo, Marina, Vida, and Gustavo, formed a committee to strategize about what Interpreter Rounds would look like and how they would be implemented. They developed a pilot program which was launched on May 27.

Their approach is to introduce themselves to the patients and to inform them of the availability of interpreter services, free of charge in person, by video or by phone 24/7, whenever they need it. They will hand out our department language cards, which they updated. The goal is to help bridge communication and cultural gaps between LEP patients and providers; to help empower LEP patients to engage in their own care; and to advocate for patients and providers to utilize the available language resources for safer and higher quality patient care.

Cultural Corner:

A Glimpse of Chinese Language *By Elsa Yee*

The Chinese language is one of the oldest written languages in the world with over four thousand years of history. Interestingly, the Chinese writing system is the one unifying element that brings all the dialects into one standard written language. For instance, while the pronunciation of the word “happy” may vary among Cantonese, Mandarin, Fujianese and Taiwanese, the written character is the same. What is really amazing is that all the dialects have generally the same grammar! Even though some individuals may not be able to verbally communicate in different provinces, they are able to understand each other in writing. A Shanghainese and a Toisanese can be great pen pals, but when they meet face to face they may have to continue communicating by writing, if they both do not speak Mandarin.

The written language can be further subdivided into two main forms: Simplified and Traditional (complex). The Traditional Chinese characters are used in Hong Kong, Taiwan and Macau nowadays. As its name implies, the traditional version has been written by Chinese people for thousands of years. On the other hand, Simplified Chinese has been used almost exclusively in Mainland China since mid-twentieth century. These characters are simpler, i.e., less pen-strokes than traditional version. One demonstration of Traditional versus Simplified characters (respectively) is the word “dragon”; 龍 versus 龙

So, how many Chinese dialects are there anyway? Well, there is no straight answer. It is still a controversial topic between native speakers and linguists, primarily due to different criteria they use to identify a “language”. But there are certainly several main groups of Chinese dialects and from these varieties sprout even dozens more subdivisions and variants. Nevertheless, within the MGH community, the two major Chinese dialects among our patient population are Manadarin and Cantonese. The number of patients from these two groups are approximately equal on any given day.

Mandarin Chinese is the official language of Mainland China and Taiwan; most Chinese people learn Mandarin at school, but may use a different dialect for everyday communication. For this reason, oftentimes an interpreter may encounter professional challenges when providing services to patients whose spoken Mandarin is predominantly influenced by their own local dialects, which in turn can have a significant impact on the mutual understanding of each other’s speech. In order to maintain the accuracy of interpretation, the patient’s native dialect needs to be identified, particularly for over the phone interpretation.

The above mentioned challenging situation applies to Cantonese speaking patients as well. Cantonese Chinese is a dialect that originated in the vicinity of Canton province in southern China, Hong Kong and Macau. A distinguishing feature of both Cantonese and Mandarin is the tonal system; Cantonese has up to nine tones while Mandarin has four tones. Furthermore, Toisanese is a dialect that is closely related to Cantonese and is also widely spoken in southern China; Toisan is a county of Canton and the dialect also has its own variants. The number of Toisanese immigrants in North America makes it one of the dominant Chinese dialects here. Our interpreters are intermittently called upon to assist patients whose primary language is

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MIS News Bits

-Anabela Nunes, Director of MGH MIS will be presenting at **The Healthcare Quality and Equity Action Forum** in Boston, MA at the Boston Seaport Hotel on June 19th and 20th, 2014. Attendees will learn real tactics, innovative strategies, and best practices for success in this time of increasing diversity, health care reform and value-based purchasing.

-The annual Paving the Way to Health Care Access Conference will take place on June 20, 2014. The theme is learning more as an interpreter to work across and within your culture in diverse medical settings. It will take place at the Marlborough Courtyard Marriot Conference Center from 8:30 am-5:00 pm. The registration fee is $65.00. For questions contact Bindiya Jha at bindiya.jha@umassmed.edu.

-On May 9 MGH hosted a four day "Medical Interpreting Immersion Training" for American Sign Language (ASL) Interpreters from around the country. It was an intensive course that included anatomy and physiology in ASL with an emphasis on classifiers, specialized terminology and ethical decision making strategies for medical settings. Participants were given the opportunity to analyze and practice interpreting discourse. Class time was interactive with hands on activities, role plays and opportunity for practice and feedback. The program also included an afternoon of hospital tours hosted by MGH staff, visiting a variety of departments including inpatient units, outpatient clinics, and the ED.

-MIS introduces VRI to MGH! Video Remote Interpreting (VRI) for Deaf and Hard of Hearing (DHH) patients who communicate in American Sign Language (ASL) was introduced at MGH on April 15. This supplement to our staff and free-lance ASL interpreters is going to be a critical piece of technology to providing services to our DHH patient population. Though it is still in a pilot phase it is expected that it will be rolled out within the next couple of months.

CyraCom Roundtable

Anabela Nunes, Director of MIS and Chris Kirwan, Project Coordinator were invited to present at a Roundtable Discussion "Healthcare Reform: The New Reality for Language Services in Hospitals" hosted by our remote telephonic vendor, CyraCom on Friday May 9, 2014. Their presentation centered on the process of renewal that MGH MIS has undergone over the past two years and how communication within the department has become the foundation for improving the delivery of language services to our patients and their families.

Just as communication between a provider and an LEP or DHH patient cannot happen effectively or safely without a professional medical interpreter; so team work within a department cannot happen without open, honest and transparent communication.

Chris and Anabela took the opportunity to showcase the tremendous resources the department has in its staff and freelance interpreters; and how the quality of renewal within the department, came about in response to the survey which led to new Mission and Vision Statements and a list of our Core Values.

The communication plan which resulted was comprised of regular staff meetings, a department newsletter, Interpreter Grand Rounds and dedication to filing safety reports; these efforts have also created opportunities for communication with various other groups and departments across the hospital. MIS' strengthened sense of professional identity and renewed energy has reinforced the quality of services that we offer to our patients, their families and our colleagues on the medical teams on which we serve.

MIS held a pot luck lunch to say good-bye to Vida (far right) as she embarked on her new career; thankfully also at MGH!! All the best Vida!

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Toisanese but who also know Cantonese.

Bonus Bit of Culture: The role of ***numbers*** in signifying good luck has a long history in Chinese culture. Certain numbers are considered auspicious often based on the similarity of pronunciation (i.e. sound byte) between the "number" and an another Chinese "word", which carries a positive connotation. The numbers 2, 6, 7, 8 and 9 are believed to be very lucky numbers.

One prominent example of the sound byte association mentioned above: the number 8 is close to the sound byte for prosperity and wealth in Mandarin; fortune in Cantonese. The opening ceremony of the Summer Olympics in Beijing began on 08/08/08 at 8 seconds and 8 minutes past 8pm local time.

MGH

GRB 015G
55 Fruit St
Boston, MA 02114

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

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

It is clear that all the team members are concerned for the patients safety and well being. This is truly, all about the patient. But sometimes the way in which people perceive what is most important and what is in the best interest of the patient may be different. This can become the core of those varying opinions. What becomes critical is working together to discover what course of action is best for the patient.

If an interpreter should become concerned during an encounter that some confusion may compromise patient safety, there is a helpful tool to guide the interpreter in engaging colleagues about their concerns. Carla cites a useful anagram which comes from "TeamSTEPPS® which is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. It includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into any health care system." ([From AHRQ.gov/TeamSTEPPS](AHRQ.gov/TeamSTEPPS)) Any member of the medical team can express their concern and speak up when they see an unsafe situation. They can do so by using the following tool, "CUS words":

First level: "I am Concerned."

Second level: "I am Uncomfortable."

Third level: "This is a Safety Issue."

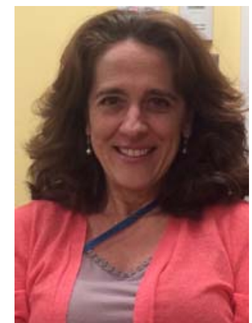
Each of these levels signifies heightening concern for the patient's safety which is designed to elicit a response by the medical team to take a step back and dialogue with each other for the good of the patient. This tool helps the interpreter, or any other member of the medical team, to raise and escalate communication issues assertively, professionally and respectfully. As the Medical Interpreter Code of Ethics states, "when the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem." (NCIHC, Code of Ethics for Interpreters in Health Care, p. 3.) The goal of utilizing this tool is to resolve problematic situations as a team for the good of the patient and in the most respectful manner possible.

Interpreter training courses for those new to the field and Grand Rounds for established medical interpreters are opportunities for dialogue, not only to the grow our profession, but to our own growth as professionals. These interesting, lively and educational opportunities help us to appreciate various perspectives and sort through layers of issues to discover best practices aimed at improving outcomes for our LEP and DHH patients.

Carla Polonsky, Andy Beggs, Chris Kirwan and Anabela Nunes contributed to this article.

Interpreter Profile: Paola Beccari-Doran, CMI

By Andy Beggs



Country: Venezuela

Languages: Spanish and Italian

Paola has been a Medical Interpreter at MGH since December of 2013, though her interest in interpreting goes much further back. When her family moved from her native Venezuela back to Italy, Paola joined them in Rome. There, she studied at the School for Interpreters, earning a degree in Translation and Interpreting in Italian, Spanish and English.

She worked as a Conference Interpreter for several years, but even then felt drawn to the health care side of interpreting; first interpreting in conferences on substance abuse and then actually interpreting for on-on-one interviews and therapy sessions. Paola was immediately drawn to the human aspect of these encounters. "People open up when they feel vulnerable," she says, "They are easy to talk to and receptive to someone who cares, and they know when you care."

After 8 years in Italy, Paola moved back to the United States, got married and started a family. She has two girls in college, and one boy. "My life is my kids and my family, she says. My life has revolved around them."

Paola has a natural ability with languages, having grown up speaking Italian with her parents at home, and being educated in both Italian and Spanish. She has a science background as well, and studied Medical Technology at the University of Miami before moving to Italy. But it is the human side of Medical Interpreting that inspires her the most. In this profession, she says, "you are doing something for someone, and not many professions give you that."