

Challenges in the Medical Interpreting Session

1 The Usage of the First Person

Many interpreters have been working for years with little or no recognized training. Often these interpreters interpret in the *third person* rather than the *first*. In general, interpreting in the third person, (using "he/she said" rather than "I"), results in a longer and less direct form of communication, leaving patients and providers with the feeling that the interpreter is untrained and unprofessional.

#2 Mode of Interpretation

Interpreters who are anxious sometimes resort to the simultaneous mode of interpretation in medical sessions. This makes the session flow quickly, and providers are often left with the impression that the interpretation was successful. However, much of the meaning of the messages interpreted can be lost, and the result can be damaging to the triadic relationship.

How to Choose the Mode of Interpretation

The MMIA Standards of Practice refer to consecutive interpreting as the mode of choice for most medical interpreting sessions. The consecutive mode is when an interpreter listens to a message, understands the message, and after the speaker has paused, accurately conveys that message in the target language.

For example, a provider may come into a session and say, "I am sorry that you had to wait this long, but I have good news; your MRI was great! Congratulations!"

The interpreter must be able to register three main points, "sorry for the delay", "good news", and "MRI". Soon after the provider completes the thought, the interpreter is able to say, in the target language, "I am sorry that you had to wait this long, but I have good news; your MRI was great! Congratulations!" In this interaction, the interpreter did not speak at the same time as the provider and did not summarize the information. If he or she had chosen to interpret simultaneously, the spirit of the message as conveyed in the details might have been lost. A simultaneous conversion of the message would not have represented the voice of the speaker with the completeness it deserves.

Likewise, interpreters are not allowed to practice summarization because it puts the accuracy of the interpretation in jeopardy. Interpreters who omit information could inadvertently kill a patient by filtering out vital information.

To achieve accuracy, the interpreter must be a good listener and develop the ability to conserve the voices of all parties and avoid filtering, adding, changing or omitting any information.

#3 Errors

Interpreters often miss the first and the last words of a session. These unintentional omissions can be clinically and emotionally harmful in the medical encounter. In fact, patients generally wait for the end of a session to disclose their most important information.

Also, many interpreters are not familiar with names of common procedures, or with idiomatic expressions. So they maintain the English word and give it a twist by pronouncing it with a target language accent, thus "creating" words that do not exist. This is called false

fluency. The result is an inevitable misunderstanding, where a patient could leave a session believing that he or she has a mysterious illness with a terrible name, when in fact, had the interpreter striven to find an accurate target language equivalent, the patient would likely have a full understanding of the medical condition in question.

The Medical Interpreting Session Seating Arrangements

An ideal seating arrangement is a perfect triangle where the patient, provider and interpreter can maintain appropriate eye contact and no one is left out. However, the reality of interpreting in a clinical setting is often a lack of chairs and an exam room where only the patient can sit and the provider and interpreter go through the session standing up. Remember though, that whatever the situation, an interpreter should never sit on the exam table or have children sit on his or her lap. Ideally, interpreters should maintain eye contact with all parties to the session. If eye contact becomes impossible, the interpreter should then openly acknowledge this technical difficulty with a message that is not negative towards the provider or the institution.

As the session progresses, the provider or the patient might begin to look only at the interpreter. To discourage this behavior, the interpreter may quietly move his or her chair (or standing position) in a way that encourages eye contact among all parties. I also find that appropriate hand gestures or taking the initiative to look away from the patient or provider and refocus on the floor or up at the ceiling for just a moment is also quite effective.

Some interpreters have been trained to verbally remind providers and patients to look at each other during a session. I am concerned, though, that if an interpreter verbally corrects a provider or patient's habits, this may create a dynamic of resentment. So first try the nonverbal technique mentioned above.

Ability to Understand Information

Interpreters need to become familiar with the information they are interpreting. If an interpreter were working in a complicated procedure, but had no prior experience in that area, then likely he or she would become anxious about the new information and get stuck on individual words while missing the meaning of the message. So buy out time in your busy schedules for advance preparation. Study unfamiliar terms and concepts and be on the lookout for commonly missed words such as *infarction*, *angina* and *stroke*.

INTERPRETING INSTRUCTIONS

Interpreters need to negotiate with busy providers for their full attention when doing sight translations of written instructions. It is better, though, to have the provider read the instructions out loud and to consecutively interpret the provider's words, because if a patient has a medical question, it is up to the provider give the answers.

So when helping a patient fill out medical history questionnaires, interpreters should circle words that the patient needs clarification of and then ask the patient to bring them up in the session. In case the patient forgets, the interpreter may remind him or her of the questions and inform the provider of the situation.