

Signature Medical Interpreter Program Workbook

de la Mora Interpreter Training

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WEIGHTLIFTING FOR MEDICAL INTERPRETERS

AN INTRODUCTION

Welcome to our De La Mora Signature Interpreter Training: Weightlifting for Medical Interpreters! We are thrilled that you have decided to join us as we share what we have learned in the last 30 years of training interpreters in both the medical and the legal fields.

The first topic we will discuss is the relevance of culture in medical interpreting. This will be of importance later on when we touch upon the role of the interpreter as conduit, clarifier, cultural broker and advocate. You'll also be part of the discussion about managing the flow of the encounter and we will learn the law as it pertains to confidentiality and ensuring LEP access to healthcare.

Of course, of utmost importance is interpreting technique. We're very proud of our program because through years of experience and training, we have developed a systematic, consistent approach to improve interpreting performance in all levels. Through this, you'll discover David Kolb's Cycle of Learning, a way to break free of old habits and truly improve your interpreting skills. You'll learn "how to AIM," and how to pinpoint areas for change and improvement in order to meet your interpreting goals. So, welcome. Let's get started!

--The de la Mora Interpreter Training Team

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

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WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 1: CULTURAL COMPETENCY

LEARNING GOALS:

- **UNDERSTAND THE CONCEPT OF CULTURE AND ITS IMPORTANCE IN MEDICAL INTERPRETING.**
- **UNDERSTAND THE ROLE OF THE INTERPRETER AS A CULTURE BROKER.**

The Relevance of Culture in Medical Interpreting

“Culture” is a big word that takes on many different meanings depending on its context. For our purposes, we will define culture as *a shared set of belief systems, values, practices and assumptions which determine how we interact with and interpret the world*. You can begin to see from this definition how our culture influences the way we understand situations and communicate with others.

When you say the word “culture,” the first things that come to mind are often art, music, food, literature, holidays and other practices and traditions common to a group of people. These elements form part of a person’s culture, but for our purposes they are not the only important aspects. Culture within the context of medical interpreting has more to do with understanding the impact of our different assumptions, practices and values on our everyday interactions and our ability to communicate effectively with those around us.

The Role of the Interpreter as Cultural Broker

As medical interpreters, we are not just helping people to overcome differences in language, but differences in culture as well. Within each medical encounter there are several cultures present. These include: the culture of the patient, the culture of the doctor/nurse, the culture of the interpreter, and the culture of the health care system surrounding the encounter. These different cultures may have widely varying views on health, disease, ways to treat illness, hygiene and death. It is part of the

interpreter's job as a ***culture broker*** to be aware of all the cultures present and use this awareness to facilitate communication between patient and provider.

Active Culture

Our individual cultural identities are impacted by many different factors; religion, socio-economic background, place of birth, current location, generation, etc. What this means is that our cultures evolve and change over time. This is defined as **active culture**. Your active culture may be different from that of your siblings or your parents, and just because two people come from the same place does not mean they will have the same **active culture**.

Cultural Factors Within Medical Encounters

Let us discuss some common factors to be aware of when it comes to the role of culture within medical encounters. Nonverbal communication is communication that takes place without the use of words. In many ways, nonverbal cues can be even more important to the effective communication between two people than words. Through nonverbal communication, people express their emotions and their level of comfort within a given situation. Nonverbal communication is also used to demonstrate our feelings toward the person we're communicating with, whether they be feelings of respect, amicability, fear, skepticism, etc.

Just as with spoken language, nonverbal communication varies from culture to culture. A gesture or behavior in one culture may mean a

completely different thing in another. The following are examples of some aspects of nonverbal communication that vary from culture to culture:

- Tone and volume of voice
- Eye contact
- Posture
- Gestures
- Physical contact and personal space
- Punctuality

The interpreter should look out for instances where cultural differences in nonverbal communication may result in a lack of understanding on behalf of either of the parties present in the medical encounter. For example, if the non-English speaking patient makes a hand gesture that the English-speaking doctor seems puzzled by, the interpreter can explain the meaning of the gesture. It is also important to look out for nonverbal clues that indicate that a person may not be understanding what is being said.

Another aspect of culture that comes into play during medical encounters entails the power dynamics between different individuals. Power dynamics are important with respect to how we treat and communicate with others. We speak and behave differently depending upon who we are addressing. For example, most people act differently towards their coworkers as opposed to their boss or supervisor. A person's culture influences how they perceive the power dynamics of any given situation. When individuals of different cultural backgrounds

are present during a medical encounter, their differing notions of power dynamics may make communication more difficult. Below are some examples of relationships whose power dynamics may differ from culture to culture:

- Doctor-patient relationship
- Younger-elder relationship
- Relationship between family members
- Relationship between man and woman

It is important for the interpreter to be aware of the differences in power dynamics across cultures, as these can create barriers to understanding. For example, if patients come from a culture where doctors are considered to have a lot of authority, they may not feel comfortable speaking out to say they do not understand an instruction that their doctor has provided. Maybe after providing instructions for taking medication the doctor will say, “Do you understand?” and the patient will nod politely. If the interpreter has reason to think that perhaps the patient does not in fact understand and is just nodding to be polite, it is part of the interpreter’s job to intervene and check for understanding. In class, you will learn exactly how and when to intervene.

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LESSON 2: PRACTICE, PRACTICE, PRACTICE!

LEARNING GOALS:

- UNDERSTAND WHY PRACTICE DOES NOT ALWAYS “MAKE PERFECT”
- UNDERSTAND THE CONCEPT OF DELIBERATE PRACTICE
- UNDERSTAND THE CONCEPT OF WEIGHTLIFTING FOR INTERPRETERS
- LEARN AGUSTIN’S GOLDEN RULE

How to Practice

We have always that heard practice makes perfect. But the reality is that practice does *not* always makes perfect.

As the saying goes, “Insanity is doing the same thing over and over again and expecting different results.”-Unknown.

This is very important for interpreters because usually, when we think that we have to practice, we repeat what we’ve been doing over and over again while expecting different results. When Agustín de la Mora was the supervising Court Interpreter in Florida and the certification test became a requirement, the first group that tested was 99% staff interpreters. Some of them had seventeen years of experience, and yet the passing rate of that first attempt was only about 43%. This meant that more than half of people who were staff interpreters didn’t pass the test, so they were told to re-take and pass the test within the period of a year or two. Many of them studied and passed – but some of them didn’t.

They were asked, “How did you prepare?”

The replies were often, “I asked for more assignments,” or, “I even volunteered on the weekend.”

Does that sound familiar? They were doing exactly the same things that they had been doing before, but expecting the results to be different. Guess what? They were not.

There was a researcher back in the 1800’s named Galton who said that we hit a wall, and once we are there, we cannot get any better. Luckily, further

research has proved him wrong, but the question remains, how *can* we improve? There are interpreters out there who have been practicing and practicing year after year, yet their test results remain the same. They may feel they've hit Galton's wall, and that they simply cannot improve any further (Jensen, 2002).

Simply put, if you want to improve your performance, the most important thing for you to understand is this: **in order to improve something, you're going to have to change something.** Wherever you are on the scale of interpretation, that's where you are today. Unless you change your approach it would be unreasonable to expect to get any better.

The key here is that practice *can* make perfect, but in order to get better, we need to reconsider our methods for improvement.

Deliberate Practice

Anders K. Ericsson works at Florida State University in Tallahassee. He did some research about good performance and what improves performance in people. What he discovered was this: The difference between practice that is only repeating the same thing over and over again and practice that *does* make perfect is called "deliberate practice" (Ericsson, 2006).

Joshua Foer said, "Deliberate practice, by its nature, must be hard." (2011) Deliberate practice first means that you are going to focus on technique and remain goal-oriented. An important facet of deliberate practice is getting constant and immediate feedback on our performance. We cannot improve performance if we don't have feedback.

When you think about it, everything that you have been doing until today has created certain specific connections in your brain. Your neurons

connected to each other. They created what we call “engrams.” The more engrams you have, the more connectivity in your brain, the better the connection and fast retrieval of information you will have.

What we know now is that our brains are plastic, and most of us have heard the term “brain plasticity.” What that means is that when we learn something new, new neurons get involved in this process. They start connecting with each other and make new, important connections in our brains. The more we learn, the more physical changes occur in our brains. In other words, deliberate practice is going to create these new avenues for you to think. Interpreters have a very unique ability to make quick connections between very difficult subjects, changing from very simple language to very complicated high-register words. The way we do that is by having very strong neural connections.

Weightlifting for Medical Interpreters

A History, by Agustín

Often when students practice, they start playing their ACEBO or De La Mora exercises. They simply listen and interpret, without any goal or an objective as to what to get out of the practice, and without any way plan for how to identify problems and actually change old habits. Remember, in order to improve our performance, we have to create new connections, taking advantage of the brain plasticity. It is like building new muscle, and that is precisely why we call our training “weightlifting.”

Weightlifting for medical interpreters is the core of the training that we have created here at De La Mora Interpreter Training. I have to tell you a story about how this came about.

When I was much younger, I used to run quite a bit. I ran about 30 miles a week consistently for a while. When I was really into running, I

discovered that after a while it was important to start timing myself, at least for me. I started running about five kilometers on a regular basis. When I timed myself when I was in really good shape, I could run 5 kilometers in 24 minutes more or less. That's about eight-minute miles.

I thought, *Oh man, this is cool. I'm a great runner!* That lasted for a while until one day I read this article about the guy who had just run the Boston Marathon. The winner had finished the Boston Marathon in two hours and nine minutes. Guess what? That meant that the guy ran an average of five-minute miles. I thought, *Wow, five-minute miles! I thought eight-minute miles were great, but this guy can run 26 miles at a 5-minute pace.*

I decided, *I know what to do. I'm just going to run faster.* The next day, I went and put on my shorts, my shoes, and set off on my run. Guess what? I could run faster, but I got tired really quickly. I tried it several times, and what I discovered is that if I ran faster, I couldn't finish five kilometers. If I wanted to do ten kilometers, I had to do even slower miles. My conclusion was, *Well, I'm not an elite runner. I'm not going to run in the Olympics. This is my top speed.* In other words, I had already hit my wall. That was it. That's the best I was ever going to run.

Luckily for me, a few months later a new neighbor came to live across the street. She went running one day and I happened to be on the street ready to run. I asked her if we could run together.

She said, "Absolutely, but I have to tell you I'm hurt, so I can't run long distance. I'll run with you for a little bit. Then you can keep going by yourself."

I said, "Okay, that's fine."

We started running, and we ran a mile, then two miles, then three miles. She looked as cool as a cucumber. Three miles was my regular distance

so I was starting to get a little tired. She went another mile and she was fine.

Lucky for me she said, “You know what? I’m going to slow down because I don’t want to hurt myself, and I have a race. You can continue on if you’d like.”

I said, “No, it’s fine. I’ll continue running with you. Don’t worry about it. Let’s walk, that’s fine.” I can’t tell you how relieved I was!

We started walking, and I started asking her questions about running. It turned out she was a marathon runner. If she hadn’t been hurt, it would have been pretty embarrassing for me to try to keep up.

When I asked her about running and I told her about my dilemma of the eight-minute mile, she asked me, “Well, you probably could do better than eight-minute miles. How do you train?”

I said, “Oh, I train every day. I’m religious about it. I run every day, 5 kilometers a day, 15 kilometers on Saturday, 15 kilometers on Sunday sometimes. I’m dedicated to my training.

She responded, “No, no, no. How do you train?”

I was a little confused. I told her that I stretched daily.

She said, “Oh, good. You stretch before running. That’s a good thing. How do you train?”

I said, “Well, I go around the island, and I go up the stairs.”

She said again, “No, no, no, no. How do you train?”

I said, “Well, I thought I trained every day.”

She said, “No, you *run* every day. What you’re doing is running, not

training.”

She was nice enough to create a training program for me. She wrote it down. I went home, and I read it. I was quite surprised. The first thing I discovered was that I didn't actually have to run every single day according to this new plan. I could if I wanted to, but I had to do three regular runs (five kilometers) and one long one: 15 kilometers. Three days a week I didn't have to run, but I had to do other things. I had to do pushups, and chin-ups, and crunches. Most importantly, two days a week I had to do some weightlifting. I was a little confused because I was thinking, *Hey, I don't want to be Arnold Schwarzenegger. I just want to run.*

Anyhow, it was a good idea to try something new, and I started doing the program. I started running as per her schedule, and I also started doing my weightlifting even though I didn't understand why.

A friend and I registered for a race in Tampa Bay called Gasparilla Distance Classic. We ran the five-kilometer race about six months after I had been training. We ran the race together, and we finished the race in 18.5 minutes. In others words, six-minute miles. I was impressed and surprised.

Then it dawned on me: What had changed from the eight-minute mile to the six-minute mile? I had broken the wall. I had broken it because I had deliberately practiced a system that had goals. The most important thing that I discovered is this: *When you are training to do something, the training does not necessarily look like the task.* In other words, weightlifting doesn't look like running, but when you do weightlifting, you improve your performance in running.

With the de la Mora Interpreter Training program, several of the techniques we're going to teach you (such as shadowing or chunking) may

not look like they're interpreting techniques. Hey, that's just practice. It may not look like interpreting, but I promise you that if you do the training, you'll improve your performance in interpretation. You just have to do your weightlifting, even if you're not planning to be Arnold Schwarzenegger.

Agustin's Golden Rule

This is Agustin's Golden rule. Simply put: **Did you hear what you just said?**

In order to know what your interpretation sounds like, you will need feedback. For somebody like you who is serious about becoming a well-trained medical interpreter, or even a court or conference interpreter for that matter, you're going to need feedback. Remember, one of the tenets of deliberate practice is we must have immediate feedback.

There is no better way to get immediate feedback than to record your performance.

Some of us may think, *Well, I don't need to record my performance. I always have my friend Chuchito who works with me and will tell me how I did.* The truth of the matter is that asking Chuchito how you did is not actually so straightforward.

It's the same as asking somebody, "Does this make me look fat?" A question like that is either going to be answered by a "no" that doesn't sound very sincere or by a "yes" that will insult us somehow. Asking Chuchito if your performance as an interpreter was good or bad might create the same situation.

Most importantly, the truth of the matter is that we human beings are not

very good at feedback. We often don't notice other people's mistakes.

From now on, every time you're doing your deliberate practice as an interpreter, you're going to start recording yourself, either video or audio. Of course, if you're a sign language interpreter, you must video record yourself, but even if you're a spoken language interpreter, video recording might help you with your body language and improving your overall performance. **Always record your performance when you are practicing.**

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 3: THE LEARNING CYCLE

LEARNING GOALS:

- UNDERSTAND DAVID KOLB'S LEARNING CYCLE
- UNDERSTAND HOW TO SET GOALS AND OBJECTIVES
- LEARN THE KSA'S OF MEDICAL INTERPRETING

David Kolb's Learning Cycle

David Kolb, born 1939, is an American educational theorist, philosopher and social psychologist who developed the concept of “experiential learning.” Experiential learning is a four-stage cyclical theory of learning which combines experience, perception, cognition and behavior into one holistic approach. Kolb (1984) believes that learning is a process whereby knowledge is created through experience. Although the theory presents four stages, the learner may begin at any stage but much follow each other in the following sequence:

- Concrete experience (“DO”)
- Reflective observation (“OBSERVE”)
- Abstract conceptualization (“THINK”)
- Active experimentation (“PLAN”)
- ...Plus step 5: Repeat!

The four stages of learning propose that experience is translated into concepts which we later use as guidelines for experimentation and the decision to have new experiences. The first stage, concrete experience, is where the subject actively engages in an activity such as field work. The second stage of reflective observation is where the subject reflects on her/his experience. The third stage is abstract conceptualization, where she/he attempts to generate a theory or model of what was observed. Lastly, the fourth stage of active experimentation is when the subject plans to test the theory with a forthcoming experience.

The first stage of the learning cycle is called *experiencing*. We carry out the task without reflection, *just intention*. Carry out the task. No reflection,

just intention. In other words, just do it.

Now, what happens to most of us interpreters is that when we think we're practicing, we stop at this stage. We just interpret. We interpret, and we interpret, and we interpret. We continue to do the same thing over and over again. If you really want to improve performance, though, you actually have to follow the four stages of the learning cycle.

The second step is called **reflection**. We step back from the task, and review what we have done. How do we do this? First, we record ourselves interpreting. Once the exercise is finished, we listen to the recording. We reflect on it. We pretend that we only speak the language we are hearing, and that we are hearing these words for the first time.

At this point we ask ourselves, *does this make sense? Did this interpreter sound clear enough? Did the story make sense?* We reflect on how the story sounded as we were listening. We think not as the interpreter, but as a person who was using the services of the interpreter.

The third step is **conceptualization**. Here, we analyze our interpretation. We actively compare our rendition to the original text, with a pencil in hand to mark additions, omissions and changes. We search for our strengths and our weaknesses, and we ask ourselves why we made the mistakes we did. We look for patterns.

The fourth and final step is called **planning**. Here, we take the new understanding and decide what tasks are required to improve our performance on a specific topic. For example, we may evaluate our rendition and discover that we have language expertise problems with anatomy. That being the case, we will need some training that includes a lot of human anatomy exercises.

In doing this, we will want to consider which language was the problem,

and whether it was an issue of not knowing the target language equivalents, or not having an adequate understanding of the terminology in the original language. Once we have determined where the problem is, we can create a plan to resolve it.

Goals and objectives

There is a quote by Craig Miyamoto that says, “Think of your goal as the treasure at the top of the stairway and the objective as the stairs.” In order to achieve our goals, we must have objectives. Think of a goal as something lofty, maybe a little fuzzy, that you are trying to attain.

Here’s a great goal as stated by Stephen Hawking. He said, upon being asked, “My goal is simple: the complete understanding of the universe.” Of course we, too, can create lofty goals, but to get there, we have to plan specific, measurable, and achievable objectives.

So, how do we create a plan with goals and objectives? Remember that in order to improve performance, we are going to have to change something; we have to *do* something. What we’re going to do is write clear, measurable, obtainable, objectives.

Now, many of us tend to establish objectives that we really cannot attain because they are actually out of certain parameters. For instance, it is very common to want to lose weight. One might attempt, for example, to lose ten pounds in ten days. Of course, that’s really not going to happen, and that’s why when we have an objective like that, it’s very frustrating and we tend to fail.

We need something that is attainable, and for that we need to have knowledge. We record ourselves and start discovering what we need to learn.

Tips for Writing Good Objectives

This is the A B C D of objective writing.

A is for **audience**. Who is the audience? In this case, it is the person doing the task: yourself.

B for the **behavior**. What is it that you're going to do in order to obtain your objective?

C is for **conditions**. Under what conditions are you going to do the behavior?

D is for **degree**: to what degree are these conditions met?

In order to have a good objective, you have to fulfill all four, the A, B, C, Ds, of objective writing. Let's look at writing an objective for sight translation.

Objective: In sight translation, **given a 225-word English legal document**, **the interpreter will be able to sight translate the document in its entirety** at **a 70% accuracy within six minutes**.

This is a good objective. It is measurable. It's clear, and if you notice, it has the A, the B, the C, and the D.

Now, try to figure out what the Audience, Behavior, Conditions and Degree are.

Hint: They're in different colors.

A=Green, *The interpreter*

B=Red, *Will be able to sight translate the document in its entirety*

C=Blue, *Given a 225-word English legal document*

D=Purple, *70% accuracy within six months.*

Start writing objectives based on what you discover according to your David Kolb study of your performance as an interpreter. If you have a well-written objective, you can then ascertain if you have obtained it or not.

Experiential Learning

Experiential learning is, simply put, the process of learning through experience. This differs from the didactic form of learning used traditionally in classroom settings (where one instructor lectures a group of students, and the students do not engage in the experiences being described.)

Although Kolb proposed a learning cycle, he acknowledged that individuals possessed different learning styles. He highlighted the conditions under which specific individuals learned best under the following categories:

- Assimilators, who learn best when presented with logic and theory
- Convergers, who learn best when presented with real-life examples implementing theories
- Accommodators, who learn best with hands-on experience
- Divergers, who learn best when allowed to collect and observe wide ranges of information

Here is an example of experiential learning versus didactic learning: An aspiring beautician reading about make-up application, as compared to an aspiring beautician practicing make-up application first hand. Both methods are educationally relevant and beneficial. However, the experience offers hands-on research that allows for students to reflect upon their experiences and generate theories grounded in practice. This helps the students to investigate with their theories in any subsequent trials.

One of the benefits of experiential learning is that learning can exist without a teacher and only relates to the individual's ability to derive meaning from their experiences. It is natural to gain knowledge with every new experience. However, one must attain certain qualities to have a genuine learning experience. According to Kolb, knowledge is continuously gained through personal and environmental experiences. Kolb also states that in order to gain genuine knowledge from an experience, the learner must possess four abilities:

- The learner must be willing to be actively involved in the experience;
- The learner must be able to reflect on the experience;
- The learner must possess and use analytical skills to conceptualize the experience; and
- The learner must possess decision-making and problem-solving skills in order to use the new ideas gained from the experience

Experiential learning has been found to be one of the most successful learning tools known to social psychologists.

The KSAs of Interpreting

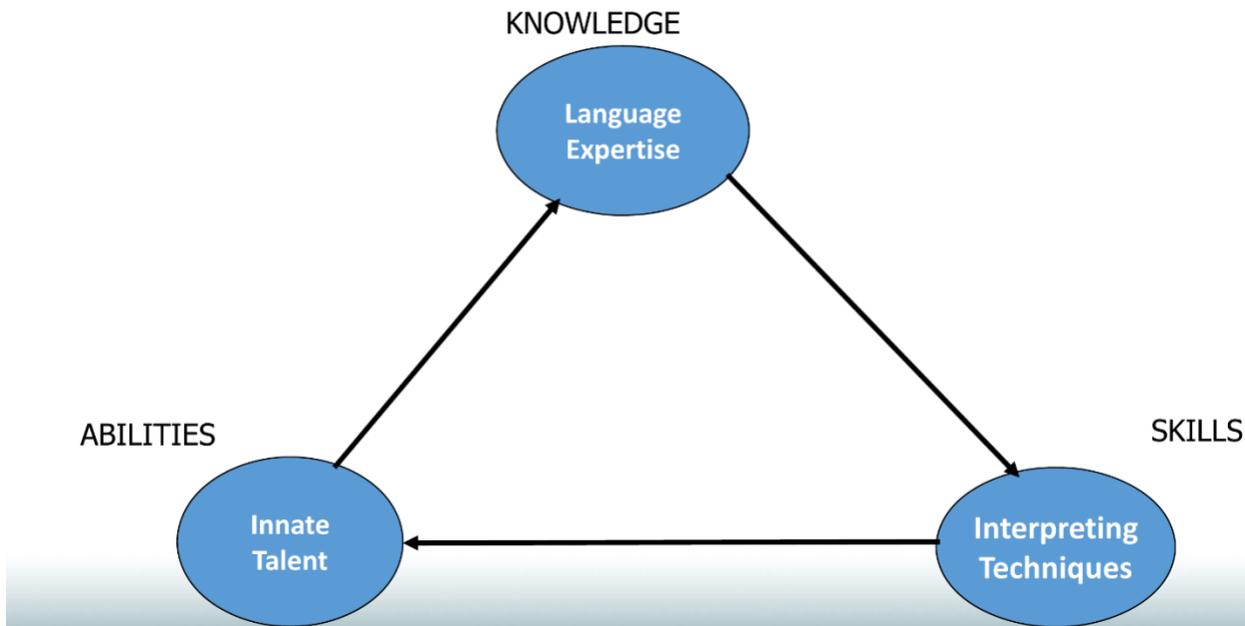


Figure 1 David Kolb's KSAs

David Kolb's KSAs Stand for Knowledge, Skills, and Ability. These are essentially the components that make up our mastery of a particular subject. As aspiring interpreters, we need to understand what our knowledge, skills and abilities are so that we know which part of the triangle we should try to correct.

Knowledge: Language Expertise

Being a good court interpreter requires a very high level of language expertise. The most successful Spanish interpreters, the ones who attain a passing rate, traditionally have a level of sophistication in both languages equivalent to a two year college degree.

This does not mean that an interpreter must have a college degree, and it also doesn't mean that just because we are fluent in a language we can be interpreters. It simply means that interpreters need to have, at minimum, a certain level of sophistication in both languages.

Regarding fluency: Often people think that because a person is fluent, he or she must have the necessary level of expertise to be an interpreter. But being fluent simply means being able to say what we think. When you think about it, children of the age of 5 or 6 can say what they think. They are considered to be fluent in their language. Therefore, being an interpreter is not about fluency; it's about level of sophistication in the language. It's about how much can we can say *and* how much we can understand and transform from one language to the other.

Our knowledge—our language expertise—is required *before* we begin training to be interpreters. It will improve as we continue, but we have to have a solid foundation before we start.

Abilities: Innate Talent

This is the part of the triangle that cannot be taught. We are all born with certain talents, and we know them from a young age. After a few years we may discover, as an example, that we can draw quite well. Or perhaps we can dance, or sing, or play a musical instrument. That is called an *innate talent*. As interpreters, one innate talent we have is multi-tasking.

Once again, our abilities—our innate talents—are something that we have *before* we become interpreters.

Skills: Interpreting Technique

This is the part of the triangle that we can truly work on. For example, we can improve memory, increase visualization and learn note-taking techniques. Most of the tips you will receive in this workbook and in class will pertain to improving your interpreting technique.

More on KSAs

The first and most important thing that an interpreter must have, of course, is language expertise. However, when we talk about language expertise, especially here in the United States, there is a confusion about language expertise and interpretation. The assumption is that if a person

is bilingual, they are automatically interpreters, too. This is like saying that if you have the ability to use a pair of scissors, you are also an expert hair dresser, or that if you can drive a car, you can be a NASCAR driver, too.

Of course, language expertise is important for us as interpreters. We must be able to handle utterances as colloquial as “How ya doing,” as well as more complicated, high-register language like a doctor or an attorney would use. We need to be able to navigate slang from patients and high-register explanations from doctors. For that, we need language expertise.

Language expertise is therefore something that we must already have, and it is also something to cultivate as we discover where our blind spots may lie.

Then, of course, we must have talent. Now, talent is something we’re born with. It can’t be taught. As interpreters, we have this uncanny ability to transfer language from one to another very quickly. As you continue on in your careers, you will often be told, even by other people who are bilingual, or experts in the languages, that they simply could not be interpreters. This is because they lack that innate talent.

Putting it Together

We’re here to share with you what we have put together as a system of interpreting techniques that you can incorporate into an array of already-established interpreting techniques to improve your performance in all

three modes of interpretation. The emphasis will usually be on your skill—that is, your interpreting technique.

By combining these three elements—knowledge, skill, and ability—you will be able to discern how to improve your performance. This will happen during step three of David Kolb’s Learning Cycle: Conceptualization.

Let’s say you listen to your performance, and you discover that you understood the concept of certain weapons in one of the languages, but you were having a very hard time interpreting into the other language because you didn’t have the vocabulary in the other language. If you think about it, that is obviously not a lack of talent, and it’s certainly not a lack of technique. That will tell you that you need to improve your vocabulary in weapons in the language that you had a problem with.

This is how you discover your needs. A very important part of this is that when you discover something, you need to start putting it down somewhere so you can then take action for the next step of the learning cycle.

On the other hand, let’s say you realize that when you were doing a consecutive exercise, you were forgetting certain things. They weren’t difficult concepts but rather simple ones, like shoe, hat, or stomach. You discover it’s really not because you didn’t know how to say it. You just forgot it. If you forgot it, that’s obviously not a lack of talent. It is certainly not a lack of vocabulary. So the problem lies with your technique. Maybe you need to improve your note taking. Maybe you need to improve your memory.

Whatever the case may be, once you have pinpointed the exact source of your problem, there will always be a way to resolve it.

Interpreting Style: Are you an intuitive interpreter? A story by Agustín

Let's talk about interpreting "style". Here at de la Mora, we believe there are two. The first one is called Intuitive Interpreting, and I'll tell you why.

We sent an internal survey some years ago to about 3,000 interpreters in our e-mail list. We got a few hundred back, from interpreters of all levels and languages available. One of the questions was, "Before you got paid for working in the U.S. as a court interpreter, medical interpreter, community interpreter – any kind of interpreter – before your first paid job, had you had any training as an interpreter or a translator?"

What percentage of people do you think said "no?" 93.5 percent. Less than seven percent of these interpreters started interpreting after going to school and training.

Many of us didn't even know that we wanted to be interpreters when we began, and many of us also fit this profile: people who were foreign-born and living in the United States, or people who were born in the U.S. but had traveled abroad and fallen in love with x or y language at an early age. Most bilingual people become interpreters for their friends and families pretty much as soon as they can speak conversationally.

I was my mom's interpreter when I was nine, when we would go shopping. This is what would happen: When my mom would take me with her to the store to buy something, she would ask me very complicated questions, or she would ask me to *ask* very complicated questions.

She'd say something like, "Listen, go tell the lady there, ask her how much the blue dress is, on the third row, behind the red dress – but not the short one, you know I don't like short dresses – the other one, with the big shoulder pads and the nice lapel. Ask her how much that dress is." That was my task.

But do you think I went over and said, "Excuse me, saleslady, how much is the blue dress, on the third row, behind the..." Did I say all that? No! I would just touch the dress and say, "How much?"

And then when the person gave me an answer, they'd say, "Well, that's a Versace dress, it's very expensive, it's made out of silk..." a long spiel, because it's a sales pitch. And she'd continue, "It's \$155, but it's on sale right now for \$55."

When I went back to my mom, do you think I said, "Mom, that's a Versace dress, it's very expensive, it's made out of silk..."? No! What did I say? "Fifty-five dollars!"

Was I a good interpreter at nine? No! I was a "bad interpreter," because in my mind at nine years old, I didn't need to talk about the "unimportant things." I only had to interpret the important things.

Nobody trained me, so the only tool I had for being an interpreter was my intuition, and my intuition told me to take out the unimportant things and just ask the important things.

That's why to this day we hear of cases where the judge or doctor has said to an interpreter, "Mr. Interpreter, wasn't that a longer answer?" And the interpreter says, "Yes, but the rest wasn't important."

In a court of law or a doctor's office they would have kicked nine-year old me out, because I was leaving out 90% of the message. But when I learned to interpret, I learned intuitively, so when they sent me to the courts, what did I bring with me? My intuition. And what happened is I learned that to be good at interpretation, I actually had to be quite counter-intuitive. Just like interpreting in the first person, many of the things that we interpreters have to do make no sense, intuitively speaking.

What I discovered after many years of practicing and improving my performance was that in order to be a good interpreter, you have to use your intuition, *and* you have to learn technique. Many times, technique is counterintuitive. It goes against the grain, like working out when you want to be a runner, but it is necessary and important.

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 4: CONSECUTIVE INTERPRETATION

LEARNING GOALS:

- KNOW WHEN TO USE THE CONSECUTIVE MODE
- LEARN HOW TO IMPROVE YOUR “AIM”
- UNDERSTAND THE PRINCIPLES OF NOTE-TAKING

Consecutive Interpretation

Let's start our training, beginning with consecutive interpretation. We used to begin with sight translation, but now we talk about consecutive first because it's the most intuitive kind of interpretation.

Interpreting is supposed to be the second-oldest profession in the world! Basically, as soon as the Tower of Babel happened and everyone started speaking different tongues, one of us said, "I can help!" So we have been interpreting for a long time, and the natural, intuitive approach is with the consecutive mode.

Consecutive is the most frequent mode of interpretation in the medical domain. It is the natural mode to use when interpreting for a back and forth conversation. It is also the most accurate form of interpretation, because the entire thought is heard and understood before the interpretation is rendered. One person speaks, then the utterance is interpreted, then there is a response, and the response is interpreted.

Consecutive AIM

If you want to improve your consecutive, first you have to improve your AIM.

- Attend
- Inscribe
- Memorize

A: Attend

The A in this acronym stands for Attend. At de la Mora Interpreter Training we say, “Sorry, you must pay.” This is because the way the verb is used in English is simply perfect: “PAY attention.” In other words, attention is the price of admission.

Here’s the deal: if you want to improve in consecutive, you must *pay attention* to the message. If you don’t pay attention to the message, the rest is irrelevant. This is because if you didn’t catch the message, it doesn’t matter how good of an interpreter you are; you won’t have the message to interpret.

So, are you paying attention? Attention is believed to be the highest form of listening, and listening is a concerted effort to decipher something you hear. Hearing is natural, right? If someone breaks a window, we all hear it. But listening requires attention, or in other words, it requires concentration and a decision. That’s why when your mom was talking to you when you were a kid, she would say, “You’re not listening.”

What you were likely hearing was the “womp womp womp” sound that the teachers make in *Peanuts*, but you were not decoding what she was saying, so you were not listening.

Well, to that end, attending is the highest form of listening. You want to ask yourself, “What do I need to pay attention to, based on my goal?”

If you are going to be an effective interpreter then you must pay attention to the message in the *source language*. Yet usually, as people begin to receive the message during consecutive interpretation, they

begin interpreting in their heads right away. So the original speaker says, “And it was an incomprehensible...” and the interpreter is already thinking, *Incomprehensible, how do I say that...?* In that time that they’re worrying about how to say “incomprehensible,” guess what? The rest of the message *does* become incomprehensible, because they’re no longer paying attention to the message in the source language.

Now let’s remember that to improve, we have to implement change. Therefore, if you want to improve your performance, you should make this little paradigm shift: make the conscious decision pay attention to the source language when you listen to the message. Forget how you’re going to say it in the other language; that’s irrelevant. You must own the message first. *The whole message*. This is because if, instead, you pay attention to how you’re going to say it in the other language, you are going to lose the original message.

Often what happens to people is that they come up with the solution for that particular word, but they don’t remember the rest. And funnily enough, if they had paid attention to the source message, they would have had the context to give them the interpretation.

Remember, the best-kept secret by black belt interpreters is that *you cannot interpret what you don’t understand*. And if you’re paying attention to “how do I say this word in the other language,” you might miss the message.

Also, be aware that consecutive is the most reliable form of interpretation. That’s not just an opinion; all languages show that this is true both in spoken and sign language. American Sign Language (ASL)

interpreters are very reluctant to believe this because ASL interpreters are always doing simultaneous. But while attending Critical Link conference in Montreal a few years ago, we learned that even for ASL, consecutive is more accurate because the interpreter hears the complete thought first. So don't miss that opportunity by trying to decode what you're going to say when you should be focusing on getting the message.

Patricia Michelsen-King, Federally Certified Interpreter and Instructor at Virginia Commonwealth University, mentions in her lectures that the more attention focused on *meaning*, the better the *recall*. That's the result of this debate: if you're paying attention to the message, you will actually remember better. So there are only two basic skills for doing consecutive: attend and understand.

You must understand the original, and you will hear your instructors say this dozens of times: It's not the words; it's the meaning. To be a good interpreter, you must understand that meaning is paramount.

Take this example: "That guy falls me fat." Does that make sense in English? Of course not. But in Spanish, the words in this phrase create a new meaning: "I don't like him."

If I interpreted the phrase from Spanish as "that guy falls me fat," I would not be doing a good job of conveying the meaning of the phrase. This would be true *even though the words are correct*. Why? Because the meaning behind the words is most important, and that's what you should pay attention to.

I: Inscribe

In Consecutive Interpreting, you must constantly analyze the incoming message during the note-taking process and note the most salient points to help improve your memory processes during interpretation. This is the “I” in AIM: Inscribe.

During consecutive interpretation, the interpreter has the opportunity to make notes and may refer to those notes while rendering the interpretation. Both consecutive and simultaneous interpretation require that you understand the message, analyze it, transfer it into the target language mentally, and, finally, reformulate the message in the target language.

When you take notes during consecutive interpreting, you should take notes in the source. Some interpreters find consecutive interpreting more difficult because of the amount of time that passes between hearing the source message and rendering the interpretation. Although consecutive is more time-consuming than simultaneous interpretation, consecutive interpretation allows for more precision and is therefore often the preferred method in highly sensitive meetings where a slip of the tongue could lead to disaster (Mikkelsen, 1983, p. 5).

Taking notes can relieve the burden of memory, but you must know how to take notes effectively during the interpreting process. Analysis allows you to understand the meaning of the source message as best you can with your current resources and skill level. You must understand the source message before you can interpret. We must also be aware that

some expressions that have functions only in the source language and will have no communicative purpose in the target language.

How would you interpret the following phrases?

- It's raining cats and dogs
- There's a cathedral, an open square and several outdoor cafes on the piazza.
- The pediatric neurosurgeon determined that my baby has normal reflexes but found that she is profoundly deaf by using a tuning fork.

Professionals often use notes in their work and people in everyday life make notes to remind them of things they want to do or need to remember. Some studies suggest note-taking may interfere with listening, while other studies suggest the opposite. This difference may be due to the speed of delivery and effectiveness of the note-taker. Howe (1970) found that the fewer the notes, the better the recall. Jones (1998) says note-taking is a strategy that can reduce the cognitive load on memory during consecutive interpreting. You must be able to practice note-taking and use note-taking in professional settings.

There are actually two main functions associated with note-taking:

- 1) The process of taking the notes
- 2) The process of reviewing the notes

It appears to help in analysis and processing of information, and the interpreter is more likely to remember something that s/he acted upon him/herself. Note-taking helps to store the information in memory. Also, it was stated that the benefit comes from reviewing the notes rather than

taking the notes. Therefore, the notes serve as an external memory storage device.

Another reason to take notes is to minimize mental fatigue as the mental effort is spread out over the entire process instead of all the hard work during the first stage. When a speech contains numbers or names, it is even more important to use note-taking to reduce the load on memory. Notes can help the interpreter reproduce the content of the speech, so the notes should indicate which points are most important and which are supporting. In order to determine which points are main and which are supporting, the interpreter must analyze the message. The process of note-taking helps to clarify the structure of the source message. The benefits of note-taking, organizing, focus, and enhancing memory are interacting and reinforcing each other continuously.

Note-Taking Strategies

- Keep your notes to a minimum. Very few words of the original message are written down, because interpreters focus on ideas, not words.
- Technical terms, numbers and names should be written down but notes should always reflect what the interpreter has understood, not just what the interpreter has heard.
- Try to use single words/abbreviations and symbols that represent entire concepts.
- Use a note pad or a writing surface that is convenient and easy to hold, like a steno-pad.
- Notes should be taken only on one surface of the note pad rather than trying to switch from front to back of page.
- Notes should be easily legible and unambiguous. For example, abbreviations must refer to a single lexical item and symbols

should not be invented on the spot as it will be too hard to remember what the new symbol means when rendering the message.

Seleskovitch (1995) says that experienced interpreters who are skilled in taking notes during consecutive interpretation do not focus on the method of note-taking but rather on the meaning of the passage. There are as many different note-taking systems as there are interpreters and each interpreter's system is unique. Therefore note-taking should be a personal, non-prescriptive system. It is important to keep in mind that the ultimate goal is an accurate interpretation.

M: Memorize

The final letter in the AIM acronym stands for *memorize*. With your instructor, you will discuss how to improve your short-term memory in order to capture entire utterances with precision and accuracy.

Visualization is key for enhancing your memory. Other techniques include **note-taking**, **chunking** (breaking larger ideas into their smaller, "bite-size," components), and **word association** (making a connection in your mind between something you want to remember and something you already know).

So, in summary, to be a better consecutive interpreter, you must learn to improve your AIM: Attend, Inscribe, Memorize. Happy Studying!

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 5: SIGHT TRANSLATION

LEARNING GOALS:

- KNOW WHEN SIGHT TRANSLATION IS NECESSARY
- UNDERSTAND HOW TO USE YOUR PREP TIME WISELY
(HINT: ALWAYS READ FOR CONTENT FIRST!)
- UNDERSTAND THE CONCEPT OF CHUNKING
- UNDERSTAND HOW TO WORK ON YOUR DELIVERY

Sight Translation

Sight translation is a hybrid of spoken interpretation and written translation. An interpreter takes a written source text and then “translates” it out loud into the other language. This mode of interpretation is used frequently in medical interpretation to render forms and questionnaires into a target language. Keep in mind that as an interpreter, you will be qualified to perform sight translation out loud. You are not, however, authorized to perform written translation. Nor should you ever sight translate a document requiring a signature outside the presence of a medical provider.

Prep Time: Reading for Content

Let’s continue our discussion of interpreting technique by reviewing sight translation. This is Agustin's golden rule for sight translation: never, ever, never, ever, ever, never, ever, ever, never *ever* start a sight translation without reading the whole document first.

The truth is that many of us interpreters, when we do sight translations, don't read. We know, by rating many exams at the state and federal level, that sometimes candidates start immediately after they're given the sight translation, without taking any time to read the document. Well, you have to read it first. You have to do something that we call *reading for content*.

When reading for content, the source is the key. By source, we mean the **source language**. That is, the language in which the document was originally written. Our immediate inclination, as intuitive interpreters, is to immediately begin sight translating. Even if we decide to read the document first, we are already trying to sight translate it in our heads. This is *not* a good idea.

If you want to improve your performance, you have to read the document, in its entirety, in the source language. This is because (and you've heard this before), you cannot interpret what you don't understand. Therefore, if you don't read the document, in its entirety, in the source language, how do you know if you understand it?

Has this ever happened to you? You begin reading a document and a word trips you up. You start thinking, *How am I going to say that word in the other language? Does that word even exist in my other language?* When you start battling yourself in your head about that specific word, but you continue to "read," what happens is at the end of the page you still might not know what that word was, but most importantly, the rest of the document is a blur.

Or take this scenario. You go to the beach and you're reading a nice book. You're really into the book. While you're reading the book, something distracts you, something beautiful. You look around and there's a sunset. You start thinking about sunsets and things like that but you continue to "read" your book. When you turn the page, you go to the second page and in the middle of the page it says, something like, "then Harry went...", and you go, *who the heck is Harry?* All of a sudden you have to go back and re-read it. If you are paying attention to something else, then you're not going to pay attention to the meaning.

The most distracting thing you can do to your brain is to try to ascertain how you're going to say something in a different language *while* you're trying to understand it in the source language. Alternatively, the objective of a good reading for content is to go ahead and read, and get "the big idea": the whole concept.

Chunking

Now that you understand how to read for content, let's talk about the next step: Chunking. What is chunking? Think about it this way. When you buy a book, it arrives "pre-chunked." Each book has chapters. That is a chunk of the book. It is a segment, smaller or shorter than the rest of the book, but a smaller part of the book that makes sense by itself. Often, of course, these chapters are chunked into paragraphs. Paragraphs are chunked into sentences. Sentences, sometimes, are chunked into clauses. We are therefore already familiar with the concept of chunking. It is essentially segmentation: dividing a group of words into shorter groups of words.

In interpreter's terms, **chunking** means dividing sentences into smaller units of meaning. The unit of meaning is a group of words that stands on its own and has meaning by itself.

Here's the thing: words mean nothing. Words have no significance unless and until they have context. Take the word, joint. Now think of a sentence using that word.

Here are some possible sentences:

- My joints hurt.
- My friend and I went to that gas joint the other day.
- My friend Tim would always say, oh man, let's have a joint. Let's smoke a joint.
- I have a joint checking account. I also have joint custody with my ex-wife.

- The car has joints: CV joints. The house has joints on every corner.
- Putting it all together: “I just did three days in the joint because I was smoking a joint over there at the gas joint. As I ran, I hurt my joints. Then my wife got mad and she emptied the joint checking account. To top it all, I lost joint custody.”

Think about that, and then consider, if you were to interpret or translate the word joint, how would you do it in your language? *You couldn't*. You would have to know the context before you could interpret. You would need to see the word “joint” within its *unit of meaning*. “Joint” by itself doesn't have any value unless it has context.

When you are new to sight translation, you will want to manually chunk your document by placing a diagonal line after each chunk with a pencil. This will train you to read the document not for individual words, but for separate units of meaning. Eventually this will become second-nature, and you will no longer need to chunk by hand.

Delivery

The ultimate goal, when performing a sight translation, is to have your rendition sound as seamless as if you were reading the document in the source text. This takes time. At the beginning, you will find that you don't automatically re-order words in your head, you don't process alternative meanings, and so you stumble. You will say a word, realize the order should be different, and say it again.

Sight translation is really simultaneous interpretation. Your goal is to read ahead to the next chunk as you interpret the previous chunk, converting syntax in your head with a seamless delivery. Again, this will take time. Use David Kolb's learning cycle to record yourself, identify issues with

your delivery, and then try again.

Good luck!

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 6: SIMULTANEOUS INTERPRETATION

LEARNING GOALS:

- UNDERSTAND WHEN TO USE THE SIMULTANEOUS MODE
- UNDERSTAND DÉCALAGE
- UNDERSTAND THE IMPORTANCE OF SHADOWING

Simultaneous Interpretation

Simultaneous interpretation is the least-used mode of interpretation in a medical context. One of the national interpreting certification tests doesn't even include a simultaneous portion. This is because it is most used when one or more people are speaking for quite some time in the same language, and that doesn't usually occur in medical settings. However, it does happen occasionally, such as a medical interview where the doctor and patient are speaking in English, and the patient's spouse does not speak English. It is therefore a skill that medical interpreters should still develop.

The Misnomer “Simultaneous”

The first thing to understand about simultaneous interpretation is that it is not actually simultaneous. The best way to explain this is by way of an “Agustín anecdote.” Here goes:

Agustín: Let me tell you about the first time I interpreted ever, in a court of law. Like many of us, I was sent to a court of law to do an interpretation that I had never done in the past. I was hired because I was bilingual, because I was a teacher, and because I had some experience teaching. So I was hired to be a court interpreter.

When I went to my first assignment, I will never forget that the judge came out and started talking to the attorney, in English of course, and the attorney answered. I was standing next to the non-English speaker.

When those two started talking to each other, I really didn't do anything because I assumed that I was there just to interpret when the person I was interpreting for was addressed directly, or when that person said

something, and then I had to interpret it. After all, that's how I had already handled a couple of depositions. I found out I was wrong because the attorney noticed that I wasn't interpreting. He reached behind his client's back, touched my shoulder, and said, "You need to interpret simultaneously."

I knew that the word *simultaneous* meant *at the same time*. I thought immediately, *okay, as soon as the next word comes out, I'm going to start interpreting simultaneously*. Then judge said something. It was something like, the "long, hard, rocky, difficult..." I immediately realized something: It was impossible to interpret all those adjectives *at the same time* because in Spanish, you have to wait for the noun to be able to match gender and number. Therefore, I had to wait a little bit until the judge said the noun. He ended up saying, "The long, hard, rocky, difficult life that you lived." When he said "life," I started putting together all of the adjectives. I learned very quickly that I had to start speaking *after* the judge began speaking, which meant that I would also end up finishing speaking after the judge was already done.

Décalage: Agustín, continued

As soon as I finished that day, I spoke to a very well-trained interpreter. She explained to me that the period of time that you have to wait until the speaker gives you enough information so you can interpret is called **décalage**. Décalage is a French word that means *lag*. There is a lag of time between the interpreter speaking and the original speaker. The interpreter always has to wait a little bit.

The better the décalage, the better the interpreter. Often, inexperienced interpreters will have very little décalage, and as a consequence they tend to stumble with difficult syntax. They also often feel and sound rushed, because they are constantly trying to catch up.

By good décalage, we mean enough of a lag that a full idea can be captured. Does this remind you of anything? It should. The concept of *chunking*, discussed in the context of sight translation, applies here. A good interpreter maintains good décalage and remains one complete thought—one chunk—behind the speaker. This means that once the speaker has finished, *the interpreter is still going*.

Shadowing

Shadowing is a marvelous way to improve your décalage. It involves listening to a speaker in your target language and repeating, word for word, what that speaker is saying.

This action not only improves your décalage but also gets your brain used to listening, processing and speaking at the same time, something that is quite tricky to master at the beginning. Finally, it reinforces proper syntax and good vocabulary, something that can get a little sloppy for us bilinguals living in an English-speaking country.

Since simultaneous is almost always performed into the non-English target language, meaning that we need to have a very good active command of that language, our non-English target language is the one in which we should perform our shadowing exercises.

You should start by shadowing a native speaker in grammatically correct, slow speech. Ask a friend or relative to record a speech, or simply find one online.

Repeat the exercise again and again, each time lengthening your décalage. You will find that your skill at simultaneous improves right along with your shadowing.

Simultaneous Interpretation

To perform simultaneous interpretation, follow the same steps that have already been discussed for the other two modes. Record yourself, listen, compare, look up terms, and do it again. And again. And again. The more you practice, the better you will get, and you should not move onto a new exercise before you have polished the first.

Good luck!

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 7: STANDARDS OF PRACTICE

LEARNING GOALS:

- UNDERSTAND THE BASIC INTERPRETING GUIDELINES
- UNDERSTAND THE PURPOSES AND FUNCTIONS OF THE FOUR DIFFERENT INTERPRETER ROLES
- UNDERSTAND CONCEPT OF INCREMENTAL INTERVENTION

Basic Interpreting Guidelines:

- The interpreter's main purpose is to facilitate communication
- Interpret in the 1st person
- Interpret everything, including fillers and gestures
- Maintain the register of original message in interpreted message
- Do not omit, add or change anything that is said

In medical interpreting we have a collaborative interpreting environment, which means both parties have the same goal (the health of the patient). This is different from courtrooms, which have an adversarial environment.

Interpreter as Conduit

- Main purpose: Overcome language barriers
- Core function: Provide rendition of message delivered in one language into another language
- Interpreter should aim to perform in this role most of the time. Other roles are adopted to overcome specific barriers

Interpreter as Clarifier

- Main purpose: Overcome impediments to understanding
- Core functions:
 - a. Look out for verbal or non-verbal clues that indicate lack of understanding
 - b. Intervene when necessary
 - c. Maintain transparency when intervening

Interpreter as Culture Broker

- Main purpose: Overcome *cultural barriers* that prevent communication
- Core functions:
 - a. Look out for verbal or non-verbal clues that indicate lack of understanding due to cultural factors
 - b. Intervene and provide cultural information when necessary
 - c. Maintain transparency when intervening and providing additional information

Interpreter as Patient Advocate

- Main purpose: Overcome *systemic barriers* that arise outside of the medical interview.
- Core function:
 - a. Provide additional information so LEP patient has same access to health care and resources as English speaker

Incremental Intervention

The four roles go from least intrusive (Conduit) to most intrusive (Advocate). In any given situation, the interpreter must adopt the role that is LEAST INTRUSIVE, yet which also facilitates understanding between patient and provider.

Interpreters should remain in Conduit role as much as possible, adopting other roles only when necessary.

When adopting a role other than Conduit (That is to say, Clarifier, Culture Broker or Advocate), we must return to Conduit role as quickly as possible (once barrier to communication has been overcome).

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 8: MANAGING THE FLOW

LEARNING GOALS:

- LEARN YOUR CIFES
- KNOW WHERE TO POSITION YOURSELF
- KNOW HOW TO INTERVENE UNOBTRUSIVELY

Pre-session

Before every single interpreting encounter, a pre-session must be conducted. This should occur with patient and provider when they are both in the same room, *not* in the waiting room while alone with the patient.

Include as much information as possible in the brief period at the beginning of the medical interview:

1. Introduce yourself and say you will be the interpreter for the session.
2. Say you will be interpreting what the patient and provider exactly as they say it, and that they should address each other and not the interpreter. (This is to ensure *first-person interpretation*, even if you don't use that term.)
3. Ask that they speak in short segments, and mention that you may raise your hand for pauses if a segment runs too long or if clarification is required. (This is how you will be able to *control the flow*.)
4. Say you will maintain confidentiality of everything that is said during the session.
5. If you will be taking notes, let the patient and provider know that these will be used only to jot your memory of important facts during the session, and will be discarded immediately after.

CIFEs

To remember what to say, memorize the acronym CIFE.

C: Confidentiality

I: "In" the first person

F: Flow control

E: Everything will be interpreted

Remember that you don't need to use the terms "flow control," or even, "first person," since the average person may not know what that means. The acronym is simply a device to allow you to remember everything that should be mentioned, in as clear and succinct a way as possible.

Positioning

Best place for interpreter to stand is slightly behind/beside patient, facing provider

Effective intervention

- Use hand signal established in pre-session for pauses
- Maintain transparency – explain intervention to all parties
- Speak in 3rd person when referring to “the interpreter”
- Return to Conduit role as quickly as possible

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 9: ETHICS

LEARNING GOALS:

- LEARN AND UNDERSTAND THE CANONS IN IMIA CODE OF ETHICS
- LEARN THE STEPS FOR RESOLVING ETHICAL DILEMMAS AND PREDICAMENTS

Ethics

In this lesson, you will find the IMIA code of ethics as well as a number of ethical dilemmas. During class, you will discover why our code of ethics is so important. You will also learn how to resolve ethical dilemmas.

Three-step process:

In order to resolve an ethical dilemma, you should do the following.

- 1) Identify the problem
- 2) Identify the relevant canon(s). Consult with colleagues and supervisors while maintaining confidentiality.
- 3) Find the best solution.

Remember that sometimes answers won't be clear, and it may be a matter of weighing two imperfect outcomes. Also remember to be *proactive* rather than *reactive*, by taking steps to avoid ethical dilemmas from arising in the first place. An example of being *proactive* is refusing to be alone with the patient so you are not put in the position of having to decide if you should communicate information that was given to you privately. Another example would be conducting a pre-session, so that everyone already knows what to expect in an interpreted encounter. A good resource for more interpreting dilemmas are the Interactive videos from Glasgow Refugee, Asylum and Migration Network:

<https://www.gla.ac.uk/research/az/gramnet/research/trainingmodel/resources/>

IMIA Code of Ethics

1. Interpreters will maintain confidentiality of all assignment-related information.
2. Interpreters will select the language and mode of interpretation that most accurately conveys the content and spirit of the messages of their clients.
3. Interpreters will refrain from accepting assignments beyond their professional skills, language fluency, or level of training.
4. Interpreters will refrain from accepting an assignment when family or close personal relationships affect impartiality.
5. Interpreters will not interject personal opinions or counsel patients.
6. Interpreters will not engage in interpretations that relate to issues outside the provision of health care services unless qualified to do so.
7. Interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences/practices to health care providers and patients only when appropriate and necessary for

communication purposes, using professional judgment.

8. Interpreters will use skillful unobtrusive interventions so as not to interfere with the flow of communication in a triadic medical setting.

9. Interpreters will keep abreast of their evolving languages and medical terminology.

10. Interpreters will participate in continuing education programs as available.

11. Interpreters will seek to maintain ties with relevant professional organizations in order to be up-to-date with the latest professional standards and protocols.

12. Interpreters will refrain from using their position to gain favors from clients.

Ethics scenarios

1. You are an interpreter arriving on time for an assignment. You are shown to the consultation room where the doctor is already waiting impatiently with the patient. You begin to introduce yourself and explain the codes of practice, but the doctor ignores you and asks what the problem with the patient is. You should...

2. Even though you began to explain the proper procedure, the doctor insisted on beginning the interview and continues to address their questions to you, instead of the patient, saying things like, “Tell him I need to know how long he has experienced these symptoms.” You should...
3. The doctor says that they need to consult with another colleague briefly, so they ask you to stay with this patient and interview them, asking questions about their medical history until the doctor is able to return. You should...

Predicaments

1. The patient was rambling, not adhering to conventional western discourse patterns (question > to-the-point answer) Dilemma: Shall I explain about the patient to the physician?
2. The patient has told me something that may be relevant, but has asked me not to tell the physician. Dilemma: Shall I risk losing the patient’s trust or shall I risk not disclosing the information?

3. The patient makes various derogatory remarks about the physician, and clearly does not trust him. Dilemma: Shall I let the doctor in on what the patient is saying?

4. I understand the word in the source language, but do not know how to say it in the target language. Dilemma: Shall I ask for time off to check the term, or shall I make do with a more general term or paraphrase (e.g. instead of edema say an accumulation of fluids)?

5. The physician has been speaking for a very long time, and I am not going to remember some parts of what he said. Dilemma: Do I indicate this to the physician and ask him to stop or do I risk forgetting some points, rather than interrupt?

WEIGHTLIFTING FOR MEDICAL INTERPRETERS

LESSON 10: HEALTHCARE INDUSTRY

LEARNING GOALS:

- UNDERSTAND TITLE VI
- UNDERSTAND CLAS STANDARDS
- UNDERSTAND EXECUTIVE ORDER 13166
- UNDERSTAND HIPAA

Title VI

In 1964, Title VI of the Civil Rights Act was passed. It required that any health care provider *receiving federal financial assistance* could not discriminate on the grounds of particular categories. *National origin* was one of the protected categories, and language fell under that umbrella. The upshot was that because of Title VI, any healthcare provider receiving federal funds had to provide language access, and therefore had to provide an interpreter. This remains true today.

CLAS Standards

The CLAS standards were developed in 2000. Essentially it provided more specific guidelines on providing cultural/linguistic access to healthcare.

The principle standard is: *“Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”*

Executive Order 13166

Title: Improving Access to Services for Persons with Limited English Proficiency

Also issued in 2000 and signed by President Bill Clinton, this executive order provided an increase in federal oversight to ensure “meaningful access” to healthcare by LEPs anywhere that federal funds were being received.

HIPAA

In 1996, the U.S. Department of Health and Human Services implemented the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This act is the reason for most of the disclosure rules and forms you will encounter in a hospital, as the patients’ identities and medical information is subject to great confidentiality and can only be disseminated with express and proper consent. Interpreters must be very familiar with the ins and outs of confidentiality, especially given the HIPAA rules and regulations.

Thank you for joining us! Good luck in your interpreting studies.

--de la Mora Interpreter Training

BIBLIOGRAPHY

Ericsson, K. A. (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K. A.

Ericsson, N. Charness, P. J. Feltovich, & R. R. Hoffman (Eds.), New York: Cambridge University Press. (pp. 683–703)

Howe, Michael J. "Using students' notes to examine the role of the individual learner in acquiring meaningful subject matter," *Journal of Educational Research*, 64 (2), October 1970, pp. 61-63.

Foer, Joshua. "Moonwalking with Einstein" Penguin Books, 2011.

Jensen, A. (2002). Galton's legacy to research on intelligence. *Journal of Biosocial Science*, 34, 145-172.

Jones, R. "Conference Interpreting Explained", St. Jerome Publishing, 1998.

Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall

Mikkelson, H. *Consecutive Interpretation. "The Reflector: A Journal for Sign Language Teachers and Interpreters"* 1983. pp 6, 5-9

Seleskovitch, Danica. "Pédagogie raisonnée de l'interprétation", Office of Official Publications of the European Communities and Didier Erudition. Translated into English by Jacolyn Harmer as "A systematic approach to teaching interpretation", Registry of Interpreters for the Deaf, 1995.