
Introduction: Medical Interpreting as a Specialization

Guidelines for Medical Providers for Working with Interpreters

Introduce yourself to the interpreter. Determine the interpreter's level of English proficiency and professional training and request that the interpreter interpret everything into the first person (to avoid "he said, she said")

Acknowledge the interpreter as a professional in communication. Respect his or her role.

During the medical interview, **speak directly to the patient**, not to the interpreter.

Speak more slowly rather than more loudly.

Speak at an even pace in relatively short segments. Pause so the interpreter can interpret.

Assume, and insist, that **everything** you say, everything the patient says, and everything that family members say **is interpreted**.

Do not hold the interpreter responsible for what the patient says or doesn't say. The interpreter is the medium, not the source, of the message. If you feel that you are not getting the type of response you were expecting, restate the question or consult with the interpreter to better understand if there is a cultural barrier that is interfering with communication.

Be aware that **many concepts you express have no linguistic or conceptual equivalent in other languages.** The interpreter may have to paint word pictures of many terms you use. This may take longer than your original speech.

Give the interpreter time to restructure information in his/her mind and present it in a culturally and linguistically appropriate manner. **Speaking English does not mean thinking in English.**

Remember that your patient may have been a victim of torture or trauma. This may also be true for the interpreter. If you need to ask questions that may be extremely **personal or sensitive**, explain to the patient that doing so is part of your evaluation and reiterate that the information will remain confidential.

Avoid: Highly idiomatic speech, complicated sentence structure, sentence fragments, changing your idea in the middle of a sentence, and asking multiple questions at one time. Also avoid making assumptions or generalizations about your patient or their experiences. Common practices or beliefs in a community may not apply to everyone in that community.

Encourage the interpreter to ask questions and to alert you about potential cultural misunderstandings that may come up. Respect an interpreter's judgment that a particular question is culturally inappropriate and either rephrase the question or ask the interpreter's help in eliciting the information in a more appropriate way.

Avoid patronizing or infantilizing the patient. A lack of English language skills is not a reflection of low cognitive function or a lack of education. Your patient may be a college professor or a medical doctor in her own country just as easily as she may be a farm worker.

Ask the patient **what he/she believes the problem is**, what causes it, and how it would be treated in their country of origin.

Ask the patient to **repeat back** important information that you want to make sure is understood.

Be patient. Providing care across a language barrier takes time. However, the time spent up front will be paid back by good rapport and clear communication that will avoid wasted time and dangerous misunderstandings.

Allow time for a pre-session with the interpreter. When working with a professional face-to-face interpreter to facilitate communication with a limited English proficient (LEP) refugee, a pre-session can be helpful to both the healthcare provider and the interpreter.

CIFE

Confidential

In the first person

Flow control

Everything is interpreted

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.

What is culture and why is it important 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.

What is the role of the interpreter as ***culture 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.

Cultural Factors within Medical Encounters:

In this section we will summarize 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 in how we treat and communicate with others. We speak and behave differently depending on whom 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 a patient comes 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.

Interpreting Modes Lesson 1

Weightlifting for Medical Interpreters

Welcome to our De La Mora Signature Interpreter Training. We are so happy that you decided to invite us to share with you what we have learned in the last 30 years of training interpreters in both the medical and the legal field.

How does our program work?

The first thing we wanted to share with you is the basis for our program. We're very proud of our program because through years of training of my own training and the experience of several of our instructors as both interpreters and trainers, we have developed this systematic, consistent approach to improve interpreting performance in all levels. Let us introduce you to our signature program. We call it *Weightlifting for Medical Interpreters*.

What's the best way to practice?

We have always heard practice makes perfect, or does it? When we say practice makes perfect, that makes perfect sense to us. The reality is that practice not always makes perfect. I was listening to Bill Clinton about 15 years ago in one of his speeches, and I heard him say something that struck me as particularly important for us interpreters. He said something like this: a great man once said the best definition of madness I know is when people continue to do the same thing over and over again and expect different results. Albert Einstein said that. If you think about it, that is why practice alone doesn't make perfect. If you continue to do the same thing over and over and expect different results, that is madness.

For me, this is very important for us interpreters because what happens to us is that when we think that we have to practice, we repeat what we've been doing over and over again expecting different results. Wherever you are in your skill level as interpreters today, however you got there,

whatever level of skill you have, that is what you have today. If you want to improve your performance the most important thing for you to understand is this: if you want to improve something, you're going to have to change something. This is all about changing something. We have to identify what we need to change as interpreters.

Now, I want to tell you also something important about practice making perfect. There was a researcher some years ago in the 1800s. His name was Galton. He proposed that all human beings had some kind of wall, that when you hit the wall, you cannot go beyond it. In order to believe that, then maybe you would think, "Hey, this is the best I'm going to do as an interpreter. That's it."

Thankfully, we have researches that have proven that Galton was not completely correct about the wall. Galton proposed that once a person reaches the best skill they have, that's it. The question is what is our best skill?

There's a researcher by the name of Anders K. Ericsson. He 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."

What is deliberate practice?

Deliberate practice first means that you are going to focus on technique. Secondly, you have to remain goal-oriented. I think what happens is that many times when we practice we get our Holly Mikkelson or De La Mora tapes. We're just listening to them and interpreting constantly, but we really don't have a goal or an objective as to what we're going to get out of this practice. We have to stay goal oriented.

Another important facet of deliberate practice is getting constant and immediate feedback on your performance. You really cannot improve performance if you don't have feedback.

Joshua Foer said something I really like a lot. He said deliberate practice, by its nature, must be hard. Let's introduce you to practicing to become an interpreter that uses deliberate practice for the purposes of improving performance.

Why is deliberate practice important?

Let's talk a little bit more about this deliberate practice. When you think about it, everything that you have been doing until today that created the interpreter you are today created certain specific connections in your brain. Your neurons connected to each other. They create 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. I'm sure you've heard the term "brain plasticity." What that means is that if you learn something new, new neurons are going to be involved in this process. They're going to start connecting with each other making new important connections in your brain. The more you learn, the more physical changes occur in your brain. 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.

Remember, if you want to get better at this, you have to create new connections. Take advantage of the brain plasticity. That is why we call our training weightlifting.

The Inspiration for Weightlifting for Medical Interpreters

Weightlifting for medical interpreters is the core of the training that we have created here in De La Mora Interpreter Training for many years. 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 my God. Man, that's 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 guy had done the Boston Marathon, the winner, 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. 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 went running. 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 hey, 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 Galton's Wall. That's it. That's the best I was ever going to do running.

Lucky 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 already ready to run, and I asked her if we could run together. She said, "Absolutely, but I have to tell you I'm hurt, so I cannot run long distance. I'll run with you for a little bit. Then you can continue by yourself." I said "Okay, that's fine."

We started running, and we ran a mile, then two miles, then three miles. She looked fresh as a cucumber. Three miles was my regular distance so I was starting to get a little tired. Then, I noticed 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. She said you can continue. I said no, it's fine. I'll continue running with you. Don't worry about it. Let's walk, whatever's necessary. I was very happy.

We started walking, and, I started asking her questions about running. It turns out she was a marathon runner. If she hadn't been hurt, it would have been pretty embarrassing. When I asked her about running and I told her about my dilemma of the eight-minute mile, she told me, "Well, you probably could do better than eight-minute miles. How do you train?" I said "Oh, no. I train everyday. 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 responds, "No, no, no. How do you train?"

I was a little confused. I told her I stretch. She says, "Oh, good. You stretch before running. That's a good thing. How do you train?" I say, "Well, I go around the island, and I go up the stairs." She says again "No, no, no, no. How do you train?" I said "Well, I thought I trained every day." She says, "No, you run every day. You never train."

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. First thing I realized is 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, one long one, 15 kilometers. Three days 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'm 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. One of the things that I remember she told me was don't time yourself so often. You don't need to time yourself every time you run.

I started running, but I also started doing my weightlifting even though I

didn't know why. This friend and I went and 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-and-a-half minutes. That is six-minute miles. I was impressed. I thought, "Oh well, at least I didn't finish last."

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

Many of the things that you're going to learn here with us at De La Mora Training is that several of the techniques we're going to teach you may not look like they're interpreting techniques. Hey, that's just practice. Our deliberate practice includes things that don't look like interpreting, but I promise you if you do the training, you'll improve your performance in interpretation. Very important, do your weightlifting, and let's go.

Agustin's Golden Rule

Now let's talk about Agustin's Golden Rule. Actually, during the training, you might hear other Agustin Golden Rules, but this is Agustin's Golden Golden rule: Feedback is of the utmost importance. Or put simply: did you hear what you just said?

For somebody like you who is serious about becoming a well trained medical interpreter, or medical interpreter, or conference interpreter, you're going to need feedback. Remember we said one of the tenets of deliberate practice is you must have immediate feedback. There is no better way than recording your performance.

I know some of us 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, first of all, asking Chuchito how you

did, how your performance was, is very tricky. It's that the same as asking somebody does this make me look fat? We always feel that 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 we human beings are not very good at feedback. Think about this: how many times has it happened to you that while you're having a conversation with several friends, you misspeak? You say something incorrectly like "I went to the store and I brought a pair of shoes." Somebody says you mean, "You bought a pair of shoes?" and you'll say, "That's what I said." The truth is it's very difficult to find out exactly what you said unless you have a recording of it.

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 recording yourself. 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.*

Now, I've been talking about this deliberate practice for awhile, and I have to tell you after many years of looking and searching, I think that I have found the best way to introduce you to how to improve performance through deliberate practice. This is thanks to the teachings of a person by the name of David Kolb.

The Learning Cycle

David Kolb is an experiential psychologist. If you read about him, you'll see that he has been a consultant for large organizations, and small organizations, and big companies. He's probably best well-known for his famous learning cycle. According to David Kolb, adults, in order to learn

something, have to follow the four stages of the learning cycle. Let me introduce you to them.

The first stage of the learning cycle is called *experiencing*. You carry out the task without reflection, just intention. Let me say that again. You carry out the task without reflection, just intention. If you're an interpreter, the first thing you should do when you're going to start training to improve your performance is to record yourself interpreting. 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, you actually have to follow the four stages of the learning cycle.

The second one is called *reflection*. You step back from the task, and review what you have done, and experience it. How do we do this? Let's say you're going to practice your consecutive or your simultaneous. It doesn't matter. You record yourself, and then once you've finished that exercise, you're going to rewind and listen to your performance. You're going to reflect on it. You're going to pretend that you only speak the language you're hearing and this is something you are hearing for the first time.

Then, ask yourself as you're listening and after you listen to the performance, does it make sense? Did this interpreter sound clear enough? Did the story make sense? You're going to reflect on how the story sounded to you as you were listening, not as the interpreter, but as a person who was using the services of the interpreter. That's called reflection, but that's not enough. After that we have to do something called conceptualization.

In *conceptualization*, you're going to interpret the events that you notice. In other words, if you notice that you miss something or you could do

something better, you're going to interpret that and base that in some kind of theory. Here at De La Mora, we're going to share our theory as to the basic tenets or elements that a good interpreter must have in order to be successful. These are the three angles of this basic principle: do I have what it takes to be an interpreter?

What does it take to be an interpreter?

We believe that the first and most important thing, of course, that you have to have is language expertise. When we talk about language expertise, I think especially here in the United States, there's been a confusion about language expertise and interpretation. The assumption many times has been if a person is bilingual, they automatically are interpreters, too, which is really like saying if you have the ability to use a pair of scissors, you are also an expert hair dresser or if you can drive a car, you can be a NASCAR driver, too.

The truth of the matter is language expertise is important for us as interpreters. Studies by the National Center for State Medicals have shown that an interpreter that is successful should have a level of expertise in both languages equivalent to a two-year college degree.

Now, think about that. I'm not saying that you must have a college degree in both languages to be a medical interpreter, or a medical interpreter, or even a conference interpreter. What I'm saying is that you have to have the level of sophistication in both languages that is equivalent to each other and at least a two-year college degree level. That way, you can handle things as colloquial as "How ya doing," more complicated, high-register language like a doctor or an attorney would use, or slang that you might hear from patients or people on the street. You have to be able to navigate.

By the way, I want you to understand that many times people think that because you are fluent, you have this level of expertise. In my opinion, fluent only means that you can say what you can think, which means an eight-year-old child is fluent in their native tongue because they don't

have to stumble through it. They can express their thoughts very well as long as it's what they can think.

Let's make sure we understand. Language expertise is something that you have to come to us already having but also something you're going to cultivate after you discover through this system what part of your language expertise you need to improve.

Then, of course, you have to have talent. Now, talent is something we're born with. We can't teach you that. I believe that we all are born with a certain amount of talent. Each one of us as we grown up will discover we have different talents. Some of us can dance better than others. Some of us can draw better than others or write better than others.

As interpreters, we have this uncanny ability to transfer language from one to another very quickly. I'm sure you know people that have told you more than once I don't know how you guys do what you do because I couldn't, even if I was bilingual, as fluent, as expert as you are in both languages. I'm going to assume that you have talent enough to be an interpreter in the field that you have chosen, so we'll move to the third leg of this stool, interpreting technique.

If you think about it, interpreting technique is what we're here to learn. 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.

If you combine these three elements, we will call them knowledge, skill, and ability, you will be able to discern how to improve your performance. We're talking about conceptualization. We said in order to learn something, David Kolb first says you have to experience it. You carry out the task. Then you reflect on it. You listen to your performance. Then you conceptualize.

Let's say you listen to your performance, and you discover that while you were interpreting in this particular case, you were in the medicals for instance, and you realize 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, if you discover that, it's 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 then we take action for the next step of the learning cycle.

On the other hand, let's say for instance you realize that when you were doing a consecutive exercise, you were forgetting certain things, not difficult but simple concepts, like shoe, or 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 it's technique. Maybe you need to improve your note taking. Maybe you need to improve your memory. That's what we're going to talk about.

How you determine whether or not you have interpreting technique has to do with what I call your interpreting style. If you, like many of us in this country, started interpreting because you were bilingual and because you were the interpreter for your mom, your friends, your relatives that came to visit like I was, many of us in this country start interpreting without really being formally trained to become interpreters. I certainly wasn't. I was a Berlitz teacher, and I taught languages for awhile. All of a sudden, an attorney who was one of my students hired me to do a deposition for him.

That was my first attempt to become an interpreter. I really didn't want to do it except, to tell the truth, it paid well, a lot more than I was making as a teacher, so I accepted the challenge. I went to interpret. I received, for

instance, my first interpreting technique lesson, which was when the first person said something, I told the attorney “She says that her sister...” The attorney stopped me immediately and said please interpret in the first person because when you interpret in the third person, I get confused as to who is she and who is her. First lesson for me in my interpreting technique: interpret in the first person.

The interesting thing is that I got hired by the medicals and shortly after that as a freelance interpreter. I hadn’t trained that much, but I had been interpreting. I realized, for many, many years, since I was nine years old, every time we came to the states and because I spoke English and my mom didn’t, guess who was her interpreter? I was.

When I interpreted for my mom, I quickly realized that she could ask me a very long question in Spanish, a very complicated one like ask the lady how much is that dress that is behind the blue dress on the third row, and it’s not very short, but the other one. When I went to the lady to ask the question, I would reduce it to how much and point at the dress. When the lady answered by telling me a long story about the dress, where it was made, who was it designed by, and then finally told me the price, I went back to my mom, I didn’t tell her who made the dress, or who designed it, or what it was made of. I just told her how much it was.

In other words, I had learned to interpret based on what I determined was important to interpret and what wasn’t. In my mind, I became what I call now an intuitive interpreter. I was interpreting according to what my intuition told me was appropriate or inappropriate or what I should keep or I shouldn’t keep. What I discovered after many years of practicing and improving my performance is 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. Let’s continue learning as to how to become a counterintuitive trained interpreter.

Back to the Learning Cycle

We said according to David Kolb, there are four stages of the learning

cycle. The first one is called experiencing. You carry out the task without reflection, just intention. The second one is called reflection. You step back from the task and reflect on what you have done and experienced. Then you conceptualize. It takes some kind of theory to frame the events you notice. Was it language expertise, interpreting technique, or talent? Let's make a deal. We all have enough talent to be in this business, so we're just going to focus whether this is a language expertise or a technique situation that I have to resolve.

Once you discover those things, the fourth and very important stage of the learning cycle is called *planning*. You take the new understanding, and you decide what are the new actions required to improve your performance on a specific task. Let's talk about planning now.

Planning is the difference between where you are, which is your current status, and where you want to be, which is your vision and your goals. The planning is the difference between going from your current status to where you want to go. The difference between your current status and your goals is your target objectives and your action plans. Let's talk about that.

Here I'm sharing with you something that I really like a lot, and that 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." Let's talk about goals and objectives. In order to achieve your goals, you have to have objectives. We have to make a difference. A goal is something lofty, maybe a little fuzzy; something you are trying to get, you're trying to attain.

My favorite goal of all time is something that Stephen Hawking said. He was asked, "Mr. Hawking, what is your goal?" He said, "My goal is simple, the complete understanding of the universe." You can create a lofty goal, but to get there, you have to have specific, measurable, and achievable objectives.

So, planning is the fourth stage of the learning cycle. How do we plan? I'm sure you've heard before if you fail to plan, you're planning to fail. How do you plan?

First, you go from where you are right now. Remember at the beginning, we said in order to improve performance, you're going to have to change something. You have to do something. What you're going to do in order to plan is to write clear, measurable, obtainable, objectives.

Let's talk about objectives because planning is all about having specific objectives that you can attain. I know that many of us sometimes establish objectives that we really cannot attain because they are actually out of certain parameters. For instance, it's very common to want to lose weight. Say I'm going to lose ten pounds in ten days. Of course, that's really not going to happen, and that's why when you have an objective like that, it's very frustrating and you tend to fail.

You have to have something that is attainable for you, and for that you need to have knowledge. You record yourself, and you start discovering where do I need to improve? Let me share with you a good way of writing a good objective.

Tips for writing good objectives, we call it the A, B, C, D of objective writing. A is for *audience*. Who is the audience? In this case, who is going to do the task, and that is yourself. You're going to be what we call the audience. You are performing for yourself. Then you have the B for the *behavior*. What is it that you're going to do in order to obtain your objective? C is your *conditions*. Under what conditions are you going to do the behavior? You need an interpreter. What is it that you're planning to do, under which conditions. And the D, 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, let's say, sight translation. For sight translation, I decided to share with you this

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

Try to figure out A, what's the audience, B, what's the behavior, C, under which conditions, and D, to what degree? I'll give you a hint. They're in different colors. Here we have audience is in green, the interpreter, behavior is in red, will be able to sight translate the document in its entirety, condition blue, a 225-word sight translation of legal document in English, and to what degree, 70% within six minutes. 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 obtained it or not.

You must have noticed in this section where we said sight translation we talked about a 70% accuracy. There is a way to objectively evaluate your performance, and on each one of the three modes of interpretation, we're going to share with you a way using scoring units to evaluate objectively your performance on each one of your exercises.

Be sure to join us for the next section in which we will teach you how to evaluate your performance. See you then!

David Kolb's Learning Cycle (2)

I'm going to share with you what I believe will take you to the next step as

interpreters. We may already be good interpreters but we can all get better, right?

Here's what I want to tell you. In 1999 I heard Bill Clinton speak and he mentioned that "A great man" – at that time I didn't know who – once said, "The best definition of madness I know is when people continue to do the same thing over and over

again, and expect different results.” That is a wonderful quote, and I think it applies perfectly to us interpreters. Because one of the things that I’ve noticed, in Florida, for instance is that when we started testing people, the first group that tested was 99% staff interpreters, some of them with seventeen years of experience, and the passing rate of that first attempt in Florida was 43%. This meant that more than half of people who were staff interpreters didn’t pass the test, so they were required to re-take and pass the test within a year or two, and many of them studied and passed – but some of them didn’t. And I remember asking them “How did you prepare?” And they’d say: “I asked for more assignments,” “I even volunteered for the weekend.” Does that sound familiar? They were doing exactly the same things that they were doing before, but expecting the results to be different. Guess what? They were not. So one thing is clear to me: wherever you are on the scale of interpretation, wherever you are today, that’s where you are today, and unless you change something it would be crazy to think you’re going to get any better. Unless you change something, it would be crazy to believe that you’re going to do better. So this seminar is all about changing.

Now, the important thing is, how do we change? It took me a long time to kind of understand this, but then I found the writings of this gentleman: David Kolb. David Kolb is an experiential psychologist and his premise is basically that to learn something, you have to experience it. In fact, for adults to learn something, they must do four things, or follow a four-stage learning cycle.

The first stage of the learning cycle is called

Experiencing: you carry out the task without reflection, just intention According to Kolb this is the beginning of learning something. But if you really want to learn something you must complete all four steps of the cycle. The next step is called Reflection: You step back from the task and you review what has been done and experienced. To become a good interpreter you have to listen to your interpretation and think, as you are reflecting on this, if I were a Non-English speaker who heard this for the first time, would I understand it? Does that make sense to me? So you start reflecting on how it feels to experience, now as a recipient of the service, what you just did. That's called reflection. The next step is:

Conceptualization: Which means you interpret the events you noticed, but using a theory. So, if this happened, why was it happening? As a frame of reference I suggest you use my theory about the importance of the three legs for a good court interpreter:

#1: Language Expertise

Being a good court interpreter requires a very high level of language expertise. Studies in the Federal Court Exam show that the most successful people, the ones that attain the rate of passing – of course this is in Spanish but I think we can extrapolate to other languages – traditionally have a level of sophistication in both languages equivalent to a two-year college degree. I'm not saying that you must have a college degree. So that means that you don't necessarily have to go to school and get that degree, but you need to have that level of sophistication. That's the difference. What does "fluent" mean? Being fluent means that you can say what you can think. You can say what you can think. So, if you think about a person that is, let's say, five or six years old, and is born in a monolingual household and grows up

in that monolingual household, by the time they're five years old, are they fluent in their language? Yes, of course they are. Therefore, being an interpreter is not about fluency; it's about level of sophistication in the language, how much can you say but also how much can you understand and transform from one language to the other.

Now, #2: Innate Talent

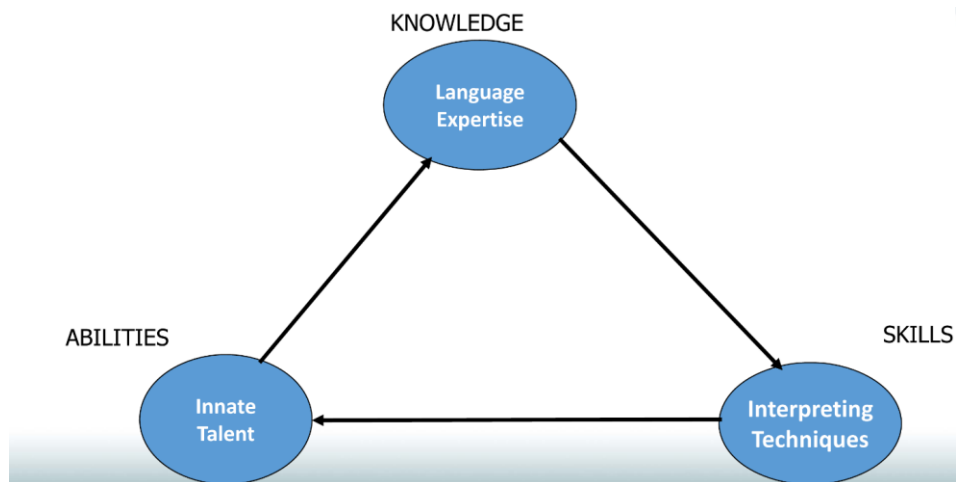
That is something that cannot be taught and I strongly believe all of us are born with certain talents, and we know them from a young age, after a few years we discover, "Man, I can draw really well," and people start telling you that. To be an interpreter you certainly require multi-tasking talent.

#3 is: Interpreting Technique

This is the one that I think we have to work on, and this is what I want to share with you, what I have learned about interpreting technique in these 25 years of experience. If we combine all three parts we find what they are always talking about on the exam, the famous KSA: the knowledge, skills and ability to be a good interpreter. The fourth stage of the learning cycle is called:

Planning: take the new understanding and decide the tasks that I'm going to follow to refine my performance in a specific task. So a good interpreter is going to say, "Okay, I have language expertise problems with anatomy." So guess what my next task is? Well, I'm going to have to design some training that includes a lot of human anatomy exercises. And by the way, was it the source or target that was my problem? Was it the source, in English, because I didn't know what the body parts were? Or did I know what the parts were, but I just didn't know how to say them in Spanish? Or is it both? So I'm going to have to design a program that will achieve the goal

acquiring the knowledge I don't have about that specific subject. It is all about change, that's what this seminar is all about.



David Kolb History

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 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 must follow each other in the following sequence:

- Concrete experience ("DO")
- Reflective observation (or "OBSERVE")
- Abstract conceptualization (or "THINK")
- Active experimentation (or "PLAN")
- 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.

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

An example of experiential learning versus didactic learning: An aspiring beautician reading about make-up application versus 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 the student to reflect upon their experience and generate theories grounded in practice. This will aid the student 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.

Consecutive Interpreting Basics

Let's talk about interpreting "style". So I ask you, the reader: what is your interpreting style? In my opinion, there are two interpreting styles. The first one is called Intuitive Interpreting, and I'll tell you why. This might not surprise you too much.

We did a survey some years ago and sent three thousand questionnaires and some emails out. We got four hundred back. It was all colleagues, interpreters of all ilk, of all levels, of all languages that we could find. 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 people who are interpreters or were interpreters at the time started after going to school and training. Many of us didn’t even know that we wanted to be interpreters when we began.

But many of us also fit this profile: people that were foreign-born and were living here, or were born here but had traveled abroad and had fallen in love with x or y language at an early age. How many of you were bilingual at an early age? And how many of you, because of that, became your family’s interpreters? That’s right; 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. It was so much fun buying dresses with my mom. Think about this: when my mom would take me with her to the store to buy something, she would ask me very complicated questions, or ask me to ask very complicated questions.

She’d say something like, “Listen, go tell the lady there, ask her how much is the blue dress, 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 say, “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? “55 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 know 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 that the more I learned about this, the more I learned that to be good at this, you actually have to be quite counter-intuitive. Many of the things that you have to do make no sense, intuitively speaking.

So let’s go into training, starting with consecutive interpretation. I used to start with sight translation, but now I like to talk about consecutive first because it’s the most intuitive kind of interpretation. I’m sure you’ve heard it said that our profession is the second-oldest profession in the world, right? So 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 doing this for a long time and the natural way is consecutive, so let’s start with that.

Consecutive AIM

If you want to improve your consecutive, first you have you improve your AIM. And AIM is an acronym that I created, where A stands for Attend. I say, “Sorry, you must pay.” This is because I love the way the verb is used in English: “PAY attention.” It’s the price of admission, people. Here’s the deal: if you want to improve in consecutive, you must pay attention to the message. In my opinion, if you don’t pay

attention to the message, the rest is irrelevant. Because if you didn't catch the message, it doesn't matter how good of an interpreter you are; you don't have the message.

So are you paying attention? Remember that 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, requires concentration and a decision. That's why when your mom was talking to you she would say, "You're not listening." Because you were hearing 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, attending is the highest form of listening.

There's a bus that left Key West, Florida with 30 passengers. Then it went to Miami and dropped off six passengers and picked up 19. Then it went to Fort Myers, picked up seven, dropped off eight, then Tampa to pick up five people, next it goes to Clearwater and drops off six people, after that it stops in Lakeland to get eleven passengers and drop off three. Finally, it stops in Celebration and drops off twenty people...

So, how many stops did the bus make?

What happened? It was six stops, but you were probably counting passengers. How many people were left on the bus? You may have gotten that right, except you were paying attention to the wrong thing. So it just so happens that paying attention is not only about paying attention to the whole event but even more about "what do I need to pay attention to, based on my goal?"

Commented [P1]: AIM – Attend

So in my estimation, if you're going to be an effective interpreter you must pay attention to the message in the source language. What a lot of people tell me they do is this: when they're doing consecutive interpretation, as they're getting the message, guess what they're doing? They are interpreting in their head already. So the original speaker says "And it was an incomprehensible..." and the interpreter is already thinking, "Incomprehensible, how do I say that...?" And in that time that they're worrying about how to say "incomprehensible," guess what? The rest does becomes incomprehensible,

because they're no longer paying attention to the message in the source language. They are not there, not engaged anymore.

So I said it's all about change, isn't it? If you want to improve your performance, have this little shift of paradigm: make a conscious decision that now when you are listening to something in consecutive, you pay attention to the source language. Forget how you're going to say it in the other language, it's irrelevant. You must own the message first. The whole message. Because what's going to happen is that if you're paying attention to how you're going to say it in the other language, you're going to lose the message.

And many times, what happens to people is that they come up with the solution for that particular word, but they don't remember the rest. And funny 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.

So, consecutive is the most reliable form of interpretation. That's not my 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. I was at Critical Link in Montreal a year ago, and they showed studies saying 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 says that the more attention is 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're going to hear me say this a million times: it's not the words; it's the meaning. If you're a good interpreter, you must

understand that it's not the words, it's the meaning. Because if I say – and we have some Spanish speakers here – “That guy falls me fat.” Does that make sense for the people that don't speak Spanish? Obviously not. What does it mean to the people who speak Spanish? “I don't like him.” But if I interpreted it that way, paying attention to just the words, I would not be doing a good job of conveying the meaning of the phrase.

To be familiar with the subject, routinization is important. One of the secrets to being a good interpreter is that if you're paying attention, many of the things that the judges and attorneys, or doctors and nurses say are the same, or predictable. So you have to develop a routine. Routinization is part of your job. For example, “Are you allergic to any medications?” will roll off your tongue automatically after a while.

CONSECUTIVE EXERCISE: INTERVIEW

Doctor: Come on in and have a seat.

Patient: Muchas gracias

Doctor: Hello my name is Dr. John Smith; I am an internist here at the hospital. What is your name?

Patient: Paula Ocampo

Doctor: Ok Ms. Ocampo how would you like me to call you?

Patient: Umm... Me puede llamar por mi nombre, Paula.

Doctor: Is that ok...? Alright. Well for me to be able to help you today, I need to take a medical history which will involve me asking you questions about your health and also about your social circumstances. Is that ok with you?

Patient: Si, claro que si doctor lo que usted necesite..

Doctor: Ok, before we start I just wanted to confirm your personal information, so it's Paula Ocampo, you are 46-years-old and is this your address?

Patient: Si correcto esa soy yo y esa es mi dirección actual.

Doctor: Perfect, Great, Excellent, So... How can I help you today?

Patient: Bueno, la verdad es que he estado tosiendo mucho y pues me tiene un poco preocupada. .

Doctor: Right... How long has cough been there for?

Patient: Pues yo diría que ya llevo como 3 o 4 días.

Doctor: Has it...? And have you gotten any other symptoms with that cough?

Patient: Tengo la garganta muy irritada y eso se me ha ido empeorando también.

Doctor: Right and the sore throat has that been there the same amount of time?

Patient: Si, yo diría que me empezó al mismo tiempo que la tos.

Doctor: I'm sorry to hear that; and the cough and sore throat, is it worse any particular time of day or night?

Patient: Bueno la tos probablemente es peor en la mañana cuando me acabo de levantar. Lo de la garganta irritada lo siento en todo momento, para ser sincera.

Doctor: Is it? Are you able to swallow with that sore throat?

Patient: Si, si puedo tragar.

Doctor: You can; and you can drink, ok. And the cough can you describe it to me?

Patient: Pues es como una tos muy fuerte y escupo mucha flema, eso si.

Doctor: Right, ok and what color is the phlegm that you are coughing up?

Patient: Es como verde y espesa,

Doctor: Is it large amounts, or just a little bit?

Patient: Pues yo diría que es bastante. Me da pena decirlo pero tengo que escupir muy a menudo.

Doctor: Is there any blood in it?

Patient: No, no he visto nada de sangre.

Doctor: Ok, and how bad on a scale of one to ten, is that cough of yours, ten being the worst possible.

Patient: Bueno, cuando menos un seis o tal vez siete.

Doctor: Right, and is there any area in your throat or anywhere in your chest that is painful?

Patient: Bueno pues de tanto toser, si me duele la garganta y el cuello. Pero aparte de eso es nada más la garganta que me molesta constantemente.

Doctor: And the sore throat, does it travel anywhere else? Any other sort of radiation of pain?

Patient: No, No nada más eso.

Doctor: Ok. Has any other person been affected by this, have they been sort of coughing around you, been in contact with anyone?

Patient: Bueno pues mi marido estuvo tosiendo la semana pasada.

Doctor: Has he? Ok, and has he been feeling sick himself?

Patient: Bueno estuvo en la casa unos dias sin ir a trabajar pero ya está bien.

Doctor: Ok, what makes the cough and sore throat better for you, is there anything you can take that makes you feel better?

Patient: Bueno pues con la tos nada me ayuda en realidad, usted sabe, yo he usado esos remedies que venden en la farmacia pero no ayudan. Con lo de la garganta, si tomo algo caliente ayuda un poco.

Doctor: Ok, ok, anything else to make this cough worse at all?

Patient: No, nada mas.

Doctor: Nothing at all, ok, what do you think it is?

Patient: Pues yo no se que será, me imagino que necesito antibióticos.

Doctor: Right, right ok... I just want to ask you more specific questions. Now you said there is no blood in the phlegm. But is there any fever any shivering?

Patient: Primero si me daban muchos escalofríos, pero ya no.

Doctor: Ok and what about breathlessness, you got any breathing problem or chest tightness.

Patient: No

Doctor: Nothing at all? Ok, and when you go to bed at night are you able to lie down on your same amount of pillows, as always?

Patient: Si.

Doctor: You are... Ok, and what about your eating? Because I know you are coughing up lots of green phlegm. Is there any dripping at the back of your throat at all?

Patient: No

Doctor: Nothing like that? Ok, and have you had any unexplained weight loss at all?

Patient: No para nada.

Doctor: Any recent travel abroad?

Patient: No, hace mucho tiempo que no salgo al extranjero.

Doctor: I just want to go through of some of your key body system, just to find out about your overall health. Do you suffer from headaches at all?

Patient: A veces si me vienen dolores de cabeza.

Doctor: How often do you get headaches?

Patient: Mas o menos una vez al mes digamos..

Doctor: And have seen you seen your doctor for that?

Patient: No, lo que normalmente hago es tomarme alguna medicina para el dolor de cabeza y se me quitan. .

Doctor: Have you had any head injuries?

Patient: No

Doctor: And what about your vision do you wear glasses?

Patient: No

Doctor: Ok, vision is good?

Patient: Yo digo que si.

Doctor: Ok, do you ever suffer from nasal congestions or sinus problems?

Patient: Las únicas veces que se me tapa la nariz es si estoy cerca de un gato, esos animales me causan alergia.

Interpreting Modes Lesson 2

Consecutive Interpretation

In Consecutive Interpreting, you must constantly analyse during the note-taking process the incoming message and note the most salient points to help improve your memory processes during interpretation. During consecutive interpreting the interpreter has the opportunity to make notes and may refer to those notes while rendering the interpretation. Both consecutive and simultaneous interpreting require that you understand the message, analyse 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. (Mikkelson, 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.

Note-taking:

Professionals often use notes in their work and that 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 and
- 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 you heard. Some interpreters write single words and some symbols that represent entire concepts.

Use a note pad or a writing surface that is convenient and easy to hold, like a stenopad. 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 ex: 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 CI do not focus on the method of note-taking but rather on the

meaning of the passage. There are 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.

Interpreting Modes Lesson 3

SIGHT TRANSLATION: NARRATIVE REPORT

On the above date at 18:12 hours, Officer Browning responded to Fire Station 44 at 132 N. Fountain Drive in Pierson in response to a report of an injured person. Upon arrival contact was made with EMT Smith who stated that the victim and the defendant arrived at the fire station and that the victim had an injury to her right eye but due to the language barrier, Smith was unable to determine what happened. While the victim was being treated by fire/rescue personnel, Office Browning attempted to talk with the defendant but a language barrier complicated matters. Officer Browning then made contact with Deputy Hernandez and had him telephone the fire station and translate for the defendant. During the phone conversation, the defendant stated that he and the victim had an argument over family matters and that the defendant could not stand it anymore and then punched the victim in the right eye. The victim sustained swelling, redness and partial tearing of the cornea. It was advised that the victim had surgery to her right eye in the past and that this incident had re-injured what was repaired by said surgery. The defendant was placed under arrest and transported to the County Jail. Photos were taken of the victim's injuries which were submitted into evidence. Victim was also given a Victim's Rights Pamphlet.

PDF: [Interpreting Modes 4 – Medical History 40Hr. Signature Medical > Materials > Docs for exercises](#)

Interpreting Modes Lesson 4

Sight Translation: Narrative Report

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Standards of Practice Lesson 1

Basic Interpreting Guidelines:

- Interpreter's main purpose = 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
- Medical interpreting = collaborative interpreting environment, which means both parties have the same goal (health of the patient)

A. Interpreter as Conduit

- i. Main purpose = overcome language barriers
- ii. Core function = provide rendition of message delivered in one language into another language
- iii. Interpreter should aim to perform in this role most of the time
- iv. Other roles are adopted to overcome specific barriers

B. Interpreter as Clarifier

- i. Main purpose = overcome barriers of register
- ii. Core functions:
 1. Look out for verbal or non-verbal clues that indicate lack of understanding
 2. Intervene when necessary
 3. Maintain transparency when intervening

C. Interpreter as Culture Broker

- i. Main purpose = overcome cultural barriers that prevent communication
- ii. Core functions:
 1. Look out for verbal or non-verbal clues that indicate lack of understanding due to cultural factors
 2. Intervene and provide cultural information when necessary
 3. Maintain transparency when intervening and providing additional information

D. Interpreter as Patient Advocate

- i. Main purpose = overcome systemic barriers that arise outside of the medical interview
- ii. Core functions:
 1. Provide additional information so LEP patient has same access to health care and resources as English speaker

Standards of Practice Lesson 2

- A. Concept of incremental intervention
 - i. Four roles go from “LEAST INTRUSIVE” – Conduit – to “MOST INTRUSIVE” – Advocate
 - ii. In any given situation, interpreter must adopt the role that is LEAST INTRUSIVE, yet facilitates understanding between patient and provider.
 - iii. Interpreter remains in Conduit role as much as possible, only adopting other roles when necessary.
 - 1. When adopting a role other than Conduit (Clarifier, Culture Broker or Advocate), return to Conduit role as quickly as possible (once barrier to communication has been overcome).

COMMON ELEMENTS OF A MEDICAL INTERVIEW

Taking a patient’s medical history is an important first step in treating him/her. Each medical provider has their own style and technique, but many interviews will include the common phrases listed below. It is important for the interpreter to be familiar with common topics and questions that are likely to come up during a standard medical interview. Being familiar with common phrases will allow you to interpret them quickly and accurately.

Do you know how to interpret the following common phrases?

Please tell me your first and last name.

How old are you?

What do you do for a living?

Is there much physical activity associated with your work?

How can I help you today?

What brings you in to see me today?

When did your symptoms start?

Have you taken any kind of medicine for your symptoms?

What kind of medicine did you take and how much have you taken?

Did the medicine help?

Is there anything that makes your symptoms worse?

Is there anything that makes your symptoms better?

Do you feel any pain?

Can you show me where the pain is located?

Can you describe the pain for me?

Is it stabbing or burning?

Is it constant or intermittent?

Is it sharp or dull?

On a scale of one to ten, how would you rank the pain?

Does the pain radiate to any other part of your body?

Do you have any current health problems, such as diabetes or high blood pressure?

How long have you had this condition?

Are you seeing a doctor for this condition?

Are you taking any medications for this condition?

Can you tell me the name of the medication?

Do you know what doses you take?

How often do you take this medication?

Do your parents have any health problems? How old are they.

Do you have any brothers or sisters? How old are they? Do they have any health problems?

Is there a history of (high blood pressure, cancer, asthma, diabetes ...etc.) in your family?

Are you taking any prescription medications?

Do you use any alternative treatments or remedies for any health problems?

Are you taking any over-the-counter (OTC) medicines?

Do you smoke?

How much do you smoke?

How old were you when you started smoking?

Do you drink alcohol?

About how many drinks do you consume per week?

Do you have any allergies to food or medications?

Is your cough worse in the morning, in the evening or at night?

Do you have any difficulty breathing?

Standards of Practice Lesson 3

Managing the Flow of a Session:

A. Pre-session

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 say in the first person, and that they should address each other and not the interpreter.
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.
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.

B. Positioning

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

C. 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

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.

CIFE

- Confidential
- In the first person
- Flow control
- Everything is interpreted

Ethics Lesson 1

IMIA CODE OF ETHICS

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INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION (IMIA) Code of Ethics

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-
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PDF: [NCIHC National Code of Ethics in 40Hr. Signature Medical > Materials > Appendix of Information](#)

ETHICS SCENARIOS

Open Questions

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

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

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

 7. Predicament: I understand the word in the source language, but do not know how to say it in the target language.
 - a. 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)?

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

Body Systems

MEDICAL TERMINOLOGY

Do you know these common abbreviations?

Abbreviation	Term	Foreign Language Term
ENT		
GP		
EKG		
BP		
DJD		
NSAID		
MRI		
PET		
AIDS		
HIV		
RBC		

CAD		
Abbreviation	Term	Foreign Language Term
CPR		
ECHO		
GERD		
GI		
UTI		
HPV		
IUD		
ADHD		
TIA		

MEDICAL TERMINOLOGY

Do you know these common abbreviations?

Abbreviation	Term	Foreign Language Term
ENT	Ear, Nose and Throat	
GP	General Practitioner	
EKG	Electrocardiogram	
BP	Blood Pressure	
DJD	Degenerative Joint Disease	
NSAID	Nonsteroidal anti-inflammatory drug	
MRI	Magnetic Resonance Imaging	
PET	Positron Emission Tomography	
AIDS	Acquired Immunodeficiency Syndrome	
HIV	Human Immunodeficiency Virus	
RBC	Red Blood Cell (count)	

CAD	Coronary Artery Disease	
Abbreviation	Term	Foreign Language Term
CPR	Cardiopulmonary resuscitation	
ECHO	Echocardiography	
GERD	Gastrointestinal reflux disease	
GI	Gastrointestinal	
UTI	Urinary Tract Infection	
HPV	Human Papillomavirus	
IUD	Intrauterine Device	
ADHD	Attention-Deficit Hyperactivity Disorder	
TIA	Transient Ischemic Attack	

Medical Terminology Exercise 1: Matching Prefixes

Match prefixes in the left column with their meanings in the right column. (Answers may be used more than once.)

- | | |
|-------------------|-------------------|
| _____ 1. bi- | A. above normal |
| _____ 2. di- | B. below normal |
| _____ 3. hyper- | C. first |
| _____ 4. hypo- | D. four |
| _____ 5. macro- | E. half or partly |
| _____ 6. micro- | F. large |
| _____ 7. mono- | G. many |
| _____ 8. multi- | H. none |
| _____ 9. nulli- | I. one |
| _____ 10. poly- | J. small |
| _____ 11. primi- | K. three |
| _____ 12. quadri- | L. two |
| _____ 13. tetra- | |
| _____ 14. tri- | |
| _____ 15. uni- | |

Medical Terminology Exercise 2:

Diagnostic Procedures and Therapeutic Intervention

1. The term for an illuminated instrument, generally introduced through a natural opening is:
 - A. Endoscope
 - B. Endoscopy
 - C. Fluoroscope
 - D. Fluoroscopy
2. A term for a hollow, flexible tube that can be inserted into a body cavity to withdraw or instill fluids is:
 - A. Catheter
 - B. Endoscope
 - C. Stethoscope
 - D. Tomogram
3. Using heat to relieve pain or to speed healing is called:
 - A. Cryotherapy
 - B. Pharmacotherapy
 - C. Radiation therapy
 - D. Thermotherapy
4. The term that means *the introduction of a catheter* is:
 - A. Catheter
 - B. Catheterization
 - C. Catheterize
 - D. Fluoroscopy
5. The procedure in which the image is digitized and immediately displayed on a monitor or recorded on film is:

-
- A. Auscultation
 - B. Computed radiography
 - C. Endoscopy
 - D. Thermometry
6. A general term for a procedure that requires entry of a body cavity or interruption of normal body function is:
- A. Acute
 - B. Benign
 - C. Inspection
 - D. Invasive
7. A Latin term that means a *hollow, flexible tube that is inserted into vessels or cavities* is:
- A. Analgesia
 - B. Cannula
 - C. Pulse
 - D. Tympanic
8. Identification of a disease or condition by a scientific evaluation is:
- A. Diagnosis
 - B. Physical examination
 - C. Prognosis
 - D. Vital signs
9. The rhythmic expansion of an artery that occurs as the heart beats is the:
- A. Blood pressure
 - B. Diastolic pressure
 - C. Prognosis
 - D. Pulse
10. The term for tapping the body with the fingertips or fist to evaluate internal organs or to evaluate fluid in a body cavity is:
- A. Auscultation

B. Inspection

C. Palpation

D. Percussion

Medical Terminology Exercise 3: Matching Anatomical Terms

Match words in the left column with their meanings in the right column.

1. _____ transverse

2. _____ sagittal

-
3. _____ coronal
4. _____ thoracic
5. _____ dorsal
6. _____ ventral
7. _____ lateral
8. _____ RUQ
9. _____ LLQ
- A. A lower anatomical division of the abdomen
- B. An upper anatomical division of the abdomen
- C. Body cavity containing the spinal and cranial cavities
- D. Body cavity containing the thoracic and abdominopelvic cavities
- E. Body cavity housing just the chest
- F. Plane that divides the body into front and back
- G. Plane that divides the body into right and left halves
- H. Plane that divides the body into top and bottom portions
- I. Toward the side

Medical Terminology Exercise 4: Matching Common Names of Bones

Match the scientific name of the bone in English in the left column with its common name in Spanish in the right column.

Different hip bones will have the same common name.

- _____ 1. carpal
- _____ 2. clavicle
- _____ 3. cranium
- _____ 4. femur
- _____ 5. ilium
- _____ 6. ischium
- _____ 7. patella
- _____ 8. phalanges
- _____ 9. pubis
- _____ 10. scapula
- _____ 11. sternum
- _____ 12. tarsus

- A. hueso del tobillo
- B. huesos de los dedos
- C. hueso del pecho
- D. hueso que une el pecho con el hombro
- E. hueso pélvico
- F. hueso de la rodilla
- G. omóplato
- H. cráneo
- I. hueso del muslo
- J. hueso de la muñeca

CLAS Standards

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

Cons

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Medical Interpreter Certification

