



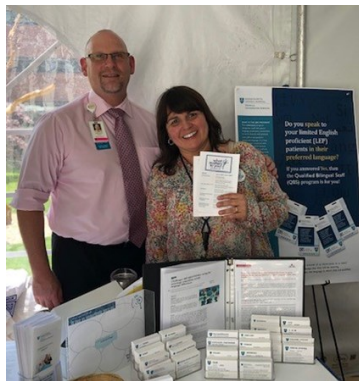
What Matters to You?

By Andy Beggs

“What Matters to You?” It is a question that launched an international movement, in which health care providers focus upon asking this question of their patients, in addition to the more traditional “What is the matter?” In their 2012 New England Journal of Medicine article, Dr. Michael Barry and Susan Edgman-Levitan from the MGH Stoeckle Center for Primary Care Innovation introduced this concept of asking “What Matters to You?”, which increased clinicians’ awareness of important issues in their patient’s lives that could drive customized plans of care.

On June 6, 2019, MGH officially launched this effort at our hospital with “What Matters to You” Day, with a kick-off event the day prior under the Bullfinch Tent. There were multiple speakers, and booths set up by many of the departments closely involved in the event, including of course Medical Interpreter Services who, along with the Stoeckle Center, the Office of Patient Experience and the Department of Pediatrics, sponsored the event.

The fundamental message of



“What matters to you” is inter-linked with the icare initiative, in that it aims at centering care on patients and what is most important to them. In fact, at the icare booth under the Bullfinch Tent, a sheet promoting icare was being distributed which included its basic principles: “I communicate in a warm and welcoming manner,” “I advocate on behalf of patients, families, colleagues, and myself,” “I respect and embrace differing values, opinions, and viewpoints,” and “I empathize and acknowledge the feelings of others.”

Around the hospital, staff wore stickers designed by our own Spanish medical interpreter, Carolyn Santiago, with the words “Tell me, What matters to you?”

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Ask. Listen. Do!” Up on the pediatric floors, providers wore colorful t-shirts celebrating the What matters to you? kick-off as well. Carolyn also designed the What Matters To You? bedside poster that pedi patients can fill out to inform staff of what matters to them without them having to ask and instead they can engage them in conversation on those topics. It was truly inspiring to see how all gathered embraced this important concept, which is as novel as it fundamental; our patients are used to being asked “What’s the problem?” or worse yet, “What’s wrong with you?” “What matters to you?” reaches beyond this, looking at the patient holistically and as a

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person, with multiple priorities both inside and outside the hospital. And isn't that what we should be aiming for as a department and an insti-

tution: patient-centered, relationship based care that empathizes with the patient and what is most important to them?

Paving the Way to Health Care Access 2019

The 2019 Paving the Way to Health Care Access conference was held on June 6th and 7th in Marlboro MA. MGH's Medical Interpreter Services was well represented, both by the number of our interpreters in attendance, and by three presentations given by our staff. One was given by Jonathan Fitzgerald, and two by Wilson Pedrazas.

Jonathan presented on the topic of "Managing the Flow of Communication to Reduce Interpreter Fatigue." He pointed out that interpreters experience fatigue during encounters due to a variety of factors. The roots of this fatigue can be as a result of distractions, implicit biases, lack of focus because of external factors; and these can cause the interpreter to become derailed during an interpretation. He further discussed strategies for keeping on track before, during and after an interpretation. The importance of a huddle or pre-conference was discussed, as well as setting the stage by explaining one's role to the patient before the encounter. Jonathan commented on the necessity for an interpreter to listen tenaciously to the patient and provider, while at the same time understanding the message, converting the message into the target language, and transmitting the message. Strategies for maintaining the flow while at the same time preventing interpreter fatigue were discussed.

Wilson presented the first day on "The Role of the



Interpreter in End of Life Situations." Among other themes, he focused on the challenges of talking to patients and family members when relaying bad news at the end of a patient's life. On the second day, Wilson presented on "Organ Transplant Cases and Advocacy." He gave the medical interpreter a comprehensive overview of the road to kidney and heart transplant, and what the patient must expect after transplant. Wilson covered living versus deceased donors, getting on the waiting list for a transplant, patient compliance, and medications, especially those to prevent rejection. One point of discussion was the fact that while transplant is a very long and complex process, the medical interpreter may only get a snapshot of the patient experience on any given day.

In addition to these presentations, MGH MIS sent fourteen of our staff to the conference. Each of these outstanding interpreters represented MIS in the professional and fun-loving manner for which they are known. Their comments and feedback throughout the various sessions was insightful and each one gained knowledge and skills that they will employ in their work at MGH.

Clinical Immersion Experience for Harvard Medical Students

By *Andy Beggs*

“Wouldn’t it be a great idea for a medical student to shadow a medical interpreter, since we go virtually everywhere in the hospital, and see every type of situation on a daily basis?” It is an idea that has long been discussed in theory, but for the past several years, it is actually happening.

Through an arrangement between Medical Interpreter Services and Diane R. Fingold, MD, Assistant Professor of Medicine at Harvard Medical School and MGH Co-Site Director of the Practice of Medicine Course, Harvard medical students are given a full immersion into the experience of working with a medical interpreter. Paulo Chaves, one of our Portuguese medical interpreters, coordinates this experience, together with Lisa Neville, who manages the Practice of Medicine Course and is Center for Education Innovation and Scholarship Manager.

Each week a group of six Harvard medical students is given a presentation on how to work with a medical interpreter, followed by a period in which they practice interviewing actual inpatients through one of our interpreters, usually either Paulo or Jonathan Fitzgerald, one of our Spanish medical interpreters. This entire experience is also called a Clinical Immersion.

At the beginning of the day, during the presentation which is either done by Paulo or Jonathan, the medical students are told about our work, including the volume of encounters we have, language diversity within the Mass General, and our struggles among them the high demand for medical interpreters for LEP and Deaf and Hard of Hearing patients. Best practices are also discussed, such as the fact that we interpret everything with no omissions, impartiality, privacy and confidentiality, having the provider speak

directly to the patient, and when we use consecutive or simultaneous interpretation. Presenters also tell why it is important to use a medical interpreter, and the proven importance of interpreters for patient safety, lower rates of re-admission and length of stay.

The presenter always gives one or two examples of a potential cultural misunderstanding, to emphasize that the interpreter is not just a linguistic conduit but also one who can clarify cultural issues. The importance of a huddle is emphasized here, since there may be certain words, such as “hospice,” that do not have a direct translation in the target language, and the interpreter can make the provider aware of this and ask them to explain the concept during the interpretation.

After the presentation, which typically includes six medical students, they are divided into groups of three to do a simulation of a medical encounter with an interpreter. These are arranged in advance by Paulo, through coordination with the nurses on the floors where the patients are located, to find out if that inpatient will be available, awake and a good candidate for this exercise. This is a daunting task for Paulo, and the coordination takes a lot of time.

Following the simulation, the medical students are brought back to our conference room for a debriefing, in which they ask questions about what they have experienced. Finally they are welcome to shadow one of our interpreters during medical encounters.

In this way, these medical students are exposed to both the use of the services of a medical interpreter, and if they do the shadowing, they end up seeing a greater variety of cases than on a normal day for a first-year medical student. Indeed, since we as medical interpreters go everywhere in the hospital, the program provides a window through which these medical students can catch a glimpse of their future professions first hand.

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Interpreter Profile: Janet Heney

By Andy Beggs

Language: Spanish

Country of Origin: Dominican Republic

At MGH Since: April 2019

Janet has always had a curiosity and passion for the medical field. As early as High School in the Dominican Republic, she would take any opportunity to learn from visits to a laboratory and even a morgue. During high school, she worked at her father's accounting firm. When she graduated, she wanted to take some time off from both work and school, but her father was concerned about any delay in registering for college. The medicine registration was closed, but she applied and was accepted into the accounting program. She studied accounting for four years, and soon found herself as a manager in a financial institution in the DR.

Janet came to the U.S. in 1992. She first worked at a company that did sophisticated DNA testing. She started as a repair technician in the field, then moved into a financial role. Later, she took 5 years off from work "to be a Mom."

Janet did her first formal training as a medical interpreter at Harvard Pilgrim in 2004 and began working as a freelancer. She received an updated training at UMass between 2009-2010, and five years ago gained full certification through the Certification Commission for Healthcare Interpreters (CCHI). She has worked full time at Milford Hospital, at Reliance Medical Group, and has worked at Beth Israel Hospital as well. Janet joined Mass General as a

The MIS Newsletter was created in response to the need for a new and improved mode of inter-departmental communication. The information shared in this publication is intended for the use of MGH MIS staff and freelance interpreters.

We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Andy Beggs at the email address given to the left.

Whether you have an important event that impacts our profession, an article that might be of interest, or general information that the department might find useful, please help to make this instrument an effective method of communication.

Thank you!

Bulfinch Temp in April 2019.

Thinking back on the time when her father had her register in college right away rather than taking time off, she is grateful to him, because as she says, it led to the experiences that "made me who I am." On medical interpreting, Janet feels that this work gives her "a little reminder of how fragile life is, and that in a fraction of a second, your life can change." Within this context, she feels fortunate to still be healthy, and to have the opportunity to help others. Also, regarding being here with us at MGH, Janet says, "I am very thankful and blessed to work at the best hospital in the country and be a part of the best team in the world."



On June 11, the Arabic interpreters treated us to a special breakfast to celebrate the end of Ramadan.