



Developing the Skills to be a Medical Interpreter

Volume 6, Issue
By Jonathan Fitzgerald, CMI

May 23, 2018

The first step to becoming a professional medical interpreter is taking and passing a medical interpreter certificate program of no less than 40 hours. The main prerequisite to gain entrance into such a course is that the student be bilingual: to have native or near native command of at least two languages. For this reason, I want to talk a bit about developing and honing one's language skills. Being bilingual alone does not make one a competent interpreter. As with any profession, an interpreter hones their skills through experience in the field, but even beforehand they must possess an extensive vocabulary in both languages; one that goes beyond medical terminology alone so that they may be able to interpret quickly and accurately any variety of words or idiomatic or colloquial expressions that come up during conversations between providers and patients. To this end, an interpreter must be committed to being a life-long learner, an avid reader of varying subject matters. This requires the patience to dissect the nuances of language to achieve true command and comprehension.

Spanish is my second language. I was slowly exposed to Spanish as a child and over many years of study became fluent enough to become an interpreter. However, English remains my dominant language. My

personal mission has and remains reaching native fluency. It is my goal and something I owe to my craft and to the patients and providers I serve who look to me for answers when language questions arise. It is this goal and sense of responsibility towards those I serve that drive me to continue to actively expose myself to my second language every day. I do this by listening to Spanish language radio programs each morning, by speaking Spanish at home as often as possible and taking any opportunity I can find to read anything in Spanish that interests me from Spain or Latin America from low register (very informal) jargon all the way up to technical medical terminology.

I now want to shift gears a bit and talk about other skills outside of language acquisition that are essential to the development of a competent interpreter. In a nutshell, I want to talk about remaining calm and focused under pressure as well as tactfully asserting oneself when the situation calls for that. For a novice interpreter, even the simplest of encounters may be anxiety provoking. The best remedy for this is preparedness through continuous study as mentioned above and walking into an encounter with confidence and the awareness that "I am capable of this because I have the training and knowledge".

After that self-affirmation, successful interpretations are a question of focusing on the dialogue 100% to find

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the message and understand it. This task requires a quiet mind that is not distracted by its own inner dialogue but instead is listening intently, understanding the message and formulating the interpretation internally in the target language and finally calmly delivering it without hesitation but at the same time unhurriedly. A quiet, undistracted mind also allows the interpreter to store a bit more information in their short-term memory which allows providers and patients to complete their thoughts instead of being cut off mid-sentence.

Under ideal conditions cutting the clinician off should not be necessary, provided the interpreter has done a good job explaining to speakers that they should speak in chunks and pause so as not to overtax the interpreter's memory. However, things are often less than ideal and even when so informed speakers may go on at length, digress and

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get off subject. It is in this scenario that the interpreter must have the confidence to speak up in a tactful and non-intrusive fashion and ask for a pause or redirection to help facilitate the flow of communication. If the interpreter fails to do this, communication can break down.

For these things to happen an interpreter must be “tuned-in” always and realize what their role is at any given moment; be it simply a conduit interpreting under ideal conditions, or a clarifier who needs to step out from the shadows to directly address the patient/provider when the 1st person role is leading to confusion. In the latter case the interpreter must remember their boundaries, know when it’s time to fade into the background again so that direct communication can resume between the patient and provider, and never be tempted to take center-stage.

A competent interpreter must develop a range of skills that comes over time and with much experience in the field. Obviously, linguistic skills are at the top of the list; however, knowing how to manage the flow of communication in a professional and non-intrusive, yet assertive manner, is just as important. Realizing this goal is an art; and the professional interpreter who is able to achieve it fulfills their role as a linguistic and cultural bridge.

Interview with Paulo Chavez – Portuguese Medical Interpreter at MGH since 2004 – Native Brazilian

Question: As a bilingual interpreter living here in the United States, what do you do to keep up not only your medical Portuguese, but your day-to-day Portuguese language skills?

Paulo: I still try to immerse myself in the culture, reading books and online resources written in Portuguese speaking countries, but also my friend is an editor for Brazilian magazine and he sends that to me every month and I love reading that. I also maintain ties with my family and friends and attend workshops and events for the Portuguese speaking community to remain acculturated.

Question: What are the most important skills that a medical interpreter must acquire?

Paulo: Being bilingual is not enough, to do a competent job interpreting you must be able to quickly and accurately put a message together in the target language so that it sounds natural to the listener, something that is no easy task until you’ve been doing it day in and day out for a significant period. A curiosity for learning is essential here, and an ability to integrate that learning into the interpretation. There are a whole set of skills that include the ability to articulate like a native in a way that your audience will understand and not hear awkwardness in your rendition into their target language.

Another extremely important ability is memory retention. It’s something the interpreter will acquire as they do this day in and day out the mind is like a muscle and can retain more the more you practice which is another skill that sets the interpreter apart from bilinguals who don’t interpret or speak the language daily.

Finally, the interpreter needs to develop the ability to be non-intrusively assertive. When I was starting out in this field I shadowed an interpreter who exemplified this ability. We went to the ED and walked into what to me looked like total chaos (multiple providers speaking amongst each other, a patient going off on a rant and monitors alarming etc.) I think I would have just frozen up at that early point in my career but this experienced interpreter walked in so calmly and spoke to the patient as if none of this chaos was happening and seemed to bring calm and communication that by all appearances was missing before his arrival and he did all this in a completely non-intrusive manner that did not disrupt things further or make him seem overbearing.



At our Spring Pot Luck lunch on May 15 we celebrated with food and fun before our Muslim colleagues began the celebration of Ramadan at sundown on that day.

We also took the opportunity to bid well wishes and farewell to Milton Calderon of the Volunteer Department. Always a great supporter of interpreter services, Milton will be missed.

Chris also had the audacity not to cook his famous turkey meatballs; while the chimichurri was good, the meatballs were missed.

Clinical Director's Corner

On June 3, 2017 I was asked to step in as the Acting Director of Interpreter Services while Anabela Nunes, then the Director, travelled to Australia for what she thought would be three months, to take care of her father. As I reflect on this year of supporting our Interpreter Services team by running the operations of the department, I can honestly say that I couldn't be prouder to serve with such an extraordinary group of individuals.

Our origins span the globe and our personalities are wide and varied; but we come together as a team like no other group I have ever been a part of. As Paulo Chaves once commented in a Diversity and Inclusion committee meeting, "We are the most diverse department at MGH." Only 5 of our 39 staff members are natively born Americans; and this is only the tip of the richness and diversity that our staff brings to MGH and to each other.

We share a common mission to provide the very best in

Big Operations and Ukuleles

By Andy Beggs, CMI

The very air in the room was serious. As I stepped through the door, I was immediately immersed in a conversation between a young pre-adolescent male patient, both his parents, and the surgeon. They were discussing a major spinal operation. The family had traveled here from their country for this surgery, really a series of surgeries, which represented their last, best chance. We were in the middle of the surgical consent, going over the risks and benefits, but it appeared that the decision had already been made. The family was in it for the long haul.

Although medical interpreters are trained to maintain a professional distance, we often find ourselves affected by individual patients' cases through vicarious trauma. Our empathy, our humanity, pulls us in. It is part of being an effective professional medical interpreter, but it is often hard to find the boundary between empathy on the one hand, and the effects of vicarious trauma on the other. I had to stick to the interpreting at hand, not letting the emotional impact of the moment overwhelm me. My tone was serious and professional as always, while maintaining a sense of empathy.

That was almost two years ago. The patient, we will call him RH, and his family have become well known to all the Spanish interpreters. One parent has stayed for the duration, through multiple operations, complications, and a few times in the ICU. The other parent has had to travel back and forth between Boston and their country due to professional commitments, but is always engaged in the issues at hand. There have been times of frustration, and times of joy.

Chris Kirwan

communication access to our patients and their families so that MGH's providers can deliver to them the highest quality health care in the world. This vocation the team shares is honorable and essential. As we continue to grow as a team, we will discover new and exciting ways to improve the excellent services we already provide and make our mark on the MGH as skilled, professional and integral members of the health care team!



Chris with our newest team members Lissie, Adriana, Carolyn and Farah—WELCOME!!

R.H. is a strong boy. He is not afraid to ask incisive questions of the providers, and has about as complete an understanding of his situation as any adult patient that I see on any given day. It makes me smile to interpret for him, as he comes across more like an adult than a young child. And yet, something in me wishes that he didn't have to know so much.

The most recent time I was called to RH's bedside was a happy time. Both mother and father were there, as was the music therapist. She and RH. were playing the ukulele, with R.H. looking up the chords on his cell phone. The doctor had nothing but good news on this day, and joy filled the room. I can't help thinking that the ukulele played a part in raising everyone's spirits. Indeed, such activities as music and pet therapy are important parts of healing. Similarly, as interpreters, we are called upon to interpret for Child Life Specialists who entertain, educate, and soothe the psychological wounds felt by the patient and family, often in times of high stress.

When the interpretation was over, I commented on the ukulele, and just as we were leaving the room, RH's parents had him show me how he had used a scissor to form makeshift ukulele picks out of a plastic kidney basin. How resourceful and creative. His confidence and ingenuity in the face of obstacles both small and large gives me strength; and really isn't this what our mission is all about. We are the conduits that insure that the communication between provider and patient is effective, and this includes both the words and the emotions relayed in the discussion. While we must persevere through the bad news and difficult situations; there is a certain joy that comes from being the conduit of the good news and the hope and levity that can come from something as simple as a ukulele.

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The Interpreter is published once quarterly by MGH Medical Interpreter Services.
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Interpreter Profile: Hany Nakhla

By Andy Beggs, CMI

Language: Arabic
Country of Origin: Egypt
At MGH since 2017

Hany is from Cairo, Egypt. He graduated with a degree in Veterinary Medicine in 2000, but rather than practice as a veterinarian, he began working for a multinational pharmaceutical company. However, when Hany came to this country in 2015, something happened that led him down a different path. He had a friend who was quite worried about the medical condition of his son, after multiple doctor's visits. Hany accompanied this friend and his wife, neither of whom spoke much English, to two doctor's appointments, and helped them to communicate with the doctor. At first they had been nervous and scared, but after Hany went with them, they were able to figure out what was going on, and how to solve the problem. "Finally," Hany says, "they were able to smile on that day."

When Hany reflects on his 15 years of work as a pharmaceutical representative with being an interpreter, what he sees is that as a pharmaceutical representative, he was communicating first to satisfy the needs of the doctors and pharmacists, and then indirectly to satisfy the needs of the patients. As a Medical Interpreter, he works to satisfy the needs of the doctor and the patient at the same time. Before coming to Mass General, Hany worked as a Medical Interpreter at Boston Children's Hospital, where he saw patients with very complex cases, involving at least five specialties. At Mass General, where he started



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!



Hany, Laila, Paola and Omar covering front desk operations!

as a per diem in 2017 and then as full time staff in January of 2018, Hany sees many people coming for second opinions. In fact, some of the same people he saw at Children's, he now sees at Mass General, and these families seem to think that because they see him working at two major hospitals, he must be a very good interpreter with lots of experience.

Hany feels that one of the benefits of being a Medical Interpreter is having the opportunity to work with people from so many different cultures. This is true in his day-to-day interactions with colleagues, and in working with patients who, although they share the common language of Arabic, are themselves from many different cultures. "They are all from different countries and cultures," says Hany, "but they share the same problems and worries, and are all looking for a solution."