



## Differences in Idiomatic Expressions of Spanish Speaking Patients

By *Gustavo García-Barragán, CMI*

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As an interpreter of one of the most commonly used languages at MGH, Spanish, one might have the impression that Spanish interpreters easily interpret for any Spanish speaking person coming from any one of the many Spanish speaking countries represented in our patient population. While there are different accents and interpreters do account for that, beyond that one may think, interpreting should be straightforward, and for the most part this is true. However, there still are some challenges present, especially with the usage of different words and idiomatic expressions. Here are a few real examples I have encountered...

### Example 1

□ Provider: 'How are you feeling?' [Interpreter interprets for patient]

□ Patient: 'Me siento bolo' [Interpreter... draws a blank face]

When I was interpreting in this situation I had to request a time-out and ask the patient for clarification. "Bolo" is used in some Spanish-speaking countries in Central and South America as a way to say "drunk". It has other meanings in other countries (i.e. rock, a type of beverage, etc.), and in my native Peru, it doesn't mean anything - unless you count the word "bolos", plural, which refers to bowling. How was I to know? Now I do!

### Example 2

□ Provider: 'I hear you missed an appointment due to a misunderstanding with the secretary. How do

you feel about that? [Interpreter interprets for patient.]

□ Patient: 'Me siento muy abusada' [interpreter does a double take pondering the situation, no context has been provided.] Taken literally, this response means "I feel very abused". In my native Peru, someone expressing in this way would likely mean she has been physically or sexually abused. In this case, the patient's meant that she felt she had been treated disrespectfully by a secretary,

### Example 3

□ Provider: 'What color was the discharge?'

□ Patient: 'Café' (when a patient answers in this way, he/she usually means black or dark brown, but not always, and I have to ask for clarification. A literal translation ("coffee") is usually met with confused looks.

### And one extra...

□ Provider: 'How do you feel?'

□ Patient: "Estoy tonto" - Literally means "I feel dumb", but applied to medical encounters it usually means dizzy.

These subtle differences underscore the importance of using professional medical interpreters who are constantly educating themselves about such nuances of language. In our main office there is a white board where we put particular phrases that we have discovered as being out of the ordinary in order to share what we have learned from our colleagues, or to ask their input on the origin of a particular word or

phrase. There are many more linguistic examples and situations which may influence the patient/provider encounter. In these cases, the interpreter's training, educational background and experience provide the foundation for determining how the situation should best be approached in order to make the interpretation accurate and complete.

It is impossible to tell when another case of an idiomatic expression unfamiliar to us will appear, since they arise in even the simplest of cases. As it is, I prefer to be safe rather than sorry and have learned to ask for clarifications when something seems a little odd to me. Usually this is due to unfamiliarity with an expression that once clarified helps me grow in my knowledge of the Spanish language and my understanding of the patients. I am certain we all encounter similar situations in our daily work and, in my case, these little surprises contribute to helping me become a better interpreter and to the enjoyment of my work.

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## Medical Interpreter Services Work on Hospital Wide Committees

By Andrew Beggs, CMI

Medical Interpreters are involved in broader, hospital wide efforts beyond providing interpretation and translation services in virtually every patient care department. Several members of the Medical Interpreter Services (MIS) staff offer their expertise and insights as members of different committees. These committees are an integral part of Patient Care Services in that they serve to help open lines of communication between front line staff and leadership. Most of these committees are part of Patient Care Services Collaborative Governance. This is "the decision-making process that places the authority, responsibility and accountability for patient care with practicing clinicians."<sup>1</sup> Committee members are referred to as "Champions" who represent their various departments.

At these meetings there is a respectful exchange of ideas; feedback from front line staff is solicited and offered on a any number of important issues; information and best practices that takes place at these committee meetings becomes a seminal mode of communication whereby issues can be addressed and perspectives on them shared. Critical information that must be communicated to staff is also transmitted through these committees and disseminated to each unit and practice. The specific committees on which MIS staff are currently serving are outlined below.

Patient Care Services Diversity Committee: Anabela Nunes, MBA, Director of Medical Interpreter Services, is the Coach of the Diversity Committee. This committee's focus is to support and develop strategies which transform our work setting into a more inclusive and welcoming environment for staff, patients, and families alike. The committee's work in-

cludes professional development, student outreach, programs centered on culturally competent care and input into the development of patient education material specifically designed for use by clinicians who care for a diverse patient population. This is a multidisciplinary committee whose champions continue to explore how one's traditions and cultures inform their understanding of illness, treatment and adherence to their plan of care.

MIS has benefitted greatly from our involvement on this committee. Hearing the challenges and needs of front line staff has helped us align our work to address barriers they face in caring for our patient population. This has also fostered better communication between front line staff and MIS, including feedback about positive experiences and questions about best practices.

Our participation has also allowed us to share best practices with the committee champions on the care of LEP and DHH patients, on what resources are available and how to tap into them. Committee champions in turn share this knowledge and resources with their colleagues on the units, so that they know how best to access and utilize these resources.

Patient Care Services Ethics in Clinical Practice (EICP) Committee: Chris Kirwan, a member of the MIS leadership team, serves on the Ethics Committee. This is "a multidisciplinary committee...formed to develop and implement activities and programs to further clinicians' understanding of ethical aspects of patient care."<sup>1</sup> One focus of this committee that has had a particular effect on MIS is the support that the committee gives to unit based ethics rounds: how to establish them, difficulties that arise within them, and how to run such meetings.

This has developed directly into the Interpreter Grand Rounds which have been led by various members of the MIS staff. The Interpreter Grand Rounds allow staff a chance to candidly and confidentially discuss best practices through case studies from our own work.

Patient Care Services Interdisciplinary Staff Advisory Committee: Felix Duran, CMI and Carla Polonsky, CMI, both serve on this committee, which "promotes and invigorates inter-disciplinary collaboration and effectiveness in patient care, education, research and community outreach (and) engages staff in initiatives that promote regulatory readiness (Excellence Every Day)."<sup>1</sup> As such, the committee has been involved in such efforts as Joint Commission readiness for the hospital. Carla has been able to share some of these issues with MIS staff, and has also led a discussion asking for suggestions from staff on ways in which both the Department and the hospital might save money. Many of these ideas have been shared with the committee.

Patient Care Services Patient Education Committee: Anna Pandolfo, CMI, Translation Specialist at Medical Interpreter Services, has served on the Patient Education Committee since 2011. The goal of this committee is "to support clinical staff in developing their role in patient education activities that reflect the diverse patient population served."<sup>1</sup> The committee is responsible for a yearly "Health Literacy Week" and has also developed training modules on online resources and materials for patient education. The committee's work has been featured in both "Caring Headlines" and a special publication of the Patient Education Committee,

## Carla Polonsky Awarded Patient Safety Star

On Wednesday morning March 16, 2016 as part of the 6th annual Patient Safety Awareness Week, Carla Polonsky was presented with a Patient Safety Star Award by Drs. Peter Slavin MD, President of MGH and Liz Mort, MD, Senior Vice President for Quality and Safety (pictured right presenting the award to Carla). Drs Slavin and Mort addressed the fifty award recipients and their guests on how their efforts toward improving safety contribute to the mission of MGH because they go above and beyond every day to assure patient safety.



Carla with Dr. Liz Mort and Dr. Peter Slavin

Carla was recognized, in particular, for her work with a patient who seemed confused about a surgical procedure he consented to but did not understand. After advocating

for the surgeon to return and answer the questions the patient had, everyone was confident that the patient finally understood and gave free and informed consent to the procedure. Without Carla's intervention, this would not have been the case.

Patient Safety Awareness Week is a national education and awareness campaign sponsored by the National Patient Safety Foundation (NPSF). The theme once again this year was "Speak Up for Safety". Dr Slavin congratulated all of the Patient Safety Stars for being "excellent role models and

champions for our efforts to improve quality and safety here at MGH." Dr Mort commented that "it is not just doing your job and doing your job well; but it's also thinking how to keep the patients safe, thinking, when errors do happen, how to catch mistakes and correct mistakes

### *Committee Work cont*

"Teachable Moments". One way in which MIS has served on this committee has been to work with the Blum Center, and departments such as the Cancer Center and MGH for Children, who are experts at developing patient education materials in plain language that the patients can understand. This has benefitted MIS tremendously, as it facilitates the process of translating these materials into other languages. Having MIS representation on the Patient Education Committee provides for advocacy for LEP and DHH patients, and raises awareness about their needs. MIS involvement on these committees is one more way in which our Department has benefited from working with multiple disciplines within the hospital, while making our own unique contribution.

**The Council on Disability Awareness:** Susan Muller-Hershon is the American Sign Language (ASL) Interpreter/Coordinator for the Department. She serves on the Council on Disabil-

ities Awareness. This Council first convened in 2003 and was called the ADA Task Force. The original mission was: To support the Massachusetts General Hospital in moving beyond the mandates of compliance to ensure a welcoming environment for all individuals with disabilities. The Council reviews, recommends and raises awareness regarding ways to improve access and the overall experience for patients, family members, staff, volunteers and visitors of the hospital. It accomplishes this by addressing/developing a barrier removal plan, disability training, policies and procedures and purchasing accessible medical equipment. Three subcommittees were developed: Training and Education, Facilities and Access and Transportation. The membership includes individuals from a wide scope (a mixture of clinical and non-clinical employees). In addition to reports from the subcommittees, there is an educational presentation at each meeting to educate and increase awareness of various disabilities and their specific

needs. (From the Council on Disabilities Mission Statement)

Susan's role on the Council is to bring awareness and input to further educate Council members on the communication access needs of our Deaf, hard of hearing and Late Deafened patients. She has brought in speakers to address access issues, adaptive equipment, and the importance of using interpreters and CART services. One very visible thing that Susan did was to ensure that public televisions throughout the entire hospital have signage indicating that the captions must be turned on. The overall goal is to continue to improve access to all MGH programs and services for the Deaf as well as all other patients with disabilities and to make MGH a welcoming environment to all those who walk through our doors.

### Source:

1. MGH Patient Care Services: Collaborative Governance: <http://www.mghpcs.org/ipc/programs/committees/index.asp>, Accessed February 16, 2016.

GRB 015G  
55 Fruit St  
Boston, MA 02114  
Phone: 617-726-6061  
Fax: 617-726-3253  
E-mail: [ckirwan@parnters.org](mailto:ckirwan@parnters.org)

**Visit us on the web:**  
[massgeneral.org/interpreters](http://massgeneral.org/interpreters)

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Publisher: Anabela Nunes, MBA, Director MIS  
Managing Editor: Chris Kirwan  
Contributing Columnist: Andy Beggs



Oscar joined our department in December of 2015, but has been interpreting for nearly 10 years, principally at the Beth Israel Deaconess Medical Center (BIDMC).

Oscar has always liked languages, and as a young child was fascinated by his collection of magazines and books from other countries. He majored in Communications and Media Studies at Northeastern University. He also worked at WBZ Channel 4, on their associated radio station, and finally for the Boston Neighborhood Network which was public access TV. This experience put him in contact with a mix of cultures from Haiti, the Dominican Republic, and China, and his supervisor had him gather information from news sources from all over Boston. It was then that he realized the importance of being multilingual, as much of the written material had to be translated.

*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 Chris Kirwan 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!*

## Interpreter Profile by Andy Beggs

**Name:** Oscar Flores  
**Country of Origin:** Mexico  
**Language:** Spanish

It wasn't until Oscar found an article on the internet that described Medical Interpreters in California, their importance and the fact that they were in high demand, that he truly became interested in medical interpreting. He took the required course and began interpreting. Later, when national certification became the standard, Oscar became a Certified Medical Interpreter (CMI).

Oscar is a huge sports fan. Being from Mexico, he of course likes soccer (or fútbol), but also grew up being a fan of hockey (he loves the Bruins) and has memories of Super Bowl parties as well. Oscar comments that assimilation, in which someone from a different country and culture might celebrate Thanksgiving or the Fourth of July, is a fascinating process, in which people are "ultimately looking for the American Dream." Having

made the transition from the BIDMC to Mass General eight months ago, Oscar reflects that "I was established as a staff interpreter and very well familiarized with the way they conduct operations as a department at the BIDMC. The thought of starting again from zero was startling but very exciting as well. The thought that I had landed a staff position at the nation's Best Hospital was stimulating, both personally and professionally. Put into perspective, even with the challenges that I had to face as a new employee, such as learning the culture, department operations, and locations, not to mention interpreting in pediatrics in which I had never interpreted, I could not have made a better decision than to come to MGH and take the position as a staff interpreter."