



MASSACHUSETTS
GENERAL HOSPITAL

**MEDICAL
INTERPRETER SERVICES**



Medical Interpreter and Translator Week
By Andy Beggs, CMI

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This year, MGH Medical Interpreter and Translator Week took place the week of September 24-28, 2018. Each year Medical Interpreter and Translator Week is celebrated around International Translation Day which is September 30th, the feast of St. Jerome, translator of the Bible into Latin. This past year, the United Nations General Assembly declared September 30 to be UN International Translation Day.

This year, more than any year in recent memory, the week was truly packed full of special events. The week began on Monday, September 24, with a Kickoff Breakfast held in the Conference Room of the Medical Interpreter Services Office, and all staff and freelance Medical Interpreters were invited to attend. The photo shows just the early arrivals!



On the same day, the department hosted a Medical Interpreter Services (MIS) table in the White Corridor. This gave the entire MGH community a chance to stop by the table, talk

Inside this issue:

<i>Workshop: The Medical Interpreter Role in Awake Craniotomy</i>	2
<i>Ether Day Celebratory Breakfast</i>	3
<i>Interpreter Profile: Antônio Encarnaç�o</i>	4

with interpreters, and learn more about MIS. This also gave us a chance to demonstrate the VPOP (Video Phone on a Pole) equipment used throughout much of the hospital to deliver real-time video interpreter services at the touch of a button. On Wednesday, September 26, Dr. Omar Waid, one of our Arabic interpreters, led a special Workshop on Endocrinology in the Haber Conference Room. Months of preparation went into this workshop, especially since it was the first time that a workshop put on by the MGH was providing Continuing Education Units (CEUs) through the International Medical Interpreter Association (IMIA). As many of our interpreters are nationally certified medical interpreters (CMIs and CHIs), this was an important step in helping them to maintain their certification.

On Thursday, September 27, MGH

Interpreter Week cont on p 2



Interpreter and Translator Week cont from p 1

Medical Interpreter Staff and Freelance Interpreters attended a pot luck lunch in the Conference Room. As always, rich dishes from all over the world were brought in by each interpreter and shared. It was a delicious way to celebrate Interpreter and Translator Week.

At that pot luck lunch, we also honored the Language Access Champions for 2018. This award is voted upon by the MGH Medical Interpreters and honors the provider or providers who embody a list of qualities valued most by interpreters including, but not limited to: being patient centered and looking to improve language access for their patients to improve care for LEP and DHH patients, treating LEP/DHH with dignity and respect, encouraging colleagues and staff to respect patient's rights and utilize professional medical interpreters for better outcomes and to establish deeper trust with patients, and cultivate relationships aimed at optimal care, treating interpreters as members of the health care team by huddling with interpreters to explain context and goals of care, and understanding of how linguistic and cultural issues can effect care and outcomes. This year, instead of one Language Access Champion, the Medical Interpreters voted to name the entire team of Physical and Occupational Therapists at MGH. At the Thursday pot luck lunch, five representa-

tives of the Physical and Occupational Therapists were present to receive the award, including their Director, Michael Sullivan, PT, DPT, MBA.

To round off Interpreter and Translator week, a special Grand Rounds was held in the Conference Room. Anna Ruman, MD, a pediatric Resident, presented a fascinating case that involved a Spanish-speaking family. The case was complex throughout all stages of care and interpreters were intimately involved. This case gave interpreters a chance to hear about and discuss a case as seen from the provider's perspective.

In all, this year's Medical Interpreter and Translator Week was no doubt the most event-filled to date, and we look forward to making next year's just as special.



Workshop: The Medical Interpreter Role in Awake Craniotomy

On October 5 2018, Amy Maguire, MS, CCC-SLP from the Department of Speech and Language led a workshop for our office on "The Medical Interpreter Role in Awake Craniotomy." The workshop was very well received, both by those who had interpreted for this procedure, and those who have yet to do so. Amy described the procedure of awake craniotomy, identified the key health care providers involved and with which ones you should be sure to connect before the procedure. She also discussed the medical interpreter role in the procedure.

"The purpose of this brain surgery, a.k.a. awake craniotomy," said Amy, "is to preserve function." This includes "motor function, speech articulation, and language function." The patient populations most likely to have an awake craniotomy are those with epilepsy, who may need either a small or large area of brain tissue removed, or patients with a brain tumor. For many patients with a

brain tumor, the reason for the procedure is to get a sample of tissue for biopsy.

Patients are conscious during an awake craniotomy and respond to questions and commands, and the encounter is unique in that the interpreter acts as the immediate tester for the procedure. Amy described the types of questions asked during the procedure, including: "Picture naming ('object naming'), Yes/No questions, commands, repetition (sentence level), free conversation, and reading (symbols/sentences)." All of this is done while the providers are stimulating certain areas of the brain, to see if it is alright to cut in that area. If it appears that there will be a loss of function, then that area will not be cut.

An interesting fact brought up in the workshop is that even if the procedure involves a bilingual patient, an interpreter is needed. This is because both languages are tested, and

Awake Craniotomy cont on p 3

these languages could reside in different parts of the brain.

One key point that one of our interpreters brought away from the workshop is that in awake craniotomy, two main aspects are speech, or the enunciation of the words, and language, which involves putting words together. In the first, we are looking at pronunciation, absence or presence of slurred speech, etc. In the second, we are listening to see if the articulation is grammatically correct. One simple example of a command given to a patient, would be to repeat the words “Massachusetts General Hospital” three times. If there is a change in speech following this command, this indicates that cutting in that area of the brain will be detrimental to function.

One interpreter who has interpreted for an awake craniotomy since this workshop was held says that “the cadence and rhythm with which the interpreter poses the questions

needs to be such that the surgeon has a chance to stimulate different areas of the brain and understand the patient’s response. We, as interpreters, are asked to keep a certain rhythm while asking questions in a manner that is almost synchronized with the pace at which the doctor is testing different areas of the brain.” The same interpreter notes that if there is any hesitation by the patient, the interpreter should let the provider know.

In addition to being a fascinating workshop, this was the second time that MIS has put on an event that granted IMIA CEU’s, for those who are nationally certified medical interpreters (CMIs and CHIs), and we hope to host more of these events in the future.

Reference: Maguire, Amy, MS, CCC-SLP, “The medical interpreter role in awake craniotomy,” presentation slides from October 5, 2018.

Ether Day Celebratory Breakfast

By Andy Beggs, CMI

On Wednesday, October 25, three departments joined together for our second annual Ether Day Celebratory Breakfast. Medical Interpreter Services, the Department of Speech and Language Pathology, and the Spiritual Care Department enjoyed a wonderful breakfast, we all got to know each other even better, and we celebrated the work anniversaries of our staff.



Rev. Alice Cabotaje, Director of Spiritual Care and Education, started off the meeting on a unifying note, with the sound of a ceremonial bell rung three times as those who were present listened to the tone in a spirit of meditation. Later in the program, she gave awards to those members of her department who had provided various years of service (in 5 year intervals) at Mass General Hospital.

Carmen Vega-Barachowitz, in her role as Director of Speech, Language, and Swallowing, gave the awards to the staff from that department who had reached milestone years of service, and talked of each of their contributions to their patients, to the department and to their profession.

Chris Kirwan, as Clinical Director of Medical Interpreter Services, had kind, and at times humorous, comments about each of the interpreters who had also completed milestone years of service. From MIS, those who were honored were Flavia Smith (who has been at MGH for 20 years), Alma McDonald, (20 years), Matilde Zamorano-Peach (10 years), Paulo Chaves (15 years), Paola Beccari-Doran (5 years), Carla Polonsky (15 years), Anna Pandolfo (10 years), and Marina Michurina (10 years).



From left to right: Paulo, Marina , Chris , Carmen, Paola, Anna, and Carla. (Alma, Matilde and Flavia were unable to attend.)

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Interpreter Profile: António Encarnação

By Andy Beggs, CMI

Language: Portuguese
Country of Origin: Portugal
At MGH since 2007

António joined the department 11 years ago. When he first arrived in this country in 1993, he did a variety of jobs, but then realized that since he spoke two languages well, he should find a way to use them professionally. He thought of interpreting, which until then he had only done for friends in the hospital or in court. He took a course with Cross Cultural Communication Services, and did freelance work for six months before taking on the job of medical interpreter at Mass General.

António believes that the interpreter is crucial in the hospital setting, because patients come with no English support to a complex medical environment. His favorite aspect of interpreting is being able to help patients and families navigate this environment.

The most difficult part of medical interpreting, he says, are the emotionally intense situations in which you are placed. You may have a patient with cancer, or a conversation about withdrawing life support. These situations are tough to deal with, and would be impossible without a medical interpreter. António emphasizes the fact that the interpreter is not a machine or an “app”, but a person, and such cases can “get to you a little bit.” During one such difficult case while he was interpreting with a social worker

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!

and a patient who had been severely traumatized, he realized that “When you read about traumatic events in the newspaper, you only read the headlines and not the details, but when you are with the patient, you hear every detail. It took me three days to get over that one case.” There are various ways that interpreters seek support when going through situations like this. Antonio is always mindful of respecting patient confidentiality and HIPPA. He receives support from debriefing with the medical team when necessary; and relying on the support of his interpreter colleagues, many of whom have gone through similar situations.



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One attractive aspect of this job for António is that he never knows where he will be on a given day, and what type of interpretation he will be doing.

António likes to meditate, to read about self-improvement, and to take long walks by the water. This last one is no coincidence, as he spent part of his life growing up in the Algarve in Portugal, which has one of the most beautiful beachfronts in the world.