



On Being a Doctor and a Medical Interpreter:
Interview with Farah Saeed
By Andy Beggs, CMI

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Farah joined our department one year ago as a medical interpreter for Arabic. She completed medical college in Iraq in 1997, and after her residency, during which she was exposed to all different types of medical cases, she chose anesthesia and completed a 2-year anesthesia residency. When asked why she chose anesthesia, she says, "I chose to be with the patient at the weakest point of their life. When a patient is on the operating room table, they are at their weakest point."

Farah left Iraq, spent two years in Kuwait, and came to the US in 2010. She says with some emotion that "When you leave Iraq, you give up everything." For her, it meant that she would never practice medicine again. Farah did, however, find a job in which she could be in the same medical realm: medical interpreting. She began at a Community Health Center near Worcester, interpreting many times for refugees there. She had a revelation while being an interpreter for these refugees, who didn't know anything about the country and culture in which they found themselves: "I am their eyes, I guide them and give them



hope." Farah later became a Certified Health Care Interpreter (CHI).

Being a doctor who is now an interpreter gives Farah a unique perspective. She loves being in the Operating Room, and perhaps relives some of the old feeling of being there as a part of the OR team. But even when doing interpretation for an anesthesia consent, Farah realizes that her role on the team has changed. "You must do an accurate interpretation, because it is the right of the patient to understand everything."

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Still, she is a physician, and brings that knowledge with her. This may very occasionally cause tension. Once she was in an encounter in which the patient's liver enzymes were high, and yet the provider was prescribing Tylenol, which is contraindicated in that situation. Farah was in a bind. She knew that her job was to be faithful to the interpretation, yet her past professional training told her something about which she could not be silent. Very respectfully, she huddled separately with the provider to clarify the content of the interpretation. "Oh!" they exclaimed, and changed what they were prescribing for the patient. Afterward they thanked Farah for the clarification. During such en-

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counters, Farah must be very tactful indeed. We are lucky to have her as part of our team.

In fact, the Medical Interpreter Services team is very proud of Farah because this March she will be the recipient of a Patient Safety Star during MGH's annual Patient Safety Awareness week. Farah was the interpreter for a patient who had a potentially life-threatening diagnosis. The patient was refusing treatment due to a misunderstanding of some cultural and religious norms. Understanding the cultural and reli-

gious situation, Farah explained her concerns to the team and offered a suggestion on how to approach it with the patient. The team was then able to put into place this intervention which in turn successfully convinced the patient to take advantage of the treatment which indeed saved his life.

In recognition of her outstanding dedication to patient safety the Lawrence Center for Quality and Safety at MGH will honor Farah along with several other MGH Patient Safety Stars on Monday March 11th. Congratulations Farah!

Workshop: Palliative Care Continuum Project

By Andy Beggs

On February 15, 2019, Dr. Erica Wilson and Dr. Michael Nathan held a workshop for medical interpreters entitled The Continuum Project: Living Well with Serious Illness. This program is a "system-based approach to serious illness care" incorporating the tools, education, and systems of an ongoing Quality Improvement project. The workshop was open to all medical interpreters and was worth 0.1 CEUs for those who were Certified Medical Interpreters (CMI).

The session began with a free discussion about the goals of a palliative care encounter, and Dr Wilson explained that palliative care does not always mean end of life. This is a common misconception when people hear the term 'palliative care'; rather, the goal of palliative care is "to help the patient and family live as well as they can." This can involve coping, control systems, and coordination. Early discussions on such topics lead to better care and more "goal concordant care." Dr. Wilson asserted that without medical interpreters, there is poor communication and poor symptom management when working with LEP and DHH patients and their families, and that medical interpreters are underutilized.

Dr Wilson then showed two video clips, one in which the patient had been told that he had a two-year prognosis. The question posed by Dr. Wilson was, "is this patient in denial?" Many of the workshop participants saw denial because the patient stated that he would be around for another 20 years. Other participants said that they saw hope since he was making plans for the future while also consult-

ing with his lawyer to get things in order "just in case." As if in answer to these apparently contradictory views, a slide was shown with a pendulum swinging between "less realistic hopes" and "more realistic hopes."

In a second video clip, a doctor and nurse were having a difficult discussion with the husband of the patient relaying to him the fact that his wife may not survive her illness. The video gave a chance for those gathered to review the "checklist," of questions/topics of discussion outlined in the Serious Illness Care Program, which Dr. Wilson had distributed at the beginning of the workshop. This script, or Partners Serious Illness Conversation Guide, included the steps of: "opening the conversation," "assessing prognosis awareness," "sharing the worry", ('I hear you're hoping for _____ and I worry the decline we have seen is going to continue', or 'I hear you're hoping for _____ and I worry something may happen in the next few (weeks/months/years)'" "aligning the worry with everyone's wishes ('I wish we didn't have to worry about this.')." "exploring what is important to patient, family and friends," "making a recommendation," and "documenting the conversation."

This workshop empowered the interpreters as part of the health care team to support providers when they are addressing these issues with their patients. Having the script and familiarity with the nature of the program will enable interpreters to interpret more effectively, allow for a more precise and accurate interpretation, and hopefully lead to better outcomes for these types of encounters.

MIS Holiday Party 2018!



On the evening of December 20th, MIS held its Holiday Party in the East Garden Room. Staff members, per diem interpreters, and quite a few family members and friends were in attendance. We enjoyed a delicious catered meal and holiday cheer.

MIS Clinical Director Chris Kirwan began the festivities with a poem he had penned himself, expressing his appreciation for the work that we do and the way in which we do it. We held a “Secret Santa,” and (almost) no one knew who their Secret Santa was!



A gift was also presented to Chris with all our appreciation for what he has done for each of us and for the department over the past several years. In all, the Holiday Party was a great way for us to celebrate the close of yet another year of working together as an extraordinary team.



Are You a Person or a Robot?

By Chris Kirwan, Clinical Director

Catchy title, eh! Well, believe it or not, one morning an MGH provider called one of our staff Spanish interpreters and this was his first question, “Uh, Hi, are you a person or a robot?” The interpreter, understandably taken aback by this question responded, “well, yes, I am a person.” “Oh, okay, good, well, you never know because we just have so many options.” And thus began the encounter for a consent.

While this was certainly an odd way to begin a conversation, it was very revelatory on many levels. Here at MGH we are fortunate to offer interpretation in various modalities. For 11 staff languages we have interpreters available for face to face encounters. We also have about 40 interpreters available for another 24 languages on a per diem basis. Our call manager also allows staff access to video interpreters for our 11 staff languages and we have Video Remote Interpreting (VRI) for

our Deaf patients to access ASL interpreters from our vendor CyraCom. Finally, we have access to remote telephonic interpreters 24/7/365 in about 200 languages from CyraCom as well.

Medical Interpreter Services (MIS) has been in record breaking demand over the past 2 years shattering all previous volume numbers. Last year MGH alone conducted over 130,000 encounters in 114 different languages, none of them were done by robots! All our staff interpreters and our vendor’s interpreters are humans.

The second issue that is raised by the provider’s question is about online translation tools and translation apps. Though many of these apps have come a long way, they are still not acceptable for communication with patients about their health care. A recent study from the UK showed that even the best translation apps are only 50% accurate at best. So in this regard, never use a robot; always use a human professional medical interpreter!

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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!

Interpreter Profile: Beatriz Oropeza Urquhart

By Andy Beggs, CMI

Language: Spanish
Country of Origin: Venezuela
Full-time Staff Interpreter since November 2018

Beatriz joined our department as a full-time staff interpreter in November of 2018, although we have gotten to know her over the past year while she was a Bulfinch Temp/Per Diem interpreter. Born in Venezuela, both Beatriz and her husband first lived in this country between 1996 and 2003, during which time she had her son, and earned her master's degree in Psychology. The family then returned to Venezuela for several years.

Beatriz returned to the US in 2009 and saw the need for interpreters while living in the city of Cambridge, especially when visiting her son's school there. She saw a whole population of people with limited English proficiency (LEP) who had a dire need for interpreters. She helped to meet that need wherever she could.

She first became interested in medical interpreting when she learned from her cousin about this profession and thought that it was a way that she could combine her language ability, her training in psychology, and her desire to help underserved populations. Beatriz sees her training in psychology as helpful to interpreting because "There are not just two languages in an interpreting encounter. For me,



there is Spanish and English, but also emotions, culture and non-verbal communication.”

IMIA Lifelong Learning Webinars for CEUs

For a while now, the IMIA has held monthly online Lifelong Learning Webinars, each worth 0.15 CEUs. These webinars are free for IMIA members. The time has been a bit inconvenient for most of us, generally running on a Thursday from 5:30 pm to 7:00 pm. The good news is that now you can listen to certain past webinars at a time convenient for you, and still earn CEUs. Note that past webinars have an “expiration date.” As of right now, you can only earn CEUs for those webinars held in 2017 and 2018.

For more information, please visit www.imiaweb.org. From there, to view the list of recorded webinars, you will need to sign in as an IMIA member.