



“Why does she need a Medical Interpreter?”

By Andrew Beggs, CMI

As a Medical Interpreter, I find it indispensable to “huddle” with the provider before each encounter. Sometimes it only takes 30 seconds, but it is much better than going in cold, and truly aids in communication during the encounter. But this case was slightly different. Upon arrival at an intake area of the hospital, I had the provider take me aside and say, “I don’t know what is going on here. The patient is a 16 year old girl who speaks perfect English, and even attends High School here. She is here with her mother, and I’ve heard them speak some English between them. I don’t know why they need an interpreter...maybe the patient just doesn’t like me. When we go into the room, please try to sort this out.”

On the way to the room, I say, “I’ll do what I can, but she does have the right to a medical interpreter.”

“Oh, of course she does,” replied the provider.

When we entered the room, the patient explained in English, “I really just wanted my mother to understand.”

“Oh...okay!” said the provider.

The encounter continued with the daughter speaking English with the

provider, and with me as the medical interpreter letting the mother know what they were saying through simultaneous interpretation. The mother gave valuable input to the conversation as well, since she now had a voice.

The mother thanked me for my assistance, and as they moved on to the treatment area, I explained to both provider and patient that a medical interpreter should be called when they were ready to be seen there. Had I really done due diligence, I would have handed the mother a card from Medical Interpreter Services, which includes not only our contact information, but which also says that “Patients have the right to a medical interpreter at no cost,” and urged the mother to show it to the next provider.

There are a couple of key points to this story. By law, patients have the right to a medical interpreter at no cost. Also, family members should never be used as interpreters. In this case the English speaker happened to be the patient, but she was not equipped to interpret medical information for her mother, and she knew it. The fact that the mother spoke some English to her daughter may have meant that the daughter, having grown up here, spoke more English

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than Spanish. The mother would then be facing the ongoing difficulty of trying to speak with her daughter in what was, for her, a foreign tongue. Her uttering a few words of English to her daughter did not mean that she was ready to participate in a conversation about her daughter’s health care.

Without the aid of an interpreter, the mother might simply have nodded during the encounter, and this could have been interpreted as her having understood. But a nod does not necessarily indicate understanding. In fact, many limited English proficiency (LEP) patients will nod their heads as a sign of respect and not because they understand.

Providers should always make use of medical interpreters when working with LEP patients, especially when the patients request one.

To Interpret or Not To Interpret

By Jonathan Fitzgerald, CMI

This past April a number of us from MGH Medical Interpreter Services attended the three-day annual IMIA (International Medical Interpreters Association) conference here in Boston at the Joseph B. Martin Conference Center at Harvard Medical School. The theme of this year's conference was: *Medical Interpreters: A Vital Part of Coordinated Health Care Delivery*. Each day began with a plenary session in the main auditorium focusing on topics such as ethical dilemmas in medical interpreting, lack of established guidelines/grey areas, and the evolving role of the medical interpreter. This article will focus on the plenary panel session for day 2 of the conference which fell into the category of grey areas within established guidelines.

Day two's panel was composed of four seasoned interpreters with distinguished careers in the field of medical and legal interpreting. They were presented with a scenario and asked to explain how they would handle it. The scenario is as follows:

"At the Emergency Department, a medical interpreter is with a patient and his/her medical provider. A police officer arrives and asks the interpreter to assist him in speaking with this patient. What should the interpreter do?" (Excerpt from program of the Annual International Congress on Medical Interpreting, April 29, 2016)

Although medical interpreting guidelines and ethical standards help interpreters decide on best practices in the field, there are many grey areas where the appropriate course of action is not always clear. One example of such grey areas is the above mentioned scenario, which can happen in healthcare institutions that have no policy established to address this type of scenario. For interpreters here at Mass General that grey area does not exist for this particular scenario. We have a clear policy that states we are to interpret solely for Mass General staff with the exception of some medical supply vendors who come to the hospital to provide and teach patients how to use medical devices at home. When other entities come into the hospital be it police, fire, workmen's compensation, lawyers etc. we must politely decline. So when my colleagues and I heard two of the panel members answer emphatically that yes the interpreter should interpret for police we were rather taken aback and looked at one another in disbelief.

The first argument put forth by the panel members in favor of interpreting for various members of law enforcement was that one does not need to be a legal interpreter to adequately interpret for the police provided that their questions do not amount to an interrogation of the patient. If the questions are aimed at simply attaining identifying information

and demographics then they feel, that any trained interpreter, legal or otherwise, should have no difficulty interpreting for the police.

The second argument in favor of interpreting for law enforcement was that by not interpreting you could be putting the patient's life in danger if for example; the police were trying to get critical information from a victim to help apprehend a dangerous criminal that may continue to pose a threat to the patient and others in the community.

The obvious challenge to the first argument is that no one can predict when the encounter could evolve into more than data collection and into an interrogation of the patient and require legal interpreter training; furthermore, who would draw the line, the law enforcement official, the nurse, the interpreter? Secondly if a medical interpreter working for the hospital interprets for the police and the patient says something incriminating the interpreter is then liable to be subpoenaed to court to testify with regard to those statements.

Regarding the second argument I contend that the onus is on law enforcement because as a federally funded entity, they are under the same obligation by law as any other federally funded institutions to provide LEP persons equal access to communicate in their own language through an

Interpreter Profile: Andrea Zhu, CMI, CHI

Name: Andrea Zhu, CHI

Languages: Mandarin and Cantonese

Country of Origin: China

At MGH since: February 2016

Andrea thinks that her interest in medical interpreting may stem from having had the assistance of interpreter services when her son and daughter needed health care at Children's Hospital. Later, she saw an advertisement for a medical interpreting course in a Chinese newspaper. After passing this course, she did freelance interpreting for a while, but in 2011, she got a job at Beth Israel Deaconess Medical Center. In February of 2016, she joined the Medical Interpreter Services (MIS) team at the MGH. Andrea feels she has integrated into the new system at MGH MIS very easily. "It feels very professional, they respect you. You have the feeling that you are helping the patient, and that the providers are not just using you."

"The challenge is always there," says Andrea, and it varies depending on the patient. An important part of meeting this challenge is sharing experiences with her fellow interpreters, for continuity of care be-

To Interpret continued

interpreter (www.lep.gov). Law enforcement is required to develop policies and procedures for dealing with non-English speaking individuals under a June 2002 guidance document, (http://onlineresources.wnyc.net/pb/orcdocs/LARC_Resources/LEPTopics/LE/LEPinLE/limitedenglish.htm) and have these services readily available when they need to communicate with LEP persons. If a police officer, for example, is unable quickly to access an in-person interpreter they should have the ability to remotely use their own contracted phone interpreter services wherever they go. In this

manner they are able to get the information they need to keep victims and the community safe from potential imminent threats. This preserves the professional medical interpreter's role of only acting in the capacity of the hospital's medical interpreter and not outside of the scope of their practice.

For the above mentioned reasons, it is good policy and a best practice to have each institution utilize their own professional interpreting resources when coming into a hospital environment to communicate with LEP persons. MGH and other hospitals have



tween interpretations. She might share with Wayne Chen, the other Chinese interpreter in the office, that a certain patient is depressed about his brain cancer, or is going to be admitted to the hospital. If there are psychiatric issues to be addressed, this will also be useful information for both interpreters to know.

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adopted policies that prohibit interpreters from interpreting for law enforcement, not to make life difficult for them, but rather to ensure that misinterpretations do not occur. In the end this policy serves to protect everyone involved and empowers each individual to operate within their appropriate role and not in some other capacity, and most importantly allows medical interpreters to continue serving the communication needs of patients and staff throughout the rest of the hospital.

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

Visit us on the web:
massgeneral.org/interpreters

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

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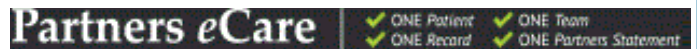
We are always looking for information and ideas for articles that would interest our readers. Please submit any contributions that you might have to Chris Kirwan at the email address given to the left.

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.

Booking Interpreters in Epic: We are Live!

It's as easy as 1-2-3. Now Ambulatory practices can schedule interpreters as a resource jointly with provider appointments. It's even easier to add the interpreter to a provider appointment once it has been scheduled.

For a tip sheet on how to schedule an interpreter just click on the following link and then click on "Scheduling Interpreters in Epic (internal access)" button.



<http://www.massgeneral.org/interpreters/requesting/>

This eliminates phone calls to schedule interpreters and it's quick and easy. Once a patient is ready to be seen, call Interpreter Services at 6-6966 to have the interpreter sent to the clinic.

Andrea continued

The most important thing to focus on as an interpreter, says Andrea, is "the experience of the patient and family." This includes not just interpreting for the encounter between the provider and patient, but helping the patient with booking follow up appointments and telling them where their lab tests are going to be done. This makes them feel like they are being supported. Andrea also gives her patients our Medical Interpreter Services Language Card written in Chinese, informing them of their right to a medical interpreter free of charge and with the phone numbers to call a Chinese interpreter who can help them with any communication with their doctors' offices.

Asked how medical interpreting has changed her, Andrea says that it has made her able to understand people more, and that she has "seen many cases" that help her to anticipate when difficulties are going to occur. "We see things that other staff who are not medical interpreters may not see." This helps to bridge the linguistic and communications gap that exists between providers and patients and their families. Andrea concludes that "We are one big team here at MGH aimed at supporting our patients and their families through difficult times."