Caduceus

A Publication of the Medical Divison of the American Translators Association

Spring 2007

CONTENTS

2 From the Editor

3 Health Care Glossary

9 Pitfalls and Caveats

11 Glossarium

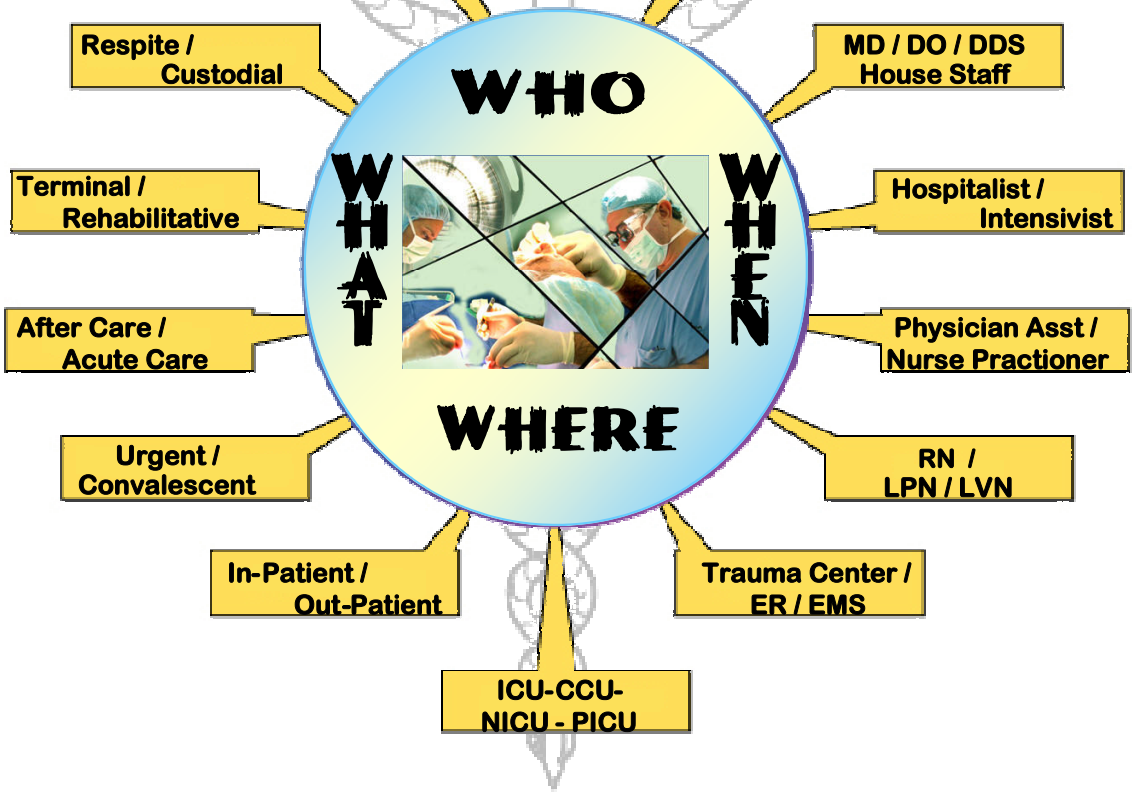
13 Interpreters at Work

16 Bits - Pieces Facts - Figures

18 Neurological Examination

22 Mid-Year Conference

THE MANY FACES OF HEALTH CARE



Caduceus

A PUBLICATION OF THE MEDICAL DIVISION OF ATA

Spring 2007

Caduceus is a quarterly publication of the Medical Division of the American Translators Association, a non-profit organization dedicated to promoting the recognition of translating and interpreting as professions.

Please mail all correspondence and contributions to: bukrak@bellsouth.net

- **For medical reasons I have stepped down from my other role as Administrator of the Medical Division, but will continue producing our newsletter *Caduceus.* Acting Assistant Administrator, Patricia (Tricia) Yacovone, has assumed the Administrative Role. She can be reached at patricia.yacovone@dshs.state.tx.us**

- The lead article in this issue is the beginning of an overall look at health care terminology by breaking the overall subject into categories such as: WHO, WHAT, WHERE and WHEN, which will appear, in this issue and subsequent ones, in glossary format. This issue addresses the WHO in health care - referring to health care professionals and allied personnel.
- Dr. Elena Sgarbossa introduces us to the subject of translational medicine - an attempt at converting basic scientific health data into specific health strategies for patient care.
- Maria Rosdolsky continues her German to English contributions, this time with a substantial Neurological Examination.
- Zarita Araujo and Vonessa Phillips Costa give us an eye opening introduction to a branch of health care interpretation we hardly ever hear about - group therapy interpretation.
- Our usual columns, Glossarium and Bits and Pieces complete the current issue.

As usual, we always invite contributions from Medical Division members. These could be an in-depth article or short material suitable for Bits and Pieces or Glossarium format.

If you run into an interesting website or medical source or reference, let us know about it. Crossword puzzle, word scramble, book review, anecdote. Keep us in mind! Ed

Instructions to Authors

Submissions for publications must be sent electronically in Word format. The deadline for submissions for the Summer issue of ***Caduceus*** is 30 June, 2007.

Caduceus carefully reviews its content in order to eliminate any textual errors. Nevertheless, we apologize for any errors in grammar, punctuation, typography and the like which may inadvertently appear on our pages.

by Suzanne Couture
edited by Rafael A. Rivera, M.D., FACP

WHO WHAT WHERE WHEN

There are many definitions of health care or healthcare. One of the most concise is: provision of services that help individuals achieve an optimal state of well-being in any setting or stage in the human life cycle. An increasing number of professionals and allied personnel are involved in the prevention, treatment and management of illness and the preservation of physical and mental well being In this issue we will start the process of identifying some of the WHO in a bilingual English—Spanish outline. Readers are invited to create the corresponding words in other languages and submit them to ***Caduceus***. Future issues of ***Caduceus*** will address the "What, Where and When".

EN to ES Glossary of Health Care Professionals and Allied Personnel

ABBR	ENGLISH	ESPAÑOL	REF
	art therapist	terapeuta de arte, terapeuta de oficio	1
	attending physician	médico de cabecera (de paciente hospitalizado)	3
	blood bank technologist	tecnólogo de hemoterapia tecnólogo banco de sangre	
	caregiver, care partner	persona encargada de la atención del enfermo; acompañante (cuando de trata de servicios ambulatorios), usualmente se refiere a un miembro de la familia o vecino, cuidador	5
	child life specialist, ludotherapist, play therapist, recreational therapist	especialista en vida infantil, ludoterapeuta	10
	consulting physician	médico consultor / consultante	3
	family doctor	médico de cabecera/de familia	4, 5

EN to ES Glossary of Health Care Professionals and Allied Personnel

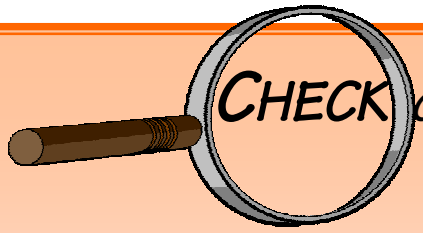
ABBR	ENGLISH	ESPAÑOL	REF
	fellow	'fellow', corto para *fellow-in-training,* médico que cursa una subespecialidad *fellowship* (i.e., cardiología, gastroenterología, cirugía torácica, etc.) luego de haber completado la especialidad primaria (i.e., Medicina Interna, Cirugía, etc. (La palabra *fellow* no tiene un equivalente establecido en español. Con toda probabilidad se aceptará como tal en español en el futuro	
	full-time medical staff**:** full time salaried physicians employed by the hospital. They usually run the various medical departments of a hospital i.e., Radiology, Pathology, Anesthesiology, Physical Therapy, Occupational Therapy, Emergency Services, others	médicos de plantilla a tiempo completo, son los médicos asalariados, directores de los departamentos usuales de un hospital i.e., Radiología, Anestesia, Patología, Sala de Emergencias, etc., terapia física, terapia ocupacional	15
	genetic counselor	consejero genético	10,11
	health care provider - administrative, managed care term; initially referred to physicians only; now the word is used loosely for others who provide or participate in the care of patients.	proveedor de servicios médicos:	3
	health sciences librarian	bibliotecario de ciencias de la salud	
	hospitalist, a specialist in Hospital Medicine, the care of hospitalized patients. There are training programs for this specialty.	hospitalista	
	house staff	médicos en formación, término inclusivo / colectivo para referirse a todos los médicos de un hospital de enseñanza que cursan algún nivel de formación posgraduada. Cuidado de no confundir con 'medical staff'	15
	intake coordinator	coordinador de ingresos / admisiones	
	intensivist	intensivista. A physician who practices intensive care /critical care medicine, usually in units designated for such care - ICU or CCU, medical or surgical. There are training programs in this specialty (fellowships) .	
	intern	interno, doctor que cursa el primer año clínico posgraduado, PGY-1	

ABBR	ENGLISH	ESPAÑOL	REF
	medical staff (médicos de plantilla) refers to all the physician members of the hospital staff. Licensed physicians in the community apply to a particular hospital for membership. Following a process of credentialization - review and verification of credentials - they are accepted and become members of the medical staff. What functions they can perform in the hospital are delineated as “privileges”. For example, being able to admit patients to the hospital for inpatient care is called ‘admitting privileges’. Some physicians, like neurologists and dermatologists, only wish to act as consultants for hospitalized patients, so they are granted ‘consulting privileges’. The physicians with admitting privileges are collectively called the attending staff.		15
	medical student	estudiante de medicina	2
	nurse case manager	enfermera a cargo del manejo / la supervisión del caso. No presta servicios o cuidados directos al paciente, sino que coordina el manejo total, citas, consultas, exámenes, seguimiento luego del alta.	5
	nursing assistant	ayudante de enfermería	1
	patient advocate	defensor del paciente	
	perfusionist	técnico perfusionista, perfusionista	1, 10
	pharmacist	farmacéutico	
	referral	recomendación, derivación, remisión, referido	5, 1, 7, 8
	registered professionals: nurses, pharmacists, dietitians, physical therapists (Profesionales diplomados / graduados / titulados) and others are some of the registered professionals we are familiar with in the U.S. The word "registered" often raises confusion when a translation is needed. Registered is not equivalent to licensed or certified for the purposes of translation. If one looks closely at the education and training of any of these professionals, one finds the following similarities: a) a university degree (bachelors or above), b) an extended period of supervised practical training, and c) a certifying exam given by the sponsoring national organization. In Spanish, *diplomado*, *graduado* or *titulado* seem to work best. RAR		
	rehabilitation therapist	Fisioterapeuta / fisioterapista en rehabilitación	10
	resident	residente; médico que cursa una especialidad primaria (i.e., medicina interna, cirugía, pediatría, etc.), PGY2 – PGY6	

ABBR	ENGLISH	ESPAÑOL	REF
	therapist	terapeuta o terapista. Búsqueda de Google – cientos de resultados para ambos. *Terapista* no es una palabra reconocida oficialmente en español, pero es una expresión muy común en EEUU, PR y otras comunidades hispanohablantes.	14
ARNP	Advanced Registered Nurse Practitioner	enfermera especialista (nurse practitioner) que prosigue una de varias especialidades e.g., anestesista /comadrona/ salud mental / etc., enfermera especialista con estudios avanzados.	12, 16
CCM	Certified Case Manager	administrador de manejo de casos certificado	
CMA	Certified Medical Assistant	asistente médico certificado	
CNA	Certified Nursing Assistant	asistente de enfermería certificado	2
CNM	Certified Nurse Midwife	enfermera comadrona / matrona / partera, certificada. Provee cuidados obstétricos durante el embarazo hasta el alumbramiento.	16
CNP	Certified Nurse Practitioner	enfermero especialista certificado	
CNS	Clinical Nurse Specialist	enfermero clínico especialista. Este es un enfermero con título de maestría y preparación como *Advanced Practice Nurse*, que enfoca sus servicios profesionales en alguna categoría específica de pacientes y servicios, por ejemplo: quirúrgicos, diabéticos, cuidados intensivos, sala de emergencias, geriatría y salas de cuidado intensivo neonatal (*NICU – Neonatal Intensive Care Unit)*.	16
CRNA	Certified Registered Nurse Anesthetist	enfermera graduada especialista en anestesia. Como lo indica la clasificación, es una enfermera graduada especializada en el campo de la anestesia quirúrgica.	16
CRT	Certified Respiratory Therapy Technician	técnico certificado en terapia respiratoria	1
DO	Doctor of Osteopathy	Doctor en Osteopatía	1
FNP	Family Nurse Practitioner	enfermero especialista en la familia	
HMO	Health Maintenance Organization	organización de atención médica administrada	
LPN	Licensed Practical Nurse	enfermero practicante certificado. Cuidado con la palabra licenciado* explicación abajo	16

* **licenciado** en España y otras areas hispanas es un graduado de estudios universitarios, equivalente al *baccalaureate* inglés. Licenciado en EEUU es aquel que tiene licencia estatal (permiso del estado para ejercer su oficio o profesión.)

ABBR	ENGLISH	ESPAÑOL	REF
M.D.	Stands for *Medicinae Doctoris* (Lat for Doctor of Medicine) allopathic physician (Allopathic Medicine / Conventional Medicine / Orthodox Medicine / Western Medicine)	médico alópata (medicina alopática / convencional / ortodoxa / occidental)	3
	Doctor of Medicine	Doctor en Medicina	
MSW	Medical Social Worker	trabajador social médico	
NP	Nurse Practitioner	enfermera especialista (title adopted by the American Academy of Nurse Practitioners)	2, 16
PA	Physician Assistant	asociado médico (title adopted by the American Academy of Physician Assistants)	2
PCP	Primary Care Physician, Primary Care Provider	médico de cuidados primarios / de atención primaria / de servicios primarios / de cabecera	2, 3, 4, 5
PNP	Pediatric Nurse Practitioner	enfermero especialista en pediatría	
RD	Registered Dietitian (See previous entry on Registered Professionals	dietista / nutricionista titulado / diplomado / graduado. Experto en el área de los alimentos y la dieta. El término nutricionista se usa también, pero no hay requisitos académicos relacionados con este título.	13
RN	Registered Nurse	enfermero titulado / diplomado / graduado	
RT	Respiratory Therapist	terapeuta respiratorio	10
SLP	Speech Language Pathologist	logopeda, terapeuta del habla o del lenguaje	1, 10



CHECK OUT THESE WEBSITES

www.Journal of Health Care for the Poor and Underserved *(Google)*

The only professional journal in the US that deals exclusively in contemporary health care issues of low income, under-represented and other medically-underserved communities. It deals with issues like access, quality, costs, legislation, regulation, promotion and disease prevention. It is the official journal of the Association of Clinicians for the Underserved.

www.clinicians.org Association of Clinicians for the Underserved

Review of this site does not reveal any information regarding Limited English Proficiency, medical translation or medical interpretation. Anybody interested in pursuing this issue?

EN to ES Glossary of Health Care Professionals and Allied Personnel

REFERENCES

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5	Apuntes. Volumen 9, Número 2. Primavera de 2001.	
6	Spanish Terminology for the Dental Team	Paperback, 352 pages, publication date: DEC-2003 ISBN-13: 978-0-323-02536-2 ISBN-10: 0-323-02536-6 Imprint: MOSBY
7	H. Mikkelson. The Interpreter's Companion. Acebo.	
8	McElroy and Grabb. Spanish-English Medical Dictionary.	
9	Centers for Disease Control	www.cdc.gov/ncbddd/ehdi/documents/SLPQUE.pdf
10	Navarro. Diccionario de dudas críticas de medicina. 2ª edición.	
11	Genetic Counseling Glossary, 3rd edition	
12	NCIHC list serve response provided by E. Gonzalez on 2/26/07	
13	American Cancer Society	http://www.cancer.org/docroot/ESP/content/ESP_2_1x_Glosario_A-I.asp?sitearea=ESP&viewmode=print&
14	SPD listserv	
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16	R. Rivera. Intercambios. Vol. 9 Issue 4. December 2005.	

by Elena Sgarbossa, M.D.

Insights from translational research into disease prevention and healthy living

In the last issue of ***Caduceus*** we introduced the term *translational medicine*. Translational medicine is a new discipline that has emerged to bridge the chasm between *what is known* and *what is offered to patients*. This is accomplished by focusing on the transfer of scientific discoveries into medical treatments.

This emphasis on the efficient transfer of knowledge "from bench to bedside" has resulted in a re-appreciation of the role of preventive medicine on health. Adequate prevention -research shows - leads to a reduction of fatal conditions such as cardiovascular disease and cancer. In addition, the incidence and severity of common conditions is reduced and the quality of life improved.

For people with no specific diseases or disabilities, effective prevention entails simply leading a healthy lifestyle. This goal becomes easier to achieve if one is familiar with a few medical concepts recently clarified by translational research. These concepts are the object of the first part of this article (that I had planned as a presentation for our upcoming Mid-Year conference in Cleveland but unfortunately I will be unable to attend).

PART I

1. Nutrients and Metabolism

Cholesterol

Cholesterol is a type of fat essential for good health. Cholesterol is present in food (such as egg yolks and red meat) and can be produced by the body.

The type of blood cholesterol considered "bad" is called low-density lipoprotein or LDL cholesterol. Excessive amounts of LDL cholesterol can build up in the inner walls of the arteries –mainly the coronary and cerebral arteries. With time, LDL cholesterol and other substances form plaque which obstructs the arteries. The process leads to atherothrombosis. Its clinical manifestations may be a heart attack or a stroke.

Cholesterol is also carried in the blood by high-density lipoprotein (HDL). HDL cholesterol is considered the "good" cholesterol. As its level increases, the risk for cardiovascular events decreases. Ongoing research suggests that HDL transports cholesterol from the arteries to the liver for excretion. In addition, HDL cholesterol may have direct anti-inflammatory and antioxidant effects.

Blood levels of both HDL cholesterol and LDL cholesterol can be measured to evaluate the risk of cardiovascular events. The optimal values of blood cholesterol vary depending on whether other cardiovascular risk factors are also present. The condition associated with the lowest level of HDL cholesterol is the insulin-resistance "metabolic syndrome."

Triglycerides

Triglycerides are fats in food and in the body. Blood triglycerides derive from ingested animal or plant fats, and are also produced from ingested carbohydrates. The excess of triglycerides in blood is called hypertriglyceridemia; it is common in patients with type II diabetes. Hypertriglyceridemia is a risk factor for cardiovascular disease.

Fats can be saturated or unsaturated.

Saturated fats

Saturated fats are animal fats such as butter and lard. They are solid at room temperature. All saturated fatty acids in food (except stearic acid) raise blood levels of LDL cholesterol.

Unsaturated fats

Unsaturated fats include monounsaturated and polyunsaturated fatty acids (PUFA). They are liquid at room temperature and include oils such as olive, sunflower and soybean. Omega 3-fatty acids and their major plant precursor, alpha linolenic acid, are present in fatty fish such as salmon and white tuna. Most nuts also contain unsaturated fats.

Unsaturated fats have been mistakenly labeled in some websites as "bad fats." Ingested in moderate amounts, however, they are beneficial. Unsaturated fats decrease LDL cholesterol; higher intakes also raise HDL cholesterol. Unsaturated fats also reduce high blood pressure.

Trans fats

Trans fats are unsaturated fats, mono- or polyunsaturated. Also called “partially hydrogenated oils,” unsaturated fats are manufactured by adding hydrogen to vegetable oil; this allows the fat to be solid at room temperature.

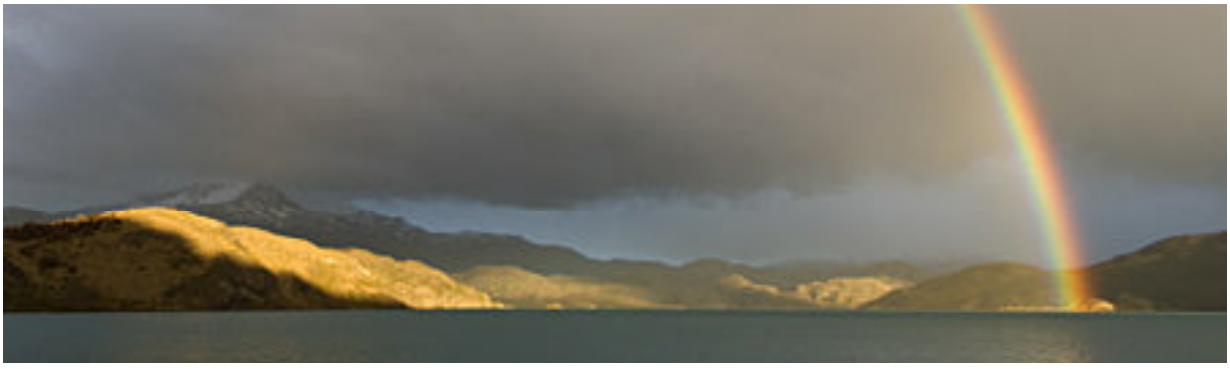
Among substances that affect cardiovascular health, trans fats are probably the most harmful. Trans fats raise blood levels of LDL cholesterol, decrease those of HDL cholesterol, and raise triglycerides. They also increase inflammation in the body and damage the inner lining of cells in blood vessels (endothelium). A review of many studies published in The New England Journal of Medicine estimated that a drastic reduction in the consumption of artificially produced trans fats would avert, annually, between 72,000 and 228,000 heart attacks and deaths from coronary heart disease in the United States.

Contrary to other triglycerides, trans fats have zero nutritional value. Why are they consumed? The main reasons are that trans fats add flavor to foods and help prolong their shelf life; they are also inexpensive.

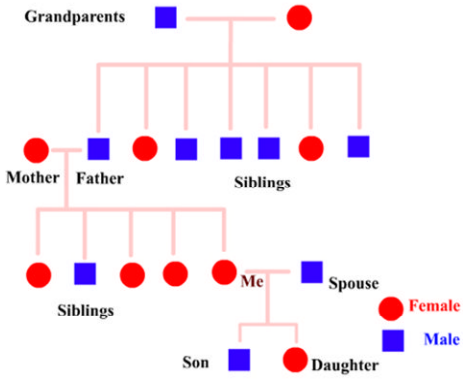
Foods with a high content of trans fats include French fries, crackers, cookies and doughnuts.

People in the U.S. consume daily an average of 2 to 3 percent of calories as trans fats. That is equivalent to 40 to 60 calories in a 2,000-calorie diet. Trans fats should be limited to less than 0.5 percent of daily calories, or about 10 calories (with 9 calories provided by one gram of trans fat). When estimating one’s daily ingestion of trans fats, it should be considered that trans fats remain common in prepared foods (sold in grocery stores and restaurants). In addition, food labeling can be deceiving. If the amount of trans fat does not exceed 0.5 grams per serving, under FDA regulations the label may list a trans fat value of zero. If the label includes trace amounts of ingredients such as "partially hydrogenated vegetable oil," "hydrogenated vegetable oil" or "vegetable shortening," however, the food contains trans fat.

To be continued



next of kin -- this phrase, usually found in consent forms, refers to the nearest or closest relative / family member to the patient // *familiar o pariente mas cercano o allegado*. Kindred or relatedness is of two possible kinds: either a) blood / genetic / familial relation, also known as consanguinity (SEE FIGURE) , or b) affinity / legal / contractual relation, such as in marriage. Genetic relationship is usually categorized in degrees. First degree relatives refers to parents / children and siblings // *padres, hijos y hermanos* who share their genetic load, half from mother and half from father. Second degree relatives includes aunts, uncles and cousins / *tias, tios y primos*. These individuals share half of their genetic load and the other half comes from a new person.



Medically speaking a 'family history' / *antecedentes familiares* of a certain disease implies a genetic relation. For legal purposes related to consent forms the contractual marriage relation understandably supersedes any other. Also, bear in mind that the nearness or closeness of a next of kin is often interpreted as physical proximity rather than familial. That is to say, who is the family member that lives closest to the patient who can be reached more readily in case of emergency or need-to-know.

doctor vs physician -- in daily conversation doctor and physician // *doctor y médico* are words used interchangeably by physicians and patients. However, there is a distinct legal difference. Doctor is a degree, whereas physician refers to a doctor licensed to practice medicine. You may have noted that whenever there is some suspicion of malpractice the first question raised is, "Is he/she a licensed physician?" Which would be a redundancy but underlines the legality issue.

bleeding-- is usually translated variously to Spanish as *sangría, sangrado, sangramiento* and *hemorragia*. Medically speaking, *hemorragia* / hemorrhage should only be used for excessive bleeding.

little people vs dwarfism -- two ways of referring to the same subject: people of short stature. "Little people" is a preferred term that is less pejorative and more conducive to learn about the normal lives and accomplishments of people of short stature Short stature is generally caused by more than 200 medical conditions. The Little People of America website is an excellent source for information on any aspect of dwarfism, medical and otherwise. http://www.lpaonline.org/search.html

differential diagnosis -- medical term that refers to all possible or likely diagnostic possibilities for a particular case. Once the history and physical exam are completed the physician usually writes his working diagnosis and follows with a "differential", a short mention of other likely possibilities to be ruled out.

rule in or rule out -- common medical expressions meaning that this or that particular diagnosis or clinical event needs to be confirmed (ruled in) or excluded (ruled out).

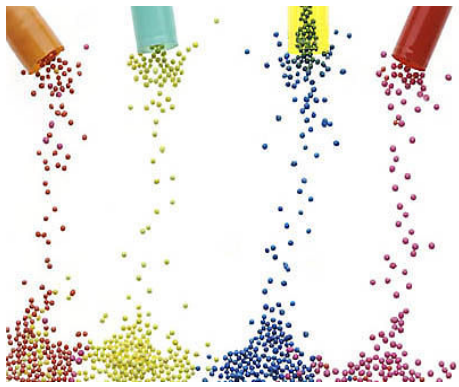
physician extender -- is the terminology used in various sources to refer to an advanced nurse practitioner or a physician assistant. Only these two medical professionals are legally allowed to write prescriptions and medical orders in the record of a hospitalized patient. They also carry malpractice insurance. Ref: various internet sources

event -- it is quite common these days to see the word event used in clinical medicine - as in a *cardiac event* or a *gastrointestinal event* - to mean a clinical episode, an alteration, a medical problem related to a particular organ or system, ex., " ..the patient did not have a coronary occlusion, some other cardiac event (problem) needs to be ruled out."

"avian flu epidemic" -- this erroneous phrase is often seen in newspaper articles referring to the spread of the avian viral illness within the bird populations of a particular country or region of the world. An 'epidemic' refers to a rapid and extensive spread among humans only. The equivalent term for the same kind of spread in animals is an 'enzootic'. However, this term is far above the colloquial register.

minimally conscious state -- those who care for end of life patients in a persistent vegetative state (PVS) on a daily basis say that, at least for very brief moments, they seem to recognize someone or regain some level of awareness. In a recent case from Colorado Springs a woman in coma for six years awoke for three days and spoke with her family and a television station crew before slipping back into unconsciousness. She had awakened for briefer periods of time on four other occasions since suffering a heart attack six years previously. A small number of such cases are now well documented and are referred to as **'minimally conscious state'**. There is no real neurological explanation for these cases. Clinically, they are just one step above the PVS.

off-label use of pharmaceuticals -- normally new drugs come into the market following FDA approval after controlled studies show the medication to be safe and effective for a particular disease or specific medical condition. These are called *indications.* Once the prescribing experience with the drug grows there is room for physicians to consider prescribing the drug for different purposes other than the original indications. For example tricyclic antidepressants initially entered the market to be used for clinical depression. However, experience - by intent or serendipity - showed these medications to be also useful for control of pain. Nowadays these tricyclics are not used so much for clinical depression because of their side effects, yet they are effective as analgesics. FDA regulations permit such off-label use based on the professional judgment of the treating physician.



Interpreting in Group Therapy

by Zarita Araujo - Lane LICSW and Vonessa Phillips Costa

Few interpreters have received specialized training in group therapy. As a result, there are many different opinions regarding the "best" interpreting mode and arrangement for foreign language interpreters working in group settings.

When it comes to setting the stage for the interpreted group interaction, one view is that remote interpretation, with the LEP group participant listening in with headphones, is best. In this manner, some argue, the interpreter's voice does not interfere with the group dynamic.

In contrast, others have experienced successful group interactions in which the interpreter is physically present and no electronic equipment is used. These individuals comment that if the group leader openly discusses the possible discomfort resulting from the unfamiliar sounds of chuchotage ("whisper" interpretation), the group will begin to accept the interpreter and with time the sounds of chuchotage will "fade" from the collective consciousness of the group until the interpreter is barely noticed. (Note that such interactions generally involve groups in which there is just one foreign language represented by a single interpreter.)

There are also conflicting opinions in regard to choosing a mode of interpretation for group therapy. One view is that the interpreter should exclusively practice the simultaneous mode. Others feel that a group is best served when the interpreter is able to navigate between modes, applying both simultaneous and consecutive techniques, and in some cases, a summarization of thought while preserving key points of meaning.

A closer look at the basic principles of group therapy can help the interpreter to make an informed decision regarding the appropriate mode and arrangement for each type of group interaction. Although there are many different types of groups, most share similar development stages, regardless of whether they are monolingual or multilingual. According to experts James Garland, et al. (1973), there are five main stages through which a group will progress:

1. Pre-Affiliation
2. Power and Control
3. Intimacy
4. Differentiation
5. Separation

PRE-AFFILIATION is the beginning stage of any group. This is when group members introduce themselves and begin the process of connecting with other group members and with the group leader. In Pre-Affiliation, members will limit intimacy with a view to protecting themselves from misunderstanding and attack. Often, individual members will compare the current group leader to leaders of past groups in which they had participated and there is some ambivalence in the decision to continue with (or leave) the present group.

In Pre-Affiliation, the group leader is key to creating an environment in which members can maintain some distance while beginning to develop a level of trust. The development of trust occurs primarily through dialogue in which group dynamics are explored, expectations revealed and cooperative planning encouraged. In multilingual groups, it is crucial that the group leader use this time to introduce the interpreter and to acknowledge the

possibility of discomfort among some group members in regard to chuchotage and the presence of the interpreter.

Many clinicians invite the interpreter to explain his/her role during the first session of a new group. At this point, the group leader may want to refer to the purpose of the group while stating that although group members may experience an initial awareness of a language barrier, they will soon realize that they share similar issues and concerns.

The second stage of most groups can be called "**POWER AND CONTROL**". This occurs when the group loses its initial reserve and members begin to express a range of emotions. Members will take opposing positions on the issues in discussion, and there is a tendency to develop "cliques" in which certain members form alliances against other allied members.

Group leaders and interpreters need to be aware of this struggle for power and control. It is in this stage that members may complain that the presence of the interpreter is an impediment to forging a real intimacy with the LEP participant. The group leader and interpreter many want to rethink the logistics of the interpreting environment. Should seating arrangements be altered? Might the interpreter experiment with switching from the simultaneous mode to summarization when it is important that a group member not be interrupted? Would it be helpful if the LEP participant were specifically invited to express his/her fears to the group?

Often the LEP patient's expression of being misunderstood by society in general (and by the group in question) does much towards stimulating the other members to connect around the issues that brought them together in the first place. This can lead to **INTIMACY**, a stage in which group members begin to feel safer about sharing personal information. During Intimacy, participants may begin to believe that their openness as individuals will bring some resolution to the group as a whole. There is a growing awareness of the importance of the group as a functioning unit.

At this point, the therapist will often begin to implement a more confrontational form of questioning. The interpreter must be careful to mirror the group leader's tone and intent, and to resist the "pull" of the group for the interpreter to "participate" as if he/she were a true group member.

The next stage is **DIFFERENTIATION**, a time in which group members, while recognizing the importance of the group as a functioning unit, begin to appreciate each other as individuals. A mutual respect is present when differences arise, and participants begin to develop relationships outside the group.

At some point in the Differentiation process, the group leader will facilitate a clarification of group identity, echoing the pariticipants' reflections on how the group evolved and how it impacted the lives of its members. This is a good time in which to revisit the presence of the interpreter throughout the treatment process.

If the group leader and interpreter expertly manage the steps listed above, the general group feeling regarding exposure to interpreter services will likely be quite positive. Not only has the interpreter facilitated the experience of one LEP participant, he/she has also played a role in preparing each group member for the realities of daily life in a multilingual society, imbuing them with a new appreciation for the fact that with each difference, there are also commonalities that will join them to any individual in the world.

The final stage, **SEPARATION**, is often characterized by a general regression in which members become distant and may display signs of anger, in many cases reliving some of the initial issues of power and control. The group leader will echo these feelings, elicit clarification and make empathic statements regarding the different ways in which individuals experience endings. The leader will reaffirm the group's readiness for separation and will encourage members to share their growing involvement with the community. At this point, the group leader may allow the interpreter to address the participants

directly with an expression of thanks for their individual and collective efforts towards making the group a safe area in which to practice the profession. The physical presence of the interpreter and the practice of chuchotage, if expertly managed, will not prevent the group from experiencing the five stages of progressive group therapy. In fact, as time goes by and participants move deeper into the group experience, the interpreter will naturally "fade" into the background and participants will at times forget that the LEP participant is indeed speaking in a different language.

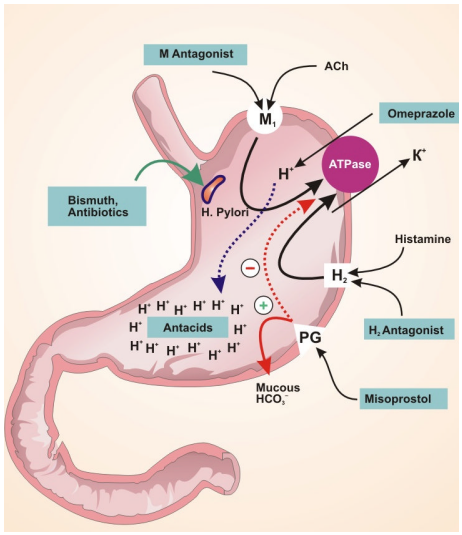
Over the course of treatment, a competent group leader will address many things that make individual group members different from each other. These may include race, gender, class, ethnicity, age, profession, and so on. From a therapist's viewpoint, language is just one of the many facets of a patient's individuality. And as long as linguistic differences are properly acknowledged, and the interpreter is given time to explain the mechanics of our craft, a multilingual group can be a great success.

REFERENCES

Garland, James A., Jones, Hubert E., Kolodny, Ralph L., "A Model For Stages of Development in Social Work Groups" in Bernstein, Saul (ed.). Explorations In Group Work. Boston: Milford House, Inc. 1973.

A little bit of everything

Role of gastric acid in disease -- In our last Fall - Winter issue of ***Caduceus*** the basic features of gastro-esophageal-reflux- disease (GERD) were explained and illustrated. Stomach acid that refluxes into the lower esophagus irritates the lining and produces typical symptoms. It is common clinical practice in primary care to recommend some form of antacid medication to GERD patients not only to relieve symptoms but also, in so doing, confirm the diagnosis. In other words, relief of symptoms in response to gastric acid inhibitor medications should be diagnostic of GERD. In order to achieve scientific verification of this premise a study was recently conducted in which relief of symptoms was correlated with actual intra-esophageal pH (acidity) measurements in patients with and without reflux symptoms.



The acid inhibitor medication used is part of the group known as PPI - proton pump inhibitors (Nexium, Losec, Protonix, others). These are the most potent and most widely sold class of gastric acid inhibitors. Their mechanism of action, as their name implies, is to antagonize the H-2 receptor within the gastric-acid-producing epithelium.

The results of the study suggested that the PPI test was of little value in distinguishing patients with proven GERD from those who did not have it. Not always what seems clinically obvious stands true when subjected to closer examination.

The above findings bring to mind the similar historical fact that benign gastric and duodenal ulcers were always thought to be due solely to excess stomach acid, along with some accompanying stress. That also seemed clinically obvious. Over the past few years the likely culprit in most cases has been established to be Helicobacter pylori (H. pylori) - a common bacterium that weakens the protective mucous coating of the stomach and duodenum allowing gastric acid to ulcerate the lining.

Gardasil controversy heats up -- as previously mentioned in ***Caduceus***, the medically praised, FDA-approved, human papilloma virus (HPV) vaccine – proven in controlled studies to prevent the vast majority of cases of cervical carcinoma with the attached morbidity and mortality that this cancer produces – is now available for clinical use in women ages 12 to 26. As expected, some states have moved towards making the vaccination not only desirable but mandatory. In order to confer full protection the vaccine should be received prior to the initial infection with HPV, which translates to 'the earlier the better' or the 'younger the better'. Surveys show that the average age for coitarche (first sexual contact) in the US is 13 years. This fact has aroused serious concern among conservative parents and religious groups who believe the vaccination will be interpreted by young girls as an endorsement of sexual promiscuity. The ethical and legal questions are formidable. To what degree should the State mandate a medical intervention that contravenes parental wishes? Liberal social thinking believes the

vaccine will insure protection to a greater extent than parental guidance, education and persuasion. Further, do parents have the right to exclude their children from protection against cervical cancer? [A Google search under mandatory HPV vaccination shows 275,000 entries]

Does a GP exist today? -- this question was raised in an international bio-scientific medical forum recently. The translator asking the question wondered if there is a formal specialty in the US known as General Practice. There is not. Without doubt there are physicians in the U.S. who dedicate their time and energy to look into just about any and all of the daily medical maladies that visit all of us. However, formal residency training is nowhere to be found. The AMA website does not include General Practice within the list of medical specialties. The American Board of Medical Specialties does not show a specialty board for a General Practice category and there is no national organization bearing General Practice in its title. We do have in the U.S. training programs in Family Medicine which would be the closest to a formal GP program.

In England, however, there is a:

a. Formal General Practice residency http://www.medscape.com/viewarticle/417849_4 ;
b. A Royal College of General Practitioners http://www.rcgp.org.uk/ and a British Journal for General Practice;
c. There is also formal training in Family Practice.

Sites of interest regarding specialty and subspecialty medical training in the US.

a) http://www.faqs.org/faqs/medicine/education-faq/part2/section-4.html

This site has a list of the major medical specialties and covers topics such as
What is an internship?
What is a residency? Lengths of some residencies
What is a fellowship?
What does board certified mean?

b) http://www.abms.org/About_ABMS/member_boards.aspx Site of the American Boards of Medical Specialties. These 24 member Boards of ABMS are the organizations that create and administer the Board examinations of their respective specialties.

Two medical specialties that deserve separate additional information:

- **Hospitalist / hospitalista** - a specialist in Hospital Medicine, a discipline concerned with the general medical care of hospitalized patients. First mentioned in an article by Dr. Robert Wachter, et.al., in a 1996 article in the *NEW ENGLAND JOURNAL OF MEDICINE*. It is estimated that about 85% of hospitalists are trained in internal medicine, some with fellowships in various specialties of Internal Medicine.
  - www.ncbi.nlm.nig.gov/entrez/query.fcg?md=Retrieve&db=pubmed&dopt=Abstract&list_uids=8672160
  - www.en.wikipedia.org/wiki/Category"Medical_specialties
  - www.hospitalmedicine.org/Content/NavigationMenu/AboutSHM/DefinitionofaHospitalist/Definition_of_a_Hosp.htm

- **Intensivist/intesivista** - a physician who practices intensive care medicine, also known as critical care medicine, usually in Intensive Care / Critical Care Units ICU/CCU. These units typically deal with heart attacks, poisoning, pneumonia, surgical complications, premature births, stroke, gunshot wounds, stabbing wounds and multiple trauma.
  - Http://en.wikipedia.org/wiki/Intensive_care_medicine

Caduceus
A PUBLICATION OF THE MEDICAL DIVISION OF ATA

by Maria Rosdolsky

GERMAN ⟺ ENGLISH

Despite modern imaging methods such as computer tomography and magnetic resonance imaging, neurological examination is still a valuable diagnostic tool in patients with diseases of the central or peripheral nervous system. With the help of the neurological examination, the location of the lesion or lesions can be determined in many cases.

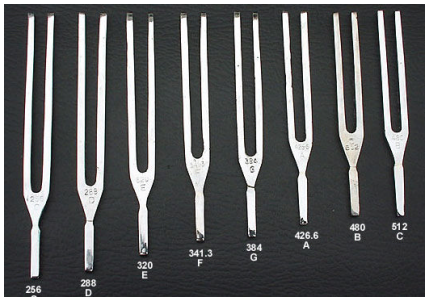
The following glossary contains the most important tests and findings but is far from being complete. Tests and findings are in the same list for compactness.

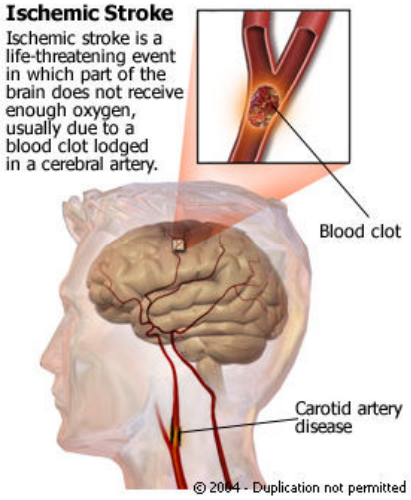
NEUROSTATUS, NEUROLOGISCHE UNTERSUCHUNG	NEUROLOGICAL EXAMINATION, NEUROLOGICAL STATUS
BENÖTIGTE INSTRUMENTE Reflexhammer Stimmgabel Taschenlampe Ophthalmoskop, Augenspiegel	**EQUIPMENT NEEDED** Reflex hammer Tuning fork Flash light Ophthalmoscope
BEWUSSTSEINSLAGE Bewusstseinsklar Bewusstseinstrübung Bewusstseinsgetrübt, somnolent Bewusstlos Koma	**STATE OF AWARENESS** Conscious, lucid Clouding of consciousness Drowsy, somnolent Unconscious Coma
ORIENTIERUNG Zeitlich, örtlich und persönlich orientiert	**ORIENTATION** Oriented to time, place and person
SPRACHE Aphasie - motorische Aphasie - sensorische (rezeptive)Aphasie - amnestische (anomische, nominale) Aphasie - Leitungsaphasie, zentrale Aphasie - tanskortikale Aphasie - globale (totale) Aphasie Dysarthrie Bulbäre Sprache Skandierende Sprache Verwaschene (undeutliche) Sprache Verlangsamte Sprache, Bradyphasie	**SPEECH** Aphasia - motor aphasia - sensory (receptive) aphasia - amnesic (nominal) aphasia - conduction (associative) aphasia - transcortical aphasia - global aphasia Dysarthria Bulbar speech Scanning speech Slurred speech Slow speech, bradyphasia

NEUROSTATUS, NEUROLOGISCHE UNTERSUCHUNG	NEUROLOGICAL EXAMINATION, NEUROLOGICAL STATUS
HIRNNERVEN	**CRANIAL NERVES**
I Nervus olfactorius	**I Olfactory nerve**
Kaffee (Essig) spontan erkannt	Pt. can smell coffee (vinegar)
II Nervus opticus	**II Optic nerve**
Sehschärfe, Visus	Visual acuity, visus
Gesichtsfelder	Visual fields
- Fingerperimetrie, Konfrontationsperimetrie	- Finger perimetry, confrontation perimetry
- Gesichtsfeldausfall	- Visual field defect
- Hemianopsie	- Hemianopia
Augenhintergrund, Fundus	Fundus
- Papille, Papilla nervi optici	- optic nerve papilla, optic disk
- scharf begrenzte Papille	- distinct (sharp) edges of the papilla
- unscharf begrenzte Papille	- blurred disk margins (edges)
- Stauungspapille	- papilledema, choked disk, discedema
- Optikusatrophie	- optic atrophy
III Nervus oculomotorius, IV Nervus trochlearis, VI Nervus abducens	**III Oculomotor nerve, IV trochlear nerve, VI abducens nerve**
Augenmotilität	Ocular motility
Konjugierte Augenbewegungen	Conjugate eye movements
Augenbewegungen nicht konjugiert	Dysconjugate eye movements
Doppelbilder beim Blick nach links (rechts)	Double vision on gaze to the left (right)
Pupillen	Pupils
- Isokorie (gleichgroße Pupille)	- isocoria (equal size of pupils)
- Anisokorie (ungleichgroße Pupillen)	- anisocoria (unequal size of pupils)
- Lichtreaktion	- reaction to light
V Nervus trigeminus	**V Trigeminal nerve**
Sensibilität im Gesicht	Facial sensibility
Kornealreflex	Corneal reflex
Masseterkraft (Zusammenbeißen der Zähne)	Force of masseter muscle contractions (clenching teeth)
VII Nervus facialis	**VII Facial nerve**
Zentrale Fazialisparese	Central facial paresis
Periphere Fazialisparese	Peripheral facial paresis
VIII Nervus vestibulocochlearis	**VIII Vestibulocochlear nerve**
Grobe Gehörprüfung	Crude hearing test
Nystagmus	Nystagmus
- Endstellnystagmus, Endstellungsnystagmus	- End-point nystagmus, end-position Nystagmus
- rotatorischer Nystagmus	- rotary nystagmus
Baranyscher Zeigeversuch	Past-pointing test
Romberg-Versuch	Romberg's test
Unterberger-Tretversuch	Unterberger's test, Unterberger's stepping test
IX Nervus glossopharyngeus, X Nervus vagus	**IX Glossopharyngeal nerve, X vagus nerve**
Würgreflex	Gag reflex
Gaumenreflex	Palatine reflex
Gaumensegellähmung	Palatine paralysis
XI Nervus accessorius	**XI Accessory nerve**
Kraft des Musculus trapecius und Musculus sternocleidomastoideus	Strength (force) of trapezius and sternocleidomastoid muscles
XII Nervus hypoglossus	**XII Hypoglossal nerve**
Zungenlähmung, Glossoplegie	Paralysis of the tongue, glossoplegia
Zungenatrophie	Atrophy of the tongue

NEUROSTATUS, NEUROLOGISCHE UNTERSUCHUNG	NEUROLOGICAL EXAMINATION, NEUROLOGICAL STATUS
MOTORIK - MUSKULATUR	**MOTOR FUNCTION - MUSCLES**
Trophik	Trophicity
Atrophie	Atrophy
Muskeltonus	Muscle tone
- Spastizität	- spasticity
- Rigor, Rigidität	- rigor, rigidity
- schlaffer Muskeltonus	- flaccid muscle tone
Unwillkürliche Bewegungen	Involuntary movements
- Tremor	- Tremor
- choreatische Bewegungen	- choreatic movements
- dystonische Bewegungen	- dystonic movements
- Faszikulationen	- fasciculations
Kraft	Strength
- Parese = Schwäche	- paresis = incomplete paralysis, weakness
- Plegie = vollständige Lähmung	- paralysis = loss or impairment of motor function
- unvollständige Halbseitenlähmung, hemiparesis	- hemiparesis
- vollständige Halbseitenlähmung, Hemiplegie	- hemiplegia
- Quadriparese, Tetraparese	- quadriparesis, tetraparesis
- Quadriplegie, Tetraplegia	- quadriplegia, tetraplegia
Diadochokinese	Diadochokinesis
- Eudiadochokinese	- normal diadochokinesis
- Dysdiadochokinese, Hypodiadochokinese	- dysdiadochokinesis
Armvorhalteversuch, Positionsversuch	Testing for pronator drift
Reflexe, obere Extremitäten	**Reflexes, upper extremities**
- Bizepssehnenreflex, Bizepsreflex, BSR	- biceps reflex
- Trizepssehnenreflex, Trizepsreflex, TSR	- triceps reflex, elbow jerk
- Radiusperiostreflex, RPR, Radiusreflex	- brachioradial reflex
Reflexe, untere Extremitäten	**Reflexes, lower extremities**
- Patellarsehnenreflex, PSR, Quadricepsreflex	- patellar reflex, quadriceps reflex, knee jerk
- Achillessehnenreflex, ASR, Triceps-surae-Reflex	- Achilles reflex, triceps surae reflex, ankle jerk
Reflexe werden ausgelöst und sind:	**Reflexes are elicited and are:**
- mittellebhaft (normal)	- normal
- lebhaft	- brisk
- gesteigert	- exaggerated, hyperactive
- gesteigert mit Klonus	- hyperactive with clonus
- vermindert, schwach auslösbar	- diminished, hypoactive
- fehlend	- absent
Pyramidenzeichen, obere Extremitäten	**Pyramidal signs, upper extremities**
- Trömner-Reflex	- Trömner's sign, Trömner's reflex
- Knipsreflex, Hoffmann-Zeichen	- Hoffmann's sign
Pyramidenzeichen, untere Extremitäten	**Pyramidal signs, lower extremities**
- Babinski-Reflex, Babinski-Phänomen	- Babinski's reflex, Babinski's sign, plantar reflex
- Oppenheim-Reflex	- Oppenheim's reflex

NEUROSTATUS, NEUROLOGISCHE UNTERSUCHUNG	NEUROLOGICAL EXAMINATION, NEUROLOGICAL STATUS
SENSIBILITÄT **Oberflächensensibilität** - Berührungsempfindung - Hypästhesie - Hyperästhesie **Temperatursinn** - Thermhypästhesie - Thermanästhesie - Thermhyperästhesie **Schmerzsinn, Noziperzeption** - Hypalgesie, Hypalgie - Hyperalgesie - dissoziierte Sensibilitätsstörung **Vibrationssinn** **Lagesinn** **Zweipunktdiskrimination**	**SENSIBILITY, SENSORY FUNCTION** **Superficial sensibility, superficial sensory function** - touch sensation, tactile sensation - (tactile) hypoesthesia - (tactile) hyperesthesia **Temperature sense, thermesthesia** - thermhypesthesia - thermanesthesia - thermhyperesthesia **Pain sense, nociperception** - hypalgesia, hypoalgesia, hypalgia - hyperalgesia - Dissociated (dissociation) anesthesia **Vibration sense** **Position sense** **Two-point discrimination**
KOORDINATION Finger-Nase-Versuch, FNV Finger-Finger-Versuch, FFV Knie-Hacken-Versuch, KHV	**COORDINATION** Finger-nose-test Finger-finger test Heel-knee test
GAIT Mitschwingen der Arme Zehenhang Fersengang Blindgang Strichgang Spastischer Gang Steppergang Ataktischer Gang Kleinschrittiger Gang	**GAIT** Associated arm movements Toe walking Heel walking Blind gait, blind walking Straight-line walking Spastic gait Steppage gait Ataxic gait Small-step gait, small-step walking





HIGHLIGHTS

Holly Mikkelson will deliver the keynote address

- All about becoming a medical interpreter.
- Legal - ethical issues in medical interpretation - a panel.
- Understanding congenital heart defects.
- Advances in thoracic and cardiovascular surgery.
- Clinical Trials - an overview of terminology.
- Understanding the unspeakable - psychoanalysis and psychotherapy research.
- And much more…….

MARK YOUR CALENDAR!

For details, please go to the conference website:
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