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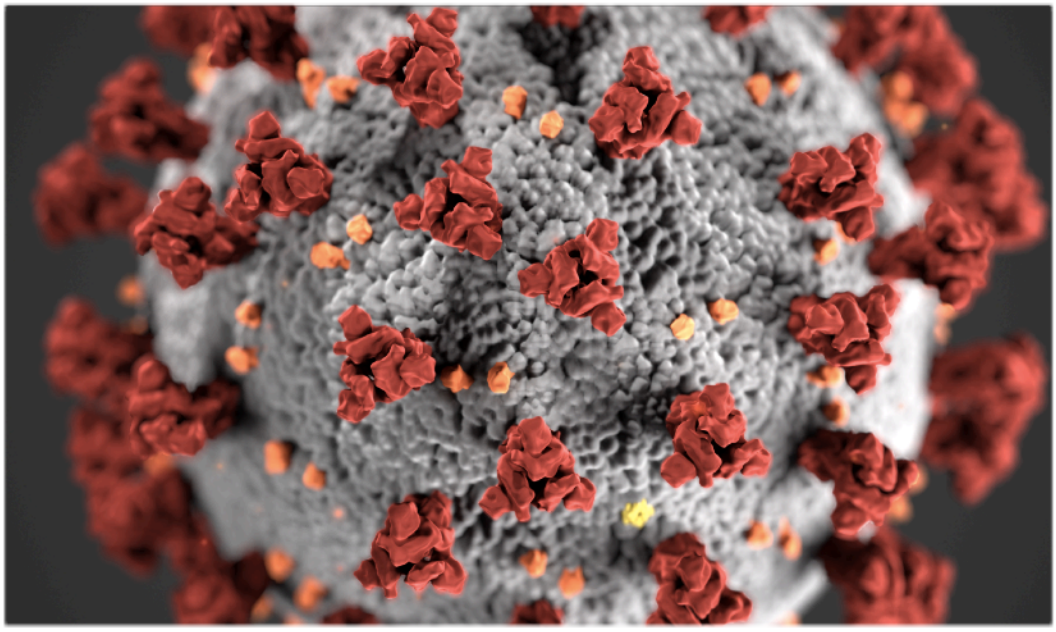

Image from State Department

The Social Distancing Issue!

Contributors:

Maria Baker

Rise To The Occasion

Rosa Abbott

Simultaneous Interpretation:
How to Run Two Concurrent Algorithms without Missing a Beat

Pablo Mugüerza

English to Spanish Translation Related to Coronavirus
(SARS-CoV-2): My Personal Experience

Natalya Mytareva

National Certification of Healthcare Interpreters: A View of the Two Worlds

(Special Thanks to Andreea Boscor for her help in putting this issue together)

Rise To The Occasion

By Maria Baker

This new edition of *Caduceus* finds us at a very special time, especially as members of the healthcare team in our own right. We have a choice about how we are going to face our present circumstances, and this is ultimately the difference that we can make for others.

I say this is a "special" time rather than "hard" or other negative adjectives. Of course, I acknowledge that things can get a bit gloomy: some of our own may be sick, and even when they are not, we have to keep our distance to protect them. We are constantly bombarded with numbers of cases and deaths that pile up on us, while we feel helpless. Interpreters are losing work in the form of conferences, events, and healthcare appointments being canceled, in the case of interpreters.

Yet, at the same time, this is a time of opportunity. An opportunity to connect in whatever way we can with those around us, especially those in need. This is a time to put our talent at the service of our communities. I have seen the CDC, WHO and other organizations post information in many languages, and I am proud to know that they came from a translator, and that this is my job, too.

In that same line, this is an opportunity to (re)discover technology and what it can do for us. Personally, I have been learning A LOT about remote interpreting and how to implement it with my clients, if I need to. There are also multiple opportunities for education in the form of live and recorded webinars that we can make use of, now that some of us have the time.

This is an opportunity to stay at home and connect to our families in a different way, an opportunity to do things together and to learn about each other and from each other. We now break away from our routines and create new habits and new memories. Not all change has to be bad news.

This is an opportunity to stand united as professionals and defend our right to compensation that is given to other sectors. As a united front, we can bring visibility to our work and remind our communities of how important it is. I see us doing this in the form of free education being offered, but also in a call to maintain our rates and our professional standards even at critical times.

Dear professional translators and interpreters in the medical field, let's shine! Let's be the leaders that our industry and the world need right now. Let's work tirelessly to bring information and language access to our communities and the world. Let's seize this opportunity to rise to the occasion.

Maria Baker is a language instructor, medical interpreter, and translator. She obtained her B.A. in TESOL in Santa Fe, Argentina, and her M.A in Spanish and TESOL from West Virginia University. She has several years of experience as a translator and became an interpreter 6 years ago. While working as a staff interpreter, she mentored and oriented other interpreters through workshops about the interpreting profession. She has also prepared presentations for several conferences since 2017. She is currently a freelance medical interpreter and translator, Outreach Coordinator for the IMIA, Vice President of the Interpreters and Translators Association of Alabama, and a volunteer in the ATA's Medical Division.

Simultaneous Interpretation: How to Run Two Concurrent Algorithms without Missing a Beat

By Rosa Abbott

As I watched the medical seminar speaker become more impatient with the Farsi interpreter standing nearby, I felt compelled to come to the defense of the interpreter. The speaker was an experienced health professional but spoke English only and made it clear that she did not understand why the interpreter sometimes hesitated when doing the simultaneous English-to-Farsi interpretation he had been hired to do.

Though I did not speak Farsi, I intuitively understood what the interpreter was doing and tried to explain to the English speaker that performing simultaneous interpretation was remarkably challenging and stressful, particularly when done for extended periods of time. As the interpreter gave me a grateful look, the speaker turned to me and said, "How do you know what he's doing or how difficult it is? You don't speak Farsi, do you?"

"No," I said, "…but I've been an interpreter in another language and so understand what it's like to try to do simultaneous interpretation." In an attempt to elicit empathy for the Farsi interpreter, I asked the speaker if she, the speaker, ever paused or hesitated when doing her presentations in English. "I suppose so," she said after some thought, adding she occasionally paused if she was searching for a particular word or phrase that would more accurately convey the message she was trying to deliver to an audience. "Exactly!" I said. "Except that while an interpreter hesitates momentarily to search for the most accurate word or phrase in the other language, that interpreter must still be listening and continuing to interpret everything else the source-speaker is saying." I also pointed out that the interpreter had to use vocabulary that was technically accurate, grammatically correct, culturally sensitive, and as close to the intent of the speaker as possible. She replied, "But that should be easy for an experienced interpreter, right?"

Clearly, I was not getting my point across. The Farsi interpreter was sporting a polite smile but his non-verbal behavior indicated he was growing more uncomfortable with the direction this conversation was taking, so I decided to try a different tactic.

"Think of it this way," I said to the speaker. "As you speak to someone, you are thinking within a search algorithm of words," I said as I waved one hand in a downward, vertical motion. "When you pause to think of just the right word or phrase, you momentarily interrupt that flow… but the listener likely does not notice or care because it is something we all tend to do." She looked at me quizzically then glanced at the small audience behind me, and I sensed she wanted me to get to the point.

"But in simultaneous interpretation, the interpreter must think using two search algorithms that flow in synchronous fashion," I said, as I waved both arms from top to bottom at the same time. "The algorithms must match in multiple dimensions: across, with accurate words that are similar in both languages; vertically, with good

timing; dynamically, with interpreter expressions and intonations that match the intent of the primary speaker; grammatically, to avoid literal translations that make no sense; and culturally, to avoid offensive speech. And all of this must be done without inputting the emotional feelings of the interpreter, even if the interpreter disagrees with the primary speaker."

Epiphany. The seminar speaker's face softened, she smiled and nodded slowly, and behind me I heard a low murmur of approval from the audience, many of whom had been listening to our Farsi interpreter's version of my comments.

"Plus," I said, "…this intellectually exhausting process must sometimes be done for many hours, as in the case of our interpreter here," I said, as I pointed to our now beaming Farsi interpreter, who quietly thanked me in proper English.

"I had no idea," the seminar speaker said, after which I politely apologized for interrupting her presentation. "No apology necessary," she replied, then glanced at the interpreter, smiled again, and gently nodded to indicate that he should continue.

She calmly resumed her presentation where she had left off but changed her pattern of speech for the rest of the presentation, using brief, periodic pauses for the sake of the interpreter.

The dual-language algorithms flowed more smoothly and communication was enhanced. Just what an interpreter hopes for in any language.

Rosa Abbott is a freelance English>Spanish interpreter/ translator and an ATA member. She has been a nurse for over 40 years and served for 21 years in the Air Force and Navy. Ms. Abbott also has a PhD in Nursing and an MS in Urban Forestry.

English to Spanish Translation Related to Coronavirus (SARS-CoV-2): My Personal Experience

By Pablo Mugüerza

I have not received many requests to translate on this matter, but when the magnitude of the problem began to be better understood, I started designing a specific webinar to help medical translators maintain the quality of their translations. As is the case with many tricky topics that are widely discussed, terminology on the matter tends to be vague and alarmist, as we have seen lately.

Almost 100 people attended this webinar on March 16 and 23, and the comments that poured in on social media were quite laudatory, which I appreciated enormously. This article presents a summary of the information and concepts that I presented in the webinar:

1. Undoubtedly, it is most important to note that on February 11, 2020 the International Committee on Taxonomy of Viruses (ICTV), without intervention from the WHO, christened this new coronavirus as SARS-CoV-2 (in Spanish, "**el**" is the appropriate article, as it is masculine), with the "o" in "CoV" in lower case. Immediately, prescriptivists from the Spanish old school of medical translation got tangled in useless micro-controversies over whether it was convenient to translate this acronym to Spanish and call it CoV-SRAG-2. However, as usual (they've been like this for decades, alas they do not learn), reality crushed them.

2. The acronym, therefore, stays in English but, as most translators usually do, the first time it appears on the text we are to translate, we will need to weigh the need to develop it and offer a translation into Spanish. The most accepted one is "coronavirus del síndrome respiratorio agudo grave de tipo 2". Some options which carry a certain stigma ("Chinese virus") or that include place references ("Wuhan virus") are highly discouraged.

3. As Fernando Navarro points out in his Cosnautas dictionary, "Using good logic, the disease caused by this novel coronavirus should have been named "síndrome respiratorio agudo grave de tipo 2" or SRAG-2, but the World Health Organization decided to officially call it "COVID-19", maybe to avoid confusion with the 2003 severe acute respiratory syndrome (SARS). As I commented before regarding the virus acronym, each responsible translator will decide, for each particular document of each particular client, on the need to develop a translation for COVID-19. The most satisfactory suggestions in Spanish are «enfermedad por el coronavirus de 2019», «neumonía coronavírica de 2019» and a neologism (which I personally find quite practical) «coronaviriasis de 2019».

4. Regarding the previous item, it is convenient to keep in mind that, in Spanish, any infectious disease caused by a pathogenic virus can be called "virosis", "virasis", "viriosis", or "viriasis" (aspects of our beloved language). Of these four resulting options in this case ("coronavirosis", "coronavirasis", "coronaviriosis" and "coronaviriasis"), I prefer, because of my personal experience and the frequency of its use, "coronaviriasis".

5. Save the odd exception[1], the correct translation into Spanish of "infected with" is "infectado **por"**, not "infectado **con"**. However, in most patients that have passed away in this context, the cause of death has not been the virus we are dealing with, but rather its addition to other conditions that had placed the deceased in risk groups. This is why it is generally more accurate to speak of "muerte **con** coronavirus" (death with coronavirus) (the person died for any other cause and, in addition, tested positive for coronavirus) than of "muerte **por** coronavirus" (the direct cause of death was the infection with this virus, a highly unlikely case).

6. Prescriptivists from the Spanish old school of medical translation insist on translating the adjective "viral" as «vírico» in this context, despite the fact that the obtuse reality shows every day that this battle, in which they are on the right side, was lost long ago.

7. According to the expert latinists consulted (thank you, Gabriela Ortiz) the highly frequent expression "global pandemic" is a pleonasm: "pan" is originally a Greek adjective equivalent to the Latin "omnis". They both mean "all". Pleonasms can sometimes be useful, but the responsible medical translator must use them in an informed manner to avoid redundancy and, more importantly, to avoid redundancy.

8. The medical translator facing texts on coronavirus will sooner rather than later bump into two old friends of our profession that continue to give headaches to the less prepared (and which machine translation continues to get wrong): the nouns "pathogen" and "agent". Regarding the first one we must remember that, in Spanish, "patógeno" is just an adjective, thus it must always join a noun: "microbio patógeno", "microrganismo patógeno". Allow me to insist: the correct translation of "pathogen" is "microbio patógeno" or "microrganismo patógeno".

9. Regarding the other old friend I referred to, "agent", keep in mind that in our context it is almost never translated, and when it is, the options are the following: 1) "fármaco",

[1] Por ejemplo: si un investigador desea conocer los efectos de determinada bacteria en los conejos, por ejemplo, los infectará **con** esa bacteria.

"medicamento" or "sustancia" and 2) "microbio" or "microrganismo" (generally a bacteria or virus). As a general example, I will say that the best translation for "anaesthetic agent" is simply "anestésico".

10. A medical translator that faces a text on coronavirus must study it in depth to find out if it is a text about medicine or a text about epidemiology. These two disciplines, which study completely different matters, share a large amount of terms that are sometimes used with different meanings. In addition, both disciplines make use of a common tool: Biostatistics, which complicates things a bit more. I do not have room here to expand on this point, which is why I will simply recommend caution when it comes to translating these shared terms (such as the omnipresent "rate").

I will end with this: many translations on coronavirus are addressed to patients, such as instructions to prevent propagation, isolation rules, what to do in case of displaying symptoms, etc. I am of the opinion that it is much harder to translate simple instructions to correctly wash one's hands in such a way that they are comprehensible to the vast majority of Spanish speakers than translating much more technical documents. Do not (metaphorically) wash your hands of it; empathize with your reader. Our communities will all be better off if our response as translators is consistent and unambiguous.

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Pablo Mugüerza is a medical translator, doctor and professor of medical translation. He has published more than 10 articles in international publications for translators, and two books. He lives and works in Spain.

National Certification of Healthcare Interpreters: A View of the Two Worlds

By Natalya Mytareva, M.A., CoreCHI™

National certification of healthcare interpreters is entering its teenage years. An exciting and vulnerable time! The first ten years have taught us about our *duality* as a certifying entity, our belonging to the interpreting and the testing worlds. Both worlds have their own distinct expectations, challenges, and rewards.

The Interpreting World

The Certification Commission for Healthcare Interpreters (CCHI) was born of the interpreting world; it emerged as a response to the necessity of further professionalization of medical interpreters. By 2009, when CCHI was founded as an independent 501(c)6 non-profit corporation, the profession and industry were ready for a standardized assessment of an interpreter's performance in healthcare settings. CCHI's volunteer Board of Commissioners set out to develop and administer a national, valid, credible, and vendor-neutral certification program for healthcare interpreters. They draw on the expertise of fellow colleagues from the ATA, NAJIT, RID, state court interpreter certification programs as well as experts from CHIA, NCIHC, MMIA, and the medical interpreter certification program of the state of Washington. At the same time, the Commissioners understood a difference of the Commission's role compared to that of an association and the importance of preserving the independence of the

organization as a standard-setting body affecting not only interpreters but also consumers of interpreting services and the public at large.

The Commissioners identified the following fundamental principles of CCHI's certification program:

- Certification eligibility must reflect the best national practices and the current state of educational opportunities for interpreters of all languages (i.e. be fair);
- Certification exams must be applicable to medical interpreters of any language (i.e., be inclusive);
- Content of the exams must cover any healthcare settings and not be limited to solely clinical medical encounters;
- Content of the exams must be applicable to any interpreting modality, i.e. face-to-face, over-the-phone, remote video;
- All interpreting modes must be tested on a performance exam (i.e. reflect the professional skills set of an interpreter vs. a bilingual individual);
- Certification renewal requirements must include some mechanism of evaluating recertification candidates maintaining professional performance skills and knowledge;
- Certification program must be comparable to certification programs of other healthcare professions.

These principles have guided our iterative approach to certification.

Today, we count over 4,200 certified interpreters and offer two tiers of certification. ***The CoreCHI™ (Core Certification Healthcare Interpreter™)*** is a full certification at the core professional knowledge level, which is available to interpreters of *any* language unless a language-specific oral examination exists for that language. Interpreters who seek this certification must present documentation confirming their language proficiency in English and the other language and pass a knowledge-based certification exam. The CoreCHI™ exam assesses the core knowledge of the healthcare interpreter profession, including interpreter code of ethics and standards of practice, medical terminology, U.S. health care system, and cultural responsiveness. It consists of 100 multiple-choice questions in English. The CoreCHI™ certification was accredited by the National Commission for Certifying Agencies (NCCA) in 2014 and re-accredited in 2019.

The CHI™ (Certified Healthcare Interpreter™) language-specific performance certification is currently offered in three languages: *Spanish, Arabic, and Mandarin*. Interpreters who seek this certification must meet the eligibility requirements and pass two examinations – the CoreCHI™ knowledge exam and the language-specific oral performance exam assessing their interpreting skills in the consecutive, simultaneous, and sight translation modes. The CHI™-Spanish certification was accredited by NCCA in 2012 and re-accredited in 2017.

In that same year, CCHI started a national conversation about a possibility of creating an interpreting skills test in a monolingual modality (in English). The ***EtoE Project*** is meant to address the shared concern that a knowledge-only exam of the CoreCHI™ certification does not provide the industry with a comprehensive tool for assessing interpreters working in languages that do not have a performance CHI™ exam. Currently, we are in the final phase of the EtoE Research Study that will help our profession decide how to proceed with certification for interpreters of languages that may never have a corresponding dual-language performance exam.

One of the "growing pains" we have discovered has to do with the certification renewal process. Some recertification candidates are struggling with finding affordable and convenient continuing education opportunities, especially when it comes to interpreting skills (performance-based) or language-specific training. Others do not see their

employers valuing the certification enough to support their professional development. CCHI has stepped up its outreach to interpreter educators, associations, and employers to address these barriers.

In October 2019, we held the first National Healthcare Interpreter Certification Summit with the goal to bring together various stakeholders to discuss current issues and "pain points" of the healthcare interpreting profession and industry as well as challenges of providing meaningful language access to health care for patients with limited English proficiency. Based on the input from the Summit's 500+ on-site and virtual participants, in 2020, CCHI will roll out national initiatives related to medical interpreting data collection and to evaluating current language proficiency assessments. We will be looking for volunteer interpreters, managers, trainers, and other stakeholders to help us address disparities in these areas.

Last but not least, one of our responsibilities is to offer the public as well as recipients of interpreting services (be they a hospital, a healthcare provider, an agency, or a patient) a mechanism to verify an interpreter's credential. CCHI lists its certified interpreters and candidates in the online national Certified Interpreter Registry at www.certifiedmedicalinterpreters.directory, which can be searched by name, language, certification status, city, and state. While it is not a membership or job board (because CCHI is not a membership organization or a referral agency), the Registry serves an important role as a public verification tool.

The Testing World

The world of the U.S. licensure and certification was a *terra incognita* for the founding Commissioners. We turned to the experts in the field, nationally renowned psychometricians Dr. James Henderson and late Dr. Cheryl Wilde. With their help, we discovered the importance of conducting a job-task analysis (JTA) study every 5-7 years to ensure that our exam content is rooted in the current practice of medical interpreting in the U.S. (Reports of CCHI's two JTA studies are at http://cchicertification.org/about-us/publications/.) The results of the national JTA surveys drive the content updates and exam re-designs.

Since the very beginning, the Commissioners have been passionate about bringing the professionalism of interpreters to the same level as that of any healthcare providers. As we know, all (or almost all) healthcare providers have certification or licensure requirements, and such certifications are accredited by the National Commission for Certifying Agencies (NCCA). For this reason, when we started designing our exams in 2009, we started following NCCA's best practices and standards. As our Founding Chair Mara Youdelman, J.D., put it in 2012, when we became the first NCCA-accredited program in the interpreting industry, "Our NCCA accreditation journey began on the day CCHI was launched, July 15, 2009, because we were 100 percent committed to creating the best, most valid, most credible professional certification for healthcare interpreters, which directly benefits patient safety, healthcare providers, and interpreters who work in more than 139 languages."

Maintaining national accreditation and committing to the best testing practices establishes additional demands for a certification program. One of them is continuous updating of the examination content. CCHI delivers several versions of each exam and updates them on a regular basis. We continuously work with our volunteer subject matter experts (SMEs) on creating new items for the knowledge and performance exams. Almost 200 SMEs have contributed their expertise and time to developing CCHI's exams since 2009.

Significant resources are dedicated to psychometric monitoring in order to ensure the exams' integrity

and validity of the results. CCHI annually reviews its exams and reports its findings to the NCCA. To maintain transparency, we publish our main testing statistics in the Annual Reports.

Another important aspect of a certification program with a performance examination is maintaining a robust scoring process. Language is one of the most complex constructs for a test to assess, thus, only human raters can comprehensively score interpreter's performance. With that comes the inherent subjectivity of human judgement. To overcome such subjectivity, to a reasonable degree, CCHI devised a scoring process where raters do not score the entire exam of one candidate; they score individual responses instead. Each oral response (i.e. recording of interpreting one test item) is scored by two raters independently. Additionally, if two raters disagree by one point on a particular score for a particular response, that response is then scored by a third rater. Raters score by applying the four Behaviorally Anchored Rating Scales (Quality of Speech, Lexical Content, Register, and Grammar) which were developed and validated by CCHI's SMEs under the guidance of a psychometrician. CCHI's raters are our employees and undergo training on a quarterly basis and calibration as needed. Their inter- and intra-rater reliability markers meet and exceed the testing industry standards.

Technology plays an important role in administering our certification program. Delivery of about 2,500 exams per year across the U.S. is simply impossible without computer-based testing. Currently, CCHI administers exams at secure, proctored test centers throughout all 50 states of the U.S., Puerto Rico, and in Canada. CCHI undertook a full software redesign of its exams with the help of our testing vendor Prometric to ensure that we are up-to-date on all current security aspects. Scheduling of exams is also done online. And most importantly, technology allows us to employ the best professionals as our raters who score exams via a secure online portal. Of course, technology always keeps us on our toes, and every time Microsoft or Google, etc. do something new, we have to tweak our systems. To keep up, we participate in conferences and webinars by the American Testing Publishers, Performance Testing Council, and the Institute for Credentialing Excellence.

* * *

The formative "teenage" stage will bring us new challenges and opportunities in both worlds. We look forward to working with all stakeholders to accelerate the progress toward establishing the healthcare interpreter certification as the national standard. Share your ideas, comments and concerns with us at info@cchicertification.org.

Natalya Mytareva, M.A., CoreCHI™, is Executive Director of CCHI and one of its founding Commissioners.

Got any cool leads for good article ideas? Send them to our Copy Editor, Santiago Achinelli at santi@achinelli.com