WINTER 2016

Caduceus

Quarterly Publication of the Medical Division of the American Translators Association

ATA 57 - San Francisco

... was a great success! Our guest speaker, Captain James Dickens, shared his views and extensive experience about National CLAS Standards with our members. There were also ten varied and interesting sessions led by our own experienced Medical Division members. This year we held our Division Dinner jointly with the Interpreters Division at The Waterfront, where food was great and the company even better!

Pg. 3

Getting Past the Gore: **Desensitization for Medical Translators**

Pg. 4

Scope Creep: Dealing with Small… and Not-So-Small Changes

Pg. 6

Our First ATA Conference — A Review of ATA 57

Letter from Our Administrator

Marisa Gillio
Page 2

Editorial

Gloria M. Rivera
Page 2

Dear Florence

Our new section about ethics
This issue by Rosanna Balistreri
Page 8

From the Administrator

Dear Medical Division,

Thank you for your continued support over the past year. It was wonderful to meet and work with all of you. Your participation at the conference and at the Medical and Interpreter Division Dinner was empowering and makes next year look even more promising.

I would like to personally say thank you to all the presenters and to our guest speaker and also to all our members who are active on the forum and on other social media channels, like Facebook, and *Caduceus*. Keeping an open and professional line of conversation makes our organization more inviting to newcomers and is part of what makes our community great.

As we approach the new year, I hope that everyone can take a moment to reflect on the progress we have made and challenges we have faced over the course of 2016.

I'm truly impressed with how supportive everyone has been, and I look forward to working with all of you again through next year and beyond.

I hope everyone has a safe and happy holiday season and a wonderful new year!

Marisa Gillio
Medical Division Administrator

Editorial

Pardon our bandages! As you may have noticed, our Winter edition of *Caduceus* has arrived a bit later than usual. But that's only because it was having a little work done.

I am super excited to be the new editor, and the surgeon in me is even more excited to tell you about the facelift that *Caduceus* has gotten. We are going to continue featuring the same interesting articles as always, and we have added two new sections, "Dear Florence" and "Eponyms and Other Stories."

"Dear Florence," named after Florence Nightingale will be a section where different experts will answer your questions about medical ethics and standards of practice. "Eponyms and Other Stories" will be section where we will learn about why some signs, symptoms, syndromes, and diseases were named after a person and the history behind it.

Last, but not least, we wanted to thank our dear Tricia Perry for the wonderful work she did as our editor in the past four years. We thank her and wish her the best on behalf of the whole Medical Division.

Please continue contacting us with your articles, suggestions, and ideas (instructions on how to do so are on page 10). Welcome to the new *Caduceus*!

Best,

Gloria M. Rivera
Caduceus Editor

Getting Past the Gore: Desensitization for Medical Translators

When I was in the third year of my translation and interpreting degree, it was nearly time to decide on a specialisation. While I was already in the translation business at the time, having had a previous degree in English up my sleeve, I was all over the place with specialisations. Surprisingly, the decision eventually came to me naturally, since by the age of sixteen I had already had two major open surgeries, which made me desensitised to blood, IVs, internal organs, etc., and I had a substantial interest in the field. So I did not have to face medical sensitivity issues to the same degree as my fellow classmates.

If you are a medical translator or receive an odd medical text here and there, you may find it difficult working on a project because of nauseating graphics, because you may have the same medical condition, or because you feel sorry for the person in the text. All these situations make it difficult to focus on your job and then the project becomes a pain, which may even lead to mistranslations.

So how do you detach yourself from the emotions haunting you throughout the project and concentrate on what really matters? Below, you will find a few practical tips that may help you to "desensitise," or emotionally detach from the text that needs translating.

YouTube

Yes, YouTube! While it is great for binge-watching cat or dog videos, it is also great for medical content. YouTube provides a plethora of videos of surgeries of any type, instructional videos as to how to establish a vascular access, clinical medicine courses, etc.

Let's assume you are assigned the translation of how intraocular tumour surgery is carried out. You are to familiarise yourself with the procedure and start doing research. Don't just read! Watch videos.

I know it may look vomit-inducing at first and you may even have nightmares. However, try to stick with it. With each video, not only will you gain a general grasp of how the procedure is conducted, but you will soon find out that you are getting used to seeing incisions to the ocular system. Do this with every new project you get that deals with a subject you are not familiar with.

Practice makes ~~perfect~~ detached

Going through emotions can be another overwhelming issue. Let us assume you are assigned the translation of a medical certification of the cause of death of a baby due to SIDS (Sudden Infant Death Syndrome). Now, we all love babies. We probably know couples that have newborns or perhaps we have even recently become a parent!

The idea of losing a baby due to such a horrible condition would obviously touch a string or two in our hearts. If you are a fledgling translator, you will find your eyes might get wet.

Emotions may become unbearable. We are only human. But constantly exposing yourself to such an emotion in the form of texts in this subject matter will soon start to callous your heart. Practice your translation skills in the same difficult subjects whenever you have time to spare. Trust me, I am a medical translator!

Repeat after me!

The whole sensitivity issue in the face of a translation assignment stems from one thing, and one thing only. That is empathy. We are born with it. Some of us experience it more strongly than others. This is, again, human reaction and it manifests itself even when reading the news. Through the course of your desensitisation, you have to repeatedly remind yourself of certain sentences. I will note the ones that worked for me below.

- *This is not happening to me.* (And the possibility of it happening to you may as well be close to nil.)
- *I don't know the person in question.* (It sounds horrible, I know, but we tend to empathise more with the people we know.)
- *What I suffered from was different than this patient.* (If it did happen to you, just remind yourself that everyone experiences pain differently.)
- *This is just work.* (And you are doing it because you like it and earn money from it. Nothing more!)

It all comes down to getting yourself used to the stimulus in your translation assignments. Medical students desensitise more quickly than a medical translator considering the fact that they are exposed to anatomy, blood, and surgical procedures in person on a daily basis throughout their education. The above tips are by no means an academic approach but ones that I find helpful and apply in my career. They have worked for me so far.

Am I completely desensitised? No. Am I now just flesh and bone devoid of human emotions? Definitely not. Well, I hope not, at least. However, thanks to the above tips, I manage to create a switch in my mind whenever I am assigned a piece of text that has photos of human anatomy or medical experiences of an individual. That switch needs to be turned on. Otherwise, the work we do as medical translators will not be enjoyable, when it should, since this is the line of work we chose.

Deniz Aker is an EN-TR medical translator based in the UK. He is in love with languages, most things British, and cakes.

Scope Creep: Dealing with Small… and Not-So-Small Changes

Ever been in this situation?

> *I started a proofreading job only to realize the translation is a disaster.*
>
> *I agreed to translate a file based on a sample, but the rest of the sample includes tons of unexpected formatting.*
>
> *I took an interpretation assignment that was supposed to be a follow-up but once I got there I found out it is a QME!*

If you've been in the industry a while, you've definitely had this happen and if you haven't, you will. But, what's the difference between scope creep and scope change?

If you've ever started a job only to realize that the job is not what you thought it was or expected it to be, you could be experiencing scope creep (or, in some cases a total scope change). Scope creep is when the job as defined begins to change slightly and "creep"

into a different realm or size. For example, if you're asked to proofread a job and then asked to insert a few additional sentences that the client forgot to include in the text…and then another couple of words…and then add some additional formatting, you're experiencing scope creep. If you allow scope creep without flagging it, you could easily end up doing double the work for the same price, so always be vigilant and maintain boundaries.

Many proofreaders have had the experience of opening the delivered translation only to realize someone has done such a horrible job, you honestly *wish* they had used Google Translate. This would be an example of a full scope change since the job request was proofreading and the actual job is re-translation.

It's really important to be prepared and know how to deal with this effectively as translators and interpreters because this is a common issue in any business. Too often, I see freelancers either reject the job completely or they go ahead and do it for the original price and deadline in spite of the changes. Here's why both of these could land you in hot water.

If this happens and you cancel the job completely, keep in mind that your client believes the job is covered, so leaving them high and dry is not a good way to build good customer relations. On the other hand, if you feel obligated to complete a job that's not exactly as you expected, you might end up resenting your client or, even worse, you might not have enough time to do a good job given the change of scope. I have seen many proofreaders go ahead and attempt to fix the file, thinking they are doing their client a favor but they end up rushing to complete it in time since a job that should have taken one hour, just turned into three hours of work. In the end, the file might still not be fully "fixed" and you've just spent tons more time trying to "help" and your client is left without a proper deliverable—not good!

Here are some strategies for handling this professionally and preserving your relationship with your client:

Notify your client as quickly as possible by any means necessary.
If you're a translator, you've likely already thought to send an e-mail, but call and Skype too if possible. If you call and the project manager or contact person is unavailable, explain it is urgent and see if someone else is available and has the authority to authorize a scope change (i.e., price change). Contact anyone and everyone and truly make your best effort to get in touch.

Be prepared with a plan.
Your client is not going to be happy when you notify them that the job they thought was covered actually isn't, so be prepared with several solutions to the problem. If you can't fit the new scope into your schedule, focus on what you can do. Your e-mail or call should be *solution-oriented*.

Be decisive and clear.
Stand your ground and be decisive and clear. Use the solutions to focus the conversation on what you *can* do for your client. If your client can't accept any of your proposed solutions, then that's his or her decision and responsibility, not yours and most reasonable clients will respect that you tried your best to help them under these unexpected circumstances.

Stay calm.
Your client might panic depending on the situation but that doesn't mean you need to too. Stay calm and remember that this is not your fault, but also remember that it might not be your client's fault either so continue to stick with solutions and do your best to help your client without agreeing to a solution you'll regret later. For example, if a proofreading turns into re-translation, don't agree to stay up

all night re-translating the document if you're going to regret it later. Calmly propose reasonable solutions and stick to them.

Jenae Spry has been a Productivity and Performance Coach for freelancers for the past 5 years and a FR>EN Medical Translator for over a decade. She has a BA in French and Linguistics from the University of Kentucky and an MA in French Translation and Professional Certificate of Translation from the Middlebury Institute of International Studies. Jenae runs a membership site for marketing and productivity for freelance translators at www.successbyrx.com and a blog for freelancers at www.successbyrx.com/blog.

Our First ATA Conference — A Review of ATA 57

As medical interpreters, we know that our training doesn't end once we get certified. We continue learning throughout our entire lives – and look forward to doing so. Our love of learning, combined with our friends' and colleagues' encouragement, brought us to our first ATA Conference this year.

Attending the ATA's Annual Conference for the first time can feel overwhelming, but it really helped that it was a well-organized event. It was easy to build a personalized schedule using the conference app, ensuring we had plenty of learning opportunities and time to engage with colleagues.

Sometimes choosing the best session was difficult because two very interesting ones were taking place at the same time. That is bound to happen when there is such a great number of awesome speakers.

We attended several sessions on medical T&I to earn continuing education hours while being able to get re-energized and excited about our profession!

The MED-1 session, "Navigating Choppy Waters: How to Intervene in an Interpreted Encounter without Capsizing," was especially helpful. As medical interpreters, we have all been faced with situations when we had to decide whether to intervene or not. The speakers, Rosanna Balistreri and Julie Burns, did a great job sharing their perspective on the advantages and disadvantages of intervening. They also provided useful tips for success if we decide to intervene during a medical encounter, which would ensure we live up to our ultimate role: to facilitate communication and strengthen the provider-patient relationship.

We also attended MED-6, "Ouch! It Hurts! The Basics of Pain," by Dr. Gloria Rivera. We liked the fact that this session was not oriented toward translation or interpretation. We were a group of people from different cultures and different languages, and we were all trying to understand a subject that is very common in our field, yet not very well understood. Dr. Rivera explained pain from a completely different perspective: not the interpreter's, not the patient's, but the doctor's.

She explained the mechanism of pain and different types of pain, and used images that helped us fully comprehend pain and its terminology and not memorize some term equivalents. In fact, some words in English that refer to pain don't have a direct translation into other languages, but that does not

mean that speakers of languages other than English do not experience the same sensations or pains as their counterparts.

Last, but not least, we attended MED-8 and MED-9, "Culturally and Linguistically Appropriate Services (CLAS): A Journey, not a Destination," by Captain James Dickens. It was such a wonderful presentation because not only was he a very experienced person in his field, he was also a very engaging and interesting presenter. He talked about the National Class Standards, successful implementation, and challenges. It was very interesting since we were aware of Title VI of the Civil Rights Act of 1964 as a law that would allow all people to be equal in receiving and participating in benefits provided by the federal government. We were not fully aware of the scope of the National CLAS Standards and its objective of "advancing health equity, improving quality, and helping eliminate health care disparities." CLAS Standards are one strategy to eliminate health inequities by tailoring services to an individual's culture and language preference; in this way, health professionals can help bring about positive health outcomes for diverse populations.

We were very impressed by how these standards see the patient as a whole, as a physical, mental, social, and spiritual being with elements of cultural health beliefs, preferred languages, health literacy levels, and communication needs, and that all of these should be addressed. As medical interpreters, we wholeheartedly agree about this approach. It was a very informative couple of sessions delivered in a simple yet engaging manner.

The cherry on top was that Captain Dickens shared his presentation with us. We were able to take notes, but having access to the whole presentation is priceless.

At the beginning, when we registered to go to the San Francisco ATA Conference, we felt a little bit overwhelmed. We are members of ATISDA (Association of Translators and Interpreters in the San Diego Area) and some of them were attending, but the place was big, so we were on our own sometimes. That is why it felt so incredible to walk into a room and feel at home because everyone there shared our passions and interests and sometimes our opinions. It was surprising to see how much we share with people from all types of cultures, countries, and backgrounds.

It was, indeed, a unique experience that we will be repeating at the ATA's 58th Conference in Washington, DC. See you there!

Ursula Carver was born and raised in Bolivia. She wanted to facilitate communication ever since she was introduced to French and English culture through language instruction in school. After working in Human Resources, honing her passion to help others communicate, she obtained the Professional Certificate of Translation and Interpretation at UCSD Extension and graduated from MiraCosta College with a Gerontology degree. She is now a Certified Healthcare Interpreter™ in the English/Spanish language pair and provides professional services translating from English and French into her native Spanish in her specialization fields (human resources, employment law, healthcare, and gerontology). Ursula resides in San Diego, California.

Marta Nieto was born and raised in Spain. She obtained a BA in English Studies at the University of Santiago de Compostela and her Masters Degree at University of Vigo. She lived in Austin, Texas, for one year, where she experienced the Latin American and Mexican culture working as a volunteer. Marta moved permanently to San Diego, California, in 2014 and worked as a volunteer with Project Access as a medical interpreter. Currently she is completing the Translation and Interpretation Certificate at UCSD Extension. She has been working as an interpreter since February 2016 and is working toward her medical certification.

Dear Florence

Dear Florence,
I am a certified medical interpreter working as a freelancer. Last week, a patient's relative told me to leave because she speaks English and said she could do the interpreting. I left, but I am not sure what I should have done.
Thank you.

Confused in Arizona

Dear Confused,
When trying to resolve ethical dilemmas, interpreters need to take into consideration professional ethics and standards of practice, together with the unique cultural and linguistic aspects that may be shaping a particular conflict.

The first step is to ask yourself if there is a problem and identify the potential risks this can cause from the interpreter's perspective using the Interpreter Standards of Practice as guidelines.

Whatever the reason the patient or family member may have to decline receiving services, we should never lose sight that our primary role and goal is to facilitate communication between patient and provider while keeping the patient's well-being in mind.

These are some of the relevant portions of the interpreter standards of practice and parts of the code of ethics that may apply to the situation described above:

1. A family member interpreting for a patient can breach patient **confidentiality** and increase the risk that information is disclosed outside the treating team.

2. **Accuracy and completeness** of information relayed is at risk when the family member functioning as the interpreter may have limited understanding of medical procedures and poor knowledge of medical terminology in English and/or in the patient's language.

3. Patient autonomy, language access and the ability to make informed decisions are undermined (**respect**) when the patient has no control over the accuracy of the information received by a family member functioning as the interpreter.

4. A family member serving as the interpreter greatly increases the risk of influencing the objectivity of the information relayed. The interpreted information, as a result, may be filled with opinions and bias (a lack of **impartiality**), potentially interfering with diagnostic and therapeutic decisions that the patient makes.

Remember that interpreters facilitate communication between patients AND

providers who do not share the same language. In keeping that responsibility in mind, you should weigh in what impact, good or bad, your actions will have on all parties involved.

Sometimes, simply informing the patient that they have the right to free interpreter services can provide a quick solution. In other more extreme cases where the family member insists on serving as the interpreter, stating something like, "I am glad that you would like to interpret for your family member; however, I am here to interpret for the provider and I will need to stay in the room to do so" can be a bulletproof solution.

While family members may feel comfortable imposing themselves into the situation as "interpreters" for the patient, they will generally not challenge the decision of who should interpret for the provider. Staying in the room will not only allow you to interpret the information the provider relays, but also to alert the provider if/when the family member acting as the interpreter edits or miscommunicates any information relayed at any time.

The last thing you want to do as the interpreter is to engage in a discussion with the family member about your qualifications over theirs. This can lead to negative feelings, further mistrust and lots of unnecessary frustration.

Finally, if that patient is absolutely adamant that the interpreter is not needed and should leave the room, one hopes that the health care organization has some kind of waiver that the patient can sign, documenting that the patient has indeed declined the use of services even when they have been informed of their right to receive free interpreter services. The waiver will protect the organization from any legal repercussions linked with miscommunications due to language barriers. It has been my experience that when the patient is given the responsibility to decline the use of the interpreter with their signature, most of the time they will retract their decision and accept that the interpreter be used. Problem solved!

Kind regards,
Florence

Rosanna Balistreri holds a BA in Linguistics with a Certificate of Teaching English as a Second Language (TESL), and an MA in Spanish Linguistics. She served as President of the California Healthcare Interpreting Association (2010-2011). Currently, Miss Balistreri teaches at Cal State University Fullerton in the Translation and Interpreting Certificate Program where she also serves as a member of the Translation & Interpreting Education Advisory Board and is the owner of REACH-Reaching Diversity, a consulting business that she founded in 2008 to provide cultural and linguistic services targeted to healthcare and mental health.

Eponyms and Other Stories

Mary Mallon, later known as Typhoid Mary, was an Irish woman who emigrated to America in the late 1800s and that later became the most famous symbol of infectious disease in the United States.

Although she claimed that "I never had typhoid in my life, and have always been healthy" she was a healthy carrier of a disease. This means that even though she did not exhibit symptoms of the disease, she was the

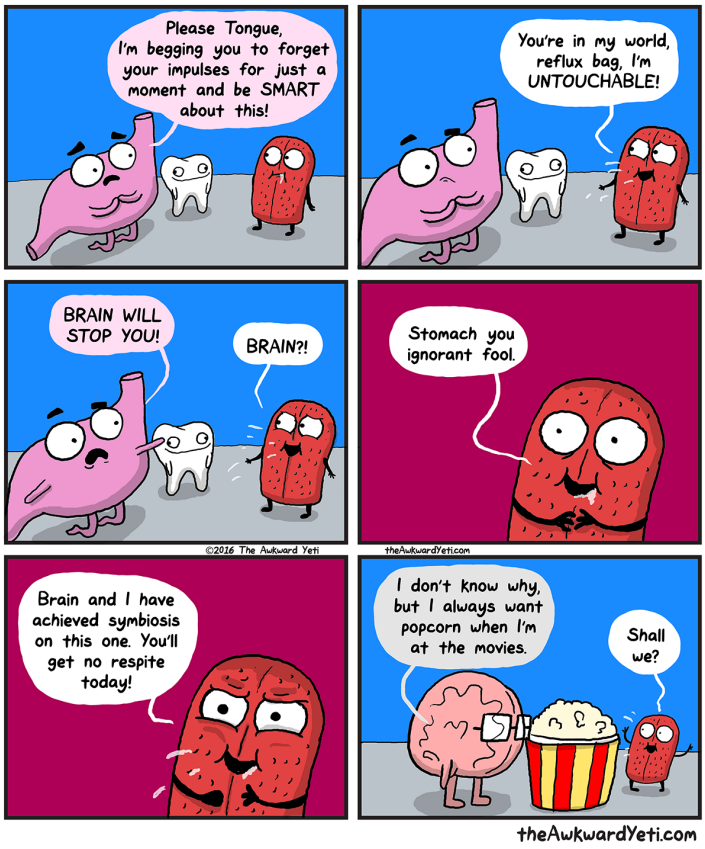
cause of several typhoid outbreaks and responsible for several deaths.

At the time typhoid was only known as a disease that exhibited certain symptoms. But, not all people who are infected by typhoid exhibit all symptoms. Some even experience flu-like symptoms and this seemed to be Mary's case.

People who are infected by the typhoid bacillus can pass the disease from their infected stool onto food via unwashed hands. For this reason, infected persons who were cooks, like Mary, or food handlers had the most likelihood of spreading the disease.

Gloria M. Rivera is a physician and surgeon (U. San Martín de Porres, Perú) who holds a Professional Certificate of Translation and Interpretation (UCSD Extension). She has been working as a translator and certified medical interpreter for the past 8 years. Currently, she is Core Faculty and develops teaching material at the National Center for Interpretation (U. Of Arizona). She is the President of Blue Urpi and *Caduceus* Editor.

Doctor's Orders: Comic Relief



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