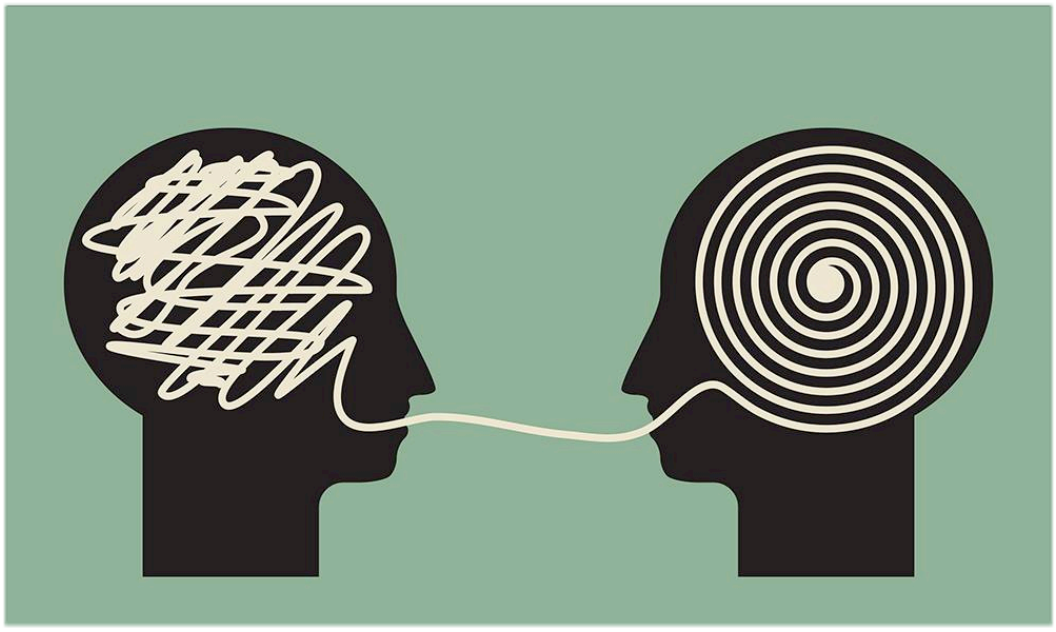
WINTER 2020

Caduceus

Publication of the Medical Division of the American Translators Association



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Note on the New Edition

The entire editorial team and I are excited to present *Caduceus*' Plain Language Issue.

- On page 2 you'll find a letter from our new Administrator, Yasha Saebi, introducing herself and setting an agenda and Division Goals for 2020.
- On page 3 you'll find Maria Baker's article on the importance of maintaining register in a medical interpretation setting.
- On page 5 you'll find our feature article on defining 'plain' language in a medical context, written by the ineffable Romina Sparano.
- And on page 8, the National Board outlines how it's easier than ever to start your certification process.

Since we have transitioned to a new editorial team, consider this an official call for submissions! We're looking forward to receiving potential articles and think pieces for publication or republication here at *Caduceus*! Email us at divisionMD@atanet.org to learn more!

Letter from the New Division Administrator

By Yasha Saebi

Moving on to 2020

Dear Medical Division Members,

As we start the year 2020 with lots of hope for the future of the division, it is my honor to start my two-year term as the new administrator. I'm taking my experience as a MD assistant administrator with me to lead and improve our division along with our remarkable Leadership Council and with help from our members.

First, I would like to thank the outgoing Administrator, Marisa Gillio who served for four years and led us through ups and downs of our division. She will continue serving in the Leadership Council. We also have a few out going members from our Leadership Council, such as Melisa Kamenjarin, our beloved editor, along with a few other members temporarily departing the Council due to other commitments. We would love to thank them dearly for all the efforts and volunteer work that they have put through to make our division flourish and we hope to see them back soon; we will welcome them all back when they are ready. On the same note, I am delighted to welcome our new members to our Leadership Council. We are excited to work along the new members and always welcome diversity and new talents.

Here are some changes in the Medical Division since the 2019 ATA conference:

1- A new *Caduceus* team has been recruited. They have been working hard and I am proud to see *Caduceus* relaunched in January. The Medical Division is welcoming the new addition to the *Caduceus* team.

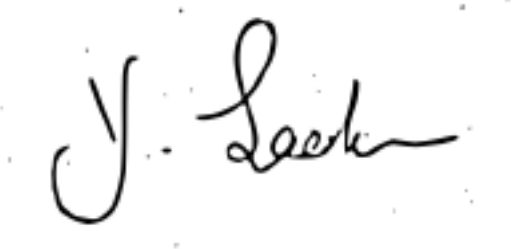
2- A new team has been recruited to run the MD blog. I am happy to announce that the Medical Division has a team of bloggers and editors and we will soon see their work.

3- We have two great candidates for Medical Division Distinguished Speaker. We will introduce our nominee to the ATA board as soon as we finalize our choice within the Leadership Council.

4- We have lots of exciting news coming in 2020! Here are some hints: webinar, expanding social media presentation, and more.

5- Lastly, I'd like to invite all of you, Medical Division members and other divisions that work in the medical field, to join us and bring your expertise to our team and help us to flourish. We welcome diversity and believe it leads to better and more representative outcomes. Please email me at divisionMD@atanet.org and tell me how you can help us to improve. Join us on our Facebook group and tell us what you think about the new changes. Get involved!

Best,



Yasha Saebi
Medical Division
Administrator

Saying It Right

By Maria Baker

Have you ever changed the register of something a healthcare provider said? I know I have. I know I have a very human impulse to "soften the blow" sometimes, possibly betraying transparency. However, I also know that this is an impulse that I can (and should) control while interpreting.

A very kind doctor reminded me of it recently. I was interpreting for an end-of-life case. Since this was a minor, I interpreted many hard conversations that healthcare providers had to have with their parent.

One Sunday morning, I woke up to my phone ringing. It was a hospice nurse calling. I was needed for a conversation regarding the lack of a DNR code for the patient, and how important it was to change this patient to DNR, as they had started their normal decline toward death.

While we were waiting for the nurse, the doctor casually mentioned that, that very morning, she had talked to the parent and started to use the term "pass", but quickly corrected herself and switched to "die" instead, in order to be very clear and transparent about the events to come. This activated a sort of warning signal in my brain immediately, and I was suddenly very aware of this human impulse I mentioned above, to use "pass" (fallecer) instead of "die" (morir), to make things easier, to make the speech less hard. I faced two options for this encounter: I could make things more palatable to the patient's parent by saying "pass away", which is softer; or I could stick with the harder register and language that the provider was using: "die". The first option, albeit more comfortable, would not respect the spirit of the message that the provider was trying to convey. At this point in the patient's progress, death was a very real prospect, and this is something that the provider wanted the patient to understand. Because of this differentiation that the doctor mentioned by chance, I rediscovered how important it is for us interpreters to always be transparent.

As we walked into the room, I was very focused on this distinction. I don't think I've ever used the word "morir" (to die) this many times in any appointment, but I am sure I used it when the provider used "die" and was faithful to their register and their message. In other words, I did my job.

This episode served as a good reminder for me about my role, and about what people depend on me for. They trust me to exchange messages with their healthcare providers in a faithful manner, to be able to make informed decisions in delicate situations. If I change that message, I may be unintentionally influencing that decision process. What right do I have to do that?

This wasn't new information for me, but I realized I needed the reminder. Sometimes, we take our knowledge of our standards of practice for granted. Maintaining register is one of those standards. Are you saying exactly what the provider is saying? Or are you softening the blow?

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.

Where's Dear Florence?

You (astute, handsome and intelligent regular Caduceus reader) may have noticed that we're missing our usual Dear Florence section.

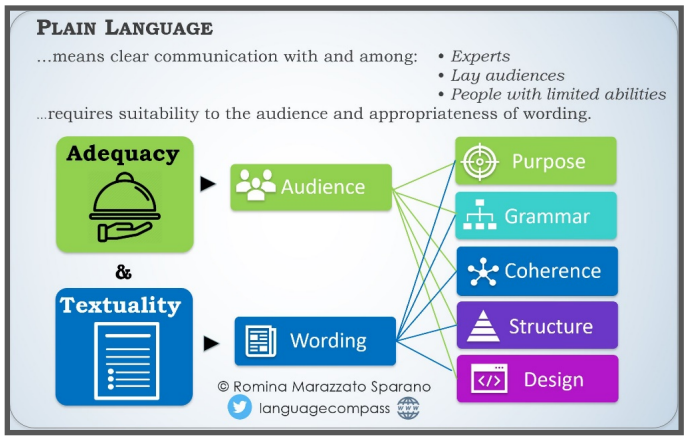
Well, that's because we're waiting on your interesting questions to make it possible! We're accepting any all questions pertaining to professional translation, interpretation, and linguistic questions.

All questions are anonymized and published in the next issue of *Caduceus*.

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

Plain Language In Medicine

By Romina Marazzato Sparano



Plain language is for everyone, lay audiences and experts alike!

Plain language is the use of words, grammar, structures, and design that allow successful communication. The Plain Language Association International and the International Plain Language Federation define it as communication whose wording, structure, and design are so clear that the intended readers can easily find what they need, understand what they find, and use that information.

Plain Language has a vital role to play in sharing medical information with and among patients, caregivers, and providers. In the age of *big data* (computationally extracting information from big data sets), *genomics* (the study of how a person's genes interact with their environment—including drugs) and *personalized medicine* (tailoring medical treatment to individual patient characteristics), clear and accessible communication is more important than ever.

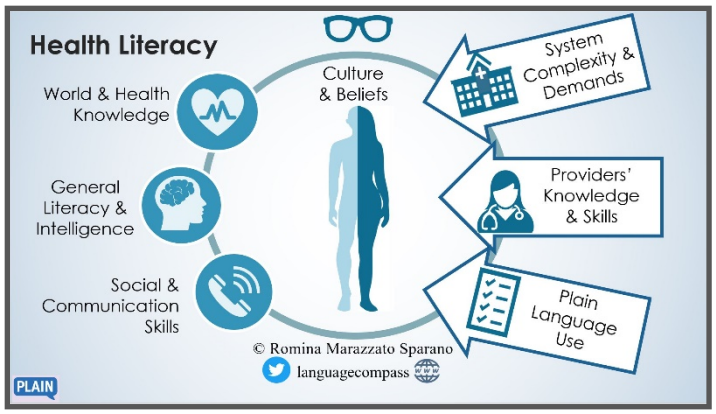
Plain Language and Health Literacy

In medical communication, the term *health literacy* refers to the ability of a person to find, understand, and process information to make healthcare decisions. This definition is currently under review. The concern is that success in health communication does not only hinge upon an individual's ability, but also on the accessibility, clarity, ethics, and actionability of health information and services offered.

A wider understanding of health literacy sees it as a multidimensional construct that includes the set of world and health knowledge, general intelligence and literacy, and social and communication skills that allow an individual to seek, obtain, understand, assess, and apply health information in daily life and health care contexts. This ability is mediated by:

- the individual's culture and beliefs, including education and language;
- the knowledge, intelligence, literacy, communication skills, culture, and

beliefs of health care and health information providers;
- the demands and complexities of the healthcare system;
- the use of plain language in communication.



The responsibility to increase health literacy through clear communication is now being promoted and even required through laws and regulations that "see" the benefits of plain language. One such regulation is the European Union Clinical Trials Regulation (EU CTR 536/2014) with the requirement for the submission of lay summaries to promote trust, partnership, and patient engagement. (www.bit.ly/37iRQK1) Another example: US hospitals now face financial penalties for high readmission rates, so they are turning to plain language in an effort to reduce rehospitalization due to poor communication.

Plain Language is Also for Experts

Plain language is not only a tool to streamline communication with patients in time-sensitive or distressing situations. It is also a tool to successfully exchange information among experts.

I often see plain language guides written by non-experts that science writing against plan language as "linguistic opposites." Nothing could be further from the truth. Clarity is the goal in both technical and lay communications. Science is about transparency, about sharing ideas, methods, and results in valid and replicable ways.

Unfortunately, it is true that a great deal of scientific writing is obscure—but not by design. Obscure writing stems, in part, from the fact that writing well is hard. But some science (and other) writers draft obscure text on purpose to appear knowledgeable, mask their own ignorance, or avoid criticism. (Nothing lends itself better to discussion than a clearly expressed idea.)

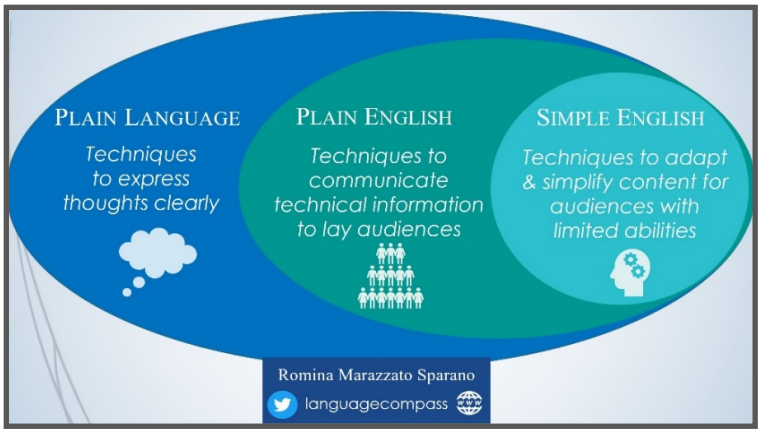
Obscure writing is not true scientific writing, it is deceiving writing. We must counteract deceiving writing with clarity to prevent bad ideas from surviving and good ideas from perishing under the cloak of gibberish.

Plain Language is First and Foremost about Grammar

You will read this once and again from me: plain language is not just about adapting technical text to lay audiences. Such adaptations are about **adequacy**, that is, making the text suitable to the communication situation and the interlocutors at hand. But plain language is also—primarily—about **textuality**. Textuality involves using grammar at the sentence level and text levels to express ideas beyond words in isolation and to make text more than a collection of random sentences. With textuality, we can communicate information clearly—in any register or style.

Adequacy strategies include using proper terminology (whether technical terms or lay explanations), managing style and register, adapting message structure, and creating text design to support to the purpose of the communication and promote access and understanding by the intended audience.

In medical writing, we may need to adapt for technical adequacy, using technical terminology and complex syntax and organization to convey specific layers of meaning and intricate relationships of ideas; lay audience adequacy, using everyday terms and a variety of syntactic and textual structures to adapt content for non-experts; or accessibility, using assistive technologies and simplified lexicons, grammar, and design to adapt content for people with physical or cognitive disabilities.



Textuality strategies include picking the right words and using appropriate grammar at the sentence level, applying suitable cohesion strategies and information flow at the paragraph level and between paragraphs, and articulating the relationships between ideas throughout the text to create coherence.

Of course, we can "bend the rules of grammar." But the rules are not there as a prison, they are there to help us inform and translate multidimensional and multisensory thinking into a linear sequence of words (in sounds for speech or characters for text) that can be transferred from one mind to another. By respecting the rules of grammar, we can communicate in a way that makes sense to other users of our language. Grammar is the best app ever invented to share ideas!

At the sentence level, grammar includes word order, syntax, and the semantics of who does what to whom, how, where, etc. One powerful way to create flow beyond the sentence level is to use grammar to rearrange how the information is presented, as in these patient instructions: "After surgery, you will need to take care of the incision as it heals. Caring for your incision will help you avoid pain or discomfort and will lower the risk of infection." The action in the predicate of the first sentence becomes the subject of the second (by using a nominalizing gerund) to introduce an explanation.

When I write or review technical text—whether for lay or expert audiences—I always start with textuality. Without a clear message, you are hard pressed to review efficiently for anything else.

Example 1: Progress of polycythemia vera, a slow-growing blood cancer in which the bone marrow makes too many red blood cells

	Obscure: Gobbledygook	Clear: Plain Language
Scientific Writing	With disease progression splenomegaly occurred in most cases and the bone marrow is showing increasing signs of fibrosis, which caused extra medullary erythropoiesis during the disease course.	In most cases, the bone marrow undergoes varying degrees of fibrosis, eventually forcing the spleen into extra medullary erythropoiesis, causing it to enlarge (splenomegaly.)
Lay Writing	As the disease progresses the size of spleen increased in most cases. The bone marrow shows more and more scar tissue. The body compensated for weak bone marrow by producing red blood cells outside of the bone marrow.	In most cases, scar tissue invades the bone marrow. Eventually, the marrow can no longer produce blood cells. The spleen compensates by producing red blood cells outside of the bone marrow. This causes the spleen to enlarge.

I include two examples of texts about the same topic, one written for experts and the other one for lay audiences. You will see that in each case, the obscurity does not stem from complex words or structure. Rather, it stems from faulty grammar, mismatched temporal references, poor information flow, and confusing logical connections.

If you are curious to learn more about plain language and health literacy, check the new course Plain Language 2.0 and Health Literacy at the Plain Language Academy, we will explore health literacy and how it can be improved!

Romina Marazzato Sparano, CT is a translator, editor, and educator with 20 years of experience working with technical, medical, and creative materials for a variety of organizations, including Fortune 500 companies. As an educator, she teaches writing, translation, technology, localization, Spanish, and plain language courses. She designed and launched the Master of Arts in Translation/Localization Management program at the Middlebury Institute of International Studies at Monterey; she is creating education resources for the Spanish Editors Association; and she has partnered with Plain Language Academy to promote plain language training. She volunteers in professional associations such as the American Translators Association, the Institute for Localization Professionals, and the Plain Language Association International. She is currently working on plain language and translation standards development as a voting member of ASTM's and ISO's technical committees for language standards.

Ten Reasons To Join The National Board

1. **Valid National Credential** – Our certification exams are validated by a third-party organization (PSI), delivering psychometric quality, statistical analysis and professionally sound test form assembly. The CMI certification continues to be a very VALID and highly recognized credential for its standards and excellence.

2. **Rigorous/High Standards** –The NBCMI verifies that each candidate meets ALL the prerequisites prior to testing. In order to deliver high quality and rigorous written and oral exam, the standards are below:
    - Written exam focuses 61% on medical knowledge, 15% on code of ethics, and the remaining 24% focuses on roles of the interpreter, cultural awareness and legislation and regulations.
    - Oral exam focuses 35% on medical terminology within the context in two languages, 30% on mastery of linguistic knowledge in English and target language, 25% on consecutive interpreting and sight translation from English to the target language and 10% on cultural awareness.

3. **Testing:**
    - Exams can be scheduled YEAR-ROUND at a mutually agreed upon time at one of our many testing centers.
    - We offer the convenience of testing from home through our Proctor U online proctoring, using a cutting-edge methodology for certification programs.
4. **FULL Certification in More Languages** – The National Board offers FULL certification in six (6) languages: Spanish, Mandarin, Cantonese, Russian, Vietnamese and Korean. What this means is that all of our six languages are fully tested in written and oral, not only in English, but also in the interpreter's target language. This meets the definition of a qualified interpreter by the Joint Commission, as well as by the Affordable Care Act Section 1557.
5. **Five-Year Recertification** – Our certification is valid for five years making it more cost effective.
6. **Credential Maintenance** – Requires 30 hours of continuing education units, which can be done within the five-year span. Continuing education MUST focus on medical interpreting and medical knowledge courses, maintaining the high standards for the credential.
7. **Online Registry** - The NBCMI registry is public. Prospective employers can search our registry and contact our interpreters directly by email. What a great way to boost your visibility and improve job opportunities. It also allows prospective employers to verify credentials.
8. **International Recognition** - The CMI credential is internationally recognized.
9. **Pioneers in the Industry** – The National Board was founded in 2009 and was the FIRST to offer certification for medical interpreters nationwide, setting the testing standards.
10. **IMIA** – The National Board is proud to be an independent division of the International Medical Interpreters Association (IMIA). The IMIA was founded in 1986 and in 1987 published the first Code of Ethics for medical interpreters.

For more information please visit:
www.certifiedmedicalinterpreters.org

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Distribution

Caduceus is published on the Medical Division web page: http://ata-md.org

When new issues are released, MD members are notified via e-mail by ATA Headquarters.

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