



Healthcare Interpretation Network

Newsletter

Autumn 2007 - Issue 2

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From the Communications Committee

Albert Einstein once stated that "We become those things which we repeatedly do. Therefore, excellence can become not just an event, but a habit."

Welcome once again to the second issue of the HIN Newsletter which we hope will be a source of information and inspiration as we all strive to make and maintain excellence as a habit in our provision of service to those who have limited English proficiency. The central theme of this issue is the sharing of experiences and expertise from various perspectives, with a focus on the satisfactions, challenges, expectations and recommendations which pertain to the vital role of interpreters.

Because it is our goal to spotlight topics of mutual interest and issues of shared concern, we would welcome your written contributions, ideas and suggestions for themes for the newsletter, as well as topics and speakers for the HIN meetings. Submissions will reflect the

thinking of the contributors, and are designed to encourage the readers to engage in a discourse where supported views and alternate opinions might be published in future issues of the Newsletter. We welcome the diversity of perspectives. However, we endorse the HIN Code of Ethics and we are working toward common standards of practice. Ideally, we will be an organization in which there is both energy and synergy in the membership. Don't underestimate the value of your contribution.

We appreciate the commitment demonstrated by Lola Bendana, Stella Rahman, Marina Kolodizner, Axelle Janczur, Elba de Leon, Michal Schuster and Nancy Cornish in the preparation of the articles which they have submitted to this issue of the Newsletter.

Active Communication Committee Members:
Diana Abraham, Nancy Cornish, Kinga Miklos, Stella Rahman
September 2007

Updates on the work of the HIN committees

After some discussion at the last meeting of the Communications Committee, it was decided that each committee will now post their updates directly on the website with cross-reference to other committees, rather than including printed committee activity updates in the Newsletter.

For more details, visit the committee pages on the HIN website:

- [Membership Committee](#)
- [Resource Development Committee](#)
- [Communications Committee](#)
- [Policy and Community Development Committee](#)
- [Terminology Committee](#)

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Updates on the Terminology Project

The Terminology Committee is pleased to announce that the classes for Bridging the Language Diversity Project started September 11th at York University.

The course had a successful start with the participation of eight interpreters/translators selected by the Terminology Committee to work on the project. This group of language professionals will be participating in the development of the terminology management system (TMS), along with eight students of the Terminology Management course at the Master's Program in Translation at York University.

We would like to acknowledge the eight participants in the project:

- Olga Apollonova (Russian)
- Maria Anna Calamia (Italian)
- Vanesa Demko (Spanish)
- Changye Ding (Chinese)
- Maria Glass (Portuguese)
- Kathy Grzesik (Polish)
- Widad Nosseir (Arabic)
- Tho Nhan (Vietnamese)

Nelida Chan, the course Director and Project Leader, welcomed the participants and thanked them for participating in the development of the terminology management system (TMS). In her addressing note to the interpreters she said - "the development of the project's multilingual terminology database would not be possible without your participation and collaboration."

The Committee would like to thank the following organizations for their support and contribution to this project:

- All Languages Ltd.
- Language Marketplace
- The Scarborough Hospital
- Association de l'industrie de la langue/Language Industry Association – ALLIA
- North York General Hospital

It is our hope that other organizations will join our current sponsors in making this project a continuing success.

Lola Bendana & Lisete Figueiredo
Co-Chairs Terminology Committee

Reflections on meetings with HIN members

September 2007
Michal Schuster, Israel

I am pleased to write a few words telling you about the reasons for my visit to Canada.

I thought I might begin by telling you why I wanted to come to Canada and then reflect on some of the initial impressions I have gained from meetings I have had with a number of HIN members in Toronto. At the conclusion of this article is a listing of the people who so kindly took the time to meet with me in Toronto and those whom I am looking forward to meeting in Montreal and Vancouver.

About the "why" question – I think it's obvious – Critical Link was born here, after all. I am a doctoral student (and a co-instructor) at the Department for Translation Studies in Bar Ilan University, Israel, writing my thesis about medical interpreting. I am also managing the first telephone medical interpreting service in Israel, a pilot service provided by nursing staff that were trained as interpreters, for Amharic-speaking patients and their care providers. My Canadian visit was sponsored by Association for Canadian Studies, in Israel.

Coming to Canada, I expected to see how your system of medical interpreting works, and to learn more about your academic teaching of community interpreting in general. I must admit that I expected to see things that are similar to the Australian system and university programs.

I was surprised to know that I was wrong in pre-supposing a total similarity between Australia and Canada, but for me it was even more interesting. After all, it is hard to get to heaven... Unlike things in Australia, which more or less follow an already well-established policy, in Canada I could see work in progress. Individuals, NGOs and companies are working together to promote academic courses, accreditation, standards, and more unified procedures. It was extremely interesting to see how people make the change, and what challenges they face. In particular, I was surprised to see the involvement of the private sector in the campaign for professionalisation and standardization.

I found it very useful to learn how you try to provide the best language-access solutions within institutional and financial limits. After all, this is what I'll have to face upon my return to Israeli reality.

I was delighted to see that even without a unified-policy, most practitioners dealing with language and cultural access in Toronto know each other, and work together to promote these issues. I don't know if you maintain the same cooperation level with all Canadian partners, but it seems that you are well aware of what's going on outside the doors of your own institution and join forces for the benefit of all.

And as a personal note – everyone I contacted and met here was extremely welcoming and willing to share their thoughts and ideas. I want you to know that everything I learned here will have effect on the provision and standardization of current and future language services in the healthcare system in Israel. I hope to keep the contacts I made during my stay. I promise to keep you updated on any future development in my small and diverse country, and hope you will be willing to give advice and share the knowledge you have. You should be very proud of what you achieved.

The following is the list of HIN members and organizational affiliates whom Michal met with in Toronto.

- Lola Bandana, Multi-Languages Corporation and HIN Board Member
- Lisete Figueiredo, HIN Board Member
- Nancy Cornish and her team at the Hospital for Sick Children,
- Diana Abraham, HIN Board Member
- Kwasi Kafefe, Centre for Addiction and Mental Health
- Axelle Janczur, Access Alliance Multicultural Community Health Centre and HIN Board Member
- Marco Fiola, Ryerson University and HIN Member
- Yasmin Vali, The Scarborough Hospital and HIN Member

The following are the people whom Michal plans to meet with in Montreal and Vancouver.

Montreal

- Prof. (retired) Jean Oullette, formerly from the Dept. of Judaism Studies, University of Montreal
- Isabelle Hemlin and Heather Clarke, Montreal Health and Social Services Agency
- Geroges Bastin, University of Montreal
- Dr. Ellen Rosenberg, a family physician associated with McGill University
- Marie Serdynska, Montreal Children Hospital
- Sara Saber-Freedman, the Canada Israel Committee.

Vancouver

- Kris Nielsen, The Provincial Language Service Authority
- Jiri Adler, MOSAIC
- Silvana Carr, Vancouver Community College
- Violet Poruchko, Manager, Language Services Program Fraser Health Authority

National Transcultural Health Conference “Advancing Knowledge, Strategy and Connectedness in Healthcare Across Cultures”

Prepared by Nancy Cornish, Elba De Leon and Axelle Janczur

This conference was initiated and hosted by the Montreal Children's Hospital and took place on May 10th and 11th in Montreal, with approximately 160 attendees from across the country. The National Advisory Conference Committee which had monthly planning discussions by conference call, consisted of broad representation from Canadian hospitals and healthcare centres.

Although there is too much information to adequately summarize in this article, the evaluation feedback indicated that the conference was a well-organized event with *“high caliber speakers and high caliber attendees.”* Participants found it helpful to be with others *“who genuinely want transcultural healthcare to work as an ongoing standard of care, rather than viewing it as a problem to be solved situationally.”*

Others found it helpful to hear how others are problem-solving issues which are experienced by all of us in our organizations.

The following are a few of the comments and quotations from some of the speakers:

- Everything we do is cultural; intercultural is an encounter with difference; in the intercultural space, new things happen.
- One of our great challenges is finding the balance between the accommodation of cultural difference and the provision of high quality care; it is necessary to balance reasonable accommodation with certain important and standard central values which we hold as priorities (in the provision of health care).
- At a time of crisis (for new immigrants) it is not the appropriate time to impose new ways of doing things.
- A time of crisis creates an important need to feel connected - but sometimes the differences make that connecting difficult.
- The key is to have more minority participation in political discussions and decision-making.
- We need both the (i) generic knowledge of the culture and (ii) specific knowledge of this patient situation; we need to determine what differences matter in each situation - which is really the essence of patient/family-centred care.
- There is a tendency to define a patient as being incompetent when the patient disagrees with the physician, and then invoke the ‘culture issue’ to deal

with it; "Our goal tends to be to educate the culture out of a patient if they disagree with a medical decision."

- The best of intentions and well laid out plans are not enough. People within an organization need to know how to operationalize their learning... "Real change will happen when... people choose to engage with the agenda. Cultural conflicts are anticipated and addressed in a respectful manner where tensions are acknowledged, even embraced, and accepted."
- When referring to 'Cultural Competence in Medical Training', one physician commented on 'cultural humility', and (i) the need to involve skills to foster awareness of differing understanding of health, sickness and the body, and (ii) the ability to critically examine the 'culture' of medicine and its practitioners.
- Culture is like an iceberg, 7/8 of both are below the surface.
- Key values for Cultural Competence are:
 - Inclusivity (Who do we include? Who do we exclude? Why?)
 - Respect
 - Valuing Difference
 - Equity
 - Commitment

One additional element of the conference, besides the plenary lectures, concurrent workshops and working sessions, was the poster presentations. Thirty diverse groups presented extremely high quality and interesting posters which were displayed in a large reception area of the conference facility. Some themes included art therapy and children, capacity building and competency, experiences of refugee mothers and pre-schoolers with acute illnesses, examination of ethical dilemmas, culturally appropriate care models and so on. These were extremely well-presented, informative and very interesting, adding a whole new dimension for conference attendees.

The next conference of this nature is being planned for 2009, and will be hosted at Children's Hospital of Eastern Ontario in Ottawa.

Tips for Healthcare Providers on Working with Interpreters

Stella Rahman, Clinical Services Consultant
Coordinator, Cultural Interpretation Services,
Centre for Addictions & Mental Health (CAMH)

- 1 Work with trained interpreters whenever possible.
- 2 If possible, before meeting with the client, give the interpreter a brief summary of the intervention and outline the goals and procedures for the meeting.

- 3 If you are working with an untrained or inexperienced interpreter, verify the individual's fluency in both languages, any experience they have had interpreting in a health care setting, and that s/he will interpret everything said in the interview.
- 4 Upon entering the examination room, introduce yourself directly to the client, allowing the interpreter to interpret. This helps to set the tone for the visit and establishes the health care provider as the one directing the interaction.
- 5 Allow extra time because everything will be said at least twice. Explanations will generally take longer, especially if the client is not familiar with the treatment approaches of western medicine.
- 6 Never rely on children as interpreters.
 - Most clients will not discuss problems of a personal nature in front of their children.
 - Interpreting serious problems may traumatize children.
 - The presence of the child in these situations will be challenging to the hierarchy of family relations.
- 7 Face the client directly and speak directly to her/him. Arrange chairs to facilitate your communication with the client. Placing the client, health care provider, and interpreter in a triadic relationship may be most conducive to good communication.
- 8 Look at the client and not at the interpreter during interpretation. This will allow you to observe the client's body language and other behavioral cues. The interpreter will be able to help you understand non-verbal messages.
- 9 Speak slowly and clearly. Do not raise your voice or shout.
- 10 Sentence-by-sentence interpretation works best. Expecting an interpreter to remember long statements is unreasonable and could lead to omissions and distortions of the message being communicated.
- 11 Remember that the time needed for the interpreter to interpret may be much longer than it took you to say something in English. The interpreter often has to interpret what you said and then provide further clarification if the client does not understand. However, this may present a problem with non-trained interpreters as they and the client may talk on their own leaving the provider outside the triadic interview, thus, disrupting the client-provider relationship.
- 12 Allow the interpreter to ask open-ended questions if needed to clarify what the client says.
- 13 If it is necessary for the interpreter to ask for clarification of either yourself or your client, s/he should interpret all of the utterances in this context.
- 14 Use simple language and straightforward sentences. Avoid metaphors, slang and jargon.

- 15 Trained interpreters will take notes to assist in remembering complex terms. These notes will be destroyed at the end of the session.
- 16 Observe and evaluate what is going on before interrupting the interpreter, i.e., if the interpreter is taking too long to interpret a simple sentence, or, if the interpreter – outside his/her role – is having a conversation with the client, or if there are no words in the target language to express what the provider said.
- 17 Explain all medical terms in simple language, especially if the client/interpreter is unfamiliar with the approaches of western medicine. This is the one that seems to be very difficult for some providers to understand. As providers, it is your responsibility to communicate with the client at a level the client can understand. Just because there is an interpreter in the triadic partnership, that responsibility cannot be relinquished.
- 18 Always allow time for clients to ask questions and seek clarifications via the interpreter.
- 19 Question the interpreter if s/he seems to answer for the client. The interpreter may have interpreted for the client on prior occasions and be familiar with the history, but it is important that you obtain an accurate, current history.
- 20 Learn some basic words and phrases in the client's language. The purpose is not to enable you to communicate with the client without an interpreter, but rather to help the client feel more comfortable. Knowing how to introduce yourself, say 'Good morning,' or ask how the client is feeling in his or her language is generally very well received.
- 21 Always ask the client to repeat instructions to you to be certain they have been properly interpreted and understood.
- 22 Remember that some clients who require an interpreter may actually understand English quite well. The client may understand any comments you make to other providers or to the interpreter.
- 23 Document the name of the interpreter who interpreted for the client in the client's chart.

These tips are the opinion of the author and not necessarily that of HIN. The above tips have been developed by researching publications that include the following:

Bibliography:

- 1 Swabey, Laurie and Sherwood-Gabrielson (1999). *Introduction to Interpreting: An Instructor's Manual*. University of Minnesota, Program in Translation and Interpreting.
- 2 Benhamida, Laurel and Downing, Bruce and Egli, Eric and Yao, Zhu (1999). *Book and Video - Refugee*

- Mental Health: Interpreting in Mental Health Settings*. University of Minnesota, Refugee Assistance Program
- 3 *Cross Cultural Health Care Program (CCHCP) - Models of Interpreter Services*. www.xculture.org
- 4 *Linguistic and Cultural Competence*. www.diversityrx.org

Reflections of a Freelance Interpreter

Marina Kolodizner
Freelance Russian Interpreter

As a professional interpreter and translator with life-long experience in the field, I was asked by HIN if I would prepare a short article on my perspective of the work and life of a freelance interpreter.

Since this topic has many aspects and it is impossible to cover everything in one small publication, I decided to focus on what the most important issues are for me today. Because we lose too many qualified individuals due to dissatisfaction with their professional life, I would like to begin with the *working conditions* of freelance interpreters, as this can have a direct effect on the quality of the interpretation services as a whole.

As much as I love this profession and personally find it to be very rewarding emotionally, I think it is my professional duty to use this opportunity to bring to the attention of the readers the challenges and shortcomings of the present situation, and to offer some recommendations on how to address these. Hopefully, it will contribute to advancing the standards for interpretation as a vital factor in enabling and enhancing access to healthcare for patients with limited English proficiency.

From my perspective based on extensive experience, the biggest problems facing freelance interpreters are the *unstable income* and the *lack of opportunity for a normal, organized life*.

Due to the *unpredictability of the majority of assignments*, one is *unable to plan* ahead for such things as family budget, personal medical appointments, meetings with friends etc. A freelance interpreter never knows when his/her services might be needed, and when called for an assignment, the interpreter jumps at the opportunity and is then forced to cancel any previous arrangements that have been made, in order not to lose the immediate income as well as the potential for repeat assignments with this agency or private client in the future.

Another challenge is the *unpredictable hours*. Each of us knows when the assignment is scheduled to begin, but we never know when it will end. In my experience,

a high percentage of assignments tend to be longer or shorter than the amount of time that was originally booked. This is partially due to the very nature of our work: because interpreters work with people, it is often not possible to accurately predict the amount of time that will be required to satisfactorily complete the scheduled interaction. Another factor is financial considerations on the part of the service provider: on one hand, if the originally planned time is not sufficient to cover the matters to be addressed, some service providers resist having the interpreter end the assignment at the scheduled time and rebooking for an additional assignment. On the other hand, they often book the interpreter for more time than what might be required, and if the assignment ends sooner than planned, they are often not willing to pay for the full time of the booking.

Freelance interpreters are faced with the problem that if the first assignment lasts longer than planned, the interpreter is then late for the next assignment, or even loses it completely if (s)he calls the agency to notify them of the delay in arriving for that assignment. If the individuals involved in the next assignment cannot wait, this can then result in the appointment being cancelled and the interpreter receiving no fee for the second half of the day. If the booked assignment ends earlier, it is again the interpreter who loses the income, because (s)he has made the commitment involving 6-8 hours and consequently waives any other opportunities that coincide with that same time. I believe that in order to make this a mutually beneficial process, it is essential that all parties involved honour the assignment agreement and pay accordingly.

Rather than looking for other more satisfactory opportunities, perhaps more people would stay in this profession if (i) there were a consistent practice of accepting the reality that the interpreter will end the assignment at the scheduled time (even if there is more to be covered) and (ii) if it were understood and expected that the agency or individual would pay for the entire time for which the interpreter was booked (even if the full amount of time is not required.)

The last challenge that I would like to bring to your attention is that of *travel time* to and from booked assignments. If one travels by TTC in order to save money on parking and gas, it rarely takes less than an hour one way. A full-day assignment in one place is very unusual. Therefore, in order to make our living, freelance interpreters need to have more than one assignment per day. Two assignments will involve approximately 4 hours (2x2) in travel time alone. If you take into consideration the fact that the guaranteed minimum time of a booked assignment is usually 2 hours, 2 ordinary assignments will only bring in half a day of pay and 4 hours of travel time.

In light of these realities, it is not surprising that many professional linguists do not choose to stay in this profession, and others who usually choose it are either incapable to achieve anything in their own area of expertise, or they treat interpreting as a temporary occupation. It affects the standards of interpretation and sometimes even results in misdiagnosis and mistreatment of low English proficiency patients.

It is our goal to have a professional interpreting service and guarantee equal access to medical care for everyone. In order to achieve this, we must reform the terms of working conditions for freelance interpreters.

Healthcare Interpretation Network

ANNUAL GENERAL MEETING

Friday, November 9th, 2007
1:00 pm - 4:00 pm

Centre for Addiction and Mental
Health
250 College St., room G50