THE GOTHAM TRANSLATOR

SEPTEMBER/OCTOBER 2014

Fall 2014

A Word From The President

by **Leonard Morin**

As I write this article, summer is winding down and the nights are becoming cooler. Although the Board of the New York Circle has slowed its activities over these months, the fall preparations have continued at a steady pace and, now that fall is upon us, multiple events await. On October 1, Eileen Brockbank, Lucy Gunderson, and Kate Deimling will participate in a panel discussion on taking the ATA certification exam.* Saturday September 14 will be Ellen Sowchek's half-day workshop on good research methodologies for translators and interpreters. As far as our regular monthly meetings are concerned: on September 18, Claire V. Ferreira will conduct a training session on CAT tool MemoQ. A speaker on machine translation will be featured at our October 16 meeting and on November 20, Jonathan Medows, CPA, will discuss tax preparation and financial planning for translators and interpreters. October 22 is slated for a networking dinner, in response to the regret of some that member dinners are no longer a standard complement to our monthly meetings. Thanks to our program director Kate Deimling for recruiting the speakers and to our administrator Louise Jennewine for organizing the rooms. And thanks to Milena Savova, Director of the Department of Foreign Languages, Translation and Interpreting at NYU, for providing the venue. We have

Picnic Photos!
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yet to establish a date and location for our December holiday party.

The other major projects occupying the Board at the moment are our Web site and outreach. The latter has been in hiatus for several months, while the former has been coming along steadily albeit with starts and stops. Gigi Branch-Shaw has shouldered most of the responsibilities related to the Web site project, but the consultation between her, the Board, and our Web developer has been continuous, and we are more optimistic than ever that we will have a new, sleek, and state-of-the-art Web site in operation by year's end. There may be follow-up beyond then, but Gigi has vowed to monitor the implementation even if it extends beyond her term as secretary. I myself have been pushing the outreach since I see it as a crucial way to advocate for better working conditions and higher quality products and services. The interest in our giving a talk about our industry has not been overwhelming, but this seems to speak to the work we have to do to educate stakeholders on the vital importance of our profession to society. I too have pledged to continue my work on this project into 2015; the Board as a whole decided several months ago that outreach should be a permanent fixture of our association's agenda.

As I stated in the last *Gotham*, Gigi Branch-Shaw, Paolo Modigliani, and I will leave office as of January 1, 2015. Yet we expect that the new Board will build on the current Board's achievements. It certainly helps that we will continue to have an excellent administrator who has already established a very efficient managerial routine. Aside from basic maintenance, including checking our phone messages, sending out e-mail blasts, and reserving spaces for our meetings, Louise has become adept at ensuring smooth operations when Board members might be engrossed in other matters such as our broader vision. For example, Louise recently canvassed and found an ideal meeting space for our upcoming September Board meeting while the Board had all but forgotten that we did not have anywhere to meet! Our Nomination Committee, consisting of Martin Hoffman and Greg Gencarello, has made substantial strides in finding candidates for president and secretary. The treasurer position, it seems, will be harder to fill but Paolo has also offered to advise the new Board beyond his tenure. Kate Deimling's term ends January 1, 2016, as will the one-year terms of the new treasurer and secretary under the transition to the new president/vice-president system (see my article "The Purpose of the New York Circle of Translators" in the last issue of the *Gotham* for an explanation of the transitional arrangement).

I hope you will take full advantage of our fall programs and I am sure that we can continue to do meaningful work together on behalf of our colleagues and clients. ■

* We are currently organizing another exam sitting, but the earliest possible date for an ATA certification exam in New York City will be in January 2015. Nonetheless, it will be possible to take the exam at the ATA national conference in Chicago on November 8, 2014.

ABOUT THE AUTHOR

Leonard Morin has practiced full-time as a translator since 2004. He began his work as an interpreter not long thereafter. He currently works as a per-diem Spanish interpreter certified by the New York State Courts. He also translates chiefly legal documents from Dutch, Spanish, and German into English. He currently serves as president of the New York Circle of Translators.

Home For Trainers Trainers Webinars Initiative

Intended Audience: Educators and Trainers

The new National Standards for Healthcare Interpreter Training Programs are here, and NCIHC's Home for Trainers wants to help educators meet them. Through the Home for Trainers Webinar Series, you'll find tips and strategies to help you improve training content, methods and techniques.

The Trainers Webinar Work Group hosts a webinar every other month. Each webinar features interesting and timely material selected and presented by leaders in the field of interpreter training.

Topics and trainers in our webinar collection include:

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- ✔ Tips for Teaching Advanced Medical Topics and Finding Resources for LLDs by Mary Esther Diaz, M.Ed., CT.
- ✔ From the Classroom to the Exam Room: Learning Based on Real-World Experience by Therese-Marie Mirande, PhD, MA
- ✔ Technical Tools for Teaching Medical Interpreters: From YouTube to iPhones as Classroom Aids by Alvaro Vergara-Mery, PhD, CMI
- ✔ Cultural Incompetence: A Fix-It Webinar for Interpreter Trainers by Marjory Bancroft, M.A.
- ✔ "Help! What do I do now?" Improving Decision-Making Skills for Interpreters Using Demand-Control Schema by Karen Malcolm, MS
- ✔ Straight into the Deep End? A Systematic Approach to Skill Acquisition and Goal-Setting in Interpreter Training by Rachel Herring, M.A.

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More webinars coming!

Be sure to visit the Home for Trainers webpage and connect with the NCIHC on Facebook and Twitter to receive announcements about upcoming, live webinars for interpreter trainers. ■

Integrating Medical Interpreters into the Healthcare Team

A More Effective Team and A More Satisfied Patient – A Win-Win Situation for All

by **Monica Guelman and Steven Becerra**

The NYCT Gotham would like to credit Caduceus, the newsletter of the ATA Medical Division, and its' authors for graciously allowing us to reprint this article. Reprinted from Caduceus Spring-Summer Part II 2010.

This is the second of a 3-part series:

1. Ethics in medical translation and interpretation
2. The Issue of Untrained Interpreters and Translators in the Medical Field
3. The importance of a multicultural and multilingual workforce in a healthcare setting.

In the first article of this series, we discussed the issue of ethics in medical translation and interpretation. We explained how important it is for hospitals and medical institutions to have a well-defined code of ethics for medical translators and interpreters encompassing: Accuracy, Confidentiality, Impartiality, Respect, Cultural Awareness, Role Boundaries, Professionalism, Professional Development and Advocacy.

In the second article of the series, we will focus on the issue of untrained interpreters and translators in the medical field.

Clearly, in a medical setting mutual understanding is crucial to an effective patient-physician relationship and to shared decision making. If asked, nearly everyone who works in the medical profession would say that because of this, language barriers could severely compromise the quality of care that patients receive. When marketing a product abroad or simply including multilingual content on a product, those in the medical and pharmaceutical manufacturing field would never use a translator who did not have the needed technological, pharmacological, or engineering knowledge to translate vital disclaimers, instructions, and ingredients for their target demographic. Yet, there are still medical institutions that routinely use unqualified parties to interpret medical examinations, doctors' visits, disclaimer forms, test results, etc. In some cases, even children have been asked to interpret for family members, which raises clear ethical and medical concerns. There is, in fact, ongoing litigation against institutions that have allowed children, who may lack the emotional fortitude to handle certain situations (to say nothing of lacking terminology) to serve as "interpreters."

Recently issued guidelines established by the U.S. Department of Justice already entitle patients of limited English proficiency (LEP

patients) to have access to language assistance through what the guidelines refer to as "qualified sources"[1] when seeking services from hospitals, pharmacies, federal programs and physicians who accept payment for their services. The purpose of this measure is to ensure that everyone receives quality medical care regardless of linguistic differences. This leads us to the obvious question: who would be considered a "qualified source"?

It is far easier to identify those who would not be considered qualified. Those in the interpreting field have often said, "a bilingual person does not an interpreter make." Just because an individual is fluent in two languages does not necessarily mean that he/she has the skills necessary to interpret or translate. Therefore, a "qualified" translator and/or interpreter can be defined as someone who has studied and been trained to perform the function of a translator and/or interpreter.

A U.S. study recently explored the role of professional medical interpreters working for two Midwestern interpreting agencies[2]. An analysis of practices showed that the interpreters that lacked sufficient training assumed some of the clinicians' communicative goals. Some did so by initiating information-seeking behaviors such as asking questions not posed by the attending physician, editorializing information for the purpose of emphasis, and volunteering medical information to the patient. These behaviors are in clear violation of the interpreter code of ethics. They potentially pose risks to patients' health, or at the very least could have unintended clinical consequences. They may also breach privacy and interfere with the clinician–patient relationship[3].

Health care professionals sometimes believe it would be more straightforward and sometimes even preferable to rely on the assistance of family members or friends who accompany the patient and who speak the language of both the patient and the medical professional. Their reasoning is that these individuals are usually already on the premises and can assist free of charge. In addition, they already have a relationship with the patient, which might make for increased levels of comfort and trust between patient and translator[4]. The problem with this is that the patient's family and friends most often lack training in the areas needed for competent medical interpretation.

As detailed in our first article, medical translators need to have an in-depth knowledge of very specific and sometimes complex medical terminology. Family members generally lack this

1 Report of the Board of Trustees (AMA) "Use of Language Interpreters in the Context of the Patient-Physician Relationship" Presented by: J. Edward Hill, MD, Chair to: Reference Committee L (Jay M. Shames, MD, Chair).

2 Hudleson P. "Improving patient-provider communication: Insight from interpreters". Family Practice 2005; 22:311–316.

3 Hsieh E. "Interpreters as co-diagnosticians: Overlapping roles and services between providers and interpreters." Social Science & Medicine 2007; 64: 924–937.

4 Report of the Board of Trustees (AMA) "Use of Language Interpreters in the Context of the Patient-Physician Relationship" Presented by: J. Edward Hill, MD, Chair to: Reference Committee L (Jay M. Shames, MD, Chair).

knowledge, thus inhibiting the ability of the clinician to communicate the clinical details of diagnosis and treatment. Medical interpreters must also adhere to a strict code of ethics. Family members are likely to be unaware of the code of ethics governing medical interpretation, and may compromise patient confidentiality. It is true that friends and family may have an insider's perspective on the LEP patient's culture and can therefore assist in addressing sensitive cultural or religious issues related to treatments. However, this does not outweigh the need for a qualified language facilitator who should have the same cultural sensitivity and understanding. At best, having family members act as medical interpreters may lead to compromised quality of care and breaches of privacy. At worst, it could lead to severe medical complications and complex legal issues including liability and negligence claims.

According to a 1988 Lancet article, referring to Resolution 245, A-01, studies show that using language interpreters who are not qualified to provide interpretation services results in 23% to 52% of words and phrases being incorrectly interpreted. Based on these percentages, it is clear that as messages get distorted, medical conditions are more likely to be misdiagnosed, thereby compromising patient welfare[5,6]. In addition, health care facilities and providers are placed at increased legal liability if patients incur negative consequences that could be attributable to errors in interpretation.

It is interesting to note that breakdowns in communication sometimes happen intentionally, for example when family or friends wish to protect their loved ones from a difficult truth or spare them what in their culture would be deemed as embarrassing or shameful. In the May 2008 issue of The Oncologist, a physician mentions a case in which a Yemeni man had to receive news about his advanced lung cancer and the suggestion that perhaps he should return home, consider end-of-life care, and put his affairs in order. Despite the oddly muted emotional response from the man's family, the interpreter seemed to be doing a fine job since it sounded as if the segments were roughly the same length as the doctor's. But an attendant on hand who just so happened to speak the language, informed the physician that the "interpreter" had told the man and his family that "it was just an infection and he would be given antibiotics and sent home without any further problems." The attendant explained that because the interpreter's social status was lower than that of the patient, it would be inconceivable for him to deliver such news[7]. This clearly demonstrates how

5 Report of the Board of Trustees (AMA) "Use of Language Interpreters in the Context of the Patient-Physician Relationship" Presented by: J. Edward Hill, MD, Chair to: Reference Committee L (Jay M. Shames, MD, Chair).

6 The Lancet May 01, 1998 Vol. 94 No. 5 pp 36-42 Vissandjée B, Ntetu AL, Courville F, Breton ER, Bourdeau M. Can Nurse. 1998 May; 94(5):36-42. (Article in French). PMID: 9923211.

7 The Oncologist, Vol. 13, No. 5, 586-592 May 2008 L. Schapira, E. Vargas, R. Hidalgo, M. Brier, L. Sanchez, B. Chabner.

cultural elements can lead to compromised decision making and impede proper care, which in turn can make for serious legal issues for the practitioner and/or the medical institution. This type of situation is much more likely to happen when the interpreter involved is unskilled and uninformed as to the Interpreters' Code of Ethics.

An example of legislation passed in this area is Resolution 245: "Discouraging the Use of Ad Hoc Interpreter Services in Medical Practices." The Medical Student Section introduced this at the 2001 Annual Meeting of the House of Delegates. It called for "...our American Medical Association to include [...] information for health care providers on the ethical and legal implications of using ad hoc interpreters to communicate with patients when trained interpreters are available" and to publicize the importance of using trained interpreters when they are available.[8]

There have been numerous lawsuits filed against hospitals and emergency rooms by individuals who requested sign language interpretation under the Americans with Disabilities Act and were allegedly denied adequate services. An example is the case of Dr. Hand, a psychologist who allegedly failed to provide a deaf teenager with a sign language interpreter.

Another example of such a case is Gillespie et al v. Laurel Regional Hospital No. DKC 05-CV-71 (D.C. Md. Consent Decree 7/14, 2006) in which seven deaf individuals sued Laurel Regional Hospital claiming that despite their specific and repeated requests for in-person qualified sign language interpreter services, these requests were denied. Of particular import in this case were the allegations of inadequate video interpreting services (VIS). These services provide an off-site interpreter through video conference technology over high-speed internet lines. In this case, the plaintiffs alleged that the services provided were inadequate.

If patients can sue a medical facility because it failed to provide adequate sign language interpretation, it is logical to assume that they could sue medical facilities that failed to provide them with adequate language interpretation.

The problem of reliance on untrained interpreters is compounded by the lack of education, training, and awareness of the use of language facilitators in medical scenarios. Hospitals should make a greater effort to educate their employees on the importance of using qualified translators/interpreters and brief them on proper translation and interpretation procedures. A study published in the Journal of the American Medical Association reported on a national survey of resident physicians in 2004 that evaluated their education and practices in relation to the use of interpreters[9,10]. The residents were

8 Report of the Board of Trustees (AMA) "Use of Language Interpreters in the Context of the Patient-Physician Relationship" Presented by: J. Edward Hill, MD, Chair to: Reference Committee L (Jay M. Shames, MD, Chair).

9 Lee KC, Winickoff JP, Kim MK et al. "Resident physicians use of professional and nonprofessional interpreters: A national survey." JAMA 2006;296: 1050–1053.

10 Weissman JS, Betancourt J, Campbell EG et al. "Resident physicians' preparedness to provide cross-cultural care." JAMA 2005; 294: 1058–1067.

asked if they received any type of instruction in hospital policies and procedures relating to the use of interpreters. About one third reported receiving no instruction in how to work with interpreters. When facing language barriers, 77% of residents said they sometimes or often used professional interpreters, 84% used ad hoc interpreters, 77% used hospital employees, and 22% (an unsettling amount) used children. More than half said they faced moderate or major problems in delivering cross cultural care because of a lack of access to interpreters, lack of time, and lack of access to written materials in other languages. The authors concluded that residents need further training in patients' legal rights and in procedures and techniques to work with interpreters and reduce misinterpretation errors. This would lead to reduced use of ad hoc or unqualified interpreters. It is interesting to note that family interpreters evaluated in the study acted mostly as participants rather than interpreters, often asking their own questions and voicing their own concerns rather than providing accurate renditions of both the doctor's and the patient's comments.

Further legislation, standardization, and even penalization are on the horizon in the field of language facilitation in medical settings. Some of this is already in place at national and state levels. Realistically, there may well be some opposition to this, in some cases because of budgetary constraints. The Michigan Interpreter Bill introduced in 2006 met with this kind of criticism. It stated that the cost of business would rise to the point where institutions would be reluctant to treat LEP patients. However, it has been widely documented that unqualified interpreters and translators charge the same if not more than qualified, reputable language facilitators[11]. The use of trained language personnel and workshops for medical staff with the goal of successfully interfacing with these qualified facilitators would be a better alternative to possible issues of liability and subsequent litigation. In the last article of the series, we will discuss some of cultural benefits for healthcare organizations associated with a having a multicultural and multilingual workforce. ■

11 The Michigan Interpreter Bill. House Bill #6087 2006. As introduced by Representative John Gleason (District 48–Genesse County).

ABOUT THE AUTHORS

Monica Guelman is Vice President of Sales & Marketing at Enersound as well as a free-lance English/Spanish translator and interpreter with over 20 years of experience in the industry. She's former Secretary of the Florida Chapter of the ATA and NAJIT scholar. She's also an Active member of ATA, and its Spanish, Medical, Interpreters, Translation Company, and Language Technology Divisions as well as NAJIT and ATIF. She has contributed articles to the Miami Herald, Multilingual Magazine, South Florida Hospital & Healthcare Association, American Society for Training and Development, and many others. She resides in Hollywood, FL with her husband and their two children. She can be reached at 954-328-1286 or via email at mg@enersound.com.

Steven Becerra began as an archeologist and then trained as a linguist in both modern and ancient languages. He currently works as a freelance interpreter and translator in the legal field in South Florida as well as a teacher of various languages. Steven can be reached at 786-287-1434 or stevethemaccabee@gmail.com.

2014 NYCT PICNIC

2014 NYCT PICNIC

FALL 2014 WORKSHOP

Method Versus Madness

Why Good Research Methodology Is Crucial for Translation and Interpreting and How to Develop One That Is Effective for You

WHEN: Sunday, September 14, 2014
9:00 am - 12:30 pm
(Continental breakfast will be served)

WHERE: Woolworth Building
15 Barclay Street, Room 430
(between Broadway and Church Streets)
New York, NY 10007

Good research methods should be part of the skill set of every translator and interpreter. Merriam-Webster defines a method as "a systematic procedure, technique, or mode of inquiry employed by or proper to a particular discipline or art" and also as "a way, technique, or process of or for doing something." Sounds obvious, but how many of us have actually taken the time to map out an appropriate research strategy when we accept or prepare for a new assignment? This presentation will review the process of developing and implementing a systematic research methodology. It will also review techniques for identifying and locating available resources and research materials in a variety of subject areas.

Ellen Sowchek, an interpreter and ATA-certified translator (French>English), is also a professionally-trained librarian and archivist with extensive experience in the use of reference and primary source materials. She hopes to give you the benefit of her experience in both worlds and enable you to develop your own methodology in order to avoid the "madness" that can strike the unprepared and the uninformed! ■

NYCT members and students with valid ID:*

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Onsite: $60.00
Students onsite: $50.00

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Payment may also be remitted by check, payable to "New York Circle of Translators," sent to:

New York Circle of Translators
PO Box 4051
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NYCT September Meeting

INTRODUCTION TO memoQ 2013: Tips and Tricks for Productive Translation

Speaker: Claire V. Ferreira
When: Thursday, September 18, 2014 | 6:30 - 8:00 p.m.
Where: NYU SCPS Building, 7 East 12th Street, Room 321

(Kindly confirm your attendance by email to nycirclemanager14@gmail.com so that we have enough seats for everyone, and be sure to bring government-issued ID with you).

The popularity of the memoQ CAT tool is on the rise. This introduction to memoQ for translators will cover its main features, starting with the basics (the translation window, results, TMs, etc.). If you already use memoQ, the presentation will also briefly cover some more advanced features, such as Quality Control, LiveDocs, and Terminology.

Claire V. Ferreira has 15 years of experience in the translation and localization industry. She currently works as a German Language Manager at Acclaro, where she is responsible for language quality, processes and tools. She came to Acclaro and to New York in 2004 as a German Language Lead. Previously she was a Technical Translator at J.D. Edwards, a software company with a large in-house translation department in Denver, CO. She is a German native and holds a degree as Diplomuebersetzerin (equivalent to a Master's Degree in Translations) in English and Spanish from Johannes Gutenberg University (Mainz, Germany).

The Centre for Legal and Institutional Translation Studies (Transius) of the University of Geneva will hold its first international conference from 24 to 27 June 2015. The 2015 Transius Conference will combine two complementary events: a conference on Law, Translation and Culture (LTC5) organised in collaboration with the Multicultural Association of Law and Language (MALL), and a legal and institutional translation seminar organised in collaboration with IAMLADP's Universities Contact Group (UCG). Confirmed keynote speakers include Prof. Susan ŠARČEVIĆ and Prof. Łucja BIEL.

The call for contributions has just been published and we invite you to submit your proposals in English, French, German, Italian or Spanish by 18 October 2014. For more details on the main topics of interest and on the call for papers and posters, please visit the conference website:

www.unige.ch/traductioninterpretation/recherches/groupes/transius/conference2015_en.html

Registration will open in October. In the meantime, we would appreciate it if you could please disseminate the information among your personal contacts and networks. We look forward to seeing you soon in Geneva. ■

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Guidelines for Submission
Please submit all contributions as e-mail attachments in Microsoft Word format. Articles should be limited to 1500 words or less.

The Gotham Translator is published six times a year by the New York Circle of Translators, Inc., a chapter of the American Translators Association. The deadline for acceptance of contributions is the first day of the month preceding the month of publication. Articles and other materials should be e-mailed to the Editor at mystymy_@excite.com. The opinions and views expressed are those of the authors and do not necessarily reflect the opinions or the policies of the NYCT or the ATA. All material submitted is subject to editing and becomes the property of the New York Circle of Translators unless accompanied by a copyright statement.

The Gotham has been selected by EBSCO to be included in university databases. All articles that are submitted to The Gotham will be included in the databases unless the author requests that their article not be included. All request are to be in writing via e-mail or regular mail.

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The New York Circle of Translators (NYCT) is a New York State not-for-profit corporation grouping independent translators and interpreters as well as companies and organizations. It is a chapter of the American Translators Association (ATA) which is, in turn, an affiliate of the International Federation of Translators (FIT).

NYCT members work in a variety of languages and specialties. Our members are committed to the exchange of ideas and mutual support. One of our goals is to educate the general public about the professional nature of interpreting and translating.

NYCT members enjoy the following benefits:

- Free monthly meetings featuring speakers on all aspects of the translation profession
- Networking opportunities at monthly meetings, summer picnic and holiday party
- Professional development workshops and seminars
- Subscription to our newsletter, The Gotham Translator
- Listings in the NYCT Online Membership Directory
- Referrals (if you indicate that you accept them, existing members may direct work requests to you or clients may contact you directly)

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CALL FOR PAPERS

The Gotham Translator accepts and welcomes contributions of articles about all aspects of translation and translator-related issues. These may include, but are not limited to:

- specific translation problems
- approaches to translation
- legal issues
- the business of translation
- dictionary and hardware/software reviews
- reviews of books, conferences and workshops.

Any ideas or leads on interesting stories and articles for which we may try to obtain reprint permissions are also welcome.

In general, articles and other submissions should be limited to around 1500 words. All text should be submitted as e-mail attachments in Microsoft Word format. In case of previously published submissions, please advise us of this fact at the time of submission.