



VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

Stories from Those Who Interpret for Others in Healthcare:

A Teaching Guide for Interpreters

By Taylor Abboushi

Edited by Heidi A. Walsh

Though the questions in this teaching guide are geared toward interpreters, they can be modified for use by other learners. The stories referenced in this teaching guide can be downloaded for free. Please see the “Stories from Those Who Interpret for Others in Healthcare” volume of VOICES:

<https://nibjournal.org/voices/>

Art Frank has written a short reflection piece on learning from narratives for NIB. Please see the Narratives Page under the Education tab on the NIB website to download the piece.

General Questions:

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1. The stories in this issue underscore the importance of attending to non-physical factors such as language, culture, and health literacy when caring for patients. The interpreters in these stories go far beyond even translating language but deciphering meaning and making connections. When you first started your career, did you know your medical interpreting work would include this? If you could make changes in your training to better prepare you, what would you change?
2. Several stories mention healthcare providers and staff not understanding the role of the interpreter. The authors emphasize the importance of the interpreter being seen as part of the care team and included in discussions and decision-making about the patient. Why do you think healthcare providers underestimate the value of the interpreter? How do you think interpreters may be better integrated into the care team?
3. Many stories reference the importance of advocacy as one of the roles of medical interpreters. How has your approach to patient advocacy changed over the course of your interpreter career? Do you feel advocacy should be one of the roles of an interpreter? Why or why not?
4. One of the founding principles of medical interpreting is communicative autonomy. Over the course of your career, what have you found are the main challenges to preserving communicative autonomy for a patient and remaining “impartial”?

5. Several authors write about how interpreters experience vicarious trauma when working in highly emotional situations. This is a result not only of exposure to the situation but also because of the need for the interpreter to speak in the first person. Are there areas that could be improved or processes put in place to help lessen the experience of vicarious trauma for interpreters?

Story Questions:

A Day in the Life of a Spanish Interpreter

Giannina O'Leary

1. O'Leary discusses the impact of her anxiety disorder on her work as an interpreter—she describes anxiety around potentially missing an important page or being late to an appointment. She says the app on her phone that she uses to communicate with other hospital team members is her “personal hell.” In what ways (if at all) has anxiety affected your job as an interpreter? What are some strategies for preventing work anxiety from affecting you personally? How do you manage anxiety while at work? How have your experiences of anxiety changed throughout your career?
2. O'Leary describes attending an appointment in the NICU for a baby that was born prematurely and required a G-button. The baby's mom's first language is Quiche, and Spanish is her second language. O'Leary says that she has to repeat herself several times and simplify her words to make sure the mom understands what she is saying. She points out that this is not because the mom is not smart but because she doesn't have the vocabulary to understand. In your work as an interpreter, have you experienced situations in which a member of the healthcare team assumed a patient wasn't “smart” because of a language barrier? Describe the situation and how you managed it.

Story Questions:

Deaf Interpreter

Paul Hostovsky

1. Hostovsky and his colleague describe being upset by the fact that a young patient's parents are choosing for her to get an elective cochlear implant surgery despite the girl's opposition. What is it like to work as an interpreter when you disagree with the choices a family or patient is making? Is there a specific time that comes to mind when you wish you could have offered your opinion to a doctor or family? Describe the situation and how you navigated it.
2. Hostovsky's story is about interpreting for a girl who is Deaf while also working with her parents, who are not. What is the experience like of working with families or groups where you may be interpreting for one individual while also communicating with others? How is interpreting more challenging in these cases? Are there additional considerations when there are children involved?

Story Questions:

Call me Dr. XXX!

Yilu Ma

1. Ma describes a tense interaction between a patient's husband and a doctor when the husband addresses the doctor by her first name. The doctor responds harshly, and Ma wonders if she should intervene. Describe a time when there was tension or a conflict between a patient (and their family, if applicable) and a healthcare professional. If you intervened, what made you decide to get involved, and if not, why did you choose not to?
2. Do you feel that other healthcare professionals understand and respect the work that you do? As Ma writes, do you feel you are seen as a "full-fledged member" of the care team? Why or why not? Ma writes about how she worked to "elevate the status" of the role of the medical interpreter. What do you think could be done to help with this goal?

Story Questions:

Translating Care for the Voiceless Patient

Leo Almazan

1. Almazan describes working with a man who is dealing with an aggressive infection as well as AIDS. Almazan realizes that the man does not know he is being given experimental drugs and has given no consent for taking them. He talks about working not only as a translator for the man but also as an ally to help him navigate making life-altering decisions. Describe a time in which you acted as an advocate for a patient. Do you feel advocating for patients is part of your job as an interpreter? Why or why not?
2. Almazan describes the particularly vulnerable situation of undocumented immigrants who need healthcare and how they often have to "rely on the kindness of volunteers or untrained medical personnel to help them." From your experience, what are additional challenges that undocumented immigrants face when trying to access healthcare? For example, Almazan writes that "people looked at the young man with a mixture of disdain and anger" as if he was "wasting the hospital's precious resources." How, if at all, do you approach working with undocumented immigrants differently from others? Similarly, in what ways does it change how you communicate and work with other members of the healthcare team?

Story Questions:

Are We There Yet? A Narrative of Firsthand Interpreter Experiences in the Medical Field and Insights to Aid Language Access Compliance

Hilda Sanchez-Herrera

1. Sanchez-Herrera recounts several specific stories of interpreting for patients that have stood out to her over the course of her career. Do you similarly have patient stories that stand out to you? Describe one of these stories and the reasons you remember it so distinctly.
2. When describing the story of the woman with presumed Locked-In syndrome, Sanchez-Herrera depicts the impact of language access and interpreting on the patient's physical health. While working as an interpreter, have you seen cases where doctors assumed something was a physical problem, but it was an issue of language? Describe a situation in which this occurred. What was it like working with other members of the care team during this situation?

Story Questions:

One Interpreter's Journey of Interpreting for Pregnancy Loss

Marisa Rueda Will

1. Rueda Will writes that “upholding communicative autonomy means that regardless of my personal beliefs, I must remain impartial in all situations.” In your experience as an interpreter, have you found it difficult to uphold communicative autonomy? Why or why not? Is there a situation that comes to mind in which this was particularly challenging for you?
2. Rueda Will writes that “the reality is that many LEP (Limited English proficient) patients in the United States have limited access to healthcare.” How does knowing this impact how you interact with patients you interpret for, if at all? Do you think this changes the scope of the role of interpreter? Why or why not?

Story Questions:

More Than Words: Communicating for the Quality of Care

Elaine Hsieh

1. Hsieh writes that over time she has developed a communicative approach rather than a linguistic approach to interpreting. She writes, “To ensure quality care in interpreter-mediated interactions, interpreters should not be limited to the role of a passive instrument with no agency to facilitate quality care.” Do you agree with this sentiment? Why or why not? How far do you believe the job of the interpreter goes regarding facilitating quality care?
2. Hsieh recounts the distress she felt while interpreting for a patient who had recently attempted suicide. She writes of her exhaustion after spending a day “speaking in her voice and experiencing her despair.” Have you ever had a similar situation occur? How did you handle it? What resources do you wish were available to interpreters to help cope when these situations happen?

Story Questions:

From Linguistic Bridge Builder to Aspiring Physician

Manuel Ivan Patiño

1. Patiño writes, “I was drawn to how crucial it is for interpreters to not only overcome linguistic barriers but also to navigate social and cultural disconnects between Western medical practices and those of Latin America.” What are common “disconnects” that you encounter in medical interpreting that are social and/or cultural? How do you handle them as they arise?
2. Patiño describes how medical interpreting was a natural fit for him after growing up in an immigrant Colombian household and translating for his parents. What led you to your decision to become a medical interpreter? How does this past shape how you interact with patients and how you view your role as a medical interpreter?

Story Questions:

Towards Language Justice: A Call to Identify and Overcome Structural Barriers

Felicity Ratway

1. Ratway discusses poor working conditions for interpreters, including low pay, lack of PPE during the pandemic, and incorrect paychecks. Have you dealt with any of these issues, or others, during your work as an interpreter? If so, have any of those problems been corrected? If not, how do you think working conditions for interpreters may be improved?
2. Ratway writes that there is a lack of access to medical interpreters as well as poor-quality interpretation. She describes some language companies that don't require training and use minimal testing to ensure proficiency. What was your training like to become an interpreter? If you could change something about your education and training, what would you change? What advice would you give to interpreters just beginning their careers?

Story Questions:

Voices in the Shadows: The Hidden Complexities of Being a Medical Interpreter

Liliana Crane

1. Crane writes, "The interpreter's experience and familiarity with the target population are as vital to the communication as being proficient in both languages," and she also states that being an interpreter requires many skills other than being bilingual. Besides being proficient in the necessary languages, what do you think are the most useful skills an interpreter can have or learn? What has led you to think that these are the most useful skills an interpreter can have?
2. Crane specifically calls out the difficulty in interpreting end-of-life situations not only because of language barriers but also when patients or their caregivers have minimal knowledge of the human body. What unique challenges have you confronted when interpreting end-of-life cases? How did you overcome them?

Story Questions:

The Voice of Patients: The Exclusive Work of a Human Who Can Advocate

Laisson DeSouza

1. DeSouza writes that communication and interpretation are "intrinsically of human nature" and that despite any advances in technology or artificial intelligence, he feels there will always be a role for medical interpreters. How do you think artificial intelligence may or may not play a role in the future of medical interpreting? Do you think there is any benefit in its use?
2. DeSouza describes hoping for the recovery of a patient he is working with who has cancer. What is it like to manage feelings of hope for the patients you work with while also not being able to fully express your thoughts or feelings to them? What outlets to process the emotions that come up for you as a result of your work do you have?

Story Questions:

Don't Mute the Messenger

Nilsa Ricci

1. Ricci writes that because interpreters are required to use the first person when conveying the thoughts of a patient, the interpreter's "sense of self is breached," and the interpreter is exposed to "emotional trauma." She writes that pre- and post-sessions between the interpreter and provider could help with these situations and until these are required and standardized, interpreters should be allowed to occasionally break out of the first person. How do you think medical interpreters can retain their "sense of self" while speaking in the first person for a patient? How can interpreters be "protected" against "emotional trauma" while speaking in the first person?
2. As both a physician and interpreter, Ricci writes that she believes those roles need to be kept separate and that a provider should not interpret for their patient. Do you agree that physicians should not act as their patient's interpreters? If a physician knows the language that their patient is speaking, do you think they should use that language when communicating? Why or why not?

Story Questions:

The Ramp and the Stop Sign

Linda Pollack-Johnson

1. Pollack-Johnson describes what she has learned from working with those with visual impairments and how the world is "enhanced when we experience it with all our senses." What is something you have learned from patients you have worked with over the course of your career? How has your time spent as a medical interpreter changed how you see or experience the rest of the world?
2. Pollack-Johnson writes that she is "grateful" and "satisfied" with her career as a medical interpreter. What are you most proud of from your time spent as a medical interpreter? What brings you the greatest satisfaction from your job?

Story Questions:

How Policies and Practices in Medical Settings Impact Communication Access with Deaf Patients and Caregivers

Kelley Cooper, Maggie Russell, Debra Chaiken, Michael W. Mazaroppi & Gretchen Roman

1. The authors of the story emphasize the importance of having in-person sign language interpreting as well as honoring patient and/or caregiver requests for Deaf-Hearing sign language interpreter teams. Why do you think there is hesitation or difficulty from healthcare institutions or providers in providing access to these accommodations? In your work, what difficulties in making sure patients and their caregivers have the necessary resources for their care have you encountered?
2. Mazaroppi recalls the challenges of his own experience in the Emergency Room when requesting an ASL interpreter. He writes that "there is an assumption that ASL users do not speak and only use ASL," but in reality, "Every Deaf person may have their preferred means of communication, such as speaking, signing, or a bit of both." In his situation, he is unable to get an ASL interpreter because he expressively uses spoken English. How do you think providers can be

better educated on the needs of Deaf patients and caregivers so that they receive better care? Do you think this is the responsibility of ASL interpreters? Why or why not?

Story Questions:

And When May I Cry? Juggling Emotions in Healthcare Interpreting

Mateo Rutherford-Rojas

1. Rutherford-Rojas writes about interpreting for the teen parents of a critically ill newborn whose death is imminent. He writes, “With broken voices and weepy eyes, we [interpreters] do the best we can to say the words, to convey the meaning, and to hold our human empathy deep inside.” What part do you think empathy plays in your role as a medical interpreter? Do you think empathy makes your job easier or more difficult? Have your experiences of empathy changed throughout the years of being an interpreter?
2. Rutherford-Rojas writes, “As interpreters, we hold the emotional weight of our patients’ and providers’ messages until we can transmit them to the person for whom they are intended. If we break down emotionally, the message cannot be delivered.” How do you cope with the “emotional weight” of your role? What has brought you comfort?

Story Questions:

To Engage or Not to Engage: An Interpreter and a Mother’s Need for Connection in the Cardiothoracic Unit

Rosa C. Moreno

1. Moreno was sent to interpret for the mother of a teenage girl who had gone into cardiac arrest and was unconscious. The teen was initially admitted to the oncology unit with leukemia. The mother asks Moreno to stay with her so she’s not alone. As an interpreter, how do you handle patient and caregiver’s need for connection? What do you think of Moreno staying with the patient’s mom as she requests or holding the daughter’s hand after she had died? What would you have done in this situation?
2. Moreno includes a quote that is directed to patients and emphasizes that patients should try not to have “side conversations with interpreters” and that “their (interpreters) primary focus should be on facilitating communication between you (the patient) and the healthcare providers.” What do you think of interpreters having independent conversations and relationships with a patient outside of the provider? What are the benefits of this? What are the negatives?

Story Questions:

Witnessing Trauma: Emotional Challenges in Medical Interpretation

Maja Milkowska-Shibata

1. Milkowska-Shibata works remotely, interpreting for medical consultations that occur via phone or video. She manages a high volume of calls and relays that “Shielded by a screen and physical distance, [she] often feels disconnected when interpreting, even for highly emotional situations.”

How do you find a balance in your work between empathy and compassion versus “becoming emotionally detached”? How has your approach changed over the course of your career? How do you find emotional balance?

2. Milkowska-Shibata writes, “When choosing this profession, you need to consider that you will likely be confronted with difficult situations that you are unprepared to handle.” Reflecting on your time as an interpreter, recount a situation you felt unprepared to handle. What made you feel unprepared? Is there anything that could have been done to help you feel prepared? If confronted with the same situation today, would you approach it as you did then or differently?

Story Questions:

Being an Interpreter—Beyond Linguistics

Patricia Coronado

1. Coronado writes, “Being a mom, woman, and Latina, blending these heartfelt connections into my work adds a special human touch, making the experience richer for everyone involved.” How do you bring yourself and your story into the interpreting experience? Was there a time that showing a piece of yourself allowed you to create, as Coronado writes, a more “authentic human bond”?
2. Drawing from your past experiences, do you think the ideal interpreter should remain “neutral” and “maintain professional distance,” or is it better for patients and interpreters if they are allowed to be more personal? What has led you to think either way?

Story Questions:

1-800-QUIT-NOW

Catalina Meyer

1. Meyer’s story describes herself as the interpreter and a provider working with a patient in the Smoking Cessation Counseling Program. The patient has not been able to access the smoking cessation supplies he needs due to the phone number being given to him in English letters—“QUIT-NOW.” Meyer explains that in some Spanish-speaking countries, it is not common to use letters for a phone number. It is only after the interpreter realizes this is the trouble that she can give him the phone number he needs. She describes a scene in which the patient is frustrated and emotional. He has been unable to get the supplies he needs and has missed past appointments. What measures could be put in place for patients so that they have the resources they need and don’t end up in situations like Meyer describes? Whose responsibility do you think it is to implement these changes?
2. How do you manage working with patients who are highly emotional, like Meyer’s patient? How do you keep yourself calm while working in a high-stress or chaotic environment?