

PROFESSIONALIZING ON-SITE MEDICAL
INTERPRETATION TO SUPPORT COSTA RICA'S MEDICAL TOURISM¹

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Resumen. El término “turismo medico” se refiere a la práctica de viajar de la propia comunidad o país a otro lugar para recibir atención médica. Costa Rica se promociona tenazmente como el sitio ideal para dicho turismo. A pesar del vertiginoso crecimiento de este sector, y basándose en la idea de que muchos de nuestros médicos se han especializado en el extranjero, se le ha prestado muy poca atención al uso de intérpretes médicos calificados. Sin embargo, resulta ingenuo suponer que todos los turistas médicos que nos visitan hablan inglés o que siempre van a ser atendidos por personal con excelentes conocimientos de las lenguas y las culturas involucradas. En el sector salud, el asegurar una comunicación clara, exacta y completa entre las partes es crucial y, por lo tanto, para evitar cualquier percance personal, legal, ético o moral, resulta indispensable proveer servicios de interpretación de alta calidad. Dado que no hay espacio para intérpretes médicos incompetentes, esta presentación y el subsiguiente taller buscan crear consciencia e impartir conocimientos en el área de la interpretación médica presencial y abogar por la necesidad de desarrollar cursos académicos y programas de certificación formales en Costa Rica para que los intérpretes estén bien preparados no sólo con respecto a la comprensión de la terminología y los procedimientos médicos, sino también al entendimiento de los Papeles del intérprete, la aplicación del Código de Ética, el seguimiento de las “Reglas de oro” o estándares básicos, y la adherencia estricta al Protocolo adecuado.

Palabras clave: interpretación médica, estándares, ética, papeles, protocolo, Costa Rica.

Abstract. “Medical tourism” refers to the practice of leaving one’s local community or country to receive health services in another location. Costa Rica is strongly advertising itself as the ideal place for such tourism. Despite the rapid growth of this business sector, very little attention has been paid to the use of qualified medical interpreters based on the idea that many of our practitioners have specialized abroad. Nonetheless, it is naive to assume that all medical tourists who come to Costa Rica speak English or will always be assisted by fluent English-speaking and culturally-perceptive personnel. In the healthcare setting,

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ensuring a clear, accurate, and complete communication among the parties is critical and, therefore, to avoid any personal, legal, ethical, and moral mishaps, providing high quality interpretation services is a must. Since there is no room for unqualified medical interpreters, this presentation and its subsequent workshop aim to raise people's awareness and knowledge in the field of on-site medical interpretation and the need to start introducing well-structured courses and certification programs in Costa Rica for interpreters to be well prepared not only in terms comprehending medical terminology and procedures, but also in understanding the Roles of the interpreter, applying the Code of Ethics, following “the Golden Rules” or basic standards of practice, and observing strict adherence to the appropriate Protocol.

Keywords: Medical interpretation, standards, roles, ethics, protocol, Costa Rica.

1 Introduction

Based on recent official statements, “medical tourism”, also called “medical travel”, “health tourism”, “international patient travel”, or “global healthcare”, is growing fast in Costa Rica, and both the government and the private sector are looking forward to developing it even more.

Although it may be true that many of our practitioners have studied or specialized abroad and that some of them speak English, their level of proficiency may vary greatly. Moreover, medical tourists and their accompanying persons who come to our country might not be fluent in Spanish or in English, and they will probably also need to interact with other medical and staff members who do not necessarily speak a second language or are knowledgeable about the cultures involved. Despite this obvious growing need for professional on-site medical interpreters, so far no public or private academic institution has developed a certification program, or even a structured course, to prepare and certify interpreters adequately for this kind of job in Costa Rica.

Whenever interpretation, as a whole, is practiced by “bilingual” people with minimum to no formal preparation in the field, the door is opened to all kinds of performances, both in high and low profile events. In the medical setting, as people’s health, wellbeing, and life are at stake, there is absolutely no room for a subpar performance. Hence, to avoid any unfortunate communication mistakes that might lead to dangerous or fatal consequences and lawsuits, this major gap in our legislation and education needs to be addressed.

Therefore, this presentation and the subsequent workshop represent the first attempt to introduce and review, at a Costa Rican higher academic institution and its applied linguistics conference, some of the most important aspects that characterize on-site medical interpretation,

such as the different roles of medical interpreters and the application of the principles of the Incremental Intervention Model; the code of ethics, which includes, among others, growing constantly as a linguist, being ready to use one's cultural expertise, and maintaining a professional attitude at all times; and the specific protocol, such as knowing when to use first and third person, mastering situational control and positioning, being transparent and using standard phraseology. With this in mind, the theoretical presentation and the hands-on workshop are meant to raise awareness among the public and the professionals in the field about the need to incorporate these topics in a curriculum and develop a national certification program to assist adequately this growing business sector and to prevent any potentially dangerous or even fatal mistakes and their terrible consequences.

2 Avoiding Flatliners: Professionalization of Medical Interpreters in Costa Rica

2.1 Rationale

Medical interpretation is considered a subset of community, public or social service interpreting, and it consists of “communication, among medical personnel and the patient and his or her family, facilitated by an interpreter usually formally educated and qualified to provide such interpretation services” (language interpretation - medical) or by “a specially trained professional” whose mastery of the appropriate terminology and skills will “facilitate mutual trust and accurate communication, which lead to an effective provision of medical/health services”(Stanford, 2005: 35).

In the United States, due to the increasing number of limited-English-speaking (LES) or limited-English-proficient (LEP) patients, usually immigrants, who require healthcare services on a daily basis, the need to legislate upon and professionalize the field, delimitate the roles and establish the standards and protocol to be followed by those who engage in this job became a must to protect patients, practitioners, caregivers and interpreters, work with insurance companies, prevent fatal mistakes, and enhance the level healthcare services provided as a whole.

As stated by Dr. James Rohack, “good communication with a patient is a keystone to providing good medical care” (Clementi, 2010: 10). Hence, a number of associations and certification entities have been created in the United States, such as the Certification Commission for Healthcare Interpreters (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI), the International Medical Interpreters Association (IMIA), the National Council on Interpreting in Healthcare (NCIHC), and the California Healthcare Interpreting Association (CHIA), among others. These associations have established Codes of Ethics and standards, as well as certification processes, for interpreters and interpreter educators, that take into account the different scenarios faced by medical interpreters and those who use their services to make sure that those who serve as medical interpreters have, among other characteristics, “a strong knowledge of medicine, common medical procedures, the patient interview, the medical examination processes, ethics, and the daily workings of the hospital or clinic where [they]work, in order to effectively serve both the patient and the medical personnel, [and also serve, whenever

necessary,] as cultural liaisons for people (regardless of language) who are unfamiliar with or uncomfortable in hospital, clinical, or medical settings” (language interpretation - medical).

As stated by an anonymous respondent to the Code of Ethics Survey by the US National Council on Interpreting in Health Care, “[t]he role of interpreters is a ‘tightrope’ balancing act: A code of ethics is a good guide for the ‘bar’ carried on such a walk on the tightrope. It offers balance, some security and especially is a comfortable way to face the unknown risks faced on the interpreter’s path” (IMIA, 2011: 4). Moreover, the ideas included in a code of conduct represent “the principles of right and wrong that are accepted by members of a profession in the exercise of their professional duties” (Ezquerro, 2009). Furthermore, all the different, but yet very similar, codes of ethics or conduct developed in the United States for medical interpreters have been developed with the five medical ethical principles in mind: Beneficence - help people in need of healthcare; non-maleficence - do no harm; autonomy- respect individual’s right to choose or decide for him/herself; justice - treat individuals fairly; and fidelity - keep promises (Allen, 2007). Hence, most of these existing codes of ethics for medical interpreters include the following fundamental tenets: accuracy and completeness; confidentiality; impartiality; role boundaries; cultural competence; respect to patient’s self-determination; professionalism; and on-going professional development (IMIA, 2011).

Many hospitals and institutions throughout the United States, such as the Cross Cultural Health Care Program (CCHCP) -with its famous “Bridging the Gap”-, the University of Massachusetts, and Stanford Hospital & Clinics, have developed different training programs and internships for medical interpreters. Furthermore, in an attempt to standardize the quality of these and any emerging programs in terms of content, instructional methods, and programmatic standards, the National Council on Interpreting in Health Care (NCIHC) released on May 6, 2011 the new National Standards for Healthcare Interpreting Training Programs, based on a two-year research that took into consideration the input from thousands of working interpreters, trainers, and educators in the United States.

Aside from developing the necessary means, such as the aforementioned academic courses, practical workshops, and internships, to help interpreters master the appropriate terminology, cultural knowledge, skills, basic standards, roles, code of ethics, and protocol to perform adequately in the field, it is also believed that, “[t]he launching of a standardized certification process for medical interpreters is a crucial step towards assuring that all patients get the care they need in a language they can understand;” and acknowledging the fact that “[t]he industry needs a resource for identifying qualified professional medical interpreters as a way to improve patient safety and ensure effective communication between healthcare providers and patients” (NBCMI, 2010), the certification of medical interpreters has been in development in the United States since 1986. As a result, on October 10, 2009 the National Board of Certification for Medical Interpreters (NBCMI, 2010) officially launched the process for National Certification, and the Certification Commission for Healthcare Interpreters (CCHI) launched its first programs, the Associate Healthcare Interpreter (AHITM) credential and the Certified Healthcare Interpreter (CHITM) certification in Fall 2010, all of which consist on a written and an oral exam that only well-prepared medical interpreters can register to take.

In Costa Rica, despite statements made at a press conference held on October 2010, in which Costa Rica's Minister of Health, the General Director of Procomer (Foreign Trade Corporation of Costa Rica), and the President of Promed (Council for International Promotion of Costa Rica Medicine) acknowledged that "within the next 5 years, Costa Rica expects to reach upwards of 100,000 patients inbound into Costa Rica seeking medical and dental care services," (Vicuña, 2010) no legislation, association, certifying entity, course, requirements or guidelines have been established for those who interpret on-site for the limited-Spanish speaking persons who visit our country as medical tourists and are assisted by limited-English speaking providers. Faced with this reality, it is urgent and fundamental to start developing the curricula and certification programs, training people, and adopting and adapting existing codes and standards in the field.

Since 2002, a number of call centers, such as Language Line Services and Pacific Interpreters, have settled in Costa Rica but only to provide over-the-phone and video-remote interpretation services to different public and private companies, institutions and medical centers and organizations based in the United States. Even though it is true that these call centers provide a basic training on over-the-phone medical interpretation to some of their employees, this training would not suffice to fulfill the exponentially growing need to prepare and certify professional on-site medical interpreters in Costa Rica.

The current Minister of Health recently reiterated "the 2009 declaration of National Interest, and corroborated that President Laura Chinchilla also supports the industry and the array of initiatives underway to stimulate further growth of Costa Rica's medical tourism industry" (Vicuña, 2010). Other organizations, such as Promed and Procomer, are also interested in pushing forward international accreditation, to provide a "win/win/win solution for patients, healthcare buyers and Costa Rica healthcare service providers" (Vicuña, 2010). A clear example of the impetus given to this sector, is that over 500 international attendees, from 10 different countries (United States, Canada, Thailand, Cayman Islands, Colombia, Mexico, Panama, Guatemala, El Salvador & Costa Rica), participated in the 2011 Medical Travel International Business Summit (2nd Latin America & Caribbean Medical Tourism Conference), held on May 2-4, 2011 in San Jose and Guanacaste (Taborda, 2011).

According to MTA's documentary, Angels Overseas, medical tourists who come to Costa Rica enjoy about 80% savings in medical and dental treatments compared to the costs of those same treatments in the US. However, none of the Costa Rican stakeholders have considered the need to use interpreters and much less to establish the means to certify or professionalize them. For instance, when browsing the articles, list of suppliers and certified institutions, job and training opportunities, FAQs, and even the search engines of Promed and Procomer websites, there is no reference to the words "translator", "interpreter" or "language services". In fact, the only course available in any of these webpages is a 60-hour English course for physicians of medical tourism companies. Hence, it is utterly clear that the government and these other entities have also failed to ponder about the major losses they would have shall a lawsuit be filed if a problem in communication occurs due to the language or cultural barrier between local providers and visiting patients.

As stated by Holly Mikkelson, “[m]edical interpreters work in a variety of settings: hospitals, clinics, doctor’s offices, mental health and psychiatric facilities, and quasi-legal proceedings such as medical-legal evaluations for workers’ compensation claims or personal injury lawsuits and hearings to determine mental competence or eligibility for benefits” (The Interpreter’s Rx vii-viii). In the case of medical tourism, the most commonly sought procedures are: Dentistry (36%), Orthopedics, Bariatric & Cardiovascular (22%), Cosmetic (12%), General Medical Treatments (14%) (Taborda, 2011).

Faced with the need to provide quality healthcare services to a large number of limited-English speaking patients, legislators in the United States have included medical interpreting as part of the federal and state legislation. As stated by Angelelli, “Title VI of the Civil Rights Act of 1964 established the need for professional interpreters, in order to ensure meaningful access to healthcare for patients with limited English proficiency” (1); and, “[a]s of 2009, all interpreters who provide service to limited-English-speaking enrollees and beneficiaries covered by commercial plans and insurance in California must get trained in ‘interpreting ethics, conduct, and confidentiality’ as set out ‘in the standards promulgated by the California Healthcare Interpreting Association.’” (The CHIA Standards par. 1). These standards must be presented not only to interpreters and bilingual staff members but also to medical facilities’ administrators to make sure everyone is on the same page.

Furthermore, interpreter educators also have to abide by a very specific Code of Ethics due to the sensitive matter at hand. IMIA's International Code of Ethics for Interpreter Educators (developed in 2007-08 and revised in 2009) includes, in general, the following points: (1) Competence and Qualifications; (2) Transparency; (3) Professional Development; (4) Intellectual Property; (5) confidentiality; (6) Impartiality; (7) Professional Boundaries; (8) Conflicts of Interest; (9) Professionalism; (10) Accuracy; (11) Cultural Competence; and (12) Inclusiveness (IMIA 2011).

2.2 *Roles of the Medical Interpreter*

As mentioned previously, medical interpreters may act as conduits, clarifiers, culture brokers, or advocates. The Incremental Intervention Model Chart (Table 1) summarizes the tasks, content covered, and exposure risk for each of these roles. Interpreters must understand what each role entitles and learn to apply the Incremental Intervention Model to act adequately during the interpretation session.

The primary role of the interpreter is to facilitate communication between people who speak different languages, and this is the interpreter acting as a conduit. Most of the work will and should be conducted in this mode. However, sometimes, when encountering a misunderstanding, requiring repetition or clarification, an interpreter may have to move to the next level and act as a clarifier. In any case, before intervening, interpreters must first announce their intentions to the parties involved.

As a whole, it is not advisable to go beyond clarifying when performing medical interpreting. Yet, if a cultural divide arises, interpreters can attempt to solve it by first asking permission to explain it and then going back to interpreting. Finally, as on-site interpretation might not always be the proper forum for advocacy on behalf of a patient, a cultural minority or a health care system, only advocacy on behalf of the profession, that is, to explain the scope and standards of interpretation when appropriate is acceptable.

In general, when applying the Incremental Intervention Model, it is necessary to bear in mind that the risk to the interpreter rises as the interpreter takes on the next role in the chart. Hence, medical interpreters should always try to limit themselves to interpreting and minimize their exposure by remaining in the conduit role. Most importantly, interpreters need to remember at all times that they cannot provide comments or advice to the parties, express their personal beliefs or opinions, express approval or disapproval, get drawn into a dispute, or take sides.

2.2.1 Conduit

It is estimated that about 90% of an interpretation job will be done in the role of a conduit, that is, as a conveyor of a message from one language to another. All messages must be transferred accurately, completely –with no omissions, additions, or embellishments-, and faithfully, which includes transmitting the tone and nuances of the speaker too.

In this capacity, interpreters never intervene as they do not have a voice of their own. Hence, if the participants are misstating facts or providing non-responsive answers, it is up to the provider to notice it and act accordingly, the interpreter should only convey what is said. As mentioned above, while it may be necessary to take on other roles during the interpretation, it is very important to go back to the role of the conduit after having intervened as a clarifier, culture broker or advocate.

Role of the interpreter	Task at hand	Content Covered	Exposure Risk
1. Conduit (interpreting)	Interpret (convey) the messages	Language	Very Low
2. Clarifier (intervening)	Clear up confusion or error	Language issues	Low
3. Culture broker (intervening)	Explain the cultural context	Culture, values, practices, beliefs	Medium
4. Advocate (intervening)	Promote the profession	Interpreting Standards	High

Table 1. The Roles of the Interpreter: The Incremental Intervention Model Chart (Ezquerro, 2011).

2.2.2 Clarifier

As clarifiers, interpreters may intervene by interrupting the patient/provider dialogue with a question or request of their own. This is a difficult skill because interpreters are aware of the need to be unobtrusive, and it is hard to interrupt the provider without the proper phraseology and a good deal of self-confidence.

Interpreters are justified in acting as a clarifier when they cannot understand something that was said; did not hear a question or response; are unable to interpret because there are no pauses; wish to verify comprehension; believe the patient is not understanding the provider; must report an impediment to interpreting; or believe some incorrect data may have been taken down. Furthermore, interpreters are also allowed to act as clarifiers/culture brokers when a term or its use must be explained within a cultural context; the provider has said something offensive in the patient's culture; or a cultural difference is at the source of a misunderstanding.

2.2.3 Culture broker

For some patients, traveling to another country to obtain healthcare services may represent a challenge due to a possible culture shock. The different cultural traditions that shaped their past or upbringing may diverge greatly from those of the societies they are visiting now; and any difference in their beliefs and attitudes toward staying healthy, disease, healing, religion and sexual mores, the medical care system and its providers can affect good communication.

This is why it is fundamental for interpreters to develop their cultural expertise, which also includes healthcare system expertise (NCIHC), as it is their job to identify this kind of obstacles and suggest ways to overcome them. For instance, if a term cannot be comprehended because the concept is nonexistent in a given culture, the interpreter should ask the provider to explain the word -especially if the interpreter is not clear as to its exact meaning or the way it is being used- and then interpret the explanation and, if needed, use a word picture or a circumlocution to convey the message. Furthermore, if a participant uses idioms or symbolic meaning, interpreters need to check to ascertain the underlying message and then explain the gist of it in simple words if there is no equivalent in the target language. Likewise, if a situation or a provider is unknowingly offensive to a patient, interpreters may politely intervene and point out the significance and its consequences. In other words, interpreters must be knowledgeable, remain observant, do not make assumptions, check for cultural pitfalls and obstacles and be ready to suggest ways to solve this type of culture-related problems.

2.2.4 Advocate

This is the role interpreters should resort the least to, as it is the one that expose them the most. It should be used mainly to explain to the parties the scope and standards of our profession,

particularly when being asked to do something that is against or beyond them, like assisting in a medical procedure or driving patients from one place to another.

However, this role needs to be carefully exercised in on-site interpretation when understood as defending the rights of the patient or redressing some injustice or a power imbalance between the participants in a session. In such cases, since the risk of a confrontation is very big, interpreters need to be aware about any other institutionally-specific alternatives for them to help patients shall they find that the system or a particular provider is not in compliance with their stated purpose. For example, there might be an interpreter feedback form they can use to report after the fact any failure or impropriety, if they cannot take on the full role of the advocate while the face-to-face session is taking place. As mentioned earlier, interpreters should try to remain in their primary role as conduits and should never engage in a debate. Hence, if interpreters have a problem working in a situation that makes them uncomfortable, they are entitled to politely decline to continue with the session and follow the appropriate procedure to have someone else assigned.

In any case, if interpreters must intervene as clarifiers, culture brokers or advocates, they need to have a valid reason for doing so and they must observe the following steps (Ezquerro, 2011): 1. remain calm and collected while intervening; 2. keep the intervention transparent by telling the parties what the problem is and what the interpreter intends to do about it; 3. switch from the first to the third person mode so it is clear that it is the interpreter speaking; 4. remember to observe the Conservation of the Language of Record (the official language of the host country), that is, in the case of Costa Rica, put into Spanish all that is said in the foreign language, as everything said might be written on a record in the official language of that location; 5. do not make assumptions: if interpreters suspect a problem, they need to become certain by asking questions; 6. suggest options but let the providers resolve the problem on their own; 7. go back to interpreting as a conduit.

2.3 *Ethics: The Code of Conduct for Medical Interpreters*

According to the U. S. National Council on Interpreting in Health Care, codes of conduct set forth “[t]he principles of right and wrong that are accepted by members of a profession in the exercise of their professional duties.” As in the case with legal interpretation, the medical field will offer interpreters many challenging situations that may leave them unsure as to how to act; and, likewise, the consequences of any action or inaction on their part may have significant consequences during the interpreting session and afterwards.

Issues dealing with sensitive information, personal privacy and autonomy of choice, flaws in the system, cultural considerations, personal choices, and the unequal power relationship between participants can all tax the interpreter’s sense of what is the appropriate way to proceed. To deal with this, interpreters need to study and internalize the Codes of Ethics and rely on them at all times, with a certain degree of flexibility (Lázaro, 2007), both as a confirmation of their professionalism and as a precaution against compromising situations (Ezquerro, 2011). Table 2

summarizes the elements included in most of the different codes of ethics that have been developed to date in the United States.

CODE OF ETHICS FOR MEDICAL INTERPRETERS		
<u>Confidentiality (Anonymity)</u> * Exception: danger to self, to others, signs of abuse or knowledge about the planning of a future crime	<u>Accuracy and Completeness (Faithfulness)</u> *The content and spirit of the message	<u>Professional Boundaries (Scope of practice)</u> * The role of the interpreter
<u>Impartiality</u> * Non-judgmental, unbiased, neutral attitude * Avoid conflicts of interest	<u>Cultural Competence</u> * Provide cultural context when necessary.	<u>Respect</u> * Client self-determination
<u>Advocacy</u> * Only to promote and explain the goals of the profession.	<u>Professional Development</u> * Confer with your colleagues * Keep up with changes	<u>Professionalism</u> * Transparency * Conservation of the Language of Record * Assess & report impediments

Table 2. Ethics: The Code of Conduct for Medical Interpreters

2.3.1 Faithfulness, Accuracy and Completeness

Interpreters are required to interpret everything, even if the statement is non-responsive, technical, offensive, or does not make sense.

Taking into consideration that interpreters have the duty to interpret everything said, interpreters must avoid having independent conversations. Hence, it is advisable they avoid being left alone with the patient and, if for some reason they cannot help it, it is always useful to develop different strategies to keep themselves busy and, if pressed to chat, politely decline.

Furthermore, interpreters need to maintain the speaker's style, tone, and register, inform the parties if a term is unknown to them –that is why it is important to have their dictionaries or glossaries at hand-, correct all errors as soon as possible, and refrain from adding, embellishing or trying to explain concepts.

2.3.2 Confidentiality and Anonymity

It is of utmost importance that interpreters do not discuss cases with others, do not reveal information from previous cases even if they think it would be helpful, and do not reveal their personal information.

An exception to this principle occurs when the interpreter learns about danger to the person or to others, signs of abuse, or knowledge about a future crime. Moreover, for training purposes, or if the interpreter needs debrief or ask for advice about a particular situation, all personal details about the parties involved must be eliminated.

2.3.3 Impartiality and Conflicts of interest

Interpreters need to refrain from indicating approval or disapproval, taking sides, or expressing opinions. Also, they have the duty to inform the parties of any possible conflict of interest (bias, financial interest, prior connections, personal issues, etc.).

2.3.4 Professional Boundaries

Scope of Practice, and the Role of the Interpreter. Interpreters must exercise professional detachment at all times and need to respect individuals and their communities. This includes respecting patients' right to self-determination, that is, interpreters cannot exert any influence on the patients' decision-making process but limit themselves to restate the information accurately and completely so that patients can exercise their right to make their own choices.

Again, it is critical for interpreters to remain, as far as possible, in their role as conduits, and absolutely refrain from giving advice, recommending a choice, offering an opinion, explaining concepts, prescribing a medication or giving any type of medical recommendations, promoting a product or service, seeking or looking for business or professional contacts, seeking or responding to romantic overtures, or soliciting or exchanging personal information.

2.3.5 Assessing and Reporting of Impediments

As professionals, interpreters have the duty to inform the parties whenever any circumstances that may impair their performance arise. Some examples of such circumstances are: a different language or dialect is needed, interpreters are unable to hear or keep up with speaker, are faced with unknown terms or are dealing with an unfamiliar subject matter, have committed errors in their interpretation, are suffering from fatigue or there is too much noise or interference (if a communication device is being used) affecting their ability to hear well all the parties involved.

2.3.6 Cultural Competence and Professionalism

As explained before, interpreters need to be aware of any cultural issues that affect interpreting. This means they have to know how to deal with unusual situations, how to communicate them to the parties, and be able to suggest constructive ways in which to improve understanding between the parties.

Moreover, as with any other professional, reputable medical interpreters need to be mindful of their performance at all times and this means that they must know when and how to correct errors.

2.3.7 Continuous Professional Development: Commitment to Lifelong Learning

To hone their linguistic and cultural skills, interpreters must keep up with changes in their working languages and their usage; connect with colleagues to discuss the profession; visit different websites on interpreting regularly to grow as a linguist; be part of professional associations; and attend conferences, seminars, and classes.

2.4 Golden Rules: Standards of Practice

Aside from being well prepared in terms of comprehending medical terminology and procedures, understanding the Roles of the interpreter by keeping in mind the Incremental Intervention Model, and applying and abiding by the Code of Ethics, on-site medical interpreters need to follow “the Golden Rules” or standards of practice, which include knowing the basic etiquette and observing strict adherence to the appropriate protocol. Healthcare interpreter professional standards follow the same guiding purpose that other healthcare professionals use to perform their duties: “to support the health and well-being of the patient” (Allen, 2007).

2.4.1 Basic Etiquette

As professional communicators, interpreters need to make sure they are using a good tone of voice and delivery. This means they have to modulate their voice and enunciate clearly; speak calmly, without rushing; and, unless instructed otherwise for a particular reason, do not raise their voice.

Moreover, since healthcare providers, patients and their families may not be used to working with interpreters, it is always recommended for interpreters to conduct a proper introduction, also called a “pre-session”, with both the provider and the patient. This pre-session is used by interpreters not only to introduce themselves very briefly, but also to establish the ground rules, issue reminders, and explain the roles and the protocol to the parties involved (Ezquerro). For example, the pre-session with the provider, which usually takes place before going into the room where the patient is, may be used to ask about the nature of the session and if there are any special circumstances the interpreter needs to be aware of; and, with the patient, to

explain the use of the first person and the fact that everything said will be interpreted. Table 3 includes sample pre-sessions that may be used with providers and patients.

Sample Pre-Session with Provider (in the language of record)	Sample Pre-Session with Patient (in the patient's language)
<p>Hello, my name is _____, from _____ department.</p> <p>I will interpret everything that you and the patient say in first person.</p> <p>Everything that is said in this session will be kept confidential.</p> <p>I will sit beside the patient. Please look and talk directly to the patient.</p> <p>Please limit information to 1-3 sentences.</p> <p>I may need to stop interpreting to clarify information or if there are any cultural issues that can lead to misunderstanding.</p> <p>Is there anything I should know about this session before we start?</p>	<p>Hello, my name is _____. I work here and I will be your interpreter.</p> <p>I will sit next to you so you can look and speak to the doctor.</p> <p>I will interpret everything that you and the doctor say. When I interpret, you will hear my words as if the doctor spoke _____.</p> <p>Please don't tell me anything that you do not want the doctor to know while you are here receiving services.</p> <p>If you do not understand something, let me know and I will ask the doctor to explain it.</p>

Table 3. Sample pre-sessions with providers and patients

Furthermore, interpreters must learn to make adequate use of the correct phraseology to facilitate communication and keep providers and patients aware of what they need in an expedite manner. Memorizing and using the correct phrase for every situation in which they wish to intervene will help instill confidence in the interpreter and portray him/her as a professional. Some of the phrases interpreters may use to indicate they are briefly switching to an intervening role are: "The interpreter would like to ...ask the patient to repeat the last sentence"; "... look up an unfamiliar term in the dictionary"; or "... check for understanding".

2.4.2 Observance of Protocol

Along with following the basic etiquette, interpreters need to observe strict adherence to the appropriate Protocol to ensure parties understand what is going on and who is saying what during the session.

Conservation of the Language of Record. Any words that the interpreter intends to say to the patient that come from the interpreter him/herself, that is, that do not originate in the patient or the provider, must be announced to the provider in the Language of Record first (which, in the case of Costa Rica, is Spanish). Hence, conservation of the Language of Record is

about restating in the host country's official language any utterance said in the foreign language, even if it is a comment to the interpreter.

2.4.3 Transparency

If interpreters want to intervene to request for a repetition or clarification; verify comprehension; clear up any misunderstandings; provide some cultural framework; inform about impediments or intervene in any other way, they must inform their intentions in the language of record to the provider (and also briefly to the patient) and obtain the provider's approval before acting.

2.4.4 Correct use of 1st and 3rd person

When acting as conduits, interpreters must use the first person, that is, use the pronoun "I" to interpret what the speakers say, even if they say: "Ask him... / tell her..."

Direct speech, the standard format in interpretation and, thus, used for every interpreted statement, can be particularly difficult when the gender or number of the parties involved do not match those of the interpreter. For example, a male interpreter must say "I gave birth to a girl," rather than "she gave birth to a girl," when interpreting for a female patient; or a female interpreter must render "we had prostate cancer," instead of "they had prostate cancer," when interpreting for two or more male patients.

However, when acting as clarifiers, culture brokers, or advocates, interpreters must use the third person to express their interventions (as they are referring to themselves), e.g. "The interpreter is unable to hear clearly...", "the interpreter would like to request a short recess..." Third-person mode, indirect speech, or reported speech consists on the use of the pronouns 'he', 'she', 'they', 'it'.

Even though summary interpretation, which also calls for the use of 3rd person mode, is used sparingly in medical settings (and never in legal ones), interpreters may want to resort to it only in very rare cases to sum up a long, rambling narrative to its essentials when asked to do so by the provider, e.g. "The patient offered a long explanation to say that she did not make an appointment to see a specialist;" to summarize an exchange not directed at the patient, e.g. "The doctor is asking us to wait until she returns to the room;"; or to render unusual or uncomfortable questions, answers or requests but stressing that they originated in the patient or the provider, e.g. "The patient says you are a nasty person and an incompetent nurse and wants to have your name in order to complain."

2.5 Situational Control

Situational Control refers to the art of subtly, but firmly, engaging the parties so that they wait for questions to be interpreted before answering them; speak in brief, complete sentences that answer the questions or state the problem; wait for the interpreter to finish before speaking again; and refrain from speaking all at the same time (Ezquerro, 2009).

As many people are not accustomed to using interpreters, interpreters are advised to use the pre-session to establish situational control from the very beginning in a very polite way (Allen, 2007).

Sometimes, due to the nature and the dynamics of certain clinic sessions or to the lack of awareness of proper procedures by the provider, a patient and an interpreter may suddenly be left alone. In this case, interpreters may try to locate the parties and bring them to the interpreting session; or wait for the missing party to return, by first telling whoever is left that the session cannot go on without all the parties being present, that they must wait for the missing party to return, and then stepping a bit aside to avoid side conversations with the patient or his/her accompanying persons.

3 Practice Makes Perfect: Following Medical Interpretation Golden Rules

Essentially, medical interpreters, also referred to as healthcare interpreters, provide language services to healthcare patients, and their relatives and friends, to help them communicate with doctors, nurses, and other medical or administrative staff. As mentioned before, interpreters in this field need a strong grasp of medical and colloquial terminology in both languages, along with cultural sensitivity to help the parties receive the information accurately and completely.

Cultural Competence, a skill that applies equally to interpreters and interpreter educators, can be understood as a “set of congruent behaviors, attitudes and policies that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations” (Roat, 1999: 7). Regardless of the place or work, it is fundamental for medical interpreters to be knowledgeable of all cultures involved in a patient-provider interaction to prevent misunderstandings that might become a source of confusion or even mistrust among the parties; and this is precisely why it is said that medical interpreters are key in the communication process to bridge not only the linguistic gap but also the cultural one.

A hands-on workshop can give participants the chance to ponder upon the information provided during the presentation on the roles, code of ethics, and standards, and practice through the analysis of several case studies that will help them understand and review the theory while trying to find some practical solutions to common ethical dilemmas and situations that on-site medical interpreters often face.

It has been repeatedly said that on-site medical interpreters need to be professionalized to perform adequately as this kind of interpretation presents a number of special characteristics that require a special type of person and preparation. Some of the particularly stressful features that must be kept in mind and dealt with by those who wish to work in this field are that a person's life, immediate health or well being may depend on the interpreter; a patient may be in pain, confused, agitated, or stressed out, and this might complicate the interaction among the parties (to the point that no chance is given to carry out a brief but complete pre-session and establish the ground rules); healthcare providers, patients and their families may not be used to working with interpreters; the terminology may be very specific, technical or of a high register; some abbreviations may be difficult to understand and to interpret; certain groups may give certain words a different meaning or usage; cultural barriers and educational disparities can complicate matters; the health care provider or patient may speak heavily accented English, Spanish or any other language involved; there are important issues of privacy and confidentiality that must be zealously protected; discussing intimate bodily functions may not be easy for all parties; underlying mental health issues may cloud comprehensibility; emotional reactions may negatively impact the tone of the session; the health care provider may not be able to help the patient; data gathering and patient intake are harder to accomplish when two or more languages are involved; the ambient noise may decrease the capacity to hear well all parties; there are visual cues that normally support a message or convey unspoken information (mood, comprehension ability, physical signs, disabilities), but some situations may be hard to deal with (emotionally, physically) and discretion is advised; patients and providers are paying close attention to the interpreter's words and behavior, thus interpreters must act and behave professionally at all times; since most of the work is done consecutively, it is necessary to develop good memory and note-taking skills; and, sometimes, providers and patients will give written documents to the interpreter for him/her to sight translate them (that is, convey their content orally in the other language on the spot).

The key to handling these challenges is to internalize the codes, roles, and standards of practice for conducting on-site medical interpretation. Practicing will be the best tool to help interpreters rise to the challenge.

At a hands-on workshop, participants may form groups of three or four to take turns (indicated by a number) and play the role of the interpreter (\leftrightarrow), the provider (H), the patient (P) and, if deemed necessary, an accompanying person (A). Each group will be in charge of representing different case studies (marked by a letter). These cases can be analyzed by the entire group to determine what aspect of the Codes of Ethics is involved ("Objective") and what the existing alternatives are for an interpreter to respond in an ethical manner. Table 4 includes three examples of the possible case studies or scenarios that can be presented to the workshop participants, and how this material can be created and then cut into pieces: the instructor keeps the "case" column and distributes the other pieces at random, so that participants can read them on their own and quickly prepare to represent their character.

Therefore, after a brief introduction and general reminder of the code of ethics, the instructor shall give each person in the small groups a piece of paper with indications as to what

they are supposed to say or do, and the rest of the group can observe, take notes, and give feedback at the end of the role-play on how the situation was handled. It is also advisable to have a dictionary or glossary and a notepad at hand to assess their use of these tools. Moreover, this type of exercise will also help them put in practice the use of incremental intervention model, the utilization of the adequate mode (first or third person), and the selection of the correct standard phrases for each situation.

As participants are observing their colleagues' ethical decision-making process, it is important to invite the other participants to: 1. ask themselves questions to determine whether there is a problem; 2. identify and clearly state the problem in writing, considering the ethical principles that may apply and ranking them in applicability; 3. clarify personal values as they relate to the problem; 4. consider alternative actions, including benefits and risks; 5. choose the action and carry it out; and 6. evaluate the outcome and consider what might be done differently next time (Ezquerro, 2009). Furthermore, this will also give participants the chance to practice the different positioning options (in a triangle, interpreter next to the provider, or interpreter next to the patient, for example) and see their pros and cons.

Some Role-Playing Scenarios for Medical Interpreters			
Case	↔ Interpreter	♥ Patient	👉 Provider
A Objective: Situational Control and Note-taking Skills	↔ A-3. Do what you consider to be appropriate.	♥ A-2. Answer the following (read the three bullets without making a pause and don't let the interpreter use/read this piece of paper): <ul style="list-style-type: none"> • 3 aspirinas de 500 mg al día • 2 Allegra de 400 mg cada 8 horas • 11 gotas de Picolax antes de acostarme de día de por medio y, si me siento débil, dos ampollas de Potenciator, una cada 12 horas. 	👉 A-1. Ask the patient what meds is he/she taking currently.
B Objective: Faithfulness, Accuracy and Completeness	↔ B-3. Do what you consider to be appropriate.	♥ B-2. As you are left alone with the interpreter, start chitchatting with him/her.	👉 B-1. Tell the interpreter that you are going to get some documents and leave him/her with the patient.
C Objective: Professional Boundaries	↔ C-3. You are going to get some presents from the patient	♥ C-1. Give the volunteer and the interpreter some gifts (candy and your most valuable piece of jewelry)	👉 C-2. You are going to get some presents from the patient

Table 4. Sample case studies for a medical interpreting practical workshop

Then, if any questions arise, the instructor can ask the participants to review a “cheat-sheet” with a summary of the codes of ethics, roles, golden rules, and standard phraseology (handed to them at the beginning of the workshop), and see if they can come up with a solution of their own or the instructor can guide them accordingly.

At the end of the workshop, participants should be able to feel that there are tools available to avoid or overcome any potential problems: understanding their role as an interpreter and applying the principles of the Incremental Intervention Model; fully knowing and applying the Codes of Ethics; preparing and growing constantly as a linguist; becoming certified; maintaining a professional attitude at all times; using their cultural expertise when necessary; observing a strict adherence to the protocol (Conservation of the Language of Record); being transparent throughout the interpreting session; making correct use of the first and third person modes; having, maintaining or regaining situational control; practicing self-monitoring and taking detailed notes; reporting any unusual incidents when they happen; and taking good care of their voice, ears, and their general physical and emotional wellbeing.

4 Conclusions

In the words of Catherine Ingold, “[w]e cannot underestimate the ultimate value of improving the quality of medical interpreting services in the pursuit of quality healthcare;” and according to Mursal Khaliif, “[h]ospitals across the country should provide their patients with qualified interpreters that can prevent the miscommunications and subsequent medical errors that still occur far too often in some of today's hospitals” (*Testimonials*).

Taking into consideration that medical tourism is a thriving business in Costa Rica - according to PROMED, in 2008, approximately 22,000 US citizens visited Costa Rica for medical procedures (health-tourism.com)-, and that many of our medical tourists might come using U. S. insurance plans, it is very possible that Costa Rican healthcare service providers will be soon required too by insurance companies to guarantee the use of professional medical interpreters.

However, to date, there is no fully-established course or certification program to train medical interpreters in Costa Rica with regards to their linguistic and cultural skills, roles, code of conduct, and standards of practice. Hence, this presentation and workshop were developed with the objective to be the first attempt to raise academicians and students’ awareness in the matter and, hopefully, those involved in this business will also realize that investing in the training and use of professional on-site medical interpreters, despite the slight reduction in savings, will definitely translate into a real win-win situation for all.

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