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**The Role of Medical Interpreter**

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Prohlašuji, že jsem práci zpracovala samostatně a použila jen uvedených pramenů a literatury.

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# 1 Introduction

The major objective of this thesis is to describe and further analyze the role of medical interpreter.

The overall structure is composed of several themed chapters. The first section of this thesis gives a brief overview of what is interpreting and history of such activity.

The second section presents the differences between interpretation and translation. This part also seeks to explain the distinction between passive and active language, likewise to describe the levels of language proficiency. Additionally, modes of interpreting and types of interpreters will be described at the end of this chapter.

The third section is concerned with the explanation of medical interpretation and proceeds as follows: identification of code of ethics, typical errors that are made by medical interpreters and examples of abbreviations as well as symbols, which are commonly used in note-taking method.

The final chapter is the practical part, which draws upon the theory mentioned in the thesis and includes a survey along with the answers of the participants and analysis of the results.

Finally, the conclusion gives a brief summary of the findings of this thesis. A bibliography of the sources that have been used and a résumé written in the Czech language are included at the end of the thesis.

## 2 Background of Interpreting

Interpreting itself is a very old language activity, performed since time immemorial and practiced in the ancient times. It evidently preceded the invention of written translation and began as a profession already in very ancient cultures. However, the development of the theory and its various techniques started just in the past century due to the growing linguistic barrier when different communities participated in contact with a specific intention. It was therefore necessary to follow the needs for qualified interpreters in all spheres. This profession can also be determined to be absolutely immediate, unlike translation. It is carried out forthwith and thus it enables to overcome the barriers right away.

In his book, Pöchhacker (2016) states: “The English word ‘interpreter’, in contrast, is derived from Latin *interpres* (in the sense of ‘expounder’, ‘person explaining what is obscure’). The interpreter’s goal is to implant the meaning of a message and make the target audience accept it as original one.”<sup>[1]</sup>

It is generally known among people moving in the field of interpreting that their work is referred simply to as a ‘voice box’. Nevertheless, their profession requires not only exceptional language competences but also capability of active analysis and following the rules of ethics. In any event, a fast and thorough interpretation of message is expected from a real professional and can be either accomplished by a face-to-face interaction or, for example in case of telephone or video interpretation, remotely.<sup>[2]</sup>

As mentioned, there are many different ways in which an interpreter can perform and this hinges on several factors, such as accessible technology, given time to interpret, how many languages they need to know and many others. It has been also argued whether interpreting is rather lingual or communication discipline because of the use of rhetorical equipment, body language or speech rhythm. The use of communication skills and the development of technologies has enabled interpreters to expand to different fields of working environment, such as health care facilities, legal proceedings, educational institutions, conferences, community services and many more.<sup>[3]</sup>

Several studies have revealed that there are two most frequent false presumptions in the work of an interpreter.

Firstly, many people wrongly expect bilinguals to be automatically able to perform the same job as an interpreter without the need for proper training, although the opposite is true. They are more likely to modify an interpreted message, albeit unwittingly. Due to their ignorance of the techniques and principles of the interpreter, they are often inclined to add their beliefs and this can have impact on the target audience and lead to fallacious decisions. Taking into consideration aforesaid arguments, it is highly not recommended to use family members or partners for interpreting and certainly not for medical interpreting, even though it is commonly assumed that in the event of an emergency, a close relative is a better option for the patient. <sup>[4]</sup>

Secondly, it is a widely held view that the use of interpreting services comes easily. Many individuals do not take into account that some speakers have a tendency to express themselves in long sentences. There may be another obstacle, and that is the incomprehensible speech and high speed at which the speaker presents. In certain cases, interpreter's condescending tone of voice can occur towards the person with limited language proficiency, which is considered an immense failure from the interpreter. Interpreting is not just about transferring the meaning of a message, but it is the art of concentration, awareness, self-discipline, the ability to use short and long term memory and to express a certain love for the language. <sup>[5]</sup>

## **2.1 History of Interpreting**

Having defined what is meant by interpreting, I will now move on to discuss the past events that have gradually created the history of this communication activity. Early beginnings arose when ancient inhabitants started immigrating. Interpreting was also necessary in the period of business expansion among explorers. Absence of written proof has been a problem for dating the beginnings of interpreting for many years. It is well known that Ancient Egypt was a nation which played a significant role at the time of the boom of ancient civilizations. It is therefore not surprising that it was this nation who made the first evidence of interpreting, exactly in the third millennium



before Common Era when using hieroglyphic symbol for a word “interpreter”. Many sources claim that this signification was written on the epitaphs discovered in the archaeological sites. An example of this can be found on Elephantine Island located on the river Nile which was part of Upper Egypt. <sup>[5]</sup>

However, Ancient Egyptians were not the only ones who used interpreters to communicate with a conquered nation. And in this case, the word interpreter was used for the subordinates, such as detainees, servants and other captives, who were assigned to the lowest class. Ancient Greeks and Romans also forced others to learn Latin, which at that time was the dominant language of legal negotiations and business relations between the speakers, whose native language was different. <sup>[6]</sup>

Beginning with the fall of the Western Roman Empire, the time of the Medieval Period came. In these times, the Toledo School of Translators was founded. Even though the majority of its work is assumed to be focused only on translating, some studies still speculate about the usage of interpretation. In the history of development of interpreting, religion has been thought of as a key factor. This has been seen in the case of spreading the interpretation while teaching the pillars of, for example, Christianity or Islam. One of the most important events of this period was a series of religious wars, called Crusades. <sup>[7]</sup> Formerly, professionals did not have opportunity to learn the principles and guidelines or enter organizations that would defend their rights and improve the circumstances under which they were forced to perform. Nevertheless, their presence during these wars was fundamental, as can be seen when establishing a role of a “dragoman”, an interpreter fluent in Arabic, Turkish, Persian and other European languages. <sup>[8]</sup>

The Age of Discovery was another milestone of interpretation expansion in the Common Era, which dates back to the 1400s. <sup>[9]</sup> Many nations colonized and explored other continents, conducting expeditions across the world. One particular interpreter that is worth mentioning in this time period was lady La Malinche from the Mexican Gulf Coast. She was also called Malinalli, Malintzin or Doña Marina. She was able to interpret into two native languages, such as Nahuatl and Mayan. Being originally slave woman, she represented a general opinion on interpreters of indigenous descent. In this era, interpreting from own ranks was considered a betrayal, not taking into account the whole situation and whether they are forced or not. Spanish conqueror,

Hernan Cortes, planned to give her away as a gift to another explorer, but decided otherwise and kept her beside him because having a trustworthy interpreter was essential. That also indicates the type of close relationship between the speaker and the interpreter and shows an appreciation of their work from the opposite side.<sup>[10]</sup>

The 19<sup>th</sup> century was an era notably beneficial in the area of judicial interpretation, when the names of successful professionals began to be heard and policy of court interpretation was formed. But it was in the 20<sup>th</sup> century that interpreters accomplished appreciation of their performance among the general public. The first serious discussions about French being the lingua franca of that time emerged at the Peace Conference in Paris, 1919. Attendance of interpreters in these discussions was really important, as they had to demonstrate excellent skills when interpreting every announcement of the commission. Although there were many names which participated in this conference, such as Paul Mantoux, who was interpreting for Georges Clemenceau, the Prime Minister of France, the only one who mentioned the work of interpreters in reports of the conference was Sir Hector Hetherington, a Scottish philosopher, who at that time worked in the Secretariat of the International Labor Conference of the League of Nations. There are two groups of interpreters attending the conference which can be distinguished, the ones who were appointed by Secretariat, and then there were the others, assisting the delegations. The main difference between them was, of course, the languages they spoke. The first group was interpreting from English into French and vice versa, whereas the second one performed from the language of the delegation into one of the official language of the conference, meaning into English or French only, and most likely backwards too. These applicants not only had to be fluent in the official languages, likewise had to know all the issues of the conference in detail, which also required awareness of the topics discussed by International Labor.<sup>[11]</sup>

After the First World War, the opportunities for mastering interpreters' proficiency were not easily to be found with no qualified lecturers in schools and no sources to learn from. Their skills came from marriages of different citizenships and movement of population and they served in public propagandas with the hidden intention to mislead the society. However, many interpreters gain their skills while their country was in war. One noteworthy professional was Leon Dostert, who was instrumental in innovation in simultaneous interpreting, which was used

at the Nuremberg Trials and organizations such as the United Nations and many others. The Nuremberg Trials took place in Germany in 1945 and 1946, after the Second World War. <sup>[12]</sup> These tribunals were in four languages, such as German, English, Russian and French and therefore the departments of interpretation needed to be formed. Nevertheless, they were aware that consecutive interpreting was not sufficient for the complexity of the trials, and thus the first usage of simultaneous interpreting was introduced. This method was operated in the booths divided by the language into which the presentation was interpreted. However, German or Russian were not the only languages of the defendants and some key witnesses, and for this case, the consecutive interpreters had to step in and perform their job, because it would not be otherwise possible to arrange and hire so many interpreters for every language spoken at these trials. <sup>[13]</sup>

The requirements for such positions were high, namely deep knowledge of specialty or military terminology was obligatory, or for example, in case of assisting in the medical trial in one of the subsequent proceedings, they had to know a great deal of medical terminology as well. Despite that, some individuals were sent to the booths with no preceding preparation and had to face some technological obstacles, such as fast rate of speech. Without any possibilities to use tapes as they were not invented yet, recording of the proceedings was done through a wire. At that time, former American company known as International Business Machines Corporation (IBM) had already existed and helped with the technical setup of dealing with a simultaneous system. They managed to develop a system of traffic lights where orange light symbolized a warning signal for counsel to slow the rate of his speech and also enabled judges to be conscious of interpreters facing difficult challenges. The new recruiting process started with more instinctive choices rather than specific examination of individuals. As a case in point, the youngest person from the team of first interpreters had gone directly from university and was only 21 years old, but different age groups were represented as well. It can be therefore assumed that this conference was, at that time, a unique multilingual court event using simultaneous interpretation and a team of about 36 interpreters.

The Nuremberg trials had surely an extensive impact on the following evolvement of interpreting services. Particularly, this event ensured that many global organizations, such as the United Nations, set up official simultaneous interpreting

departments, and speeches at the international meetings and proceedings became to be more efficiently interpreted. Nowadays, the facilities for such activity are much more developed. Simultaneous interpreting has become an aspect of the linguistic training along with consecutive interpreting. Numerous major universities have departments with qualified lecturers, professors and competent professionals, offering full time studies of interpretation, such as International Communication, Translation and Interpreting at Pablo de Olavide University in Spain or Master's program of Interpreting at Newcastle University in United Kingdom. <sup>[14]</sup>

### 3 Differences: Interpreting and Translation <sup>[15]</sup>

It is well known that interpreting and translation are terms commonly interchanged by some individuals. People often talk about a person who is interpreting as a translator. A possible explanation for this might be that they are not always aware there is a difference between these two categories. Although similarities can be surely found, for example, both communication means transferring a message from one language into another language, there are still significant differences. Whereas interpreting is actually carrying a message orally, translation is an activity which transfers a written text. Interestingly, both linguistic disciplines are rarely performed by the same person. Their high requirements and different skill sets are not exactly easy to be mastered and switching between them can be a sign of a real language professional.

Following this, the relationship and some characteristics of interpreting and translation can be distinguished:

#### *Purpose*

It can be said that the translator's job is mostly to give access to readers of different language backgrounds to the written information or document. On the other hand, interpreter's intention is to conquer the language barriers and to enable communication or conversation between the speaker and the listener.

#### *End product*

Both activities should express the same meaning of the content either if it is in oral or written form.

Although it is sometimes necessary for translator to convey the meaning as it is exactly written (e.g. translation of humorous story) with all the jokes and vulgar words, for interpreter it is recommended to stay as much neutral as possible and be really aware of not involving his or her beliefs and opinions.

The considerable difference is seen as translating being permanent, something which can be distributed, collected, analyzed or edited as much as needed.

Whereas interpreting is an activity taking place only once and then it is gone (that is, unless it is recorded and archived).

### *Place*

A translator can work at any place and does not have strict working hours due to the fact that only the final product is required to be finished at the agreed time and submitted at specific place. Their task can be done in different settings, either at the translator's home, at a library or at particular translation offices.

However, an interpreter has to be present at a predetermined place, and in the example of medical interpreters, the location can be specified to a health care institution, nursing home etc. The activity itself can be performed in public places or in private.

### *Skills*

To begin with a translator, he or she has to be able to comprehend the source text as well as to be capable of understanding all the cultural differences that can occur while conveying a message from various backgrounds. This illustrates the need for an advanced level of proficiency as well as importance to properly and effectively use dictionaries or other materials which can help understand the problem. For instance, to look up some sources about aviation before translating flight safety instructions or in case of medical translation, to consult the terminology with professionals in a specific field.

Even an experienced translator will use only a one-way direction of translating, meaning rendering a text into his or her mother tongue as it requires having good writing skills and high level of proficiency. It is important to note that being bilingual does not necessary mean being a good translator. Overall, these skills indicate that there is a strong need of knowing both the linguistic of the target language and likewise to have some cultural competencies.

Turning now to the interpreting, the performance of these professionals has to be exceptional; beginning with their listening skills (specifically while interpreting simultaneously), communication skills and mainly their memory capacity as it is not usual for an interpreter to ask a speaker for a repetition. These high demands on interpreters are also due to numerous collocations and colloquialisms that need to be forthwith recalled without any delay.

In contrast to translator, however, interpreter cannot use any auxiliary equipment, such as dictionaries or different sources of text because he is working “on the spot”.

### *Time constraints*

Translators have generally more time to work on the given text and are working individually. Their daily performance ranges from 2000 to 3000 words. Although it may seem not so much and that the only work they perform is just translating, but we have to take into mind that within this timeframe, their work also contains a thorough research of the theme, a text conversion, correction, and proofreading.

An interpreter can either perform simultaneous or consecutive interpreting, in the first mode the action is happening concurrently and the other way is to perform sequentially, for instance, the speaker stops after two sentences and lets the interpreter convey the message.

Even with consecutive interpreting, there is no gap between the speaker, interpreter and listener as is in case of translation. Notwithstanding they usually work in a group, they have to manage to communicate bi-directionally, going forth and back between the source and target language. Therefore thorough preparation is really fundamental as there is no time to use any written resources. Another limitation for the interpreters can be the rapid speed at which they have to understand, analyzed and accurately re-express information to the listeners. Several studies have revealed that it is about 140-160 words per minute.

## 4 Levels of Language Proficiency <sup>[16]</sup>

Returning briefly to the history of interpreting, it is well known that these professionals performed already years ago and although the circumstances under which they were employed considerably changed, one thing that unquestionably did not change is the scale of their proficiency. Interpreters still play an important role as a go-between when helping with negotiation among persons with different language backgrounds. They had to be able to convert the meaning of a speech whenever they were required to do so, along with immediate and correct comprehension of the message. These skills demonstrate their knowledge of the language and range of their fluency. The ease of expression in the given language can be divided into three groups. Before proceeding to the categories, it will be necessary to allocate two major classifications, which are as follows:

Being able to speak, read and write in an “active” language signifies the thorough fluency of the user.

The other one is a complete comprehension of the language, nevertheless without an ability to speak immediately and fluently at such level. That is so called “passive” language.

Further distinction is a system known as A, B, or C languages. The main contribution of devising the system, which identifies the proficiency level, was made by the global association known as the International Association of Conference Interpreters. This organization promoted high standards of quality and ethics in the profession and represented the interests of its practitioners (“About AIIC”, 2018)<sup>1</sup>. In the section that follows, I would like to determine the classification:

“A” language is the interpreter’s first language, often referred to as the “mother tongue”, or the language which is strictly equal to the native one. The person is able to think and communicate in that language without any difficulties even about more

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<sup>1</sup> AIIC. "Copyright". *aiic.net* December 7, 2001. Accessed April 11, 2018. [Retrieved 12.4.2018]. Available at: <<http://aiic.net/p/585>>.



sophisticated subjects. He or she is also capable of working in both the consecutive and simultaneous mode of interpreting.

“B” scale is for a language which is not a mother tongue of the interpreter, but he or she manages to work in it. One of the conditions is that they are fully fluent in this language. They generally choose only one mode of interpreting and it is most commonly the consecutive method.

These two categories are both considered to be active.

“C” mark is for the passive language which is perfectly mastered by the interpreter, but with the difference that they only work from this language into their native or B language, not vice versa.

According to customer satisfaction surveys that have been carried out with delegates, directionality in interpreting, in other words whether the interpreter is speaking in his or her mother tongue or not, is not an absolutely vital criterion in terms of the delegates’ appreciation of their work. People tend to think of accent and grammar as being the major challenges when interpreters speak foreign languages. However, neither of these things is actually the main issue when it comes to interpreting. The main challenges tend to revolve around the use of idiom and connecting ideas in a fluent way, so the listener can follow the whole sequence of ideas without any distraction because of the fact that it is not the interpreter’s mother tongue.

The Council of Europe is a good illustration of a bilingual organization. It is generally assumed that an individual has to be AA to get such position, nonetheless, the Interpretation Department uses and hires AA as well as AB interpreters, as the quality of their work is exactly the same.

In theory, interpreter understands the source language perfectly because it is his or her mother tongue. Nevertheless, these professionals still have to listen to their mother tongue in a new way, paying attention actively and thinking analytically as they do with their passive languages. Sometimes it is more convenient to try to infer the thoughts of the speaker rather than to focus on the form of how they are saying it.

Although this system seems to be completely comprehensible for the professionals or individuals working in the field of interpretation, there seems to be some evidence to indicate that it may constitute certain number of discrepancies for the public. They tend to confuse the letters with their real meaning. A classic example of this is expecting a letter B to mean Bilingual. As already mentioned above, being bilingual does not mean being able to interpret between languages. Occasionally, being raised in a bilingual family can result in having more difficulties than advantages. It is also worth noting that C level is frequently misinterpreted as a level of language which an individual has a command of with no effort. The reason for this is not exactly straightforward, but it may have something to do with the classification of languages at official institutions such as universities, language schools and other institutes of language.

## **5 Modes of Interpreting**

Before distinguishing the modes of interpreting, some clarifications need to be made regarding this topic, because of a widely held view that interpreters are prepared and skilled for all possible language tasks. It is not widely known that there are different types of interpreting activities that demand various techniques. These can be sharpened through proper preparation and practice. The modes have evolved through time and three of them are now recognized by the interpreting profession: simultaneous, consecutive, and sight. The summary mode is not appropriate in any settings of interpretation; therefore it is not often mentioned likewise not known among general public. Altogether they necessitate similar abilities of the experts; nevertheless, each of the methods depends on different sphere of language. One of them can be more specialized on writing, which is mostly applicable to the case of translation of written text. Another tends to focus more on reading along with speaking, which is a key instrument in case of sight translation. At the same time, listening will be almost certainly used in all the disciplines. Although sign interpreting might appear as an exception to someone, there is still a possibility that the interpreter will not transfer into the sign language from written sources, but from a given speech. In that case, good listening skills are a crucial prerequisite. Each of these modes is used in case of health care interpreting as it depends on the different needs of patients and the medical situation. <sup>[17]</sup>

### **5.1 Simultaneous Mode**

The basic of simultaneous interpreting is the transfer of a message concurrently with the ongoing speech of a speaker. A speaker starts speaking, the interpreter then carefully listens to what is being said and once the interpreter has heard enough to be able to know the meaning of what is being said, he or she starts conveying the message into another language. While delivering the interpreted message, the interpreter still listens to the speaker in order to understand the next part of the message. In this way, the speaker is not interrupted and the interpreter delivers a continuous flow of speech conveying accurately what is said by the speaker. The high requirement of this mode makes it extremely challenging, as it demands extraordinary concentration likewise excellent listening and speaking skills, and besides that,

an interpreter has to be able to check his or her words along with continuing to listen to the speaker.<sup>[18]</sup>

This mode is normally done in one of two ways. The first way is often referred to as conference interpreting or simultaneous interpreting with equipment. This type is performed at multilingual conferences or international gatherings where large parts of the audience need interpreting services. That way it is ensured that the meeting is not extended or lengthened more than is necessary. In these cases, the interpreters will be in soundproof booths where they hear the speaker over the earphones, working together and taking turns of about half an hour, because it requires a considerable amount of concentration. They interpret what is said into a microphone and those members of the audience who wish to hear the interpreted version can listen to it over their own earphones. This way, the speaker can freely speak without interruption and everybody in the audience understands what is being said, which can lead to active conversations and more impulsive contributions.

The second way in which simultaneous interpreting is done is called whispered interpreting, simultaneous interpreting without equipment or using a French word “chuchotage” for short. This is normally done when there are only one or two people who do not understand the language spoken by the speaker. The interpreter sits very close to the people who need interpreting service and converts the message in a full voice, but only softly, so that it is only heard by the people who need the service. Even though this is called whispered interpreting, the interpreter does in fact not whisper. In that connection, if there are more interpreters at the same place which work also concurrently, they can create an interruption between themselves. For that reason it is mostly applicable for short meetings with fewer interpreters.<sup>[19]</sup>

Regarding the medical field, a patient with limited English proficiency (LEP patient) can often extend the amount of information about his or her health condition, for this case, the simultaneous mode is more convenient as it may not ask for any other immediate response. Also, when teaching first aid in some international companies, the presence of an interpreter might be really helpful, as it may require performing whispered interpreting.

These professionals are prepared for many complicated tasks, also owing to the preliminary activities, such as shadowing. This exercise is aimed to train

the immediate recurrence of a speech, but with the difference that their performance is in the same language.

## **5.2 Consecutive Mode**

In consecutive interpreting, the interpreter listens to what the speaker says, then, once the speaker has stopped speaking, the interpreter transfers the message into another language. <sup>[20]</sup>

There are also two methods for working in this mode. The first method is commonly known as short consecutive interpreting, liaison interpreting or also sequential consecutive. It is typically performed in small meetings or between two parties in conversation, as well as in community interpreting and court proceedings. The interpreter allows each speaker to state a part of his/her speech and interprets what is said, once the speaker has stopped speaking. In this way, it allows two people who do not share the same language to have a conversation and the interpreter may interrupt the speaker in case he/she needs some clarification.

The second method in which consecutive interpreting is carried out is called long consecutive interpreting or classic consecutive. This is usually done without any equipment and can be applied in certain conference settings. The interpreter listens to a longer speech being given without interrupting the source-language speaker. It entails taking notes in order to aid his or her memory before rendering the message. This activity might be helpful for jotting down different dates, numbers, names and other complex data rather than writing the whole speech. However, it is not advisable for the interpreter to depend completely on his or her notes; hence the emphasis is placed on practicing short-term memory as well. This kind of interpretation may be also seen in court proceedings, yet the interpreters may employ recording devices in order to help themselves a little bit, but then they switch to simultaneous interpreting. However, it is not recommended to rely on the equipment as well, as it may happen that the electronics will fail. <sup>[21]</sup>

Trained professionals are able to deliver the same speech into another language even in case of addresses lasting up to several minutes. On average, it is between five to ten minutes. Nonetheless, beginners may be allowed to ask for dividing very

comprehensive speeches into parts. Once the speaker has finished, the interpreter stands up and using his notes, he or she renders the entire speech into the other language.

The importance of taking notes and improving such skills is essential. There are certain tenets which should be followed when using this technique. The interpreter is expected to provide the most important ideas in the given speech. It is also advisable for the interpreter to determine in advance his/her own alternatives of shortening long words, such as clear abbreviations or symbols, as there is not much time given to write longer words. In this case the interpreter could focus on writing the whole word and stop paying attention to the speaker and thus lose the point of the speech or some important data.

With reference to medical interpreter, the consecutive mode is the most preferable, because it simplifies communication between the patients with limited language proficiency. It mostly takes place when there is a need for immediate alternating between the languages. In some cases, a health care provider or a doctor may explain the patient's medical condition and the following treatment, whether they are in an office having a calm conversation or on the scene providing first aid, at these times, it is not advisable to disturb the medical person and better to wait until they finish speaking.

### **5.3 Sight Mode**

Sight interpretation is a spoken interpretation of a written document. Questions have been raised about the third mode of interpreting. Although someone might oppose the fact that it is particularly translation or not an interpreting component on its own, sight interpreting is still one of the basic elements of interpreter's abilities. A possible explanation for these convictions might be that it has been mostly recognized as an instrumental part of simultaneous interpreting, as it is generally performed in the moment. It can be also considered as an instructional activity for training the other two types of interpreting. In 2004, Marjorie Agrifoglio published a research article in which she described sight translation as a hybrid between written translation and interpreting in that the source text is written and the target text is spoken

(Agrifoglio, 2004)<sup>2</sup>. In other words, the interpreter reads a document written in one language and gives an oral rendition of this document in another language in the way that is comprehensible for the listeners without any difficulties. This type is performed in the circumstances when parties need to know what is contained within a document that has not been translated. It is also done when the interpreter receives the written version of a speech being given, for example, in case of court proceedings, the interpreter might have to translate a formal statement of a witness. <sup>[22]</sup>

As previously mentioned, speaking and reading are the fundamental skills for this activity. However, the interpreter has to have a good knowledge of the terminology used in the text, as he or she does not have time to research the meanings of words, such as possible in the case of written translation. <sup>[23]</sup>

In the matter of medical sight translation, the health care interpreter may encounter many different medical documents, such as intake forms, medical instructional and educational materials or even birth certificates. Although, in these cases it is generally not recommended to do the sight translation, unless it is entirely necessary and there is no time to properly translate these documents.

#### **5.4 Summary Mode <sup>[24]</sup>**

There is also the fourth mode called summary interpreting, where the interpreter renders a condensed version of what is being said. The ineffectiveness of this technique may be exemplified in the case of a court proceeding. Summarizing results in gross oversimplification of testimony and fails to convey many important details that should be part of the official record. Paraphrasing or summarizing is never acceptable in the courtroom. Anytime a judge or officer of the court suspects that an interpreter is summarizing, it is advisable that the judge seek out a more skilled interpreter. Considering that there is a great risk of losing information and accuracy, this mode is mostly not recommended to use in any type of environment.

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<sup>2</sup> AGRIFOGLIO, Marjorie. *Sight translation and interpreting: A comparative analysis of constraints and failures* [online]. 27 May 2004, 43. [Retrieved 12.4.2018]. Available at: <https://doi.org/10.1075/intp.6.1.05agr>

## 6 Types of Interpreting Services

Along with the development of interpreting services, certain types have been created, enabling professionals to employ their skills. Having discussed the utilization of constantly evolving technology in terms of simultaneous interpreting, there are other ways in which the means of interpretation affected this field and are nowadays applied. Their communication purpose is mostly the same - to overcome a certain distance between the speaker and the listener, whether it is a physical distance or a sound barrier, as in the case of interpreting for the deaf. Accordingly, this is achieved through audiovisual and multimedia systems. <sup>[25]</sup>

To date, various methods have been developed and one of them has led to the creation of a now well-known term – remote interpreting. Among the experts, it is considered as a broad topic, which is constantly changing, expanding and someone might find it difficult to define. Traditionally, the very essence of this service is the absence of an interpreter, which can be compensated in several ways. One of them is telephone interpreting, the most accessible form, when there is an urgent need for an interpreter. This method is usually used in community interpreting, such as in offices and hospitals, and its expansion started approximately at the end of the 20<sup>th</sup> century. These interpreters often perform into lesser-known languages, as it is less complicated to procure such interpreters than on-site ones. It is more convenient for the clients as the cost of the services is reasonable and with mostly immediate response. For the need to communicate with deaf, it was necessary to create additional sector, namely video interpreting. For instance, in case of emergency medical situation where a family member is deaf or hard of hearing, it is sometimes vital to use the video interpreting type to ensure that the person understands the doctor's message and can approve an emergency procedure. In contrast, it is not suitable for every situation. For conferences purposes, video interpreting has therefore evolved into tele-interpreting, enabling a wider range of audience to take an advantage of this form and to participate in a greater number of international conferences without dealing with overcoming a language barrier. <sup>[26]</sup>

As was a few times previously mentioned, an essential element of interpretation is sign language. However, there is a large volume of published studies describing interpreting as a spoken discipline. A number of authors have even mentioned a term



“spoken-language interpreting”, which emerged as a distinction to the term “sign language interpreting”. This form can be performed simultaneously as well as in consecutive mode. Fundamentally, there is no difference in performing these modes compared to the spoken language. The interpreter starts signing a message after listening to the speaker or the other way around, rendering into spoken language while watching the person. It is not excluded that these interpreters could not make notes to help them make a coherent rendition, but it is rather exceptional. Much of the current literature on interpreting also describes a term known as the transliteration, which is closely connected to sign language. In their study, which has evolved from more than 20 years, Humphrey and Alcorn (2001)<sup>3</sup> reported that transliteration refers to the process of taking a message and expressing it in a different form of the same language. In addition, popularly held belief among the public is that there is only one kind of sign language and that is comprehensible for all people from all over the world. That way, they tend to think that sign language interpreters have a facilitated job, because they only need to know one sign language and can interpret for anyone. Nevertheless, each country, as well as Czech Republic, has its own sign language. There is German Sign Language, British Sign Language likewise American Sign Language. Even between the English-speaking countries there can be a distinctive sign language, having its particular and cultural background. Nonetheless, some sign languages use common codes and can create certain resemblance among them, such as Signed English. <sup>[27]</sup>

Conference interpreting is one of the most recognized and most extensive sectors of interpreting services. As has already been mentioned in the history of the development of interpretation, the most common way of performing conference interpreting is the simultaneous mode. This is performed in a soundproof booth, which is assembled in the conference venue, allowing the interpreter to grasp the whole situation, including visual presentations. This mode requires utmost concentration, so interpreters work in pairs. International organizations, such as the European Union, always have three interpreters working into one language, which alternate every 20-30 minutes, depending on the quality of the speaker and on the subject area. <sup>[28]</sup>

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<sup>3</sup> JAN HUMPHREY AND BOB ALCORN., Kris van de, Eddy VANAGT, Ulrike SCHRIMPF a Jessica GASIOREK. *So you want to be an interpreter?: an introduction to sign language interpreting*. 3rd ed. Amarillo, TX: Springer, 2001. ISBN 978-096-4036-772.

A variety of other methods are used to interpret. Each has its advantages, drawbacks and takes place under certain conditions. One of them, that has its place in political fields and is often performed during official negotiations, is diplomatic interpreting. It is a part of conference interpreting, but unlike it, its typical mode is rather consecutive. According to International Association of Conference Interpreters (2018)<sup>4</sup>, interpreting in diplomatic settings involves not only language but a broad range of elements and factors that make communication possible. Diplomatic settings include national institutions (Ministries, Presidential Offices, Houses of Parliament), international institutions (the United Nations and its family of agencies, the European Union, WTO, NATO, etc.), and a number of international or inter-regional military organizations. <sup>[29]</sup>

Another distinction of interpreting that is closely related to the subject of political relations and diplomacy is military interpreting. Professionals in such spheres are usually members of the military forces. Their abilities are employed at particular events, such as starting negotiations with the aim of cease-fire, interviewing detainees and witnesses, and other military international operations.

Court interpreting is one of the specialty areas in which the skills and knowledge of the interpreter can frequently have a lasting impact on the client. However, some people are of the opinion that court interpreting is part of the community interpreting. This is certainly true; nonetheless, as it is becoming increasingly widespread, this activity creates a unique profession on its own; likewise it is in case of medical interpretation. The role that the interpreter can take depends of the setting of the court. The proceeding interpreter is the most common role, where the professional is defined as an officer of the court who interprets all of the proceeding and the witness testimony for the benefit of the participants and the court. The second role that the interpreters are taking is so called counsel table interpreter, also known as table interpreter, defense or plaintiff's interpreter, law office interpreter, party or monitor interpreter. Although the name may change, the function and the definition of this role remains the same. The primary function of the counsel table interpreter is to interpret private conversations between the attorney and the client, and to monitor the proceedings interpreters for accurate interpretation. The interpreter at counsel table is a part of the litigation team

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<sup>4</sup> AIIC. "Copyright". *aiic.net* December 7, 2001. Accessed April 11, 2018. [Retrieved 12.4.2018]. Available at: <<http://aiic.net/p/585>>.

and is responsible for interpreting the privileged attorney-client conversations before, during and after the proceedings. The ability to monitor effectively is a highly specialized and advanced skill. <sup>[30]</sup>

In our diverse multicultural and multilingual society, community interpreting may outwardly not seem as important as other types by comparison with conference interpreting. Each one of them has its different set of standards and laws that govern it, the same way that community interpreting does. Nonetheless, this area is just as essential as the others, especially for its focus on health care, education or social services. In Canada, for example, it is generally recognized as cultural interpreting. On the contrary, British term for this discipline is public service interpreting. As far as the development of community interpreting, it started approximately in the 1970s, when large groups of immigrants began to leave their countries and settle down elsewhere. Many countries started recognizing the urgency of establishing relevant legislation to ensure performing sufficient services at that time. It was really essential to create suitable conditions for the proper training of these professionals. Furthermore, many institutions were founded, issuing certifications of the level and language proficiency of the interpreter, based on the pre-defined exams. The health care sector has been the most developed and the most professionalized one, including medical and hospital interpreting. Nevertheless, there are still a great number of countries having difficulties with creating adequate bases for the formation and the development of standards and ethics of the community interpretation. <sup>[31]</sup>

This raises questions about the role of medical interpreter which will be discussed in the next chapter.

## 7 Medical Interpreting

As noted earlier, the development in health care interpreting emerged in the second half of the 20<sup>th</sup> century because of the immigration wave that led to creation of certain barriers between patients and medical providers. From the beginning, the most common way in which was medical interpreting performed, was relying on family members. However, there were a great number of potential errors, which could occur, namely not maintaining secrecy of the health condition of the individual, and also the correctness of rendered messages without prior medical knowledge was questioned. It should be recalled that many people who are bilingual have the ability to interpret some message spoken in one language into another, but it does not necessarily make them an interpreter. It is the extra feature of such profession - he or she abides by a code of professional ethics. For these and more reasons, it is generally recommended to employ proper professionals, those who are trained and qualified for such position.

The core of their work is the same as it is in case of the conference interpreter, except that this area is highly oriented to medical terminology. Their aim is to allow healthcare users with different language backgrounds to accurately comprehend messages of medical providers and thus receive the right and sufficient health care. They must have deep knowledge of medical terminology in both languages, because the symptoms the patient may describe in his native language may have completely different names in the second language and he or she has to find the right words. However, it is not about knowledge of the treatment or effects of a particular drug; this all is determined by health care provider or a doctor. For the interpreter, of course, the best scenario would be if he or she always knew in time when and what would be needed to interpret, in order to prepare properly, go through specific terminology, etc., but this is not nearly feasible in practice. <sup>[32]</sup>

Medical interpreting services are provided mostly in hospitals, medical centers and sometimes even at scenes, when the medical person is also a trained interpreter, as can be seen in many cases. A number of people from the medical community eventually transit to interpreting. Nevertheless, it is necessary to make a distinction between being an employee of hospital, for example a nurse, and being an interpreter, as this profession is governed by the code of ethics. What is meant by this may be

demonstrated in the following example. If a medical interpreter is present and a doctor is asking a question to the patient, the interpreter renders the message. But when the patient asks a question to the doctor and even the interpreter is from the medical field and knows the answer, he or she cannot answer it, it is necessary to interpret it for the doctor. The professional has to be aware that the doctor is in charge of the consultation. Another scenario would be if an employee of the hospital, which is also an interpreter, is in a room with a patient alone and is explaining discharge instructions in the other language; he or she is allowed to further answer more questions related to this, as their role is a medical employee of the hospital. When acting as a medical interpreter in the hospital or anywhere, it is necessary to follow certain rules. These are the fixed legal implications associated with the performance of the interpreter.

The role of the medical interpreter consists of several parts. From the beginning, it may seem difficult as they have to set some expectations. Their primary goal, however, must be to establish direct contact between the patient and the healthcare provider, which is directly related to the first and the main role. Predominantly, they are mediators, with the aim of accurate expression of the given message without adding, excluding, or otherwise changing the meaning of words. Their duty is not only to understand the content of the speech but also to seek to preserve the basic elements of communication. This, of course, involves ensuring a certain flow of conversation ongoing between the two sides likewise keeping the neutral dynamics of conversation, in order to avoid possible conflicts or discomforts. <sup>[33]</sup>

Another role is to clarify the meaning, in case the listener does not understand the high register of medical vocabulary. Interpreters in medical field have to keep the register, but unlike in the legal sphere, it is allowed to be flexible in order to analyze the situation and make sure of the right communication with the patient. There are three levels of the register, which are generally determined – low, general and high. If the patient uses low register, for instance, colloquial expressions that are only understood in the particular country, it is not always possible to match the register in the other language. General register is vocabulary that is used on a daily basis, for example words like a pen, a mobile phone, a car, etc. High register is considered as the medical terminology, although in contrast with court interpreting, this particular register lacks the formality.

Additional task is closely related to breaching the cultural barriers. It is an asset for the interpreter to know from which cultural background the patient comes. It may happen that certain cultural distinctions may eventually lead to possible confusion between the patient and the doctor. Therefore, the intervention of the interpreter is needed to avoid potential misinterpretation. Frequently occurs a situation where one of the parties, whether the medical provider or the patient, may tend to create a closer relationship with the interpreter, in terms of friendly association. However, this situation is not favorable even for either of the participants. These patients often believe that the interpreter is able to perfectly empathize with their feelings and thoughts, owing to his language knowledge and experiences from the same cultural environment. It may seem that greater trust directed to the interpreter possibly creates a better conversation with the patient, but this situation may easily transfer into a "tell the doctor" conversation, which is not convenient by any means. Therefore, it is important for the interpreter not to undergo such pressure from the patient and attempt to maintain or regulate their conversations in neutral manners. <sup>[34]</sup>

This is also related to another part of job description of an interpreter. An interpreter may get into a situation where he or she will be witnessing unfairness to the patient. Although, he or she does not assume responsibility for the behavior, whether of the patient or of the physician, and at that moment, the interpreter is obliged to act as an advocate. Nevertheless, even acting with a good intention may be misplaced and he or she may incur the risk of a complaint. Thus it is important to set certain boundaries when advocating the patient and, where appropriate, inform the responsible person who has the authority to further address such matters.

## **7.1 Types of Medical Interpreters <sup>[35]</sup>**

As well as there are certain types of interpreting services, it is also possible to categorize different types of interpreters considering their level of expertise. There are many ways how to divide these types, but the first two types are in any division considered to be the most principal and the most recognized.

The first group is professionals, where the verification of the degree of knowledge may be guaranteed by certification issued by the state or other official institution.

They charge a considerable amount of money based on the length of the interpretation and are often members of particular associations providing interpreting services or are working as freelancers.

Continuing with ad hoc interpreters, this type is concrete example when a family member or not trained medical staff becomes a temporary interpreter. Several errors may occur, causing serious consequences, which will be discussed in the following chapter.

Other types worth merely mentioning are for example bilingual health care practitioners, trained telephonic interpreters and many others.

Each situation may require, under certain circumstances, different degree of knowledge of the interpreter, and therefore, the services of untrained interpreters may be used, although it is still not recommended.

## **7.2 Code of Ethics** <sup>[36]</sup>

This part of the thesis discusses code of ethics and typical errors in medical interpreting as mentioned in the previous chapter.

Cultural competence is as important theme to the outcomes of the patients as anything the interpreter has to know in terms of medical terminology. A good relationship between the provider and the patient requires trust, which may be completely dependent on the cultural competence of the medical interpreter. The lack of awareness of the patient to language access resources results in not being able to communicate with their providers. Consequently, it may cause a barrier, which contributes to health disparity such as not seeking preventive care or not finding someone who would be able to deal with primary issues. Unfortunately, these medical issues of the patient may escalate to irreversible medical situation. When patient enters hospital environment and does not understand the signs or anything that medical staff is telling them, it may be very stressful. The only familiar thing in this alien environment is the voice of the interpreter, the bridge that allows this patient to connect with the doctor and to receive the healthcare that he or she deserves.

In order for interpreters to perform appropriately, they have to know the rules by which they are supposed to govern themselves. Code of ethics has been created with the intention of establishing principles that would apply to everyone. In essence, they are sort of pieces of advice that serve to the interpreters on their daily basis and demonstrate what is and what is not in accordance with accepted standards of conduct.

In the US, for example, the rules have been established by the International Medical Interpreters Association and the National Council on Interpreting in Healthcare. In Ireland, for instance, there is only one professional association, which defends the interests of practicing interpreters, called Irish Translator's and Interpreter's Association. In each country these rules are managed by different organization. Although, they have about seven core common values, they also may differ slightly by stating different number.

### *Accuracy*

We will begin with the first issue — accuracy, which corresponds to one particular ethical principal. Accuracy is conveying the content and the spirit of the message using the most effective mode of interpretation for the situation. It also includes taking into consideration the cultural context of the message. During the health care encounter, the interpreter has a pre-session with the patient and the provider. With regard to accuracy, it is really important for the interpreter to have a notepad and a pen. These are the essential components at their disposal. Another reason why accuracy matters can be demonstrated on the following example. When the interpreter is performing in a healthcare encounter, he or she is dealing with numbers, particularly dates of birth, addresses, social security numbers, but mostly importantly vital signs. Medical provider can take weight of patients as well as their temperature or ask them their height. These are the numbers which the interpreter will not automatically remember, especially when it is a relatively quick interpretation assignment. Providers on average spend 15 extra minutes with the interpreter.



## *Advocacy*

No code of ethics stands alone; each one is related to another. Advocacy, representing the second value, is done on behalf of the individual to maintain good healthcare outcomes and is engaging when the patient health, well-being or self-respect is at risk. Usually, when novices enter the field of medical interpretation, they believe that advocacy is defending the rights of the patient, protecting them from racism or from mistreatment. This actually is not necessarily what advocacy is. It has no connection with racism. More so, it is applied while ensuring that the patient is treated in the same way as the patient speaking the language of the medical provider. There is usually an imbalance of power when there is the provider and the patient relationship by virtue of the patient. In addition, advocacy is rather assuring that the patient understands their diagnosis than withholding the unpleasant information, which will probably change their hopes in a negative way. For example, if the patient was diagnosed with cancer, it is really important that the interpreter relay that information as the provider has stated, because once the patient is aware of their status insofar as their health, they may then make an informed decision as to what type of treatment they would like to pursue.

## *Confidentiality*

What follows is an explanation of confidentiality. Essentially, it is the rule of keeping private all of the information that has been exchanged during the interpretation encounter. The interpreter cannot divulge any information, including any paperwork such as notes, as it also has confidential and medically identifiable information on it. It is a vital piece for the relationship between the provider and the patient, because the interpreter has to establish the rapport between both parties. Some patients may be undocumented, so there may be a natural fear of exchanging any kind of communication with somebody they do not know. Confidentiality of the interpreter plays an important role for the provider too, because the provider is subject to the rules and regulations of the hospital. If the interpreter breaks confidentiality for whatever reason, not only he or she may be held liable legally, meaning a lawsuit, but it may also affect the provider, the hospital and everything, which is related to that interpretation.

There is a cultural element to note-taking, as it is for some people and in some places associated with traumatic experience. A good example of this can be found in case of patients coming from countries, where they were persecuted by the authorities and part of that was keeping files on them. They may feel very uncomfortable with note-taking as it may remind them the same trauma that they have experienced in the home country. Therefore, it is necessary to explain to them why the interpreter is taking notes and then, as an added measure for their personal safety and security, he or she would then discard the notes.

### *Cultural Competency*

Turning now to the next principle, it is absolutely necessary to mention that cultural competency is a continuous process. With regard to this issue, the interpreter has to develop awareness of his or her culture and also of the cultural background of the patient prior to making any kind of value judgment. The novice interpreters tend to bring their own cultures into encounter. It is generally agreed that every person has a certain bias. The reason for this may be that there are preconceived notions in which are the individuals culturally raised. It is important to realize and recognize it and attempt not bringing that perspective into the medical interpretation.

The next appropriate step in developing awareness is to ask patient questions which may seem unfamiliar to the interpreter. It may help them understand the reason that brought them to the hospital, because culturally, people view illness, causes and cures for illnesses in very different ways. For the medical interpreter it is also essential to explain the cultural differences to patients and healthcare providers, when it is appropriate and necessary, in order to facilitate effective communication. There are various cultures even for speakers of one particular language. They may use divergent idiomatic expressions, which may have different meanings depending upon the context and the cultural perspective of the individuals.

### *Impartiality*

The interpreter has to ensure being non-judgmental likewise not interjecting his or her personal opinions, providing any sort of advice to the patient and projecting personal biases and beliefs. They are obliged to treat the patient and the provider in the same way. If the interpreter explains something to the provider, he or she also has to make sure that it will be explained to the patient in their target language. This stands for being transparent in the communication. It is advisable to use a neutral language and speak in a voice that is not imposing any particular set of directions towards the patient.

### *Respect*

With regard to respect, not only does the interpreter have to enter the encounter and behave politely, but it is the manner in which he or she addresses each party. For example, in a pre-session, medical provider may extend their hand to the interpreter to shake his hand; on the contrary, the patient may bow their head down towards the interpreter. An interpreter should always respond to a given gesture in relation to the person, culture and gender roles. Importantly, it is an essential key piece of the code of ethics to address patients, providers or family members of the patient in the formal manner.

### *Professionalism*

When interpreters first receive their assignment, the first thing that is necessary to do, is to make sure they know the right time, the right date and what type of assignment it is. This way they may be able to prepare themselves prior to the appointment. It may include asking the providing agency additional information, such as what kind of facility it is or what the specialty of the provider is, which may help in case of the research of particular terminology. The second step is to always be on time for the interpreting event and to become familiar with the organization or the hospital. Another critical factor in terms of professionalism is accepting gifts. Professional interpreter never accepts gifts from patients.

### **7.3 Errors in Medical Interpreting** <sup>[37]</sup>

Interpreting in healthcare settings may be very challenging both knowledgeable and emotionally. It necessitates proper training of the individual to maintain emotional distance from providers and patients, as it may affect the encounter. Professional interpreters are fully familiar with code of ethics, medical terminology, healthcare system and medical procedures of particular country. Errors in such environment may cause prevention of proper and, at the same time, necessary treatment of the patient.

A number of studies have revealed that untrained interpreters, along with family members, are more presumable to err in the sphere of medical interpreting and thus create assumptions for negative repercussion. One of the reasons may be, for example, their relationship to the patient. They may hear unknown information about their relatives, whether about their medical history or personal matters, and in this case is easier for them to breach confidentiality. Furthermore, they may lack certain knowledge of medical vocabulary and may explain the anamnesis completely incorrectly. It is generally believed that using ad hoc interpreters is under certain conditions more risky than not using interpreter at all. It may be that untrained interpreter can create false feelings of safety, trust and accuracy. However, interpreters who have long-term experience and have undergone regular training may also make mistakes. In the section that follows, examples of errors will be illustrated.

#### *Adding, Omitting or Substituting*

The most common error is excluding or adding information, which happens in more than half of the cases. The interpreter should never add, omit or substitute any part of the message, even if it seems redundant, irrelevant or rude. Otherwise he or she may eliminate useful information and change the content of the message.

#### *Tone, Register and Style*

Professional interpreters replicate the register, style and tone of the speaker. This may prevent confusion, ensure an accurate and clear message and instill confidence in both parties that what they are saying is truly being conveyed.

### *Speaking in the Third Person*

Speaking in the third person is a well-known example of error. Trained medical interpreters should always interpret in the first person, which is one of the standards of professional interpretation. The main reason for this is preserving voice of each of the parties. It allows the message to go across much more cleanly and authentically. The interpreter may that way perform much faster, because he or she does not have to add all the extra words. To summarize, it allows the interpreter to become transparent, reduces third person confusion and enables for a more accurate message to be conveyed.

### *Body Positioning*

Another example of what is meant by error in medical interpreting may be incorrect body positioning. Whenever possible, the interpreter should sit to the side and slightly behind the patient. This emphasizes the message, not the interpreter. It also reduces distractions and allows the parties to engage each other. Inappropriate sitting order that often occurs is called triangle positioning.

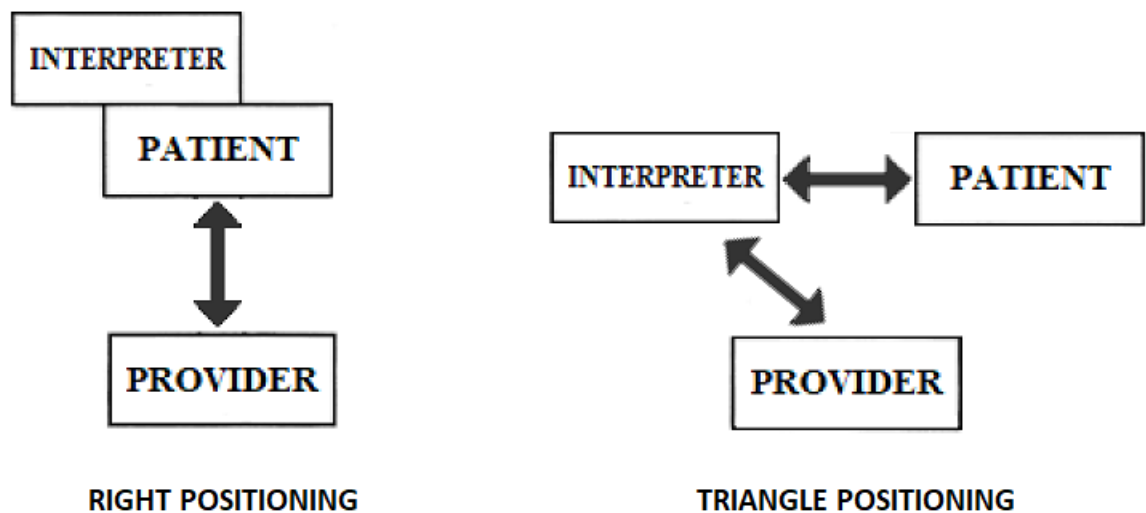


Image 1. Source: own source

### *Handling Side Conversations*

Side conversations should be rare for the interpreter and should never exclude the other party. Ensuring that everything is interpreted reduces suspicion and confusion. Further, interpreting everything ensures that professional role boundaries are maintained.

### *Clarifying*

Interpreting sessions are not always effortless. The interpreter may encounter difficult accents, unknown regional slang or individuals who mumble or speak quickly. The interpreter should not engage in a clarifying conversation that excludes the other party. Appropriate clarifying will create less disruption and provide for a better flow during the session. It may also prevent the exclusion of one party from the conversation.

### *Not Managing the Session*

Most people realize that an interpreter needs pauses in conversation to interpret. Unfortunately, some providers or patients may continue to talk without giving time to interpret the message. In such cases, the interpreter may interject in the conversation to ask the individual to pause. This management of the session will create greater flow and reduce the need to summarize parts of the message.

## 7.4 Medical Abbreviations and Symbols Used by Interpreters

As was mentioned earlier, medical interpreters are expected to have excellent knowledge of medical terminology. This is also related to medical abbreviations that physicians and hospital staff tend to use. Medical interpreters have to know the meaning while rendering the instructions to patients. Some of them may be appropriate for physical assessment, medical condition, description of body parts or recommended usage of particular drug. Gradually, medical interpreters have become familiarized with these expressions, as well as corresponding symbols, and incorporated their usage in note-taking. Some examples will be showed in the following section, which are confirmed by the respondents.

### *Common abbreviations*

- AMA – Against medical advice. Patient may decide to leave the hospital despite the recommendations of medical provider.
- BID – Twice a day. Abbreviated from Latin ‘bis in die’. This may be used when the medical provider explains the dosage of prescribed drug.
- CIG – Cigarette. Patient is a smoker.
- CP – Chest pain.
- D/C – Discharge. Patient may be discharged from the hospital when his or her hospital care ends.
- DOB – Date of birth.
- HR – Heart rate.
- LBP – Lower back pain.
- M/H – Medical history. A set of information needed to further analyze the state of health of the patient.
- N&V – Nausea and vomiting. May symbolize symptoms of patient condition.
- NB – Newborn.
- NKDA – No known drug allergies.
- NPO – Nothing by mouth. Abbreviated from Latin ‘nil per os’. Patient may be advised not to ingest food before surgery procedure.
- OR – Operating room.
- PCP – Primary care physician.
- Pt – Patient.

- PTSD – Post traumatic stress disorder.
- RN – Registered nurse.
- S&S – Signs and symbols.
- SOB – Shortness of breath.
- SOS – If necessary.
- STAT – Urgent, immediate. Abbreviated from Latin ‘statum’.
- Tx – Treatment.
- U/S – Ultrasound.
- VSS – Vital signs are stable. Measurements of blood pressure (abbreviated as BP), pulse rate (PR) and body temperature (BT) are normal.

### *Symbols*

♀/♂ – Female or male.

< – Less than.

> – More than.

∧ – Diastolic blood pressure.

∨ – Systolic blood pressure.

↑ – Increased or elevated.

↓ – Decreased, depressed or lowered.

← – Is due to.

→ – Causes or transfer to.

▲ – Change.

Ψ – Psychiatric.

= – Equal.

~ – Approximately.

∅ – None or null.

⊗ – End of operation.



## 8 Methodology

It was decided that the most appropriate method to adopt for this study was to interview experienced medical interpreters. Qualitative methods offer an effective way of exploration of a topic in depth with particular individuals. Data were gathered from 10 different medical interpreters from various countries. The subjects were selected on the basis of a language spoken and a face to face performance. Semi-structured interviews were conducted with medical interpreters with a minimum experience of 8 years. In order to verify information collected in the theoretical part of this thesis, the participants were asked to answer 8 questions through the services of social networks. Prior to discussing the ascertain data, the first section gives a brief overview of the social background of participants. In the second section, the questions are presented as well as the answers of informants. Afterwards, the results are further analyzed. All the participants wished to remain anonymous; therefore their names are fictitious. Furthermore, it is necessary to emphasize the fact that all interpreters, in addition to other languages in which they are working, also perform from and into English.

### 8.1 Introduction

*Gloria* is a native of Spanish language, who graduated with a title of Doctor of Medicine. She works as a part time medical interpreter in the Fluent Language Solutions, Inc., and resides in Houston, Texas, in the United States.

*Yelena* is a speaker of Russian and Mandarin Chinese with completed education of linguistic and special studies of intercultural communication. She lives in Moscow, the capital of Russian Federation and works as a full time interpreter for company Moscow Time 24, which provides translation and interpreting services.

*Lidia* is fluent in Polish, who obtained Diploma in Public Service Interpreting with the specialty of English Law and also graduated as a Master of Arts major in Bilingual Translation with Interpreting. She works as a medical interpreter for 17 years, currently for the London company called Language Line Services, in the United Kingdom.

*Arturo* is Spanish speaker, who has a National Interpreting Certification. He has been working in this field for 9 years, precisely at Seattle Children's Hospital in the U.S. state of Washington.

*Sophie* is a Native American with proficiency in Spanish. She has experience with medical interpreting for 22 years. She currently works as a coordinator of interpreting services and a Spanish full time interpreter at Mount Auburn Hospital. She comes from Cambridge, Massachusetts, the United States of America.

*Maiko* is Laotian interpreter for Hmong language. She has a Master degree in Health Information Technology. She has over 8 years of experience and resides in Minneapolis, the U.S. of Minnesota, since 2015.

*Gina* is fluent in Brazilian Portuguese, who graduated as a Teacher of legal translation at university in Rio de Janeiro, Brazil. She still works as a teacher and as a freelancer with 35 years of experience in the interpreting field. She is a resident of the United States living in Miami, the state of Florida.

*Denisa* is a native Czech, who lives in the city of Tullamore, Ireland. She also finished her studies in Ireland with the title of Master of Business Studies. She has been working as a community interpreter for 9 years.

*Viera* is a Slovak interpreter currently living in the city of Aberdeen, Scotland, the United Kingdom, where she received her Diploma in Public Service Interpreting. She has been working in the company called Global Language Services, Ltd., for a long time and interprets also into Hungarian and Czech language.

*Dana* originally came from Beirut, the capital city of Lebanon. For this reason, she speaks Arabic and French fluently and has been interpreting in the medical field for 10 years in the city of Houston, Texas, in the United States.

## 8.2 Survey

In the follow-up phase of the study, participants were asked questions regarding their experience in the medical interpretation.

### *1. Did you previously work as a health care provider?*

Gloria reported that she worked as a doctor in a hospital prior to creating a passion for medical interpretation.

Yelena claimed that she had no preceding experience in the medical field.

Lidia worked in hospital in Chicago while she had been studying for her degree in nursing.

Arturo said that he did not have any previous medical education as the only reason for him to start working as a medical interpreter has been his need for second income and finding a new challenging interest.

Sophie affirmed no earlier experience as a health care provider.

Although Maiko denied any preceding practice as a medical provider, she added that as a part of her degree certificate had been attendance of 6 quarters of anatomy and physiology classes.

Gina remarked her vocational training of clinical pathology but no previous job in a health care.

Denisa disclaimed any previous education or employment in the health sector.

Viera also had no experience as a health care professional.

Dana replied with negative answer as she was an agricultural engineer. Nevertheless she added that the background in science was in her case rather beneficial.

2. *Where have you gained the experience necessary to perform the job as an interpreter?*

Gloria mentioned that she had to take 40 hours training, which is necessary for the certification and she had attended various webinars, conferences and lectures in order to improve her skills.

Yelena stated that she had not attended any courses but her experiences had increased during her study and also through self-learning techniques.

Lidia commented that when she had firstly started doing medical interpretation, she had had no previous training as an interpreter. But since that time, she tried to go for a session well prepared, she did a lot of reading in both languages and prepared terminology for each session.

Arturo explained that although he was a freelancer, he had taken the advantage of continuing education provided by Association of Interpreters and Translators.

When Sophie started interpreting, there had been no training possibilities and no real testing, except by hospital managers. She then had used program called Continuing Education Unit to improve her skills.

Maiko stated that she had mostly learned the usual procedures from the personal experience when interpreting for her parents. Then she had also attended classroom trainings, which had taught her code of ethics, how to handle situations and to be autonomy.

Gina reported that there was nothing better to prepare the novice than in situ experience, where one may learn the standards and the best practices. Another thing that may add to the experience was reading books, attending workshops or conferences.

Denisa remarked that she had undergone a training that an agency had provided and then she had been shadowing an experienced interpreter for some time.

Viera explained that she firstly had had a personal experience within the family and after that she had taken one year long interpreting course.

Dana replied that she had taken courses, seminars and had attended many conferences, but the main source had been her own research, reading and creating glossaries for each and every sub-specialty.

3. *Which mode do you mostly use in medical interpreting (consecutive or simultaneous)?*

Gloria admitted using both modes, but mostly consecutive.

Yelena agreed on switching between the consecutive and simultaneous.

Lidia denied using only one of them. She automatically shifted from one to another, depending on the situation.

Arturo answered that according to him, every appointment was different. As he said: "Everything goes, as they say at school."

Sophie reported that she primarily used consecutive mode, but if necessary, for instance, there was a psychiatry appointment or a group meeting, she would switch to simultaneous.

Maiko insisted on using only the consecutive mode.

Gina preferred consecutive mode during regular consultation. Nevertheless, she added that if the doctor was discussing results, Gina would stay next to the patient and would use simultaneous or chuchotage.

Denisa explained that she was also using consecutive as it was preferred mode by the medical staff. However, she had tried whispered interpreting but found out that this worked better in court settings rather than in medical.

Viera said she switched between them during encounters.

Dana stated that she was mostly using consecutive mode. According to her, simultaneous mode was rarely needed.

4. *What kinds of people do you have the most difficulty working with?*

Gloria stated that the worst scenario was when patient came to the clinic with family members who spoke English as they wanted to interact and did not understand that she was there to do her job.

Yelena reported that she did not have any difficulties with any of her clients.

Lidia insisted on that the most challenging were people with mental health issues, because she could not reason with them and they often did not understand what her role was. Also, medical professionals often did not understand her role either. They were dealing with a mentally disturbed and often elderly person diagnosed with dementia, and they frequently expected straight answers from them.

Arturo denied any concrete problems with patients. On the other hand, he found elderly people very easy to work with, as they usually relied on him and kids were supposed to be with a responsible adult all the time.

Sophie warned that there were many aspects that needed to be considered in advance, such as that patients were nervous, they addressed her instead of a medical provider and doctors, on the other hand, were sometimes inappreciative, which according to her happened considerably often. They were using a medical jargon and expected her to understand or wanted her to do things that were not her responsibility.

Maiko replied that she had experienced particular difficulties with hospital staff, especially nurses.

Gina said that the most difficult ones were those that felt as they did not need an interpreter and felt offended by having a third party during their assessment or treatment.

Denisa revealed that certainly the most challenging for her had been cooperation with Roma community females.

Talking about this issue, Viera said: “The worst patients are the ones whose mouth will not close even during the speech of the doctor.”

Dana complained that the greatest difficulty was not working with patients but working with some mentally challenged nurses, receptionists, hospital dispatchers or other hospital employees.

5. *Did you ever establish a relationship with the patient?*

Gloria denied that, as she had to stay very formal and could not interact with the patient. Her job was to be a voice to deliver a message.

Yelena stated that she preferred to always keep the encounter formal.

Lidia remarked that she tried to distance herself and not to build any close relationship with patients. According to her, it may be sometimes really hard, as people often complained to her about the care or the treatment they received and when they entered the room to meet the doctor, they remained silent.

Arturo said that he personally tried to keep it formal and avoid staying alone in the room with patients, because they often started talking and asking him personal information, which was not comfortable for him.

Sophie mentioned that her main role was to encourage a therapeutic relationship between patients and providers. She was always cordial and helpful but maintained her professional boundaries.

Maiko conceded that she had once felt emotionally attached to the patient and had neglected her part to be autonomy. Afterwards, she had learned to perform more formally.

Gina admitted that for her it was impossible not to establish a relationship with patients. As superficial as it may be, they saw her as a safety net and she then had to remind them that this was not her job. Therefore, she recommended establishing a relationship to define the level of involvement that may be expected from her.

Denisa affirmed that at the beginning, she had made the mistake in establishing some kind of relationship with a patient and from that moment the person had transferred all of her trouble on her as she had been the one speaking her language. Since that event, she tried to stay more detached.

Viera reported that it was against the code of the interpreter to establish any relationship with clients, because it would break the impartiality part. "I am friendly, but nothing personal." she said.

Dana answered that establishing a relationship was neither advisable nor possible, as she may see the patient one time only.

6. *What would be your reaction if the doctor or the patient used a gesture that is unknown to the other party?*

Gloria answered that she would explain to the person what the gesture meant.

Yelena stated that she would ask for clarification not to miss something that could be really important, especially in medical sphere.

Lidia said that she would definitely try to make sure that the gesture was clarified and understood.

Arturo gave an example. According to him, Hispanic population tended to gesture, for instance nodding, instead of using words like yes, no, what. When he found himself in a situation like that, he encouraged the patient to speak up and he avoided putting gestures into words only by himself.

Sophie remarked that she would ask for clarification, because she never skipped anything, as her job was to interpret without adding, omitting, editing or distorting information.

Maiko confirmed a deeper interpretation of the gesture in case the other party did not know the meaning.

Gina suggested an interruption of the conversation and asking the person for whom the message was intended if s/he had understood it. Then she would ask the person who had made the gesture to explain it and proceeded to interpret.

Denisa mentioned that medical staff tended to ask her for clarification. She had always explained to the patient what was happening and either he or she explained



the situation itself or asked her to do it. Denisa always made sure that the explanation was in both languages so no misunderstanding could happen.

Viera reported that she would explain it by herself, but after confirming by the client that she had understood the gesture correctly.

Dana stated that hand gestures, facial expressions and body posture may have some particular meaning and it was therefore necessary to always explain them.

*7. Have you ever experienced a type of conversation 'tell the patient' or 'tell the doctor' in medical interpreting?*

Gloria admitted that it happened quite frequently, mostly from the side of a patient.

Yelena also agreed that this was the type of conversation that she had experienced during most of her encounters.

Lidia answered positively and added that she had stopped asking others to address the other party directly because they mostly had not listened to her. She had also revealed that medical providers tended to be very sensitive about her notice to stop speaking in a certain way and she often sounded patronizing to them.

Arturo stated that he had also experienced this kind of conversation and even though majority of doctors knew how they should be talking to the patient when the interpreter was present, they often simply chose not to.

Sophie remarked that it happened frequently, especially with inexperienced doctors. She would suggest to the doctor to speak directly to the patient and she would continue with interpretation, as it may help the patient and the doctor to make a connection.

Maiko reported that she had encountered this type of conversation already since she had been performing medical interpretation.

Gina suggested a polite reminder to the party and would try to position herself behind the patient and to the side, which would allow the two parties to speak more directly.

Denisa answered that it was almost certain that this type of conversation may occur as she had experienced it many times before.

Viera remembered that it generally happened at every second encounter.

Dana claimed that she had experienced this type of conversation from both parties. According to her, patients often did it when there had been no occasion to do a pre-session and to talk with them.

8. *Do you find it hard not to give advice or counsel to the patient?*

Gloria answered that she had learned to be quiet after all those years. She could not even give advice as a physician herself, when she was in the role of an interpreter.

Yelena admitted that she felt for patients but did not give any advice to them as it was not her job and they were not her family members or friends. She had revealed that she had to get used to the fact that people decided themselves what they wanted or not.

Lidia stated that she tried to avoid situations like this, as it was normal that people had a tendency to give advice or recommendation. She only acted in the capacity of her role.

Arturo denied any difficulties with not giving advice or counsel.

Sophie also disagreed that it was hard for her. According to her, if a patient was non-compliant, she would share that information with a provider, as professional interpreters should never counsel, advice or try to influence outcomes.

Maiko reported that she did not see it easy to detach herself, especially as a novice.

Gina commented that although her instinct was to speak, as a trained professional she knew that it was not recommended. Even if a doctor or a nurse wanted to engage her in convincing a patient, she apologized herself as she had to remain impartial.

Denisa explained that formerly it had been hard for her, but it was not any more.

Viera suggested asking the doctor, if s/he minded a short discussion with the patient. Then she would ask the patient for the reason of this decision and if it may be interpreter to the doctor. According to her, an interpreter sometimes should take an advocate position in these cases.

Dana conceded that it may be hard sometimes, especially when patients had left the room after the doctor had given them a chance to ask questions. They tended to ask her questions about what had the doctor said about that diagnosis or treatment, so she had learned to leave the room separately.

### **8.3 Results**

The first question was created in order to determine whether medical interpreters mostly transfer from their previous profession in a health care environment or not. In response to that question, most of those surveyed indicated that they have not previously worked in medical field.

To distinguish means of access to this profession, second question was established. Over half of the participants reported that they have attended training courses or other lectures that helped them to closer understand the work of an interpreter. Only a small minority of participants indicated that they preferred self-study technique or home preparation.

Comparing the answers of the third question, it can be seen that consecutive mode is mostly preferred by medical interpreters, but there is evidence that interpreters in this area do not have problems with switching to simultaneous mode either. This is in complete agreement with what was previously mentioned in the theoretical part of my thesis.

Interestingly, specific types of people were reported in the answers to the question number 4. The most surprising answers were accompanied patients and Roma community females. It is somewhat surprising that, in contradiction with general presumptions, medical providers were mentioned in approximately third of the answers as the party that interpreters have difficulties to work with.

As assumed, the evidence, which was found in the answers of the fifth question, points out that all participants preserve the impartiality part of code of ethics. This finding confirms that professionals follow the standards for such career and always approach the interpretation in formal manner, although some novices may seem it hard from the beginning.

A similar result may be seen in question number 6, when all those who responded to this felt that the unknown gesture has to be clarified and not omitted by any means. This result is also in agreement with preceding explication of standards for ethical conduct.

The overall response to the seventh question was that every interpreter experienced inappropriate approach to the other party. In contrast to earlier findings about errors made by medical interpreters, approximately half of the respondents agreed that medical providers is the party, who tends to breach the first person form of speech. This result suggests that health care providers should be better advised upon dealing with interpreters.

Last question was partly related to the code of ethics. The majority of those who responded commented that it is no longer hard for them not to give advice or counsel to the patient as it is not their responsibility, how the patient decides in the end. However, unlike others, one participant answered differently and leaned forward the advocacy and that she would repeatedly try to assure that the patient understands their diagnosis.

## 9 Conclusion

The purpose of the thesis was to portray the role of the medical interpreter in more detail as well as to refer to possible barriers, which the professionals may encounter. It was further analyzed, from the historical point of view, how interpreting became a profession. This part makes several noteworthy contributions to the development of different interpreting modes throughout the history and which events contributed to their creation.

In the next part, the current classification that determines the level of proficiency in language has been analyzed. This section may extend the knowledge among the general public about the issue of sufficient language knowledge and may help to understand that not everyone who speaks foreign language may automatically be an interpreter.

This thesis has evoked many questions that may create subjects of further studies. A future research regarding the average salary of medical interpreter from various countries would be worthwhile; however, this would be only relevant when taking into consideration several factors. One of them may be the cost of living in particular area, as well as the demand for that specific language and also freelancers and in-house interpreter would have to create separate categories.

Another possible area of future research that would be also interesting to assess is the issue of legal liability; regarding the type of insurance that would be appropriate to take out for the interpreter, what situations may arise and how to respond to them.

## 10 Endnotes

1. PÖCHHACKER, Franz. *Introducing interpreting studies*. Second Edition. New York: Routledge, 2016, p. 10
2. BOLDEN, Galina. *Toward Understanding Practices of Medical Interpreting: Interpreters' Involvement in History Taking*. London: SAGE Publications, 2000, p. 4
3. PÖCHHACKER, Franz. *Introducing interpreting studies*. Second Edition. New York: Routledge, 2016, p. 38
4. Ibid, p. 48
5. MIKKELSON, Holly a Renee JOURDENAIS. *The Routledge handbook of interpreting*. New York: Routledge, 2015, p. 12
6. PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015, p. 361
7. MIKKELSON, Holly a Renee JOURDENAIS. *The Routledge handbook of interpreting*. New York: Routledge, 2015, p.14
8. Ibid, p.15
9. Ibid, p.15
10. PÖCHHACKER, Franz. *Introducing interpreting studies*. Second Edition. New York: Routledge, 2016, p. 156
11. BAIGORRI JALÓN, Jesús, Holly MIKKELSON a Barry Slaughter OLSEN. *From Paris to Nuremberg: the birth of conference interpreting*. Philadelphia: John Benjamins Publishing Company, 2014, p. 22
12. Ibid, p. 242
13. Ibid, p. 164
14. Ibid, p. 249
15. NCIHC & ATA, What's in a Word: A Guide to Understanding Interpreting and Translation in Health Care, 2001, [online]
16. MIKKELSON, Holly a Renee JOURDENAIS. *The Routledge handbook of interpreting*. New York: Routledge, 2015, p. 174
17. PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015, p. 67
18. Ibid, p.381
19. Ibid, p.383

20. MIKKELSON, Holly a Renee JOURDENAIS. *The Routledge handbook of interpreting*. New York: Routledge, 2015, p. 96
21. Ibid, p. 98
22. PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015, p. 374
23. AGRIFOGLIO, Marjorie. *Sight translation and interpreting: A comparative analysis of constraints and failures*. [online]
24. PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015, p. 114
25. Ibid, p. 187
26. KELLY, Nataly, Maureen. KEARNEY, Dana. LUI a Linda. HAND. *Telephone interpreting: a comprehensive guide to the profession*. Victoria, B.C: Trafford, 2008. Vital and health statistics, p. 163
27. METZGER, Melanie. *Sign language interpreting: deconstructing the myth of neutrality*. Washington, D.C.: Gallaudet University Press, 1999, p. 36
28. JONES, Roderick. *Conference interpreting explained*. 2nd ed. Northampton, MA: St. Jerome Pub., 2002, p. 5
29. AIIC. "Copyright". *aiic.net* December 7, 2001. Accessed April 11, 2018. [online]
30. PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015, p. 91
31. CORSELLIS, Ann. a Miriam SHLESINGER. *Public service interpreting: the first steps*. New York: Palgrave Macmillan, 2008, p. 7
32. DE V. SOUZA, Izabel E. T. *Intercultural Mediation in Healthcare: From the Professional Medical Interpreters' Perspective*. Xlibris Corporation, 2016, p. 36
33. Ibid, p. 274
34. HSIEH, Elaine. *Bilingual health communication: working with interpreters in cross-cultural care*. New York: Routledge, 2016, p. 182
35. REISS-KONCAR, Suzanna. *Healthcare interpreter with heart and mind: an intermediate textbook for medical interpreting*. Columbia, MD, 2017, p. 79
36. PÖCHHACKER, Franz. *Introducing interpreting studies*. Second Edition. New York: Routledge, 2016, p. 168
37. *Medical Care Research and Review*. Sage Publications, 2005, [online]

## 11 Bibliography

- AGRIFOGLIO, Marjorie. *Sight translation and interpreting: A comparative analysis of constraints and failures* [online]. 27 May 2004, 43. [Retrieved 12.4.2018]. Available at: <https://doi.org/10.1075/intp.6.1.05agr>
- AIIC. "Copyright". *aiic.net* December 7, 2001. Accessed April 11, 2018. [Retrieved 12.4.2018]. Available at: <http://aiic.net/p/585>.
- ANGELELLI, C. V., AGGER-GUPTA, N., Green, C., & Okahara, L. (2007). The California Standards for Healthcare Interpreters: Ethical Principles, Protocols and Guidance on Roles and Intervention. In C. Wadensjö, B. Dimitrova, & A-L. Nilsson (Eds.), *The Critical Link 4: The Professionalization of Interpreting in the Community* (pp. 167-180). Amsterdam: John Benjamins Publishing Company.
- BAIGORRI JALÓN, Jesús, Holly MIKKELSON a Barry Slaughter OLSEN. *From Paris to Nuremberg: the birth of conference interpreting*. Philadelphia: John Benjamins Publishing Company, 2014. ISBN 978-902-7258-519.
- BANCROFT, Marjory A., Sofia Garcia BEYAERT, Katharine ALLEN a Giovanna CARRIERO-CONTRERAS. *The Medical Interpreter: A Foundation Textbook for Medical Interpreting*. Culture & Language Press, 2016. ISBN 978-0-9966517-3-8.
- BARALDI, Claudio. a Laura. GAVIOLI. *Coordinating participation in dialogue interpreting*. Philadelphia: John Benjamins Pub. Co., 2012. ISBN 978-90-272-2452-1.
- Clinicians' Obligations to Use Qualified Medical Interpreters: When Caring for Patients with Limited English Proficiency*[online]. *AMA Journal of Ethics*, 2017, 19(3) [Retrieved 12.4.2018]. ISSN 2376-6980. Available at: <http://journalofethics.ama-assn.org/2017/03/ecas2-1703.html>
- CORSELLIS, Ann. a Miriam SHLESINGER. *Public service interpreting: the first steps*. New York: Palgrave Macmillan, 2008. ISBN 978-1403937995.



- CREZEE, Ineke., Maureen. KEARNEY, Dana. LUI a Linda. HAND. *Introduction to healthcare for interpreters and translators*. Philadelphia: John Benjamins Publishing Company, 2013. ISBN 978-902-7212-054.
- DE V. SOUZA, Izabel E. T. *Intercultural Mediation in Healthcare: From the Professional Medical Interpreters' Perspective*. Xlibris Corporation, 2016. ISBN 9781524512712.
- DE V. SOUZA, Izabel E. T. *National Health and Nutrition Examination Survey: From the Professional Medical Interpreters' Perspective*. Hyattsville, Maryland: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2014. Vital and health statistics, no. 163. ISBN 08-406-0664-8.
- DE V. SOUZA, Izabel E. T. *Working with interpreters in health settings guidelines for psychologists: From the Professional Medical Interpreters' Perspective*. Leicester: British Psychological Society, 2008. ISBN 978-185-4334-848.
- HSIEH, Elaine. *Bilingual health communication: working with interpreters in cross-cultural care*. New York: Routledge, 2016. ISBN 978-113-8999-459.
- JAN HUMPHREY AND BOB ALCORN., Kris van de, Eddy VANAGT, Ulrike SCHRIMPF a Jessica GASIOREK. *So you want to be an interpreter?: an introduction to sign language interpreting*. 3rd ed. Amarillo, TX: Springer, 2001. ISBN 978-096-4036-772.
- JONES, Roderick. *Conference interpreting explained*. 2nd ed. Northampton, MA: St. Jerome Pub., 2002. ISBN 978-1900650571.
- KELLY, Nataly, Maureen. KEARNEY, Dana. LUI a Linda. HAND. *Telephone interpreting: a comprehensive guide to the profession*. Victoria, B.C: Trafford, 2008. Vital and health statistics, no. 163. ISBN 978-142-5185-015.
- LUDWIEN MEEUWESSEN AND SIONE TWILT (EDS.) a IN COOPERATION WITH EKPENYONG ANI ... [ET AL.]. *"If you don't understand what I mean..." interpreting in health and social care*. Utrecht: Centre for Social Policy and Intervention Studies, 2011. ISBN 978-908-1672-016.

- METZGER, Melanie. *Sign language interpreting: deconstructing the myth of neutrality*. Washington, D.C.: Gallaudet University Press, 1999. ISBN 978-156-3680-748.
- MIKKELSON, Holly a Renee JOURDENAIS. *The Routledge handbook of interpreting*. New York: Routledge, 2015. ISBN 978-0415811668.
- National Standard Guide for Community Interpreting Services [online]. HIN, 2007 [Retrieved 12.4.2018]. Available at: [http://www.multilanguages.com/materials/National\\_Standard\\_Guide\\_for\\_Community\\_Interpreting\\_Services.pdf](http://www.multilanguages.com/materials/National_Standard_Guide_for_Community_Interpreting_Services.pdf)
- PÖCHHACKER, Franz, Nadja GRBIĆ, Peter MEAD a Robin SETTON, ed. *Routledge encyclopedia of interpreting studies*. London, 2015. ISBN 978-041-5634-328.
- PÖCHHACKER, Franz. a Miriam SHLESINGER. *Healthcare interpreting: discourse and interaction*. Philadelphia: John Benjamins, c2007. ISBN 978-902-7222-398.
- PÖCHHACKER, Franz. *Introducing interpreting studies*. Second Edition. New York: Routledge, 2016. ISBN 978-0415742719.
- POEL, Kris van de, Eddy VANAGT, Ulrike SCHRIMPF a Jessica GASIOREK. *Communication skills for foreign and mobile medical professionals: the first steps*. New York: Springer, 2013. ISBN 978-3-642-35112-9.
- REISS-KONCAR, Suzanna. *Healthcare interpreter with heart and mind: an intermediate textbook for medical interpreting*. Columbia, MD, 2017. ISBN 978-0-9966517-5-2.
- VALERO GARCÉS, Carmen. a Anne MARTIN. *Crossing borders in community interpreting: definitions and dilemmas*. Philadelphia: John Benjamins Pub. Co., c2008. ISBN 978-902-7216-854.

## 12 Résumé

Cílem této bakalářské práce bylo přiblížit úlohu zdravotnického tlumočnicka. Nejdříve je vysvětleno, co profese tlumočení obnáší. Z historického hlediska je také popsáno, jak vznikla tato aktivita a jaké události předcházely vývoji různých tlumočnických módů. Dále je hned v několika oblastech, jako je časové omezení či výsledný produkt, poukázáno na rozdíly, které jsou mezi tlumočením a překladem. Tyto dvě aktivity jsou často širokou veřejností zaměňovány.

Poté je charakterizováno, jak je možné rozdělit znalost jazyků na pasivní a aktivní a jaké jsou stupně plynulého vyjadřování v cizím jazyce. Je všeobecně známo, že lidé často předpokládají, že osoba, která je schopná se domluvit cizím jazykem, je automaticky schopná být tlumočnickem. Neinformovanost společnosti byla jedním z podnětů zahrnutí této problematiky do bakalářské práce.

V další části práce se uvádí, jaké existují variace módů, skrze které tlumočníci pracují, včetně toho, kdy je vhodné konkrétní mód využívat a kdy se spíše stává kontraproduktivním. Dále se specifikují typy tlumočení podle oblasti, ve které profesionálové pracují.

Následující část popisuje konkrétně tlumočení v oblasti zdravotnictví, společně s etickým kodexem, podle kterého by měl tlumočnick pracovat. Poté jsou na příkladech uvedeny chyby, ke kterým může při tlumočení dojít, a nakonec jsou znázorněny symboly a zkratky, které tlumočníci využívají při psaní svých poznámek.

Poslední část práce obsahuje dotazník s 8 otázkami, který byl sestaven na základě teoretické části bakalářské práce. Na něj odpovídalo 10 tlumočnicků z různých částí světa a jejich odpovědi byly poté vyhodnoceny.