

Challenges of Mastering Simultaneous Interpreting in Healthcare Settings

Natalya Mytareva, M.A., CoreCHI™

CCHI Executive Director

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Overview

1. When is the simultaneous interpreting (SI) mode most appropriate in healthcare settings?
2. What is the communicative intent of different types of discourse interpreted simultaneously in healthcare settings?
3. What are linguistic characteristics of different types of discourse interpreted simultaneously in healthcare settings?
4. What subskills does SI consist of in healthcare settings?
5. How to improve these subskills?

Practice

Why do we switch to the simultaneous interpreting mode?

**We – objectively –
cannot control the
speaker's pace**

**We need to
maintain accuracy**

1. When is the simultaneous interpreting mode most appropriate in healthcare settings?

Simultaneous mode is most commonly used in situations when:

Into English:

1. Patient (or family member) is emotionally agitated and cannot reasonably pause, with special caution to:
 - mental health situations
 - geriatric and pediatric patients
2. Patient is dysfluent and speaks relatively fast, i.e. in a psychotic moment

Simultaneous mode is most commonly used in situations when:

From English:

- 1. In emergency care, especially trauma**
- 2. In group therapy sessions when English speaking patients & the clinician are speaking**
- 3. In group patient education sessions when English speaking patients & the provider are speaking**

2. What is the communicative intent of different types of discourse that is interpreted simultaneously in healthcare settings?

Into English:

Situation/ discourse	Interpreter's communicative goal	Expectation of the provider
Agitated patient/ family	<ul style="list-style-type: none"> Convey emotions and their intensity that the speaker cannot or does not want to control 	<ul style="list-style-type: none"> Offer comfort or de-escalate ASAP
	<ul style="list-style-type: none"> Convey urgency of taking safety measures 	<ul style="list-style-type: none"> Seek safety measures, de-escalate ASAP

Into English:

Situation/ discourse	Interpreter's communicative goal	Expectation of the provider
Dysfluent/ psychotic patient	<ul style="list-style-type: none"> Convey dysfluency 	<ul style="list-style-type: none"> Assess importance for diagnosis
	<ul style="list-style-type: none"> Convey specific imagery or cultural references 	<ul style="list-style-type: none"> Indicate if interpreter needs to continue
	<ul style="list-style-type: none"> Convey urgency of taking safety measures 	<ul style="list-style-type: none"> Seek safety measures, de-escalate ASAP

From English:

Situation/ discourse	Interpreter's communicative goal	Expectation of the patient/ family
Emergency care	<ul style="list-style-type: none"> Inform of providers' actions while no response from the patient/family is required 	<ul style="list-style-type: none"> Feel included and aware, and, thus, hopefully, comforted

From English:

Situation/ discourse	Interpreter's communicative goal	Expectation of the patient/ family
Group therapy OR patient education session	<ul style="list-style-type: none"> Inform of the provider's and other patients' statements and discussion 	<ul style="list-style-type: none"> Feel included Engage as needed

3. What are linguistic characteristics of different types of discourse that is interpreted simultaneously in healthcare settings?

Into English:

Situation/discourse	Linguistic & extra-linguistic characteristics	Interpreting coping methods
Agitated patient/family	1. Vocabulary typical of emotional speech (anger, grief, pain, nervous break down), e.g. obscenities, threats	1. Focus on the intended meaning
	2. Grammar typical of emotional speech	2. Stay close to the grammar (exclamations, statements, demands or questions?)
	3. Agitated intonation	3. Reflect SL intonation
	4. Volume too loud or too soft	4. Stay closer to neutral volume (don't mimic); compensate with intonation

Into English:

Situation/discourse	Linguistic & extra-linguistic characteristics	Interpreting coping methods
Dysfluent/psychotic patient	1. Unusual/ unexpected choice of words, made-up words	1. Repeat what is understood, repeat obscenities, describe if needed, use "something" if unclear
	2. Disconnected sentences, incomplete sentences, made-up forms, stream of consciousness	2. Stay close to the grammar - don't try to make sense, describe if impossible to interpret
	3. Agitated or monotonous intonation, choppy delivery	3. Use neutral intonation while trying to match prosody, and describe if peculiar (e.g. chanting)
	4. Volume may fluctuate	4. Use neutral volume (don't mimic)

From English:

Situation/discourse	Linguistic & extra-linguistic characteristics	Interpreting coping methods
Emergency care, esp. trauma	1. Medical terms (often related to equipment, ED procedures, tests)	1. Study main ED and trauma procedures & protocols; keep English if unknown (clarify if possible)
	2. Short sentences, either instructions or commands	2. Grammar is easy
	3. Fast pace, often many different providers	3. Stay as close to speaker as possible; if 2 speakers – choose the speaker with most communicative value
	4. Volume may fluctuate, external noise	4. Use neutral volume
	5. Providers & equipment moving around	5. Choose position to best do the job, but be prepared to move

From English:

Situation/ discourse	Linguistic & extra-linguistic characteristics	Interpreting coping methods
Group therapy session	1. Vocabulary related to feelings, emotions, analyzing another person's statements/ behavior	1. Stay close to meaning and choice of words, pause/clarify if needed
	2. Sentence types vary	2. Stay close to the grammar/syntax since it is either intentional or reflects speaker's emotions
	3. Intonation varies	3. Stay close to SL intonation
	4. Several people may try to speak at the same time	4. Always ask the provider to intervene and have 1 person speaking at a time
	5. Volume may fluctuate for different speakers	5. Stay closer to neutral volume (don't mimic); compensate with intonation

From English:

Situation/ discourse	Linguistic & extra-linguistic characteristics	Interpreting coping methods
Patient education session	1. Heavy with subject-matter terminology	1. Prepare ahead of time, ask provider for materials, pause/clarify if needed, focus on meaning, translate terms but may simplify other wording
(This is the closest to conference, educational or court interpreting)	2. Often "written" speech grammar	2. May simplify syntax (split sentences into shorter ones, active instead of passive)
	3. Intonation may vary	3. Stay close to SL intonation
	4. Several people may try to speak at the same time	4. Always ask the provider to intervene and have 1 person speaking at a time
	5. Volume may fluctuate for different speakers	5. Stay <u>closer</u> to neutral volume

4. What subskills does the simultaneous interpreting consist of in healthcare settings?

Basic principle of SI (except for dysfluent patients):

“never let go of the thread of meaning;

become each speaker;

restate schemas,

translate terms,

formulating as you go.”

Reconstruct and
restate/reformulate the meaning
(schema= abstracted, “wordless”
concepts, ideas and images)

Words that require “word-level”
translation

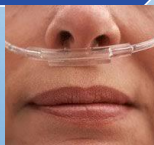
Erik Camayd-Freixas. *Cognitive Theory of Simultaneous Interpreting and Training*.

Example

When you wake up after the surgery, you'll have a cannula attached to your nostrils. I don't want you to be scared, it'll supply oxygen until you can breath on your own.

Example

When you wake up after the **surgery**, you'll have a **cannula** attached to your **nostrils**. I don't want you to be scared, it'll supply **oxygen** until you can breath on your own.



Main difference between consecutive and SI

In SI:

- The interpreter shares attention between multiple cognitive processes at the same time.
- There is a strong temptation to reduce cognitive load by bypassing content analysis (abstracting schemas), and transcoding directly from word-level memory.

What happens in the interpreter's brain during SI?



What happens in the interpreter's brain during SI?

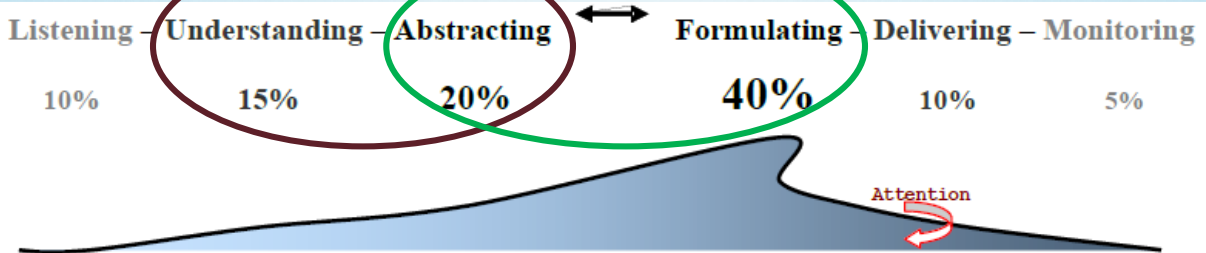


Fig. 4 Suggested Time-Distribution Flow of Selective Attention across SI Tasks

Erik Camayd-Freixas. *Cognitive Theory of Simultaneous Interpreting and Training*.

Formulating

The process should be as natural as expressing one's own ideas, except that our inner voice, which normally feeds us thoughts, images, and schemas to verbalize, is replaced here by the ideas we have abstracted from the outer voice of the speaker. In a very real sense, we become the speaker, while the original speaker becomes a coach who whispers in our ear what we ought to think and say. Once we know what to say, that is, once we have formulated the segment, delivering it into words and monitoring the output are comparatively mindless functions that we can put "on automatic."

(Erik Camayd-Freixas)

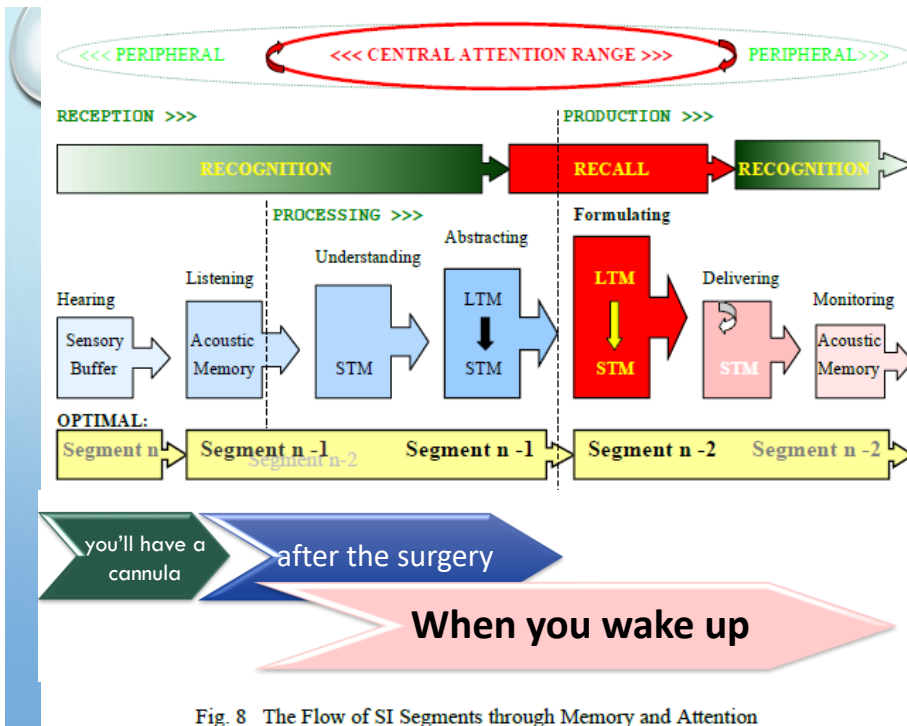


Fig. 8 The Flow of SI Segments through Memory and Attention

Erik Camayd-Freixas.
*Cognitive Theory of
Simultaneous
Interpreting and
Training.*

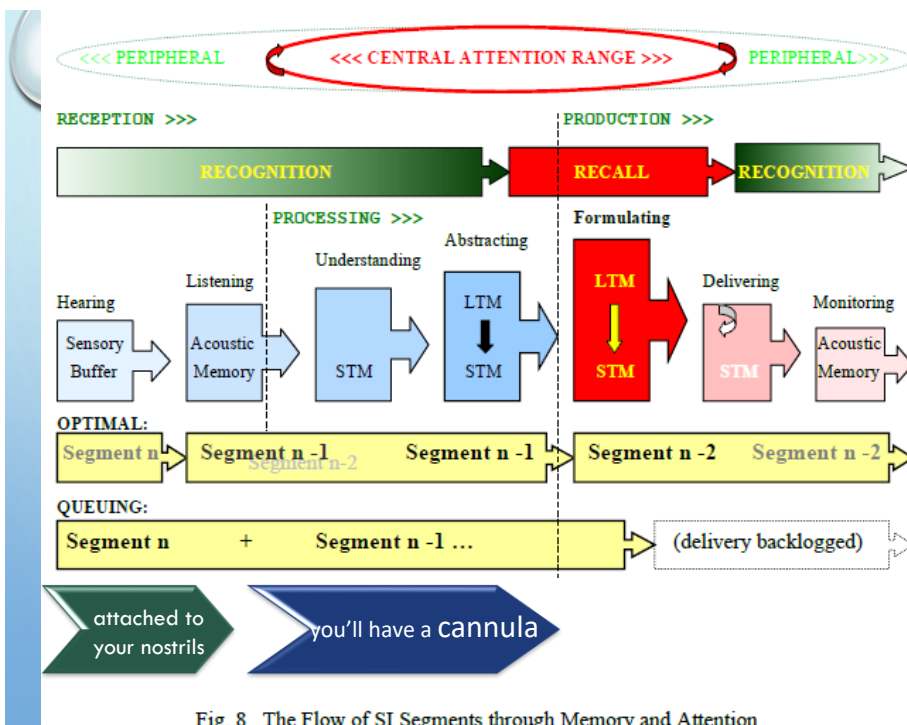


Fig. 8 The Flow of SI Segments through Memory and Attention

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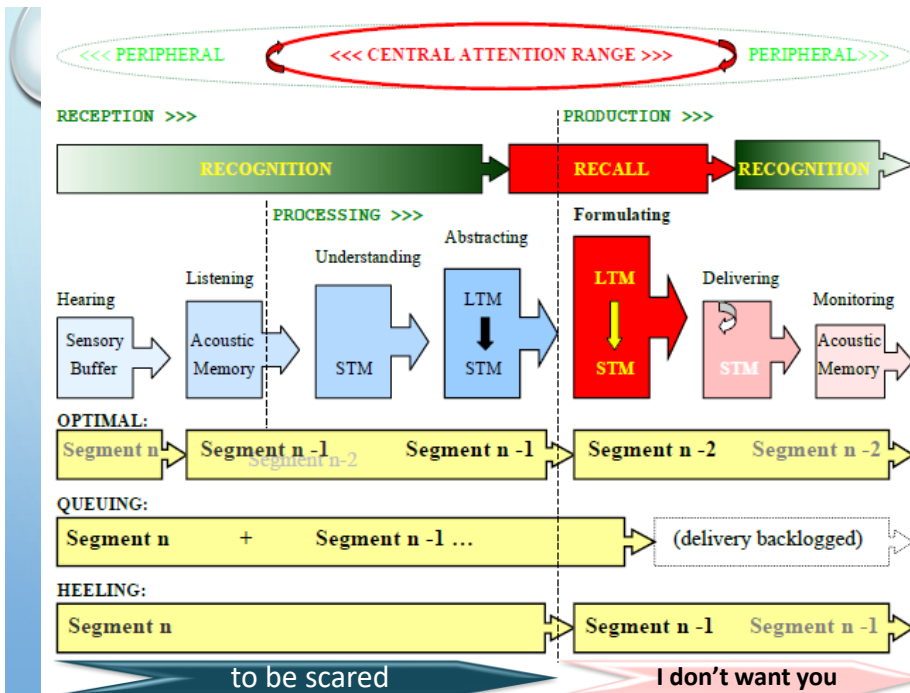


Fig. 8 The Flow of SI Segments through Memory and Attention

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Knowledge needed to perform SI in healthcare settings

- Health literacy (of the U.S. and patient's culture)
- Communicative intent of the specific discourse (how important the verbal communication is for the encounter)
- Terminology
- Idioms, vocabulary usage, and cultural significance
- Structure and grammar of working languages

Subskills needed to perform SI in healthcare settings

- Fluency in SL & TL (being articulate)
- Hearing and discerning dialects (incl. English)
- Concentration (attention span)
- Listening actively/analytically, incl. Anticipatory listening
- Analysis of SL: Understanding – Abstracting (chunking)
- Formulating in TL
- Retaining and recalling information in short-term memory
- Notetaking (for patient education sessions & sometimes group therapy)

Subskills needed to perform SI in healthcare settings

- Maintaining accuracy (=interpreting without additions, omissions, or substitutions of meaning)
- Maintaining the register
- Self-monitoring for accuracy of output (“hearing” slips of the tongue and mistakes)
- Self-correction (quick and effective)
- Reducing interpreter accent to minimize impact on understanding
- Delivering the interpretation with the pace, intonation & prosody of the speaker
- Maintaining transparency

Practice

Terms

PICC line

peripherally inserted central catheter

catéter central de inserción periférica (CCIP)

инфузионная канюля,

периферический венозный катетер

“O” negative blood

“universal” blood type, i.e. can be transfused to almost any patient

sangre cero negativo

первая отрицательная группа крови {1я группа крови с отрицательным резусом}

Terms

Transfusion

transferring donated blood, blood products, or other fluid into the circulatory system of a person

Painkiller

medicine for relieving pain

Cut (noun)

wound incurred by a sharp-edged object

IV (abbr. noun)

(intravenous) a thin bendable tube that slides into a vein to deliver medication, blood, fluids

CT scan

A computed tomography (CT or CAT) scan that uses a combination of X-rays and a computer to create pictures of inside organs, bones, tissues.

Lower back

the five lumbar vertebrae of the spine, the lumbar curve (includes "small of the back")

Paraphrase - Which is **closer** to the original?

1. We're a going to put a breathing tube and a PICC line.

a) We'll put a tube for you to breathe and a catheter for medication.

b) We'll put a tube through your mouth so you can breath and another one for medication into your blood vessel on an arm.

Paraphrase - Which is **closer** to the original?

1. We're a going to put a breathing tube and a PICC line.

a) We'll put a tube **for you to breathe** and a catheter **for medication**.

b) We'll put a tube through your mouth so you can breath and another one for medication into your blood vessel on an arm.

Paraphrase - Which is **closer** to the original?

2. You've lost some blood. We're starting blood transfusion.

a) You don't have enough blood. We're beginning to add donor's blood.

b) Because you have been bleeding, we're adding donor's blood to your body.

Paraphrase - Which is **closer** to the original?

2. You've lost some blood. We're starting blood transfusion.

a) You **don't have enough** blood. We're beginning to add donor's blood.

b) Because you have been bleeding, we're adding donor's blood to your body.

Paraphrase - Which is **closer** to the original?

3. I'm going to stitch the cut on your left arm.

a) You have a cutting wound on your left arm, and I'm going to sew it up.

b) I'll put stitches on your left arm.

Paraphrase - Which is **closer** to the original?

3. I'm going to stitch the cut on your left arm.

a) You have a cutting wound on your left arm, and I'm going to sew it up.

b) I'll put stitches {omission} on your left arm.

Paraphrase - Which is **closer** to the original?

4. We are giving you a painkiller through the IV. You will feel no pain soon.

a) We are giving you pain medicine intravenously. You will have no pain soon.

b) We are giving you medicine for pain into your blood. You will feel better soon.

Paraphrase - Which is **closer** to the original?

4. We are giving you a painkiller through the IV. You will feel no pain soon.

a) We are giving you pain medicine intravenously. You will have no pain soon.

b) We are giving you medicine for pain into your blood. You will feel **better** soon.

Paraphrase - Which is **closer** to the original?

5. We're going to do a CT scan now to see your lower back.

a) We will now do a computer x-ray so we can see your back.

b) We will now look at your lower spine with the help of the computer x-ray machine.

Paraphrase - Which is **closer** to the original?

5. We're going to do a CT scan now to see your lower back.

a) We will now do a computer x-ray so we can see your **{omission}** back.

b) We will now look at your lower spine with the help of the computer x-ray machine.

Key

We're a going to put a breathing tube and a PICC [=peripherally inserted central catheter] line, ok?

Vamos a ponerle un tubo endotraqueal y un CCIP {catéter central de inserción periférica}, ¿ya?

Мы собираемся вставить эндотрахеальную трубку и инфузионную канюлю (периферический внутривенный катетер), хорошо?

Key

I need "O" negative blood, "O" negative blood.

Necesito sangre cero negativo, sangre cero negative.

Мне нужна первая отрицательная группа крови {кровь первой отрицательной группы}, первая отрицательная группа крови.

You've lost some blood. We're starting blood transfusion.

Perdió un poco de sangre. Estamos comenzando a hacerle una transfusión de sangre.

У Вас потеря крови. Мы начинаем переливание крови.

Key

I'm going to stitch the cut on your left arm.

Voy a suturar el corte en su brazo izquierdo.

Я сейчас зашью порез на левой руке.

We are giving you a painkiller through the IV. You will feel no pain soon.

Le estamos administrando un analgésico de manera intravenosa. Pronto dejará de sentir dolor.

Мы вводим Вам обезболивающее через капельницу. Скоро боль пройдет.

Key

Another team is working on your son. He is alive. Don't worry now.

Otro equipo está ocupándose de su hijo. Está vivo. Ahora no se preocupe.

Другая бригада занимается Вашим сыном. Он жив. Не волнуйтесь теперь.

We're going to do a CT scan now to see your lower back.

Vamos a hacerle una tomografía para ver la parte inferior de su espalda.

Сейчас мы сделаем компьютерную томографию, чтобы посмотреть Вашу поясницу.

Key

We have to operate on your spine. You'll be under general anesthesia. I'm putting a mask and after I count to four you'll be asleep. One, two, three, four. Do you hear me? Open your eyes. Move your lids... She is out, she is ready.

Tenemos que operar su espina dorsal. Estará bajo anestesia general. Le voy a poner una mascarilla y cuando cuente hasta cuatro usted se quedará dormido(a). Un, dos, tres, cuatro. ¿Me escucha? Abra sus ojos. Parpadee... Está inconsciente, está lista.

Нам придется оперировать на позвоночнике. Вы будете под общим наркозом. Я надеваю маску, и как только я досчитаю до четырех, Вы заснете. Раз, два, три, четыре. Вы слышите меня? Откройте глаза. Поморгайте... Она отключилась, она готова.

5. How to improve these subskills?

Perfect Simultaneous Interpreting

- Exact equivalents for terms, terms of art, set expressions and idioms (=no substitutions)
- No additions (clarifications or explanations)
- No omissions
- Speaker's register maintained
- Complete sentences with the target language grammar
- Pace reflecting the speaker's
- Proper intonation and emphasis/stress (prosody)

Characteristics of a Beginner (=incompetent interpreter) in SI

1. Not managing the *décalage* (lag behind) properly:

Staying too close to the speaker (“heeling”) all the time:

- Fear of forgetting something
- Fear of falling behind too much and being unable to catch up
- Fear of not being able to notice and correct own mistakes

Result:

- Focus on individual words and not chunks of meaning
- Repeating disconnected blocks of meaning instead of complete sentences
- Incomplete sentences
- Source Language interference in grammar and lexical equivalents (=made-up words or false equivalents)

Characteristics of a Beginner (=incompetent interpreter) in SI

2. Not maintaining accuracy (incl. register):

- **Additions:** clarifications or explanations instead of exact equivalents
- **Sliding to the neutral/standard register** *in the non-native language*
- **Sliding to the register comfortable for the interpreter** *in the native language as determined by their education level*

Characteristics of a Beginner (=incompetent interpreter) in SI

3. Not monitoring output:

- **Not hearing slips of the tongue & errors**
- **Too many self-corrections (incl. false starts) and inefficient (long) self-corrections**
- **Choppy pace, different than that of the speaker**
- **Monotonous or anxious intonation & incongruent prosody (not that of the speaker)**

Tips on improving SI: Pre-interpreting exercises (mix & match topics)

1. To improve cognition - exercises in

- **Text analysis (parsing/chunking, meaning detection and organization, i.e. distinguishing between crucial and secondary information)**
- **Memory development (especially, “clearing the cache”)**
- **Attention span increase & concentration**
- **Comprehension**
- **Processing speed**

Tips on improving SI: Pre-interpreting exercises (mix & match topics)

2. To improve delivery - exercises in

- Paraphrase intra- and interlinguistically
- Summarization in SL & TL
- Prepared and improvised speech presentation in SL & TL
- Language transfer skills (read more on the subject matter in SL & TL, especially parallel texts/videos)
- Shadow with paraphrasing {& lagging behind 1-2 chunks} or and maintaining the speaker's pace & intonation/prosody

Tips on improving SI: Interpreting Exercises

Practice with the same speech in 3 attempts:

- at different times of the day &
- in different locations &
- with a soft background music of your choice
- & on the "rest" days either do pre-interpreting exercises or a speech on a different topic

Tips on improving SI: Interpreting Exercises

Practice with the same speech in 3 attempts:

1) Day 1

- Interpret speech A recording yourself,
- listen to your recording & compare with the original speech,
- identify errors (use a standard tool, e.g. U of Westminster)

2) Day 3-4

- Listen to speech A and do "paraphrase shadowing" in SL,
- search for a text or video on the same subject in TL,
- read more on the subject matter,
- look up terms & their correct translation,
- retell SL as close as possible (record), and then
- summarize in TL

3) Day 6 – Interpret speech A again, listen to your recording & compare with the original speech, identify errors – **if still too many errors – move to steps 4-5**

Tips on improving SI: Interpreting Exercises

Practice with the same speech in 3 attempts:

4) Day 10 – find a *different* speech on the *same* topic and repeat 1-3 at the same intervals.

5) Day 17 - Interpret speech A again, listen to your recording & compare with the original speech, identify errors – **if still too many errors – assess if you need to**

- study the subject matter better or
- improve your command of SL or TL

Questions?

References & Suggested Reading

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