Contents

How to Use This Book

There is no one right way to use this tool. You may work through it in any order, on your own or with a study group. If you are a new interpreter, I recommend you study the first eight chapters and familiarize yourself with the associated vocabulary before accepting interpreting assignments.

Each chapter of this workbook has a brief introduction to a medical specialty or topic; a list of relevant terminology that medical interpreters can study and learn; and ample room at the end of each section for you to add your own notes.

Where there are two terms listed simultaneously, they are synonyms separated by a semicolon, with the more common term listed first and the medical term listed second. Some terms can be used as a noun and a verb (for example, the word *smell*). These words are identified with (n., v.). Words that might be considered vulgar are identified with (vulg.) Abbreviations are listed first in the chapter on abbreviations; in all other chapters the abbreviation comes after the phrase it abbreviates.

The order of sections has been designed with new interpreters in mind, starting with the most basic foundational concepts (anatomy and physiology, medical history and common abbreviations) and then progressing to the most common specialty areas (pediatrics, obstetrics and gynecology, internal medicine, etc.).

In order to create a more robust work tool that will be as useful to experienced interpreters as it is to novices and interpreting students, this edition includes twelve new chapters, including "Anatomy of a Healthcare Appointment," and eleven new specialties: neurology; ear, nose and throat and audiology; endocrinology; cardiology; pulmonology; gastroenterology; nephrology; urology; orthopedics and rehabilitation; dermatology; and oncology and hematology.

While initially designed to help interpreters prepare for their assignments, this resource will also be useful in preparing interpreters to take their certification exams. Although this book was designed with interpreters in mind, as that is my area of primary expertise, translators of medical language may find it useful in preparing for their assignments as well. In addition, this book may have additional application as a resource for medical missions and work with refugee populations.

Chapter 2

Let's Start at the Very Beginning: Anatomy of a Healthcare Appointment

Although each medical appointment is unique, there is a particular progression that is present in nearly all medical encounters, and interpreters need to be ready and available to assist patients and the healthcare personnel who serve them at each step of the way. In order to facilitate communication and assist the patients to navigate the healthcare system, it is important to be aware of this unspoken choreography and know what is expected of patients (and interpreters).

First is the **check-in** process. When patients arrive, they go to the front desk or clinic reception to let the staff know they are there and ready for their appointment. At this time, any **copay** is usually collected; any **clinic paperwork and medical history forms** need to be filled out as well.

It may be acceptable to help the patient fill out the paperwork in the lobby, but for medical forms, best practice is to find a private place. If none is available, request a private room; since the interpreter and the patient need to have this conversation out loud in order to fill out the

Term	Your Translation	Comments on Usage
abdomen		
abdominal		
abdominal cavity		
Adam's apple		
adenoids		
adipose tissue; fatty tissue		
adrenal glands		
adrenaline; epinephrine		
airway		
alveolus (alveoli, pl.)		
amniotic fluid		
amniotic sac		
ankle		
anterior; ventral		
anus		
aorta		
aortic valve		
appendix		
arch		
arch of foot		
areola		
arm		
artery		
atrium		
axilla; armpit		
baby teeth		
back		
backbone		
balance		

Chapter 4

Twenty Questions: Medical History, Internal Medicine and Primary Care

Ah, the beloved intake form—the nemesis of many a good interpreter. Line after line, sometimes even page after page, of questions related to health history; it's enough to make one strabismal.

And if, after half an hour of mind-numbing interpreting, the provider rushes in, sets the paperwork aside without looking at it and begins to ask the patient the same questions you've just covered, that's your golden opportunity to practice the deep breathing exercises you've learned for just such an occasion while reminding yourself, *I am a professional, and professionals don't melt down in the middle of medical appointments.*

When the questions come directly from a provider rather than from a written form, pacing the flow of questions and responses can present another interpreting challenge. The provider might ask the patient, "Have you ever had gallstones, ulcers, gastritis or reflux?" When the patient simply answers yes, it is not clear which of these questions is being responded to. In order to avoid this kind of confusion, you might politely request that the provider ask one question at a time.

This edition contains nearly 100 added terms for diseases, conditions and other concepts that you may find useful in interpreting for intake forms, internal medicine and primary care appointments.

Chapter 5

Finding Our Way Through the Labyrinth: Healthcare and Social Services Concepts

Even for those of us who were born and raised in the United States, navigating the U.S. healthcare system can make us feel akin to Alice in Wonderland—we've fallen down a deep, dark hole, emerged in an unfamiliar land and are never quite sure whether to go right or left.

For most Limited English Proficient (LEP) patients, the United States truly *is* a foreign land, and the U.S. healthcare system is just one more layer of stress and complexity for them to contend with.

As interpreters, we often walk alongside patients as they struggle to find their way through this confusing labyrinth to receive the care they need. In order to avoid walking in circles with patients, it is helpful to have a basic understanding of healthcare concepts and terminology.

The following section will introduce you to some of the most common terms used in U.S. healthcare so that when you are interpreting you'll understand the difference between "over the counter" and "out of pocket," "waiting list" and "waiting room" and that a "work injury" might lead to "work restrictions" and a "referral" to a "work hardening" program.

Health is intricately intertwined with many other aspects of daily living. Patients who don't have a roof over their heads, enough to eat, stable family situations or a good support network are less likely to achieve optimal health outcomes. For this reason, I have included a number of social services terms in this section as well. These issues inevitably come up in conversation when clinics and hospitals attempt to give patients the best chance of achieving and maintaining optimal health by coordinating the services (legal, housing, nutrition, accessibility, low-cost medications, etc.) that enable these patients to better comply with their providers' instructions.

I have added close to 100 terms in this category.

Chapter 6

Where Does It Hurt? Talking About Pain

When I speak with other medical interpreters, there is almost universal agreement that interpreting conversations about pain is one of the most difficult challenges we face.

Part of the U.S. academic culture in general, and the medical field in particular, is a love of things that can be counted and measured; statistics, charts, graphs and percentages allow us to gauge many variables by examining the trends the numbers represent.

Unfortunately, when it comes to describing pain, mathematical measurement is not a universally understood concept. Therefore, the standard "please rate your pain with a number from one to ten" request frequently draws blank stares or a vague response, such as "Well, it hurts a lot."

This exchange is often followed by five to ten minutes of trying to explain the one-to-ten pain scale, which only nets more frustration for both providers and patients. It also rarely gives the providers the answers they're looking for.

For this reason, I would suggest that you do an internet search for "moderate universal pain assessment tool." You will find numerous scales, available in several languages. In addition to the numbers one through ten, you'll find a variety of methods used to describe pain.

In addition to the interpreting challenges described above the English words that describe pain often do not have an exact equivalent in other languages. Thus, the ideas of "stabbing" and "throbbing" pain might be contained in the same word or need to be described with an entire paragraph.

There is also the issue that various cultures conceptualize pain differently, and thus these cultures have a different vocabulary for pain. Patients might use words that we don't usually think of as describing pain—for example, *heat*, *wind* or *dampness*.

Term	Your Translation	Comments on Usage
ache		
aching		
acute		
addiction		
affliction		
agony		
anguish		
breakthrough		
bruised		
burning		
catch (n., v.) (joint, knee)		
charley horse; leg cramp		
chronic		
colic		
colicky		
comes and goes		
constant		
continuous		
convulsion		
crack (v.)		
cramp (muscle, abdominal, menstrual)		
cramping		
crick		
crushing		
deep		
discomfort		
distress		
dull		

Term	Your Translation	Comments on Usage
excruciating		
fever		
flickering		
gas		
generalized		
getting better		
getting worse		
gnawing		
gradual		
growing pain		
heat		
heavy		
hurt		
hurting		
illness		
injury		
intense		
intensity		
intermittent		
irritation		
itching		
knot		
laceration		
localized		
mild		
misery		
moan		
moderate		
nagging		

Term		Your Translation	Comments on Usage
MRI	magnetic resonance imaging		
MRSA	methicillin-resistant Staphylococcus aureus		
MS	multiple sclerosis		
MVA	motor vehicle accident		
NA	nursing assistant		
N/A	not applicable		
neuro	neurology		
NG	nasogastric		
NICU	newborn intensive care nursery		
NIH	U.S. National Institutes of Health		
NKDA	no known drug allergies		
NPO	nothing by mouth		
NSAID	non-steroidal anti-inflammatory drug		
NST	nonstress test		
OB	obstetrics		
OB/GYN	obstetrics/gynecology		
OCD	obsessive-compulsive disorder		
OD	overdose		
OPV	oral polio vaccine		
OR	operating room		
ortho	orthopedics		
OT	occupational therapy		
OTC	over-the-counter medications		
Pap smear	Papanicolau test		
PCA	personal care assistant		

Repeat Back

When in doubt, repeat what you understood back to the provider so that any error (either yours or the provider's) can be corrected before interpreting to the patient.

Get the Provider to Check for Understanding

If you suspect the patient has not understood the instructions, suggest that the provider check for understanding—which is part of the healthcare provider's job but also a responsibility that is often overlooked. This "teach-back method" (taught in medical school) is an effective way to catch errors in comprehension.

Correct Yourself ASAP

When you catch yourself making a mistake (we are human, after all), correct yourself as soon as possible. Correcting our errors, of course, is part of our code of ethics, but at no time is it more important than when interpreting about medications.

Build a Protocol

Develop a habit or protocol around interpreting medication instructions, something you do consistently *every time* you interpret. The system provides the backup to catch any errors.

Write It Down!

Don't trust your memory—write it down. It's easier to notice mistakes if we have something written in front of us. Do remember your note-taking pad for medical appointments!

Guidance on Translating Medication Instructions

Patients need access to written medication instructions to refer to when they go home (preferably in their own language).

Some pharmacies print labels in other languages. Some clinics give patients printouts of their visit summaries, including a list of medications. Some do not.

Some staff interpreters or bilingual employees who interpret (dual-role interpreters) translate patients' written instructions before they leave a clinic. In general, contract (freelancer) interpreters should never offer to do so without permission from the clinic and also from the agency or service that sent them for several reasons.

Chapter 15

Do You Hear What I Hear? Ear, Nose and Throat and Audiology

Otolaryngology is the area of medicine concerned with ailments of the head and neck.

Ear, nose and throat (ENT) appointments can entail anything from problems with tonsils, adenoids and sinuses, to ear cleaning and infections, to straightening a deviated septum in the nose. Other concerns seen in ENT include hearing and balance, swallowing and speech, allergies and head and neck cancers.

Audiology is the branch of medicine dealing with hearing. I have included audiology in this section, as audiologists and ENTs work closely together. Audiology appointments tend to be concerned with hearing testing and hearing aid discussions and fittings. Interpreting challenges in these appointments primarily revolve around the ever-changing technology used in hearing aids and the technical language involved.

Term	Your Translation	Comments on Usage
acoustic neuroma		
acuity		
adenoidectomy		
adenoids		
allergic rhinitis		
American Sign Language (ASL)		
amplification		
antihelix		
anvil; incus		
assistive listening device		
atresia		
audio processor (AP)		
audiogram		
audiologist		
audiometry		
auditory brainstem response (ABR) testing		
auditory canal		
auditory nerve		
auditory neuropathy		
auditory processing disorder (APD)		
aural rehabilitation (AR)		
auricle		
balance		
barotrauma		
beep (sounds)		
behavioral hearing test		
behavioral observation audiometry (BOA)		