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MEDICAL INTERPRETING IN THE MIGRATION DISCOURSE: PROBLEMS AND DIDACTICS

Evgeniya Bulgakova (a), Elena Moshchanskaya (b)*, Elena Kavardakova (c)
*Corresponding author

(a) Perm National Research Polytechnic University, Komsomolsky Prospect, 29, Perm, Russia, e:mail: bulgakova_pfa@mail.ru
(b) Perm National Research Polytechnic University, Komsomolsky Prospect, 29, Perm, Russia, e:mail: Mosch@yandex.ru
(c) Perm National Research Polytechnic University, Komsomolsky Prospect, 29, Perm, Russia, e:mail: kelena777@mail.ru

Abstract

The article deals with the specifics and problems of interpretation in the medical field. Consecutive two-way interpretation in the medical field is understood by the authors as an inter-language and intercultural mediation in and outside of medical institutions in order to assist or regulate the actions of clients who are representatives of another culture, including migrants or refugees who do not speak or do not have enough knowledge of the official language, culture and norms of behaviour. To identify the relevance of the medical translation problem, a survey of emergency medical workers was conducted in Perm City and Perm Krai. Its results show that the most frequently met were patients with the Uzbek, English, Kazakh, Turkmen and Arabic languages. Among the main problems of interpretation when communicating through a colleague/relative, ambulance workers consider lack of medical terminology knowledge, vaguely conveyed content of the answers, and shortening of the patient's statement. This confirms the need for training non-professional or refresher training for professional interpreters who work in the medical field. Based on the Medical Translation Manual of the International Medical Interpreters Association and articles by foreign authors, the requirements for medical interpreters are described and problems in the field of medical translation are identified. The adequacy of dramatization as the main method of teaching medical interpretation is proved.

Keywords: Problems of medical interpreting, questionnaire survey, theoretical analysis, interpreter's professional competences, dramatization.

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1. Introduction

Translation in the social sphere (administrative, medical or legal) is of particular importance in modern society due to intensifying migration processes. An important aspect of this type of translation is the policy of state and social institutions regarding the organization of translation support for foreign nationals/migrants. The second pressing issue is the analysis of the interpreter's roles and functions within medical translation.

We understand medical translation as inter-lingual and intercultural mediation in and outside of medical facilities to assist clients from a different culture, including foreign visitors, migrants, or refugees who do not speak or have insufficient knowledge of the official language / culture and norms of conduct. The object of interpretation is an oral medical discourse as "a complex of verbal statements produced in the course of communication by various representatives of a social medical institute and their clients (patients) in correlation with various extra-linguistic factors that determine their generation" (Zhura, 2013, p.73). The characteristic features of the given discourse include asymmetry of communication, ritualization, certain ethics and norms of behaviour, scientific character, accuracy, conciseness, personalization, conflict proneness, etc. (Jacobs, Ryan, Henrichs, & Weiss, 2018; Kositskaya & Matyukhina, 2017; Maiboroda, 2016, 2017; Zhura & Rudova, 2016). The main form of medical translation is a two-way consecutive interpretation, which can be combined with whisper interpreting and sight translation.

In the European Union, medical translation became important in the late 90s and early 20-th century. This type of translation was studied by F. Pöchhaker, S. Pöllabauer, V. Ahamer – Austria, S. Bahadir, D. Dizdar – Germany, F.N. Jaeger, N. Pellaud, L. Bénédicte & K.Pierre – Switzerland, etc. Nowadays, training / refresher course manuals for medical translators have been written, modules and programs for training and refresher courses in the area of the so-called special translation have been developed (Innsbruck, Germersheim, etc).

At the same time, the authors note that there are a number of problems that complicate indirect communication between a doctor and a patient who speaks a foreign language: asymmetrical interaction, the use of non-professional interpreters, and difficulties in establishing emotional communication.

In this article we intend to consider the problems of medical translation in Russia, present the first results of an ambulance staff survey, and analyse training programs for translators and methods of their training in Europe, using Germany and Austria as examples.

2. Problem Statement

In Russia, for some time medical translation was considered to be in demand in case of urgent or emergency medical services to foreign citizens, but teaching professional interpreters medical translation skills or advanced training of nonprofessional interpreters was not considered to be quite relevant. One of the reasons was that most foreigners in the regions, including migrants from former Soviet republics, speak Russian. Therefore, virtually unexplored are the issues of the need for interpretation for this population, the provided interpretation quality and, as a result, the best forms of training or professional development for medical interpreters. Our article is focused on the solution of these problems.

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2.1. Specifics and Problems of Medical Translation

A feature of medical discourse is relationship asymmetry of its participants (Kleshchenko, 2014). The inequality of roles and positions increases when the customers are from another country: foreign students, migrants, etc., who find themselves in a more unequal position towards doctors due to their ignorance of language and cultural conventions and the mediated nature of communication (Piacentini, O'Donnel, Phipps, Jackson, & Stack, 2019). Language and cultural barriers affect the care of patients with limited English proficiency (Clarke, Jaffe, & Mutch, 2019; Rosse, Bruijne, Suurmond, Essink-Bot, & Wagner, 2016) and can lead to abuse of authority due to failure to provide appropriate services (Jacobs et al., 2018).

The quality of medical translation depends on the interpreter's professional level. In many cases, non-professional interpreters - relatives, friends, colleagues, or children - are involved in translation (Finlay, Dunne, & Guiton, 2017; Jaeger, Pellaud, Laville, & Klauser, 2019 etc.). The latter make many mistakes and cannot ensure effective communication between the doctor and the patient (Labaf, Shahvaraninasab, Baradaran, Seyedhosseini, & Jahanshir, 2019). Children used as interpreters are emotionally immature individuals, and taking responsibility for the lives of their relatives, they are subjected to psychological stress (Finlay, Dunne, & Guiton, 2017).

A study conducted in Switzerland among primary health care providers found that more than 90% of the 599 participants in this nationwide survey had language problems at least once a year and 30.0% even once a week. Using family members and friends as intermediaries is the most frequent way to overcome the language barrier - 60.1%. Two thirds of doctors cannot use a professional interpreter when working with foreigners (Jaeger et al., 2019). At the same time, interviews with 21 first-generation migrant patients from Turkey in Holland showed that they trust informal interpreters more as the latter are perceived as defenders and lawyers because they communicate with patients as equals (Zendedel, Schouten, van Weert, & van den Putte, 2018).

One of the most important features of medical translation is a pronounced emotional component of communication. The interpreter is a direct participant of communication, conveys the patient's negative emotions, confidential information, and translates the doctor's diagnosis. Does the interpreter influence the emotional and empathic component of the doctor-patient communication? Researchers from Belgium analysed nine videos of doctor consultations mediated by the interpreter. In 44 out of 70 cases, scientists registered adequate transfer of emotional-empathic interaction, in other cases - reduction or omission of emotional component, and transformation or distortion of emotion were also observed (Krystallidou et al., 2018).

The effectiveness of emotional interaction and, ultimately, of treatment depends on such interpreter qualities as emotional stability and empathy (Hubscher-Davidson, 2016).

Thus, the problems arising in the medical interpreting situation are caused by its specifics: absence or imperfection of legislative acts, asymmetrical relationships of the subjects in communication caused by differences in knowledge, status, and authority; absence or low level of the interpreter's professional competences.

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3. Research Questions

The following research questions framed the study:

1.Patients with which languages were most frequently encountered?

2.What problems are identified when communicating with foreign-language patients through an intermediary?

3.Do emergency medical personnel consider it necessary to create an interpreter service?

4.What are the requirements for medical interpreters and where are they set out?

5.How is the training of medical interpreters organized in Germany and Austria and what form of training is preferred?

4. Purpose of the Study

The purpose of the study was to collect and analyse data about the problems in the field of medical interpreting in Russia, to study the experience of foreign universities in organizing medical translation training and effective methods of training medical translators abroad.

5. Research Methods

We used two research methods: questionnaire survey and analysis of the requirements for medical translators of the International Medical Interpreters Association (IMIA), the programs of European universities, and the papers of researchers working in the field of medical translation.

In order to find out the problems in the field of medical translation in Russia, we conducted a questionnaire survey among emergency medical workers in the Perm region. The purpose of the survey was to find out whether it is appropriate to create an interpreter' service at the Ministry of Health/emergency medical stations, and to identify the most commonly used languages and the problems of working through a language intermediary. We designed the questions as a rating scale and gave the questionnaire to the emergency medical personnel. The survey was conducted in person after training seminars at the school of disaster medicine. In this article, we present the first results of the survey. The questionnaire was answered by 28 employees of the emergency medical care (later EMC), including 15 people working in the EMC of Perm, and 13 Perm Krai EMC employees.

The second goal of our study was to conduct a theoretical and practical analysis of the basics of medical translators training. To do this, we studied the requirements for medical translators presented in the IMIA Manual, as well as training programs for medical translators.

We analysed the web pages of three universities in Germany and Austria, as well as articles by the most famous scientists in the field of medical translation studies and training. The Medical Translation module is included in the Master's program, or training in medical translation is offered at professional development seminars for interpreters. The main forms of training are lectures and elements of psychodrama, the so-called "dramatization."

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6. Findings

The analysis showed that all interviewed Perm City EMC workers (15 people) and 84.6% of Perm Krai EMC employees had met the patients who didn't speak Russian well enough; 85.7% (24) communicated with the patient through a mediator. Most often, the mediators were patient's relatives (82.4%), friends (35.7%), colleagues (21.4% - 6), interpreters (25% - 7), or children (7.14% - 2).

When asked what languages were native to non-Russian-speaking patients, respondents named 9 languages: the most frequent were patients with the Uzbek language (57.14%), the second place was occupied by patients whose native (or used) language was English (21.43%), the third place was shared by Kazakh, Turkmen and Arabic (17.86% each). In addition, there were named Chinese, German (4 questionnaires), Komi-Permyak, Tatar (2 questionnaires), Finnish, French, Ukrainian, and Turkish (once each).

Approximately the same number of respondents considered that there were problems in communication with foreign-speaking patients (12 - 46.2%) / there were no problems (13 - 50%), one respondent did not answer this question. However, 4 of those who deny having problems actually noted some problems (poor understanding of medical terms, incomplete transmission of information, poor knowledge of Russian, etc.).

Among the main problems of interpretation when communicating through a colleague/relative, ambulance workers consider lack of medical terminology knowledge (86.7%), vaguely conveyed content of the answers 46.2%, shortening of the patient's statement - 53.3%, poor knowledge of Russian - 53.3%, and answer for the patient - 53.3%.

The majority of respondents - 57.7% - estimate the level of communication through the intermediary as adequate and 46.2% as low. One person marked both. 46.2% think that the work with a mediator does not affect the health care provision. However, five of them indicate that more time is spent on working with the patient and filling in medical records.

The language barrier, according to the respondents, has an effect on the diagnostics of the patient's disease (2 - 7.7%), complicates the necessary medical procedures (3 - 11.5 %), and prolongs the time needed to fill in medical documentation (7 - 26.9 %). Overall, 65.4% of respondents believe that working with an intermediary takes more time than serving Russian-speaking patients.

More than half of the respondents (16 out of 28 - 53.6%) consider it necessary to have a translation service at medical organizations.

The analysis of the research results made it possible to formulate the following problems to be solved in Russia: establishment of a translation service under the Ministry of Health/Emergency Service, organization of interpretation training for native speakers of national minorities - non-professionals, and improvement of professional interpreters' skills.

The second goal of our research was to analyse the fundamentals of medical translators training in Europe both in the theoretical and practical terms.

Authors of the Medical Translation Manual from the IMIA attribute adequate knowledge of native and foreign languages, cultural peculiarities of the mother tongue / language being studied, and analytical abilities to the necessary knowledge in the medical sphere. The professional nature of medical discourse requires sufficient terminological density of expression/text. In this regard, the translator must have a

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command of medical terminology and be able to use special dictionaries (International Medical Interpreters Association, 2016).

The Manual also outlines the ethical principles that a medical interpreter must adhere to: confidentiality, impartiality, neutrality. At the same time, the interpreter is called upon to act as a patient's advocate and cross-cultural facilitator (International Medical Interpreters Association, 2016).

In the course of empirical studies, foreign researchers have concluded that in practice, an interpreter, being physically present during a conversation with a doctor, acts as a third party. How can the dilemma be solved: to be neutral on the one hand, and to "speak for the patient, intervene in the treatment process, give explanations and advice", on the other hand? "The interpreter is at the centre of a paradoxical situation: the patient wants to share his pain, his world with an accurate translation done by a loyal, not neutral interpreter" (Bahadir, 2010, p.154). At the same time, the doctor needs the medical term to be precisely communicated to the patient.

As a result, the authors formulate the following requirement for a medical translation service: the interpreter must be able to vary their translation, and adapt it to a specific client. To do this, appropriate training methods and forms must be found.

The purpose of interpreting in the medical discursive space is thus to ensure accurate and qualitative communication of information to provide medical care to the patient. A medical interpreter must not only have a perfect knowledge of language and terminology, but must also be empathic and know the realities of the host and source culture. Difficulties of medical translation include high responsibility, presence of negative information and negative emotions, ability to transform the patient's incorrect speech and scientific statements of the doctor (Novikova, 2016), and mastery of skills of "reading" and interpreting of non-verbal behaviour of the patient.

Where and how are medical interpreters trained? Let us refer to the practice in Germany and Austria. Since 2013, the Faculty of Translation, Linguistics and Cultural Studies at the Johannes Gutenberg University of Mainz (Germany) has been offering elective modules as part of the Master's degree program "Special Interpretation and Translation" in the medical, social and legal fields (Fachbereich 06:…, 2016). The special interpreting module is designed for 360 hours. Upon completion of the module, students will acquire the following skills: to analyse and compare culturally the specifics of the interpreters' work in the field of social interpreting; to critically reflect on the role of the interpreter; to choose theories, models and approaches appropriate to this type of interpretation; to analyse, observe and critically assess strategies for the interpreter's professional activity; to evaluate translation situations; to participate in the dramatization; and to be able to keep records of the participant observation. Students are offered the following topics: Strategies for professional work/behaviour; Ethics and politics, Psycho-social aspects of special translation, Interpreting strategies and techniques, etc. The main form of training is psychodrama.

The University of Innsbruck (Austria) offers Master's students a module of choice "Social and Administrative Interpretation" which is designed for a small number of hours. The main objective of the module is to gain knowledge in the field of social and administrative interpretation and to understand the interpreter's roles in this field (Philologisch-Kulturwissenschaftliche Fakultät der Universität Innsbruck, 2019). At the University of Graz, the Institute for Theoretical and Applied Translation Studies has set up

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a working group entitled "Social and Administrative Interpretation" (Institut für Theoretische und Angewandte Translationswissenschaft, 2019), developed an advanced training program for the basic level, and offered a series of lectures to students on the topic: "Building bridges instead of barriers. Language and cultural mediation in social, medical and administrative areas" (Eisenbruch et al., 2012; Institut für Theoretische und Angewandte Translationswissenschaft, 2019).

It can thus be concluded that in Germany and Austria, the specifics of interpreting in the administrative and social field are studied at faculties of translation studies as part of a master's degree program or at refresher seminars for non-professional interpreters.

What competencies should interpreters in this field of communication develop?

Novikova (2016) suggests a list of knowledge, skills and personal qualities in the field of social translation. The author finds it necessary for the interpreter to acquire knowledge in the theory and practice of communication and intercultural communication; theory and practice of translation; the mediation field (mediation in conflict situations); professional ethics, norms and rules of conduct in a particular professional area; special terminology, ways of its updating and use; and communicatively significant professional situations. It is important to develop the ability to interpret in emotionally difficult situations, cases of confronting psychological pressure and conflicts, as well as to master the two-way translation techniques and style registers.

The authors of the draft professional standard "Translator", along with typical translation skills (interpreter's note-taking, translation of precision vocabulary, etc.) highlight the knowledge and skills inherent only in this type of special translation, namely, the knowledge of basic concepts in medicine, law, penitentiary system and migration legislation, ethnic peculiarities of communicative behaviour of the source and target languages native speakers, the ability to perceive and understand the dialects of the source language, and the methods of ensuring successful communication, taking into account the differences between the communicating people status (Moscow State Linguistic University, 2018).

The professional competence of the social, including medical, interpreter implies, therefore, linguistic competence (knowledge and skills to perceive and understand dialects of the source language, registers and functional styles, especially conversational style; special terminology of this or that sphere of communication, the ability to understand the content of a statement and to convey it in an understandable form); socio-cultural competence (knowledge of national peculiarities of communicative behaviour of native speakers of the source and target languages, sociocultural competence (knowledge of national peculiarities of communicative behaviour of source and target language speakers, ability to provide relevant comments on verbal and non-verbal behaviour); discursive competence (knowledge of specifics of the migration discourse and the discourse of social and legal communication spheres); personal competence (emotional intelligence, stress resistance, empathy, flexibility), interpretation competence proper (knowledge of interpreter's note-taking technique, skills and abilities of two-way consecutive interpreting or whisper interpreting, ethics of professional conduct in various communication situations).

When training students/non-professionals in medical interpretation, foreign scholars rely on the concept of interpreting as a holistic verbal-non-verbal behaviour of the individual (ganzkörperliche Aktion) in a situation; this behaviour can be taught and learned by using elements of theatre pedagogy.

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The forms and methods of teaching are social and communicative training, G. Moreno's psychodrama, and A. Boals' Theatre of the Oppressed (Theater der Unterdrückten).

In both the psychodrama and Theater of the Oppressed, the central element is the dramatization of the situation. The difference between dramatization in the spirit of the Theater of the Oppressed and psychodrama is that the situations are played out, in which pressure is consciously or unconsciously exerted on a person, or there are reasons that lead to unsatisfactory performance. This technique is called Forum Theatre: the same situation is replayed many times until an optimal solution to the problem is found.

The dramatization includes three stages:

1) developing the ability of situationally and contextually adequate behaviour/activity;

2) while simultaneously understanding the conditionality / relativity of decisions, perception and acceptance of other interpretation strategies in the decision-making process; and

3) "being - in - a situation" and observation, that is observing the situation development from a distance, lead to the third stage of learning how to play an interactive and active role, namely to evaluate and modify all roles and influence the context (Bahadir, 2010).

The dramatization feature is that trainees are only offered the situation description without a ready-made scenario; when the scenario is played, trainees usually act out of their life experience and, as a result, spontaneous reactions prevail; the same situation is played out by different groups several times so that it is possible to see and evaluate various behaviour patterns; at the end of the dramatization, the chosen interpreting and behaviour strategies are discussed. The most effect can be achieved by involving experts from the medical sphere (nurses, doctors) in the dramatization. It is also important to train the latter to work with interpreters (Lathomer, Gina Robertiello, & Squires, 2019).

In summary, it can be stated that dramatization as a form of training corresponds to the peculiarities of social and administrative interpretation, and promotes the development of diverse communicative behaviour, the mastery of typical roles and the ability to make balanced decisions that meet the communicative situation specifics.

We believe that interactive forms of training and, above all, dramatization or role-playing are appropriate for the learning objectives - the development of the interpreter's professional competence and sub-competences in medical discourse.

7. Conclusion

In this article we presented a theoretical analysis of available research and described the specifics and problems of interpretation in the medical field. The survey of the Perm and Perm Krai ambulance staff showed that the problem of the qualified interpreters' shortage is also relevant for Russia. In the region, people with native Uzbek (57.14%), English (21.43%), Kazakh, Turkmen and Arabic languages are predominant among foreign patients. Among the main interpretation problems, respondents mention both lack of knowledge of the subject matter to be translated (e.g., medical terms) and insufficient translation skills (unclearly communicated content of answers, shortening of the patient's statement, answering a question for a patient). As a result, the majority of respondents believe that it is necessary to organize a group of interpreters at the ambulance service or the Ministry of Health of the Perm Krai.

A study of German and Austrian universities web pages has shown that the Medical Translation module is part of the special interpreting course in the administrative and social field and is taught at Master's degree courses or advanced training seminars for non-professional translators. The optimal form of training for medical interpreters is dramatization which enables the trainees to try themselves in different roles and to develop the most effective and adequate translation strategy and communicative behaviour for the medical interpreting situation.

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