



Interpreting Surgery: A Doctor's Perspective

(Posted by Katharine Allen on the InterpretAmerica blog, <http://bit.ly/interpretamerica-doctors-perspective>)

InterpretAmerica welcomes guest blogger Dr. Patrick J. Javid from Seattle Children's Hospital. In this articulate and insightful article, Dr. Javid outlines the critical importance of timely access to qualified interpreters in all settings and languages. This article expresses beautifully how interpreters empower providers to give their best care, even in very challenging linguistic circumstances.

A few weeks ago, as the Surgeon-of-the-Week, our team structured its entire set of morning rounds around a single individual. This person was not actually with us on rounds, and she was not even in the hospital that day. But her expertise was instrumental to the care of one of our patients.

She was an interpreter. A Mixteco Bajo interpreter, to be exact. And she was one of the most important members of our team that day.

Victor was a three-year-old boy with a ruptured appendix. He went to the operating room on the night he arrived and then required five days of intravenous antibiotics in the hospital. He was recovering nicely, but his family only spoke Mixteco Bajo. They did not speak or understand any English, and very little Spanish. So, on each of his five days in the hospital, the only way to communicate with Victor and his parents was through a Mixteco Bajo interpreter. This uncommon language is native to an area of south central Mexico, with over 50 different individual dialects that vary from town to town. It is

estimated that the language is spoken by a total of only 500,000 people in the world today. And we needed one of these unique individuals to help us discuss Victor's plan of care with his parents.

I do not have hard numbers here, but I am told that there are very few Mixteco Bajo interpreters available at any one time. So, our team's care coordinators went out of their way to arrange a morning phone call with a Mixteco Bajo interpreter on each day Victor stayed with us in the hospital. Essentially, we had made a recurring appointment with a phone interpreter and we dared not stand her up! So, no matter where we were on rounds each morning, we headed to Victor's bedside at 9:30 a.m. for an audio rendezvous with our cherished Mixteco Bajo interpreter.

Once we reached our interpreter, things went smoothly. We discussed the boy's upcoming discharge, his pain medicine regimen, and any indications he might return to the emergency room. The entire scenario made me think about the importance of language—and communication—in surgical practice.

I took French throughout middle school and high school. Of course, here in the Pacific Northwest, all those years of conjugating French verbs have not helped me very much. Apart from English, the most

common language we encounter is definitely Spanish. On weekdays during business hours, we have Spanish interpreters throughout the hospital ready to help a provider communicate with a patient or family member. In the emergency department, an in-house Spanish interpreter is available until at least midnight every night. In the operating room, many of us have gotten to know our perioperative interpreters very well. They have a hard job all day long. As they literally run from the pre-op zone to the family waiting room, they are paged constantly to join a conversation with people they do not know on subjects with which they may be unfamiliar. I am always amazed that they do not lose their voices and wits by the end of the day!

It gets even more interesting when a live interpreter is not available in the hospital. For example, last month I met a young girl who needed urgent abdominal surgery for a bowel obstruction. She was experiencing intense pain and her family was obviously stressed and upset. The parents spoke Vietnamese fluently, and their comprehension of English was clearly very limited. The chances of finding a Vietnamese interpreter in the hospital on a Friday night were small. But the next thing I knew a computer was wheeled into the room,

Information and Contacts

Internet blogs are rich sources of information for translators and interpreters. They allow users to post questions, exchange ideas, network, and read news and commentary on a specific subject. The topics featured in this column are actual blog postings concerning issues pertinent to your colleagues in the field today. For more blog listings, visit www.atanet.org/resources/blog_trekker.php

complete with a large monitor, a webcam, and a microphone. This device, it turned out, was our interpreter! On the screen, in front of the family and me, sat a young woman named Marie. She introduced herself as our Vietnamese interpreter and she could see the patient's parents as she interpreted via a wireless video conference call. We had to adjust the microphone a few times and I had to ask the parents to repeat themselves once or twice, but otherwise the process went amazingly well. It makes quite a difference to have your interpreter right in front of you, whether she is a product of wifi access on a computer screen or standing right next to you in real life. Skype to the rescue!

These online computer interpreter stations are available in the emergency department, the operating room, and the intensive care unit. When neither a live human nor wireless computer is available, we have something just as simple to use: the SPEAK line. From any hospital phone, dialing SPEAK will connect you directly to an interpreter hotline. After providing some basic information about the patient, you are connected almost instantaneously with an interpreter over the phone. We used to use speaker phones for these types of conversations, but recently the hospital built dual phone systems in all patient rooms. Now every room on the floor and in the intensive care unit has a phone with a headset for the provider and a headset for the parent. It is very easy to use.

With all of these resources, we essentially have 24-7 access to interpreters of any language or dialect. And I mean 24-7. There have been moments where I thought I would stress the system. For example, take my 3:30 a.m. call to the SPEAK line looking for a Somali interpreter after a laparoscopic appendectomy. Or the time I needed a Mandarin interpreter on Saturday morning rounds. Then there was my request for a Sunday afternoon Tagalog interpreter as I consulted a patient with a cholechochal cyst.

Each time, the operator did not blink an eye (I think) as she replied gently: "Thank you, and please wait for your Somali/Mandarin/Tagalog interpreter." And at the precise moment when the interpreter comes on the line, part of me always wants to say something like: "You are amazing! It's 3:30 a.m. on a Tuesday morning, and not only are you awake, but you speak Somali!" I have held back so far.

There was only one time I could not get an interpreter in the middle of the night. That was the night I needed another Mixteco Bajo interpreter after a child's 2:00 a.m. appendectomy. Those Mixteco Bajo interpreters are indeed hard to come by, and on this particular night, I think they were all asleep. So, we tried a Spanish interpreter and muddled our way through a conversation. The real discussion would have to wait for 9:30 a.m. the following morning when our prized Mixteco Bajo interpreter would call into the room.

I was talking with my wife (also a surgeon) about the crucial role that interpreters play in the medical setting, and she told me about an interesting experience she had last year. She was taking care of a hearing-impaired patient who needed an operation. Not only did the sign language interpreter accompany the patient to her clinic visit with my wife, but she was also there on the day of surgery. For those who have never needed general anesthesia, there is a lot of communication that goes on when you first lie down on the operating table and prepare to go

to sleep. Adults are being told what is happening each step of the way, and the kids are reassured, cajoled, and praised. On the day of this patient's operation with my wife, the sign language interpreter stood right next to the operating table as the anesthesia was being induced. Dressed in the standard surgical "bunny suit," the interpreter signed the entire conversation with the anesthesiologist so that the patient would understand what was happening as she drifted off to sleep. The interpreter continued to sign until the anesthesiologist gave her the final signal to stop.

My wife added one more interesting tidbit. She liked the fact that I had written about the Mixteco Bajo language and that it is only spoken by half a million people around the world. But she had recently met a patient who spoke an even more exclusive language: Marshallese, the native language of the Marshall Islands. It is spoken by all of 44,000 people on our planet. And my wife needed a Marshallese interpreter in the clinic one day. After a few minutes of preparation, the Marshallese interpreter was ready and waiting on the phone. Amazing.

Whether they are in person, online, or on the phone, our interpreters are vital members of our team here. Without our interpreters, we simply could not deliver quality medical and surgical care to our children and their families. ■

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