Introduction to Medical Interpretation I

Class Manual

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Class Manual

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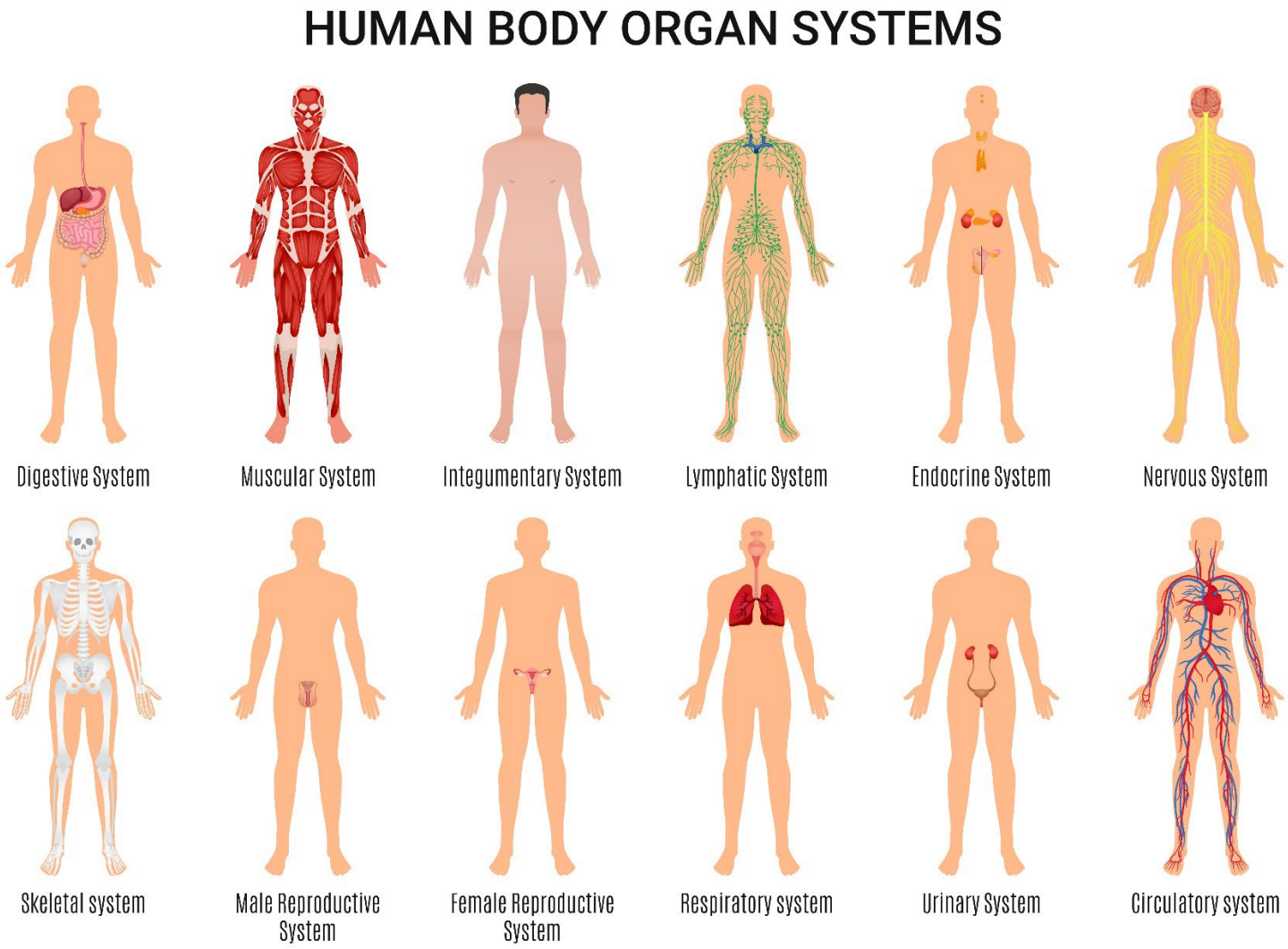
Introduction to Medical Interpretation I

Chapters 1 and 2



Human Body Organ Systems - Part I

Note from your Instructors:

The material included from page 23 to page 44 is for reference purposes only. You are invited to review it but it is highly technical.

The explanation provided by Dr. Sanso must be carefully watched in lectures 1 and 2 as it explains basic anatomy terms that will help you visualize the questions and answers included in a typical medical examination.

You must study the following pages from this chapter before attending lecture 2 (week 2)

- Interpreting Section Section (from page 3 to page 13)

You must study the following pages from this chapter before attending lecture 3 (week 3)

- Class Practice and Terminology Sections (from page 14 to page 22)

Interpreting Section

MODES OF INTERPRETATION

Simultaneous Mode of Interpretation

This mode of interpretation requires the interpreter to interpret the original message at the same time the interpreter hears the message. This mode of interpretation is used when the non-English speaker is passive in the interaction. The non-English speaker is the sole recipient of the interpreted message.

The challenges include speed of the original, vocabulary and ability to hear the speaker.

In an education setting, this mode is suggested for conferences or seminars where a group of non-English speakers are provided wireless headsets (receivers) while the interpreter uses a wireless transmitter to send the signal to the receivers.

If the school district does not have any wireless headsets, then it is suggested that the interpreter use the consecutive mode of interpretation, which is explained on the next page.

The advantages of using the simultaneous mode of interpretation are:

- The speaker does not have to stop during the utterance of the original speech. This improves the flow of the seminar.
- All of the non-English participants holding a wireless headset are guaranteed to hear the interpreter without any background noise.

The disadvantages of using the simultaneous mode of interpretation are:

- Speed of the original could be too fast for any untrained interpreter.
- Long pauses may be generated by the interpreter due to lack of vocabulary or inability to keep up with speed of the original message.
- Equipment may fault during the seminar. If a technical assistant is available to the interpreter(s), then the issue will not affect the interpreter(s). If there is no assistant, then the interpreter must continue interpreting despite the technical issue experienced by one of the attendees. The interpreter should attempt to resolve the issue whenever there is a break available.

Consecutive Mode of Interpretation

This mode of interpretation requires that the interpreter interprets the original message after the speaker ends the sentence. As an example, the English speaker asks a question in English and the interpreter waits for the whole question to be asked and then interprets it into Spanish. Then the Spanish speaker answers the question in Spanish and once the whole question is answered, the interpreter interprets it into English. This mode of interpretation is used when the non-English speaker is active in the interaction. This means that both parties are communicating with each other using the interpreter as a conduit.

The challenges include remembering the whole utterance when the segment is rather long, the ability to remember something that was recently said (short-term memory), and the terminology used, which is usually at the regular and low registers unless the non-English speaker is a professional answering question on his or her field of expertise.

The first challenge – remembering the whole utterance when the segment is rather long, can be controlled by the interpreter by asking the speaker to pause in order to allow the interpreter to transfer the utterance. The interpreter is responsible for controlling the length of the original segments but must ask the speaker for a pause only when the speaker ended a thought and never in the middle of one.

The advantages of using the consecutive mode of interpretation are:

- There is no instance in the exchange where two people are talking at the same time. This creates a much clearer session which can be easily recorded.
- The interpreter is able to better structure the transfers because the whole segment is uttered before the interpreter proceeds to transfer into the target language. This is not the case when using the simultaneous mode since the interpreter is basically transferring the original into the target language at the same time as the utterance is delivered by the speaker.
- This is the preferred mode of interpretation when interpreting without any wireless equipment.

The disadvantages of using the consecutive mode of interpretation are:

- The interpreter must have a high degree of concentration to recall the original utterance. Furthermore, the interpreter has to take control of the session by asking the speakers to pause so that the original segment can be transferred into the target language.

- The session is substantially extended since the interpreter needs time to transfer the original.

Sight Translation Mode of Interpretation

This mode of interpretation requires that the interpreter reads a document and verbally transfers it into the target language. This mode of interpretation is used when the non-English speaker is asked to fill out a form written in English or when the English speaker receives a document written in a language other than English and needs to know the content of such document.

The non-English speaker is active while using this mode. However, there is no verbal exchange with a speaker who speaks a different language. The interaction is between the interpreter and the speaker. The interaction is based on the content of the original document.

The advantages of using the sight translation mode of interpretation are:

- There is no need to perform a written translation which would require a lot more time.
- The interpreter has the opportunity of reading the document beforehand, thus allowing the interpreter to perform a more accurate transfer.

The disadvantages of using the sight translation mode of interpretation are:

- The document is usually not provided to the interpreter in advance. Therefore, the advantage shown above sometimes is not available.
- The document may include very technical terminology or it could include very poorly written sentences that make comprehension of the original text hard to understand for the interpreter.
- There is usually a time limit for the interpreter to deliver the transfer of the contents of the document.

INTERPRETER'S ETHICS

Code of Professional Conduct

The Code of Professional Conduct was developed to serve as *behavioral guidelines* for interpreters. These guidelines are of extreme importance to the professional interpreter.

Since situations vary and the people involved in the situations are different, a trained professional interpreter must use discretion and good judgment, and be allowed flexibility within, but not willfully violate, the Code of Professional Conduct. Each tenet covers an area which the interpreter must consider and should then apply. Common sense is to be exercised in all situations.
Interpreting services are provided to give students who are Deaf or Hard of Hearing or speak a language other than English the same opportunity to realize their academic potential as is provided to their classmates.

Code of Professional Conduct

- Interpreters adhere to standards of confidential communication.
- Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
- Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
- Interpreters demonstrate respect for all the parties.
- Interpreters demonstrate respect for colleagues, interns, and students of the profession.
- Interpreters maintain ethical professional practices.
- Interpreters engage in professional development.

1. Interpreters adhere to standards of confidential information

This principle addresses the concept of confidentiality in situations where the interpreter has become privy to information because of his/her presence as a professional. Keeping matters confidential is of extreme importance.

Remember, if the student did not require facilitation of communication, the interpreter would not be present. However, there are some circumstances when confidential matters may be divulged. If there is a problem that needs attention or if questions arise about the interpreting situation the interpreter may contact an appropriate member of the educational team. The Interpreter Coordinator is responsible for scheduling, skill assessment, and mediation between faculty, students, and interpreters; thus, is privy to confidential information for the purpose of assisting the interpreter and the parties involved when problems or ethical questions arise.

Interpreters may also go to a more experienced colleague for advice or help with their skills. Both interpreters must understand that any information shared is confidential, and should not include names, dates, and places even if it is common knowledge.

Confidential Information: Often classmates or instructors turn to interpreters for information on how the student is progressing. Knowledge of the student's progress is an example of confidential information.

Seemingly harmless questions may appear as "How is he/she doing with thisassignment?" or "Is he/she passing this course?" Regardless of the questioner's intent, interpreters serve as facilitators, not spokesmen; therefore it is best to provide an inelaborate response that redirects the question back to thestudent such as, "I can't answer that question, but I would be happy to interpret if you would like to ask the student directly." This response not only avoids a code violation but also educates the party about the need to speak directly to the student.

Disclosure of Confidential Information: Interpreters sometimes need to share "confidential" information about students with the Director of Disability Services or Interpreter Coordinator. For example, it is important to notify the office of class cancellations, room and schedule changes, consecutive absences, or other matters that might affect interpreting services.

2. Interpreters possess the professional skills and knowledge required to interpret in the specific interpreting situation.

Interpreters should accept assignments using discretion. As interpreters, we are required to render the message faithfully by conveying the content and spirit of what is being communicated, using language most readily understood by the parties. An interpreter should be aware of his/her limitations and should not accept assignments that he/she may not be able to handle.

Content: Before accepting an assignment an interpreter takes into consideration whether the subject matter is objectionable to them. If faced with an uncomfortable situation, the interpreter can either continue interpreting and try not to appear judgmental or ask to be replaced. Ethically, the interpreter cannot let his/her personal feelings become a deterrent to accurate interpretation.

Spirit of the Speaker: The effect of the educational interpreter varies from classroom to classroom. Teaching styles and personality quirks transform the message as interpreters take on assignments. The delivery can range from bland to electrifying as we emulate the spirit of the speaker. Interpreters strive to render the message with dynamic equivalence.

Language Most Readily Understood: The mode of communication used by the interpreter should be based on two variables: (1) the individual needs and preferences of the student; (2) the nature of the assignment. Based on these variables the interpreter may determine which mode of interpretation will be most effective (i.e. consecutive or simultaneous).

Team Interpreting: An interpreting team may be needed to fully convey the message or to address exceptional communication challenges. All requests for team interpreting must be approved by the Interpreter Coordinator. The following guidelines should be observed when team interpreting:

- Both interpreters should stay for the duration of the assignment.
- Teams should take turns at mutually agreed upon intervals.
- Teams should meet before the assignment to discuss and agree upon how to provide back-up support and be ready to follow that system.
- Teams should also discuss the smoothest way to transition.

- Teams should be ready to provide back-up support at any time.
- Partners should give feedback only when requested. When giving feedback, do so in a constructive manner.

When one member of an interpreting team is absent, a replacement will be sent if one is available. On occasions when a substitute is not available, the interpreter should discuss the situation with the instructor and requests that she/he provide an additional break, if possible.

3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.

Interpreters are expected to present themselves appropriately in demeanor and appearance. They should also avoid situations that result in conflicts of interest.

Demeanor: An interpreter should strive to maintain a professional attitude toward their profession. This means that the interpreter should show pride inthe profession by being on time (preferably early) for all assignments and being dependable and reliable in all phases of their profession.

The interpreter's attitude should enhance communication between the non-English speaker and the English speaker. The presence of a disruptive interpreter who dictates the situation with his/her attitude does not add to successful communication between the parties involved.

Appearance: Interpreters should dress in a manner appropriate to their status as professionals in a school environment. Attire should be clean, neat, and non-distracting. It is suggested that the interpreter wear clothes that are comfortable, in solid colors that contrast with skin color. Fingernails should be kept trimmed and any polish should be neutral in color.

At times an interpreter may be called upon to interpret for faculty or administration meetings, public performances sponsored by the school, or other formal occasions. In these situations formal "business attire" should be worn.

Conflicts of Interest

Personal Relationships: As an interpreter for your School Distrcit, you will interact with students, faculty, staff and the community. Relationships with a variety of people will inevitably develop, and positive professional relationships and networking within the profession are strongly encouraged. However certain personal relationships with students are unacceptable within the context of a working relationship.

Interpreters will not be placed in assignments that could threaten to compromise their commitment to the Code of Professional Conduct. Examples of this include but are not limited to interpreting for family members or romantic interests. ("The relative may have attitudinal or emotional issues that could affect objectivity and impartiality and prevent accurate communication." --RID Standard Practice Papers) The non-English speaking person's right to privacy and confidentiality could easily be compromised. Any questions about the ethics of a relational situation should be directed to the Interpreter Coordinator.

Counseling/Advising: As the interpreter you should not counsel or advise the student during or after the assignment on matters pertaining to the assignment. At times students may reach a critical yet indecisive point and look to the interpreter for guidance. The interpreter should never provide an opinion or provide help to the student.

Interjection of Personal Opinions: At times, while on assignment an interpreter may find him/herself interpreting information with which he/she disagrees. It may pertain to a personal value or conviction. The interpreter may be tempted to express his/her own opinion. However, to insert your own opinion is clearly a violation of the Code of Professional Conduct.

As cultural differences need to be considered when attempting to render a message faithfully, the interpreter may interject cultural understanding. An example of an appropriate interjection of cultural understanding includes contextual information needed to accurately interpret music and TV references, culturally laden jokes, etc.

4. Interpreters demonstrate respect for the parties

Interpreters are expected to honor the parties' requests or needs regarding language preferences and render the message accordingly. Interpreters also demonstrate respect for the parties by honoring students' requests in selection of interpreters and interpreting dynamics, while recognizing the realities of qualifications, availability, and situation.

Student Requests for a Different Interpreter: Students may request that the interpreter be replaced for the following reasons:

- skill,
- communication preference (mismatch),
- personal reasons.

The student must meet with the Interpreter Coordinator to request a replacement.

5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.

Interpreters are expected to collaborate with colleagues to foster the delivery of effective interpreting services. Also, interpreters should always maintain civility when discussing breaches of ethical or professional conduct. When discussing these, approach colleagues privately to discuss and resolve the issue through standard conflict resolution methods. If the breaches are harmful or habitual, interpreters should report the problem to the Interpreter Coordinator.

6. Interpreters maintain ethical professional practices.

Interpreters are expected to conduct their business in a professional manner.

Punctuality: Interpreters should always be on time to any assignment. It is advisable to always show up at least 10 minutes before the time set for the assignment.

Interpreter/Student No Show: Interpreters should give the Interpreter Coordinator or Supervisor *advance notice as soon as possible* if they will be unable to perform an assignment. If a student is in a class in which the interpreter has not shown up, s/he should wait fifteen minutes, and then contact InterpretingServices. A substitute will be sent if one is available.

Interpreters are encouraged to use their own judgment on the least disruptiveplace to wait for students (e.g. waiting outside the classroom until the student arrives).

In the event of a no-show, the interpreter **must** contact the Interpreter Coordinator or Supervisor to notify that the student or parent(s) did not show up.

7. Interpreters engage in professional development.

Interpreters are expected to foster and maintain interpreting competence through ongoing development of knowledge and skills.

This would include activities such as:

- pursuing higher education,
- attending workshops and conferences,
- seeking mentoring and supervision opportunities,
- participating in community events and,
- engaging in independent studies.

Class Practice Section

Note from your Instructors:

These practices will be completed in your lecture. The instructors will go over the key terminology for all these practices. You have to watch lecture 1 (week 1) in order to learn the corresponding transfers for each of these practices included in this section.

Consecutive Practice 1

Doctor: Good morning Mr. Ocampo, what brings you here today?

Patient: Me mandaron a sacarme sangre la semana pasada y me llamaron porque mis resultados no salieron bien.

Doctor: Very well, I am glad that you came here so soon. It is always better safe than sorry. I always try to keep in touch with my patients and I contact them when something urgent is brought to my attention.

Doctor: In your case, the blood test results are off but they are not high enough to alarm you.

Patient: ¡Qué bueno doctor! Pero me gustaría que me diga que tengo que hacer para mejorar mi estado.

Doctor: Well, you need to lower your cholesterol. I can send you to the Cholesterol Management Clinic. They will keep a close eye on your cholesterol level.

Doctor: Your cholesterol readings are not high enough to prescribe you a cholesterol lowering drug. These drugs have side effects that could damage your liver.

Doctor: I prefer to give you a diet and exercise plan to lower your cholesterol level.

Doctor: Do you work out regularly?

Patient: No. Me gustaría hacerlo, pero no tengo tiempo. Cuando usted me diga que tengo que hacer lo haré. Lo haré en menos que canta un gallo.

Doctor: That is the right attitude. You may wonder why these measures are important. Let me explain them to you.

Doctor: When you reduce your intake of fattening food, the amount of cholesterol that you put in your body is less. When you exercise, your body releases chemicals that help reduce your cholesterol level.

Patient: Muchas gracias doctor. Otra cosa que me gustaría mencionar es que siento la boca seca por las noches y las heridas no sanan tan rápido como antes.

Doctor: That could be because of your slightly high readings of sugar level. I will order some new lab test to check the glucose level next week to decide what steps to follow.

Patient: También siento dolor en el cuello.

Doctor: Do you think that you have a stiff neck?

Patient: No sé. Siento este dolor cuando me despierto.

Doctor: Do you sleep on a high or a low pillow?

Patient: Duermo con una almohada alta.

Doctor: That is probably the problem. Sleep on a low pillow. That will probably solve the problem.

Patient: Muchas gracias, doctor.

Doctor: Well, let me give you a form for the lab test. Please go to the laboratory next week. Make sure that you do not eat anything at least 12 hours before the lab test is performed. I will see you next week. Take care.

Sight Translation #1 (Spanish into English)

Case Study - Systems

Dolor Abdominal

Una niña de 13 años es traída al consultorio porque ha sufrido tres episodios de dolor abdominal en el hipocondrio derecho a lo largo de las últimas semanas. El primer episodio comenzó súbitamente mientras comía. El dolor al principio es suave, pero se vuelve intenso y espasmódico. Se irradia a la espalda y se asocia con nauseas, pero no vómitos.

Entre los episodios la niña no tiene dolor alguno, si bien ha presentado diarrea intermitente. Su apetito ha disminuido, pero el dolor no se relaciona con alimentos específicos. Tuvo la menarca hace un año y sus períodos son regulares; niega actividad sexual.

Está afebril. Tiene dolor abdominal difuso, con dolor exquisito a la palpación del hipocondrio derecho con defensa localizada, pero sin dolor de rebote. No se detectan visceromegalias.

Una ecografía de abdomen muestra riñones, hígado y bazo normales. La vesícula biliar no presenta particularidades. No se observan cálculos y el conducto biliar común no está distendido. Se indica dieta líquida y control en 24 horas.

Sight Translation #1 (English into Spanish)

Authorization for Release of Medical Information

Patient Name: MRN#:

Social Security Number: DOB:

1. I authorize the use or disclosure of the above-named individual's health information as described below.
2. The following individual or organization is authorized to make the disclosure.

   Name: _____

   Address: _____

3. The type and amount of information to be used or disclosed is as follows:

[ ] Complete medical record	[ ] List of allergies
[ ] Physician progress notes	[ ] X-Rays reports
[ ] Immunization record	[ ] Lab reports
[ ] EKG's	[ ] Medication list
[ ] Problem list	[ ] Consultation reports

4. Unless otherwise provided by law, records and information concerning the following types of diagnoses, care and treatment will be released only if I indicate my specific consent by checking the appropriate box:

[ ] Alcohol abuse [ ] Mental health notes

[ ] Drug and substance abuse

[ ] Testing for presence of HIV-Antibodies and/or treatment of AIDS

5. This information may be released to the following individual or organization:

Name: _____

Address: _____

For the purpose of: _____

6. I understand that I have a right to cancel this authorization at any time. I understand that if I wish to withdraw this authorization I must do so in writing. I must present my written cancellation to the health information management department. I understand that the authorization withdrawal will not apply to information that has already been released due to this authorization. I understand that the cancellation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless otherwise cancelled, this authorization will expire on the following date, event or condition:

_____.

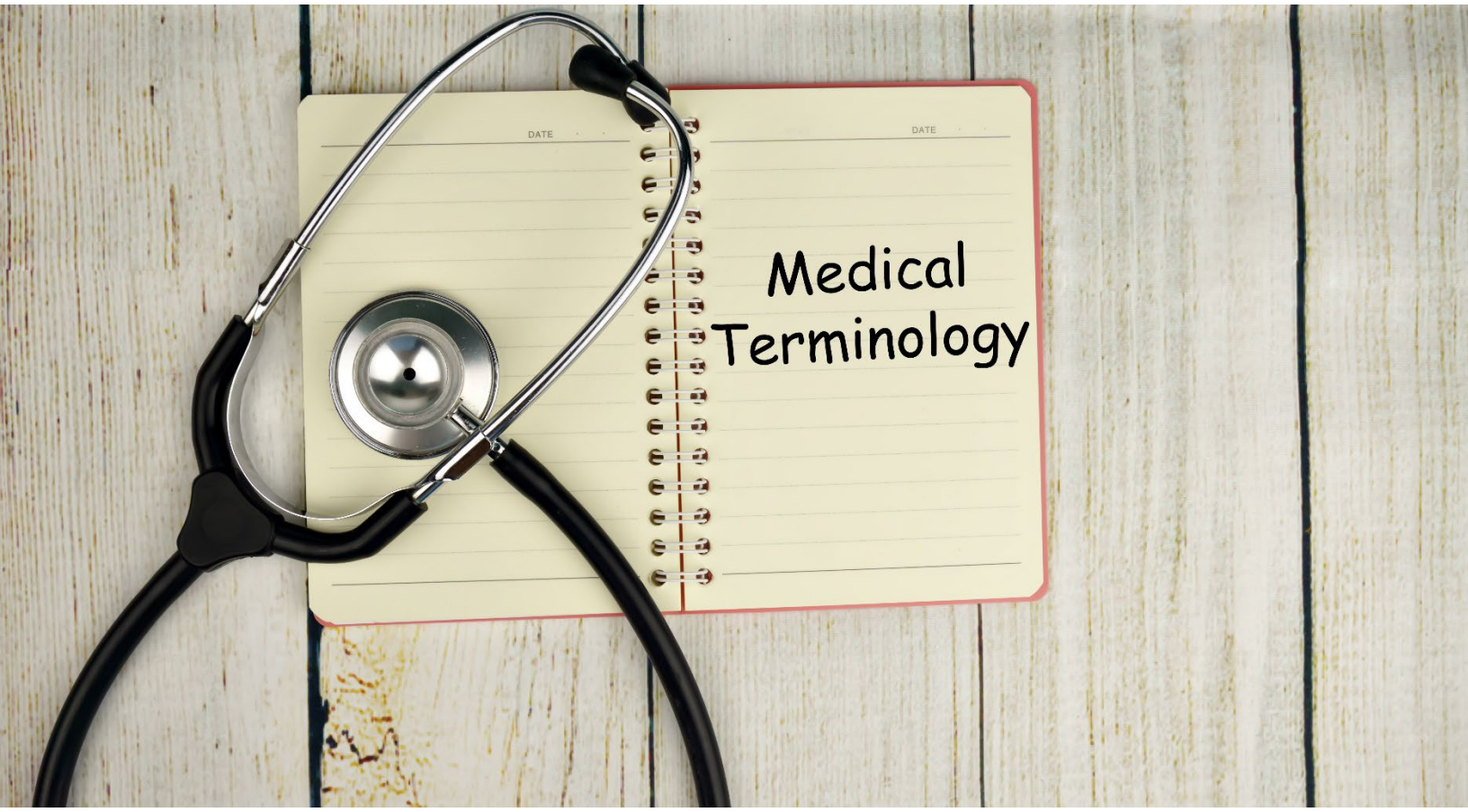
If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the release of this health information is voluntary. I can refuse to sign this authorization. I don't have to sign this form to receive treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the possibility for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact my physician's office manager.

Signature of Patient/Legal Representative (specify relationship to patient):

Date:

Terminology Section



General Medical Terminology – Part I

Abdomen: Abdomen.

Abortion (miscarriage): Aborto espontaneo, mal parto (colloquial).

Abortion (induced): Aborto inducido.

Abrasion: Escoriación, raspadura.

Abscess: Absceso, hinchazón.

Ache: Dolor, dolencia, dolorcito.

Acid: ácido.

Acne: Acné.

AIDS: SIDA (Síndrome de inmunodeficiencia adquirida).

AIDS Related Complex (ARC): Complejo asociado con el SIDA.

Allergy: Alergia.

Amputate: Amputar.

Amputation: Amputación.

Amputee: Amputado.

Anesthetic: Anestésico.

Ankle: Tobillo.

Ankle Bone: Hueso del tobillo.

Anus: Ano.

Apoplexy: Apoplejía.

Appendicitis: Apendicitis.

Arm: Brazo.

Armpit: Axila, sobaco (colloquial).

Artery: Arteria.

Arthritis: Artritis.

Artificial Respiration: Respiración artificial.

Artificial Resuscitation: Resucitación artificial.

Asphyxia: Asfixia.

Aspirin: Aspirina.

Asthma: Asma.

Back: Espalda.

Back (lower): Parte inferior de la espalda, cintura (colloquial).

Back (upper): Parte superior de la espalda, espalda, lomo (colloquial).

Backbone: Espina dorsal, columna vertebral.

Back Brace/Support: Faja, corsé, corset, braguero, espaldera (colloquial).

Balance: Equilibrio.

Bandage: Vendaje, venda, envoltura.

Belly: Vientre, panza (colloquial).

Belly Button: Ombligo.

Bend (to): Agacharse, doblarse.

Bile: Bilis.

Black and Blue: Morado.

Bladder: Vejiga.

Bleed (to): Sangrar.

Bleeding: Hemorragia.

Blister: Ampolla.

Bloating: Hinchazón.

Blood Pressure (BP): Presión sanguínea, presión arterial.

Blood Test: Análisis de sangre.

Bone: Hueso.

Bowel Movement: Defecación, obrar (colloquial).

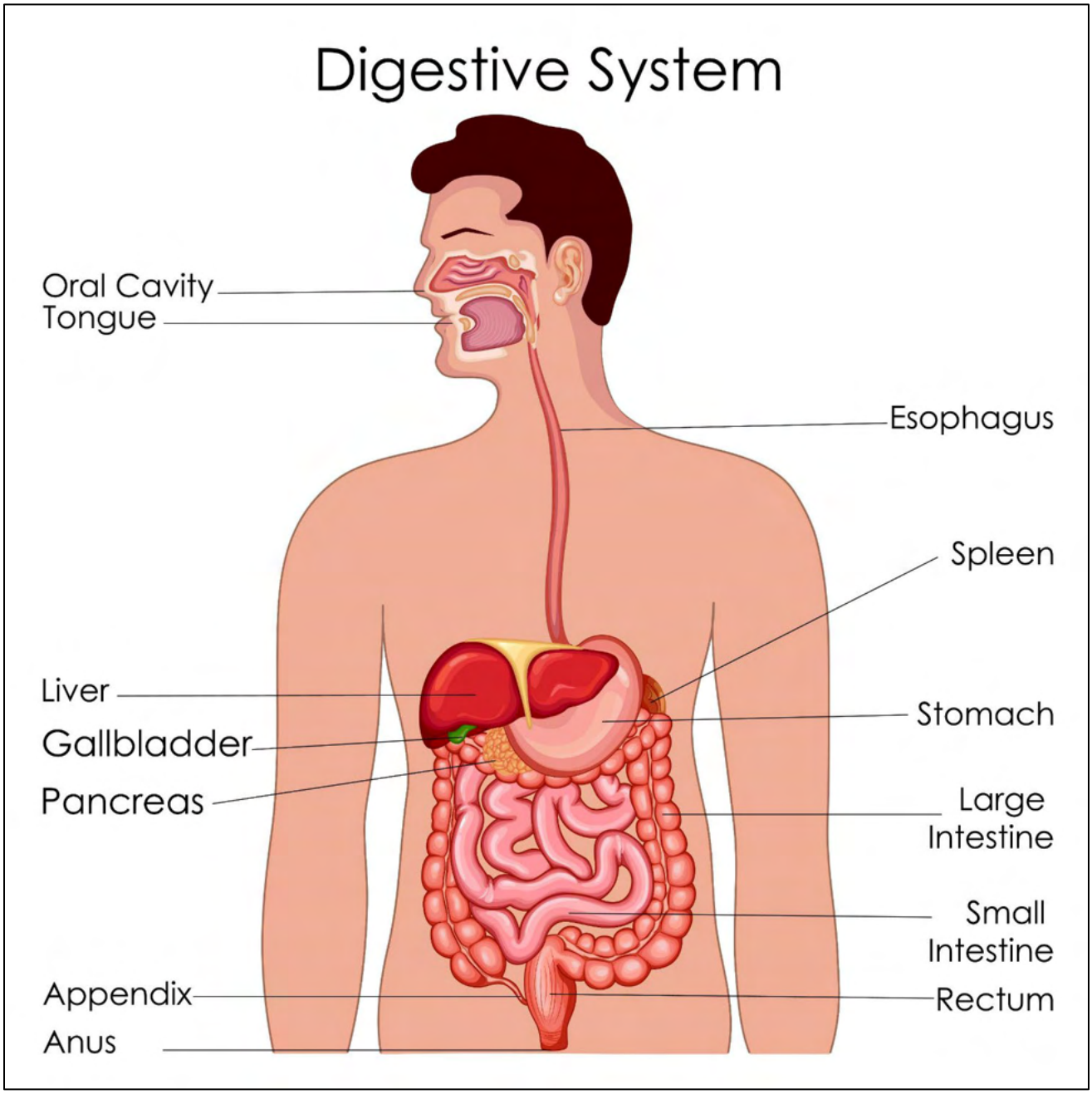
Bowels: Intestinos, entrañas (colloquial), tripas (colloquial).

Brace (orthopedic): Soporte.

Reference Material

Slides used by Dr. Sansó during her Presentation

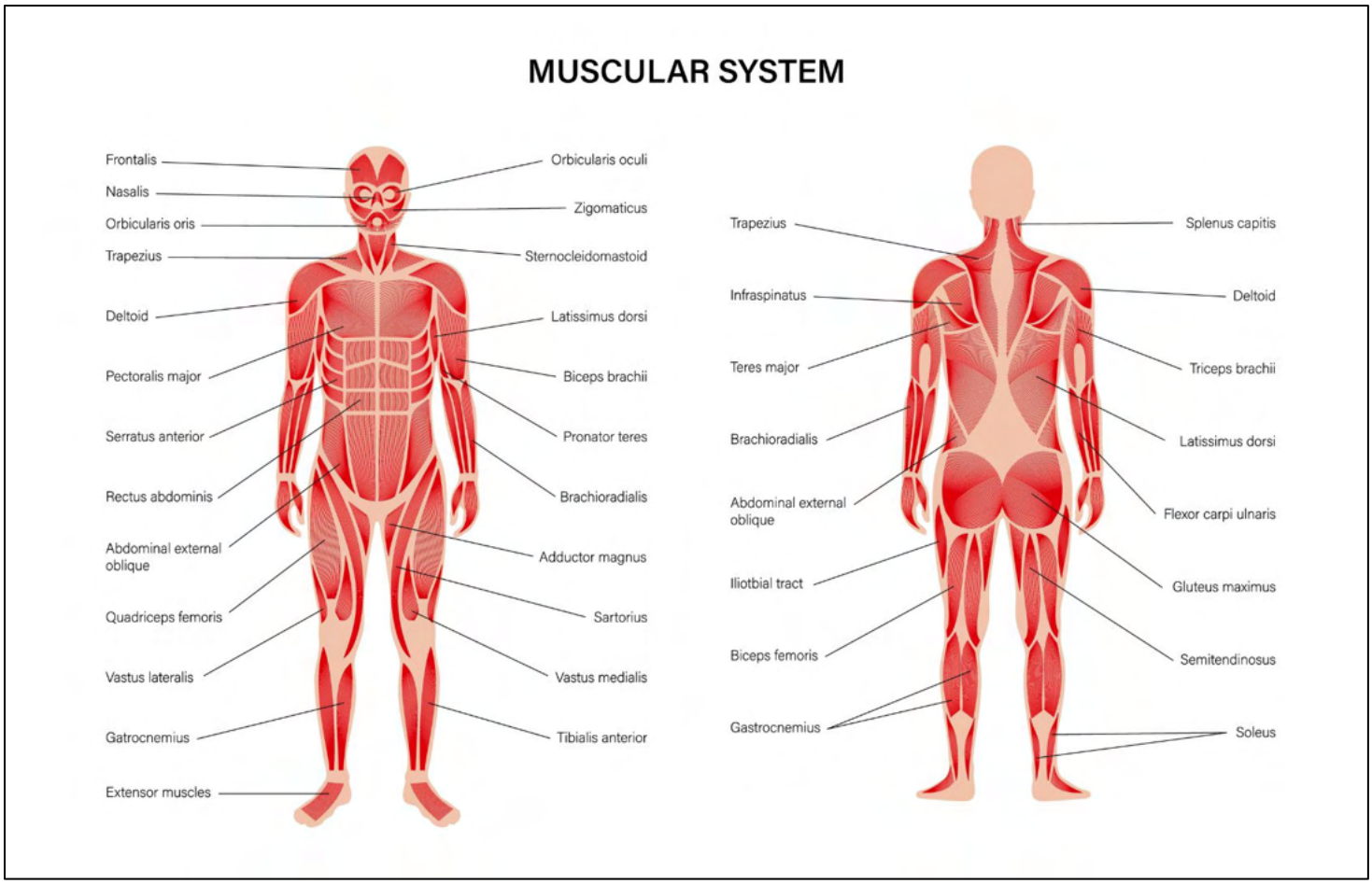
Human Body Organ Systems



Spanish Translations (Digestive System)

Anus: Ano
Colon: Colon
Common bile duct: Conducto biliar común
Duodenum: Duodeno

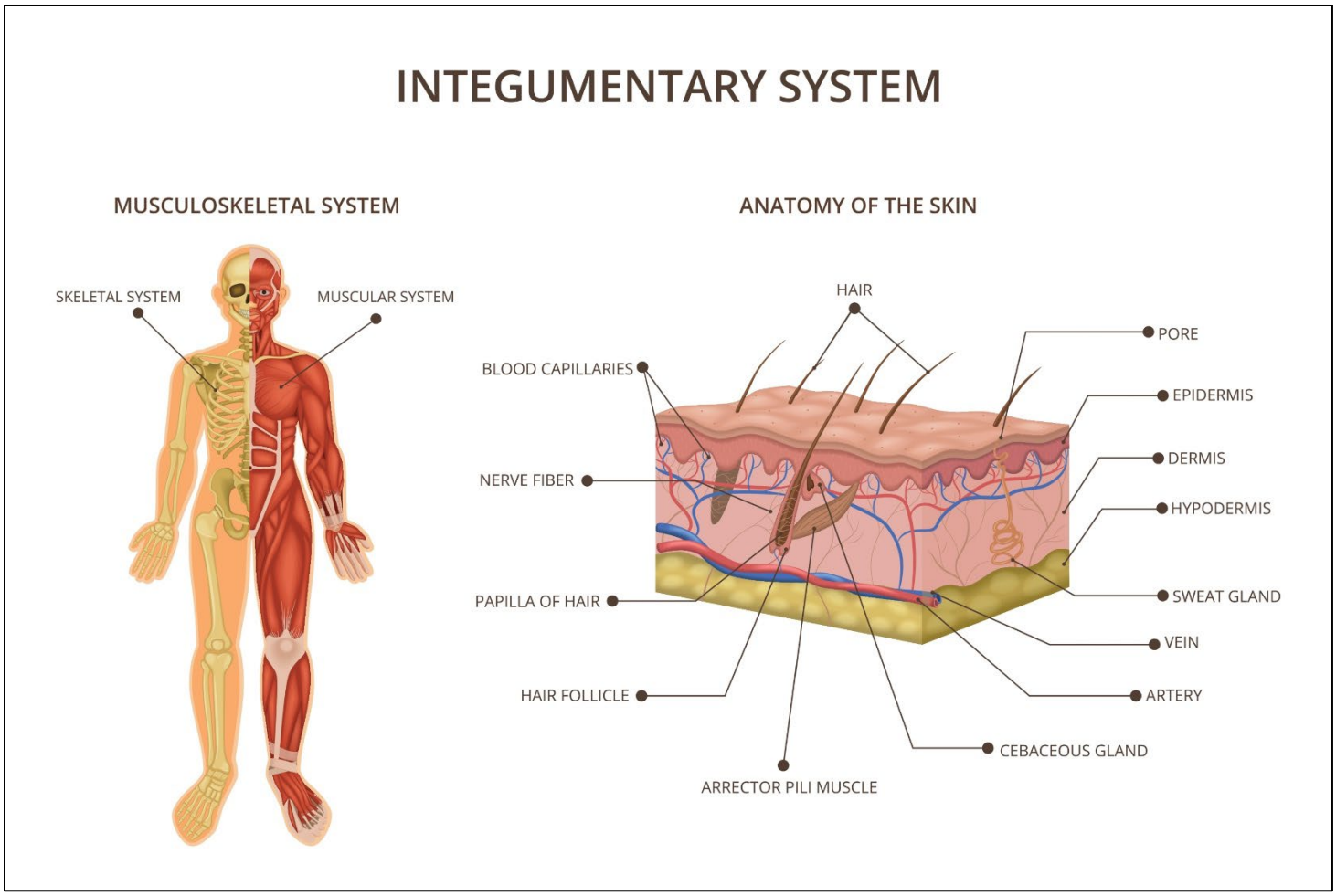
Esophagus: Esófago
Gallbladder: Vesicula
Ileum: Ilion
Jejunum: Yeyuno
Liver: Hígado
Pancreas: Pancreas
Parotid: Parotida
Pharynx: Faringe
Rectum: Recto
Salivary glands: Glándulas salivales
Small Intestine: Intestino delgado
Stomach: Estómago
Sublingual: Sublingual
Submandibular: Submaxilar



Spanish Translations (Muscular System)

Abdominal external oblique: Oblicuo externo del abdomen
Abductor magnus: Abductor mayor
Biceps brachii: Biceps braquial
Biceps femoris: Biceps femoral
Brachioradialis: Braquioradial
Deltoid: Deltoides
Extensor muscles: Músculo extensor
Flexor carpi ulnaris: Flexor cubital del carpo
Frontails: Frontal
Gatrocnemius: Gastrocnemio (gemelos)
Gluteus maximus: Gluteo mayor
Iliotibial tract: Tracto iliotibial

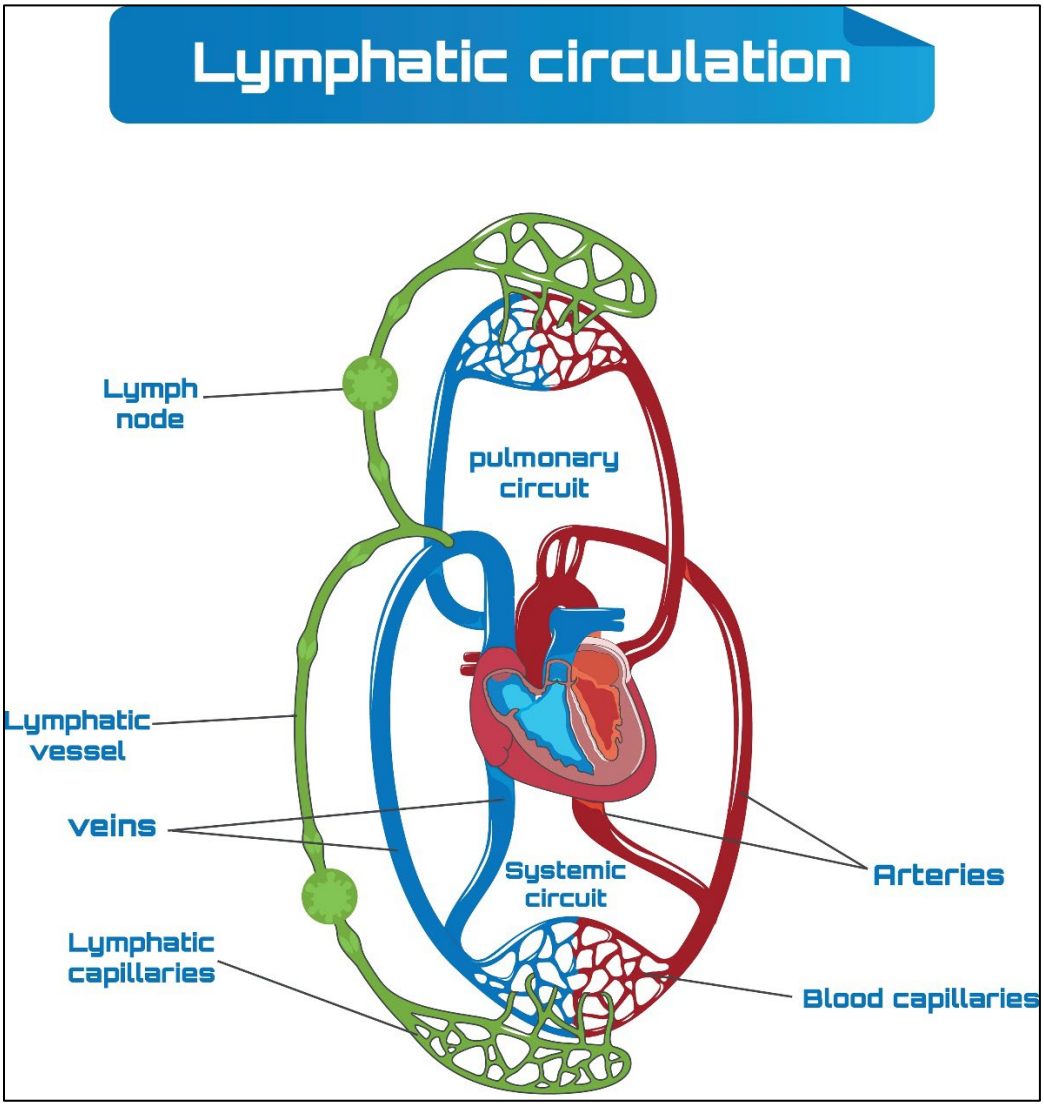
Infraspinatus: Infraespinoso
Latissimus dorsi: Dorsal ancho
Nasalis: Nasales
Orbicularis oculi: Orbicular del ojo
Orbicularis oris: Orbicular de la boca
Pectoralis major: Pectoral mayor
Pronator teres: Pronador redondo
Quadriceps femoris: Cuádricep femoral
Rectus abdominis: Recto abdominal
Sartorius: Sartorio
Semitendinosus: Semitendinoso
Soleus: Sóleo
Splenus capitis: Esplenio del cuello
Sternocleidomastoid: Esternoleidomastoideo
Teres major: Redondo mayor
Tibialis anterior: Tibial anterior
Trapezius: Trapecio
Trapezius: Trapecio
Triceps brachii: Triceps braquial
Vastus lateralis: Vasto lateral
Vastus medialils: Vasto medial
Zigomaticus: Cigomático



Spanish Translations (Integumentary System)

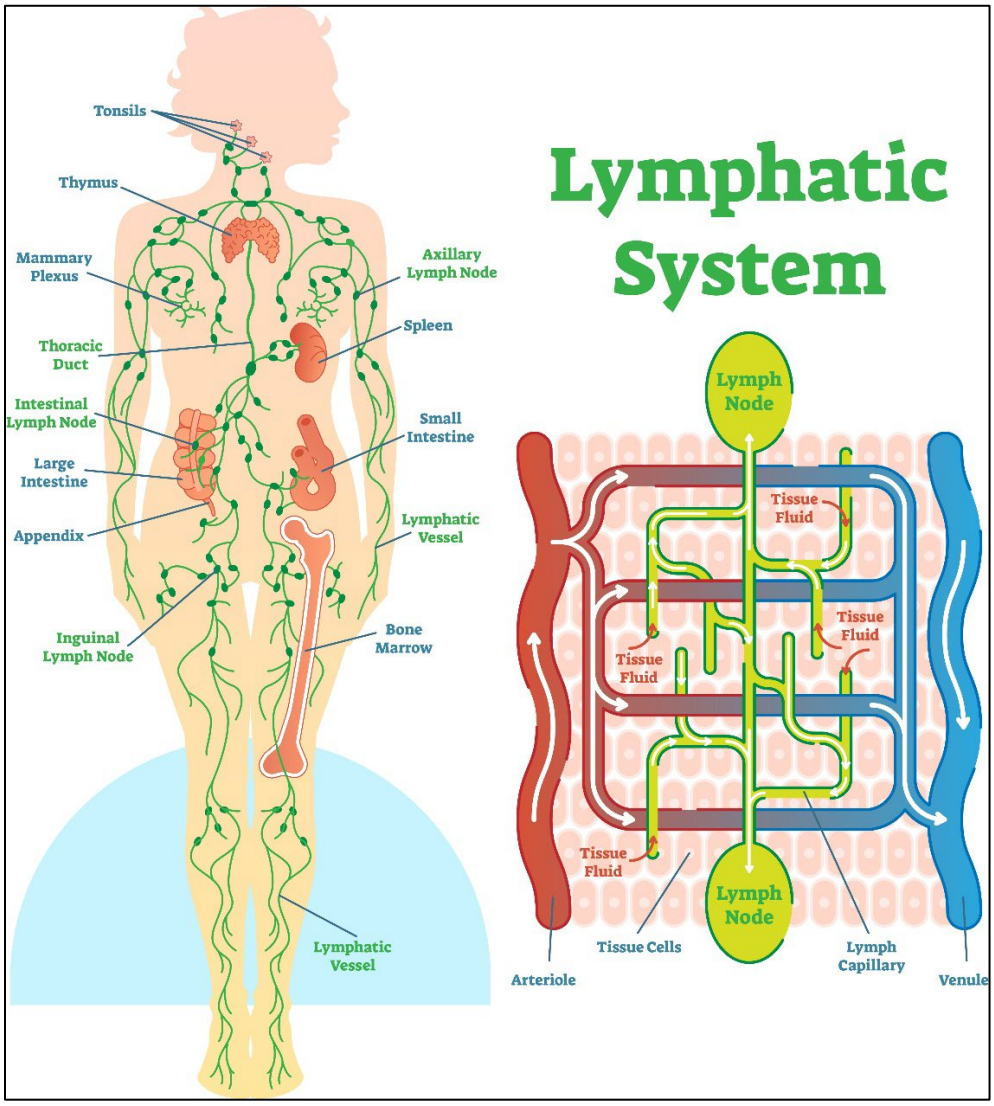
Anatomy of the skin: Anatomía de la piel
Arrector pili muscle: Musculo erector del pelo
Artery: Arteria
Blood capillaries: Capilares sanguíneos
Sebaceous gland: Glándula sebacea
Dermis: Dermis
Epidermis: Epidermis
Hair follicle: Folículo piloso
Hair: Pelo
Hypodermis: Hipodermis
Integumentary system: Sistema intertegumentario
Muscular system: Sistema muscular

Musculoskeletal system: Sistema musculoesquelético
Nerve fiber: Fibra nerviosa
Papilla of hair: Papila del pelo
Pore: Poro
Skeletal system: Sistema esquelético
Sweat gland: Glándula sudoripara
Vein: Vena



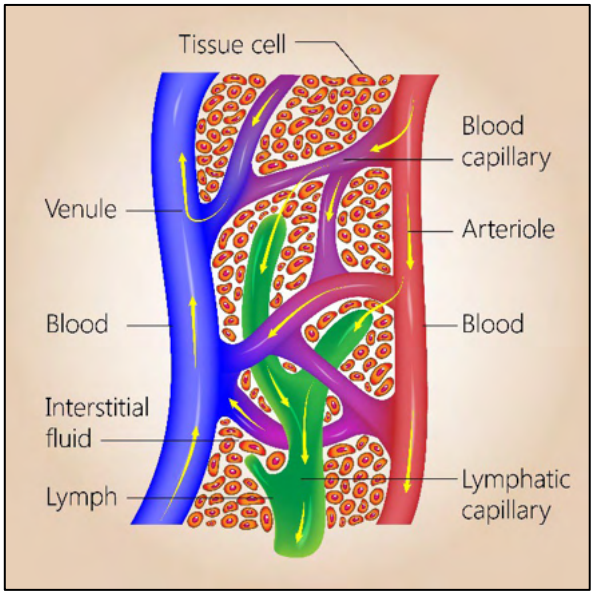
Spanish Translations (Lymphatic Circulation)

Arteries: Arterias
Blood capillaries: Capilares sanguíneos
Lymph node: Ganglio linfático
Lymphatic capillaries: Capilares linfáticos
Lymphatic circulation: Circulacion linfática
Lymphatic vessel: Vasos linfáticos
Pulmonary circuit: Circuito pulmonar
Systemic circuit: Circuito sistémico
Veins: Venas



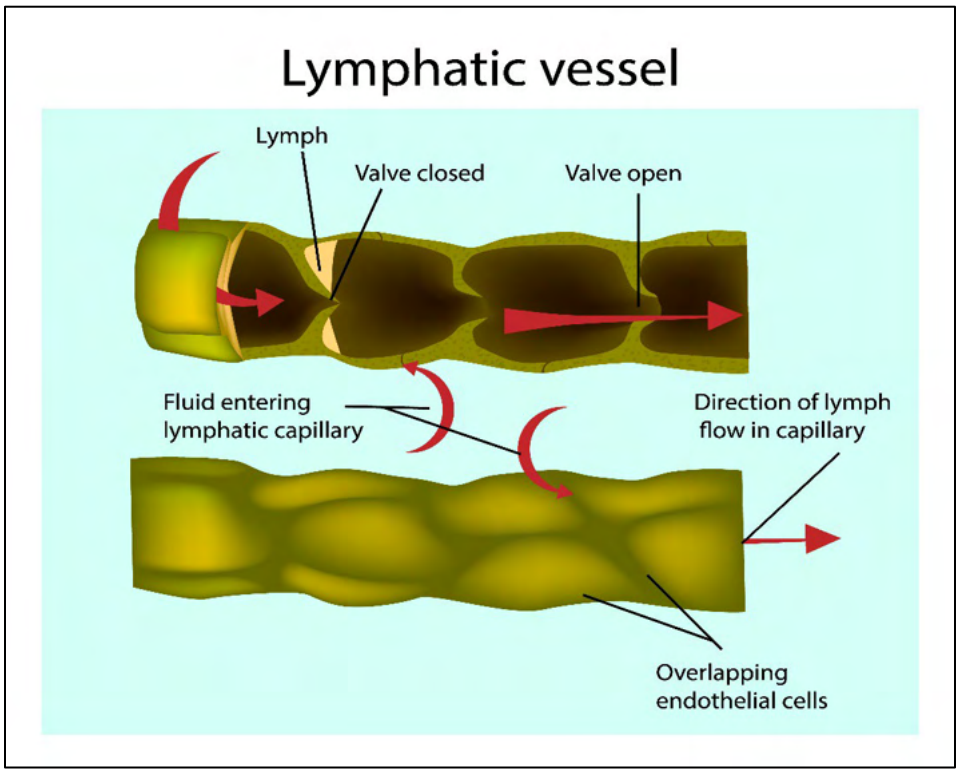
Spanish Translations (Lymphatic System)

Appendix: Apéndice
Arteriole: Arteriola
Axillary lymph node: Ganglio linfático axilar
Bone marrow: Médula ósea
Inguinal lymph node: Ganglio linfático inguinal
Intestinal lymph node: Ganglio linfático intestinal
Large intestine: Intestino grueso (colon)
Lymph capillary: Capilar linfático
Lymph node: Ganglio linfático
Lymphatic vessel: Vaso linfático
Mammary plexus: Plexo mamario
Small intestine: Intestino delgado
Spleen: Bazo
Thoracic duct: Conducto torácico
Thymus: Timo
Tissue cells: Células del tejido
Tissue fluid: Líquido tisular
Tonsils: Amígdala
Venule: Vénula



Spanish Translations

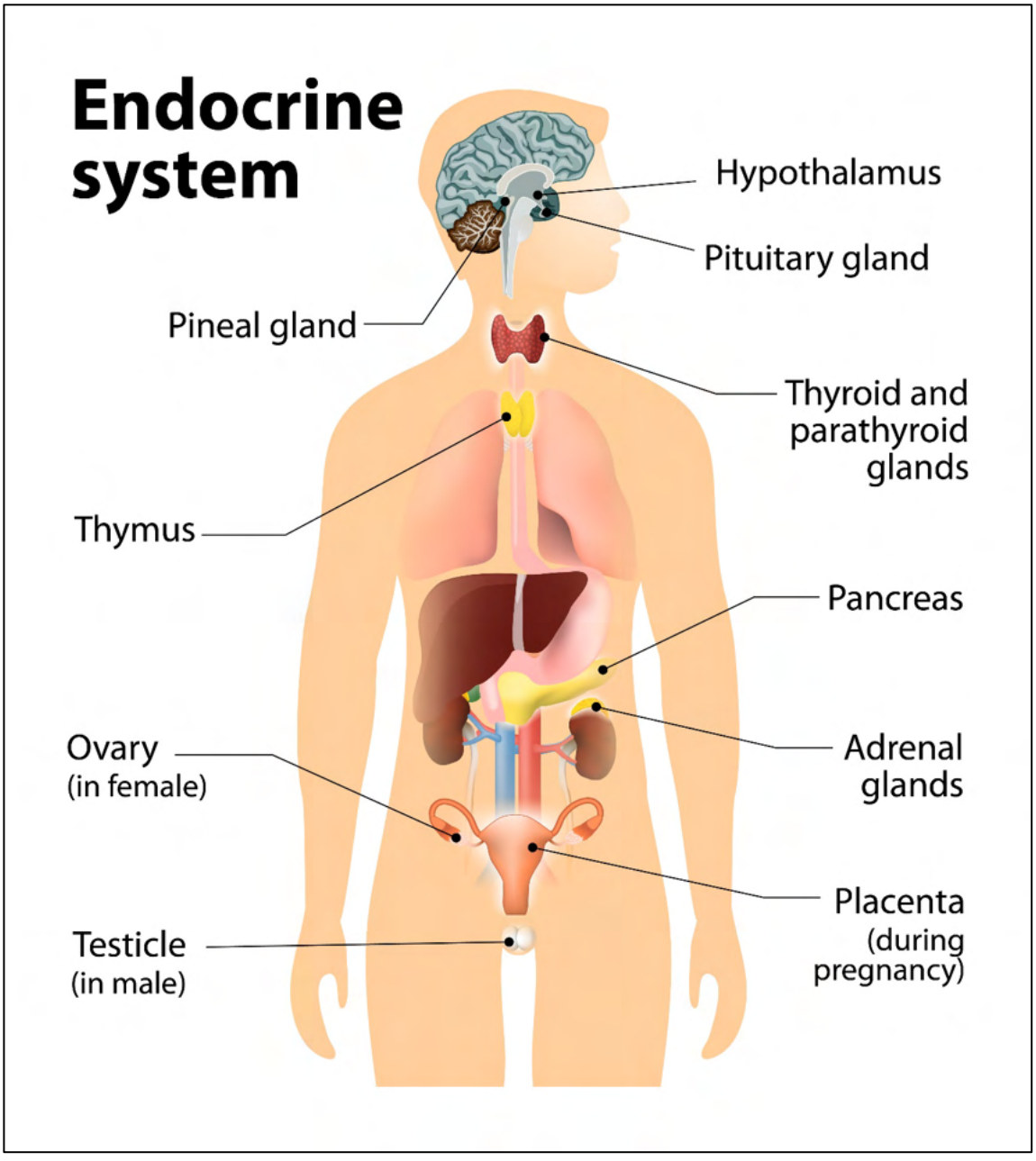
Arteriole: Arteriola
Blood capillary: Capilar sanguíneo
Blood: Sangre
Interstitial fluid: Líquido intersticial
Lymph: Linfa
Lymphatic capillary: Capilar linfático
Tissue cell: Celula tisular
Venule: Vénula



Spanish Translations

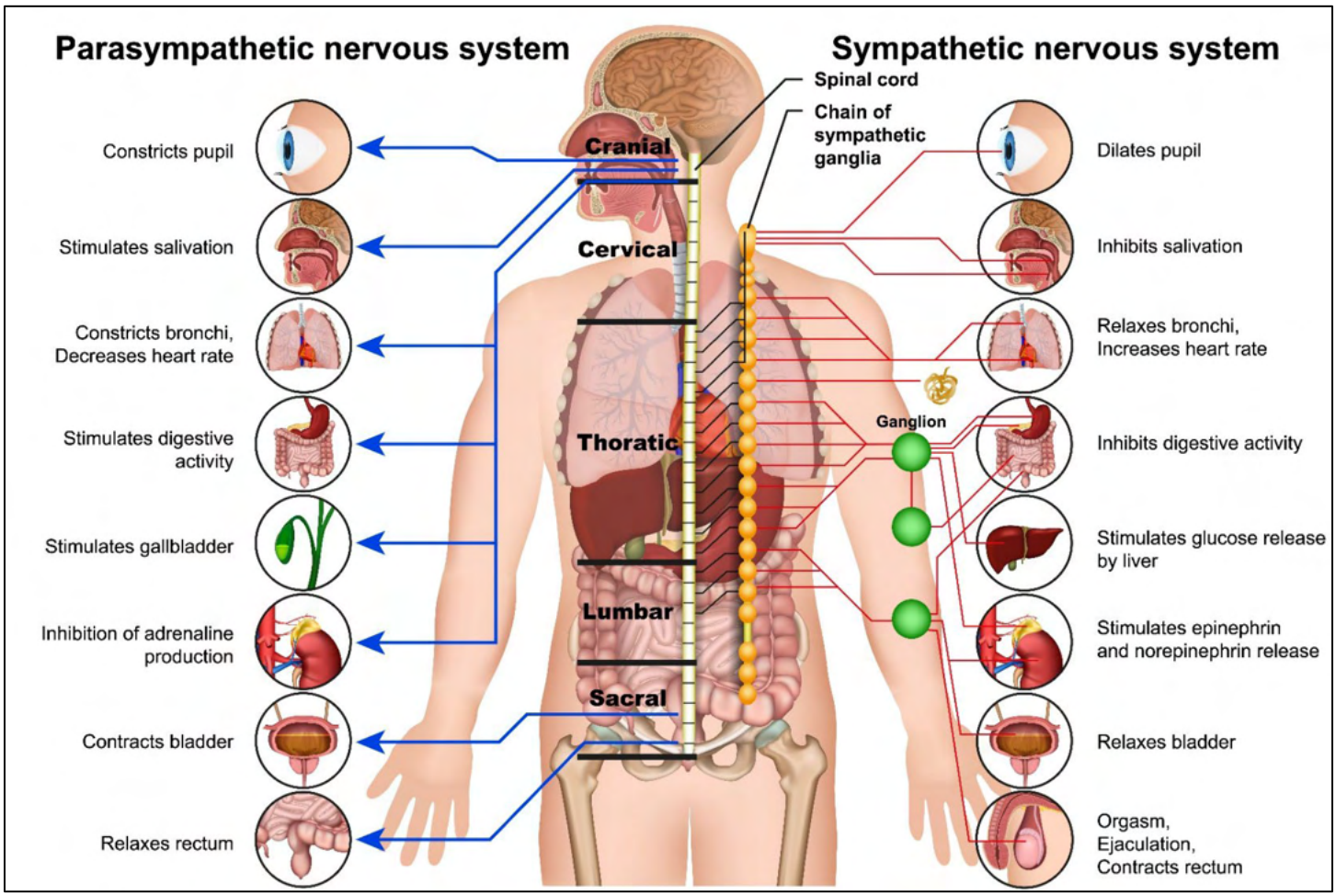
Direction of lymph flow in capillary: Dirección del flujo linfático en el capilar
Fluid entering lymphatic capillary: Líquido linfático entrando al capilar
Lymph: Linfa
Overlapping endothelial cells: Células endoteliales superpuestas

Valve closed: Válvula cerrada
Valve open: Válvula abierta



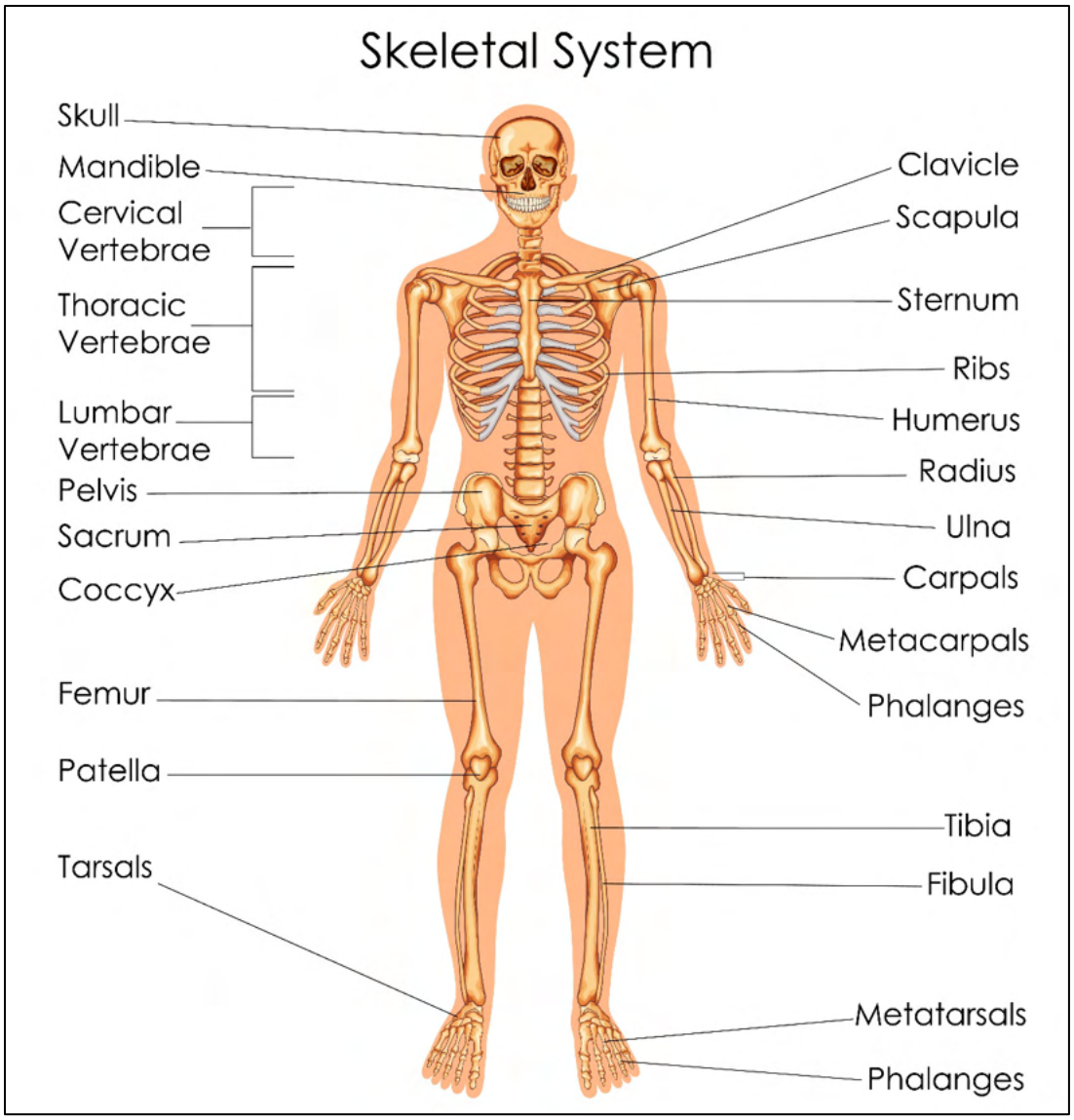
Spanish Translations (Endocrine System)

Adrenal glands: Glándula adrenal
Endocrine system: Sistema endócrino
Hypothalamus: Hipotálamo
Ovary: Ovario
Pancreas: Pancreas
Pineal gland: Glándula pineal
Pituitary gland: Glándula pituitaria
Placenta: Placenta
Testicle: Testículo
Thymus:Timo
Thyroid and parathyroid glands: Glándula tiroides y paratiroides



Spanish Translations (Nervous System)

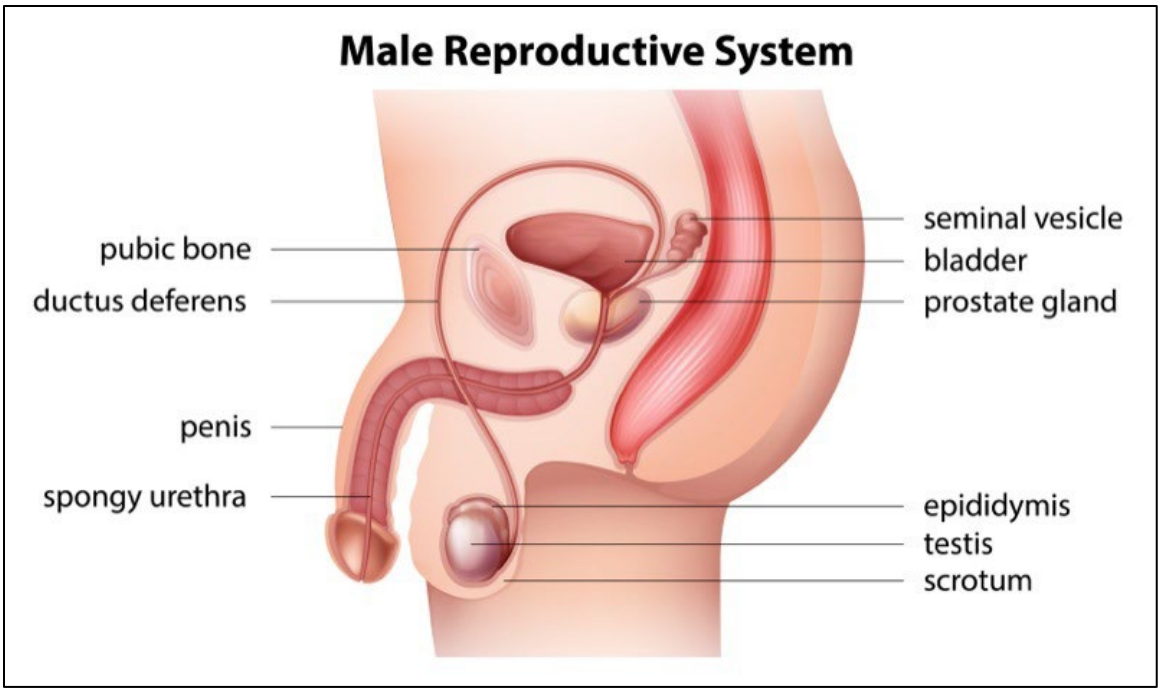
Chain of sympathetic ganglia: Cadena de ganglios simpáticos
Constricts bronchi: Constricción del bronquio
Constricts pupil: Constricción de la pupila
Contracts bladder: Contracción de la vejiga
Contracts rectum: Contracción del recto
Decreases heart rate: Disminución del ritmo cardíaco
Dilates pupil: Dilatación pupilar
Ejaculation: Eyaculación
Increases heart rate: Aumento del ritmo cardíaco
Inhibition of adrenaline production: Inhibición de la producción de adrenalina
Inhibits digestive activity: Inhibición de la actividad digestiva
Inhibits salivation: Inhibición de la salivación
Orgasm: Orgasmo
Parasympathetics nervous system: Sistema nervioso parasimpático
Relaxes bladder: Relajación de la vejiga
Relaxes bronchi: Relajación del bronquio
Relaxes rectum: Relajación del recto
Spinal cord: Médula espinal
Stimulates digestive activity: Estimulante de la actividad digestiva
Stimulates epinephrin and norepinephrine release: Estimulante de la liberación de epinefrina y norepinefrina
Stimulates gallbladder: Estimulante de la vesícula
Stimulates glucose release by liver: Estimulante de la liberación de glucosa del hígado
Stimulates salivation: Estimulante de la salivación
Sympathetic nervous system: Sistema nervioso simpático



Spanish Translations (Nervous System)

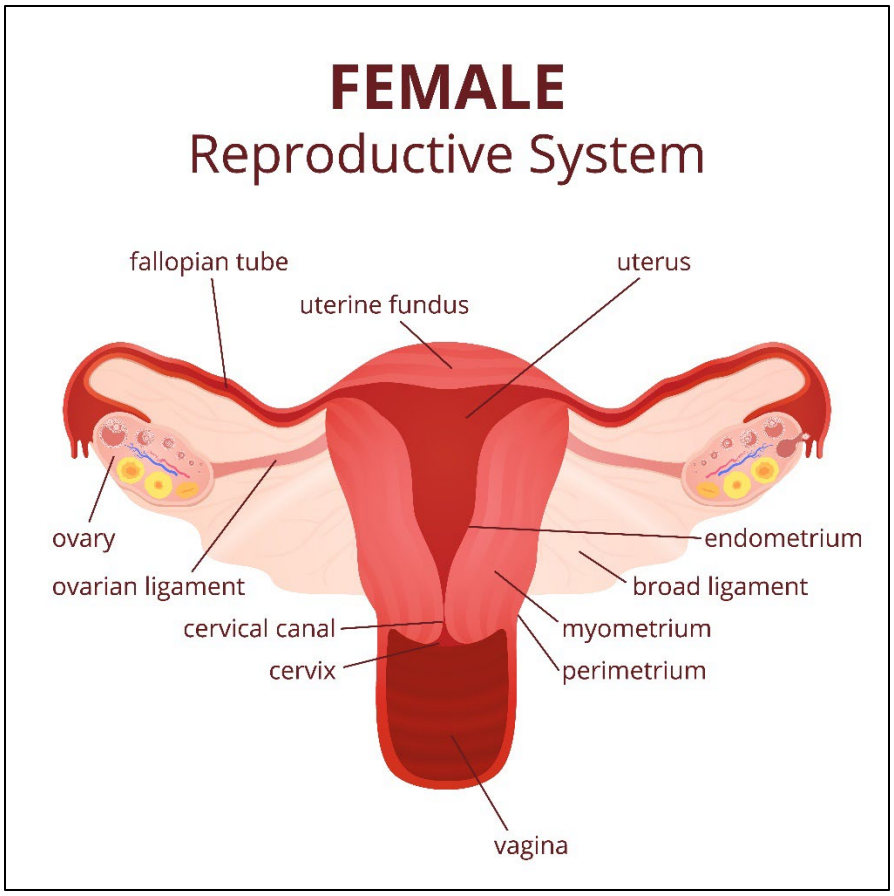
Carpals: Carpo
Cervical vertebrae: Vértebra cervical
Clavicle: Clavícula
Coccyx: Cóccix
Femur: Femur
Fibula: Perone
Humerus: Húmero
Lumbar vertebrae: Vértebra lumbar

Mandible: Mandíbula
Metacarpals: Metacarpo
Metatarsals: Metacarpo
Patella: Rotula
Pelvis: Pelvis
Phalanges: Falanges
Radius: Radio
Ribs: Costilla
Sacrum: Sacro
Scapula: Escápula
Skeletal system: Sistema esquelético
Skull: Craneo
Sternum: Esternón
Tarsals: Tarso
Thoracic vertebrae: Vértebra torácica
Tibia: Tibia
Ulna: Cubital



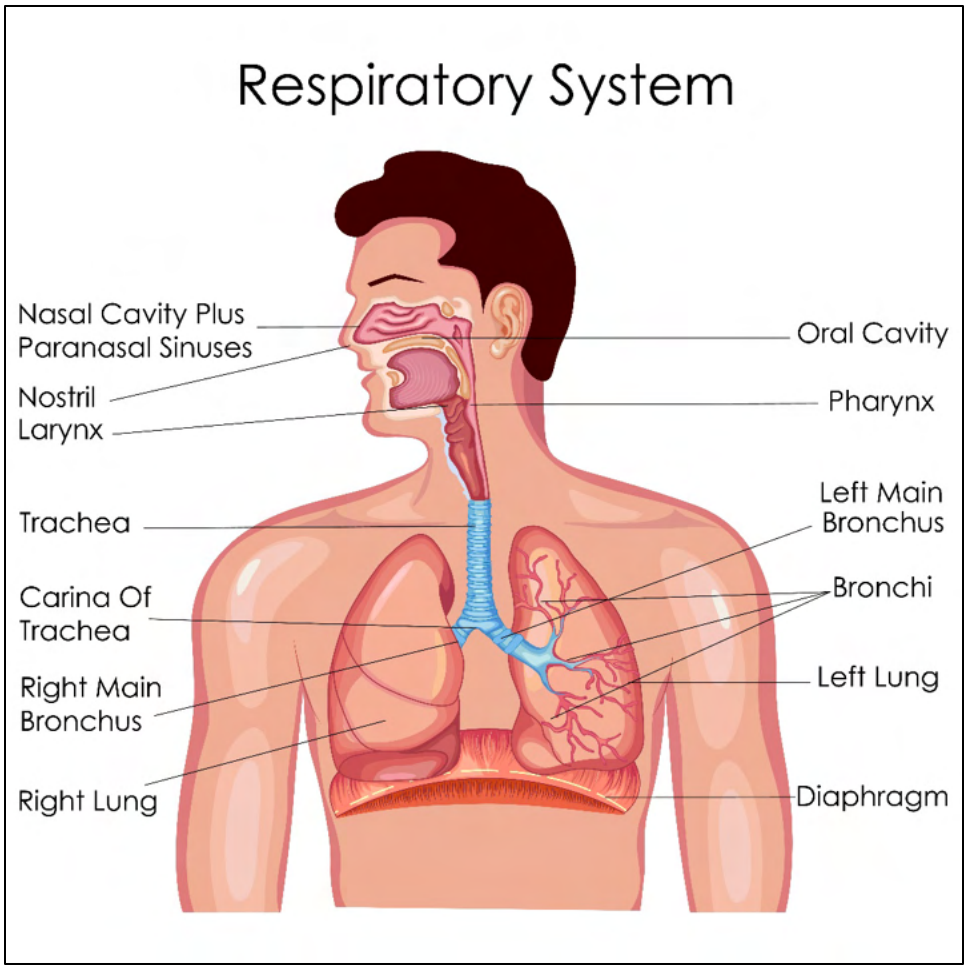
Spanish Translations (Male Reproductive System)

Bladder: Vejiga
Ductus deferens: Conductos deferentes
Epididymis: Epidídimo
Male reproductive system: Sistema reproductor masculino
Penis: Pene
Prostate gland: Glándula prostatica
Pubic bone: Hueso del pubis
Scrotum: Escroto
Seminal vesicle: Vesicula seminal
Spongy urethra: Uretra espongosa
Testis: Testículo



Spanish Translations (Female Reproductive System)

Broad ligament: Ligamento ancho
Cervical canal: Canal cervical
Cervix: Cervix
Endometrium: Endometrio
Fallopian tube: Trompa de Fallopio
Female reproductive system: Sistema reproductor femenino
Myometrium: Miometrio
Ovarian ligament: Ligamento ovárico
Ovary: Ovario
Perimetrium: Perimetrio
Uterine fundus: Fondo uterino
Uterus:Utero
Vagina: Vagina

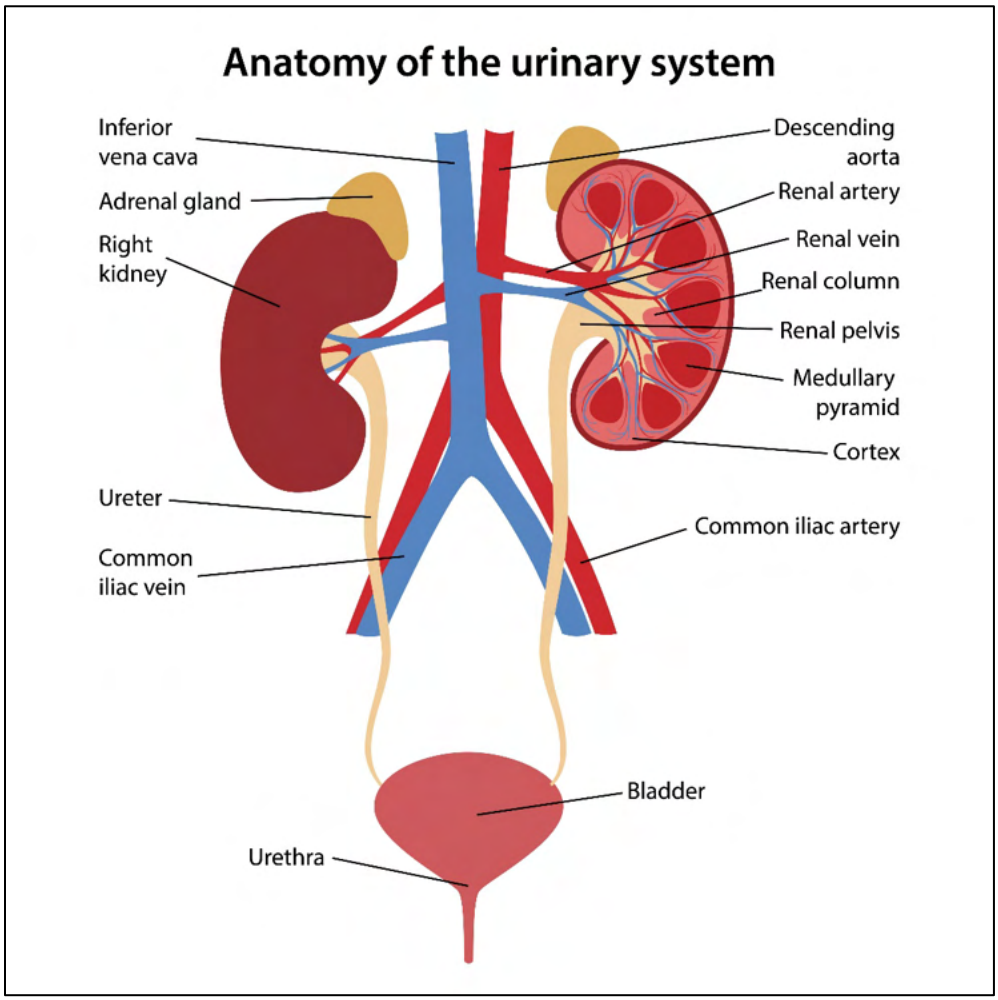


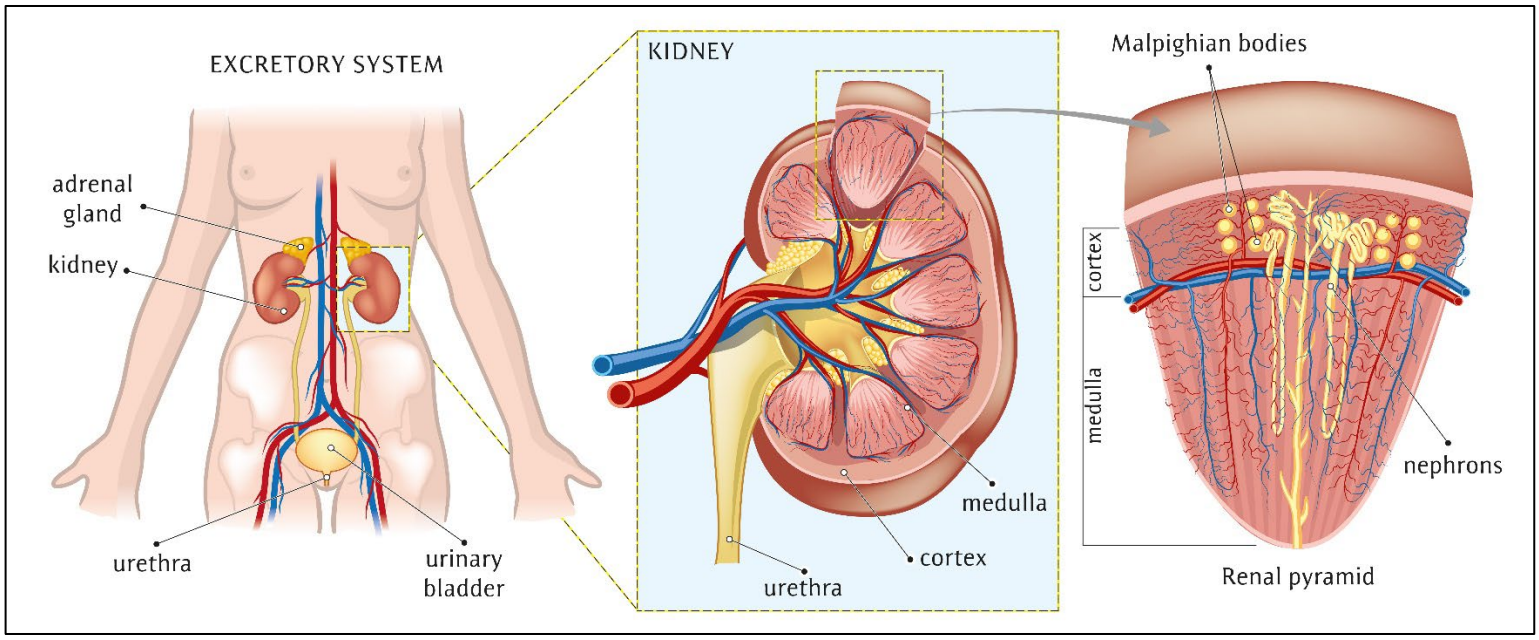
Spanish Translations (Respiratory System)

Bronchi: Bronquio
Carina of trachea: Carina de la traquea
Diaphragm: Diafragma
Larynx: Laringe
Left lung: Pulmón izquierdo
Left main bronchus: Bronquio principal izquierdo
Nasal cavity: Cavidad nasal

Nostril: Nariz
Oral cavity: Cavidad oral
Paranasal sinuses: Senos paranasales
Pharynx: Faringe
Respiratory system: Sistema respiratorio

Right lung: Pulmón derecho
Right main bronchus: Bronquio principal derecho
Trachea: Traquea

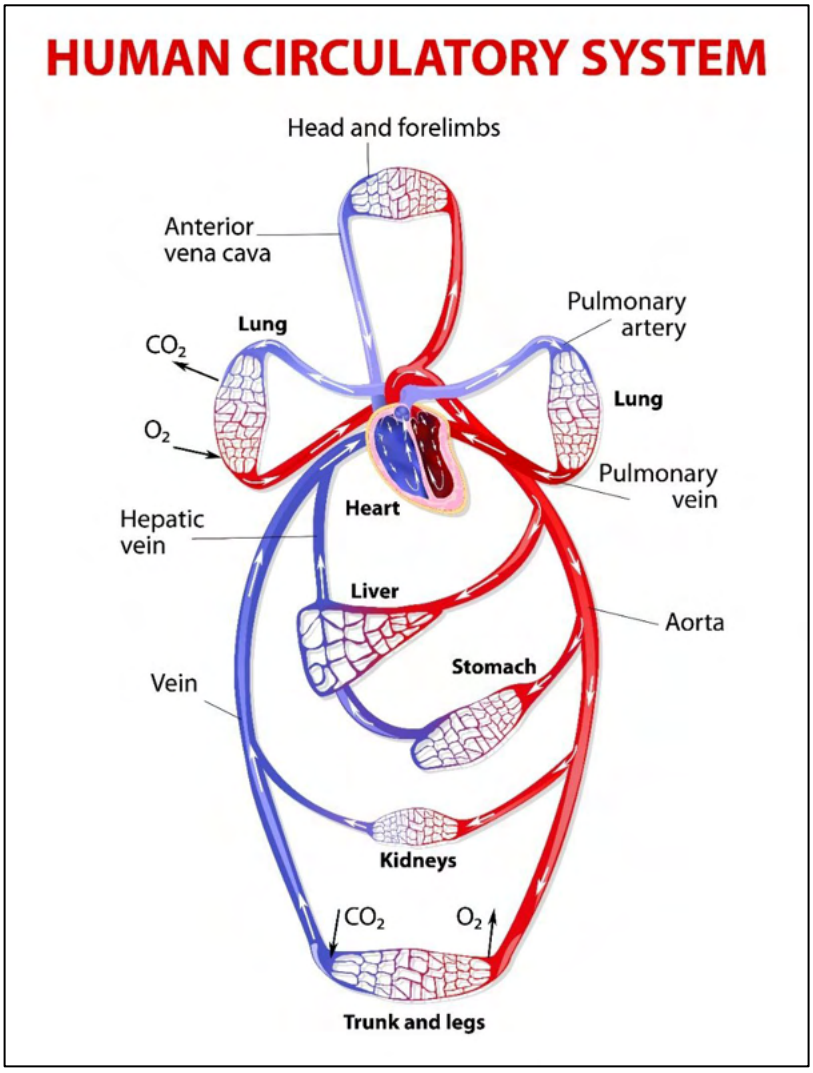




Spanish Translations (Urinary System)

Adrenal gland: Glándula adrenal
Anatomy of the urinary system: Anatomía del sistema urinario
Bladder: Vejiga
Common iliac artery: Arteria ilíaca común
Common iliac vein: Vena ilíaca común
Cortex: Corteza
Descending aorta: Aorta descendente
Excretory system: Sistema excretor
Inferior vena cava: Vena cava inferior
Malpighian bodies: Cuerpo de Malpighian
Medulla: Médula
Medullary pyramid: Piramides medulares
Nephrons: Nefrón
Renal artery: Arteria renal
Renal column: Columna renal
Renal pelvis: Pelvis renal
Renal vein: Vena renal
Right kidney: Riñón derecho
Ureter:Ureter

Urethra: Uretra
Urinary bladder: Vejiga urinaria



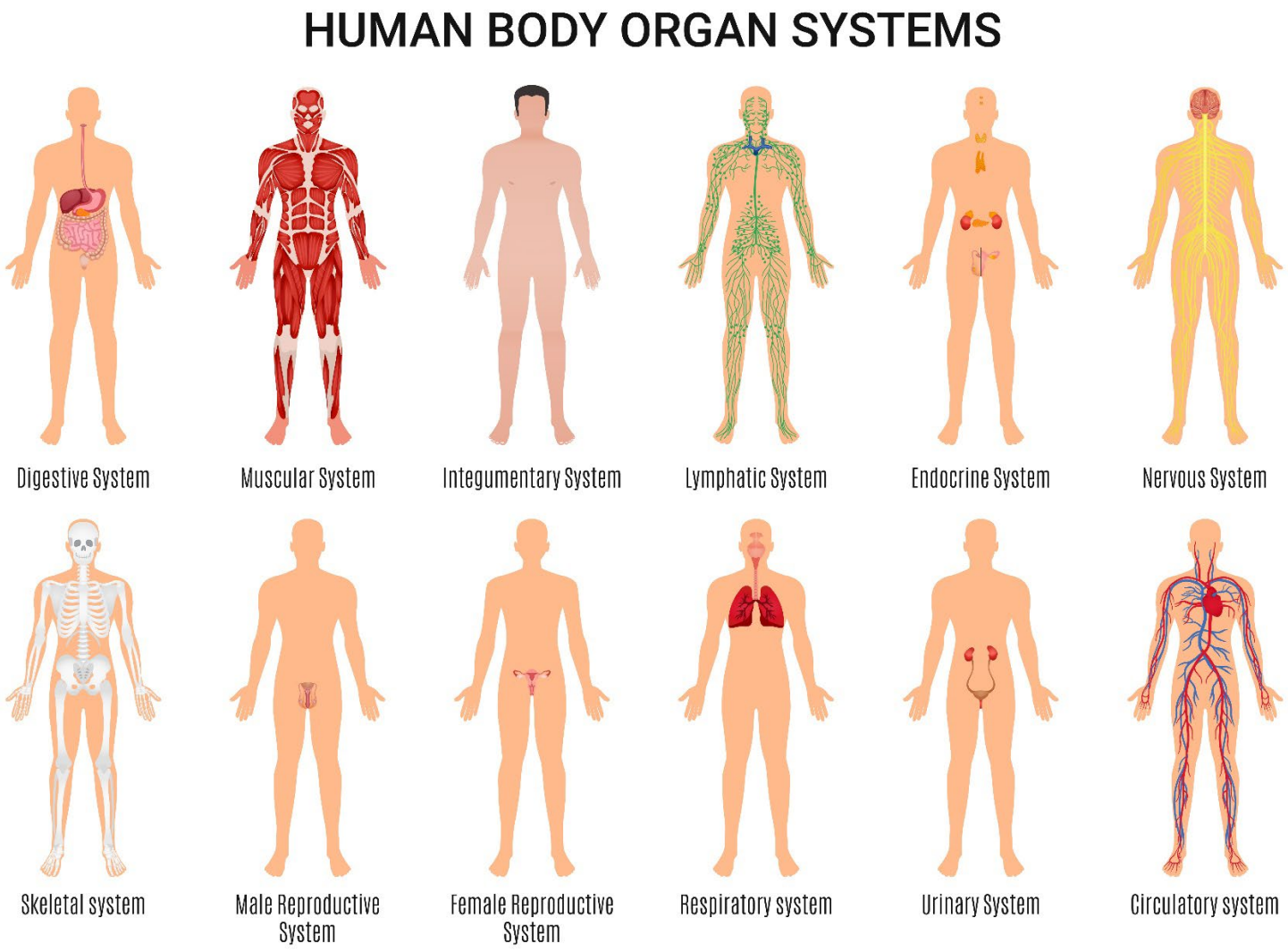
Spanish Translations (Human Circulatory System)

Anterior vena cava: Vena cava anterior.
Aorta: Aorta.
Forelimbs: Extremidades anteriores.
Head: Cabeza.

Hepatic vein: Vena hepática.
Human circulatory system: Sistema circulatorio humano.
Lung: Pulmón.
Pulmonary artery: Arteria pulmonar.
Pulmonary vein: Vena pulmonar.
Vein: Vena.

Introduction to Medical Interpretation I

Chapters 3 and 4



Human Body Organ Systems - Part II

Note from your Instructors:

You must study the following pages from this chapter before attending lecture 4 (week 4)

- Ethics Section Section (from page 47 to page 56)

PLEASE READ CAREFULLY:

Please note that after you finish lecture 4, you need to schedule your first live assessment. The first live assessment will cover everything up to page 56 of this book, excluding any section labeled Reference Material.

Your first live assessment also includes all the practices for weeks 1, 2, 3, and 4, which are included in the online interpreting lab section of the site.

You must study the following pages from this chapter before attending lecture 6 (week 6)

- Class Practice and Terminology Sections (from page 57 to page 66)

Class Practice Section (Ethics)

Ethics of the Interpreter

Practice 1

1. Upon entering into the Examination Room, the interpreter advises the doctor and the patient that they should refrain from saying anything they do not wish to be interpreted. By doing so, the interpreter:

   a. did a good job.

   b. made a mistake because the parties are now reluctant to say anything.

   c. made a mistake because the interpreter should not say anything except interpret.

   d. exceeded his boundaries.

2. After interpreting for a mentally disturbed patient, the interpreter goes back to her station and tells one of her colleagues: “Be careful with that patient. He is crazy.” By doing so, the interpreter:

   a. did a good job.

   b. made a mistake because the interpreter must respect the confidentiality of the patient/provider interaction.

   c. made a mistake because the interpreter should have consulted the patient´s doctor before volunteering such information.

   d. should have told everybody in that unit.

3. The patient asks the interpreter: “Do you know if my doctor is a good doctor?”

   The interpreter should:

   a. tell the patient that the interpreter is not allowed to convey any personal information about the provider.

   b. tell the patient that the provider is an excellent doctor.

   c. tell the patient that all the doctors in that hospital are good doctors.

   d. tell the patient that her doctor is not that good.

4. While interpreting in the doctor´s office, the doctor tells the patient: “You should take 2 pills every 12 hours.” The interpreter, who had a similar medical condition in the past, tells the patient: “Take 2 pills every 12 hours but if you want to get rid of the pain sooner take three pills every 8 hours.”

   In this case, the interpreter:

   a. did a good job because the interpreter is helping the patient get better sooner.

   b. should have said: “Take 3 pills every 8 hours” only.

   c. made a serious mistake because that is not what the doctor said.

   d. should have said: “The doctor wants you to take two pills but I had a similar condition in the past and taking three pills is much better.”

5. The patient tells the doctor: “Me duele mi pierna derecha.”

The interpreter interprets: “She said that her right leg hurts.”

By doing so, the interpreter:

a. did a good job.

b. should have interpreted: “She said that she has pain in her right leg.”

c. should have interpreted: “My leg hurts.”

d. should have interpreted: “My right leg hurts.”

6. The patient tells the doctor: “Me duele mi brazo derecho.” but she points to her left arm.

The interpreter should:

a. interpret: “My right arm hurts.”

b. interpret: “My left arm hurts.”

c. interpret: “Both arms hurt.”

d. interpret: “My right arm hurts.” And then add the following: “The patient is pointing to her left arm.”

7. The patient has poor education. She only completed the first grade in Latin America.

   The doctor is using very complicated terminology. The interpreter knows that the patient is not understanding. What is the interpreter supposed to do?

   a. continue interpreting using complicated terminology in Spanish.

   b. explain to the patient what the doctor is saying using a lower register.

   c. ask the doctor´s permission to lower the register so that the patient understands better.

   d. tell the patient to continue listening and that he will explain everything to her outside the doctor´s office.

8. As soon as the interpreter enters the Examination Room, the interpreter realizes that he knows the patient socially. What is the interpreter supposed to do?

   a. nothing. Just interpret.

   b. disclose to the doctor that the interpreter knows the patient socially and ask the doctor if he/she feels comfortable with him interpreting this medical examination.

   c. tell the doctor that the interpreter knows the patient socially after the examination is over.

   d. refuse to interpret.

9. The receptionist of the unit speaks Spanish. She generally helps other colleagues communicate with Spanish speaking patients. On one occasion, the receptionist is asked to help a doctor communicate with a patient. The doctor tells the receptionist: “I am tired of these illegal people. They do not even pay taxes and they want to use our facilities for free. What do you think about these people?”

   What is the receptionist/interpreter supposed to do?

   a. say nothing and refuse to answer the doctor´s question.
   b. interpret everything the doctor said.
   c. tell the doctor that his comments are out of line.
   d. say nothing and answer the doctor´s question.

10. The interpreter should always position herself/himself:

   a. behind the doctor.
   b. behind the patient.
   c. between the doctor and the patient.
   d. wherever the doctor tells her/him.

Ethics of the Interpreter

Practice 2

1. You are acting as an interpreter for a doctor and a patient. The examination begins at 1:50 p.m. At 2:10 p.m. the doctor has to leave the Examination Room to attend to an important matter. Once the doctor is out of the room, the patient, who speaks a language other than English, asks you questions on how to take a prescription already ordered by the doctor. What are you supposed to do?

    a. tell the patient that as soon as the doctor walks into the Examination Room she should ask the doctor that question.

    b. tell the patient that as soon as the doctor walks into the Examination Room, the interpreter will ask the doctor that question.

    c. tell the patient what you think is the right answer to the patient´s question.

    d. Do nothing. Interpret only when the doctor and the patient are in the Examination Room.

2. You are in the elevator with a patient for whom you have been interpreting for in the last few minutes. The patient asks you: “I think I am going to get better. What do you think?”

    What are you supposed to do?

    a. pretend you have not heard the patient´s comment/question.

    b. tell the patient that you cannot give any opinion about her health because you are not a doctor.

    c. tell the patient: “Of course, I am sure you will do just fine.”

    d. tell the patient: “I guess so.”

3. After the medical examination is over and after the patient has left the Examination Room, the doctor calls you in and asks you a question regarding the client (such as: “What do you think about him?”). What are you supposed to do?

   a. Tell the doctor that you cannot express any opinion about the patient because you just finished interpreting for.

   b. Engage in the conversation and express your opinion about the patient.

   c. Tell the doctor that it is none of her business to ask questions about the patient.

   d. Tell the doctor that the patient is a good person.

4. You are acting as an interpreter during a medical examination. The doctor is present in the Examination Room. The patient looks at you and asks, “Could you get a doctor who speaks Spanish? I feel more comfortable with doctors who speak my own language.” What are you supposed to do?

   a. Comply with the patient´s request.

   b. Ask the doctor to find another doctor who speaks Spanish.

   c. Tell the patient to keep quiet and to listen to the doctor.

   d. Interpret everything the patient said.

5. You are acting as a medical interpreter. During the examination the doctor tells you: “I do not want you to interpret what I am going to say now.” What are you supposed to do?

   a. Comply with the doctor´s request.

   b. Tell the patient that the doctor does not want the patient to know what he is about to say.

   c. Remind the doctor that, according to the interpreters´ code of ethics, anything he says during the examination must be interpreted into Spanish.

   d. Tell the patient what the doctor said after the doctor leaves the examining room.

6. You are acting as a medical interpreter. During the examination, the doctor tells you that he does not need your services anymore because he can communicate with the patient in the patient’s language. What are you supposed to do?

   a. Follow the doctor´s instruction but remind the doctor that you will be available in case he needs you.

   b. Follow the doctor´s instructions but remind the doctor that you will need something in writing stating that the interpreter´s services are not required.

   c. Refuse to leave the room and continue interpreting.

   d. Tell the doctor that he does not have the linguistic training to determine if the doctor-patient conversation could be fully understood by the patient.

7. You are outside the Examination Room with the patient and a nurse. The patient tells you that she is afraid because she is an illegal resident of this country. She asks you if the doctor should know that information.

   What are you supposed to do?:

   a. Tell the patient not to worry.

   b. Tell the patient that you cannot advise her on legal matters.

   c. Tell the doctor that the patient is an illegal alien.

   d. Tell the nurse to call immigration.

8. The doctor, interpreter, and patient are in the Examination Room. The doctor leaves the Examination Room after the examination has begun. What are you supposed to do?

   a. Since you should never be in an Examination Room with a patient alone, you should leave the room as soon as the doctor leaves the room. You should tell the patient that you will be back as soon as the doctor comes back into the room.

   b. Stay in the room with the patient.

   c. Leave the room with the patient and wait outside.

   d. Stay in the room with the patient, but tell the patient that you cannot talk to her.

Class Practice Section
(Interpreting and Sight Reading)

Note from your Instructors:

These practices will be completed in your lecture. The instructors will go over the key terminology for all these practices. You have to watch lecture 2 (week 2) in order to learn the corresponding transfers for each of these practices included in this section.

Consecutive Practice 2

Doctor: Mr. Carmona Sánchez, what brings you here today?

Patient: Doctor, me caí de una escalera cuando estaba trabajando en la construcción.

Doctor: Well, I am going to treat this as an industrial accident.

Patient: ¿Qué quiere decir eso?

Doctor: That means that your employer is responsible for what happened to you.

Patient: Pero doctor, yo no quiero perder mi trabajo. Prefiero pagarle yo porque seguro que si le hago pagar a él me va a correr.

Doctor: He cannot do that. You can go to the Workers´ Compensation Appeals Board and report that employer. Remember, it is illegal.

Patient: Bueno, lo que quiero es que me saque este dolor de la espalda.

Doctor: I will certainly be able to help you. You came into our emergency room earlier today because of the accident that you had while working for the ABC company, is that right?

Patient: Sí.

Doctor: How did the accident occur?

Patient: Yo estaba subido a la escalera cuando un cuate mío me dijo que bajara para tomarme unas chelitas durante la hora de almuerzo. Al bajar me resbalé y caí de espalda.

Doctor: Had you been drinking before the accident?

Patient: No. Estaba a punto de echarme las chelitas, pero no lo había hecho todavía.

Doctor: Did they give you a blood test once you were taken to the emergency room?

Patient: Sí.

Doctor: I would like to see those test results. I need to make sure that you were not drunk at the time of the accident.

Patient: Yo le aseguro que no estaba pedo.

Doctor: OK. Mr. Carmona, any healthcare provider that wishes to obtain medical records from another healthcare provider needs to have the patient's written permission to obtain those records.

Doctor: You will have to sign a release form so that your medical records are released to me. Do you have any problems signing a release form?

Patient: No. Pues adelante.

Doctor: Let's talk about your pain. Where do you feel pain at this time?

Patient: Me duele mucho la cintura y la pierna izquierda. Me cuesta dormir por la noche y siento hormigueos en mi pie izquierdo.

Doctor: It seems to be a nerve problem. I think I will order some x-rays to check the condition of your lower back.

Patient: Me puedo sacar esas radiografías ahorita o tendré que volver.

Doctor: We can take them today. Before I send you to the x/ray department, let me ask you a few more questions. Do you feel any tingling sensation in your right leg?

Patient: No. La pierna derecha está normal. No siento nada raro.

Doctor: Do you feel any numbness in the upper back?

Patient: No. Sólo en la pierna izquierda. Eso es todo.

Doctor: OK. I will send you now to the x-ray department for a few plates. Once you are finished, please come back to this examination room. See you in about one hour.

Sight Translation #2 (Spanish into English)

Case Study – Prostate Cancer

Cáncer de Próstata

Es derivado a urología un paciente de 80 años, cuyo síntoma es dificultad para orinar.

El paciente refiere como antecedentes, ser hipertenso medicado con diuréticos y a los 70 años fue operado por fractura de cadera con colocación de prótesis.

Fue medicado para mejorar la micción, con escasa respuesta. Manifiesta dificultad cada vez mayor para orinar.

Al examen prostático, se tacta una próstata agrandada, irregular y con aumento de consistencia.

Se solicita antígeno prostático y ecografía de próstata. Se diagnostica cáncer de próstata por lo que se indica radioterapia para tratamiento de su enfermedad.

Sight Translation # 2 (English into Spanish)

Pediatric / Neonatal

Parent Guidelines

- *Always wash your hands before handling your baby (especially after eating or using the restroom).*

- *NEVER leave your baby alone in your bed or in your hospital room if you will be leaving the room.*

- *The best position to lay the baby down is on either side with blanket rolls in front of as well as behind the baby's back for support.*

- *If you will be napping with your baby in the crib, place the crib next to your bed on the side opposite the doorway.*

- *To ensure the safety of all of our infants, do not allow anyone except your assigned nurse to remove your baby from your room. Anyone caring for your infant will be wearing special hospital ID badges that you should request to see.*

- *Be aware that anytime you pick up your baby from the nursery, you will be asked to show your 'Identification Bracelet'. This ID band will be matched against the baby's ID band. The only other person who will be allowed to remove the infant from the nursery will be the person who attended* the delivery of the baby with you. This person will have the same ID band as you and the baby. If this band is removed, that person will not be allowed to remove the infant from the nursery but the nursing staff will be happy to bring your baby to your room for you.

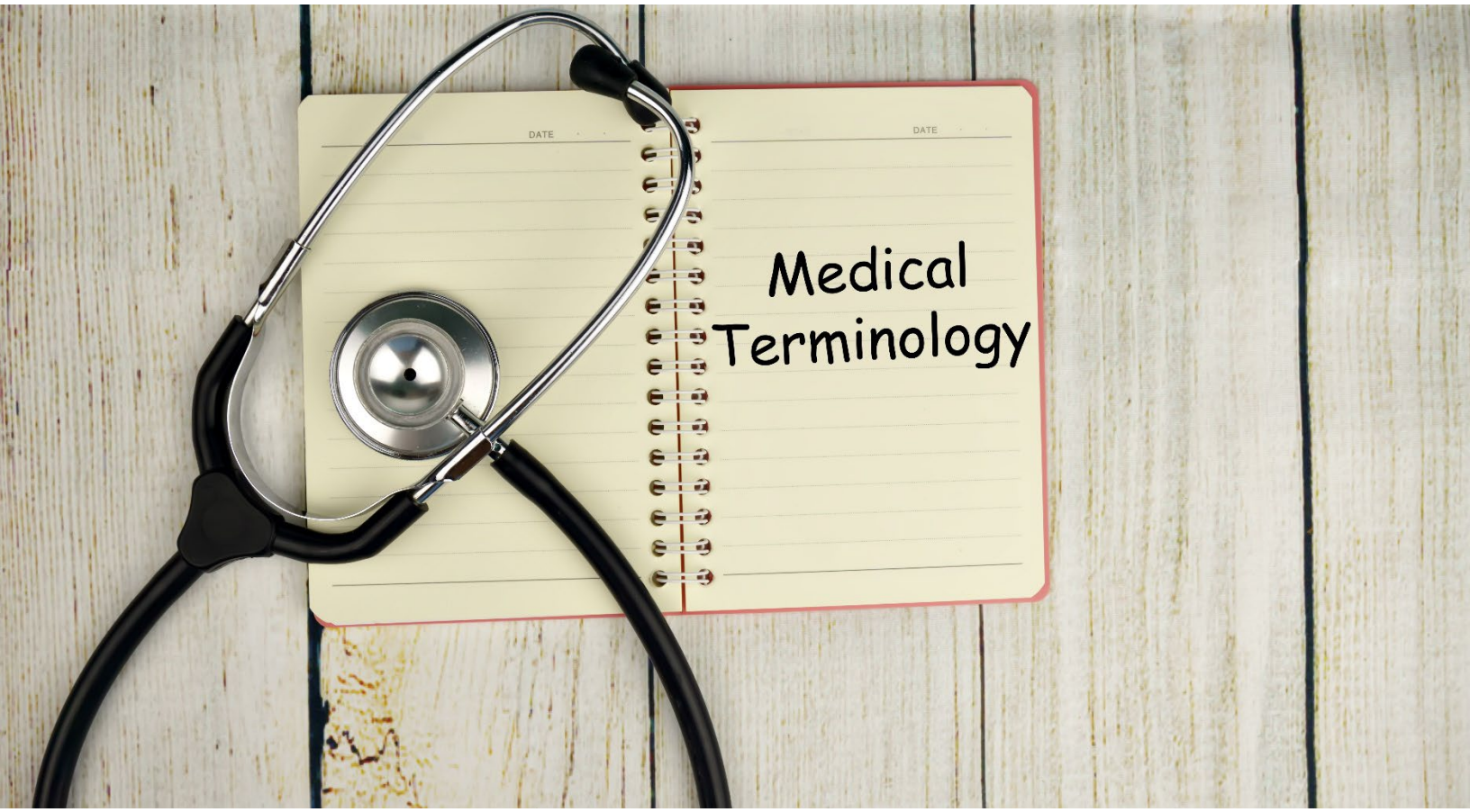
- If you want to walk in the hallway with your baby, the infant MUST be in the crib and you can walk while pushing the crib.

- The nursing staff is responsible for the care of you and your new baby. Don't hesitate to ask questions or express any concerns that you may have regarding the care of your precious new bundle of joy.

- From all of us, to you and your new family addition,

CONGRATULATIONS!

Terminology Section



General Medical Terminology – Part II

Brace (dental): Frenos, bandas.

Brain: Cerebro.

Brains: Sesos.

Breast Bone: Esternón.

Breath: Aliento.

Breathe: Respirar.

Breathing: Respiración.

Breech: Asentaderas, nalgas, trasero.

Bruise: Moretón, magulladura.

Buckle (to) (ie. knee, leg**):** Aflojarse, falsear.

Build: Figura, complexión, talle, tipo.

Bump (to): Golpear, chocar.

Bump: Golpe, topetazo, chichón.

Burn (to): Quemar.

Burn: Quemadura.

Burning Pain: Ardor.

Buttocks: Nalgas, asentaderas, trasero.

Calf: Pantorrilla, chamorro (colloquial).

Cane (straight): Borbón.

Cane (curved): Bastón.

Cardiopulmonary Resuscitation (CPR): Resucitación cardiopulmonar.

Carotid Artery: Arteria carótida.

Cast: Yeso, casco (colloquial).

CAT Scan: Exploración de tomografía axial computada.

Catheter: Catéter, sonda.

Cavity (dental): Carie, diente podrido (colloquial).

Cervix: Cervix, cuello del útero, cuello de la matriz.

Cheek Bone: Pómulo.

Chicken Pox: Varicela, viruela de gallina (colloquial), viruela loca (colloquial).

Chills: Escalofrío.

Chin: Mentón, barba, barbilla.

Choke (to): Estrangular, sofocar.

Choking: Estrangulación, atragantamiento.

Cleft Palate: Abertura del paladar, labio cucho (colloquial).

Clicking (noise made by a joint): Trueno, chasquido (colloquial).

Cold: Resfrío, catarro.

Collarbone: Clavícula, hueso del cuello (colloquial).

Communicable Disease: Enfermedad transmisible.

Complain (to): Quejarse.

Complaint: Queja, malestar.

Complexion: Cutis, tez.

Corn: Callo.

Crack (made by the joint): Trueno, tronar.

Cracked (skin): Partida, reventada (colloquial).

Cramp (abdominal): Retorcijón.

Cramp (muscular): Calambre.

Craving: Antojos.

Cross-eyed: Bizco, turnio (colloquial).

Crotch: Ingle.

Croup: Ronquera.

Crutches: Muletas, sobaqueras (colloquial).

Curl: Encoge

Introduction to Medical Interpretation I

Chapter 5

First Live Assessment

NOTE: This is the week where you will be taking the first live assessment. There is no material or homework assigned for this lecture.

You should have scheduled the first assessment already. If you have not yet, please do so as soon as possible. You may continue with the next lectures. There is no need to stop attending class until you take the final assessment.

Introduction to Medical Interpretation I

Chapters 6 and 7

Shoulder, Arm and Wrist - Part I

Note from your Instructors:

The material included from page 91 to page 108 is for reference purposes only. You are invited to review it but it is highly technical.

The explanation provided by Dr. Sanso must be carefully watched in lectures 6 and 7 as it explains basic anatomy terms that will help you visualize the questions and answers included in a typical medical examination.

You must study the following pages from this chapter before attending lecture 7 (week 7)

- Interpreting Section Section (from page 71 to page 80)

You must study the following pages from this chapter before attending lecture 8 (week 8)

- Class Practice and Terminology Sections (from page 81 to page 90)

Interpreting Section

REGISTER OF THE LANGUAGE AND ITS INFLUENCE ON THE TRANSFER

One format used to classify words is by determining its register. Register is defined as either low, regular or high. A low register word includes foul language, slang, or regional expressions and slangs. A regular register word includes the words that we use on a daily basis. A high register word is a word that is considered technical, specialized and that it is not part of the average individual's lexicon.

When the interpreter hears a word in the original message, the interpreter should match the register of that word when transferring the message. For example, if the original message includes a regional slang, the interpreter has to transfer that original slang into the target language, making sure that the register is preserved. Take the case of the word "*money*." One of the possible slangs for the word "*money*" in English is "*dough*". The interpreter has to transfer the slang "*dough*" into the target language making sure that the transfer keeps the register, that is keeps the slang version. So, transferring dough into the target language as money (in the target language) does not preserve register.
However, if the interpreter is not familiar with the equivalent slang or if there is no equivalency in the target language for the English word "*dough*", the interpreter may use the word "*money*" (in the target language) but the accuracy of the rendition is marginally affected because the original message included a slang – "*dough*" and the interpreter transferred it into the target language as "*money*" (in the target language), which is a regular register term.

High register words correspond to specialized or technical words, such as the ones used in law, medicine, engineering, etc. For example, the word "dismiss a case", which refers to the Judge cancelling the case for a legal reason, is expected to transfer into the target language as a high register word. Otherwise, register is not preserved. If the interpreter transfers the English term "dismiss" into the target language as "cancel", the interpreter did not preserve the register of the original message. This has a marginal impact in the overall accuracy of the original message and, in the case of specialized terminology, there is always a danger that the interpreter is not fully familiar with the meaning of the technical term and thus introduces inaccuracies in the transfer.

BASIC PRINCIPLES OF INTERPRETATION

The art of interpretation is divided into the following areas:

- Accuracy in the transfer
- Style of delivery
- Interpreter's protocol

Accuracy in the Transfer

The main job of an interpreter is to be accurate in the transfer. Otherwise, the interpreter may omit critical information uttered by the original speaker or may add information to the original utterance which was not said by the original speaker (embellishment).

Accuracy is greatly affected by poor interpreting techniques. For example, when using the simultaneous mode of interpretation, the interpreter may be unable to keep up with the pace of the original speaker. As a result of it, the interpreter may deliver a choppy rendition, omitting several key elements of the original message. When using the consecutive mode of interpretation, the interpreter may be unable to control the original length of the segments and the segments may be too long to recall even if the interpreter has excellent note-taking techniques. This scenario usually results in omissions and embellishments in the transfer.

Since accuracy is heavily dependent on interpreting skills, the interpreter should always be trained on the three modes of interpretation and perform practices on a regular basis to enhance the simultaneous and consecutive skills.

Terminology also plays an important role in the accuracy of the transfer. When discussing the effects of terminology on accuracy, one should always make a distinction between
(a) lack of comprehension of the original term or structure,
(b) inability to transfer a term because of lack of familiarity with its translation, and
(c) lack of equivalency in the target language.

(a) Lack of comprehension of the original term or structure
The interpreter cannot transfer a term or a whole structure into the target language if the interpreter is unable to comprehend its meaning in the original language. In this case, the interpreter should say the following for those who are present in the meeting: "*the interpreter is not familiar with the meaning of the term <insert term>. Could it be clarified by the speaker, please?*"
Once the speaker clarifies the term, then the interpreter will understand the term or whole structure and thus transfer the message into the target language with high accuracy.

(b) Inability to transfer a term because of lack of familiarity with its translation
The interpreter cannot deliver a term if the interpreter is unfamiliar with its corresponding equivalent term in the target language. However, not being familiar with a single element in a message (i.e.. a term) does not mean that the interpreter cannot transfer the original message into the target language.

To understand this principle, one has to discuss the idea of degree of influence a term may have in the original message.

First-Degree Terms

These are terms that are essential to the original message. For example, anything that is factual (ie. if the interpreter does not understand the word blue in "*I have a blue car"*, then the interpreter may not transfer the message in an accurate manner since the color of the car is the adjective that makes the car unique).

First degree terms have great influence in the overall message and the interpreter will not be able to transfer any original message that contains a first-degree term, if the interpreter is not familiar with its interpretation. It should be noted, however, that first degree terms are generally either factual or are acting as adjectives in the structure. These are usually terms included in the group of regular register terms and most interpreter are familiar with their transfers.

However, if the interpreter faces a segment that includes a first-degree term which is not factual (ie. an adjective that defines the noun), then the interpreter should indicate to the speaker the following: "*The interpreter is not familiar with the interpretation of the term <insert term>. May the interpreter look up this word in a dictionary? **" or "*The interpreter is not familiar with the interpretation of the term <insert term>. May the speaker use a different term, please?"*

Second-Degree Terms

These are terms that have substantial impact on the meaning of the original message. For example, adjectives that are redundant in the original message (ie. "*My child is a just and fair child and I do not think that he could have done such a terrible thing."* In this sentence the adjectives just and fair are redundant and not knowing one of them does not preclude the interpreter from transferring the original message provided the interpreter properly comprehends the meaning of both term and makes an intelligent decision in transferring only one of them). Another example of second-degree terms includes job titles. In this case, the interpreter does not have to transfer the exact title

but may be able to explain what the job title refers to (ie. "*I work as a seasonal worker in the automobile industry."* In this case, the interpreter may not be familiar with the term seasonal worker. However, the interpreter clearly comprehends its meaning in English and may transfer it into the target language using a short explanation or what we call an intelligent approximation. For this example, the interpreter may use *part time worker*, *a worker that only works when needed, a worker who is called to work when needed*).

Third-Degree Terms

These are terms that have very little influence in the overall meaning of the message. They are generally interjections, utterances that have no

* Only if allowed by the employer. Some employers do not want the interpreter to carry a dictionary or they do not want the interpreter to look up terms while in the session

meaning, backtrackings, in general terms that are not critical to the original message (ie. "*This conference is, eh…, essential in the decisions the principal of the school will make regarding the outcome of this case*." In this sentence, the utterances: eh.., the outcome of this case are third-degree terms that have no major influence in the overall message. The interpreter can certainly transfer the message as "*This conference is essential in the decisions the principal of the school will make.*").

Certainly, the ideal scenario is for the interpreter to transfer all the terms. However, when that is not possible the interpreter still may transfer the original with an acceptable reduced accuracy. The table on the next page illustrates the principle of degree of influence of a term in the overall message.

Degree of Influence	Some Typical Examples	What should the interpreter do?
First-Degree	Factual information such as names, addresses, adjectives that identify the noun, tools, diseases, psychological traits, technical terms such as terms related to IT, engineering, medicine, law, etc.	The interpreter should say to the speaker: *The interpreter is not familiar with the interpretation of the term <insert term>. May the interpreter look up this word in a dictionary? **"* **or** "*The interpreter is not familiar with the interpretation of the term <insert term>. May the speaker use a different term, please?"*
Second-Degree	Redundant adjectives, job titles, idiomatic expressions, technical terms such as terms related to IT, engineering, medicine, law, etc.	The interpreter should transfer the original message, explaining the term instead of providing a direct translation. Reduction in register is allowed, provided the interpreter is not making up terms in the target language.
Third-Degree	Interjections, utterances that have no meaning, backtracking, terms that are not critical to the original message.	The interpreter should deliver the message omitting the third-degree unfamiliar term.

* Only if allowed by the employer. Some employers do not want the interpreter to carry a dictionary or they do not want the interpreter to look up terms while in the session.

STYLE IN THE DELIVERY

The following are typical parameters that affect style in the delivery:

(a) Tone of voice,
(b) pauses and/or hesitations,
(c) backtrackings -- repeating a different transfer for the same word. For example, when the interpreter says "*I like to drive cars.. automobiles*". In this case the interpreter changed the word *cars* for *automobiles*, which is basically the same term. This is a typical example of backtracking,
(d) unbalanced pace in the delivery -- transferring into the target language at different pace, particularly when using the sight translation mode of interpretation, and
(e) overall flow of the interpretation.

Style of delivery has an impact on the final rendition. For example, if the interpreter's tone of voice is too low then the participants in the meeting will consistently ask the interpreter to repeat a rendition. By the same token, if the interpreter pauses and/or hesitates during the delivery, the participants in the meeting will get confused and the overall message will not be rendered in a professional manner.
Backtrackings and unbalanced pace in the delivery are also very distracting to the audience, reducing the overall quality of the interpretation.
Finally, a non-professional overall flow of the interpretation is the result of a combination of tone of voice, pauses, hesitations, backtrackings and unbalanced pace in the delivery.

TERM STABILITY – DEFINITION AND USAGE

Stability is a term that denotes consistency, accuracy, and truthfulness to the original. The problem with words, is that many of them lack the necessary stability to transfer them to the target language independently of the message. This fact creates many challenges for the interpreter and translator.

Let's look at an example where the stability of a term is heavily dependent on the context in which the term is used. We will use an English <> Spanish transfer to illustrate this principle with explanations. Let's say that you are asked the following question: "*How do you translate into Spanish the term office?"* The interpreter who is not thinking about the principle of stability before providing the translation may simply answer *oficina*.

However, that answer may be incorrect. In fact, the answer has less than 25% chance of being an accurate transfer. Here is why. The term *office* in English, by itself, is stable in the original language because there is no adjective that describes what type of office you are referring to. Is it a medical office, a law office, or a home office? By identifying the noun (*office*) when placing the adjective (medical, law, home) we are making the term *office* stable. So, one can say that *office*, in Spanish, by itself is an unstable term but when it is properly identified by an adjective, the term office becomes stable. Keep in mind that in order for a term to be accurately transferred into the target language, the original term must be stable.
If the original term is unstable, the transfer is not possible unless its stability could be augmented by a clear identification of the term. In this example, there is a difference between just the word office (unstable) and the words medical office (stable), law office (stable) and home office (stable).

In the example above, the translation of office (unstable) is not possible. However, the translations of medical office (stable) – *consultorio médico*, law office (stable) – *estudio jurídico, bufete jurídico, despacho jurídico*, and home office (stable)— *oficina* all produce accurate transfers because the original term was stable to start with.
Please note that the translations of each of the stable terms are different from each other and they are certainly not synonyms.

This example illustrates the importance of stability in the original term. We started out with an unstable term (*office*) and by paying attention to the context of the message (i.e. whether the office is a medical, law or a home office), we made the original stable. Then and only then we proceeded to transfer the term into the target language.

This principle is not always regarded by interpreters. As a result of lack of application of this process results in inaccurate transfers, often containing

false cognates – words in English and in Spanish that sound similar but have different meanings [i.e. *embarrassed* (avergonzada) and *embarazada* (to be pregnant) and interferences that greatly affect the accuracy of the transfer. Please note that we will be discussing interferences as well as localization [this principle will explain why the transfer for law office (stable) in this example includes three options] in chapter III of this book.

Chart 1 below illustrates the example on the previous page.

Chart illustrating the principle of stability for the term *Office*

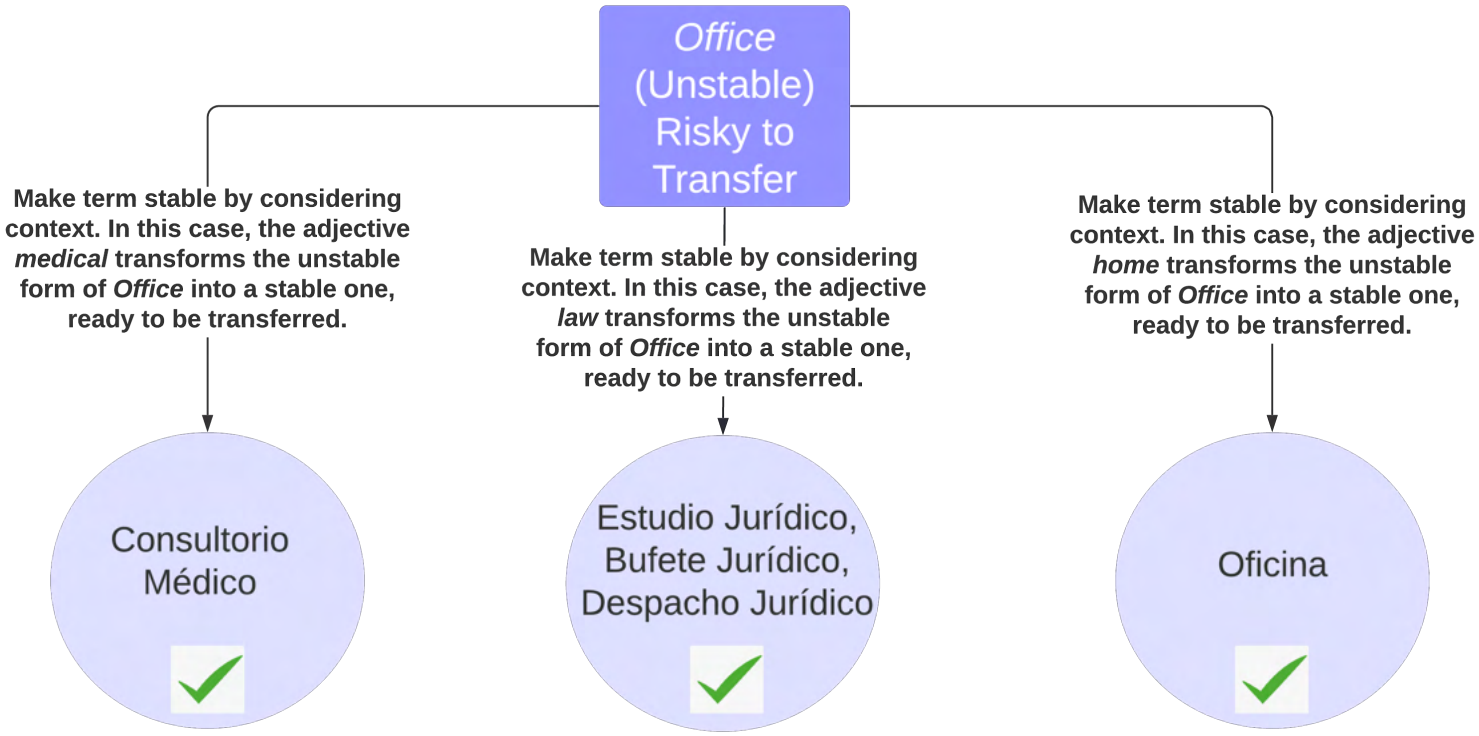


Chart 1. Principle of stability applied to the term Office

Class Practice Section

Consecutive Practice 3

Doctor: Mr. Magallanes, last week you came to my office to see me because you felt a strong pain in the right part of your abdomen. I asked you to go to the X-ray department for some plates and an ultrasound. The x-rays and the ultrasound are back and I asked my nurse to set an appointment with you to discuss the results of your x-rays and ultrasound.

Patient: Muchas gracias doctor. Yo sigo con ese dolor de bazo y estoy muy ansioso por saber los resultados de mis radiografías y de ecografía. Adelante.

Doctor: The x-rays show an abnormal growth in the liver area. The ultrasound shows a more detailed picture of the area. The abnormal growth is nothing else than an enlarged liver.

Patient: ¿Cree usted doctor que eso es algo serio?

Doctor: An enlarged liver is an inflammation of the liver. You know that that is generally hepatitis. You see, this condition could be the consequence of a viral infection to the liver or some condition triggered by the intake of your arthirtis medicine.

Patient: ¿Pero qué tiene que ver la medicina de la artritis con mi hígado?

Doctor: The toxins included in the arthritis medicine are eliminated by both your liver and your kidneys. We suspect that you already had a liver condition before we prescribed the celebrex. We checked your blood results from your prior visit and it shows normal levels of all the parameters we use to measure a possible liver condition or a deterioration of liver. We do not understand why, in such a short period of time, you developed this inflammation. However, the task at hand is to treat you for the hepatitis.

Patient: ¿Debo quedar internado? ¿Qué me puede llegar a pasar doctor? Ahora tengo pendiente de que pueda contagiar a mis nietos y a mi esposa. ¿Usted qué cree?

Doctor: There is no major risk of transmitting this disease to anyone else. However, depending on what type of hepatitis, the probability of transmitting it to someone else varies. I suggest you do not use the same silverware, glasses and toothbrush your wife uses.

Patient: ¡Pero que desgracia doctor! ¡Estoy a punto de llorar!

Doctor: Do not worry about it. Your condition is treatable and we know how to do that. I do want to check the condition of your kidneys. Quite often, liver and kidney conditions come together. It is important that I can rule out any possible kidney condition.

Patient: ¿Pero cómo va a hacer eso? ¿Es necesario que ustedes hagan un estudio exhaustivo para asegurarse que no tengo otra afección que me esté aquejando?

Doctor: That is correct. We need to rule out any possible side effect from the celebrex. Meanwhile, we are going to discontinue celebrex. I know that your arthritis is quite severe but I am sure you will learn to live with the pain for a short while until we determine what type of medicine is safe for you.

Patient: Doctor me gustaría contarle algo más que siento por las noches y que me trae mal casi todas las noches.

Doctor: Go ahead. What is it?

Patient: Cuando me voy a dormir, me cuesta conciliar el sueño. Comienzo a transpirar incontrolablemente y siento punzadas en la boca del estómago. Tengo que levantarme y caminar para que el dolor se me vaya. Además siento necesidad de ir al baño a orinar y cuando intento hacerlo no puedo orinar. Cuando logro orinar siento ardor al hacerlo. Además comienzo a sugestionarme y siento que el corazón comienza a palpitarme a un ritmo más elevado del normal.

Doctor: You probably hyperventilate. However, the pain in the stomach is probably related to your liver condition. It is important that you eat at least 3 hours before you go to bed. I am going to prescribe a few pills that will help you deal with your pains but you may have to be hospitalized for at least 3 weeks before you begin to feel any improvement. In fact, I am going to admit you into the general ward for observation purposes only.

Patient: Parece ser que mi afección es bastante seria. ¿Me permite que llame a mi esposa y a mis hijos para informarles que quedaré internado en el hospital? En estos momentos necesito de los míos.

Doctor: I understand. Before I can admit you to the hospital, you will have to fill out several forms. The administrative assistant will pay you a visit once you are in your hospital room. I want you to understand that you are not going to die from this condition. You will be able to enjoy life at its fullest once the inflammation is reduced. Be patient and trust us. Do you have any questions?

Patient: No. Gracias doctor. Claro que yo confío en ustedes. Muchas gracias.

Sight Translation #3 (Spanish into English)

Case Study – Carpal Tunnel

Síndrome del Túnel Carpiano

La señora López, de 55 años de edad, de profesión secretaria administrativa, tiene una larga historia de malestar en su mano derecha, con hormigueo en los dedos índices y medio y principalmente en las yemas de los dedos. Por momentos siente que sus dedos están rígidos como si tuviera parálisis.

Por todos estos síntomas se le realiza un electromiograma para ver la actividad del músculo y una ecografía del túnel carpiano.

La señora López durante este tiempo tomó analgésicos que no requerían receta médica.

Ante estos síntomas que presentaba la paciente, el médico sospechó que padecía el Síndrome del túnel carpiano.

Esto es más frecuente en aquellas personas que realizan actividad con sus manos como por ejemplo trabajar con la computadora y se ven afectados los nervios y tendones de la región de la muñeca.

Sight Translation #3 (English into Spanish)

Pediatric / Neonatal

Parent Rights and Responsibilities

The staff at the University Medical Center will provide opportunities for parent/guardian/family involvement in the assessment, treatment plan, and continuing care of the patient.

The staff will aid the family in coping with the illnesses of the pediatric patient.

The parent or guardian will provide information regarding the history, present condition, desires, needs, normal activities of daily living, and level of growth and development of the child.

The parent or guardian will contribute to the care of the pediatric patient by assisting with the activities of daily living and appropriate therapies with education.

The pediatric patient of school age (5-22) who is expected to be hospitalized or home-bound for greater than 2 weeks will be referred to the home-bound program by Social Service.

All parents/guardians have the right to obtain complete and current information concerning the care planned and received by their child by hospital personnel. Parents/guardians should be involved whenever possible with the plan of care.

All parents/guardians may have access to people from the outside by means of visitors, phone calls, and mail unless it is determined by the physician that an aspect may compromise the patient's safety and well-being.

All parents/guardians have the right to request consultations, second opinions, or the changing of a physician by utilizing the procedure of the hospital.

Any patient, parent or guardian presenting with a communication barrier will have access to an interpreter, as needed.

If the parent/guardian has concerns, dissatisfaction, or conflict, they will be referred to the Unit Manager or the physician. If resolution is not achieved, the Nurse Manager will refer them to the Administrative Coordinator, who will assist them through the process for conflict resolution.

All patients and parents/guardians will be treated in a respectful and dignified manner and will be guaranteed privacy and confidentiality in as much as it does not interfere with quality patient care. Parents/guardians have the right to ask for NFP (Not For Publication) status if personal safety is a threat.

Recreational activities, i.e. Nintendo, video tapes, playroom, etc., are available for pediatric patients of all ages and can be requested from the nurse.

PATIENT / PARENT / GUARDIAN RESPONSIBILITY

The patient/parent/guardian has the responsibility:

- *To provide an accurate history and any other concerns relating to their health or personal well-being.*

- *To notify hospital personnel of significant changes in their child's condition which may not be obvious to the staff, i.e. feelings.*

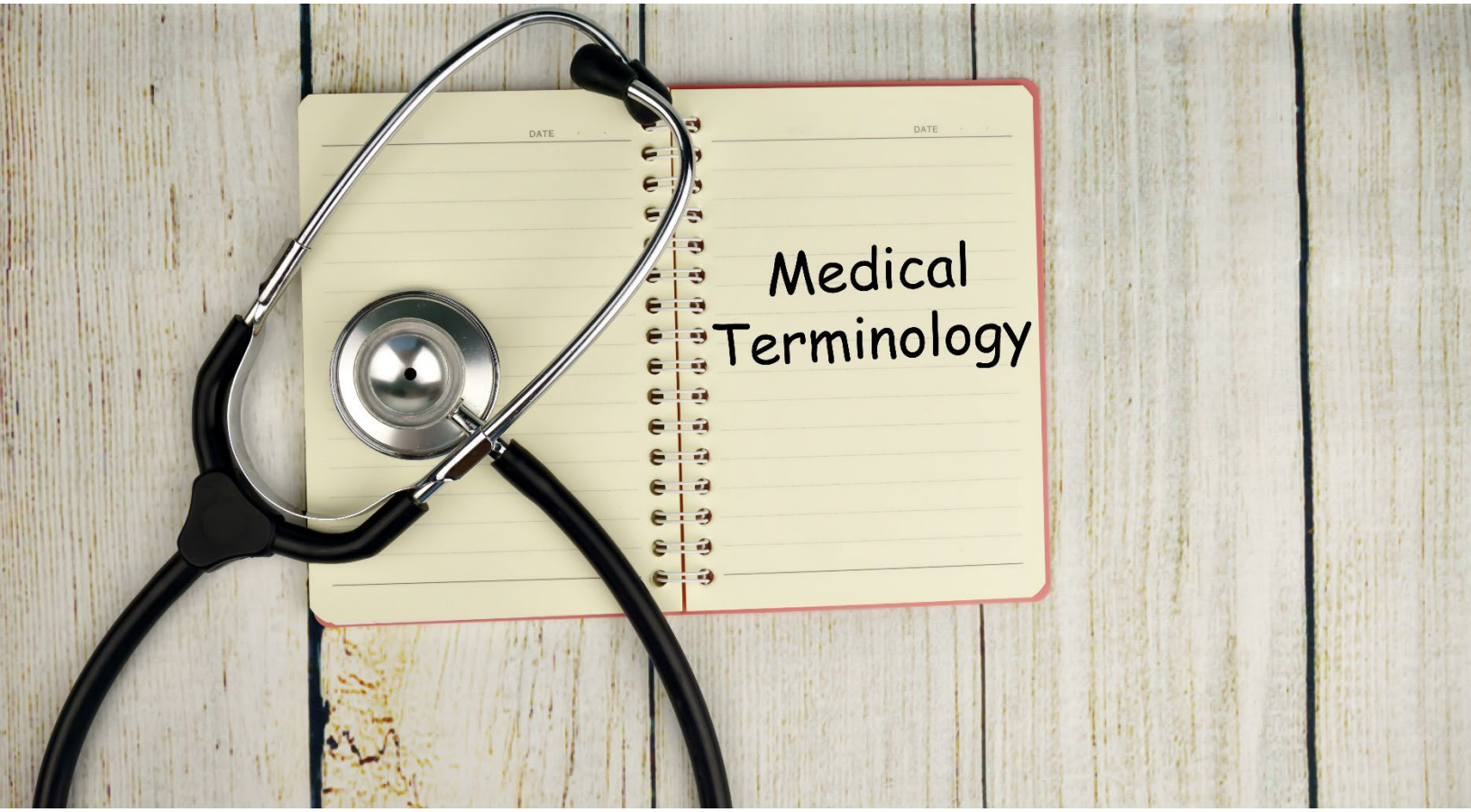
- *Of notifying the staff if there is concern or lack of understanding of the information provided.*

- *To give full cooperation in providing planned care.*

- *To follow hospital rules and regulations affecting patient care.*

- *To be considerate of the rights of other patients and of hospital personnel.*

Terminology Section



General Medical Terminology – Part III

Damage: Daño.

Dandruff: Caspa.

Deaf: Sordo.

Deafness: Sordera.

Delivery (childbirth): Parto.

Dental Floss: Hilo dental.

Digestive Tract: Vía digestiva.

Discomfort: Malestar.

Disorder: Trastorno.

Dizziness: Mareos, vértigo, atarantamiento (colloquial), tarantas (colloquial).

Dosage: Dosis.

Dressing: Vendaje.

Dysentery: Disentería.

Eardrum: Tímpano.

EMG: Electromiograma (EMG).

Exhaustion: Agotamiento, fatiga.

Eyeball: Globo del ojo.

Eyeglasses: Lentes, espejuelos, gafas, anteojos.

Faint (as a verb): Desmayarse.

Faint (as an adjective): Débil.

Family Doctor: Médico de cabecera.

Farsighted: Presbicia.

Fingertip: Yema del dedo.

First Aid: Primeros auxilios.

First Aid Kit: Botiquín.

Fleshy Part of the Hand: Pulpejo.

Follow-up: Control, seguimiento.

Frostbite: Congelación.

Gout: Gota.

Grating: Rechinar.

Gums: Encías.

Gunshot: Herida de bala.

Guts: Tripas.

Hip: Cadera.

Hives: Urticarias, ronchas.

Hoarseness: Ronquera.

Insane: Demente.

Itch: Comezón.

IV: Suero.

Jab: Picar.

Jarring movement: Jalón, movimiento brusco.

Jaundice: Ictericia.

Knuckle: Nudillo.

Lethal: Mortal.

Lice: Piojos.

Limp: Cojear, renguear.

Lock (verb, a knee): Trabar, atorar, entesar.

Lump: Chichón.

Measles: Sarampión.

Medical Practitioner: Facultativo médico.

Moan: Gemir.

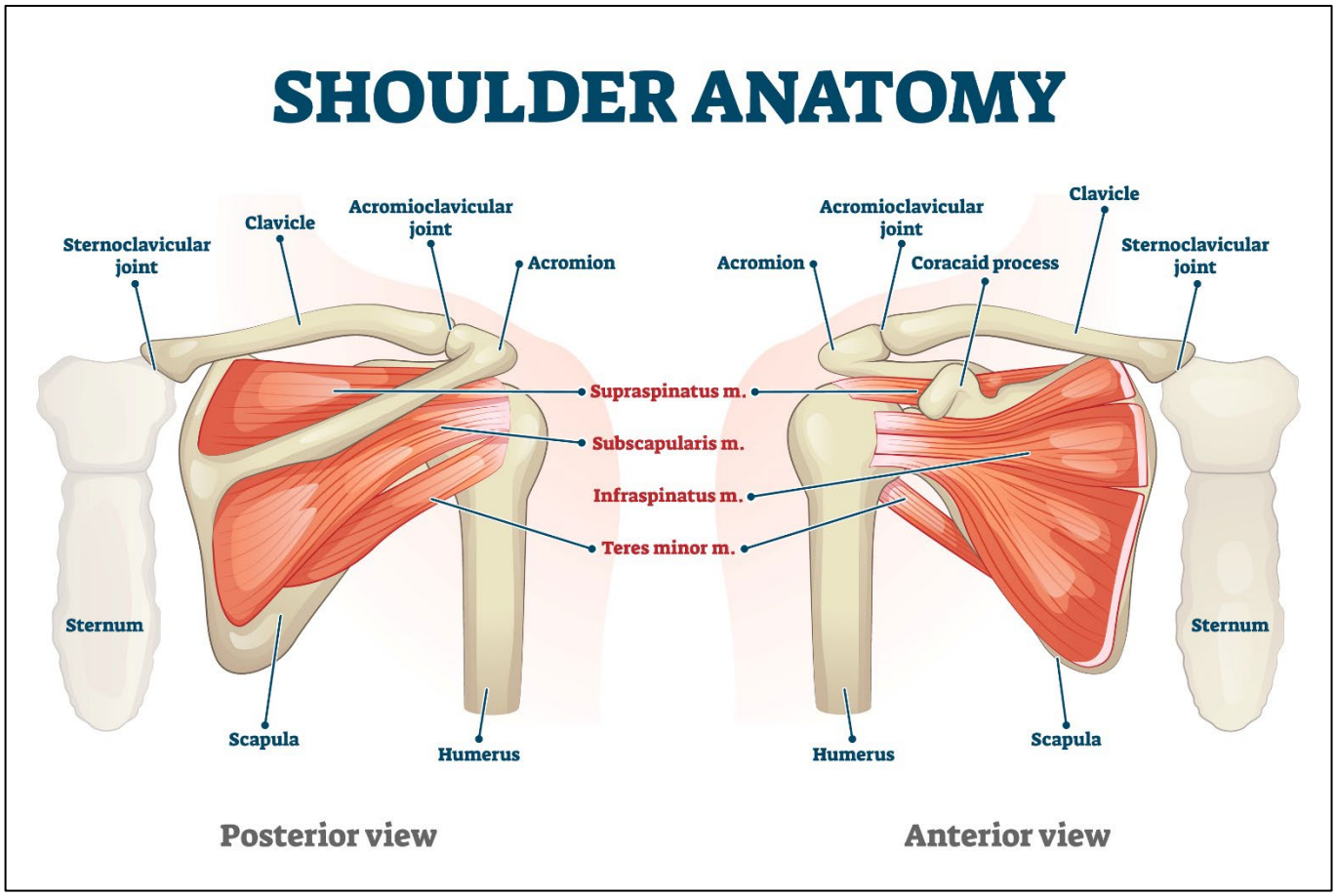
Mole: Lunar.

MRI: Imagen de resonancia magnética nuclear.

Navel: Ombligo.

Reference Material

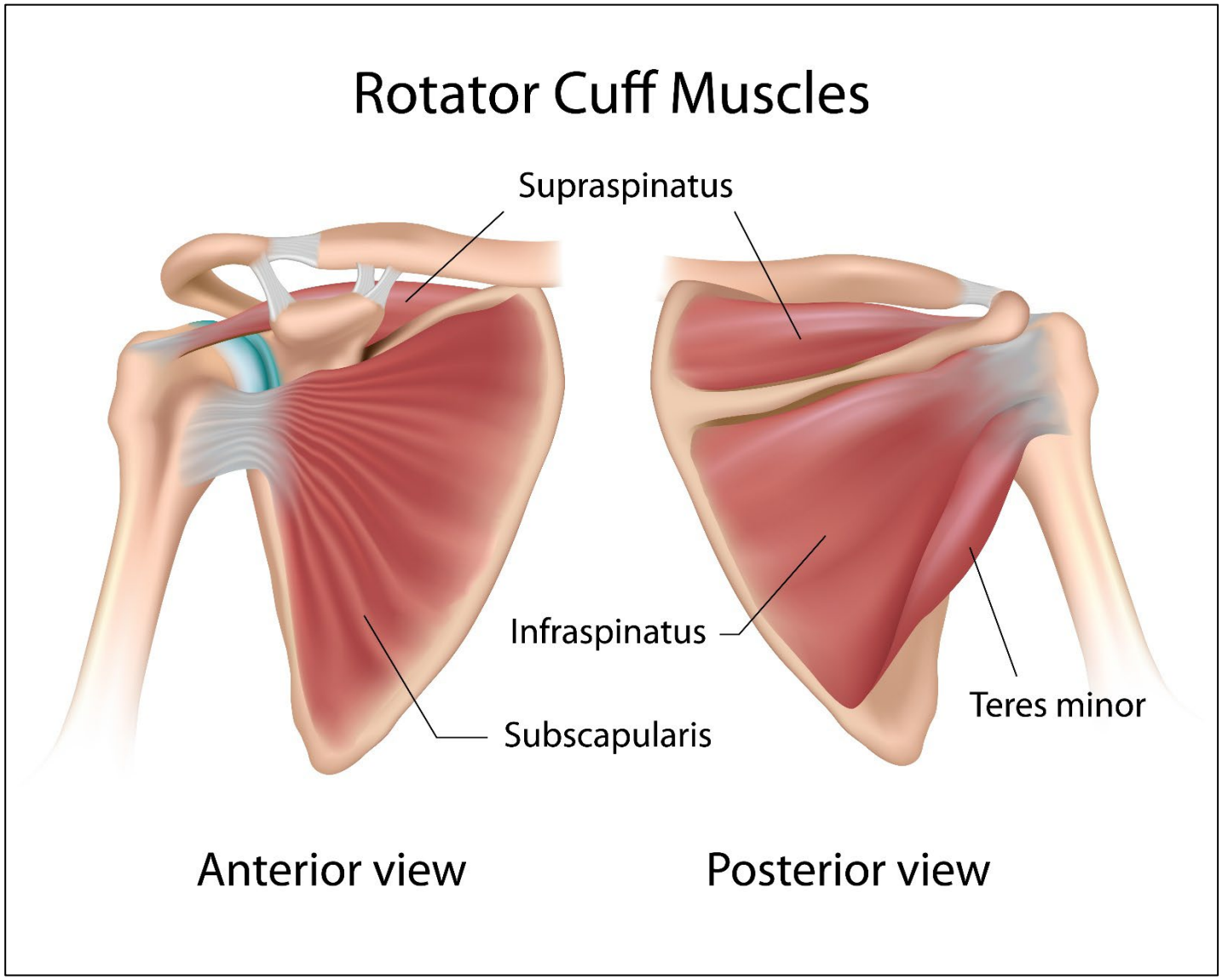
Slides used by Dr. Sansó during her Presentation



Spanish Translations (Shoulder Anatomy)

Acromioclavicular joint: Articulación acromioclavicular.
Acromion: Acromion.
Anterior view: Vista anterior.
Clavicle: Clavícula.
Coracaid process: Apófisis Coracoides.
Humerus: Húmero.
Infraspinatus muscle: Músculo infraespinoso.
Posterior view: Vista posterior.
Scapula: Escápula.

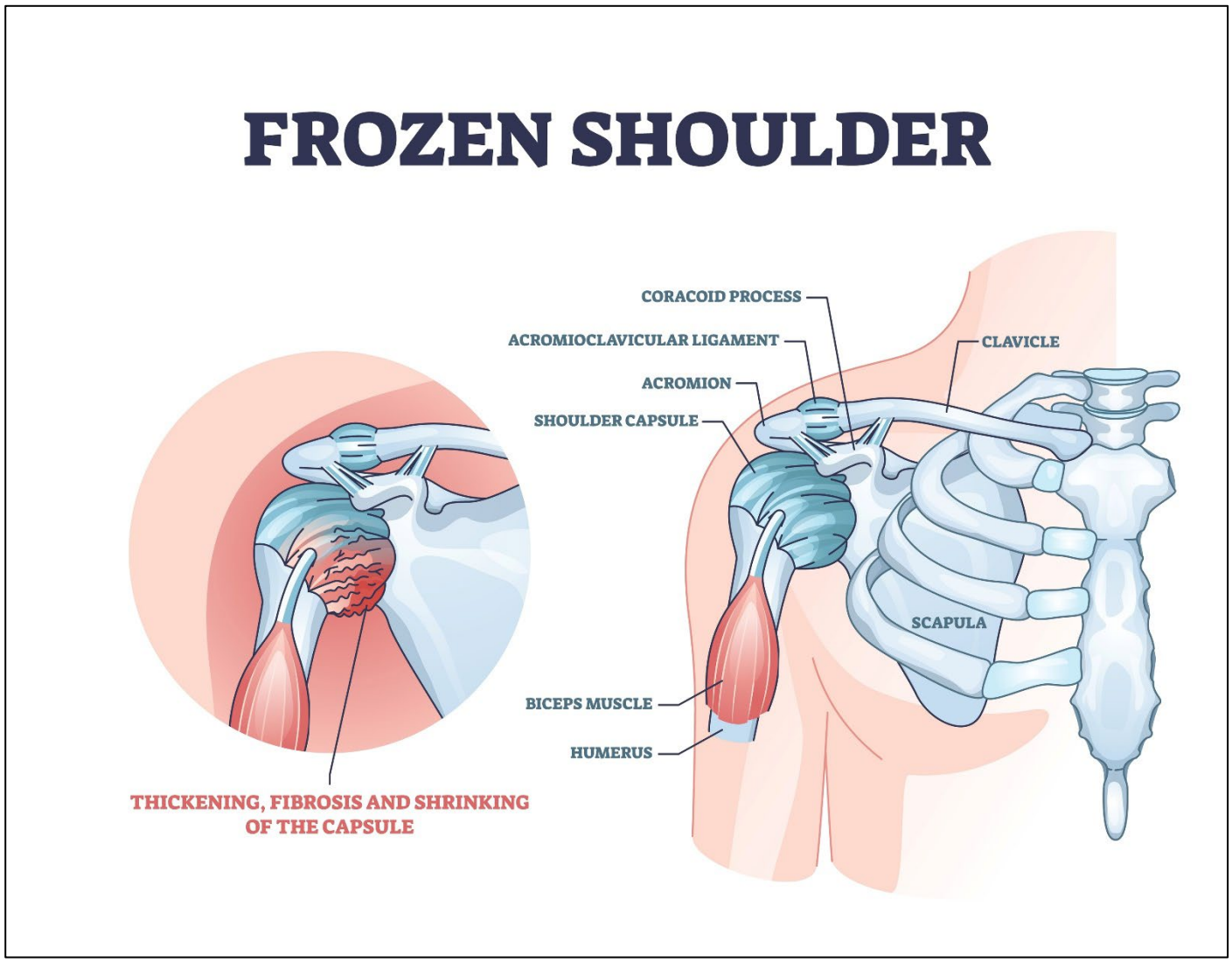
Shoulder anatomy: Anatomía del hombro.
Sternoclavicular joint: Articulación esternoclavicular.
Sternum: Esternón.
Supraspinatus muscle: Músculo supraespinoso.
Subscapularis muscle: Músculo subescapular.
Teres minor muscle: Músculo redondo menor.



Spanish Translations (Rotator Cuff Muscles)

Anterior view: Vista anterior.
Infraspinatus: Infraespinoso.
Posterior view: Vista posterior.
Rotator cuff muscles: Músculos del manguito rotador.
Subscapularis: Subescapular.
Supraspinatus: Supraespinoso.
Teres minor: Redondo menor.

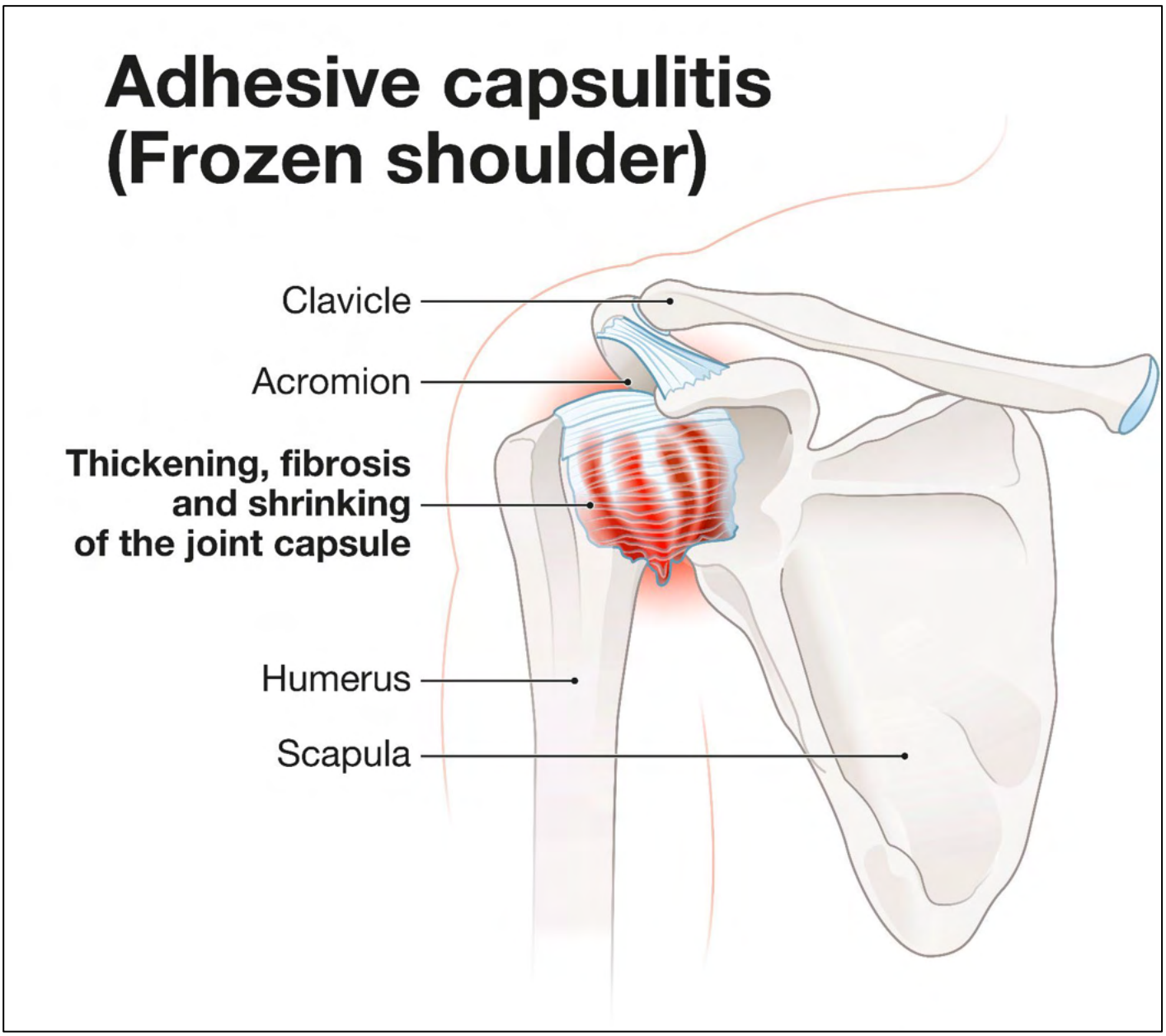
Shoulder Conditions



Spanish Translations (Frozen Shoulder)

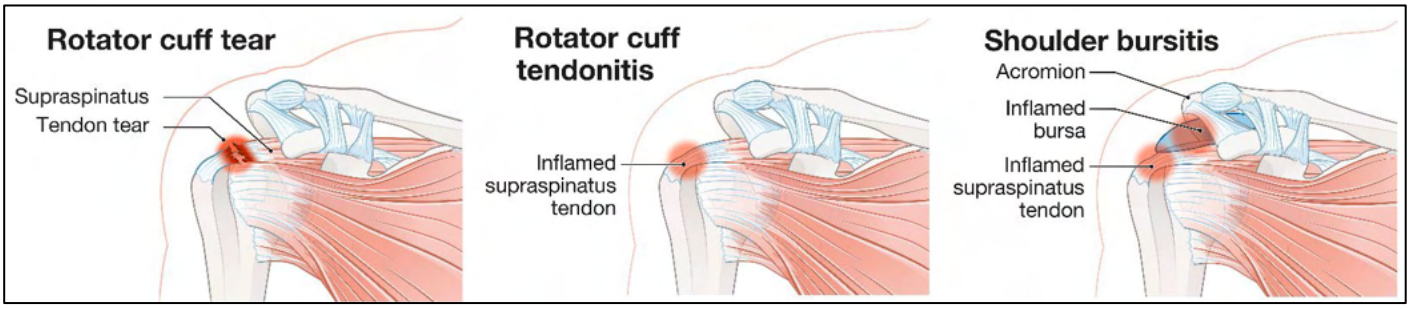
Acromioclavicular ligament: Ligamento acromioclavicular.
Biceps muscle: Músculo biceps.
Clavicule: Clavícula.
Coracoid process: Apófisis coracoide.
Fibrosis: Fibrosis.
Frozen shoulder: Hombro congelado.
Humerus: Húmero.
Scapula: Escápula.

Shoulder capsule: Cápsula del hombro.
Shrinking of the capsule: Contracción de la cápsula.
Thickening: Engrosamiento.



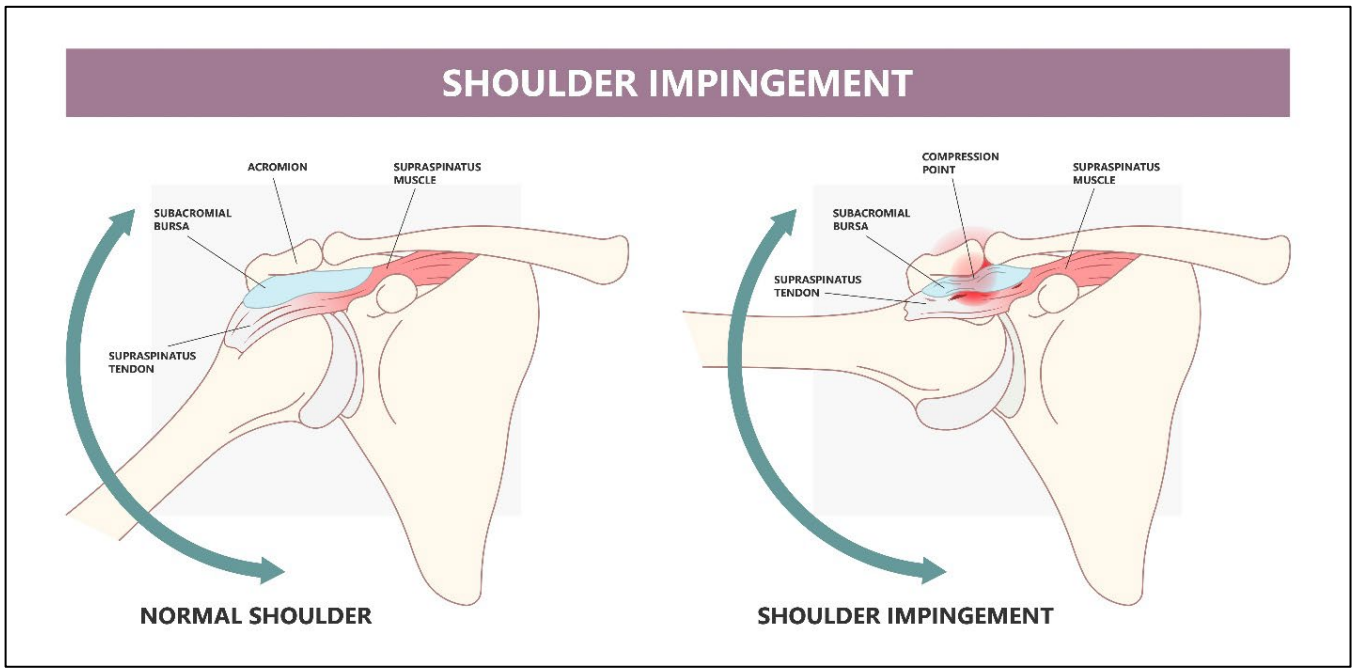
Spanish Translations (Adhesive Capsulitis)

Acromion: Acromion.
Adhesive capsulitis: Capsulitis adhesiva.
Clavicle: Clavícula.
Fibrosis: Fibrosis.
Frozen shoulder: Hombro congelado.
Humerus: Húmero.
Scapula: Escápula.
Shrinking of the joint capsule: Contracción de la cápsula.
Thickening: Engrosamiento.



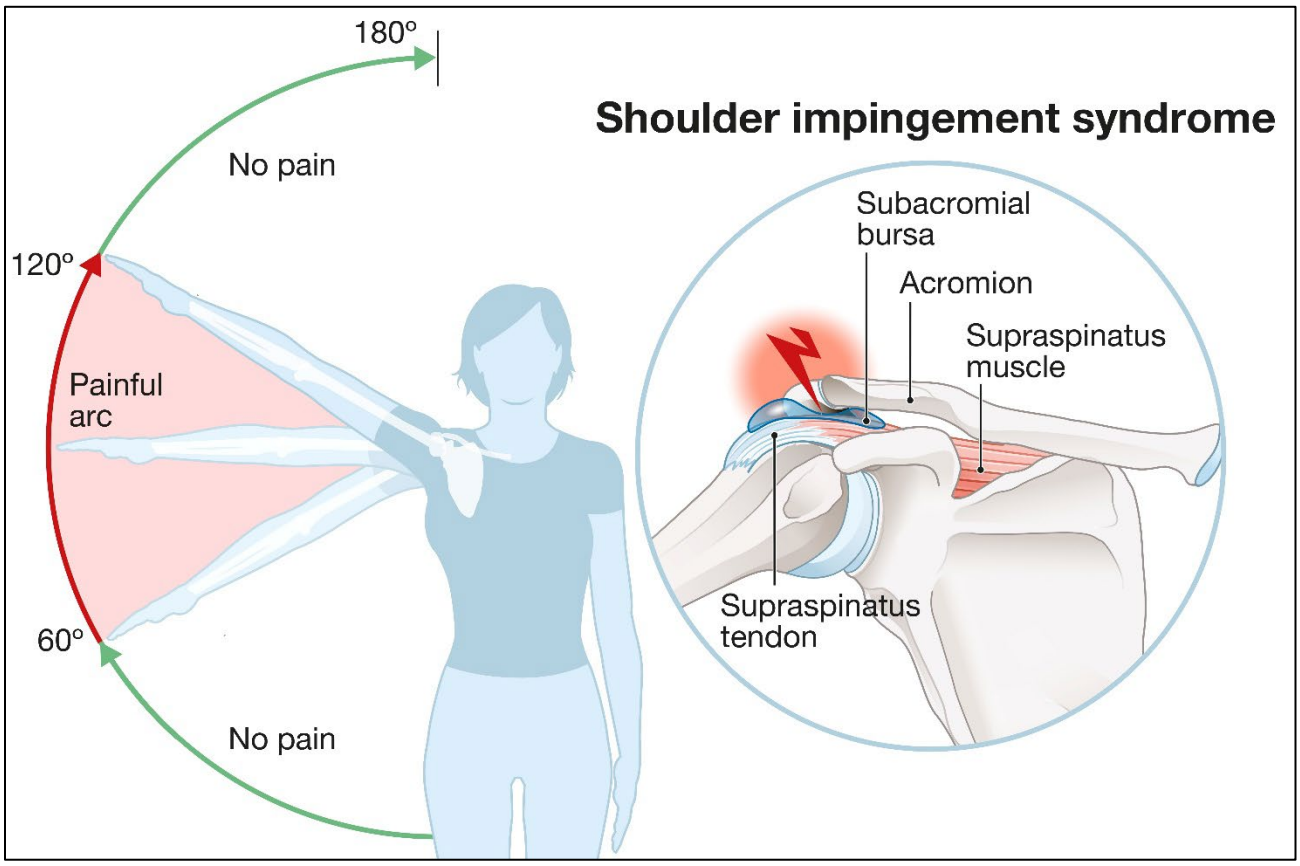
Spanish Translations (Rotator Cuff Tear, Tendonitis, Bursitis)

Acromion: Acromion.
Inflamed bursa: Inflamación de la bolsa.
Inflamed supraspinatus tendon: Inflamación del tendón del supraespinoso.
Rotator cuff bursitis: Bursitis del manguito rotador.
Rotator cuff tear: Rotura del manguito rotador.
Rotator cuff tendonitis: tendinitis del manguito rotador.
Supraspinatus: Supraespinoso.
Tendon tear: Rotura del tendón.



Spanish Translations (Shoulder Impingement)

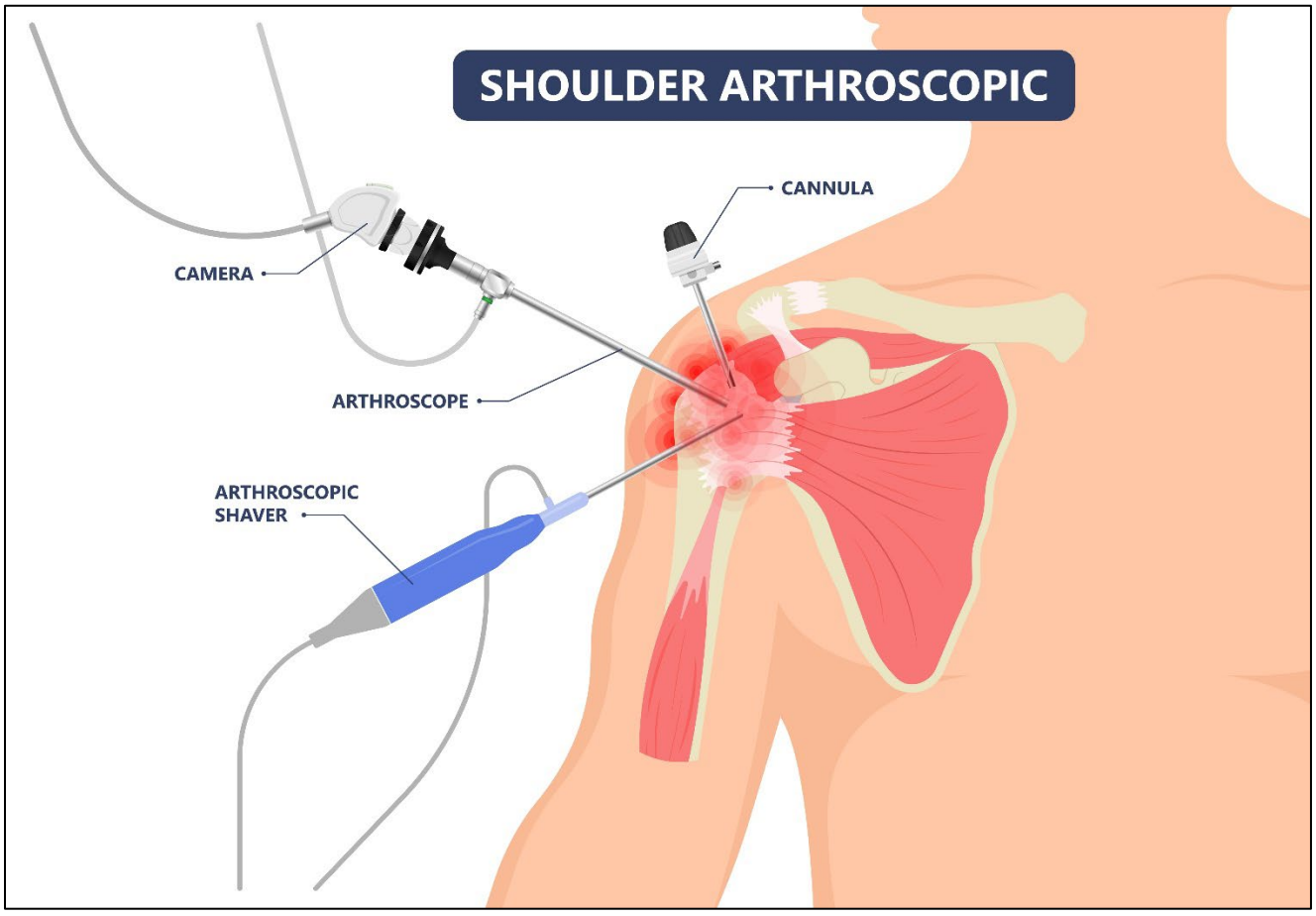
Acromion: Acromion.
Compression point: Punto de compression.
Normal shoulder: Hombro normal.
Shoulder impingement: Pinzamiento del hombre.
Subacromial bursa: Bolsa subacromial.
Supraspinatus muscle: Músculo supraespinoso.
Supraspinatus tendon: Tendón supraespinoso.



Spanish Translation (Shoulder Impingement Syndrome)

Acromion: Acromion.
No pain: Sin dolor.
Painful arc: Arco donde se siente dolor.
Shoulder impingement syndrome: Síndrome de pinzamiento del hombro.
Subacromial bursa: Bolsa subacromial.
Supraspinatus muscle: Músculo supraespinoso.
Supraspinatus tendon: Tendón supraespinoso.

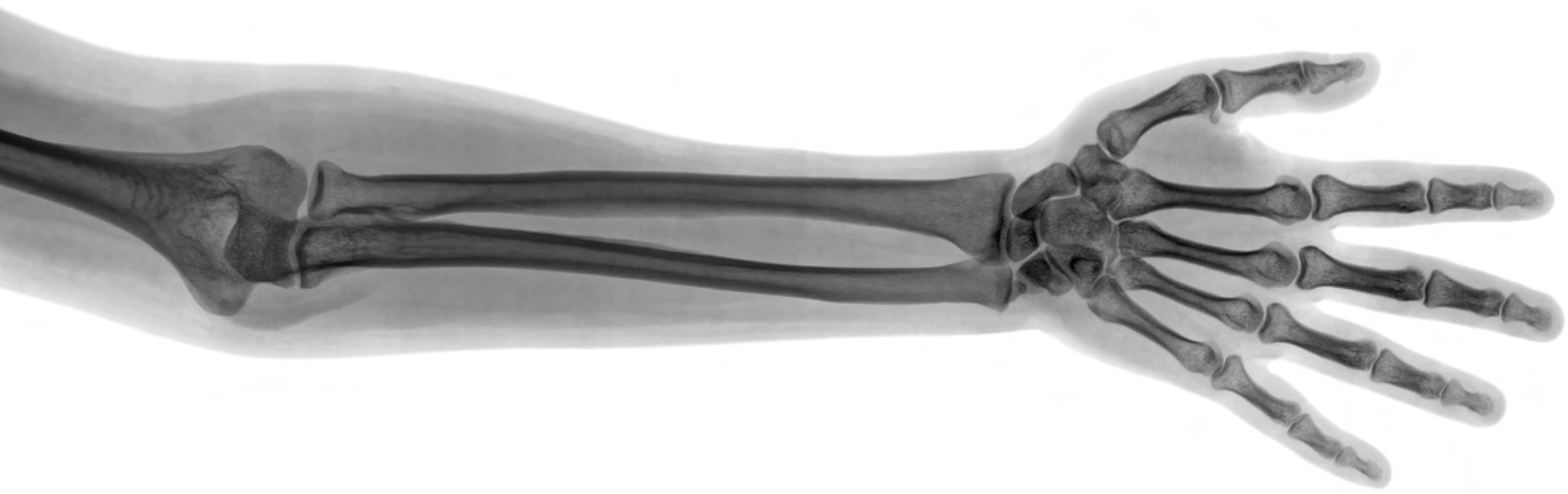
Shoulder Arthroscopic

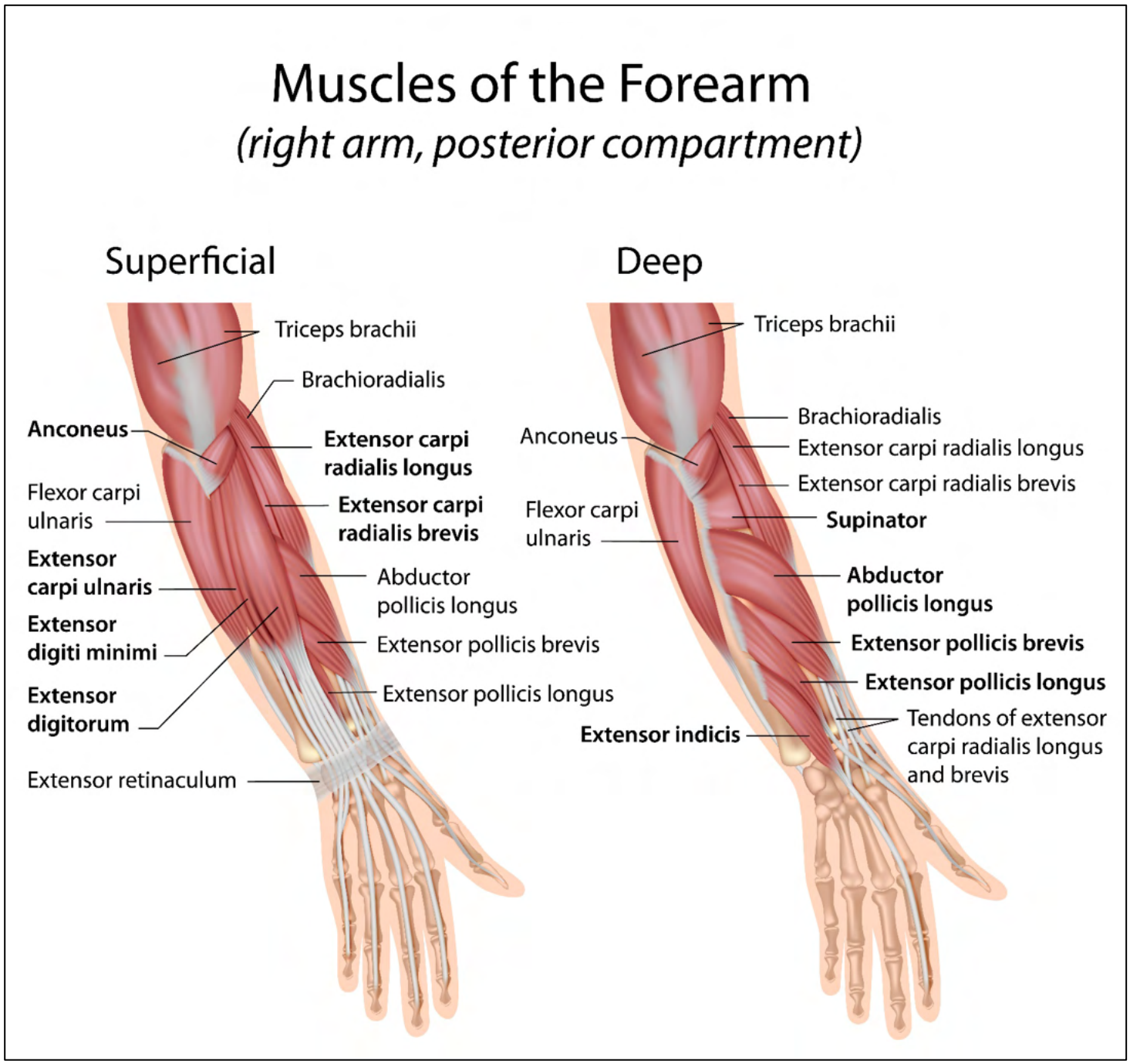


Spanish Translations (Shoulder Arthroscopic)

Arthroscope: Artroscópio.
Arthroscopic Shaver: Afeitadora artroscópica.
Camera: Cámara.
Cannula: Cánula.
Shoulder arthroscopic: Artroscopía del hombro.

Arm, Forearm and Hand

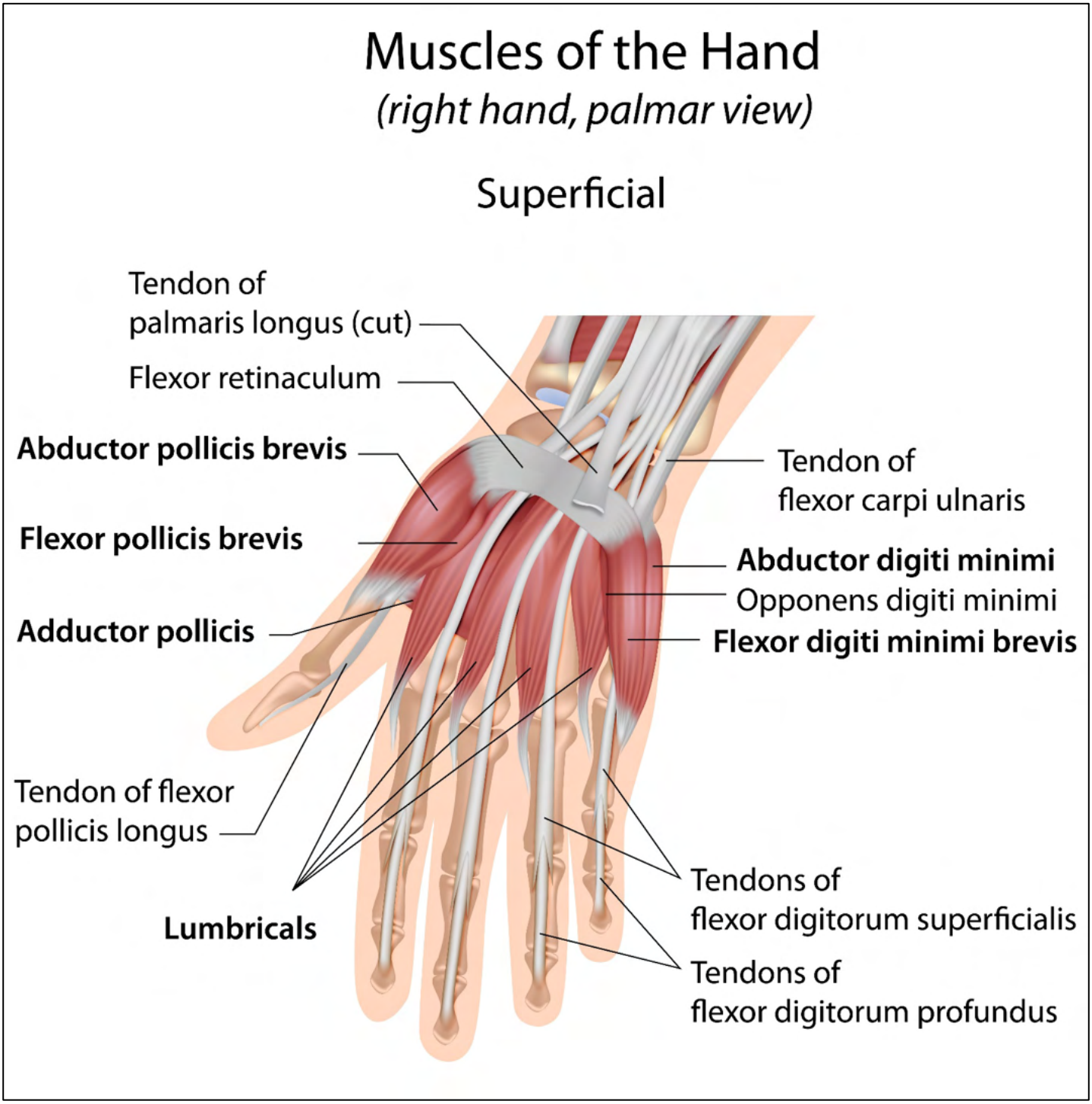




Spanish Translations (Muscles of the Forearm)

Abductor pollicis longus: Abductor largo del pulgar.
Anconeus: Ancóneo.
Brachioradialis: Braquioradial.

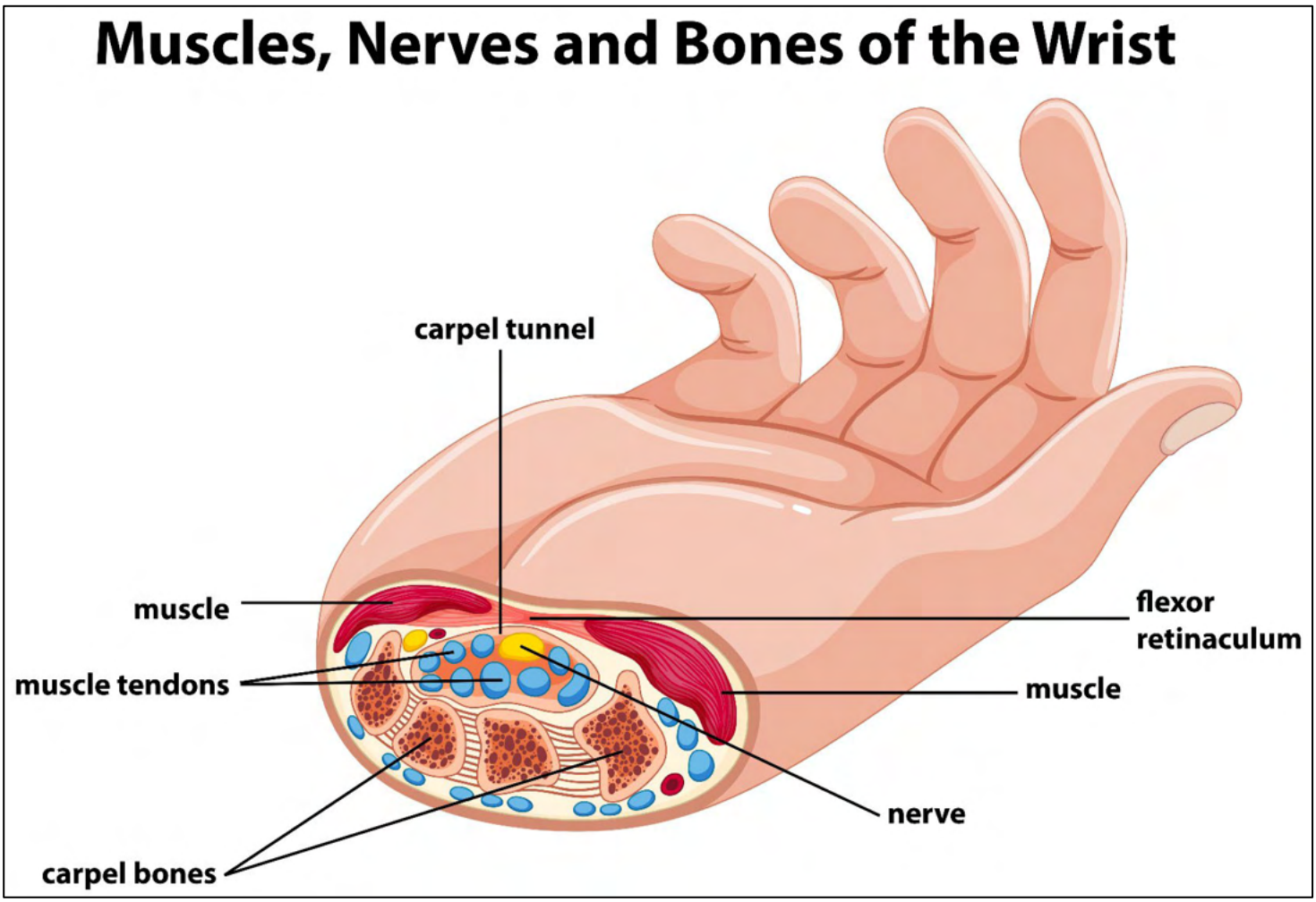
Deep: Profundo.
Extensor carpi radialis brevis: Extensor radial corto del carpo.
Extensor carpi radialis longus: Extensor radial largo el carpo.
Extensor carpi ulnaris: Extensor cubital del carpo.
Extensor digitorum: Extensor digital.
Extensor digiti minimi: Extensor del dedo meñique.
Extensor indicis: Extensor del meñique.
Extensor pollicis brevis: Extensor corto del pulgar.
Extensor pollicis longus: Extensor largo del pulgar.
Extensor retinaculum:Extensor del retináculo.
Flexor carpi ulnaris: Flexor cubital del carpo.
Muscles of the forearm: Músculos de antebrazo.
Superficial: Superficial.
Supinator: Supinador.
Triceps brachii: Triceps braquial.



Spanish Translations (Muscles of the Hand)

Abductor digiti minimi: Abductor del meñique.
Abductor pollicis: Abductor del pulgar.

Abductor pollicis brevis: Abductor corto del pulgar
Flexor digiti minimi brevis: Flexor corto del dedo meñique.
Flexor pollicis brevis: Flexor corto del pulgar.
Flexor retinaculum: Flexor del retináculo.
Lumbricals: Lumbricales.
Muscles of the hand: Músculos de la mano.
Opponens digiti minimi: Oponente el meñique.
Tendon of flexor carpi ulnaris:Tendon flexor cubital del carpo.
Tendon of flexor digitorum profundus: Tendones flexores profundos de los dedos.
Tendon of flexor digitorum superficialis: Tendones flexores superficiales de los dedos.
Tendon of flexor pollicis longus: Tendon flexor largo del pulgar.
Tendon of palmaris longus: Tendon palmar largo.



Spanish Translations
(Muscles, Nerves and Bones of the Wrist)

Carpel bones: Huesos del carpo.
Carpel tunnel: Túnel carpiano.
Flexor Retinaculum: Retináculo flexor.
Muscle: Músculo.
Muscle tendons: Tendones musculares.
Nerve: Nervio.

Introduction to Medical Interpretation I

Chapters 8 and 9

Shoulder, Arm and Wrist - Part II

Note from your Instructors:

You must study the following pages from this chapter before attending lecture 9 (week 9)

- Interpreting Section and Terminology Section (from page 111 to page119)

You must study the following pages from this chapter before attending lecture 10 (week 10)

- Class Practice Section (from page 120 to page 126)

Interpreting Section

INTERFERENCES IN THE TRANSFER

Transferring an original message into the target language requires more than simply speaking two languages. Generally, bilingual individuals who are not professionally trained interpreters are unaware of the challenges involved in transferring an original message in an accurate and professional manner.

The concept of interferences is one example that most bilingual individuals acting as interpreters and who are not professionally trained will not even consider in their rendition of the original message.

Interferences is defined as “the noise introduced in the transfer into the target language which is generated by the original language itself.” Noise is a term that refers to inaccuracies at different levels. The more noise in the transfer, the more inaccurate it is. You can think of that noise interfering with the speaker’s ability to clearly understand the original message when it is transferred into the target language.

Blocking that potential noise which produces the interference is one of the main functions of the professional interpreter.

Chart 2, on the next page, graphically illustrates the concept of interferences.

Noise and Interfences Potentially Affecting the Transfer of the Original Message into the Target Language

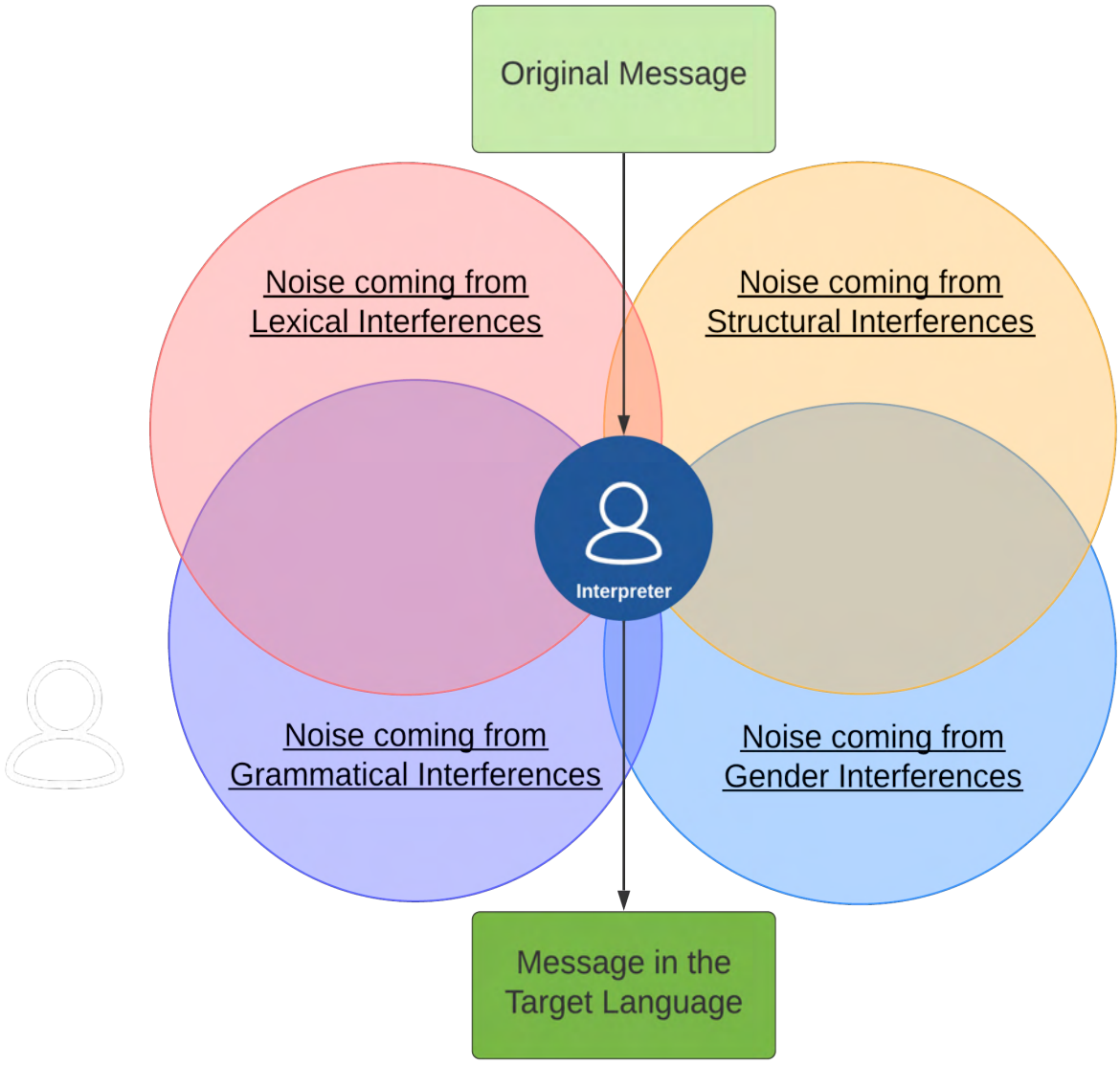


Chart 2. Noise and Interferences acting on the Transfer of the Original Message

As indicated on page 14, blocking any potential noise that produces interference is the main function of an interpreter.

In order to block any potential noise that causes interferences and thus affects the transfer of the original message into the target language, the interpreter needs to develop filters that block the lexical, structural, grammatical and gender interferences. These filters are obtained by the interpreter with continuous training in term equivalences, structural difference, grammatical differences, and gender differences, if applicable.

Chart 3 on the next page illustrates how the filters developed by the interpreter protect and guarantee the accuracy of the transfer from the original message into the target language.

Filter Protecting Accuracy in the Transfer of the Original Message into the Target Language

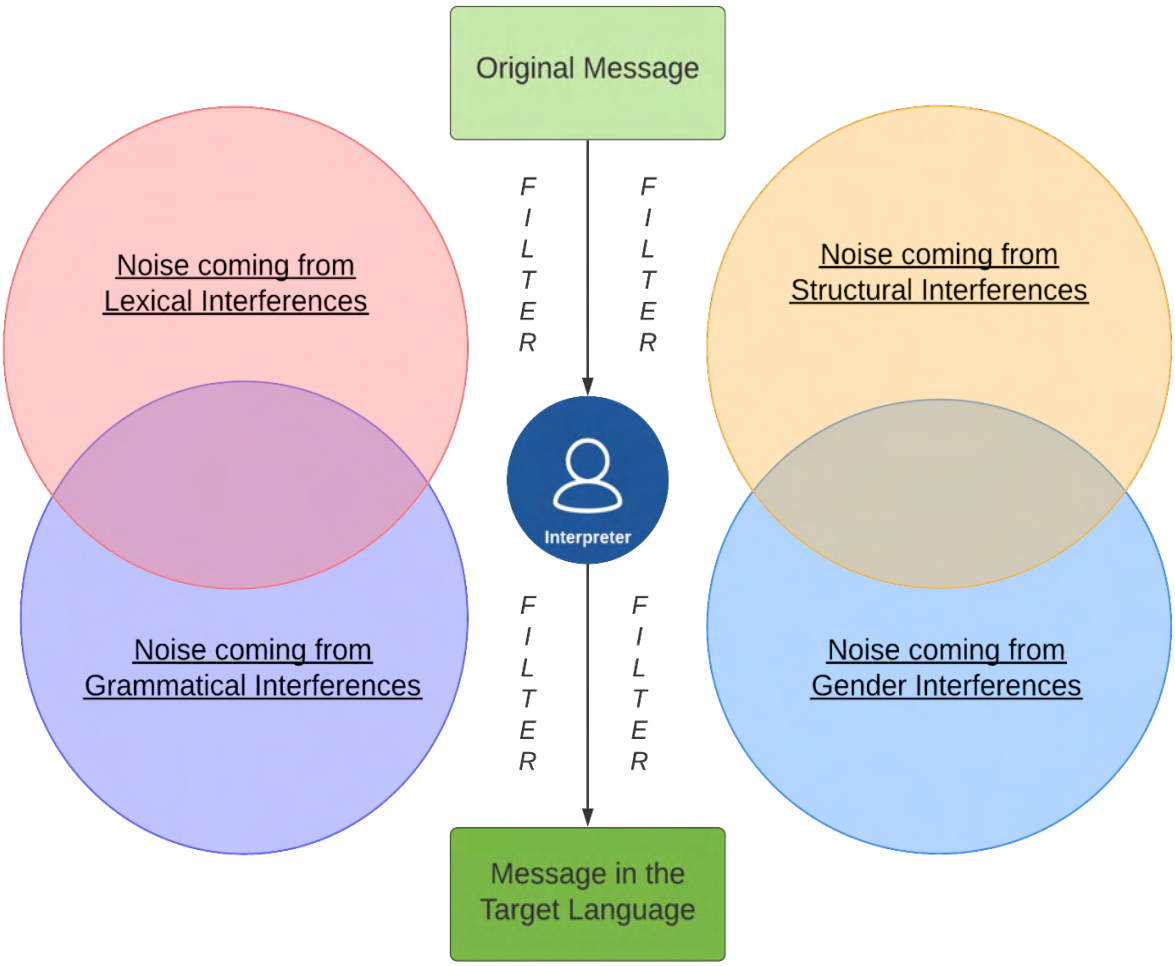


Chart 3. Filter Protecting Accuracy in the Transfer of the Original Message

How much each filter can block interferences is a function of how much training the interpreter has in both languages. It is clear that the interpreter needs to be proficient not only in two languages, but also in the development of appropriate filters that ensures an accurate transfer of the original message into the target language.

Class Practice Section

Consecutive Practice 4

Doctor: Mr. Funes, it is my understanding that you were injured while working for the ABC Company back in April of last year, is that correct?

Patient: Así es doctor.

Doctor: You came to see me because your prior doctor told you to have a physical exam and to obtain some medications to relieve the pain.

Patient: Pues a mí me dijeron que tenía que venir a este consultorio antes de que me empiecen a dar mis prestaciones de indemnización laboral. Es por eso que yo estoy aquí.

Doctor: Today, I will take some x-rays and one CAT scan to rule out a more serious condition than the one stated on your medical reports.

Doctor: I would like to begin by asking a few questions regarding your medical history. I am going to ask you questions about your childhood diseases. Did you have measles, the mumps or any other infectious disease when you were young?

Patient: Siempre fui muy sano. Creo que tuve esas enfermedades cuando era chico. Una vez, un médico me pidió que hiciera baños de asiento para aliviar el dolor del accidente.

Doctor: Let's talk about your accident. First of all, did you have to stoop, bend down, squat, kneel or reach while at work?

Patient: Tenía que extender mis brazos para cargar la mercadería del muelle de carga y luego tenía que agacharme y hasta agazaparme para cargar el camión de distribución.

Doctor: What type of discomfort are you feeling now? Do you feel any strong, sharp, throbbing or stabbing pain anywhere in your body?

Patient: Sí, siento dolor fuerte y punzante en la zona lumbar. Ese dolor se agrava después de despertarme todas las mañanas. Yo creía que era artritis, pero parece que es un problema relacionado con el accidente.

Doctor: Let me ask the nurse to take a few x-rays of your back. For the time being, please sit down and relax. Thank

you.

Consecutive Practice 5

Doctor: My name is Doctor John Shaw and I am a traumatologist and orthopedist in this hospital.

Patient: Buen día Doctor, me enviaron para hacer una consulta con usted, me dijo mi doctor que usted es especialista en el problema que tengo, vengo angustiado porque hace meses que estoy con este problema.

Doctor: Who sent you to see me?

Patient: El Doctor Rauch que es mi médico de cabecera, me dio muy buenas referencias sobre usted.

Doctor: I see. He works in this hospital. Ok. Tell me what you are feeling and since when you are feeling that condition.

Patient: Hace más de 3 meses que estoy con dolor en la muñeca derecha, comenzó como una molestia que iba y venía, pero ahora ya es dolor. Estoy preocupado doctor.

Doctor: Since when are you feeling pain? Is the pain mild, medium or strong? Do you have that pain constantly or does it come and go? Have you been given any pain medication?

Patient: Si, me dieron analgésicos, al principio me aliviaban, pero ahora es como si tomara agua, no siento ningún alivio.

Doctor: What type of pain killer were you prescribed?

Patient: Ibuprofeno, lo tomaba dos veces al día, no quería tomar más porque yo hace años tuve gastritis, siempre fui medio delicado del estómago.

Doctor: You have gastritis. This means that you have to be careful when taking any type of pain killer.
What type of job do you do? Do you have any other symptom?

Patient: Soy empleado administrativo en una empresa de transporte, trabajo 8 horas con la computadora y también realizo las tareas del hogar, como usted se imagina, cocinar, limpiar.

Doctor: Do you have any other symptom, such as pain that radiates to the fingers of your hand?

Patient: Me doy cuenta que tengo menos fuerza en los dedos y me cuesta agarrar las cosas cuando estoy dolorido, a veces no puedo abrir un frasco.

Doctor: When you use a pen or pencil, can you hold the pen or pencil with your thumb and with the index fingers?

Patient: No, escribir no puedo. Me cuesta a veces más usar la computadora que escribir con un lápiz.

Doctor: It seems that your issue is in the wrist. That is an area where the tendons for the fingers and the Median nerve are located. They are the tendons that supply blood to the thumb, the index and half of the hand.

Patient: ¿Es grave? Tengo alguna solución para esto.

Doctor: As I was saying, you probably have carpal tunnel. The tendons and nerves are compressed in that area and that is why you are feeling those symptoms. You may even have tingling in your fingers. You may also have difficulties holding anything that is heavy.

Patient: ¿Me ayudaría usar una muñequera?

Doctor: Yes. The initial treatment is to rest the area and to wear a brace along with physical therapy sessions. If these measures do not work then we can think about surgery to free the median nerve and the tendons. But this will be the last option.

Doctor: I want to order an x-ray of the wrist or may be even an ultrasound or MRI to better see the carpal tunnel in an image.

Patient: Lo que usted me diga doctor, con tal de que me saque el dolor.

Doctor: For now, please use the brace during the whole day. We will wait for the images of your carpal tunnel to see what is the next steps to follow. I will ask you, please, not to use your hand to lift heavy items.

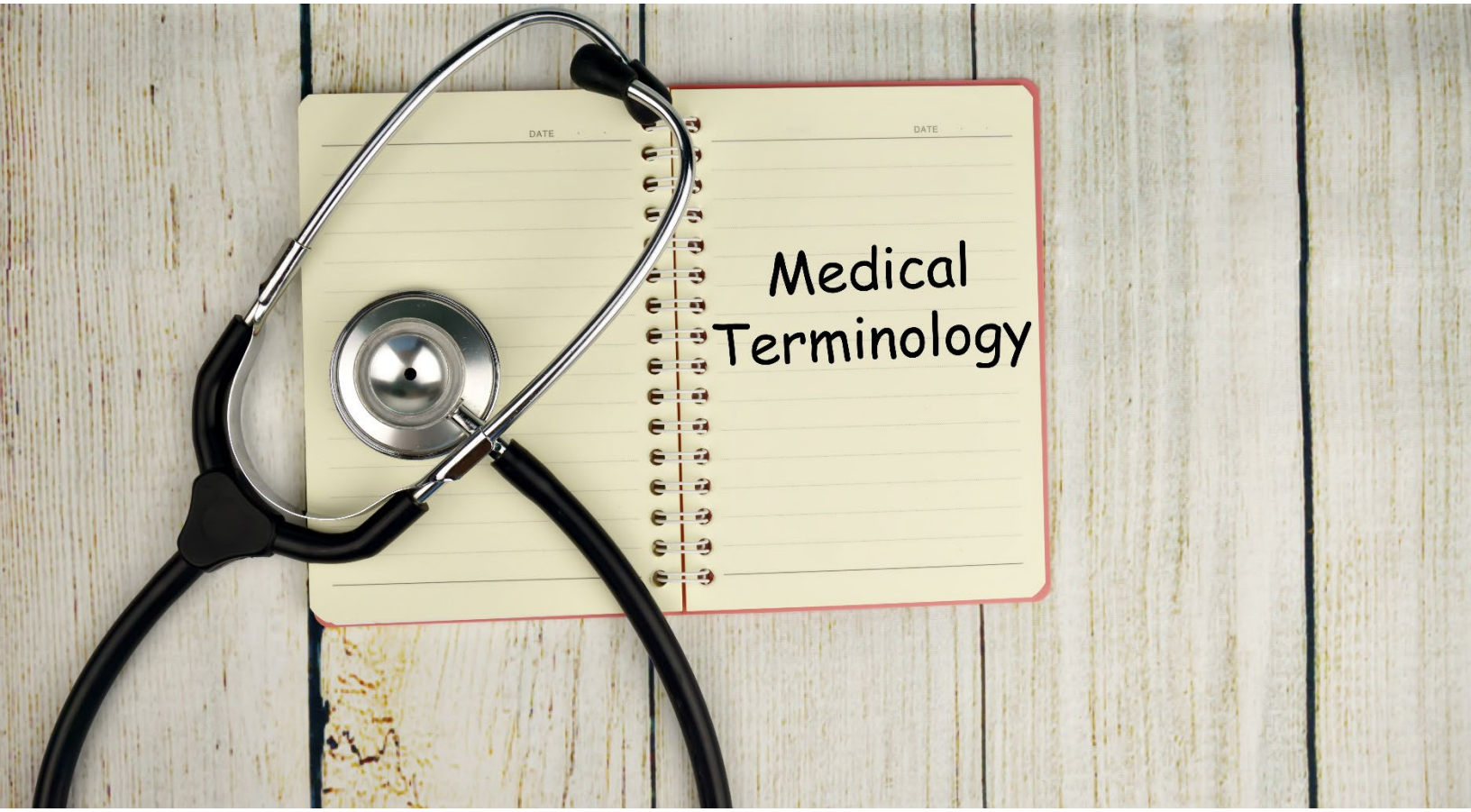
Doctor: Also, keep in mind that this condition takes time to resolve. Let's see how the condition progresses in the next 30 days. I will see you in one month.

Patient: ¿Sigo tomando analgésicos?

Doctor: Yes but take them with food and do not overdo that. Do not take more than 2 pills per day.

Patient: Gracias Doctor. En 20 días estoy por acá.

Terminology Section



General Medical Terminology – Part III

Nervous Breakdown: Crisis nerviosa.

Ointment: Pomada, ungüento.

Outpatient: Paciente externo.

Outpatient Services: Servicios de consulta externa.

Over the Counter Medication (OTC): Medicamento que no requiere receta.

Pacemaker: Marcapasos.

Pain, Burning: Ardor.

Pain, Dull: Lento, sordo.

Pain, Sharp: Agudo.

Pain, Severe: Fuerte.

Pain, Stabbing: Punzante, que clava.

Pain, Piercing: Quelante.

Pain, Throbbing: Punzante.

Palsy: Parálisis.

Pant: Jadear.

Physical (exam): Examen médico.

Pill: Pastilla, píldora.

Pleurisy: Pleuresía.

Pneumonia: Pulmonía.

Poison Ivy: Hiedra venenosa.

Popping: Crujido.

Prescribe (to): Recetar.

Prescription: Receta.

Pull: Jalar, tirar, desgarrar (músculo).

Puncture Wound: Herida punzante.

Rash: Salpullido, sarpullido.

Referral: Recomendación de un especialista.

Relapse: Recaída.

Release: Dar de alta.

Salve: Ungüento.

Scalp: Cuero cabelludo.

Scalpel: Bisturí.

Scan: Exploración.

Scar: Cicatriz.

Shin: Espinilla, canilla, tibia.

Shock (fright): Sobresalto, susto.

Shock (syndrome): Shock.

Shot: Inyección.

Smallpox: Viruela.

Smelling Salts: Sales aromáticas.

Sore (noun): Llaga.

Sore (adj.): Adolorido.

Sore Throat: Dolor de garganta.

Spell: Ataque (de una enfermedad).

Spleen: Bazo.

Sprain: Esguince, torcedura, dislocación.

Spur (bone): Espolon.

Squat: Ponerse en cuclillas.

Stiff: Tieso, rígido.

Stitches: Suturas, puntadas.

Stool: Excremento.

Stoop: Agacharse, doblarse.

Strain (noun): Distención, torcedura.

Strain (Verb): Hacer esfuerzos (estreñimiento).

Strain a Muscle: Desgarrar un músculo.

Stretch: Estirarse, extender.

Stretcher: Camilla.

Stroke: Embolia.

Swelling: Hinchazón.

Temple: Sien.

Tingle: Hormigueo, enchinar, hormiguear (colloquial).

Tweezers: Pinzas.

Twist (to): Torcer.

Upper Arm: Parte superior del brazo.

Void (bladder): Vaciar, evacuar.

Walker: Andador (elderly), andadera (infants).

Wart: Verruga.

Whooping Cough: Tos ferina.

Womb: Matriz.

Wound, Puncture: Herida punzante.

Wound, Stab: Herida de arma blanca.

Wound, Entry: Orificio de entrada.

Wound, Exit: Orificio de salida.

Wound, Gunshot: Herida de arma de fuego.

X-Rays: Radiografías.

Yawn: Bostezar.

Introduction to Medical Interpretation I

Chapter 10

Obstetrics and Gynecology – Part I

Note from your Instructors:

The material included from page 149 to page 160 is for reference purposes only. You are invited to review it but it is highly technical.

The explanation provided by Dr. Sanso must be carefully watched in lectures 6 and 7 as it explains basic anatomy terms that will help you visualize the questions and answers included in a typical medical examination.

You must study the following pages from this chapter before scheduling the second live assessment

- Interpreting Section and Terminology Section (from page 129 to page 148)

PLEASE READ CAREFULLY:

Please note that after you finish lecture 10, you need to schedule your second live assessment. The first live assessment will cover everything up included in this book, excluding any section labeled Reference Material.

In addition, your second live assessment covers all the practices included in the Online Interpreting Laboratory section of this course.

Interpreting Section

PRINCIPLES OF TARGET LANGUAGE AND ORIGINAL LOCALIZATION

When a language is spoken in many countries (i.e. Spanish), the interpreter faces the challenge of transferring into that language but also of keeping in mind the country where that language is spoken, not because each country speaks a different variation of that language, but each country will definitely have different slang and idiomatic expressions as well as different stylistic formats in the structuring of a message. This is where the principle of target language localization comes in. The principle of target language localization is defined as the transfer of an original message considering the country of the non-English speaker, when appropriate.

Generally, one would not need to use the principle of localization when transferring regular and high register terminology, but one has to be more cognizant of this principle when transferring low register terminology, such as slang, foul language, and idiomatic expression.

Traditionally, low register terminology and idiomatic expressions are laxer in regard to structural and lexical rules of a given language. Besides, low register terminology and idiomatic expressions are more prone to local cultural influence.

The interpreter must always be cognizant of the principle of localization whenever transferring low register terminology and idiomatic expressions.

Let’s use Spanish for the following illustration of the principle of target language localization since Spanish is spoken in several countries in the world.

When an English speaker uses the term "*dough*" (referring to money), the transfer into Spanish is dependent on the principle of target language localization, as the slang for "dinero" in Spanish is dependent on the country where the non-English speaker is from.

The table below illustrates the transfer of the English term "*dough*" into Spanish, keeping register and following the principle of target language localization.

Country	**Translation of the English term "dough"**
Argentina	Mosca, guita, plata
Bolivia	Guita, guitarra, quivo
Chile	Luca, luquita
Colombia	Barras, billete, biyuyo, lucas, plata
Costa Rica	Billullo, guita, harina, mosca, plata
Cuba	Astilla, baro, pasta
Dominican Republic	Baro, cuartos, tabla
Ecuador	Billuzo, cushqui, guita, luca, plata
El Salvador	Morlaco, papa, pisto
Guatemala	Bolas, feria
Honduras	Biyuyo, feria, luz, mosca
Mexico	Lana, pasta, billete, baro, feria
Nicaragua	Luz, papa
Panama	Chen-chen, chinbilín
Paraguay	Guita, mosca, pirapire, plata
Perú	Guita, lana, mango, plata
Puerto Rico	Cash, chavos, menudo, tolete
Spain	Plata, guitar, pasta, pela, perra, jurdel, billete
Uruguay	Biyuya, gamba, guita, mango, mosca, plata
Venezuela	Billullo, obre, luca, plata

It is clear from the table above that transferring the English word "*dough*" into Spanish is not as simple as it seems. The interpreter

should select the proper transfer based on what country the Spanish speaker comes from.

Knowing what country the Spanish speaker comes from sometimes is not possible. For example, if one is translating a document that will be distributed to the Spanish speaking community in New York, the translator could not include all the possible translations of the English term “dough”, based on the country where the Spanish speaker comes from. Or if the interpreter is interpreting in a conference where members of the Spanish speaking community are present, the interpreter could not even guess from what country the Spanish speakers come from. In these cases, the interpreter is asked to keep a neutral register (change the register from low to regular) and to avoid the principle of target language localization as that could be detrimental to the overall transfer.

In the case of the English term “dough” the interpreter would use the regular term for “*dough*” in Spanish (“*dinero*” – money) so that the whole audience comprehends the original message with the caveat that the register of the original word (“*dough*”) is not respected in the transfer.

It is clear from the example of the previous page that the price paid by the interpreter is lack of preservation of the original register. This is the standard approach when interpreting for a group or when translating a document that will be read by members of the community who come from different countries.

In addition to the application of the principle of target language localization whenever the interpreter has to transfer a low register term, the interpreter should also be aware that entities (such as State Department) will not transfer to the same register to all countries where a given language is spoken. In addition, usually when the entity in the original language controls various jurisdictions, then the interpreter should be aware of what is called the *principle of original localization* which, as indicated by the name, is the ability to localize the original message.

Let’s look at an example. The term US Government includes several jurisdictions – Federal prosecution, Immigration and Customs Enforcement, Homeland Security, Department of Agriculture, Commerce, Defense, Education, Energy, Health and Human Services, and Housing and Urban Development, to name a few.

When the original includes the word US Government, the interpreter needs to comprehend in which jurisdiction the US Government is acting in the original. If the term US Government is used in a criminal federal prosecution, then the transfer into the target language will have to be localized by using an equivalent entity in the country where the non-English speaker comes from. The US Government in a criminal federal prosecution will not transfer the same as the US Government in an immigration case.

The transfer of the term US Government in a federal prosecution case into Spanish is *Procuraduría Federal* whereas the transfer of the term US Government in an immigration case could be *Instituto Nacional de Migración* (localized to Mexico). It will certainly not be *Procuraduría Federal*. If the interpreter uses *Procuraduría Federal* when US Government has a local localization to immigration, the respondent (the immigrant who is appearing in immigration court) will think that he or she may be subject to jail time when in fact, immigration is a not a criminal proceeding.

Chart 4 on the next page illustrates the complex process of target language and original localization.

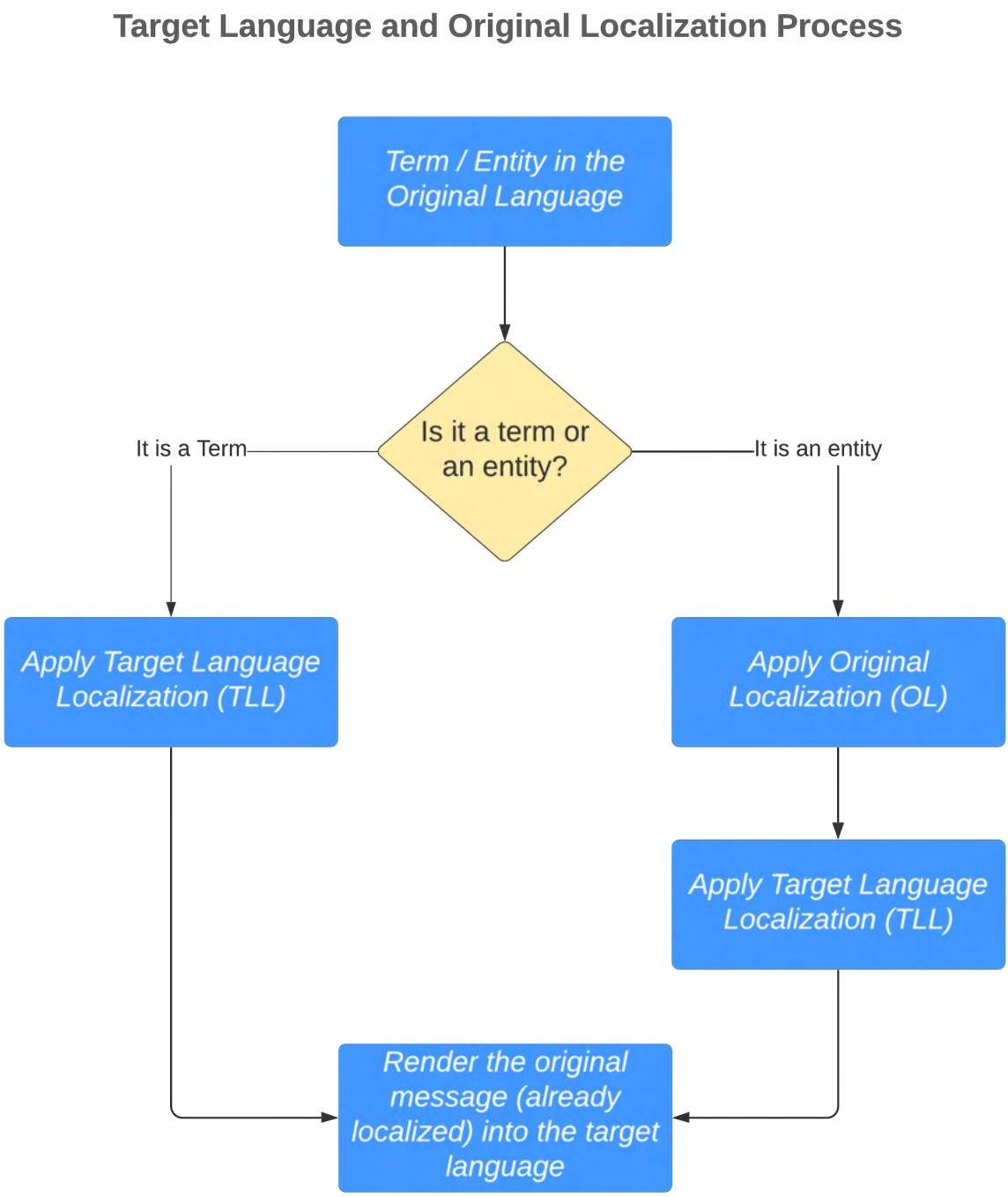


Chart 4. Target language and original localizations

RELATIONSHIP BETWEEN STABILITY, LOCALIZATION, AND INTERFERENCES

There is a direct relationship among stability of a term or message, interferences and noise applied to the term, and target language and original localizations.

Based on the previous explanations of each of these principles, it is clear that any unstable term is susceptible to interferences and noise. One can say that if the term is not stable, then the inaccuracy associated with that instability will open the door to interferences and noise. In other words, the interpreter who is unable to make a term stable, will most likely, not have a robust filter that could prevent interferences and noise. Consequently, an interpreter without a robust filter (lack of training) may not be properly suited to apply the principles of target language and original localizations, if required by the original text or message.

This is one of the main reasons why continuing education is such a valuable tool to the professional interpreter. Continuing education is the main tool to improve the quality of the interpreter's filter, which is based on the interpreter's training and formal education in the field of interpreting and translating.
In fact, when a professional interpreter is assessed on the interpreter's ability to interpret, the assessment is basically on the interpreter's ability to apply the principle of stability, the ability to block interferences and noise, and to properly use the principle of target language and original localization whenever required by the original term or message.

Chart 5 on the next page provides the sequence that must be followed by the interpreter in order to accurately transfer the original term or message ascertaining that the term is stable, that any potential interference or noise is blocked by the interpreter's filter and finally that the principles of target language and original localization are applied when they are so required by the original term or message.

Please note on chart 5 on the next page, that stability, interferences and localization are all intertwined and they all have a direct impact on the overall accuracy of the transfer.

Process of Rendition of the Original Message with Identification of Stability, Interference and Localizations principles

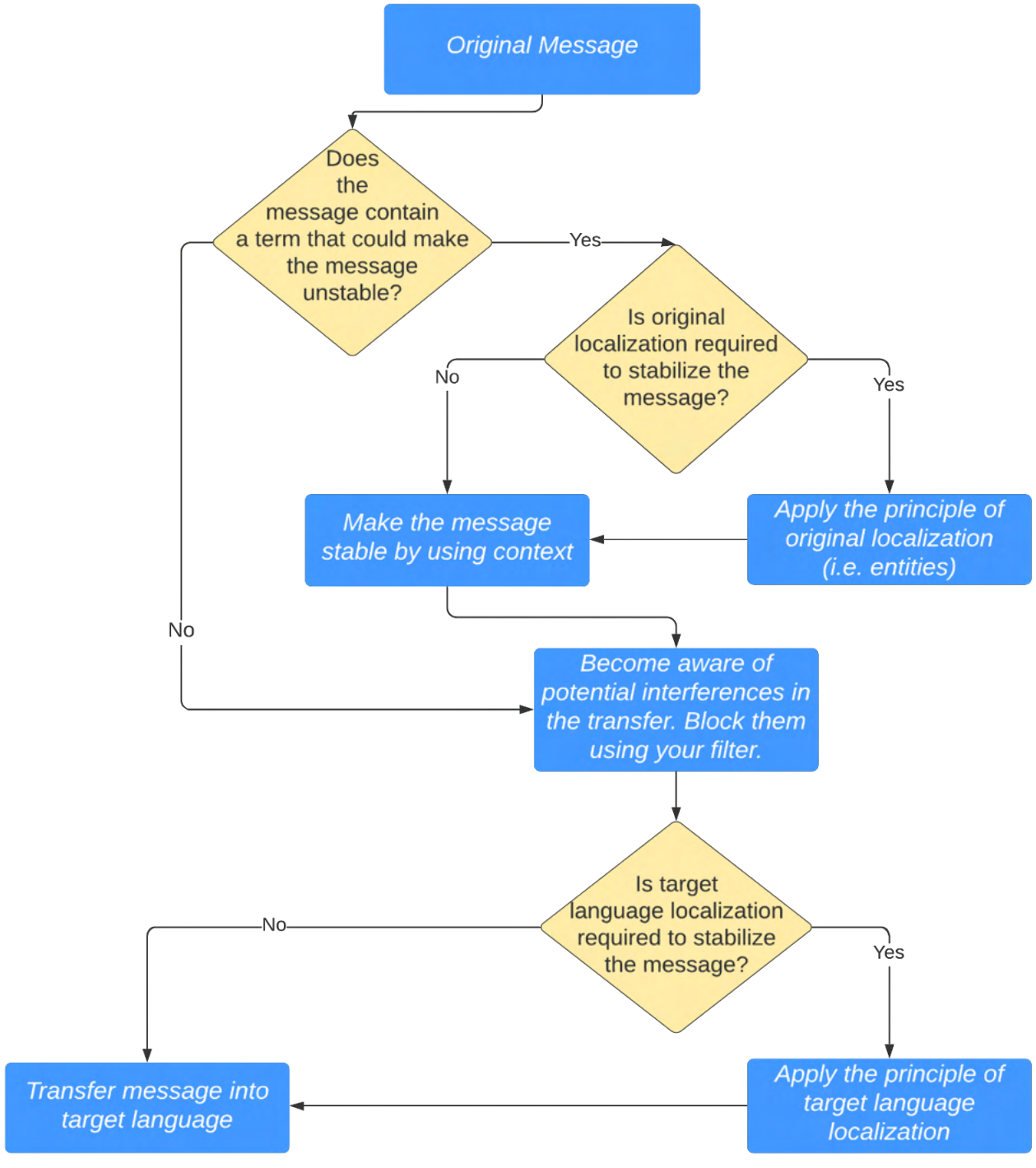


Chart 5. Process of Rendition of the original message with identification of explained principles

Class Practice Section

Consecutive Practice 6

Doctor: Good morning Mrs. Funes. Before I begin I want to make sure that your information included in the chart is correct. You were born on May 23, 1986 and you have been living here for five years, is this correct?

Patient: Sí doctor. Es así. Hace solamente cinco años que llegamos a esta ciudad. Antes vivíamos en las afueras.

Doctor: Tell me if this is the first time that you have come to this hospital or have you ever been here before?

Patient: Vengo seguido al hospital por los niños, pero yo es la primera vez que me atiendo aquí porque nunca estuve enferma. La verdad que tengo bastante suerte porque nunca me enfermo.

Doctor: Even though you do not feel sick, you need to check yourself anyhow. How long has it been since you had your last gynecological check-up?

Patient: La última vez que me vio un doctor de las partes íntimas fue cuando nació mi niño más pequeño y eso fue hace cuatro años. Después no me atendí más. Lo que pasa doctor es que no tengo mucho tiempo porque con los tres niños y el trabajo se me pasan los días volando.

Doctor: And now, you came to see me because you are not feeling well or because you want to have a gynecological and breast check-up?

Patient: Vine porque este mes no me vino la regla y tengo miedo de estar embarazada.

Doctor: Do you usually have a regular menstrual cycle or are there occasions when your menstrual cycle is delayed? What I am trying to find out is whether or not this type of delay happens often or if it is common in you?

Patient: No, a mí siempre me viene a principio de mes, nunca me faltó. Sólo no me vino cuando me embarazé y ahora me di la inyección y tampoco me vino.

Doctor: Did you use any type of birth control or were you trying to get pregnant?

Patient: No, doctor. ¡Qué vamos a estar buscando si ya con tres apenas podemos mantenernos! Mi esposo se cuidaba…. se retiraba.

Doctor: Do you know that such a birth control method is not too safe? Now, tell me when did you have your last period and what type of symptoms are you currently feeling?

Patient: La última vez que me vino fue el tres de noviembre. Me acuerdo bien porque era el cumpleaños de uno de mis niños. Estaba bien hasta hace unos días que empecé a sentir asco y a la mañana no puedo comer nada porque vomito. Estoy con estas molestias desde hace una semana.

Doctor: Did you take any pregnancy test or did you just have the injection?

Patient: Solamente me di la inyección para ver si me venía pero hasta ahora no hay ninguna noticia.

Doctor: Were the three children born by natural birth or by a C-section? Did you ever have any miscarriage?

Patient: Los niños nacieron todos por parto natural. En el último ni puntos me dieron y nunca perdía ningún embarazo. Lo que sí es que siempre estoy con flujo.

Doctor: Ok, Mrs. Funes. The first thing I am going to do is to examine you and then I will request some test to ratify or rule out any pregnancy and if you are pregnant then I will ask for an ultrasound to check for how long you have been pregnant. Did you fast or did you eat anything?

Patient: No comí nada por las dudas que me tenga que hacer algún estudio. Doctor: ¿el resultado del análisis estará listo hoy?

Doctor: No, the test results will be available tomorrow. I am writing down here the time you are to come back tomorrow so that I discuss with you the results of your tests.

Patient: Mañana la vengo a ver, doctor. Espero que tenga buenas noticias para darme. Si no estoy embarazada le voy a pedir que me dé un método para cuidarme.

Doctor: Fine. But before I can discuss with you some alternative birth methods, you need to have routine tests, such as pap smear, colposcopy and a breast exam. See you tomorrow, Mrs. Funes.

Patient: Hasta mañana, doctor. Mañana vendré a verlo alrededor de las 9 de la mañana.

Sight Translation #4 (Spanish into English)

Case Study – Obstetrics

Obstetricia

Paciente de 30 años, gesta 2 para 1. Cursa gestación de 38 semanas, consulta a urgencia por contracciones uterinas cada 15 minutos y pérdida de líquido por genitales desde hace 1 hora.

La paciente cursó un embarazo normal, sin complicaciones. Controles de tensión arterial normales durante las 38 semanas.

Al examen se observa edema bilateral en miembros inferiores, signos vitales normales.

Se realiza monitoreo fetal el cual es normal.

Al examen pélvico se constata pérdida de líquido claro por genitales y dilatación cervical de 4 centímetros.

Con diagnóstico de trabajo de parto y bolsa rota, se decide internación.

Sight Translation #4 (English into Spanish)

Pediatric / Neonatal

Taking Care of Mom

BREAST CARE

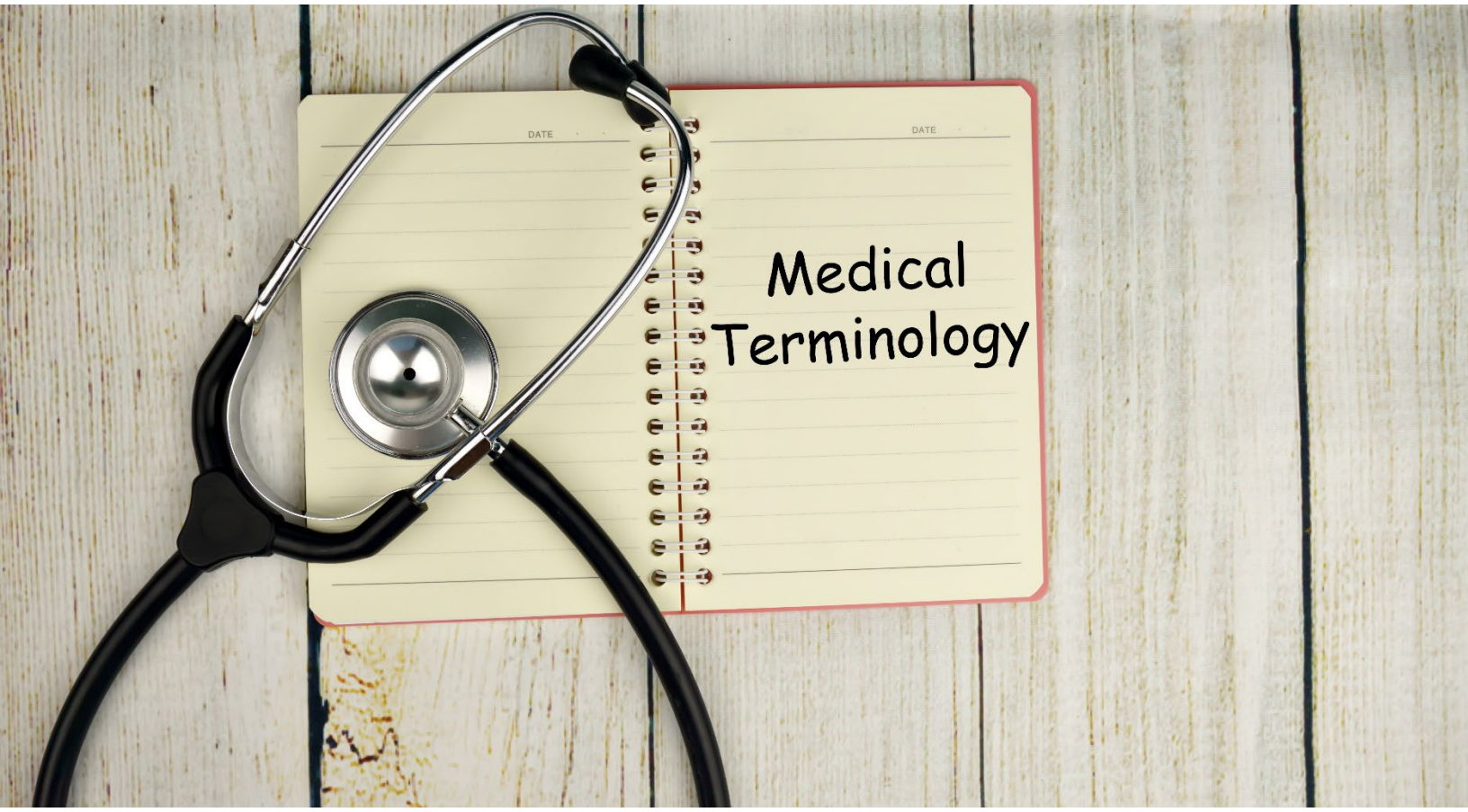
1. Most moms feel more comfortable if they put a bra on as soon as possible after delivery. Avoid under-wire bras when possible.
2. DO NOT wash the breasts or nipples with soap or alcohol. Use warm water ONLY.
3. Lanolin cream may be used on sore, dry, and cracked nipples but use VERY SPARINGLY and DO NOT USE if you are allergic to wool. REMEMBER, if you are nursing your baby, proper positioning at the breast will minimize this possible discomfort. Breast-feeding your baby is NOT supposed to hurt. If you continue to have discomfort, let your nurse know so we can help you.
4. FOR BREAST-FEEDING MOTHERS: You may experience a sensation of breast fullness around your 3-4th day after delivery. This is the time that your mature “milk comes in”. Nurse your baby frequently (every 1 ½ - 3 hours) to prevent becoming overly full (engorgement). Taking a WARM (not HOT) shower or using warm compresses to the breasts just before nursing will help to make the milk flow easier.
5. FOR MOTHERS OR ARTIFICIALLY FED INFANTS (Formula Feeding):

   You will also experience a sensation of breast fullness around the 3-4th day after delivery. Your body does not know yet that you not planning to breast-feed your baby. To minimize this discomfort, you

may place ice compresses over the breasts (over top of your clothes). Any form of breast stimulation will promote milk production.

AVOID: Any form of breast stimulation. HOT showers, or warm compresses to the breasts. DO NOT place the baby on your chest to hold or burp until your milk “dries up”. Place your baby over your shoulder or on your lap to burp.

Terminology Section



Obstetrics and Gynecology Terminology

Abdominal delivery: Nacimiento por vía abdominal.
Abortion (miscarriage): Aborto natural, “mal parto” (colloquial).
Abortion in progress: Aborto en curso.
☞ ***Aborto en curso***: Momento en que se está produciendo el aborto.
Abortion infectious: Aborto infeccioso.
☞***Aborto infeccioso***: El aborto que cursa con infección.
Abortion septic: Aborto séptico
☞ ***Aborto séptico***: El aborto que cursa con infección.
Abortion spontaneous: Aborto espontáneo.
☞ ***Aborto espontáneo***: El aborto que se produce naturalmente.
Abortion therapeutic: Aborto terapéutico.
☞ ***Aborto terapéutico***: El aborto que se produce por indicación médica.
Abruptio placentae: Abruptio placentae.
☞ ***Abruptio placentae***: Desprendimiento prematuro de la placenta.
Abstinence: Abstinencia.
Adenocarcinoma: Adenocarcinoma.
☞ ***Adenocarcinoma***: Tumor maligno del tejido glandular.
Adnexa: Anexos.
☞ ***Anexos***: Ovarios y trompas de Fallopio.
Afebrile Abortion: Aborto sin fiebre.
Algid: Álgido, doloroso.
Amenorrhea: Amenorrea.
☞ ***Amenorrea***: Ausencia del período menstrual (falta de menstruación
durante un período de al menos tres meses.
Amniocentesis: Amniocentesis.
☞ ***Amniocentesis***: Punción del líquido amniótico.
Amniotic: Amniótico.
☞ ***Amniótico***: Líquido amniótico que protege al feto.
Analgesia: Analgesia.
☞ ***Analgesia***: Quitar el dolor.
Anesthetic: Anestésico.

Ampullar abortion: Aborto tubario.
☞ ***Aborto tubario***: El que se produce a través de la trompa de Fallopio.
Adbominohysterectomy: Histerectomía abdominal.
☞ ***Histerectomía abdominal***: Cirugía para extirpar el útero.
Bag of water: Bolsa de aguas.
☞ ***Bolsa de aguas***: Es la bolsa que contiene al feto.
Breech presentation: Presentación de nalgas.
Belly: Abdomen, vientre, “panza” (colloquial).
Biopsy: Biopsia.
Birth canal: Canal del parto.
Birth control: Control de la natalidad.
Birth weight: Peso al nacer.
Birth certificate: Certificado de nacimiento.
Birth control method: Método para control de la natalidad.
Bladder: Vejiga.
Bleeding: Hemorragia, “sangramiento” (colloquial).
Born alive: Nacido vivo.
Breast: Mamas, “pecho” (colloquial).
Breastfeeding: Lactancia materna, “dar el pecho” (colloquial).
Breast pump: Bomba para senos, bomba para extraer la leche.
Buttocks: Nalgas, “asentaderas” (colloquial).
Cancer: Cancer.
Cesarean: Cesarea.
Cervix: Cervix, cuello del útero, cuello de la matriz. (see figure 1.1)
Chemoteraphy: Quimoterapia.
Childbearing: Gestación, embarazo.
Childbirth: Parto, nacimiento.
Climaterium: Climaterio, menopausia, “cambio de vida” (colloquial).
Coccyx: Cóccix, “rabadilla” (colloquial).
Colostrum: Calostro.
☞ ***Calostro***: Primeras secreciones de leche de la glándula mamaria.
Colposcopy: Colposcopía.
☞ ***Colposcopía***: Estudio que se realiza al cervix. (see figure 1.1)

Contraceptive: Contraceptivo.
Contraction: Contracción.
Cravings: Antojos.
Curettage: Curetaje
☞ ***Curetaje***: Raspado de una superficie, como la superficie del útero.
Cystitis: Cistitis.
☞ ***Cistitis***: Inflamación de la vejiga.
Diaper-urine test (PKU): Fenilcetonuria.
☞ ***Fenilcetonuria***: Análisis de orina que se le realiza al recién nacido.
Discharge: Flujo, exudado, "descarga" (colloquial).
Douche: Ducha vaginal.
Dry labor: Parto seco.
☞ ***Parto seco***: Cuando las bolsa de las aguas se rompe antes del parto.
Due day: Fecha estimada de parto, "fecha en la que se alivia" (colloquial).
Eclampsia: Eclampsia.
☞ ***Eclampsia***: Complicación del embarazo por hipertensión arterial.
Ectopic pregnancy: Embarazo ectópico.
☞ ***Embarazo ectópico***: Embarazo que se produce fuera del útero.
Emergency contraception pill: Píldora contraceptiva de emergencia.
☞ ***Píldora contraceptiva de emergencia***: Píldora que se toma después de una relación sexual sin protección.
Embryo: Embrión.
Endometritis: Endometritis.
☞ ***Endometritis***: Infección del endometrio (see figure 1.1).
Epidural: Epidural.
☞ ***Epidura***l: Anestesia en la columna vertebral para dormir la parte inferior del cuerpo.

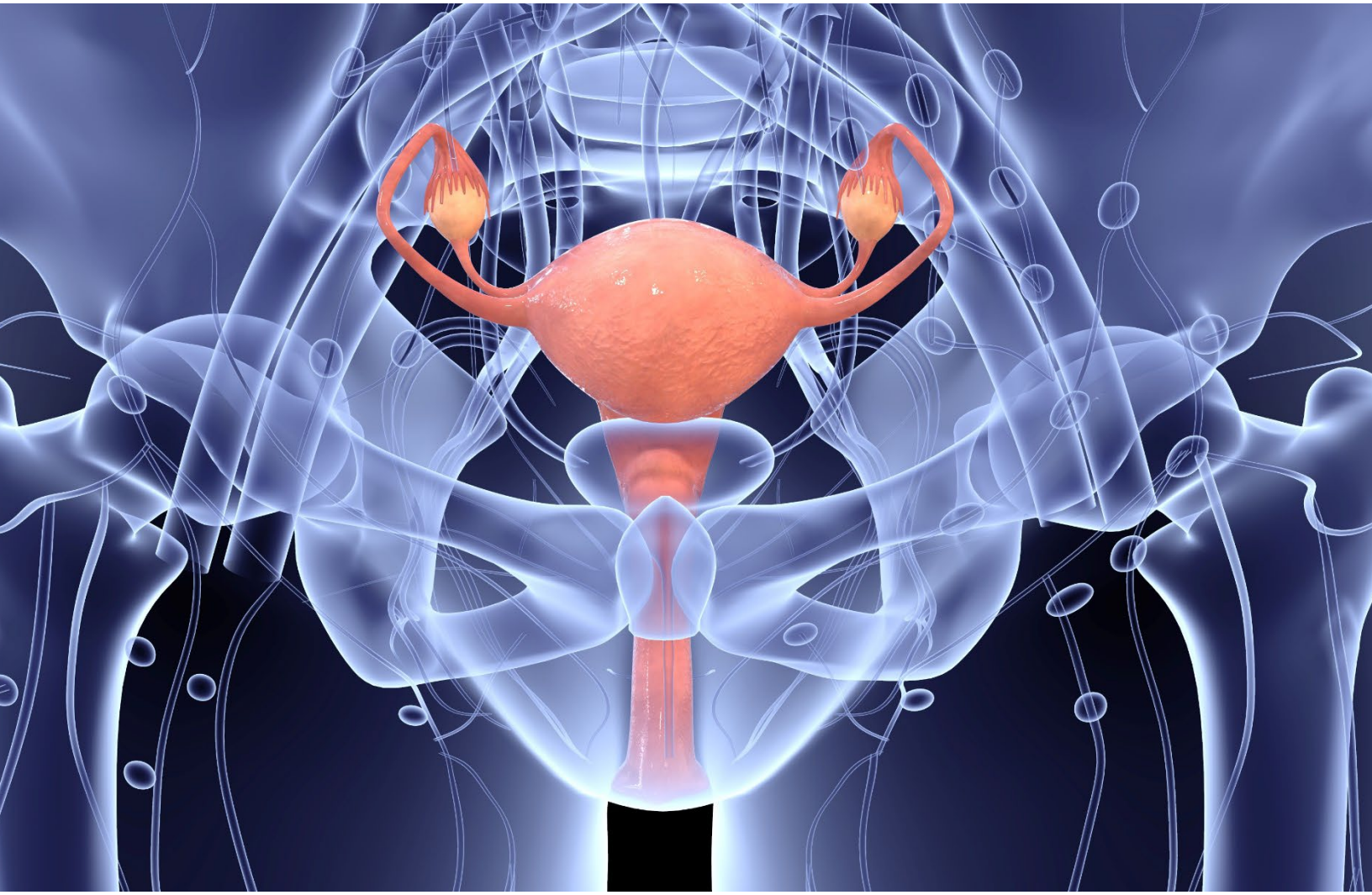
Episiotomy: Episitomía.
☞ ***Episiotomía***: Corte que se realiza para facilitar la salida de la cabeza del bebé en el momento del parto.

Expulsion: Expulsión.
Family planning: Planificación familiar.
False labor: Parto falso.
☞ ***Parto falso***: Cuando la paciente siente contracción pero aún no es el momento del parto.
Fetal distress: Sufrimiento fetal.
Fetal monitoring: Monitoreo fetal.
☞ ***Monitoreo fetal***: Procedimiento para registrar los latidos fetales.
Fetus: Feto.
Fibroma: Fibroma.
☞ ***Fibroma***: Tumor benigno del útero.
Folic acid: Ácido fólico.
Fontanel: Fontanela, “mollera” (colloquial).
Full term pregnancy: Embarazo a término.
☞ ***Embarazo a término***: El embarazo que ha cumplido las cuarenta semanas de gestación.

Reference Material

Slides used by Dr. Sansó during her Presentation

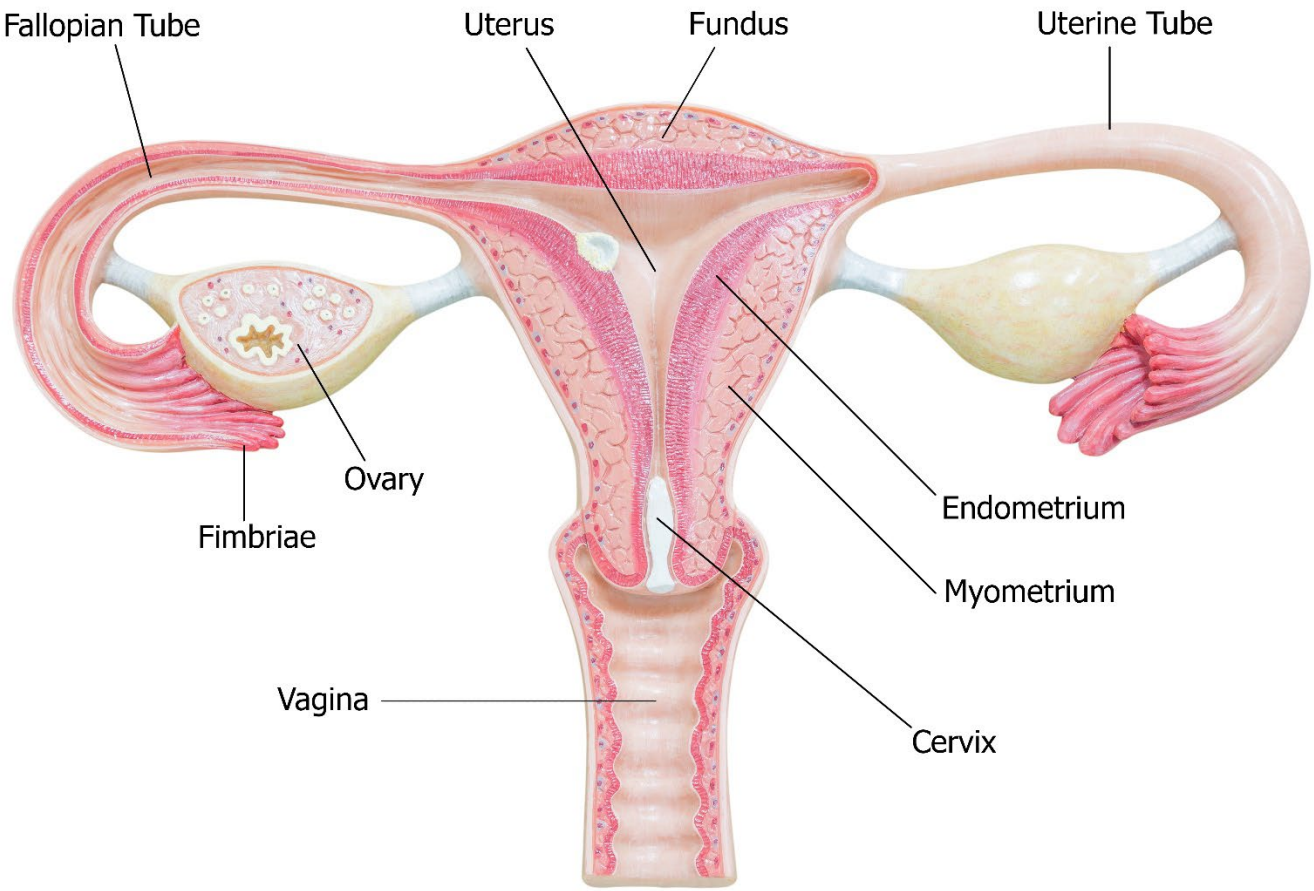
Female Reproductive System



Definition

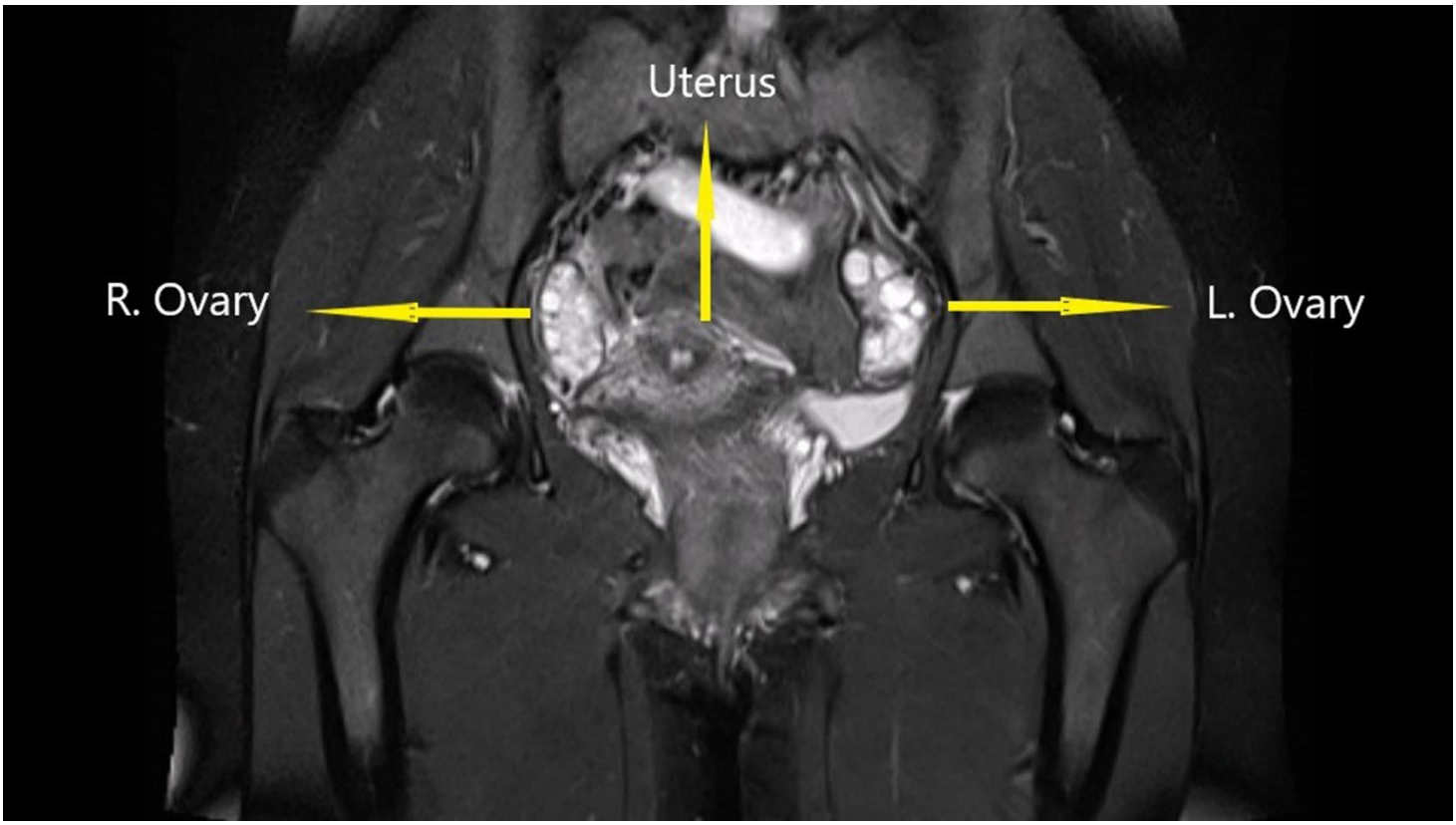
The primary female reproductive organs, or gonads, are the two ovaries. Each ovary is a solid, ovoid structure about the size of an almond, about 3.5 cm in length, 2 cm wide, and 1 cm thick. The ovaries are located in shallow depressions, called ovarian fossae, one on each side of the uterus, in the lateral walls of the pelvic cavity. There are two uterine tubes, also called Fallopian tubes or oviducts. There is one tube associated with each ovary. The end of the tube near the ovary expands to form a funnel-shaped infundibulum, which is surrounded by fingerlike extensions called fimbriae (see figure 1 below). At the time of ovulation, the fimbriae increase their activity. The uterus is a muscular organ that received the fertilized ovule (oocyte) and provides an appropriate environment for the developing fetus. Before the first pregnancy, the uterus is about the size and shape of a pear, with the narrow portion directly inferiorly. After childbirth, the uterus is usually large, then regresses after menopause. The vagina is a fibromuscular tube, about 10 cm long, that extends from the cervix of the uterus to the outside. It is located between the rectum and the urinary bladder.

The mammary glands are functionally related to the reproductive system. This is because they produce milk for the nourishment of offspring. The mammary glands are enclosed within the breasts and are anterior to the pectoralis major muscles. Adipose tissue surrounds the glandular tissue. The glands produce milk after pregnancy. Milk formation is controlled by hormones.



Spanish Translations

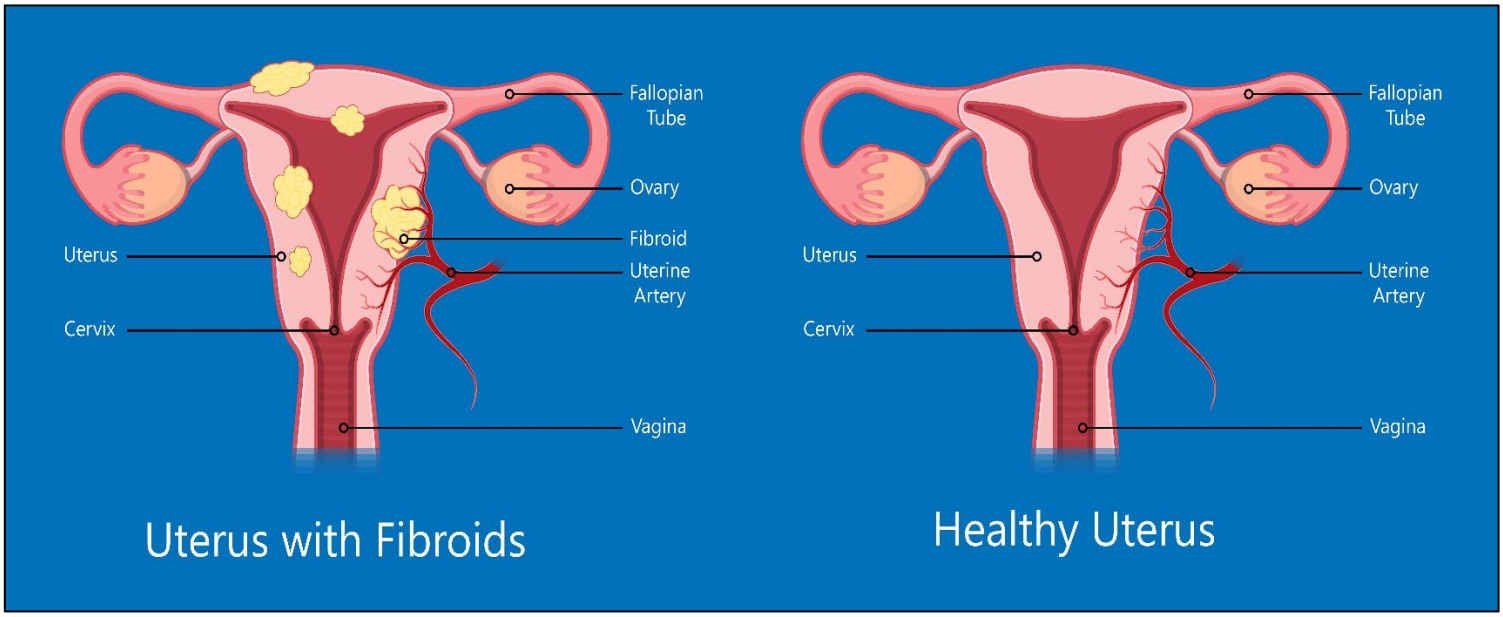
Cervix: Cervix.
Endometrium: Endometrio.
Fallopian tube: Trompa de Fallopio.
Fimbriae: Fimbria.
Fondus: Fondo.
Myometrium: Miometrio.
Ovary: Ovario.
Uterine tube: Trompa uterine.
Uterus: Útero.
Vagina: Vagina.



Spanish Translations

Left Ovary: Ovario izquierdo
Right Ovary: Ovario derecho
Uterus: Utero

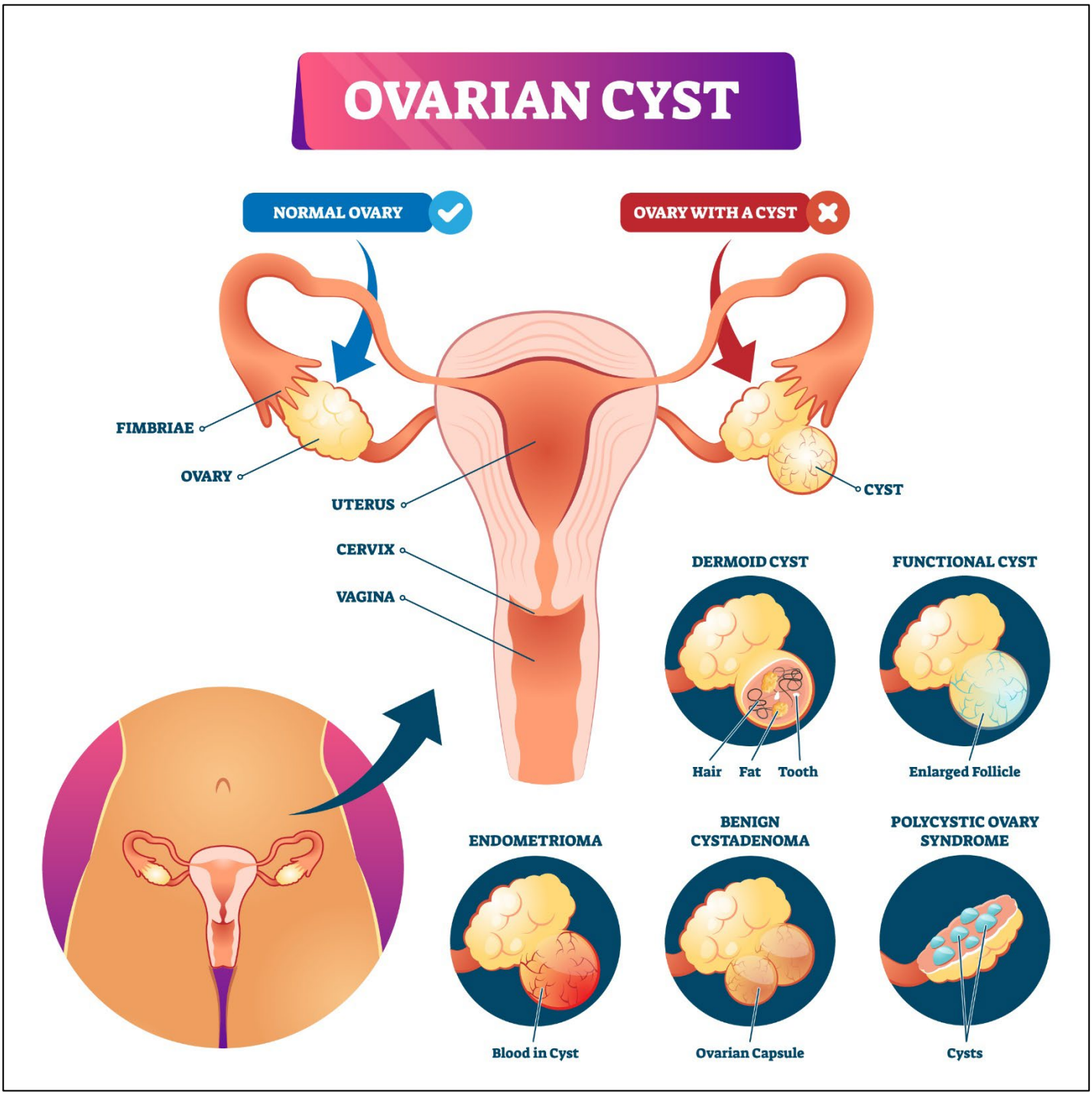
Uterus with Fibroid



Spanish Translations (Uterus with Fibroid)

Cervix: Cervix**.**
Fallopian Tube: Trompa de Fallopio.
Fibroids: Fibroma, mioma.
Healthy Uterus: Útero sano.
Ovary: Ovario.
Uterine artery: Arteria Uterina.
Uterus: Útero.
Uterus with fibroids: Útero con fibromas.
Vagina: Vagina.

Ovarian Cyst

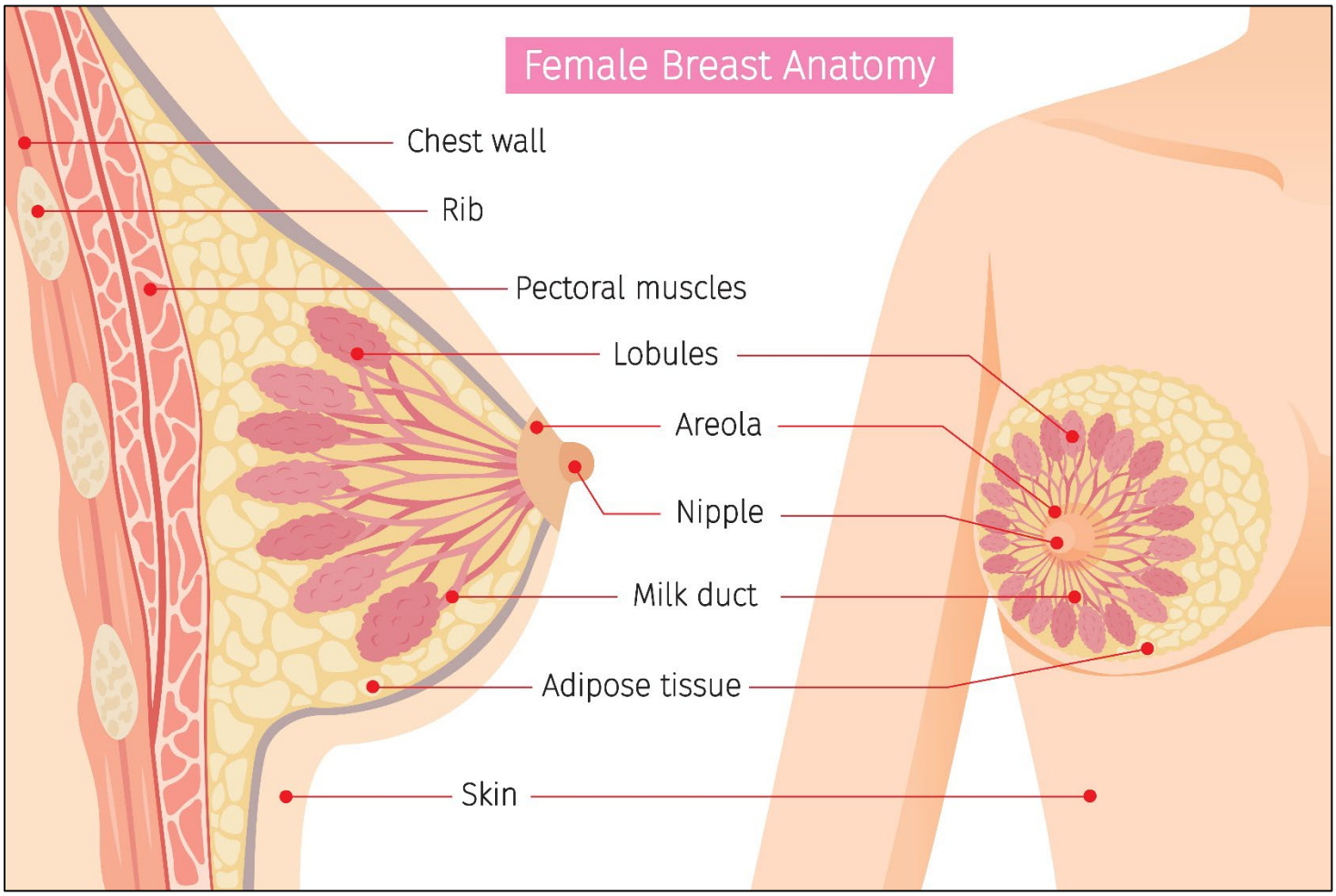


Spanish Translations (Ovarian Cyst)

Benign Cystadenoma: Cistoadenoma benigno.
Blood in the cyst: Sangre en el quiste.
Cervix: Cervix.
Cyst: Quiste.
Dermoid cyst: Quiste dermoide.
Endometrioma: Endometrioma.
Enlarged follicle: Folículo agrandado.
Fat: Grasa.
Fimbriae: Fimbria.
Functional cyst: Quiste funcional.
Hair: Pelo.
Normal ovary: Ovario normal
Ovarian Capsule: Cápsula del ovario.
Ovary: Ovario.
Ovary with a cyst: Ovario con un quiste.
Polycystic ovary sindrome: Síndrome de ovario poliquístico.
Tooth: Diente
Uterus: Útero.
Vagina: Vagina.

Breast Female Anatomy

Anatomy of the Female Breast

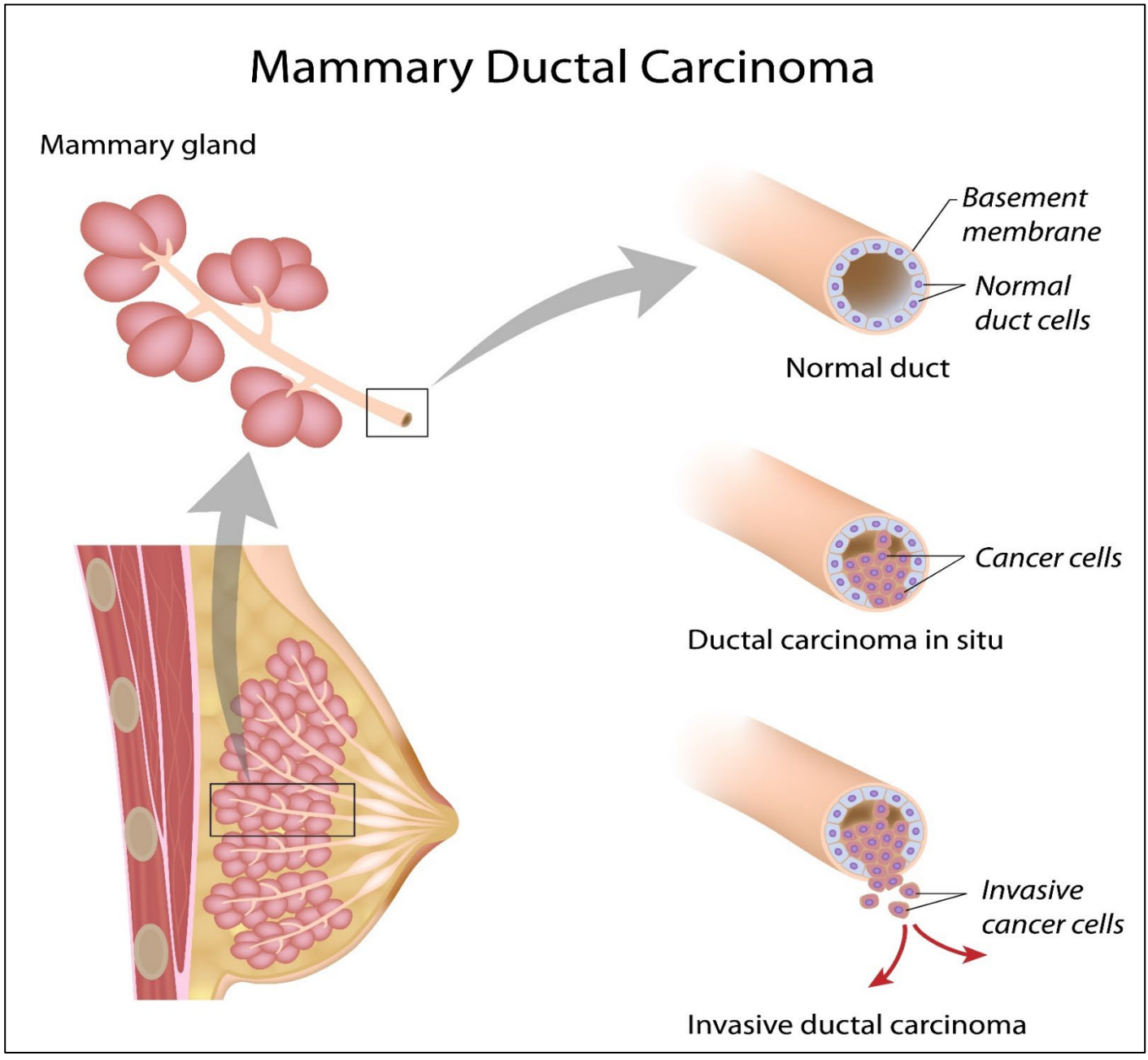


Spanish Translations (Female Breast Anatomy)

Adipose tissue: Tejido adipose.
Areola: Areola.
Chest Wall: Pared torácica.
Female breast anatomy:
Lobules: Lobulillo.
Milk duct: Conducto lácteo.
Nipples: Pezón.
Pectoral muscle: Músculo Pectoral.

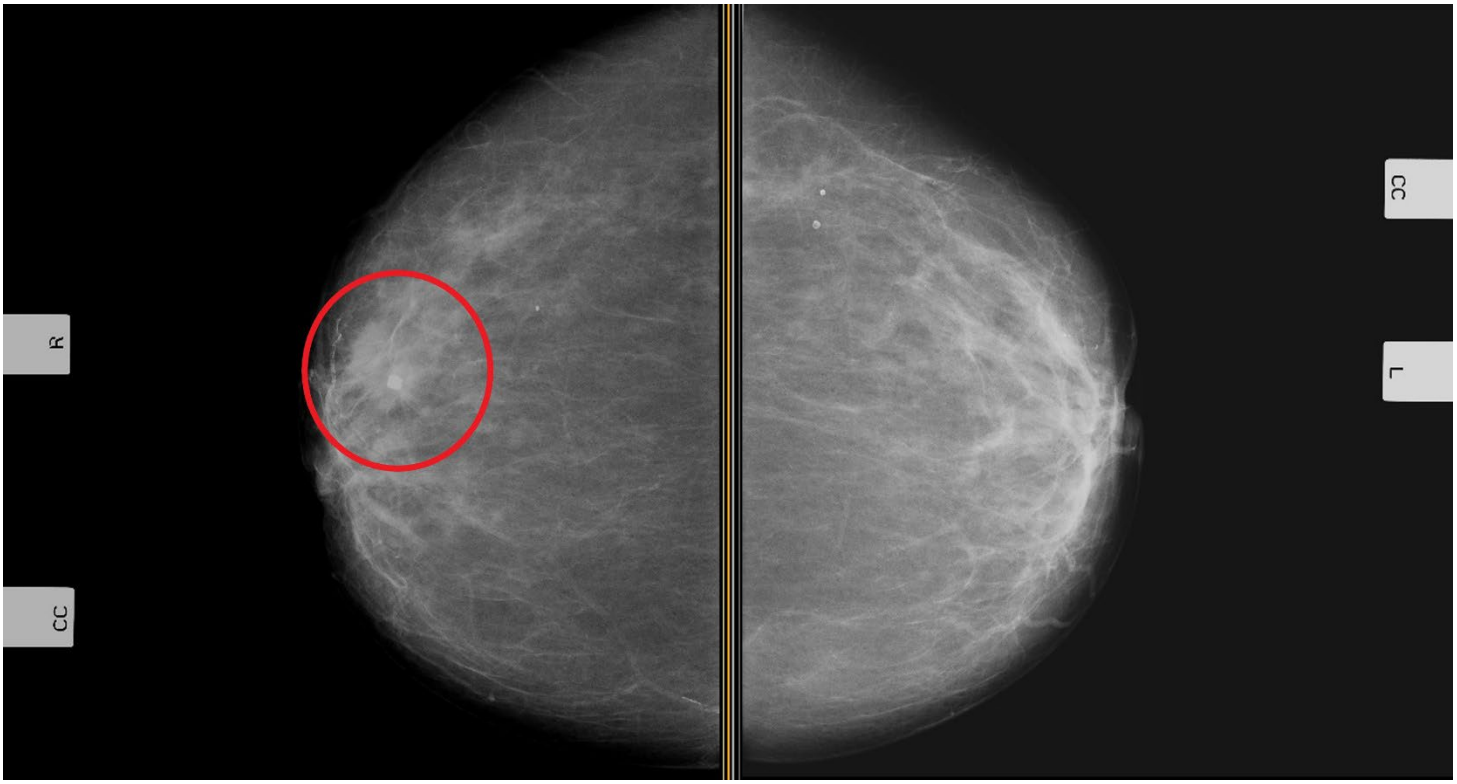
Rib: Costilla.
Skin: Piel

Mammary Ductal Carcinoma



Spanish Translations (Mammary Ductal Carcinoma)

Basement membrane: Membrana basal
Cancer cells: Células cancerigenas
Ductal carcinoma in situ : Carcinoma ductal in situ
Invasive cancer cells: Células cancerosas invasivas
Invasive ductal carcinoma: Carcinoma ductal infiltrante
Mammary gland: Glandula mamaria
Normal duct cells: Células ductales normales



Introduction to Medical Interpretation I

Chapter 11

Second Live Assessment

NOTE: This is the week where you will be taking the second live assessment. There is no material or homework assigned for this lecture.

You should have scheduled the second assessment already. If you have not yet, please do so as soon as possible.

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