Filozofická fakulta Univerzity Palackého

Katedra anglistiky a amerikanistiky

Community interpreting at medical centres

(Bakalářská práce)

2014 **Karolína Kupková**

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Komunitní tlumočení ve zdravotnických zařízeních

(Bakalářská práce)

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Prohlašuji, že jsem tuto bakalářskou práci vypracovala samostatně a uvedla úplný seznam citované a použité literatury.

V Olomouci dne …………………… *Karolína Kupková*

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V Olomouci dne 11. 12. 2014 Karolína Kupková

Seznam zkratek

ATIA	Association of Translators and Interpreters of Alberta
META	Sdružení pro příležitosti mladých migrantů
JCI	Joint Commission International
FNO	Fakultní nemocnice Ostrava
CZK	Czech crowns (currency)

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1. Structure of the thesis and its main objectives

This thesis explores how hospitals provide interpreting services to their patients, and how medical interpreting is performed. Above all I am concerned with the comparison between theory and the actual practice as described by two medical interpreters from Ostrava and Prague, respectively.

Firstly I plan to describe general features of community interpreting because medical interpreting can be categorized as a type of community interpreting. Secondly I plan to describe specifics of medical interpreting and how it is different from other types of community interpreting regarding where the interpreting takes place, what kind of interpreting is used more frequently – simultaneous or consecutive, and what other specifics of medical interpreting should the interpreter take into account, e.g. the patient's mental state, the sensitivity of the topic. In the end, I will point out briefly how it is possible to assess quality of the interpreting and how this quality assessment would be applicable for hospitals. At my last point about quality assessment I will take into account practical aspect of the quality assessment for hospitals. My main aim is to describe medical interpreting, point out its specifics and to describe actual practice at hospital and to compare experiences of medical interpreters from different hospitals. The thesis should serve as a source for other works describing how hospitals provide medical interpreting. Since I only had a chance to work with staff of one of the hospitals in Ostrava, there is a possibility to write a similarly constructed work with a focus on other hospital in a different city and then to compare that hospital's policy regarding medical interpreting with the hospital's policy at Ostrava. For others, this thesis should serve as a basic source of information about medical interpreting; for potential medical interpreters the thesis may become a source of information concerning the actual practice of medical interpreting, including its financial aspects.

2. Categorization of medical interpreting

2.1. Medical interpreting as a type of community interpreting

Medical interpreting can be categorized as a type of community interpreting. In the following chapters I will point out what characteristics of community interpreting are common for all types of community interpreting and then I will point out what is specific for medical interpreting as a type of community interpreting.

2.1.1. Community interpreting

Generally, community interpreting is considered to be the oldest and most common type of interpreting. Community interpreters work in a specific environment, often dealing with issues quite private for their clients. The environments in which the community interpreters may work include a courtroom, police station, doctor's office, jail, social worker's office and others. Community interpreters work with their clients usually in private matters. Although the community interpreting is less lucrative than business interpreting, it is more socially oriented. Since the interpreters often work in delicate matters, the quality of their performance must be assured by following a strict code of ethics. This code of ethics can be found on the Association of Translators and Interpreters of Alberta (ATIA) website[1] (Hale 2007, 9). The vastness of a responsibility of the community interpreters is determined by the range of environments in which community interpreters work. It is a necessity for the clients to clearly understand what is being told. The work of community interpreters commonly does not only include transfer of the speech but also it includes work as a "cultural mediator". The clients literally rely on the interpreter's work, which should be complex, and the consequences of an inaccurate interpreting could be damaging:

[1] http://www.atia.ab.ca/ethics.htm

> The demands placed on the community interpreter are high, yet there are no consistent standards for their practice or any formal requirement for adequate training around the world, as the job of the community interpreter continues to be misunderstood and undermined by many. (Hale 2007, 26)

2.1.2. Specifics of community interpreting

As Bale states, Community interpreters interpret for participants of differing status, but are normally identified with migrant or refugee, who tends to be a powerless participant. Some argue, that the "community" term incorporates also common terms used when defining community interpreting – terms as service, social. Community interpreting is somehow being look down to among the interpreters´ community, since this type of interpreting has no clear structure and has a strong social associations. It is often up to the interpreter to set clear boundaries. It depends on the interpreter, if he or she is willing to help the client in the unfamiliar environment, walk him or her to the office, and help him or her fill in the questionnaires. No official education is required for community interpreters in the Czech Republic (some clients ask their relatives or friends to interpret for them), which might lead to the inaccurate translation and confusion. But common practice is that official institutions ask for professional interpreters. However, insufficient education may cause lack of the professional identity and this might lead to misunderstanding and underestimation of the difficult task. The lack of professional identity is also connected with sometimes occurring financial undervaluation of the work. Accurate transfer of the speech is the key element but it is also important for the interpreter to work with the client – to keep in mind that the client is in the unfamiliar environment and he or she might feel insecure and even the tiniest details must be explained.

2.2. Classification of different types of interpreting

A general lack of consensus over the term "community interpreting" and its unclear definition has lead to the re-evaluation of the classification of different types of interpreting (Hale 2007, 27). "Gentile and Roberts (1997, 109-118) argue against classification, advocating the single term 'Interpreting' to avoid divisiveness." (ibid.)

On the other hand, Mikkelson (1996, 126) points out that, different branches of the interpreting profession have tried to distance themselves from the other ones – business interpreters from community interpreters, court interpreters from conference interpreters. Classifications and labels do exist and will probably never cease to exist (Hale 2007, 27). It is only a matter of speculation if this will lead to creation of stronger bonds and professional identity between the interpreters of the same branch or if the rivalry between the branches will prevail. Mikkelson tends to have strong opinions about community interpreting and we might assume it is because she comes from the environment where the community has a stronger tradition. She works at the USA, where is overall number of minorities higher than in the Czech Republic.

2.2.1. Classification of community interpreting

The classification in terms of the topic of the interpreting is not the only one. However, it is troublesome to define community interpreting in terms of mode. It is possible to differentiate between consecutive and simultaneous interpreting and in the case of community interpreting we might assume that simultaneous interpreting with side notes will be used most frequently. The term "community interpreting" itself is seen differently around the world (Hale 2007, 28).

Dueñas-González defines the term "community interpreting" as unpaid interpreting performed by volunteers (Dueñas-González et al. 1991). In some cases the term refers to the health and welfare sectors only (Pöchhacker 1999, 125) and in other cases the term includes all types of interpreting other than conference interpreting (Roberts 1997, 127). In countries such as Denmark, they are still struggling to find an appropriate term (Hale 2007, 28).

In Australia the term refers specifically to the interpreting which takes place among the members of the country's community.

Conference interpreting is defined in opposition to the community interpreting, as the interpreting which takes place between delegates from different countries in a conference setting (Hale 2007, 30).

Harris uses the term "liaison" or "escort" interpreting but he uses the term only when he refers to interpreting performed while accompanying formal visitors (1983, 5). Gentile and colleagues define the term in the matter of language activity target (Gentile et al. 1996, 17).

2.2.2. Problematic definitions of community interpreting

"Pöchhacker (1999, 126-7) defines community interpreting in relation to the setting, placing it in the realm of institutional, public service settings." (Hale 2007, 29). However, Hale further argues, that excludes interpreting in the other settings such as damages cases, private doctor's consultations, interviews with bank managers. She also notes that community interpreters rarely refer to themselves as "community interpreters" and the interpreters use the term "community interpreting" inconsistently. They rather refer to themselves as interpreters working in different contexts which are further specified – for example medical interpreters, court interpreters. Two main branches of community interpreting, medical interpreting and legal interpreting, can be distinguished but Hale remarks that there are more types of interpreting which take place in context which do not fit into these two categories but still are considered to be part of community interpreting. She gives examples of interpreting in the context of welfare, immigration, education (Hale 2007, 30).

2.3. Comparison between community interpreting and other types of interpreting

2.3.1. Comparison between community and conference interpreting

Some features of community interpreting around the world are similar. On the other hand those features of community interpreting are different from other types of interpreting, for example conference interpreting. It includes the physical proximity between the interpreter and the client; an information gap between the clients; the necessity to interpret into both language directions; possible different status between the clients; the interpreter often works alone, not as a part of a team.

These features suggest that the interpreter should be enough flexible to adapt to any situation. For example, community interpreting requires a different level of

formality than conference interpreting. The community interpreter should adjust his or hers register appropriately to the situation – to the environment in which he or she is doing the interpreting, to the clients for whom he or she is doing the interpreting. The community interpreter might use a formal register while interpreting at the courtroom; however even at the courtroom the interpreter might use semi-formal or informal register when interpreting the defendant who may use many expletives. The similar situation might occur at the doctor's, in the examination room.

Physicians often use semi-formal register, phrases which they ask every patient and which they use to maintain formal distance from the patient. The patient may be agitated, nervous, scared, feel insecure and use corresponding register – informal, including local vocabulary, using stronger accent, maybe expletives. Interpreter's task is to adapt to the situation, to remain professional even in tense situations. Since this situation requires certain level of mediation from the interpreter, it might be appropriate to lay down some boundaries, for example, how much can the interpreter intervene. Based on the experience of actual interpreters, medical interpreter is not only an interpreter, but a cultural mediator.

2.3.2. Specifics of community interpreting compared to conference interpreting

Community interpreting has its own specifics. In the chart which compares community interpreting and conference interpreting (Hale 2007, 32), community interpreting is bidirectional, the interpreter works in a close proximity with the clients, community interpreting has a wide range of registers, which vary from very formal to informal; the community interpreter usually works solo, but required accuracy is high and the interpreter often works with clients of differing status. The demand on the accuracy is high, because the outcome of inaccurate interpreting could be damaging and there is no chance to verify the accuracy of the interpreting. The manner of interpreting is as important as the content of interpreting.

3. Generally on medical interpreting

Medical interpreting is the topic of my thesis because even though it is described elaborately in context of foreign countries (for example Canada), medical interpreting is still a marginal topic in the Czech Republic and I wanted to explore why it is a marginal topic. Since medical interpreting is not common in the Czech Republic, I also wanted to examine and describe how medical interpreting is performed in actual practice and how the practice can be compared with a theory. Medical interpreting takes place at hospitals, clinics and other health care facilities and it allows foreign patients to communicate with their physicians.

Medical interpreting may be considered as a part of the community interpreting. It means that medical interpreting has community interpreting' specifics, as listed above. Required accuracy from the interpreter is one of the highest since the client's health might be at stake. One of the interpreter's responsibilities is not only to achieve appropriate language skills, but also to achieve sufficient understanding of a specific environment in which they are (or will) be working. One of the key elements is the cooperation between the interpreter and the physician.

It is necessary for the physician to understand complexity and importance of the interpreter's task, which is not only to interpret between the languages, but also to help the patient understand in the wider sense. The patients need to understand all the formalities (why they need to pay the thirty crowns fee in the hospital, what type of form they are signing and with what they are agreeing and what it needs to be done – who to contact in a case of emergency and any other necessities).

Moreover, they also need to understand basic procedures – the cultural differences might emerge in the simple case of entering the examination room. Native Czechs are accustomed to entering the examination room without invitation, or with just a single call. On the other hand, members of other cultures, for example Asian, might wait for the physician to come to them and

invite them to enter the examination room or to accompany them inside the examination room. The interpreter's task is to bring the cultures closer and help the patient assimilate to the country of residence's culture. The interpreter should be aware of this complex and challenging task and he or she should cooperate with the physician. However, the interpreter should not excessively interfere in the communication and he or she should at any circumstances respect the physician and his or hers expertise.

> Professional interpreters have a responsibility to acquire the necessary language and interpreting skills, to gain an understanding of the settings in which they work and their requirements, of the purposes for which language is used in each of these settings, and to abide by a code of ethics. (Hale 2007, 35)

The required accuracy is high and inaccuracy, rudeness, and misunderstanding should be prevented. Mistakes often happen because of tiredness, underestimation of the situation, incorrect time plan and lack of preparation. Nevertheless, here the theory and practice part ways. A confident interpreter is a key element for successful language transfer.

The confident interpreter realizes that all participants understand the process of language transfer and everything which comes along, for example appropriate timing of the breaks, usage of a first person speech, setting of the room (if the physician faces computer rather than patient). However, it is still not clear enough if qualified medical interpreters are more efficient at their jobs or if the family of the patient will do the job of the same quality. Hale underlines that medical interpreting takes place in medical settings including private practice, hospital settings and even consultations with other health care professionals – speech pathologists, dieticians and physiotherapists (Hale 2007, 36). Nevertheless, the research of medical communication has mostly been focused on physician – patient interaction (Candlin and Candlin 2003, 134).

In the thesis I have decided to use the term "medical interpreting" but it is also possible to use the term "health care interpreting".

4. Specifics of medical interpreting

Medical interpreting allows the patient to communicate with his or her physician. It takes place in hospitals and clinics and its main aim is to provide the patient full comprehension of the information said by the physician. As such, medical interpreting has its specifics.

It would be quite reasonable for the medical interpreters to further educate themselves since there is no clear agreement on their education but their medical knowledge and understanding of the discourse is essential. Understanding the medical discourse, insight to the field of study from the medical interpreter is vital for the efficient communication between the patient and the physician, which is necessary. This is one of the efforts which the medical interpreter should make to make his or hers performance of a better quality. So we might conclude that not only university education would be an important aspect when trying to improve one's performance but also a further study of the field of specialization is equally important. Understanding of the health care system and basic medical education is crucial when the physician is questioning the patient and the interpreter should be able to provide full language transfer. Focus on detail is inevitable in this case. It is also essential that the communication and cooperation between the physician and the interpreter take place on a daily basis.

Cooperation between the physician and interpreter throughout the entire communication must be realized for the sake of the patient's health. Mutual respect for each other's professional performance should be always in the minds of the physician and interpreter so that they would be able to pick up even slightest details in the patient's answers and work as efficiently as possible.

Obviously there are no rules how should the physician question the patient, thus the interpreter should be able to react promptly on the change of questioning style. The physicians do not ask these questions only to investigate patient's condition but also to seek confirmation of their diagnosis and to

comfort the patient (he or she might feel more included in the decision making thanks to these questions). During this type of conversation the physician and a patient are almost equal – they are having a dialogue, where the focus is on the patient's answers. However the dialog is not balanced since most of the patients only answer physicians' questions and mostly do not ask any questions themselves.

5. Medical interpreting at Fakultní nemocnice Ostrava

I was able to access the documentation of Fakultní nemocnice Ostrava (FNO), which allowed me to gain some insight into the hospital's use and need for medical interpreting services. These are dealt with in this chapter.

5.1. Numbers of foreign patients at FNO

In numbers, in the 2010 the number of foreigners who were treated in FNO was 289 patients and only 8 of them were native English speakers (the number of patients from USA was not specified). The overall number of foreign patients was only a 0.69 % from overall 41.378 patients treated at FNO[2]. In 2011 a similar situation took place. The numbers do not differ too much. The number of foreign patients who were treated at FNO was 276. Only five of them were native English speakers, all of them from Great Britain. The number of patients from the USA was not specified. The total number of foreign patients treated at FNO amounted to 0.65 % from overall 42.442 patients[3]. There are no distinct fluctuations in 2012 and 2013. In 2012 the number of foreign patients was 269 which is 0.61 % from overall 44.136 patients treated at FNO with only 8 native English speakers including one person from the USA[4]. In 2013 the number of foreign patients treated at FNO was 272 which is 0.62 % from total of 43.913 patients treated at FNO including 9 British citizens (the number of patients from USA was not specified)[5].

The annual number of foreign patients treated at FNO is between 0.60 % and 0.70 % each year. Judging by these numbers which are quite small, it is only logical that expenses on the medical interpreting are quite low and do not play any significant role in the budget. This was confirmed by Ing. Patrik Kapias, manager of the Quality Management Department[6].

[2] Appendix 1
[3] Appendix 2
[4] Appendix 3
[5] Appendix 4
[6] Vedoucí oddělení řízení kvality

Mr Hynčica commented on these numbers by stating that most of the cases were ambulant patients. The ambulant patients were mostly Erasmus students who were not native English speakers but it was possible for Mr Hynčica to communicate with them by using simple English.

5.2. Instructions on how to provide interpreting at FNO

If interpreting services are needed, hospital staff will provide an interpreter for any foreign patient. The first choice is to provide an interpreter who is an employee of the hospital. These staff interpreters will be issued a contract to perform work[7]. If there is no staff member who can provide interpreting services, which happens mostly in cases of exotic languages such as Persian, Arabic dialects, Hebrew; an agency which provides language services will be contacted. In this case Skřivánek agency is the language services provider for FNO. If the patient admitted to the hospital has a planned, for example, surgical intervention and has no insurance and pays for his or hers intervention by himself/herself, he or she will be also paying for the interpreting services. If the patient has a proper insurance or has an urgent medical problem, the hospital bears the responsibility for the medical interpreting expenses[8].

5.3. Actual practice at FNO

Mr Hynčica on the other hand describes the actual practice quite differently. The hospital documents differentiate between urgent and ambulant cases. Urgent cases have their expenses covered even for the medical interpreting and it does not matter if the patient's insurance is valid or not. In the second case, if the patient is not insured, and the hospital has an international insurance contract with the patient's country of origin, the hospital will pay for patient's expenses, including expenses for medical interpreting. This is often the case of Erasmus students, who are state scholarship holders. If the patient is not insured and there is no international contract, patient's embassy will be contacted and the conditions of covering the expenses will be further discussed (but this would be a rare case, for example of refugees without any financial

[7] Dohoda o pracovní činnosti
[8] Appendix 5

means). Finally, third possibility is the case when the patients who have no insurance are admitted to the hospital for a planned intervention. In this case, the patient will pay for himself/herself according to the price list issued by the hospital staff. The price list is issued by the Ministry of Health of the Czech Republic in the case of hospitals funded by the state. In the case of private clinics the owner or the management board issue the price list by themselves. The patients pay for themselves in the case of cosmetic surgeries and interventions. However these patients in most cases bring their own interpreter with them. This type of patients is rare and they mostly pay in cash for their interventions but still they must be taken into account since FNO has an international certificate which proves that the hospital's system and policies are in accordance with the JCI standards[9]. It is worth mentioning because this international certificate attracts wealthy patients interested in expensive but not urgent surgeries, mostly cosmetic ones.

5.4. Patients at FNO

Some of the patients, and these cases were specifically mentioned by Mr Kapias, are patients who need surgical interventions such as hip joint replacement. Patients who need this type of surgical intervention and are from abroad are the ones, who usually pay in cash, bring their interpreter with them and still save money, because undergoing this process of having a surgery in a foreign country (in our case the Czech Republic) is cheaper than having it done in their country of origin. What is important, this type of patients chooses FNO based on their references and thanks to the international certificate.

Mr Hynčica comments that most prevalent patients are Erasmus students who are admitted to the hospital without making an appointment ahead. These students are in the Czech Republic as state scholarship holders. That means their medical expenses including expenses for medical interpreting services are covered by the state. They often come by themselves and have minor problems, for example cold, stomach ache and others. These students come to the

[9] Joint Commission International Accreditation Standards for Hospitals

reception office where the hospital staff contacts an employee of FNO who is listed as the staff interpreter[10].

5.5. Patients and practice

The hospital's employees at first call Mr Hynčica, who either does the interpreting over the phone or immediately leaves his office and arrives to the reception office with at most fifteen minutes delay. He says that interpreting over the phone is for him almost impossible to perform so he usually leaves his office for the interpreting task, since it is easier even with the time it takes for him to arrive to the reception office – quicker. At the reception office he talks to the patient, discovers what the patient needs and why he or she came. Then he can quickly and efficiently resolve this situation by accompanying the patient to the specific hospital's ward or at least help him/her to navigate through the hospital. Choosing between these two options depends on the time the interpreter has and on the helpfulness of the other hospital's employees. Mr Hynčica points out that generally these patients have no major health problems.

The physicians sometimes are not willing to help these students because their problems are minor comparing to the daily problems the physicians are dealing with in their offices. However, the Erasmus students mostly rely on hospital care since they have no insurance or financial means for covering their expenses in the physician's private offices. If the physicians are lacking professional willingness to help, they try to shift the responsibility for the foreign patient onto some other physician. Mr Hynčica says in this type of situation he tries to convince the physicians to help the patients immediately. Since this kind of patients has mostly minor problems which could be solved by simply issuing a prescription for common medication, it would be reasonable for almost any physician to issue one.

Mr Hynčica is always expected to interpret basic information which every single foreign patient needs – he must explain to the patients why and how they need to pay thirty or ninety crowns hospital's fee; he must interpret for them

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[10] Appendix 5

basic questions asked by the physicians. He must help the patients navigate themselves through the hospital. Those are basic interpreter's tasks at FNO.

The physicians are generally fairly self-confident when it comes to medical terminology in English but they are not capable of using simple English to communicate with their patients;

When Mr. Hynčica was asked about his satisfaction concerning this work, he said he was very happy with the tasks required from him and even though it is somehow difficult to navigate the patients through hospital's bureaucracy and ensure a proper treatment for them, he always provides the patients with his private phone number with an explanation they can call him any time if they are in some kind of trouble. For example if the patients have further problems to communicate at the hospital they can directly call Mr Hynčica without asking hospital staff to provide an interpreter.

6. Comparison: experience of interpreters from Ostrava and Prague

For this thesis I have interviewed two medical interpreters, Bc. Jiří Hynčica from Fakultní nemocnice Ostrava, and Ms Thi Ngan Le from the META organization, currently working in Prague. Mr Hynčica's working languages are Czech and English and Ms Le's working languages are Czech and Vietnamese. I have put together a set of questions, asked those two professional interpreters to answer them and include any notes they felt should be mentioned[11]. I was mainly interested in the contrast between the theory and actual practice. The interpreters' answers will be put into context with general findings and compared.

Ms Le took a course on community interpreting at Charles University in Prague organized by the META organization and a course for interpreters called "Welcome to the Czech Republic" organized by the Word 21[12] organization. Ms Le adds that she wants to enrol for the Vietnamese studies course at Charles University next year. Ms. Le works as a freelance interpreter.

Mr Hynčica's professional rank is what could be called the in-house interpreter, even though his primary job is different. Mr Hynčica is a secretary of the Ethical commission[13] at FNO and in most cases the first English interpreter to be called. He has a bachelor's degree in English philology, but he further develops his education by studying medical materials, for instance medical articles and essays, following the latest trends and discoveries in the health care and what is more, he also assures that his language skills are not in the doldrums by visiting regularly the British council's library.

I have asked both of the interpreters if and how they prepare for the interpreting.

[11] Appendix 6
[12] Slovo 21
[13] Etická komise

Mr Hynčica says he does not prepare for the interpreting in most of the cases (the exceptions will be mentioned). He basically has no time for preparation but he clearly stated he would be willing to prepare for the interpreting if he had enough time to do so. On the other hand, he pointed out that thanks to the nature of the interpreting needed from him and patients who come to the hospital seeking help and who are not in majority native English speakers, he only uses simple English to ensure that the patients clearly understand what is being told to them by either him or the hospital staff.

Ms Le answered she prepares for her interpreting tasks since her job position allows it. She knows in advance that she will be interpreting at a certain time. Ms Le is a Vietnamese – Czech interpreter and works for the patients who planned their hospital visit or stay ahead. During the first encounter with the patient she asks about the topic which she will be interpreting. What type of treatment or surgery will be the patient undertaking, what type of documentation the patient has and what is needed from her. If there is no chance of meeting the patient before the actual interpreting she will prepare a general medical glossary.

Both of the interpreters were asked with what type of problems they have to deal most frequently. Ms Le answered in more detail. She says the most frequent linguistic problems are the cases, when she does not know the patient's illness or the physician uses the Latin term for the illness. At the personal level, she states that she sometimes has to deal with emotional clients, who are convinced they have a particular disease and are extremely sensitive. She adds that in this tense situation also the physicians sometimes lose their temper. In that case she has to step in and act as she puts it as a mediator and a psychologist.

Mr Hynčica says he has no frequent problems during the interpreting but admits that some of them are eliminated thanks to the time over which he works in the hospital.

Ms Le admits that even misunderstanding between her as the interpreter and the physicians happens, but Mr Hynčica disproves this type of problem as a

generally occurring problem between the interpreters by saying that thanks to his long time practice in the hospital he earned the professional respect among the physicians at least on some level.

Mr Hynčica says that being a physician is, in general terms, a highly paid job, earned by a long and demanding studies and the physicians are well aware of their value for the society which sometimes makes it for them difficult to co-operate on the professional level with people doing the work which is not so highly profiled and considered not to be so demanding by the members of public. But Mr Hynčica adds that this is only his personal feeling and has no significant impact on his job as an interpreter.

Both interpreters agreed on their shared experience of being a medical interpreter. They both agreed this job is not only about simple language transfer but mostly about being a mediator, a person who helps other persons to understand different culture; who sometimes even soothe the client. Medical interpreters also function as assistants when it comes to filling in the documentation or navigating through the hospital. They also agreed on the feeling of work satisfaction. Both of the interpreters are satisfied with the tasks presented to them and they feel accomplished.

Ms Le remarks the usefulness of having a regular staff interpreter at all-time in the hospital. She suggests it would improve the interpreter – physician relationship and it might even have an impact on efficiency and fluency on the interpreter – physician communication. She also has a positive experience with the physicians who appreciate the medical interpreters´ work. Mr Hynčica comments on this topic by saying he has neither positive nor negative experience – as stated above, he quickly gained respect of his physicians colleagues and since then he had no major problems while working with his colleagues.

Ms Le describes her usual tasks as follows. Obviously, first of all, she has to interpret for the patient in the physician's office, but she is also expected to be able to navigate the patient through the hospital. She must be familiar with the hospital's structure – personal structure and the location of each ward. Ms Le

points out that a medical interpreter must take into account he or she will be waiting for the patient quite often and he or she will be waiting frequently for a long time.

Ms Le has no experience in translating medical documents but clearly realizes that at least basic medical knowledge is necessary for precise and efficient translation. By basic knowledge she means she has to able to read medical reports and she must at least know basic terms for common diseases. Mr Hynčica considers himself not only medical interpreter, but also a medical translator. This fact will be commented on further in the text.

Mr Hynčica keeps in touch with his colleagues, but not closely. He explained, he considers his colleagues to be his safety net he rarely uses, but he can have a professional discussion about translating or interpreting problems that may occur. He did not want to further comment on this topic. Ms Le also only stated that she keeps in touch with her colleagues but she did not further comment on this answer.

Ms Le answered the question about which interpreting techniques she uses by claiming she mostly interprets consecutively and therefore she sometimes uses notation. Mr Hynčica said he does not use any techniques because, as he pointed out, he often does not have time to employ any specific techniques. However, he admits he may use some of the techniques unintentionally.

Both of the medical interpreters were also asked about their personal opinion on the cooperation between the physicians and the hospital staff. Ms Le remarked that the medical interpreting service is uncommon in the Czech Republic and the cooperation has a potential to improve. Some of the physicians, according to Ms Le, need an explanation ahead, how the medical interpreting will be carried out. She gives an example that the physician needs to be informed ahead if the interpreter will be using the first or third person in interpreting. Ms Le mentioned Fakultní nemocnice Královské Vinohrady, where they made a step towards making the medical interpreting more common in the medical centres by hiring a regular medical interpreter, who interprets Vietnamese and comes once a week to the gynaecology ward. On the

other hand, Mr Hynčica claimed that he never had problems with his physician colleagues while interpreting, but he pointed out it is the matter of personal communication and willingness to cooperate between the medical interpreter and the physician.

Last question the interpreters were asked was a personal one – if they are satisfied with their job and if it is important for them to work with the clients. Ms Le said even though it is virtually impossible make a living out of the medical interpreting only, she feels satisfied doing her job and likes to work with the clients. Mr Hynčica while answering this question admitted unintentionally that being medical interpreter and translator is one of a few jobs he does, which was interesting link between the interpreters. Nevertheless, he agreed that being a medical interpreter and translator is a satisfying work and he is happy with whatever will be a part of this job.

6.1. Medical interpreting at FNO

Mr Hynčica admits that most of his professional confidence was gained during the years of practice and a huge help is also the fact that he is not only a medical interpreter but he frequently translates medical documents. By medical documents he means not only translating medical essays, which he also translates and edits, but he works as a staff translator in FNO, where he translates various documents. It is a problematic assignment to translate documents varying from Patient's consent[14], which is a general consent on allowing other people to have access to information about patient's health and treatment to documents through which the patients express their consent with applying general anaesthesia on them. However, some of the documents can be pre-translated and uploaded to the hospital's Intranet. Intranet is a shared virtual space, basically on cloud principle. On the other hand, it is problematic when a part of the document, most frequently part of the Patient's consent, needs to be updated. Initiative for the update is in most cases provoked by individual physicians, who need different kinds of specification in the consent

[14] Informovaný souhlas pacienta

for their hospital ward. It is often caused by diverging procedures at different specialized outpatient's departments.

If the translation update is needed, Mr Hynčica is contacted also in this case. In that case he translates only the part which needs an update and then uploads the updated document to the Intranet. He admits it is sometimes a problematic process, since he usually does not have enough time to translate the documents thoroughly. He pointed out the difficulty to be able to be ready for translation or interpreting work at any time and combining this readiness to do the assignment with his regular job being a secretary and a deputy of different committees at FNO. He explained, because of usually last minute requests for translation, he must have basic materials always prepared (as explained previously) and he also must be always on call for last minute interpreting. Since Mr Hynčica had no previous official training as a medical interpreter, I have asked him how he had had educated himself in the health care study field.

He said that it is an ongoing process of continuous study, he has to keep up with latest discoveries in the health care studies and that, when he started his career as medical interpreter, he started his medical glossary, which he often updates.

6.2. JCI interpreting

Practice in FNO also includes medical interpreting for the JCI commision. JCI is an abbreviation used by FNO staff which stands for Joint Commission International Accreditation Standards for Hospitals. As was mentioned before, FNO is well-liked by foreigners and that is because FNO has an ISO 9001[15], granted by this particular commission. Interpreting for the Joint Commission is different from standard medical interpreting in FNO. The JCI interpreting takes place twice every three years. The fist occasion which requires medical interpreting is so called "rehearsal" – three advisors from US arrive before the actual inspection. The advisors are from different medical fields – a nurse, a technician and a physician. Those advisors visit FNO before the actual commission takes place and check any discrepancies from required standards.

[15] Management tool for quality management accredited by JCI

The standards need to be met since they are a key element for obtaining the accreditation. FNO has then approximately six months to fix any problems pointed out by the advisors. Then five members of commission check in for the actual inspection. If the problems are resolved by the time the commission checks FNO, the hospital is granted the accreditation for next three years.

This process requires medical interpreting but this interpreting is far more technical than the medical interpreting usually provided in FNO. Since there is a need for four extra medical interpreters and FNO has ongoing cooperation with Skřivánek language agency and only one professional staff interpreter, FNO hires four professionals to interpret alongside with Mr Hynčica. Firstly, people responsible for the smooth course of the commission's visit contact interpreters from the Skřivánek agency and if they are not able to make a reasonable contract, other language agencies are contacted (neither Mr Hynčica nor Mr Kapias specified which agencies are contacted). Mr Hynčica commented that he feels quite nervous every time when this type of interpreting is required from him, since he realizes how important for the hospital it is to pass this commission check and how much money is at stake. The common medical interpreting is only a small percentage from hospital's budget, but the accreditation represents a great investment. This medical interpreting includes accompanying the commission members during the tour through FNO, being present at commission's meeting and being always as accurate and aware as possible. Mr Hynčica underlines that basic knowledge of health care field is essential and he gives an example of a young interpreter who got the opportunity to interpret for the US nurse and struggled since he has not had sufficient medical education. Even though Mr Hynčica has years of experience of interpreting and translating for the health care field, he always refreshes his medical knowledge before interpreting for the commission by revising his medical glossary and by going through specific phrases he might find useful. For example, if he will be interpreting for a technician, he will prepare phrases connected to the field, including names of the specific medical devices and he will browse through the manual of required standards so that he would be able to comment on the changes which had been made. Basically he

tries to make himself as familiar as possible with the specific medical field and in the same time he deploys his general medical knowledge.

6.3. Cooperation between FNO and Skřivánek language agency

FNO and Skřivánek language agency have long-term cooperation between them. They have signed a contract but FNO uses Skřivánek's services quite rarely, since medical interpreting expenses are not a major budget factor. There is a situation concerning medical translations – because FNO is financed by the state, FNO's board of directors must invite applications for translating services for the language agencies if the volume of texts to be translated exceeds roughly 250.000 CZK. The same situation applies for interpreting services – Skřivánek agency won the public competition because they offered the best price/quality ratio; they are now the major language service provider for FNO.

However, FNO staff does not use Skřivánek services very often and the everyday medical interpreting is performed by Mr Hynčica and / or the physicians. Skřivánek language agency is contacted in the cases when the interpretation to or from some of the more exotic language is needed. Mr Kapias gives an example of Arabic and dialects of Serbian and explains that agency is contacted if FNO staff is not able to provide interpreting services by themselves either because of lacking language skill or because time pressure. Skřivánek agency is officially also the primary agency to contact if medical interpretation with the actual presence of Skřivánek interpreters is needed, but FNO staff never needed this type of interpreting. The Skřivánek agency interpreters were asked only for telephone interpreting. Mr Kapias remarks it would be expensive to pay for the Skřivánek agency interpreters to be present during the interpreting at FNO because it involves paying for travel costs, time spent interpreting and the difficulty lies also in orientation in the hospital for the interpreters who are not familiar with FNO's structure. Another problem concerns time, the interpreters must be in the reasonable travel distance to be able to interpret for the acute cases and be physically present or they must be given warning ahead that medical interpreting will be needed and they an interpreter for the specific exotic language is needed.

As described above, interpreters for Arabic language are sometimes needed and FNO would be able to give warning to Skřivánek interpreters that they will be interpreting at a certain time, but the clients from Arabic countries always bring their own interpreter if the clients are not able to communicate with the FNO staff in English. For other languages, most patients are not as financially secured as Arabic clients who choose FNO as the hospital where they want to be treated. Those patients use interpreting services offered to them by FNO, they either communicate with FNO staff member who is familiar with their language or they use Skřivánek agency interpreter's services, who interprets for this type of cases via telephone. FNO staff must take into account the financial situation of the patient since if he or she is not able to pay for their treatment, FNO provides for the patient and medical interpreting.

Skřivánek agency very rarely provides translating services for FNO since most of the translations needed are translations of the Patient's consent and other various forms. Those forms often need immediate translation and they are only a few translations needed per week so it is a matter of time and finance and that means it is more effective to leave the translation up to FNO staff. However, if FNO needs an official translation for other purposes than hospital's private ones, Skřivánek agency must be contacted and the agency will provide an official translation. The same applies when the value of contract for translation exceeds 250.000 CZK – this translation contract must be assigned to Skřivánek agency.

FNO staff chooses the most effective option from language, time and financial point of view. First person addressed for providing a competent medical interpreter for a patient is a physician or nurse in charge, however, the paperwork is done at the Quality Management Department by the assistant of Mr Kapias with participation from Mr Hynčica. The paperwork includes updating the statistics about foreign patients treated at FNO and updating the hospital's budget after paying for the interpreting services.

6.4. Quality Assessment

Opinions on quality assessment widely differ, from first attempts by Barik in 1971 to Gile in 1988 who, according to Kalina (2002, 122), explains that quality of interpreting is deteriorating if the listening, memory or production demand extra effort, which disturbs the balance of the interpreting performance. One of the last views on how to assess quality of the interpreting was expressed by Viezzi in 1996 who describes four goals which must be highly achieved in order to perform quality interpreting. Those goals are equivalence, accuracy, appropriateness and usability.

6.4.1. Quality Assessment at the Skřivánek agency

Moreover, Skřivánek agency uses quality evaluation forms to get their feedback[16]. When the interpreting is needed from Skřivánek agency interpreters, one of the forms, besides payment form, is an evaluation form. The evaluation form is to be filled by the patient and the physician and this form offers valuable feedback for Skřivánek agency since it might hint out most frequent problems. Unfortunately, these evaluation forms are not public and Skřivánek agency refused to communicate any further with me. The evaluation forms are brought back to the agency staff together with other forms and archived. FNO has no specific policy concerning feedback and quality assessment but persons responsible claimed that there never were any complaints towards the quality, accuracy and comprehensibility of the interpreting performed by FNO staff interpreters.

6.4.2. Different views on quality assessment

Over time, quality assessment of the interpreting became more complicated because broader view on the problematic definition was employed.

> Incidentally, its definition has become increasingly complicated as, in time, research in this sector has left behind a purely 'linguistic' and 'technical' approach and moved towards a broader view, based on a notion of interpretation as a complex interactional and communicative event encompassing pragmatic and sociolinguistic factors. (Garzone 2002, 107)

[16] Appendix 7

Garzone further claims that the problems concerning quality assessment and applying norms on the interpreting can emerge because of various factors involved such as the environment, the client and the interpreter and in the case if the medical interpreting, the sensitivity of the topic. All of the factors can be perceived subjectively both by the external observers and the agents involved. That presents a major obstacle when trying to set an objective norm, applicable universally on the interpreting and its quality assessment. She gives an example of what she considers to be the clearest scheme how to evaluate quality of interpreting (Garzone 2002, 108).

The scheme was firstly described by Shlesinger et al. (1997, 128). Garzone gives us example of three levels on which quality of any of the interpreting can be assessed. The intertextual level which consists of comparison of the differences and similarities between source and target segments, the intratextual level which consists of the acoustic and linguistic qualities of the interpreting and the instrumental level which takes into account comprehensibility and usefulness for the target client - in the case of medical interpreting, the patient. She presents combination of these three levels as the most accurate scale for quality evaluation (Garzone 2002, 109). However, this accuracy might be disputed when these levels are applied to translation.

6.4.3. Quality assessment problems

Kalina (2002, 121) points out that poor interpreting might trigger confusion and dispute which might lead to hostilities.

This is why quality assessment is vital in interpreting, especially medical interpreting. In the medical interpreting not only precise and comprehensible interpreting is necessary for delivering the right treatment for the patient, but it is the key to starting a relationship between the patient and the physician which leads to a successful cooperation between them. The patient must trust his or her physician to fully follow physician's advice and the communication without any confusion is extremely important to gain the trust of the patient and to comfort the patient. In the medical interpreting field, the patients are asked to evaluate their satisfaction with the interpreting services, as in the case

of FNO, so it is reasonable to take into account their opinion as a factor for quality assessment.

Kalina (2002, 122) states it is problematic for the user, in this case the patient, to evaluate the interpreting on all levels. When the user listens only to the target language segment, equivalence between source and target segment can be only assessed in terms of possibility and logic. However, FNO takes mostly into account what is the most practical aspect to be considered – patient' satisfaction.

6.4.4. Practical usage of quality assessment

Kalina (2002, 123) describes how the points of view on the quality of interpreting differ while assessing quality by the target language user – the listener, in this case the patient.

The patient's satisfaction is the most vital part to focus on for the hospital staff since based on the patient's point of view the overall interpreting is evaluated. The surveys were carried out on both, professional interpreters and average people without any official interpreting training. From these surveys two questions expressed by Shlesinger arose: "Do our clients know what's good for them? What do they expect, and what will make them happy with the service and product we provide?" (Shlesinger et al. 1997, 126).

In the case of the medical interpreting we can expect that patients want to feel that everyone is as professional as possible. They expect interpreting without any hesitation with possibility to connect with the physician through the interpreter on the personal level. The patients need to be assured that they have the best care possible and it is also a responsibility of the interpreter to communicate physician's speech as clearly and with as personal approach as possible.

However, it is possible to assume that patients only see one side of the problem, because of their lacking professional interpreting education. They project their personal feelings into evaluation, especially during the treatment, but it is hard for them to maintain objectivity without possibility to compare

source and target language segment and take time while comparing it. This is another issue since at FNO patients are given quality evaluation forms right after the interpreting and within short time period, those forms are demanded to be given back.

The patients might be distressed or nervous without any intention to pay attention to another form at the hospital, since they have been given many hospital forms before. So even though patient's evaluation is the key for the hospitals providing medical interpreting services for monetary reasons (aside from obvious and vital accuracy while interpreting conditions of the treatment and physician's instructions), this approach cannot be applied for all types of interpreting since it is highly subjective and disputable.

6.5. Cooperation between FNO and students

There is currently no official cooperation between FNO staff and the students of Interpreting and Translation. However, when Mr Kapias, the person responsible for quality of various FNO projects and processes, was asked about this issue, he said it would be possible to start cooperation even though it would be a difficult process. That is because FNO staff cannot grant that medical interpreting will be needed over the course of the potential students' internship. Nevertheless, FNO staff is willing to create opportunities for students by at least allowing them to help out with translations. Both, the interpreting and the translation internship, would be however dependent on student's time flexibility. FNO staff is also willing to let the students participate in the interpreting for the international commission but the students would be expected to deliver high quality interpreting since the meeting with the commission puts high pressure on the interpreters, especially because of the grant of the accreditation which is at stake. On the other hand, it would be possible for the students to take part in the interpreting as passive observers, prepared to interpret for the commission during breaks and while practical rather than theoretical debate goes on.

7. Conclusion

7.1. Overall description

Cooperation between the language agency and hospital is determined by funding of the hospital. If the hospital is funded by the state, the hospital must open competitive tendering and then assign the contract for the interpreting services to the winning agency. People at FNO responsible for providing interpreting services admit that medical interpreting is only a minor budget item, mostly because majority of the foreign patients are people from Slovakia and Poland who are able to communicate with FNO staff without the interpreter. However, these patients are registered as foreigners because of their different insurance policies. The Chairman of the Quality Management Department estimates that the situation is not different from situations in other hospitals in the Moravian-Silesian region. Judging by responses to my request for cooperation from hospitals in Prague, medical interpreting is not a major concern to most of the hospitals in the Czech Republic. This has lead to contacting interpreters and personnel responsible for providing interpreters based on personal recommendations without focus on which language is their working language and more focusing on what is common for medical interpreting in general.

Since medical interpreting is not common in the Czech Republic and even if hospital has an employee who works at least partially as regular medical interpreter, budget money designated for these services is not large amount. On the other hand, request for interpreting services is not high either so the budget does not represent a major issue for hospitals. Nevertheless, hospital’s budget represents a problem for freelance interpreters who are forced to work partly as interpreters and partly as translators or are forced to have another job/other jobs, such as teaching or being part of the administration of different committees (as in Mr Hynčica’s case). Freelance interpreters have two problems to face; the first one is a small hospital budget. The second one is that only a few English speaking patients need hospital treatment in the Czech

Republic so there are fewer job opportunities. This forces freelance interpreters to increase their expertise by studying languages different than English.

7.2. Future prospects

We might assume that there will be no major changes regarding medical interpreting. This assumption can be based on the previous five years during which there also were no major changes regarding medical interpreting. Major changes would occur only if the hospitals would treat more foreign patients; however that would mean that more foreigners would come to the Czech Republic and only then this trend would influence Czech hospitals.

Appendix 1

2 Analýza stávajícího stavu

HOSPITALIZOVANÍ CIZINCI (LEDEN - PROSINEC 2010)

ZEMĚ PŮVODU	POČET	%
Slovensko	110	38.06%
Ostatní (3)	43	14.88%
Polsko	40	13.84%
Vietnam	29	10.03%
Ostatní (2)	11	3.81%
Rusko	8	2.77%
Německo	7	2.42%
Velká Británie	7	2.42%
Ukrajina	6	2.08%
Itálie	4	1.38%
Bulharsko	4	1.38%
Nizozemí	3	1.04%
Řecko	2	0.69%
Francie	2	0.69%
Belgie	2	0.69%
Makedonie	2	0.69%
Kypr	2	0.69%
Čína	2	0.69%
Rumunsko	1	0.35%
Irsko	1	0.35%
Švýcarsko	1	0.35%
Rakousko	1	0.35%
Španělsko	1	0.35%
C E L K E M	**289**	**100.00%**

CELKOVÝ POČET HOSPITALIZOVANÝCH PACIENTŮ (LEDEN - PROSINEC 2010)

	POČET	%
celkový počet hospital. cizinců	289	0.69%
celkový počet hospital. dle DRG (bez cizinců)	41,378	99.31%
C E L K E M	**41,667**	**100.00%**

Appendix 2

ZEMĚ PŮVODU	POČET	%
Slovensko	106	38,41%
Polsko	48	17,39%
Vietnam	31	11,23%
Ostatní (3)	25	9,06%
Rusko	12	4,35%
Německo	11	3,99%
Ukrajina	9	3,26%
Ostatní (2)	7	2,54%
Velká Británie	5	1,81%
Španělsko	4	1,45%
Nizozemí	3	1,09%
Norsko	2	0,72%
Maďarsko	2	0,72%
Bulharsko	2	0,72%
Francie	2	0,72%
Itálie	1	0,36%
Turecko	1	0,36%
Rakousko	1	0,36%
Švédsko	1	0,36%
Jugoslávie (Kosovo)	1	0,36%
Makedonie	1	0,36%
Portugalsko	1	0,36%
C E L K E M	**276**	**100,00%**

Tabulka: Počet hospitalizovaných cizinců v období leden až prosinec 2011

(2) Arménie, Azerbajdžán, Bělorusko, Gruzie, Kazachstan, Kyrgyzstan, Moldavsko, Tádžikistán, Turkmenistán, Uzbekistán
(3) Sauská Arábie, Libye, Kuvajt, Jemen, USA, Korea, Kanada, Irán, Irák, Indie, Jižní Amerika, Afrika, Mongolsko, Izrael, Indonézie,Taiwan, Turecko, Maroko, Haiti

	POČET	%
celkový počet hospital. cizinců	276	0,65%
celkový počet hospital. dle DRG (bez cizinců)	42 166	99,35%
C E L K E M	**42 442**	**100,00%**

Tabulka: Celkový počet hospitalizovaných cizinců za leden - prosinec 2011

Vývoj dle jednotlivých měsíců roku 2011 je v příloze.

Appendix 3

ZEMĚ PŮVODU	POČET	%
SLOVENSKO	133	49,44%
POLSKO	33	12,27%
OSTATNÍ (3)	32	11,90%
RUSKO	13	4,83%
VIETNAM	11	4,09%
NĚMECKO	12	4,46%
VELKÁ BRITÁNIE	7	2,60%
UKRAJINA	5	1,86%
BULHARSKO	4	1,49%
ŠPANĚLSKO	4	1,49%
SRBSKO	2	0,74%
RAKOUSKO	2	0,74%
ITÁLIE	2	0,74%
USA	1	0,37%
NORSKO	1	0,37%
MAĎARSKO	1	0,37%
FRANCIE	1	0,37%
PORTUGALSKO	1	0,37%
ŘECKO	1	0,37%
OSTATNÍ (2)	1	0,37%
MOLDAVSKO	1	0,37%
ALBÁNIE	1	0,37%
C E L K E M	**269**	**100,00%**

Tabulka: Počet hospitalizovaných cizinců v roce 2012

(2) Arménie, Azerbajdžán, Bělorusko, Gruzie, Kazachstan, Kyrgyzstan, Moldavsko, Tádžikistán, Turkmenistán, Uzbekistán
(3) Sauská Arábie, Libye, Kuvajt, Jemen, USA, Korea, Kanada, Irán, Irák, Indie, Jižní Amerika, Afrika, Mongolsko, Izrael, Indonézie, Taiwan, Turecko, Maroko, Haiti, Afgánistán, Angola, Nigérie, Sýrie, Japonsko

	POČET	%
celkový počet hospital. cizinců	269	0,61%
celkový počet hospital. (bez cizinců)	43 867	99,39%
C E L K E M	**44 136**	**100,00%**

Tabulka: Celkový počet hospitalizovaných cizinců v roce 2012

Vývoj dle jednotlivých měsíců je uveden v příloze.

Appendix 4

Podklady pro přezkoumání systému managementu kvality za rok 2013

ZEMĚ PŮVODU	POČET	%
SLOVENSKO	89	32,72%
OSTATNÍ (2)	48	17,65%
POLSKO	34	12,50%
VIETNAM	28	10,29%
NĚMECKO	18	6,62%
RUSKO	9	3,31%
VELKÁ BRITÁNIE	9	3,31%
UKRAJINA	7	2,57%
BULHARSKO	4	1,47%
OSTATNÍ (1)	4	1,47%
PORTUGALSKO	4	1,47%
ITÁLIE	3	1,10%
FRANCIE	2	0,74%
RAKOUSKO	2	0,74%
ŠPANĚLSKO	2	0,74%
TURECKO	2	0,74%
BELGIE	1	0,37%
CHORVATSKO	1	0,37%
ISLAND	1	0,37%
MAKEDONIE	1	0,37%
NORSKO	1	0,37%
ŘECKO	1	0,37%
ŠVÉDSKO	1	0,37%
C E L K E M	**272**	**100,00%**

Tabulka: Počet hospitalizovaných cizinců v roce 2013

Ostatní (1): Arménie, Azerbajdžán, Bělorusko, Gruzie, Kazachstán, Kyrgyzstán, Moldavsko, Tádžikistán, Turkmenistán, Uzbekistán
Ostatní (2): Sauská Arábie, Libye, Kuvajt, Jemen, USA, Korea, Kanada, Irán, Irák, Indie, Jižní Amerika, Afrika, Mongolsko, Izrael, Indonézie,Taiwan, Maroko, Haiti, Afganistán, Angola, Nigérie, Sýrie, Japonsko, Mexiko

	POČET	%
celkový počet hospital. cizinců	272	0,62%
celkový počet hospital. (bez cizinců)	43 641	99,38%
C E L K E M	**43 913**	**100,00%**

Tabulka: Celkový počet hospitalizovaných cizinců v roce 2013

Appendix 5

Seznam zaměstnanců (tlumočníků) s nimiž byla uzavřena
„Dohoda o činnosti na tlumočnické a překladatelské práce"

Jazyk	Jméno	Telefon	Pracoviště
Angličtina	Bc. Jiří Hynčica	~~2510~~ 2587	referent útvaru náměstka ředitele pro léčebnou péči
	Velčovská Lenka	1810	Porodnicko-gynekologická klinika
	Drastichová Ilona, Dis.	2767	Anesteziologicko-resuscitační klinika
	~~Zamastilová Hana~~	~~2492~~	
	~~Čamková~~ Hašová Kateřina	2707	
	Mikulenková Ivona	3560	Klinika dětského lékařství
	Bc. Říhová Zuzana	3570	
	~~Bc. Jurčková Nikola~~	~~3202~~	~~Oddělení lékařské genetiky~~
	~~MUDr. Pavlína Plevová~~	~~3197~~	
	Mgr. Petra Kovářová	3251, 4429	Krevní centrum
	Mgr. Bohdana Břegová	2504	Interní klinika
	~~Bc. Barbora Kniezková~~	~~4517~~	
	Jaššo Petr	2366	Oddělení centrálního příjmu
	MUDr. Ivana Kacířová	4391	Ústav laboratorní diagnostiky – Oddělení klinické farmakologie
	Mgr. Jana Ďuricová	2289	
Francouzština	Doc. MUDr. Hladík Michal, Ph.D.	3515	Klinika dětského lékařství
	MUDr. Pavel Hradílek	5654	Neurologická klinika
Němčina	Jaššo Petr	2366	Oddělení centrálního příjmu
Maďarština	Doc. MUDr. Hladík Michal, Ph.D.	3515	Klinika dětského lékařství
	MUDr. Tamás Zoltán	5559	Centrum plastické chirurgie a chirurgie ruky
Italština	Mgr. Skřipalová Soňa	5509, 5506	Ortopedické oddělení
Řečtina	Kateřina Čamková	2707	Anesteziologicko-resuscitační klinika
	Kateřina Horáková	2630	
~~Perština, arabština~~	~~MUDr. Hamidi Mozamel~~	~~5957~~	~~Oční klinika~~
Polština	~~MUDr. Klimešová Magdalena~~	~~4337~~	~~Klinika onkologická~~
	RNDr. Walczysková Sylvia	3202	Oddělení lékařské genetiky

Appendix 6

1. Jak se na tlumočení připravujete (pokud se na tlumočení nějakým způsobem připravujete)?

Během prvního rozhovoru s klientem se většinou ptám na téma tlumočení, podle toho si připravuji slovní zásoby. Pokud nevím přesně důvod, připravuji si základní slovní zásoby ve zdravotnictví.

2. Jaký typ problémů při tlumočení nejčastěji řešíte? (lingvistické i praktické)

Problém u mě se většinou nastává v okamžiku kdy je název nemoce je řečeno latinský či tu nemoc neznám. Nebo většinou klienti si myslí, že mají ono nemoc a pak je to úplně jinak. Z praktického hlediska, problém většinou nastává emocionální výjevy u klienta nebo nedorozumění s lékařem. Pak se musíte do toho vstoupit už trošku jak mediátor či psycholog, abyste situace zneutralizovala.

3. Máte pocit, že jste spíše kulturním mediátorem nebo pouze převádíte informace z jednoho jazyka do druhého?

Co se týče tlumočení ve zdravotnictví, já osobně, se cítím jako – asistent, tlumočník, kulturní mediátor, někdy i průvodce v nemocnici ☺

4. Jak probíhá spolupráce s lékařem?

Doposud mám převážně dobrou spolupráci. Lékaři si tu službu pochvalují. Je dobrý mít třeba v nemocnici jednoho stálého tlumočníka, ale to je hudba budoucnosti ☺.

5. Co všechno obnáší tlumočení ve zdravotnictví? (Pomáháte klientovi například s dokumentací? Byla jste oslovena i kvůli překladům?)

Tlumočení u lékaře, pomoc klient se orientovat v nemocniční prostředí, vědět na jaké oddělení jít, abyste se nemusela obcházet všechny oddělení. Počítejte s tím, že budete dlouho v nemocnici. Nejdelší činnost je čekání.
Zatím jsem nebyla oslovená k překladům, ale musíte umět přečíst lékařskou zprávu nebo aspoň vědět co se tam důležité píše, tzn. znát základy názvy nemoci apod.

6. Jste ve styku s ostatními tlumočníky?

Ano, jsem.

7. Pokud používáte tlumočnické postupy, tak jaké?

Hlavně používán konsekutivní tlumočení a občas i zápis.

8. Osobní názor na to, jak nemocnice spolupracují se svými tlumočníky?

Tato služba není ještě na tolik známá. Někteří nevědí jak pracovat s tlumočníky. Proto je potřeba jim na začátku vysvětlit jak budete tlumočit (1. Nebo 3. Os.). Jinak v Královské nemocnice na Vinohradech mají tlumočník do vietnamština na gynekologie jednou týdně.

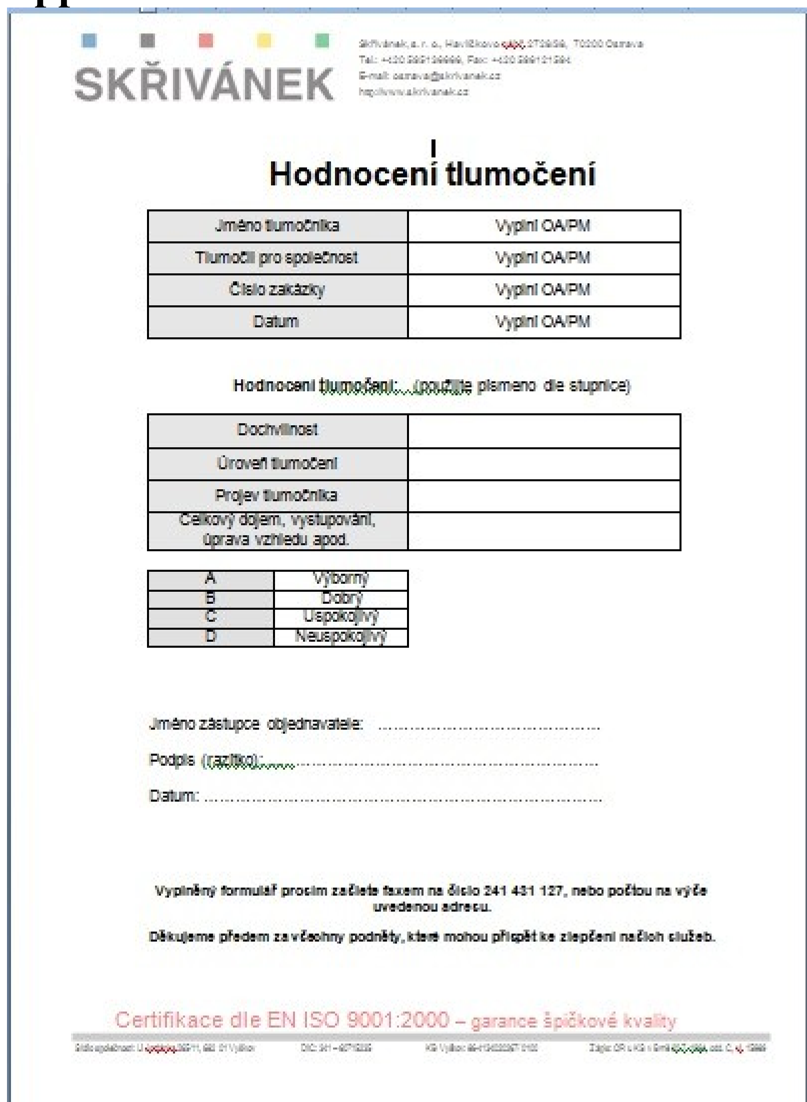
9. Máte tlumočnické vzdělání? Rozšiřujete si dále svou kvalifikaci?

Absolovala jsem kurz komunitní tlumočník na UK, kurz uspořádal očanské sdružení META, dále kurz pro tlumočníky Vítejte v Česku os Slovo 21.
V plánu mám se přihlásit na vietnamistku na UK.

10. Jste spokojena s touto prací? Je pro Vás důležité pracovat s klientem?

Jsem relativně spokojená touto práci, ale bohužel v tuto chvíli není možné se tím živit. Ráda pracuji s klienty.

Appendix 7



SKŘIVÁNEK

Hodnocení tlumočení

Jméno tlumočníka	Vyplní OA/PM
Tlumočil pro společnost	Vyplní OA/PM
Číslo zakázky	Vyplní OA/PM
Datum	Vyplní OA/PM

Hodnocení tlumočení: (použijte písmeno dle stupnice)

Dochvilnost	
Úroveň tlumočení	
Projev tlumočníka	
Celkový dojem, vystupování, úprava vzhledu apod.	

A	Výborný
B	Dobrý
C	Uspokojivý
D	Neuspokojivý

Jméno zástupce objednavatele: ……………………………………

Podpis (razítko): ……………………………………………………

Datum: ………………………………………………………………

Vyplněný formulář prosím zašlete faxem na číslo 241 431 127, nebo poštou na výše uvedenou adresu.

Děkujeme předem za všechny podněty, které mohou přispět ke zlepšení našich služeb.

Certifikace dle EN ISO 9001:2000 – garance špičkové kvality

Shrnutí

Tato práce se zabývá komunitním tlumočením ve zdravotnických zařízeních. Je rozdělena do části teoretické, kde se popisuji obecnou charakteristikou komunitního tlumočení. Tuto charakteristiku dále rozčleňuji na jednotlivé podkapitoly, ve kterých se zabývám vztahem komunitního tlumočení k tlumočení ve zdravotnických zařízeních a vztahem ke konferenčnímu tlumočení, specifiky komunitního tlumočení a problémy při definování komunitního tlumočení. Druhou kapitolou teoretické části je charakteristika tlumočení ve zdravotnických zařízeních. V podkapitolách druhé kapitoly se zabývám definicí tlumočení ve zdravotnických zařízeních, jak teoreticky vypadá tlumočení ve zdravotnických zařízeních a jakou roli v tlumočení ve zdravotnických zařízeních hraje tlumočník a na co by se tento tlumočník měl zaměřit a co by měl vzít v potaz.

Praktickou část, která následuje část teoretickou, rozčleňuji na několik podkapitol. První z těchto podkapitol srovnává teorii tlumočení ve zdravotnictví se skutečnou praxí ve zdravotnictví. Druhá podkapitola se zaměřuje na srovnání zkušeností dvou tlumočníků pracujících ve zdravotnických zařízeních v Ostravě a Praze. Na tuto podkapitolu navazuje další, která popisuje praxi ve Fakultní nemocnici Ostrava – počet přijatých zahraničních pacientů, smlouvy tlumočníků. Zde také zapojuji pohled na praxi vyjádřený jedním z tlumočníků pracujících ve zdravotnictví (konkrétně se jedná o pohled tlumočníka z Fakultní nemocnice Ostrava). V textu kromě běžné praxe uvádím i výjimečné případy tlumočení ve Fakultní nemocnici Ostrava.

Závěrem práce stručně popisuji hodnocení kvality a to jak lze na hodnocení kvality nahlížet, jaké problémy se vyskytují při hodnocení kvality a jaké má praktické důsledky pro nemocnice hodnocení kvality. V závěru zmiňuji také možnosti praxe studentů ve Fakultní nemocnici Ostrava a to proto, že praxe studentů jsou jedním z praktických tlumočení ve zdravotnictví. Závěrem doplňuji předpoklady, jak se bude tlumočení ve zdravotnictví vyvíjet.

Fakultní nemocnici Ostrava jsem zvolila jako praktické prostředí pro srovnání teorie a praxe týkající se tlumočení ve zdravotnických zařízeních. Na osobní doporučení mi bylo umožněno setkat se s vedoucím Oddělení řízení kvality ve Fakultní nemocnici Ostrava, Ing. Patrikem Kapiasem. Ten mne zkontaktoval s Bc. Jiřím Hynčicou, který pracuje jako tajemník Etické komise ve Fakultní nemocnici Ostrava, ale také jako stálý tlumočník ve stejné nemocnici.

Ing. Kapias mi poskytl materiály týkající se řízení a hodnocení kvality. Tyto materiály zahrnují i praktické informace o tlumočení v nemocnici, jako je předepsaný postup, jak postupovat při zajišťování tlumočníka pacientovi a jak často tlumočení v nemocnici probíhá. Pan Hynčica mi naopak poskytl informace týkající se obvyklé praxe při tlumočení ve zdravotnictví. Také mi popsal své tlumočnické zkušenosti, které jsem srovnala se zkušenosti tlumočnice z Prahy, paní Thi Ngan Le. Paní Le jsem kontaktovala pomocí e-mailu, zatímco se zaměstnanci nemocnice v Ostravě jsem se sešla osobně.

Během práce se ukázalo, že teorie popsaná zahraničními autory týkající se tlumočení ve zdravotnictví se značně liší od skutečné praxe v České republice, konkrétně tedy v Ostravě. Bylo mi ovšem umožněno popsat teoretické postupy nemocnice jak zajistit tlumočení pro pacienty, které se příliš neliší od praktických, na rozdíl od zkušeností skutečných tlumočníků, které se výrazně liší od popsané teorie. Narazila jsem i na překážky týkající se spolupráce s ostatními nemocnicemi a jazykovými agenturami zajišťujícími tlumočení, kteří odmítli se mnou komunikovat.

Práce by měla sloužit jako podklad pro další tlumočníky zabývající se tlumočením ve zdravotnictví a srovnáním a popisem teorie a praxe tlumočení ve zdravotnictví. Cílem práce je upozornit na praxi tlumočení ve zdravotnictví v České republice, popsat rozdíly mezi teorií a praxí a zadat podnět pro detailnější výzkum tlumočení ve zdravotnictví a situace týkající se tohoto tématu v České republice.

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Abstract

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Supervisor: PhDr. Veronika Prágerová, Ph.D.

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Abstract:

This thesis focuses on medical interpreting. It is logically structured and it starts by describing medical interpreting in terms of community interpreting. The second part of the thesis can be divided into two parts, in the first one it describes practice at Fakultní nemocnice Ostrava, and in the second it compares experience of two medical interpreters. In the third, major part the thesis states practical notes drawn from the previous two parts.

The thesis compares the theory of medical interpreting with the actual practice of medical interpreting and is focused mainly on Fakultní nemocnice Ostrava.

The main objective of the thesis is to provide background materials for further research.

Key words: Medical interpreting, community interpreting, conference interpreting, physician, patient, quality assessment

Anotace:

Tato práce se zabývá tématem tlumočení ve zdravotnictví. Je logicky strukturována. Na začátku práce je popsáno tlumočení ve zdravotnictví z hlediska komunitního tlumočení. Druhou část práce lze rozdělit dále do dvou částí. První z těchto částí popisuje praxi ve Fakultní nemocnici v Ostravě a druhá část srovnává zkušenosti dvou tlumočníků působících ve zdravotnictví. Ve třetí části hlavního textu se práce zabývá poznámkami z praxe, které jsou vyvozeny z předchozích dvou částí.

Práce srovnává teorie týkající se tlumočení ve zdravotnictví se skutečnou praxí a zabývá se zvláště teorií a praxí ve Fakultní nemocnici v Ostravě.

Cílem této práce je vytvořit a poskytnout materiály pro další výzkum.

Klíčová slova: Tlumočení ve zdravotnictví, komunitní tlumočení, konferenční tlumočení, lékař, pacient, hodnocení kvality