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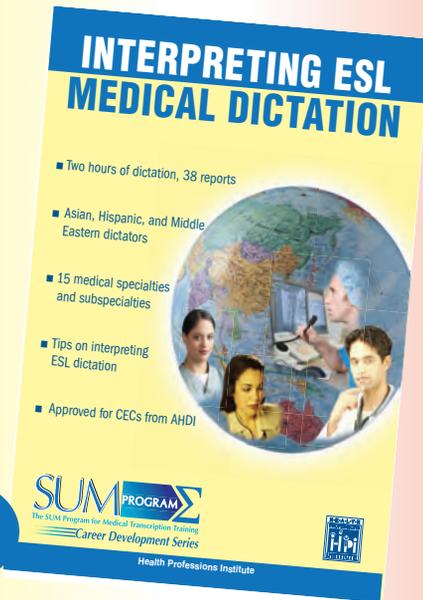
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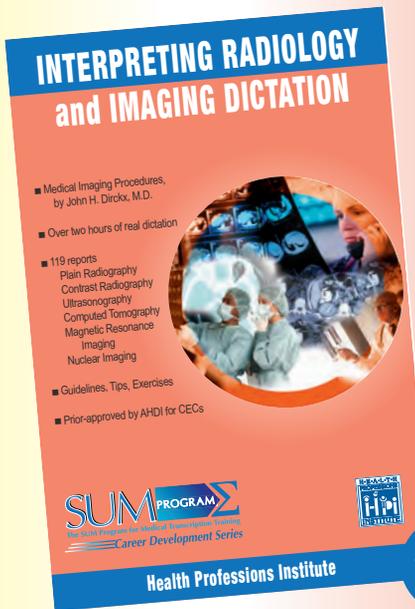
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Interpreting Medical Language

by Ellen Drake, CMT, AHDI-F

Some people have compared transcribing medical dictation to translating or interpreting a foreign language. Let's compare and contrast medical transcriptionists with foreign language interpreters. First, we need to know the difference between a translator and an interpreter. At the most basic level, an interpreter translates oral language while a translator works with written text. It is a given that both interpreting and translating require a certain love of language and deep knowledge of the subject. Translators must be able to write well and express themselves clearly in the target language.

A love of language and the need for a deep knowledge of the subject are definite similarities. Medical transcriptionists (MTs) aren't required to write much, but being able to write well and express themselves clearly is certainly a skill that contributes to being a good transcriptionist.

[Interpreters must also] understand the source language and the culture of the country where the text originated [context]. A good library of dictionaries and reference materials helps them render that material into the target language.¹

Understanding the source language [medicine] of the country where the text [dictation] originated is analogous to the need to pay attention to the context of a medical report in order to choose words with the correct meaning. This is not as easy as it might appear as there are many homophonic (soundalike) and near-homophonic terms in medical language. Being familiar with the language habits of dictators for whom English is a second-language is also a valuable skill.² Although the Internet has become an invaluable resource, many practitioners still pride themselves on the extent and quality of their reference library.

There are two types of interpreting: consecutive and simultaneous. Strictly speaking, "simultaneous" is a misnomer: the interpreter can't start interpreting until she understands the general meaning of the sentence. Depending on how far into the sentence the subject and the verb are located, the interpreter into English may not be able to utter a single word until she hears the very end of the sentence in the source language! This should make it evident how hard the task of the interpreter really is: she needs to be translating the sentence into the target language while simultaneously listening to and comprehending the next sentence.³

Listening ahead and translating the previous sentence at the same time is very similar to what experienced MTs do. If anything, what an MT does is even more complex. With experience, MTs learn to listen ahead (although, it's usually a phrase or two, not an entire sentence) in order to understand context, anticipating the dictator's next words while transcribing what they just heard and proofreading what they just transcribed. It's almost as though the brain has to be partitioned to do several things at one time, but each partition must be connected to the other to maintain understanding. Beyond this point, the analogy between MTs and interpreters breaks down.

MTs learn to constantly analyze the structure of the dictation as well as meaning, inserting punctuation "on the fly," correcting grammar and usage errors, and organizing the dictation into appropriate formats and paragraphs. On top of this, MTs must coordinate the sense of hearing with the action of their fingers on the keyboard and operate a foot pedal, all at the same time. So transcribing is an intense mental process combined with hearing acuity, physical dexterity, and coordination. These skills do not come naturally to most people. With experience however, these skills become transparent and appear effortless. Experienced MTs call this being "in the zone."

One of the key skills of the simultaneous interpreter is decisiveness.⁴

Obviously, interpreters can't hesitate in translating speech, and that doesn't apply to medical transcription. MTs can and do hesitate—to back up and relisten, consult a reference, make corrections. However, MTs must be decisive in a different way. The process of transcription involves constant decision-making: Is it this word or that? Does the word start with a *p*, *t*, or *d*? Is the dictator saying 15 or 50? Is this a compound sentence or not? The decisions are constant, requiring concentration, alertness, and focus. MTs must have a deep knowledge of medical language—human body systems, medical specialties, pharmacology, diagnostic procedures, and operative procedures—and a thorough understanding of English language grammar and punctuation to skillfully and quickly transcribe dictation that changes in content and dictation style from one report to the next. Experienced MTs do most of their proofreading on-screen while transcribing, proofreading as a separate step only for a new or difficult dictator or unfamiliar content. In other words, it's not enough to know the vocabulary; the MT must

Rather than transcribe word by word (that's very inefficient), you must listen, think, and interpret phrases and sentences as they function in a cohesive whole.

thoroughly understand the subject matter, as do translators and interpreters, in order to make good decisions in fractions of a second.

Translation . . . is a matter of understanding the thought expressed in one language and then explaining it using the resources of another language. In other words, what an interpreter does is change words into meaning, and then change meaning back into words—of a different language. And just as you can't explain to someone a thought if you didn't fully understand that thought, nor can you translate or interpret something without mastery of the subject matter being relayed.⁵

No, MTs don't change medical language into another language, but if you don't understand the thoughts expressed, you cannot be certain that you are correctly transcribing the words you are hearing. A good exercise to demonstrate that kind of necessary understanding is to explain in lay terms what the dictator means.

Interpreters are comprehension specialists. And they have to be because of the time constraints they work under. In order to work time-efficiently, they will actively construct the possible underlying representation of the surface structure of a phrase, sentence, and statement rather than analyze the potential meanings of the surface structure items.⁶

In a sense, this very much describes the process of medical transcription. Rather than transcribe word by word (that's very inefficient), you must listen, think, and interpret phrases and sentences as they function in a cohesive whole. On the job, MTs work under sometimes very restrictive time constraints. If paid by production it's tempting to sacrifice accuracy for quantity, but knowledgeable, proficient MTs combine speed and accuracy.

A well-versed MT has a large English as well as medical vocabulary. In addition, you should know enough about other languages to recognize that a word may be German, Spanish, French, etc. In my 40 years in medical transcription, I have actually transcribed words like *zeitgeist* (G., spirit of the ages), *weltschmerz* (G., world sorrow), *ängst* ("ängkst" G., anxiety associated with depression), *sangfroid* ("sahn-frwa" Fr., indifference), *déjà vu* ("day-zha voo" Fr., the sensation of having already seen something new), and *la belle indifférence* ("lah bell ain-deef-erahn" or

possibly "een-deef..." Fr., an inappropriate lack of emotion or concern).⁷ Psychiatrists seem to love French and German words!

Words from all sorts of disciplines find their way into medical transcription; for example, from astronomy, waxing and waning (a term applied to phases of the moon as well as to symptoms of a disease); from botany, *bougainvillea* (a lovely flowering, thorny vine); from religion, *mazel tov* (Hebrew or Yiddish for congratulations), *bris* (the Jewish circumcision ceremony), *bat and bar mitzvah* (Jewish coming-of-age celebration), *Kwansaa* (African holiday celebrated around Christmas time); culinary terms, *gefilte fish* (fish balls made with ground fish, matzo meal, and eggs, cooked in fish broth) and *fugu* (poisonous puffer fish served in Japanese restaurants). Would you recognize the terms *Pilates* (a popular stretching and exercise routine) or *Tai Chi* and *Qigong* (Japanese exercise regimens) if you *heard* them? Would you be able to spell the yummy flaky pastry, *croissant*, if you heard it pronounced the French way ("krwah-sah"?)

References to classic literature, the opera, popular movies, national leaders, actors, and authors also find their way into medical dictation. A well-read but, sadly, paranoid schizophrenic reported that his actions were being controlled by a *deus ex machina*. Plastic surgery patients want to look like Jennifer Aniston, Pamela Lee, or Heidi Klum. Psychiatric patients stalk famous figures and are sometimes obsessed with religious symbols and ideas. They may think they're from another planet in another galaxy or being controlled by aliens; they'll use planet and galaxy names from science fiction movies and novels. Children imitate behaviors they see on "reality" television shows and in computer games, sometimes with disastrous results.

Geographical regions and nationalities pop up too. Do you know how to spell Albuquerque, Cincinnati, Minneapolis, Ashkenazi (eastern European Yiddish-speaking Jews), Chiricahua (an American Indian tribe), Herzegovina (a small country in southeastern Europe), Bala Buluk in Afghanistan, Sikh (a language and ethnic group in the Punjab region between Pakistan and India)? Because of globalization of the economy, tourism, and charitable medical ventures into third world countries, you may hear the name of practically any city or country in the world. Is a current atlas one of your reference books?

All these terms and more appear in medical dictation. Do you get odd words like this every day? Perhaps not. But you can see that it pays to be well-read and acquainted with many cultures and many disciplines of study.

To summarize the qualifications of a good interpreter [or medical transcriptionist], they are:

- Knowledge of the general subject.
- General erudition in areas of religion, world cultures, literature, other languages.
- Extensive vocabulary and intimate familiarity with both English and medical language.

- Ability to express thoughts clearly and concisely in both languages.

A “good ear” is not enough for today’s transcriptionist. While we sometimes isolate ourselves physically by working at home or in cubicles, we must not isolate ourselves intellectually. In order to be good interpreters of medical language, we must immerse ourselves in the content and nuances of the dictations, and we must be good *critical thinkers and problem solvers*. And that is the subject of my next article!

For further insight into the process of interpreting medical dictation, read “Dictation and Transcription: Adventures in Thought Transference” and “Pronounced Differences,” both by John H. Dirckx, M.D., available as a free download at the HPI Web site: <http://www.hpisum.com>

References

¹Klaus G.E. Baumann, “What does an Interpreter do?” US Coast Guard Auxiliary web publication. <http://cgwebs.net/interpreter/images/What-does-an-Interpreter-do-IC-Promo-AUG-03.pdf>

²See “Interpreting ESL Dictation” ad in this issue.

³Baumann.

⁴Baumann.

⁵Baumann.

⁶Hoenig, “Do Interpreters Make Sense?” http://www.gesis.org/Mitarbeiter/zuma/harkness/csdi/presentations_2003/Hoenig_ESS_Bruessel_Folien_2003.pdf

⁷In French pronunciations, the superscripted letters are barely pronounced and sometimes impossible to hear.

Ellen Drake, CMT, FAAMT, is Development Editor for Health Professions Institute. She is also coauthor of the annual *Saunders Pharmaceutical Word Book*. She is a former medical transcription service owner, instructor, and practitioner with many years in the industry and has contributed to many medical transcription education and reference books. E-mail: jehu54110@mypacks.net.



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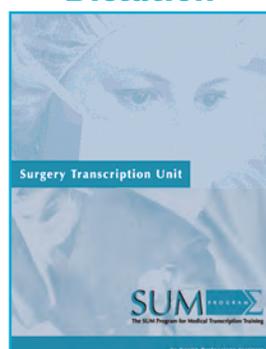
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New for 2008: Transcript Answer Keys updated to meet recommendations of AHDI's *The Book of Style for Medical Transcription*, 3rd ed.

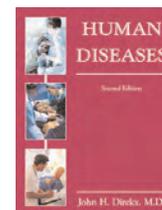
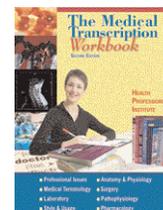
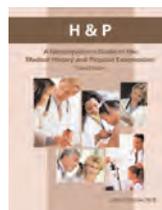
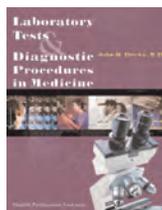
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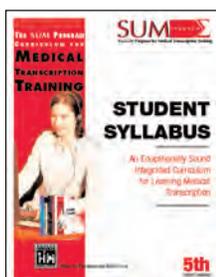
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