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Interview with Nicole Wei Lan, medical interpreter educator in Hong Kong and CATTI certified conference interpreter

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Nicole Lan is a nationally certified (CATTI[2]) conference interpreter, interpreter trainer. Her PhD dissertation was on empathic communication in medical interpreting. Before embarking on her PhD study, she was a research assistant assisting with a field study on the roles of medical interpreters in Hong Kong.

Dr Ester S.M. Leung obtained her PhD from the University of Lancaster and her MA degree from the University of Durham, both in the United Kingdom (UK). She is now an Associate Professor with the Translation Program at Hong Kong Baptist University. She gained extensive experience in both legal and medical interpreting before returning to Hong Kong from the UK, and has published in both areas of research. She was awarded the "Outstanding mentor of Social Enterprise" (2013) by the Home Affairs Bureau, and the "Best Knowledge Transfer Award" (2014) for her work on the training of ethnic-communities' medical interpreters at Hong Kong Baptist University. She was subsequently nominated for the "International Visiting Leadership Program" (2016) of the US embassy in Hong Kong.

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[2] CATTI - China Aptitude Test for Translators and Interpreters

Interview with Nicole Wei Lan

Ester: Can you tell us something about your background? How did you become involved in interpreter education?

Nicole: Sure. I have been a freelance interpreter since 2008 and have a master's degree in translating and interpreting. I taught conference interpreting in Beijing for two years before I came to Hong Kong where I also taught interpreting at college level.

Ester: How did you become involved in medical interpreter education and how has that evolved over the years?

Nicole: I got involved in training medical interpreters when I worked as a research assistant at Hong Kong Baptist University on a project exploring the identities and roles of medical interpreters with ethnic minority linguistic background. It was from then that I noticed that there were people in the training courses who seemed to be much more 'natural' than the others when interpreting, and there were people who never got the mastery of interpreting somehow. So I decided to probe further about it and start my doctoral thesis on it.

Ester: What underpins your approach to interpreter education and how do you prepare your students for future practice?

Nicole: The number one principle is always authenticity. Use authentic materials in class, such as real-life recordings or their transcriptions; have the students interact with real professionals invited from the field, and also expose the students to not only cognitive challenges, but also ethical and emotional issues of the medical and interpreting professions, so that they are more prepared for the future.

Ester: In your study, how and why did you involve medical professionals in the training?

Nicole: We believe that it is a concerted effort by all participants in the medical interview to make it work. That is why involving medical professionals in the loop is important. To make sure we are on the same page about what works best for the patient. During my field observations of nearly 50 cases, I saw plenty of doctors and nurses mistaking the role of medical interpreters for paramedics or someone who could give advice to the patient. So co-training sessions could benefit both sides, especially when I wanted to raise the awareness on empathic communication with different cultures.

In class, we invited medical professionals to come over for role-play exercises with our interpreter trainees, along with practicing medical interpreters, followed by feedback giving and debriefing amongst all participants. Focus was placed not only on the accuracy of verbal rendition, but also on nonverbal communication and perceptions of empathy.

Ester: If there was anything you could change, what would it be and why?

Nicole: I would love to have longer sessions for the training if time allowed, so that all participants could have longer discussions on the complicated subject of empathy and nonverbal communication, as well as other relevant issues such as code of ethics/practices. Because the training courses that I have conducted so far were all non-language-specific training courses, given more time the trainees could have shared more on the expression and perception of empathy in their own cultures.

Ester: Can you tell me about the medical interpreters you trained, who do not speak Cantonese, but who interpret between the ethnic minority languages and English here in Hong Kong.

Nicole: The medical interpreters I trained covered twelve different languages, including Urdu, Punjabi, Hindi, Nepali, Korean and many more, which were considered ethnic minority languages and Languages of Limited Diffusion (LLD) in Hong Kong. Most of the trainees were female and their ages ranged from 22 to 70, the average age being 48. About 40% of trainees were college degree holders, although the degrees were rarely related to language or medicine or interpreting.

Interview with Nicole Wei Lan

I appreciate the hard work and dedication of these trainees, because many of them were doing the training part-time, and medical interpreters only earn one half or one third of what a judiciary interpreter normally makes in Hong Kong. So I understand why some of them shifted to working in the legal field after completing their medical interpreter training. This is why my PhD supervisor and I have been strongly advocating for government policy to stipulate the use of professionally trained medical interpreters and also for better payment and professional standing and recognition for them. It will help improve the medical care for the ethnic minorities in Hong Kong at the same time empower them to become contributing members of society in the long run.

Ester: If you had one piece of advice for new medical interpreters, what would it be?

Nicole: Reflective empathy is beneficial to your work and a little empathic body language can go a long way.

Ester: What areas of interpreter education do you think are priority to research and why?

Nicole: More research should be done on curriculum changes and discussing the need and practicalities of including unconventional modules such as empathy in the syllabus. Since research has shown that physician empathy helps enhance communication effectiveness and produce better long-term healthcare outcomes, and interpreters, as active participants in the communication, should take empathy seriously. Researchers can also look into non-language-specific training courses for speakers of Languages of Limited Diffusion (LLD) because the number of the courses is ever-increasing internationally, thanks to globalization. Key themes such as adult learners, reflective learning, authenticity should also be studied as they are closely related to medical interpreting training courses these days.

Ester: How would you describe the ups and downs of these training courses that you have conducted so far?

Nicole: The best part of the training were the role-plays, the debriefing and feedback sharing sessions amongst the trainees, medical professionals and practicing interpreters. It was a fulfilling learning experience not just for the participants but for me as a trainer, as well. However, with constraints on resources, we were not able to conduct an ideal training course with pre-training screening and multiple post-training practicum sessions. There were also occasions where I found it hard when I had to explain to attendees why they had failed the examinations. Thanks to modern technology, however, all of the students' performance was video-recorded either on cameras or on tablets or smart phones, etc. We, the trainers and trainees could have analyzed everything together almost segment by segment. All these recordings were significant for the records of students' performance and reflections, and also formed the major part of the data for my thesis and possibly material for future research.

Ester: How did you involve the assessors and how did you select them. What was their role?

Nicole: We invited two groups of assessors who were experienced and practicing medical interpreters in their language. One group acted as role-play participants in the oral assessment and gave their scores on the spot. The other group assigned scores after watching the video recordings. We selected assessors based on their experience, and also based on recommendations from the interpreter referral agency (the Lady McLehose Centre) and their peers.

Ester: Can you give us more details of how the interpreter should show more empathy through body language and intonation/voice quality?

Nicole: In the analysis, several aspects of nonverbal cue were examined, including proxemics, kinetics, haptics, vocalics and chronemics. Taking proxemics as an example, close distance, direct body and facial orientation, and forward-leaning were observed amongst the higher scorers (i.e., interpreters who received a higher rating of empathic performance from the doctor, patient, and observers). Interpreters who scored higher in terms of empathic performance did not appear restricted by the pre-arranged seating arrangements.

These interpreters were also willing to make more significant proximal advances compared to the lower scorers. They did this, for example, by holding their notepads in the palm of their hands at all times, to gain the freedom of moving their torso without the constraint of having to take notes on a notepad that was lying on the table, so they could face their interlocutors front on. This was not only observed in their interactions with the doctor but also with the patient, whereas certain lower scorers were observed to proximally approach only the doctor, but not the patient. Lower scorers appeared stiffer in their torso and body movements in general. Only head turns and gazes were observed when they switched listening and speaking to the interlocutors, but no movements of the upper torso or the whole body. This is just one aspect amongst many discussed in the study. Due to the intricacies of the communication process, the results of this study are mainly descriptive and not meant to be used prescriptively. The goal is to raise awareness among medical interpreting practitioners and educators. With an understanding of the benefits of being an empathic communicator, medical interpreters can be empowered, and so can their patients.

Ester: Thank you for sharing your research findings with us Nicole. We wish you all the best for the future.