

MSF EGYPT MISSION
INTERPRETING GUIDELINES

December 2015

by
Chiara Iacono
MSF Egypt Mission

[Introduction to this guide](#)

[A note about terminology](#)

[MSF Mission in Egypt](#)

[MSF Clinics in Egypt](#)

[Interpreters](#)

[Roles and rules of interpreters](#)

[Service provider rules for working with interpreters](#)

[Sessions](#)

[Before session](#)

[During session](#)

[After session](#)

[Psychological sessions](#)

[Medical sessions](#)

[Physiotherapeutic sessions](#)

[Linguistic resources for interpreters](#)

[Psychological terms](#)

[Medical terms](#)

[Physiotherapeutic terms](#)

[Bibliography](#)

Introduction to this guide

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organization, founded in Paris, France in 1971, that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare.

MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation. It is a non-profit, self-governed organization.

Thousands of health professionals, logistical and administrative staff – most of whom are hired locally – work on programs in some 70 countries worldwide.

Where patients come from different countries, languages and cultures, service providers need the support of interpreters to communicate and interact with them.

These guidelines aim to provide guidance for both service providers and interpreters in the MSF Egypt Mission, to improve the use of interpretation in communicating with MSF patients and target community.

A note about terminology

In MSF Egypt, the clinics work with “interpreters” and not with “cultural mediators”. The idea of “cultural mediators” versus interpreters has been subject to some debate, due to lack of clarity regarding role boundaries and skills expectations. A “cultural mediator” may sometimes be assumed to perform functions of direct service providers, including direct communication with clients and direct service provision, or providing cultural explaining instead of the client themselves. For example, an article describing some activities of MSF in Malta mentions that, “cultural mediators are trained by MSF [*Malta*] to identify symptoms among people living in open centers, and they are provided with the basic counseling tools to support their peers.”¹

In other conceptions, “cultural mediators” may sometimes be tasked with the traditional role of “mediation” between two parties experiencing a conflict or a misunderstanding, on the assumption that the misunderstanding is cultural based.

However, in the absence of:

- clear guidance on the cultural competencies required for “cultural mediating”
- clear standards for training skills regarding
 - diversities within a single “culture”
 - blended cultural pluralities in migrating populations, and
 - client-centered autonomy of expression and views regarding cultural phenomena,
- full training to perform MSF professional tasks of a psychological or medical nature,

MSF Egypt refrains from employing concepts of “cultural mediators”; and instead MSF Egypt service providers work with “interpreters”.

As such, the interpreters working in MSF Egypt do not engage in direct service provision to, nor direct communication with, patients on their own, nor do they undertake tasks normally assigned to an administrative, medical, or psychology professional (such as monitoring alone a suicidal patient or calming and restraining a physically agitated patient). The interpreter’s primary task is to serve as the linguistic conduit between service provider and client, so that they may communicate directly. The interpreter does not provide cultural explaining, and only flags linguistically complex terms, cultural references or concepts, which the speakers may then explain further themselves.

¹ Migrants in Malta, MSF Malta 2010.

<http://www.doctorswithoutborders.org/news-stories/briefing-document/migrants-malta>

MSF Mission in Egypt

Traumatizing events - such as suffering or witnessing violence, the death of loved ones or the destruction of livelihoods - are likely to affect a person's mental wellbeing. MSF provides psychosocial support to victims of trauma in an effort to reduce the likelihood of long-term psychological problems.

Psychosocial care focuses on supporting patients to develop their own coping strategies after trauma. Counselors help people to talk about their experiences and process their feelings so that general stress levels are reduced. MSF also offers group counseling, which is a complementary approach.

In a MSF Mental Health clinic, interpreters work together with different service providers in taking care of patients.

An interpreter in an MSF mental health clinic needs to have specific skills:

- training in mental health topics,
- predisposition to mental health patients,
- no prejudices or stigma about mental health.

MSF staff held 218,400 individual and group mental health sessions in 2014.

MSF Clinics in Egypt

A key transit and destination country for African and Middle Eastern refugees and migrants, Egypt has recorded a massive increase in arrivals and departures since 2011.

In a clinic in Nasr City, a Cairo suburb, MSF teams provide refugees with psychological support and offer specialized medical assistance to those who have suffered sexual violence or torture.

In 2014, MSF expanded its services by opening a second clinic in Cairo. The new clinic in the Maadi district and the existing one in Nasr City district carried out a total of 11,030 consultations.

An MSF team also assisted 1,690 vulnerable individuals on the northern coast, providing over 1,000 medical consultations and distributing 1,435 hygiene kits.

In the Nasr City and Maadi clinics the target patients are refugees and foreign people without any document that could introduce them to their embassy. Usually patients are adults, both men and women, but, on an exception basis, minors (people younger than 18 years) can be admitted to either clinic.

Both of the clinics have a specific scope, and all of the patients meet the criteria of having been exposed to a traumatic event, that can include:

- being a victim of sexual violence
- being a victim of torture
- having some mental health problems related to exposure to a traumatic event.

In case of sexual violence or torture, minors are also admitted to the clinics.

A team of professionals, qualified to take care of these kinds of patients, work in the Maadi and Nasr City clinics: gynecologists, medical doctors, nurses, physiotherapists, psychiatrists, psychologists.

In cases of physical problems (following sexual violence or torture) patients are followed by gynecologists, medical doctors and nurses. Physiotherapists work with patients' physical rehabilitation and psychiatrists and psychologists take care of patients' mental health (psychiatrists with drugs while psychologists with psychological support sessions).

Due to the specific topics and goals, interpreters working in MSF clinics should have:

- open-minded and positive attitudes regarding people with mental illness
- knowledge about body language and culture-related signals, in addition to handling themselves when facing unusual patient behaviour.

Interpreters

All service providers in MSF clinics comply with ethical rules in addition to utilizing their technical and professional skills: interpreters are expected to do the same. Also, they have to guarantee confidentiality and privacy of the patient. That means that all communications between service provider and patient must not leave the session room.

In the Cairo MSF clinics, interpreters earn a certificate from CCIP (Cairo Community Interpreter Project), which provides professional standard training in community interpretation.

All interpreters in MSF missions should be trained and have a professional certificate.

There are two kinds of interpreters in the Cairo clinics, contract interpreters and daily-hire workers. Daily-hire workers should also be trained before having a contract.

Contract interpreters work in the clinic with service providers and their patients: they stay in the clinic to interpret the in-clinic sessions.

Daily-hire workers are charged with external visits with clinic professionals. When an interpreter is required outside the clinic, for example in case of visiting patients in psychiatric hospitals, a daily-hire interpreter should be called. It is important to have an updated list of daily-hire workers, by language and ethnicity.

One should also call daily-hire interpreters when contract interpreters are out sick or on leave; it is important that all languages spoken by patients be covered by interpreters every day.

In the MSF clinics in Egypt, interpreters are refugees from different countries in Africa or Middle East. This means that they may face the same difficulties that the patients face, especially if they arrived to Egypt recently. All contract interpreters have to periodically attend a training session.

Roles and rules of interpreters

The primary function of the interpreter is to facilitate the service provider and patient to communicate directly with each other and allow them to create the type of therapeutic connection that they would have if the two of them spoke a common language. The interpreter is not responsible for ensuring that the two parties agree, like each other, or trust each other, if they do not. When the interpreter does their task correctly, the two parties are empowered to connect directly, to ask questions of each other directly and solve any misunderstandings they may have.

The interpreter is not responsible for cultural explaining between the parties; if any confusion occurs linguistically, the interpreter may note it so that the two parties can explain their own views about any cultural phenomenon, and the interpreter merely interprets the speaker's own

explanation of the cultural view. The interpreter should never provide a cultural explanation on his own, from his own perspective, in place of the client or service provider speaking for themselves and presenting their own worldviews.

Below are some basic rules for interpreter behaviour in all types of clinical sessions:

- DO NOT add or modify the original communication
- DO NOT answer instead of the patient
- DO NOT have a judgmental approach to the patient
- DO assure privacy and confidentiality of the patient
- DO NOT socialize with the patient, that means that the communication between interpreter and patient stay at a professional level
- IS NOT a friend of the patient
- IS impartial which means that s/he is not allowed to give their opinion to the service provider nor to the patient, nor to alter in any way what a speaker expresses
- DO repeat and/or reformulate (say with different words) when patient didn't understand and inform the service provider that she/he is asking the same question with other words
- DO practice active listening
- DO respect cultural-related behaviors of patient (dress, level of voice, eye contact, ...);
- DO ask service provider in the case of not understanding (medical procedures, psychological processes, etc)

The importance of the use of silence and the concept of time for the patient also needs to be considered, since these are the elements that require greatest attention on the part of interpreters. Finally, an interpreter has to pay attention to discussion styles and rules of turn-taking, so that the discourse flows smoothly in the back-and-forth dialogue.

Service provider rules for working with interpreters

The clinic service providers also have rules to follow when working with interpreters, in order to establish a direct connection with their patient, even when communicating via an interpreter. Below is an excerpt from the CCIP guidelines on working with interpreters, reprinted with permission.

CCIP Guideline Tips for Service Providers Working with Interpreters

- **Brief Pre-Meeting.** Meet with the interpreter before entering the session, so to:
 - briefly explain the subject of the meeting, any key points that will be covered
 - allow the interpreter to prepare for terminology and any topic sensitivity
- **Seating arrangement.** Arrange the seats so that you are in direct eye contact with the client, and the interpreter is off to the side, not aligning too closely with either one, nor blocking direct contact between either one.
- **Interpreter Rule Reminders.** Before the session gets underway, allow the interpreter to briefly explain to both parties how to communicate through an interpreter and what to expect from the interpreter.
- **Do not speak directly to the interpreter during the meeting itself.** Look and speak directly with the client; address the client as “you”.
- **Do not look at the interpreter and speak about the client as in, “Ask her if she....”**
- **Try to speak in single sentences, with space for the interpreter to render the interpretation, don’t talk for too long of chunks, nor too short of chunks.**
- **Be aware of acronyms and explain them, do not ask the interpreter to explain them for you**
- **Do not give up your direct connection with the client:**
 - do not conduct side conversations with the interpreter that exclude the client.
 - do not allow the interpreter and client to conduct side conversations that exclude you.
 - keep your eye contact and communications directed at the client directly.
 - don’t forget that you are always conveying nonverbal communication directly to the client, in how you look at them or don’t look at them, smile at them directly, or not, etc.
- **Guidance when in doubt about the communication process: “How would I handle this if this person and I spoke the same language?”**
- **Do not ask the interpreter for their opinion about the client’s case or information or background.**
- **If the interpreter and client are from the same culture or speak the same native language does not give the interpreter special knowledge nor special insight about whether the client is telling the truth, or whether they are mentally sound, etc.**
- **Do not use the interpreter for fact verification (even “cultural facts”).**

Sessions

In MSF clinics in Egypt, sessions are managed by different professional service providers:

- Medical doctors (including psychiatrists)
- Physiotherapists
- Psychologists

A session can be a one-to-one meeting of a service provider with one patient, or a group session, where a group of patients attend a session with one service provider and one or two interpreters (depending on the languages of participants in the group session). The MSF contract interpreters in Cairo received a specific training on group sessions by CCIP in 2015.

In all session types, mental health staff "work with" interpreters. They do not "use" interpreters.

Before session

Before the beginning of each session it is important to have a pre-briefing between the service provider and interpreter to review the basic patient information and session objectives. In addition, a brief discussion at the end of the session is always recommended.

It is also important when service providers arrive late that interpreters should not stay alone with any patient: it could be difficult to find something neutral to talk about, and it is not appropriate to be in the position to have to contain or to calm the patient, as the interpreter is not trained to do this and it undermines the neutrality of their role. The patient may "connect" with the interpreter more than with the service provider and this can undermine the therapeutic relationship needed especially in counselling or with a psychologist.

The service provider and interpreter need to check if there is any personal connection between patient and interpreter, for example if they are friends, or they live in the same area. Due to the topics discussed in the clinics, it may be not comfortable for either the interpreter or the patient to talk about private and difficult issues with someone that they know or who they would encounter regularly or socially outside the clinic setting.

During session

After the service provider's initial presentation (for new sessions) or opening greetings (for follow up sessions), the interpreter should have the chance to introduce himself. It can be done relatively quickly, but it is very important to present and explain the role of the interpreter to the patient.

Each interpreter must follow the rules previously described in Roles and Rules of Interpreters. In a dialogue-based group session, each interpreter should not be expected to work in more than two languages, even if they know more than two languages, as this is too taxing for the flow of dialogue.

Take for example a group session made up of an Arabic-speaking psychologist and clients who speak Oromo and Tigrinya. Even if you were lucky enough to have a qualified interpreter who spoke all three languages, you should not have just the one interpreter managing the input and output interpretation between the three languages, as it would take too long and be too taxing for the interpreter. Instead, you would have ideally for example, one interpreter handling input-output of Arabic<>Oromo, and a separate interpreter handling input-output of Arabic<>Tigrinya.

After session

After each session, find the time for a short discussion with the interpreter, in order to debrief on how the interpreting went in the session and to receive any feedback on how to improve the process next time.

If there are any doubts or problems during the session, the interpreter should wait for the end of the session to discuss them with the service provider, and do so not in the presence of the patient. If this is not possible, interpreters can appeal to the supervisor or the manager.

At the end of each session, and on a regular periodic basis over the year, it is very important to check in with the interpreters on their own emotional care and accumulated stress from interpreting difficult session content over time.

Just as for the emotional and psychological care of other counseling and clinical staff, the interpreters may receive psychological support by their supervisor or manager. Interpreters may also request for psychological support treatment to be done outside of the clinic.

Psychological sessions

Mental illness and psychological problems are highly stigmatized in all communities: the main goal of the MSF clinic mental health activities is to help refugees to cope and adjust to their new situation. This is why it is important to reassure the patient that their privacy and confidentiality will be protected by every person in the clinic. It also reduces the risk of their feeling any social pressure or shame.

To preserve continuity in patient treatment, it is better to work with the same interpreter over the course of the patient's treatment process.

Patients should also be allowed to request that their interpreter be of a particular gender, and to refuse an interpreter with whom they don't feel comfortable.

Medical sessions

In MSF clinic work, different service providers work in different medical specializations.

An interpreter needs to know common medical terminology concerning diseases, parts of the body, simple operations, and common drugs and medicines.

To the extent possible, it is important to try and match the gender of the interpreter and the patient in a medical session. For example, a female patient may not feel comfortable in a medical examination with a male interpreter present.

Physiotherapeutic sessions

In physiotherapeutic sessions, the patient's physical body is in more central focus than in medical and psychological sessions.

It is important for the interpreter to pay attention to the patient's gender and to any issue related to nakedness (totally or partially) during session. Ask the patient if they have a preference regarding the interpreter's gender, or if there is anyone whose presence makes them feel uncomfortable.

In addition, it is important to pay attention to dress and culturally appropriate attire, as well as body language. Both the physical therapists and interpreters should pay attention to the patient's facial expressions which may indicate pain or discomfort in the physiotherapy.

Linguistic resources for interpreters

In MSF clinics, interpreters need to know medical and psychological terminology to be able to understand the service provider and to interpret in an understandable way to the patient.

In different sessions, interpreters use different terminology, including but not limited to:

- psychological sessions: common disorders and emotion-related terms;
- medical and physiotherapeutic sessions: parts of the human body, the most common physical illness and diseases, and common interventions.

In the MSF clinic in Maadi, there are some dictionaries in the interpreters' room, and an on-line glossary in different languages, prepared by interpreters in November 2015, is available.

CCIP resources for glossary research and development:

<https://sites.google.com/a/aucegypt.edu/ccip-readings/gloss>

Psychological terms

MSF interpreters need to know basic psychological terminology related to the following:

- emotional terms related to fear, anger, loneliness, etc
- common psychological and psychiatric problems: depression, anxiety, panic attacks
- psychological technical terms that the service provider may use: defense mechanisms, repression, resistance

Medical terms

MSF interpreters need to know basic medical terminology related to the following:

- human body: anatomy, organs, body systems (central nervous, musculoskeletal, etc)
- common medicines and drugs, such as tranquilizer, sleeping pill, antipsychotic, etc

Physiotherapeutic terms

MSF interpreters need to know basic physiotherapy terminology related to the following:

- human body: anatomy, organs, body systems (central nervous, musculoskeletal, etc)
- terms related to treatment and machines used by service providers (ultrasound, etc)
- common physical problems such as fractures, dislocations, lacerations, etc

Bibliography

Cairo Community Interpreter Project (CCIP) Readings Site:

<https://sites.google.com/a/aucegypt.edu/ccip-readings/>

<https://sites.google.com/a/aucegypt.edu/ccip/>

Good practice guide on interpreting for women who have experienced sexual violence (2011). Glasgow Violence Against Women Partnership. Retrieved 6 December 2015 from: <http://www.womenssupportproject.co.uk/userfiles/file/GVAWP%20Good%20Practice%20Guide%202011%20Final%20Nov.pdf>

Guidelines for working effectively with interpreters in mental health settings (2006). Victorian Transcultural Psychiatry Unit. Retrieved 6 December 2015 from: http://www.imiaweb.org/uploads/pages/812_2..pdf

Interpreting in mental health settings - a quick guide (2012). University of East London Department of Health. Retrieved 6 December 2015 from: <https://www.youtube.com/watch?v=k0wzhakyjck>

Interpreting in situations of sexual violence and other trauma: A handbook for community interpreters (2011). Dublin Rape Crisis Centre. Retrieved 6 December 2015 from: http://www.drcc.ie/wp-content/uploads/2011/03/RCC_Interpreting.pdf

Migrants in Malta, MSF Malta (2010). Retrieved 6 December 2015 from: <http://www.doctorswithoutborders.org/news-stories/briefing-document/migrants-malta>

National Standard Guide for Community Interpreting (2007). Healthcare Interpretation Network of Canada. Retrieved 6 December 2015 from: http://www.multi-languages.com/materials/National_Standard_Guide_for_Community_Interpreting_Services.pdf