การวิเคราะห์การทำงานร่วมกันระหว่างแพทย์และล่ามทางการแพทย์ ศึกษาจากการจำลองสถานการณ์การตรวจคนไข้โดยใช้ล่ามญี่ปุ่น-ไทย[1]

เอลิสา นิชิคิโตะ

บทคัดย่อ

การศึกษานี้นำเสนอผลการวิเคราะห์การทำงานร่วมกันระหว่างแพทย์และล่ามภาษาญี่ปุ่น-ไทยโดยใช้ข้อมูลที่ได้จากการจำลองสถานการณ์การตรวจคนไข้หกสถานการณ์ในการดำเนินงานให้แพทย์ฝึกหัดเฉพาะสาขาในโรงพยาบาลสวมบทบาทเป็นแพทย์ผู้ตรวจ อาสาสมัครชาวญี่ปุ่นสวมบทบาทเป็นคนไข้ และนักศึกษาสาขาวิชาภาษาญี่ปุ่นที่กำลังศึกษาวิชาการล่ามสวมบทบาทเป็นล่ามทางการแพทย์ ซึ่งการจำลองสถานการณ์ทั้งหมดถูกบันทึกเป็นวีดิทัศน์แล้วถอดความในภายหลังโดยใช้วิธีถอดความแบบวาทกรรมวิเคราะห์ด้วยมุมมองเชิงภาษาศาสตร์สังคมวัฒนธรรมและสรุปผลในเชิงพรรณนา ผลการศึกษาแสดงให้เห็นว่าแพทย์และล่ามพบอุปสรรคสำคัญสามด้านคือ (1) ด้านการสื่อสาร (2) ด้านภาษา และ (3) ด้านความสัมพันธ์ระหว่างบุคคล จากผลการศึกษาผู้วิจัยได้เสนอแนะแนวทางการปฏิบัติสำหรับแพทย์และล่ามภาษาญี่ปุ่น-ไทยในกรณีที่จำเป็นต้องมีคนกลางในการสื่อสารระหว่างสองฝ่ายที่ไม่สามารถสื่อสารด้วยภาษาเดียวกันได้

คำ สำคัญ

การสื่อสารระหว่างแพทย์และคนไข้, ล่ามภาษาญี่ปุ่น-ไทย, การจำลองสถานการณ์, การทำงานร่วมกัน, แนวทาง

An Analysis of the Teamwork between Doctors and Medical Interpreters: Derived from Simulated Consultations Mediated by Japanese–Thai Interpreters[1]

Elisa Nishikito

Abstract

This study reports on the results of the analysis of the teamwork between doctors and Japanese-Thai interpreters which were derived from six simulated consultations. Residents of a university hospital participated as doctors, senior Japanese volunteers played the role of patients, and Japanese major students taking the course "Interpretation" were the interpreters. All simulations were video-recorded and later transcribed using the transcription method of Discourse Analysis. Analysis was carried out from a sociocultural linguistics perspective and the results were summarized in a descriptive way.

The results revealed that doctors and interpreters faced challenges in three main areas: (a) communication, (b) language, and (c) interpersonal relationships. Based on the results, a practical guideline for doctors and Japanese-Thai interpreters is presented as a reference for triadic interactions.

Keywords

Doctor-patient communication, Japanese-Thai interpreter, Simulation, Teamwork, Guideline

1. Introduction

Medical interpreting is a service that has been offered at major private hospitals in Thailand for over two decades to better serve foreign patients who lack language proficiency in Thai. Since then, there have been studies that focused on medical interpreting, especially Japanese-Thai interpreters, as Japanese is one of the languages with the highest demand. Among the studies which were conducted at major international hospitals in Bangkok, there are two which point out some challenges faced by interpreters and doctors when working together. Sanguanphom (2013, p.78) mentions lack of mutual understanding between doctors and interpreters, including the interpreter's lack of understanding on the purpose of the doctor's inquiry. Watanabe (2012, p.34) mentions that doctors seem to overlook the complexities of interpretation.

In Chiang Mai, major private hospitals have also followed in the footsteps of hospitals in Bangkok. Interpreting services in Japanese have been provided to respond to the increasing Japanese population which includes both long-term residents (3,172 residents, Consulate-General of Japan in Chiang Mai, December 10, 2016) and Japanese tourists (4,000 at any time of the year, Thongtep, June 11, 2011).

Table 1. Private hospitals in Chiang Mai that offer medical interpreting service

Hospital	Languages in which interpreting services are offered
Bangkok Hospital Chiang Mai	Japanese, Burmese, Chinese
Chiang Mai Ram Hospital	Japanese, Burmese, Chinese, English, French, German
Lanna Hospital	Japanese
Mc Cormick Hospital	Japanese
Rajavej Hospital	Japanese, Burmese, Chinese, English
Sriphat Special Medical Center, Faculty of Medicine, Chiang Mai University	Japanese

(Summarized by the author)

However, there are several challenges that hospitals currently face: (1) Each private hospital has different organizational resources (both financial and human resources) to offer interpreting services; (2) There are a couple of private hospitals that have both private and public sections. When deemed necessary, interpreters also work at the hospital's public section where the busy work environment does not leave time for doctors and interpreters to get to know each other well; (3) Although hospitals provide some on-the-job training for interpreters, at less experienced hospitals who employ only one interpreter, the interpreter must learn by doing it on their own; (4) There is a constant turnover of interpreters because they don't stay long in this job.

In the realities of this current environment, this study was conducted with the purpose of better understanding the doctor-interpreter teamwork. Furthermore, it offers some recommendations that can respond to such challenges faced by hospitals in this city.

2. Objectives

The objectives of this study were:

(1) Analyzing and discussing some of the difficulties faced by doctors and Japanese-Thai interpreters when working together.

(2) Proposing a guideline that can facilitate their teamwork.

3. Methods

3.1. About the simulations

The simulations were organized in collaboration with the Department of Japanese and Division of Gastrointestinal Surgery and Endoscopy at two universities in Chiang Mai on March 27, 2015. Three residents of a university hospital participated as doctors, three senior Japanese volunteers played the role of patients and fourteen 3rd year Japanese major students taking the course "Interpretation" were the interpreters. All simulations were video-recorded and later transcribed using the transcription method of Discourse Analysis. Analysis was carried out from a sociocultural linguistics perspective and the results were summarized in a descriptive way.

3.2 Defining the scenario for the simulations

Due to the limited knowledge of Japanese language as well as medical terminology of the 3rd year Japanese major students, diseases were limited to three common ailments: 'common cold', 'food poisoning' and 'gastritis'. Each of the three Japanese volunteers chose one

of the diseases mentioned. No previous meeting was held with the residents who participated as doctors to keep the reality of the consultations.

Table 2. Participants' rotation in the simulations

First round of consultations (three consultations were conducted simultaneously)			
Consultation	Doctor (D)	Patient (P)	Interpreter (I) [3]
1	D1	P1	I1, I2
2	D2	P2	I3, I4
3	D3	P3	I5, I6
Second round of consultations (three consultations were conducted simultaneously)			
4	D1	P3	I7, I8,
5	D2	P1	I9, I10, I11
6	D3	P2	I12, I13, I14

3.3 Preparing the interpreters

Japanese major students while taking the course "Interpretation", received the following training before participating in the simulations: students learned the basics of interpretation techniques in consecutive interpreting and were taught the basics of medical interpretation including basic medical terms related to the diseases mentioned above.

4. Results and Discussions

The results of the analysis revealed that doctors and interpreters faced challenges in three main areas: (a) communication, (b) language and (c) interpersonal relationships, each of which are discussed next.

4.1 Communication Issues

The following issues regarding communication were identified:

(1) Doctors' unfamiliarity with triadic interactions.

(2) Doctors' difficulty in controlling the structure of the interview.

(3) Interpreters' lack of transparency during sidebar conversations.

(4) Interpreters' lack of knowledge on the purpose of the doctor's inquiry.

(1) Doctors' unfamiliarity with triadic interactions

It is a common issue addressed in workshops about medical interpreting across the United States how the presence of a third party affects the dynamics

---

[3] Interpreters who participated in pairs worked as a team, generally taking turns to interpret, although sometimes there was overlapping when they spoke. However, groups with three interpreters were grouped this way because of the lack of confidence of some students whose Japanese level was lower than expected for this activity. In such groups, there was at least one student who could handle the activity as the main interpreter and support the other ones who were less prepared.

of interaction. It was observed in all consultations that doctors actively listened to the patients when they were speaking, including keeping eye contact with them. However, when the doctors spoke, they directed their words to the interpreter as if speaking to and through the interpreter.

Example 1: Consultation no.5

D2: แล้วก็ **บอกเขาว่า** ควรจะหยุดกิน เหล้า กินข้าวให้ตรงเวลา เดี๋ยวจะไม่ หาย

*And **tell him that** (he) should stop drinking alcohol, and have meals at regular times otherwise (he) will not get better.*

Example 2: Consultation no.6

D3: **เขา**ท้องเสียเนอะ ถ่ายไปกี่ครั้ง? **He** *had diarrhea, right? How many bowel movements did (he) have?*

(2) Doctors' difficulty in controlling the structure of the interview

In a triadic interaction, the interview process can be interrupted by factors such as sidebar conversations between the doctor and interpreter or the interpreter and patient, as well as different parties trying to speak at the same time, influencing the flow of conversation. As a result, the

doctor has less control over the interview structure and process.

The following is an example of a sidebar conversation between the interpreter and patient. Soon after the doctor's inquiry about medication, the patient started to talk about a 'prescription book' used in Japan. It is small book with a list of all prescribed medication recorded by a health care professional which is kept by the patient.

Example 3: Consultation no.1

I1: 今は(薬を)持っていますか？ *Do you have it (the medicine) now?*

P1: あ、持っていません。 *Oh, no, I don't.*

I1: ไม่ได้เอามาค่ะ *No, didn't bring*

(omission)

P1: 家にあのう薬ノートがあるん です。　必要だったら　次回のと きに。 *I have the 'medicine book' at home.　(I can bring) it the next time if it is necessary.*

I2: แปลว่า もう一度。。。薬 *It means...once again (please)... medicine*

P1: 薬のノート、お薬手帳。どんな薬 を飲んでいますかというのが記 録されたノートがあるんですけど。

> *'Medicine book' 'medicine book'. It is a book where what type of medicine I've been taking is recorded*
> I2: อะไรนะ...ประวัติหรือเปล่า... ประวัติการรับยา
> *What does it mean?... it is some record, right? A record of the prescribed medicines*

I1: แต่อยู่ที่บ้าน
But it is at home.

D1: ขอเป็นเหล้าบุหรี่
(I want to know) about drinking alcohol and smoking.

In spite of the sidebar conversation shown in the dashed box, the doctor was able to keep focus on the questions he wanted to ask. Soon after the exchange between the interpreters and the patient, he shifted his question to drinking alcohol and smoking. Our findings are consistent with Angelelli's (2014), who observed that the flow of conversation is not always smooth in an interpreter mediated consultation.

(3) Interpreters' lack of transparency during sidebar conversations

Transparency is the act of interpreting everything what is said into a language that others present in a conversational event can understand. It is considered a requirement in an interpreter mediated conversation for the benefit of all parties involved. However, given the rapid shift of turn-taking, it is not easy for the interpreter to maintain transparency. In the next example, the interpreter does not understand the meaning of 'symptomatic treatment' and the doctor expands the explanation in a sidebar conversation.

Example 4: Consultation no.3

D3: การรักษาไข้หวัดเป็น...รักษาตาม อาการ...งงไหม? รักษา symptom, relieve symptom
The treatment for cold is symptomatic, are you confused? treat the symptoms, relieve symptoms

I5: รักษาตามอาการ (confused)
Treat the symptoms (confused)

D3: ใช่ ใช่ คือ... ไข้หวัดเนอะ การรักษา คือ...เหมือนกับรักษา... สมมติ ถ้ามี น้ำมูก พี่จะให้ยาลดน้ำมูก...เจ็บคอ... พี่ก็ให้ยาแก้เจ็บคอ
Yes, yes. The treatment for cold is similar to...for example, if you have a runny nose I will give medicine for runny nose. If you have sore throat, I will give medicine for sore throat.

During all the exchange between the doctor and the interpreter, the patient had no clue of what was being said. In order to keep transparency, the interpreter should have informed the patient about the topic of the sidebar conversation. Otherwise, it can affect how the patient perceives the situation, as well as have implications for the interpersonal relationship between all three parties, as will be shown in section 4.3.

(4) Interpreters' lack of knowledge on the purpose of the doctor's inquiry

Medical interpreters are expected to have some basic medical knowledge as well as knowledge of medical terms such as human anatomy, common diseases with its symptoms and treatments, laboratory testing and imaging scans, the basic types and usages of medicines, and infectious diseases (the Japanese Ministry of Labor, Heath, and Welfare, 2016). However, such vast knowledge can only come in handy if the interpreter has understanding of the doctor's perspective, that is, the purpose underlying the doctor's inquiry.

In the next example, the doctor prescribes an antibiotic for the patient. Since the interpreters did not have previous knowledge of medicines, they did not know how to translate the word 'antibiotic' into Japanese. However, they were able to explain through paraphrasing that it was a 'medicine to kill the bacteria'. The patient took the chance to make a joke and made the comment: 'The medicine won't kill me, right?'. In response, the interpreter immediately answered (without consulting the doctor) that there would be no such problem, and subsequently translated the sentence to the doctor, while laughing. However, for the doctor, this was not a laughing matter. She immediately asked the patient if she had ever had an allergic reaction to any medication, because this situation can actually be life-threatening. Here, the interpreter is unaware of how dangerous medicines can be in certain situations such as when allergic reactions occur.

Example 5: Consultation no.3

D3: เรื่องเจ็บคอนะ...พี่ก็จะให้ยาแก้เจ็บคอนะ แล้วก็ให้ยาฆ่าเชื้อ ยาเจ็บคอ...ยาฆ่าเชื้อ

For the sore throat...I will give medicine for sore throat and also antibiotic. Medicine for sore throat and antibiotic.

I5: 喉の薬あげます。後はばい菌を殺す薬です。すみません (I5 and P3 laugh)

Will give medicine for the throat. And a medicine to kill the bacteria. Sorry (I5 and P3 laugh)

P3: 私は死なないよね、その薬で。私は死ぬことないですよね。

I won't die because of the medicine, right? No way that I will die, right?

I5: (Addressing the patient) 大丈夫です。心配いりません。 ไม่ตายใช่ไหม? (laughing)

(Addressing the patient) No problem. No need to worry. Won't die right? (laughing)

D3: อะไรไม่ตายนะคะ?

What won't die?

I5: ยา...

The medicine...

D3: อ๋อ ถามเขาสิว่าเคยแพ้ยาหรือเปล่า

Oh, ask if (she) has ever had drug allergy.

I5: 薬のアレルギーありますか？

Are you allergic to medicines?

P3: ないです。

No, I'm not.

I5: ไม่มี

No.

D3: Ok. ถ้าไม่มีแพ้ยาก็ไม่น่าจะแพ้ยานะ ไม่เคยมีประวัตินะ

Ok. If (she) is not allergic to drugs, then won't probably have an allergic reaction...no previous record, right?

Putsch (1985), an American community-based medical doctor whose work aimed to educate his peers on how to work effectively with interpreters, observed that when doctors talk with patients, extensive questioning may be perplexing to both patients and interpreters who are unfamiliar with biomedical inquiry. He explains that "to elicit cooperation or obtain a more comprehensive history, it is often necessary to clarify the purpose of such detailed inquiry". (Putsch, 1985, p.3345)

4.2 Language Issues

The main language issues that affected doctor-interpreter teamwork were:

(1) Expressions of pain and expressions that describe symptoms.

(2) Errors in interpretation.

(3) Usage of medical terms.

(1) Expressions of pain and expressions that describe symptoms

Characteristics of pain as well as of symptoms are extremely important because they can help doctors distinguish different diseases and make accurate diagnosis. However, interpreters had particular difficulty in translating onomatopoeic words expressing pain. In example 6 the doctor asked the nature of the patient's stomach pain: burning sensation, cramps or tingling sensation. However, the interpreters were not able to translate, and instead, used the technique of asking the patient the nature of the pain he felt.

Example 6: Consultation no.1

D1: ลักษณะของการปวด แสบๆ ร้อนๆ บีบๆ อันนี้มันสำคัญนะ บีบๆ แสบๆ ร้อนๆ นะ จี๊ดๆ

The characteristics of pain...is it a burning sensation, cramps? This is important. Is it like cramps, burning, tingling pain?...

I1: *(silence)* どんな痛い[4] (どんな痛み)ですか?

(silence) How is the pain like?

It is noteworthy that words expressing the characteristics of pain surfaced in all six consultations and all interpreters had difficulties in translating them. As these words are commonly used in daily life, from a doctor's perspective they might seem as layman's terms. However, for interpreters, it is not always easy to come up with a perfect translation in a matter of seconds, especially because sometimes there is not a perfect match. As an example, the table below presents a comparison of these words in Thai, English and Japanese.

Table 3. Expressions of pain in different languages

Thai	English	Japanese
แสบๆ ร้อนๆ	Burning sensation	胸焼け
บีบๆ	(Stomach) cramps	胃痙攣
จี๊ดๆ	Tingling sensation	チクチク

(2) Errors in Interpretation

In this study an interpreter error is defined as any misinterpretation by the interpreter of an utterance produced by either the doctor or the patient. The most common error type identified was 'omission'. In the example below, the interpreter omitted the information that the patient had vomited 5 to 6 times.

Example 7: Consultation no.6

P2: 何回ももどして、食べたものはもう全部出しちゃった。<u>5回か6回出してます</u>。

I threw up many times, and everything I ate came out. <u>I threw up 5 to 6 times</u>.

I13: กินแล้วก็จะอาเจียนออกมา

Whenever I ate I would throw up

Our findings are consistent with those of Flores (2003). In his work about errors in medical interpretations during pediatric encounters, Flores identified about five different types of errors, namely, omission, false fluency, substitution, editorialization, and addition. Among the errors, omission was the most common type accounting for more than 50% of all others (Flores, et al., 2009, p. 6). Fortunately in this study, all six consultations were given the correct diagnosis regardless of the

---

[4] The interpreter's use of 'どんな痛い' is grammatically wrong. However, this is not the focus of our attention.

interpreters' mistakes, most likely due to the detailed inquiry by doctors and the fact that the three diseases are relatively easy to identify.

(3) Usage of Medical Terms

Usage of medical terms by the doctors that posed difficulty for interpreters were of two sorts:

- Expressions which are not necessarily specialized, such as 'การรักษาตามอาการ' (symptomatic treatment) in example 4. It is an expression that appears to be a layman's term and can be easily translated literally. However, interpreters did not know the meaning of 'symptomatic treatment' from a medical perspective, which means a 'treatment that affects the symptoms of a disease, not its cause'. This shows that doctors and interpreters do not always share the same understanding on medical subjects, as observed by Sanguanphom (2013).
- Expressions related to medicines, for which interpreters were not prepared, but ended being addressed in the process of consultation and turned out

to be extremely important: 'ยาแก้อักเสบ' (anti-inflammatory), 'ยาฆ่าเชื้อ' (antibiotic), 'ยาลดกรด' (antacid), 'น้ำเกลือแร่' (oral rehydration solution), for example.

In example 8, the interpreter cannot translate the term 'antibiotic' into Japanese.

Example 8: Consultation no.4

D1: ตอนนี้ไม่ต้องกินยาฆ่าเชื้อ ถ้าห้าวัน
อาการไม่ดีขึ้นให้กลับมาตรวจนะ
Don't need to take antibiotic now. If the symptoms do not improve in 5 days, come back to check again.

I7: 薬を飲みません。
Don't (need to) take medicine.

D1: ไม่ใช่ ต้องบอกว่ายาฆ่าเชื้อ ถ้าคุชุริ
เฉยๆ คือยาทั่วไป ยาที่ (inaudible)
แต่ต้องพูดว่ายาฆ่าเชื้อ
No, you need to say antibiotic. If you say only 'kusuri' it's general medication, medicine that (inaudible). But (you) have to say antibiotic.

In this case, the doctor, who understood a little bit of Japanese, noticed that the interpreter was not translating the word 'antibiotic' correctly. Table 4 compares types of medicines written in Thai, English and Japanese.

Table 4. Types of medicines in different languages

Thai	English	Japanese
ยาแก้อักเสบ	Anti-inflammatory	抗炎症薬
ยาฆ่าเชื้อ	Antibiotic	抗生物質
ยาลดกรด	Antacid	制酸薬
น้ำเกลือแร่	Oral rehydration solution (fluids to prevent dehydration)	経口補水液 (スポーツドリンク)

As it happened when translating expressions of pain, medicines that are well known even by a layperson poses difficulties for interpreters who are not from the medical field. The word น้ำเกลือแร่ (oral rehydration solution) for example, has technical terms in both English and Japanese. However, a term like 'fluids to prevent dehydration' (in English) or 'sports drink' (in Japanese) would probably be an easier explanation for the patient to understand, which shows that a literal translation might not always be the best option.

4.3 Interpersonal Relationship Issues

For a doctor, building up rapport as well as trust with the patient is important because it contributes to smooth communication, facilitates treatment, and leads to a satisfying doctor-patient interpersonal relationship. In example 9, when asked by the doctor if he drank alcohol, the patient answered that he just 'loved it'. However, the interpreter did not interpret the patient's words literally. She merely informed the doctor that the patient did drink alcohol.

Example 9: Consultation no.1

I2: お酒は飲みますか？
   Do you drink alcohol?
P1: 大好きです！
   Love it!
I2: ดื่มครับ (laughing)
   Yes, I do (laughing)

Here, not only the interpreter did change the patient's words, but the doctor was given no explanation about the interpreter's laugh, either. Translating accurately the patient's words would have provided the doctor with a glimpse of the patient's personality, which is an important step towards building up a relationship with the patient.

In the next example, the sidebar conversation between the doctor and interpreters about medication made the

patient feel uneasy. Such uneasiness led the patient to feel suspicious about the interpreter's skills and ultimately affected his trust towards the doctor.

Example 10: Consultation no.6

D3: *(จะให้) ยาลดปวดเกร็งหน้าท้อง*
(I will give) medicine to ease the abdominal cramping

I12: *ยาแก้ปวดท้อง*
Medicine for abdominal pain

D3: *ไม่ใช่ ไม่ใช่*
No, it is not

I13: *ไม่ใช่ยาแก้อักเสบใช่ไหม*
It is not anti-inflammatory, is it?

D3: *ไม่ใช่*
No, it is not.
(Omission)

P2: 今、タイ語で「マイチャイ・マイチャイ」と言って、本当にこっち側が言っていること、伝わっているんですか。
Heard in Thai 'mâi châi mâi châi' ('no, no'), is what I am trying to say really being transmitted to the doctor?
(Omission)

P2: あのう先生は患者さんに人気がありますか。
Is the doctor popular among the patients?

I13: 人気。。。
Popular...

P2: 人気というか。。。あの治療するのに先生に頼ると問題ないですか。
Popular... I mean... when receiving treatment, if I trust the doctor there won't be any problems, right?

In this situation, the lack of knowledge regarding medicines on the part of the interpreter was the cause of the sidebar conversation. It is necessary to recognize that 3rd year students' insufficient knowledge of medical terms in Japanese and lack of life experience especially in a hospital setting, might have posed difficulties to the doctor who needed to provide very basic medical explanation to facilitate the interpreter's work. However, depending on the complexity of the content of the conversation, for example, when the doctor needs to explain the procedures of a surgery and all the risks involved, or a life-threatening disease, it is likely that no matter how skillful the interpreter is, he/she might find him/herself having sidebar conversations with the doctor in front of the patient at one point of the consultation. Such a situation might affect the patient's perspective on how he/she views both the interpreter and the doctor. In the conversation above, the patient's reaction was not something

planned by the researcher. It came up in the conversation as natural flow of the interaction.

5. Conclusions and Further Considerations

5.1 Guideline for doctors and Japanese-Thai interpreters

Based on the previous discussion, a guideline that will facilitate the doctor-interpreter teamwork is presented. For both doctors and interpreters who are experienced, may the following recommendations serve as a 'back to the basics' guideline that can remind them of certain aspects they should be careful with when working together. For those new in their practice, may the guideline be a quick guide for increased efficiency in their teamwork.

(1) Guidelines for interpreters

The main advice proposed here for interpreters expands the suggestion by a doctor mentioned in Sanguanphom's (2013, p. 95) work that interpreters should study actual conversations that happen in the consultation room.

Main advice for interpreters: Study the structure of the doctor-patient interview (refer to appendix). It will benefit you in two ways: it will help increase your understanding of medical subjects as well as increase your vocabulary of technical terms in both languages. Understanding the context rather than just memorizing words is more effective in gaining new knowledge. Usually an interview structure is composed of: asking the patient's main complaint > details of the symptoms > diagnosis > treatment. For each section, make sure you understand the objective of the doctor's questions. As well, make sure you know the words and expressions that are likely to come up in each section in both languages. Focus on the sections you have more difficulty in interpreting and increase both your medical knowledge and vocabulary. This can be done with consultations from different departments and with each specific disease you come across in your practice.

Other recommendations:

- If you have difficulties in translating words that express the characteristics of pain or symptoms, describe the patient's words and emotions instead. It might help the doctor

have a thorough and better understanding of the patient's feelings.

- Pay attention to non-verbal cues and vocal intonations of the patient. They may help the doctor assess the patient's emotions for building up rapport.

- Be careful when rephrasing or summarizing to avoid changing the content and/or the speaker's intention.

- Maintain transparency by informing either parties of sidebar conversations.

(2) Guidelines for doctors

Main advice for doctors: interpretation is a complex process. Even when you feel you are using layman's terms, the translation might be difficult for interpreters because of their lack of understanding on medical subjects and lack of finding a perfect match between words of different languages.

Other recommendations:

- Make sure that the interpreter understands the purpose of your questions and the treatment process. Do not assume that the interpreter has medical knowledge. Many are not from the medical field.

- Speak with the patient as you would do in a situation where there is no need of interpreters. Direct your words to the patient and use simple explanations.

- If the interpreter seems to be having difficulty in translating words that express the characteristics of pain or symptoms, ask him/her to describe the patient's feelings instead. It will help you assess the patient's condition more thoroughly.

- Ask for a brief clarification when the interpreter engages in sidebar conversations with the patient.

- Take your time to build up rapport as well as trust with the patient. It is a complex process in a triadic interaction.

5.2 Further Considerations

The results revealed that the simulated consultations were pretty realistic due to several factors such as the fact that there was no pre-defined script for participants to follow; the participants did not know each other; and the fact that each patient was actually talking about a disease they had contracted in real life, which made it unnecessary to make up their medical history.

The findings of this study also revealed three aspects particularly worth of attention that have not been thoroughly discussed in previous studies: (1) the interpreters' difficulty in responding to the doctors' wish to understand accurately the characteristics of pain as well as the patients' feelings; (2) the need to have considerable knowledge of medicines; (3) the mismatch in understanding between doctors and interpreters on medical subjects.

There are a few limitations that must be acknowledged, though. The scenario of the consultations was limited to common ailments such as common cold, food poisoning and gastritis. In addition, the knowledge of Japanese language as well as medical knowledge of the students who were the interpreters were very basic, and might not completely reflect the performance of experienced interpreters who face all sorts of complex situations. However, considering that our findings are consistent with other related studies, and the fact that in Thailand there is neither formal training/ certification provided for medical interpreters (Nishikito, 2015; Sanguanphon, 2013) nor any guidance for doctors on how to use interpreters effectively, the recommendations provided above are supposed to be a quick guide for interpreters and doctors who need to work together. In addition, if hospitals can spare time for training their personnel, short-term courses for interpreters as suggested by Sanguanphon (2013) and workshops on working with interpreters for medical personnel as suggested by Nishikito (2015, p.86) could also be organized.

Finally, there are two aspects that were not addressed in this study and are left for the future: the differences in health protocols of both countries and differences in health beliefs and values due to the patients' cultural background that may affect the doctor-patient relationship and the treatment process. The 'prescription book' mentioned by the patient in example 3 gives a glimpse of the health care system in Japan, but both interpreters and Thai doctors were not familiar with it. In consultation 3, there was a moment when the doctor recommended 'drinking warm water often' to the patient who was diagnosed with common cold. However, the patient immediately reacted with a "うがいじゃなくて、飲む。なるほど。。。本当に？" *"Drinking instead of gargling…I see… Really?"* because in the case of cold and sore throat it is popular knowledge for Japanese that 'gargling frequently' (rather than drinking warm water) helps reduce inflammation of the throat, as well as 'wash out' any germs or bacteria, in addition to facilitating the phlegm to come out.

เอกสารอ้างอิง (References)

[1]   Angelelli, C. V. [HWU Lectures] (2014, April 4). *Medical Interpreting and Cross-cultural Communication-Inaugural Lecture, Heriot-Watt University Inaugural Lecture Series.* [Video file] Retrieved from https://www.youtube.com/watch?v=sAjY7q-XFlM

[2]   Consulate-General of Japan in Chiang Mai. (2016, December 10). SCC 4th Symposium 「チェンマイで就活を終える」.

[3]   Flores, G., Laws, M. B., Mayo, S. J., Zuckerman, B., Abreu, M., Medina, L. & Hardt, E. J. (2003). Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics,* 111 (1), 6-14.

[4]   Ministry of Labor, Heath, and Welfare of Japan (2016). 「医療通訳に関する資料　一覧」 Retrieved from http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000056944. html

[5]   Nishikito, E. (2015). Medical Interpreting Services in the United States, Japan, and Thailand: Comparisons of the Teamwork between Physicians and Medical Interpreters. *Jsn Journal,* 5 (2), 70-88.

[6]   Putsch, R. W. (1985). Cross-cultural Communication: The Special Case of Interpreters in Health Care. *JAMA Journal of the American Medical Association,* 254 (23), 3344-3348.

[7]   Sanguanphon, S. (2013). *Medical interpreters (Japanese-Thai) at a private hospital in Thailand and a guideline for training programs.* (Master of Liberal Arts) Graduate school of Japanese Studies, Faculty of Liberal Arts, Thammasat University.

[8]   Thongtep, W. (2011, June 20). Ageing Japanese Seen as Strong Prospect for Long Stays. *The Nation.* Retrieved from https://www.pressreader.com/thailand/the-nation /20110620/283485022764265

[9]   Watanabe, Y. (2012). Japanese Interpreters in Bangkok's International Hospitals: Implications for Intercultural Communication between *Japanese Patients and Thai Medical Providers. Japan Journal of Multilingualism and Multiculturalism,* 18 (1), 19-38.

ดร.เอลิสา นิชิคิโตะ

หน่วยงานผู้แต่ง : คณะมนุษยศาสตร์และสังคมศาสตร์ มหาวิทยาลัยพายัพ

Dr. Elisa Nishikito

Affiliation : Faculty of Humanities and Social Sciences, Payap University

Corresponding e-mail : elisa.mie.nishikito@gmail.com

Appendix: Examples of biomedical inquiry from the simulated consultations for interpreters to have a thorough view of the interview's structure.

Interview Structure	Consultation 4	Consultation 5	Consultation 6
Personal Information	- ชื่ออะไร? (name) - อายุเท่าไหร่? (age) - ทำอาชีพอะไร?. (profession).	- What is your name? (doctor's question in English)	-
Chief Complaint	- วันนี้เป็นอะไรมา? (chief complaint)	- เป็นอะไรมา? (chief complaint)	- วันนี้เป็นอะไรมา? (chief complaint)
Additional details: - understand the characteristics of pain; - understand the details of symptoms; - tell apart the diseases, for example, distinguish between common cold, influenza, pneumonia; or distinguish between gastritis and stomach cancer.	- (เป็นมา) ประมาณกี่วันกี่คืน (when did the symptoms start) - น้ำมูกสีอะไร (colour of nasal mucus) - กลืนน้ำลายแล้วเจ็บคอหรือกินอะไรแล้วเจ็บคอ (sore throat when swallowing or eating) - (มีอาการ) ไอไหม? (cough) - ไอมีเสมหะไหม? (เสมหะ) สีอะไร? (phlegm: colour) - ไอมากช่วงไหน? (when do you cough the most) - มีอาการหอบเหนื่อยมั้ยไหม? (shortness of breath) - ทำอะไรแล้วเหนื่อย (cause of tiredness) - มีไข้ไหม? (fever) - มีโรคประจำตัวไหม? (chronic illness) - สูบบุหรี่ กินเหล้าไหม? (smoking and drinking alcohol) - วันนี้ได้กินยาอาหารๆ para หรือแปๆก (medicine for fever)	- ปวดตรงไหน (location of pain) - ปวดยังไง (characteristics of pain) - ปวดแสบๆไหม (sensation of irritation or not) - ปวดเวลาท้ายอยังไร (situations that cause pain) - อุจจาระมีลักษณะไหม? (characteristics of stools) - กินเหล้าไหม? (drinking alcohol) - กินอาหารไม่เคยตรงเวลาไหม? (have regular meals or not) - น้ำหนักลดไหม? (weight loss) - เคยไปรักษาอะไรมาก่อนไหม? (previous treatments)	- ลักษณะการปวดเป็นอย่างไร (characteristics of pain) - ปวดท้อง ปวดปวดๆ (cramps) - ถ่ายอุจจาระไปกี่ครั้ง (frequency of stools) - ลักษณะอุจจาระ เป็นอย่างไร สีอะไร (characteristics & colour of stools) - (ถ่าย) เหลวหรือเป็นก้อน (watery or lumpy stools) - ลักษณะอาเจียนเป็นอย่างไร สีอะไร (colour of vomit) - (เริ่มเอาเจียน) กินข้าวมา (volume of vomit) - กินข้าวได้ไหม? (can eat or not) - มีไข้ไหม? (fever) - เมื่อวานกินอะไรมา (food eaten)
Diagnosis	- บอกว่าเป็นหวัดธรรมดา (common cold)	- สรุปว่าเป็นโรคกระเพาะ (gastritis)	- เป็นโรคอาหารเป็นพิษ (food poisoning)
Treatment	- ไม่ต้องกินยาฆ่าเชื้อ (antibiotic not necessary) - มียาลดน้ำมูก (medicine for runny nose) - (มี)ยาแก้หวัด (medicine for cold) - (มี)ยาแก้ไอ (medicine for cough) - กินน้ำเยอะๆ แล้วให้นอนพักเยอะ (drink plenty of water and have plenty of rest and sleep)	- จะมียาลดกรด (antacid) - (จะมี) ยาแก้ปวด (pain killer) - ควรจะเลิกกินเหล้า (stop drinking alcohol) - (ควรจะ) กินข้าวตรงเวลา (have regular meals)	- ถ้าไม่อยากนอนรพ.สพยาบาล: (if refusing hospitalization): - จะให้ทำเกลือแร่ (fluids to prevent dehydration) - (จะให้) ยาลดปวด (pain killer) - (จะให้) ยาลดเกร็งหน้าท้อง (medicine for abdominal cramping) - (จะให้)ยาฆ่าเชื้อ (antibiotic) - (จะให้) ยาแก้คลื่นไส้อาเจียน (medicine for nausea/vomit)