



UPDATE: Spring 2014

SIXTH EDITION

This is the sixth edition of the EthnoMed newsletter. [Click here](#) to view previous editions.

A message from Medical Director, J. Carey Jackson, MD, MA, MPH:

Akkam, Assaalmu Alaykum, Chào Quý Vị, Hello, Hola, Nǐ hǎo ...

The capacity for language is among the most uniquely human activities. Not that other species don't communicate, we know they do, but it is apparent that human language operates at a level of complexity far above other mammals. Most of the time we take it for granted, as a given. Yet as one thinks about language - its role in human development, the neurology of speech, the way language shapes thought and perception, the multiple operational levels of language, and its essential place in forming and perpetuating culture - to say it is complex is an understatement. In the practice of medicine, language operates at many levels. There are two obvious operations. First, is the everyday speech we use to greet one another and patients and to discuss our weekend or the events in national news. And, at another level, there is the technical language of our diverse disciplines and these vary, almost like dialects, by specialty. As physicians we have an operational lexicon we all use, but the geneticist, orthopedist, oncologist, and pathologist each have an expanded lexicon reflecting their practices and culture.

In fact, if patients in general have complaint about their physicians it is often that we use technical speech with them and have not figured out how to translate concepts and technical procedures into the vernacular. Those physicians who have are often credited with having a great "bedside manner."

Given this central role of language in creating culture and reflecting our practices and concepts it becomes clearer how complicated the process of translation between languages is for translators and interpreters. For interpreters the everyday usage and the technical usage have to be kept clear, and translated as much as is possible for the target audience. Those interpreters that ask physicians to restate things in an everyday way, often do their patients a great service, getting the complicated ideas into easily understood everyday speech.



Language access is a fundamental feature of many of the articles for patients we have on EthnoMed. Recently [Phrases of Courtesy in Nine languages: A tool for medical providers](#) was

added to EthnoMed. This tool focuses in on greetings and common phrases in several languages and attempts to give physicians a means of using some everyday phrases in the languages of their patients to make a personal connection. Greetings are a fundamental aspect of mammalian behavior, not just primate behavior. That makes greeting a very primal activity, and potentially deeply gratifying for both parties when given and received in the intended spirit.

Of course pronunciation is key, and so the tool attempts to help with pronunciation as well. We all have stories about grave misunderstandings that ensue from mispronounced words. Mine comes from an undergraduate biochemistry class where the teaching assistant's constant use of the term "Ohhh- shee-sha" left me baffled and a little panicked for two lectures until I realized it was "oxygen."

It is rarely the case that by using a greeting that people think that you speak the language. Most patients receive it in the spirit intended - they may chuckle at your pronunciation or limited vocabulary, but they appreciate the sincere attempt to recognize them (recognizing the history and culture that helped form them) through the use of a greeting in their language. While it is not essential to establishing rapport, it is generally a well-received effort.

As a rule physicians have the upper hand as the native speakers of the technical language of clinical concepts we fall into unknowingly, leaving our patients trying to keep up. This is especially true for patients that do not share your vernacular tongue. When you use a patient's greeting or phrase of reassurance, at least for a moment, the differences are equalized. The patient is the teacher, and you are clearly just barely keeping up.

Best,

Carey

OF INTEREST ON ETHNOMED

Phrases of Courtesy in Nine Languages: A tool for medical providers

By Benji Perin, MD Candidate (2015), University of Washington School of Medicine

In the provider-patient relationship, the path to positive health outcomes begins with a human connection. Developing rapport lays the foundation for each successive stage of the visit — from agenda setting and gathering information, to sharing information and involving patients in creating their treatment plans.

Language barriers make each one of these steps more difficult. Professional interpreters play a crucial role in helping providers and patients communicate, but the important work of making a connection still falls to the caregiver.

The goal of this tool is to provide a jumping-off point for developing rapport in the interpreted health encounter. Using phrases of courtesy in a patient's own language shows interest and respect, allows at least a few moments of direct connection between patient and provider, and hopefully



sends the conversation for a brief sojourn into social waters with the interpreter as navigator. This language learning tool features videos of native

speakers saying phrases of courtesy in nine languages. These phrases of greeting, introduction, acknowledgment, departure and for emergency situations in a clinical setting can be played at a normal speed and at a slow speed. Making a connection in this way is not just courtesy, but lays the foundation for the highest standard of care, a standard we wish to see extended to all patients, regardless of their English proficiency.

[READ MORE>>](#)

Project SAHAT (South Asian Health Assessment Tool)

EthnoMed is sharing information about a recently conducted health survey specific to the South Asian community living in Minnesota. The results of this study point to some key recommendations for community organizations to create programming for increasing awareness about chronic health issues prevalent among South Asians; for healthcare professionals working with the South Asian population to create culturally relevant training materials (including diet recommendations based on South Asian diet) to serve their South Asian clients better; and for the legislators to commit funds and resources related to health equity initiatives to meet the needs of underserved and vulnerable South Asians living in Minnesota.

[READ MORE>>](#)

CALENDAR ITEMS OF INTEREST

Abiy Tsom (Lent) 2014 (Ethiopian Orthodox) Feb 24, 2014 - April 20, 2014

Ethiopian Orthodox Great Holy Lent Fast lasts 55 days culminating on Easter, observed by followers of the Ethiopian Orthodox Church.

Dr. Hawa Abdi Foundation Dinner Party: Wednesday, April 9, 2014

The Somali Health Board (Seattle WA) will host a screening of "Through the Fire - a Story of Courage." This documentary tells the stories of three heroic Somali women, Edna Adan Ismail, Dr. Hawa Abdi and Ilwad Elman, who have each led ground-breaking humanitarian initiatives that have sustained their communities for years.

Cambodian New Year: April 13, 2014

Khmer New Year is the greatest traditional festival and national holiday celebrated in Cambodia. Traditionally, it is a three-day festival. In Seattle WA, the annual White Center Cambodian New Year Street Festival is Saturday, April 26, 2014.

Advances in Treating New Arrival Refugees: Thursday June 5, 2014



A one-day session for health care practitioners treating refugees and immigrants in the greater Seattle area. Adult topics include: Eosinophilia, Female Genital Cutting, Hepatitis B and Torture. Pediatric topics include: Eosinophilia, Developmental Delay, Latent TB, Nutrition, and the medically complex child. Free lunch if registered by May 1, 2014, CME's pending.

4th Annual North American Refugee Health Conference: June 19-21, 2014

Conference in Rochester, NY focusing on the best practices in refugee health. Lectures focus on contemporary issues in refugee health, mental health, OB/GYN, pediatrics, and primary care.

[READ MORE>>](#)

ABOUT ETHNOMED

EthnoMed was founded in 1994 and is a joint program of the University of Washington Health Sciences Library and Harborview Medical Center in Seattle, Washington. EthnoMed grew out of another hospital program, [Community House Calls](#), which was successfully bridging cultural and language barriers during medical visits, through interpretation, cultural mediation and advocacy with immigrant patients, families and communities. The website was created to reflect and support that experience. In recent years, our content has expanded to reflect many new communities that have settled in the Seattle area.

EthnoMed aims to address disparities in care through enhancing understanding between the medical culture and the culture of the patient. The program is grounded in relationships established with local ethnic communities and the providers who care for them. Our contributors come from a wide range of disciplines and experiences and include nurses, physicians, nutritionists, psychologists, academic faculty, medical interpreters, librarians, community members, and students. Health care providers and community members review content for clinical accuracy and cultural relevance.

We invite you to share your knowledge and educational materials with the EthnoMed audience. Consider being a content contributor, collaborator or reviewer. [Contact Us](#).

We hope that every newsletter edition will lead you to something helpful to your work. Please help us spread the word by forwarding this newsletter to a colleague or two, using the button below. Thank you!

 [Join the Mailing List](#)  [Send to a Colleague](#)

THIS E-COMMUNICATION WAS SENT BY:

UW Medicine | EthnoMed Newsletter

© 2018 University of Washington | [Contact Us](#) | [Privacy Policy](#)

This email message was sent to
unsubscribe or change your e-mail address.