

Chapter 5

Conclusions and Further Considerations

In this chapter, some recommendations for enhancing the teamwork between medical personnel and interpreters are presented. Recommendations are directed to hospitals, medical personnel, and interpreters, respectively. In addition, a few recommendations for the academic education of medical and nursing students, as well as for Japanese major students are presented. Finally, we conclude this study by discussing some of the limitations and making suggestions for further research.

5.1. Recommendations for Hospitals

5.1.1. Guidelines for Hospitals

Our findings revealed a few aspects that hospitals can work on in order to facilitate the work for both medical professionals and interpreters. Our suggestions are summarized in table 5.1 followed by detailed explanation.

Table 5.1. Recommendations for hospitals that offer medical interpreting service

<ol style="list-style-type: none">1. Ensure that both medical professionals and interpreters understand the interpreters' roles and their scope of work.2. Have a Code of Ethics for interpreters which will help guide them when they work (refer to the JAMI Code of Ethics in Annex 1).3. Provide opportunities for interpreters, to understand the perspective of medical personnel.4. Medical interpreting is a stressful and emotionally demanding job. Take measures to ensure the interpreters' physical and mental health.5. Provide opportunities for interpreters to improve their medical knowledge as well as their language skills.6. Provide opportunities for nurses in departments with high number of Japanese patients to learn basic Japanese.7. Prepare cards and boards with a list of words in Japanese and Thai to facilitate the work of nurses when the interpreter cannot be immediately available.
--

Details of the guideline are provided next.

(1) About the roles and duties of the interpreter

A small pamphlet explaining the interpreter's roles and scope of work could be prepared by hospitals and distributed to all medical personnel and interpreters who work together. For example:

Table 5.2. The roles and duties of the interpreter

<p><u>Interpreters:</u> Help all medical personnel communicate with patients who cannot speak Thai.</p> <p><u>Interpreters' duties and scope of work:</u> Collaborate with medical personnel by working at the reception desk, providing services over the phone, helping to take the patient's medical history, accompanying the patient to consultations, tests, hospital pharmacy and the cashier. Interpreters also take care of follow up appointments, insurance issues and contacting hospitals in Japan or the Japanese consulate as deemed necessary.</p>
--

Special attention when using the interpreter:

- Try to avoid technical terms. It's **NOT** the interpreter's role to explain a technical term related to diseases, medicines or treatment to the patient in layman terms. The medical personnel with the interpreting translating what is said to the patient must do this.
- It's **NOT** the interpreter's role to explain about the risks or side effects of a medicine on your behalf. Medical personnel should provide such explanations with the interpreter translating what is said to the patient.
- It's **NOT** the interpreter's role to explain about 'informed consent' on your behalf. Medical personnel should provide such explanations. The interpreter's role is to translate what the medical personnel say.

(2) Code of Ethics

The International Medical Interpreters Association (IMIA) established the first code of ethics for medical interpreters in 1987 with the intention to develop standards of best practice. The code of ethics addresses issues such as the importance of keeping confidentiality, impartiality, accuracy of translation, advocacy of peoples' rights, and respect for cultural and religious differences. In 2011, Japan Association of Medical Interpreters (JAMI) announced their code of ethics. Refer to annex 1.

(3) Interpreters' understanding of the perspective of medical personnel

Many interpreters do not have an educational background in the medical field. Therefore, especially those who are new in this profession are not familiar with what actually happens in a hospital environment.

If hospitals provide seminars or courses for nurses, interpreters should be encouraged to join and learn together with medical personnel. It will provide them

with better understanding of the medical personnel's perspective as well as the patient's.

Example based on a real experience at N1's hospital

The hospital offered a workshop for nurses and interpreters regarding CPR (cardiopulmonary resuscitation) procedure for a patient with cardiac arrest and how to deal with family members who are waiting outside the emergency room. Interpreters must understand that information about the patient's condition must be transmitted to family members step-by-step such as "the doctors are trying to help the patient > the personnel are doing chest compression > the heart beat is weak, etc." rather than taking the patient into the room, come out after a while and tell family members that the patient has passed away. This is too shocking for the family.

(4) Keeping the interpreter's physical and mental health

Meeting sick people, some in the terminal stages, and being placed in a position between medical personnel and patients who might sometimes have conflicting views are not only stressful, emotional, and demanding for interpreters, but they may also affect the interpreter's well being. Current on-the-job training is limited to provide interpreters with the opportunity to observe experienced interpreters in action, and learn from that. It still lacks teaching interpreters how to take care of their health, both physically and mentally.

- a. Interpreter's physical health: interpreters should be taught about infectious diseases and how to protect them from such diseases. Such knowledge is useful for the interpreter himself/herself, and also for broadening their medical knowledge.
- b. Interpreter's mental health: when a problem arises, the interpreter is the target of complaints from both the medical personnel and patient. A head-nurse or the international department coordinator could work as counselor

to help solve any misunderstandings/problems that may arise between medical personnel-interpreter-patient.

(5) Helping improve the interpreters' medical knowledge and language skills

Memorizing technical words without having understanding of the medical subjects is not enough to perform quality interpretation. Knowledge of technical words is easily acquired when learned in medical context and with understanding of the medical perspective. It can be done, but it needs collaboration of both medical personnel and interpreters. Detailed recommendations will be shown in the guidelines for interpreters.

(6) Basic Japanese language course for nurses

Nurses have interest in learning basic Japanese language specific for their work context. If nurses can speak basic Japanese, hospitals can better serve Japanese patients when the interpreter cannot be immediately available. However, Japanese language courses for nurses should consider a few points for a successful outcome:

- Courses should be offered primarily to departments with high number of Japanese patients.
- The course schedule should allow a certain number of nurses to complete the course without having to skip classes because of their duties (make clear who will 'cover' the nurses who are taking the course).
- If the instructor is a Japanese language specialist, but with no experience in the medical field, the course content should be organized by the instructor in collaboration with the interpreter.
- The course content should be limited to basic expressions and sentences that are context specific for each department.
- Certificates should be offered to nurses who complete the course.

More details are presented in the guidelines for nurses.

(7) List of words in Japanese and Thai for nurses

Communicating with a Japanese patient with only basic knowledge of Japanese language is not an easy task. Therefore, pamphlets, cards, or boards with a list of words and sentences in Japanese with Thai translation may serve as supplementary material to facilitate the work for nurses. In Japan, the Royal Thai Embassy in Tokyo published a “Health Handbook for Thais living in Japan” in 2015, in collaboration with the Thai Network in Japan. The handbook includes words and sentences, which are usually exchanged between medical personnel and patients, in Japanese and Thai (refer to annex 2). Collaboration between nurses and interpreters to create such material would be most appropriate. However, if lack of time in a busy hospital environment were an obstacle, teaming up with Japanese language instructors from universities (who are used to writing and publishing textbooks and books) through a cooperative project would probably facilitate the organization of such material.

5.1.2. Guidelines for Medical Personnel

(1) Guidelines for Physicians

The following guideline is directed to physicians who need to use interpreters when communicating with a Japanese patient. For those who are experienced, may the recommendations serve as a ‘back to basics’ guideline to assure effective care. For those who are new in their practice, may the guideline serve as a quick guide for understanding important points when working with interpreters.

About medical knowledge and usage of technical terms

- (a) Do not assume that interpreters have medical knowledge. Most of them do not come from the medical field and their medical knowledge is limited.
- (b) Avoid technical terms if possible. Speak to the patient as if you were speaking directly to him/her. Before using a technical term ask yourself the following question: "If I use this term with a patient who doesn't need an interpreter, would the patient understand?". It's not the interpreter's role to explain to the patient (in layman terms) a technical term you use.
- (c) When you ask questions to the patient, make sure the interpreter understands the purpose of your questions. In a dyadic interaction, you don't need to tell the patient why you are asking a specific question. However, when you do the questioning via an interpreter, if you and the interpreter do not have the same understanding, you might not get the information you need or expect.

About language issues

- (a) Interpreting from one language to another, especially translating the characteristics of pain is a very difficult task. Different languages have different expressions and they do not always have a perfect match. If the interpreter seems to be having difficulty with onomatopoeic words, ask the interpreter to comment on the patient's feelings and emotions instead.
- (b) If you notice that the interpreter may be interpreting incorrectly, try to identify the source of the misunderstanding using certain communications strategies before jumping to conclusions. For example, if you feel the interpreter said 'less' than the patient, it might be that he/she is summarizing what the patient said to save 'time', but has been able to keep the information that is necessary and significant for you to work. When the interpreter asks questions to the patient, it might be because the patient cannot express himself/herself clearly and the interpreters needs additional information. However, mistakes can

happen and if you feel any miscommunication issues, rephrase the question, use back translation such as asking the patient to say what he/she has understood, confirm with the interpreter your mutual understanding, etc. A consultation with an interpreter is time consuming. However, being careful with some of the details explained above will help avoid miscommunication, which may affect the health care outcome.

About Japanese senior patients

The following information is offered as mere reference for physicians to have an idea of how senior patients perceive medical care in Chiang Mai.

- (a) Japanese senior patients feel differences in health protocols between Japan and Thailand. They are used to a preventive and naturalist approach to health care, but they feel that Thai medical personnel emphasize a corrective care approach instead.
- (b) Japanese senior patients believe that medical services in Chiang Mai are of high standard. However, they sometimes feel reluctant in receiving care because of the differences in treatment approaches and procedures.

(2) Guidelines for Nurses

The following is a guideline for nurses who use interpreters when dealing with Japanese patients:

- (a) Speaking with the interpreter about how to coordinate your teamwork may increase effectiveness when serving the patient. For example, who should explain about 'informed consent' form to the patient? Who should look over the patient from time to time when he/she has to be in the waiting room for hours?
- (b) Many interpreters are not from the medical field, especially those who are new in their practice. They don't have the same understanding regarding medical

subjects. For example: when it comes to ‘blood thinners’, interpreters have a general understanding that it refers to medicine that help dissolve blood clots. However, they don’t usually know that the importance of ‘blood thinners’ refers to the fact that this kind of medicine may affect and even cause complications for certain treatment procedures. Help explain such significance to the interpreter.

- (c) In order to better serve Japanese patients when the interpreter cannot be available, organizing a list of words in Japanese and Thai or learning basic words in Japanese may facilitate communication with the patient. They can be both achieved if there is collaboration between nurses and interpreters. Nurses can help by preparing the questions they want to ask the patient, while the interpreter can help by translating the words and sentences into Japanese (examples in annex 3 and 4). This same material can be used as the basis for organizing Japanese language courses for nurses.

5.1.3. Guidelines for Interpreters

Recommendations for increased efficiency when working with physicians

About medical knowledge and technical terms

- (a) Improve your medical knowledge as well as medical terms by not only memorizing words, but also by understanding the context in which they are used. Try to understand the interview structure used by a physician (annex 5). Usually an interview structure is composed of: asking the patients’ main complaint > details of the symptoms > diagnosis > treatment. For each section, make sure you understand the objective of the physician’s questions. For each section, make sure you know the words and expressions that are likely to come up in the conversation in both languages. Focus on the sections you have more difficulty in interpreting and increase both your medical knowledge and

vocabulary for those sections. This can be done at different departments and with any disease you come across in your practice.

About language issues

- (b) Make efforts in 'translating' for mutual understanding, rather than focusing on literal translation. This applies to not only interpreting what the physician said, but the patient as well. Patients sometimes cannot express themselves well, and use ambiguous expressions that might be difficult for a physician to understand. In Japanese language, expressions such as 'iwakan o kanjiru' (feel discomfort) may sound 'vague' to the physician, who cannot grasp the actual symptoms the patient is experiencing. Encourage the patient to be more specific and clear about his/her symptoms to facilitate the physician's understanding.

About differences in health beliefs and values

- (c) If the physician and patient have different views or seem to be having difficulty in reaching an agreement, it may be because the patient's health beliefs and values differ from the physician's. Make that clear to the physician.

About interpersonal relationship with physicians

- (d) Don't feel intimidated by the physician's position of authority. If the patient has questions or disagrees with the physician and wants his/her opinion to be made clear, it is your job to transmit that information to the physician. If you fear that the patient's speech or attitude seems to defy the physician's authority, try to rephrase the question. For example, if the patient seems to doubt the real need of certain exams or procedures, maybe you could ask the physician what the exams are for. Detailed information may help the patient to come to a decision on their own by keeping the attitude of respect towards the physician.

Recommendations for increased efficiency when working with nurses

- (a) Speaking with nurses about how to coordinate your teamwork may increase effectiveness when serving the patient. For example, who should explain about 'informed consent' to the patient? Who should look over the patient from time to time when he/she has to be in the waiting room for hours?
- (b) Learn about the interview structure of different departments carried out by nurses. Doing this will benefit you in two ways: it will help you level your understanding on medical subjects; it will give you the opportunity to deepen your vocabulary in both Thai and Japanese languages for the topics that emerge in the conversation (Annex 6).
- (c) Organizing a list of words or sentences commonly used by nurses at different departments in collaboration with nurses may facilitate your work in that nurses may be able to carry out basic exchange with patients when you are not available (Annex 2, 3, 4).

5.2. Recommendations for the Academic Education

In chapter 2, it was described that in the United States, researchers and educational institutions have realized the importance of language in the health care setting. Therefore, efforts have been made to prepare both interpreters and health care providers to be able to work cooperatively. Training has been provided to both the interpreters and health care professionals in form of continuing education as well as including a special course in the medical curriculum of some universities to train medical students on how to use interpreters properly. Module style teaching (Marion, Gail S, et. al, 2008) and workshops (Cha-Chi Fung et. al, 201) have been used as teaching method. In nursing education, although there was no related literature about training nurses on how to work with

interpreters, Nagle BM, et. al. (2009) report on incorporating scenario-based simulations into a hospital nursing program in order to develop nurses' clinical competency, promote teamwork, and improve care processes.

Japan is still behind in promoting interdisciplinary teaching/training to medical professionals. However, as described earlier in 2.3.4., Kawauchi (2011) and Serizawa (2007) call attention to the need of providing health care professionals with proper skills in dealing and communicating with foreign patients, especially with regards to cross-cultural understandings.

Thailand's current trend in education also emphasizes the need to teach university students with several skills, which include career oriented skills, teamwork, and cross-cultural understanding. Because medical interpreting in Thailand is still limited to private hospitals, including medical interpreting as a topic to be taught for medical students as it has been done in the United States, certainly does not respond to the country's reality. However, workshops or scenario-based simulations could be carried out by the joint-participation of students of different fields (such as medical students and language major students, or nursing students and language major students) to teach both parties about communication and teamwork. Volunteer foreigners such as Japanese patients, for example, could be invited to participate in simulations of medical consultations in order to provide students of both departments with a glimpse of cross-cultural communication.

Next, we provide a brief overview of the conceptual framework for the current academic education in Thailand, and report on a workshop organized by the Japanese Language Department in collaboration with the Nursing Department on medical interpreting with the aim to provide students of both departments with career skills, problem solving skills, teamwork and cross-cultural understanding.

5.2.1. Academic Education for the 21st Century and Beyond

Munintarawong & Methapisit (2015, p.60), in their study about the qualifications and skills necessary for human resources that can respond to the current demands of

Japanese enterprises, describe the core ‘teaching and learning framework for the 21st century’ proposed by the Partnership for 21st Century Skills. According to them, learning in our century must surpass the mere learning of ‘core subjects’ and interface with various other skills. The instructor is considered a ‘coach’ or ‘facilitator’, and learning skills are gained from ‘problem-based learning’ projects.

Skills required are (Munintarawong & Methapisit, 2015, p.60):

- (1) Core subject skills which are composed of 3Rs: Reading, (W)Riting, (A)Rithmetics;
- (2) Learning and innovation skills composed of 4Cs: Critical thinking and problem solving skills; Communications, information, and media literacy; Collaboration, teamwork and leadership skills; Creativity and innovation skills;
- (3) Life and professional skills composed of career and learning skills, and cross-cultural understanding;
- (4) Computing and ICT literacy.

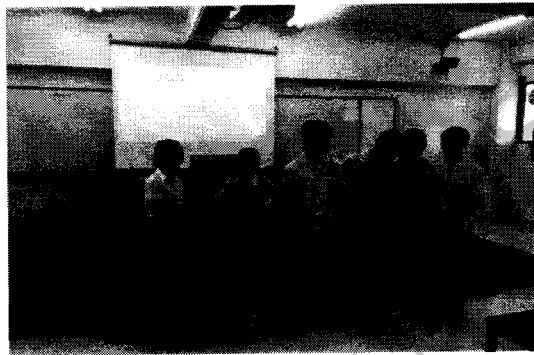
Based on the concept above, the Department of Japanese Language organized a workshop that included simulating a medical history taking situation mediated by a Japanese-Thai interpreter in collaboration with the Nursing Department.

The process and the details of the simulation are explained next.

5.2.2. Workshop for Undergraduate Students: Simulation of Medical History Taking Mediated by Japanese-Thai Interpreters

Nishikito (2016), in her study entitled “Cooperative Class between the Japanese Language Department and Department of Nursing: Towards Producing Qualified Professionals for the 21st Century” reports on a three-hour workshop that included simulations of medical history taking with the participation of nursing students and Japanese major students. In the activity, second year nursing students played the roles of

nurses who interviewed Japanese patients in Thai language. Japanese volunteers played the role of patients. And third year Japanese major students played the role of interpreters who facilitated the conversation between the two parties by translating what was said into each other's language.



The objectives of the workshop were:

- To provide basic knowledge about medical interpreting for both Japanese major students and nursing students, as well as some basic do's and don'ts of working together;
- To provide interpretation experience in a hospital setting for Japanese major students taking the course "Interpretation";

- To provide work experience for nursing students who learned how to interview a patient in a history taking situation.

The results revealed that the workshop was effective in achieving the proposed objectives. Japanese major students were able to have the validation of some theoretical knowledge such as the importance of medical knowledge and accurate translation, the dangers of misinterpretation, and their role in helping building up trust between the nurse and patient. As for nursing students, they were able to see the gap between theory and how medical history taking is actually conducted, as well as grasp certain mismatches in language when dealing with a foreign patient. In addition, the workshop taught students of both departments about career skills such as communication skills in conversational situations mediated by a third party – the interpreter, problem-solving skills in real-life situation, skills in working with professionals from different fields of specialization, and skills in understanding cultural differences which is a requirement for the 21st century.

We can conclude that workshops of this sort are a small example of how to complement students' learning in the classroom. Bringing students from different departments together, and focusing on interdisciplinary teaching/learning can enhance the production of qualified professionals who need to face multiculturalism and multilingualism when they enter into the job market that has become increasingly globalized.

5.3. Further Considerations

5.3.1. Limitations of this Study

1) The number of interviewees for each group was a small sample group. If in-depth interviews can be conducted with a larger group, we may have a deeper understanding of the teamwork between medical personnel and interpreters.

2) Interviews with patients were limited to Japanese pensioners because they are the clientele that most use the interpreting service at private hospitals in Chiang Mai. Therefore, Japanese patients' perspective on health beliefs and values presented in this study reflect the view of this particular group of senior Japanese.

3) The data collected offered researchers a general picture of the dynamics of the teamwork between medical personnel and Japanese-Thai interpreters, from the testimony of each group of interviewees, that is, data were provided to the researchers through the eyes of each interviewee, which is different from witnessing what goes on inside a consultation room. For deeper understanding of the communication via an interpreter, it would be necessary that the researchers have access to real data such as being able to witness in person (or via video-taped material), a physician-patient conversation mediated by an interpreter, or nurse-physician conversation mediated by an interpreter.

4) Some technical obstacles the researchers faced in conducting this research refer to the difficulty in obtaining understanding and cooperation from hospitals. Some were concerned with privacy issues, and if a research of this sort would affect their reputation. In addition, scheduling the appointments with medical personnel also required considerable time, because all appointments had to be scheduled via hospitals' human resources department or the international department, a slow process that could be sped up if researchers could contact medical personnel directly. However, it must be acknowledged that all medical personnel interviewed were extremely cooperative and interviews were conducted in a relaxed atmosphere.

5.3.2. Suggestions for Future Studies

1) One possibility for gathering raw data for deeper understanding of the communication that is mediated by an interpreter would be using voice-recorded material. If researchers can assure participants about respecting their privacy and confidentiality, it will be probably easier to get their consent once there are no images of the participants being recorded. There has been such attempt in the United States by Angelelli (2014) who used voice-recorded material from interpretations over the phone.

2) Thailand is a country where medical interpreting services has been offered at different regions, and by separate efforts of private hospitals. A contrastive study of medical interpreting among different regions in Thailand might give a thorough understanding of the current situation of medical interpreting in this country. From the literature review and from the results of this study, it was revealed that there are both similarities and differences among regions. The similarities refer to some common difficulties faced by interpreters in both Chiang Mai and Bangkok: (1) the emotional burden and stress that come with this work; (2) the mismatch in understanding between medical personnel and interpreters regarding medical subjects; (3) the interpreter's difficulty with technical terms used by the medical personnel; and (4) the physician's simplistic stance on interpreting while it is considered a very complex process from the interpreter's perspective. The main difference regards to the scope of medical interpreting service in Chiang Mai which is offered at a much smaller scale than Bangkok with no 24-hour service. Therefore, the problems hospitals face and strategies to solve them must be specific for the local context of Chiang Mai.

3) A joint project between universities and hospitals could help respond to the most immediate needs of the hospitals, namely, (1) collaborating in organizing a 'handbook' in Japanese and Thai with the most common situations faced by nurses to facilitate their communication with patients when interpreters are not available; (2) teaching basic Japanese through short courses for nurses in departments with high number of Japanese patients; (3) providing workshops for interpreters to suggest techniques on

how they can increase their medical knowledge and vocabulary, rather than just memorizing words as is usually suggested by hospitals.

PAYYAP UNIVERSITY

PAYAP UNIVERSITY

Annex

JAMI Code of Ethics for Medical Interpreters

JAMI (Japan Association of Medical Interpreters) was established in 2009 and has been following in the United States steps towards professionalizing the work of medical interpreters. In 2011, it announced the Code of Ethics for medical interpreters.

The Code of Ethics for Professional Medical Interpreters

Preface

Professional medical interpreters (PMIs), “Iryo Tsu-yaku-shi” in Japanese, are professionals who support communication so all people can have access to needed care breaking the language and culture barriers with the mission to help patients and medical professionals understand each other and building the trustworthy relationships necessary to promote health wellness. To this end, professional medical interpreters offer their skills, knowledge, and experience. The code of ethics was established so that PMIs are socially recognized as professional on wide sphere, and they perform meaningful assignments.

Code Tenets

1. Confidentiality: PMIs do not disclose assignment-related information about patients and medical professionals to outsiders.
 2. Accuracy: PMIs interpret faithfully the meaning of the conversations between patients and medical professionals, and do their best to establish good communication considering differences in society, culture, customs, and religion.
 3. Impartiality: PMIs interpret impartially to all. Professional medical interpreters acknowledge their position to better understand context and issues of conversation between patients and medical professionals, and refrain from using position to gain favors from either party.
 4. Awareness and handling of own skills in executing the assignments: PMIs are aware of the limits of their skills, and take appropriate measures, and/or reject assignments when unable to be neutral or encounter assignments beyond their skills.
 5. Continuing professional development: PMIs are committed to professional development to perform assignments.
 6. Improvement of medical interpreting environment, and collaboration with other professionals: PMIs strive to make medical professionals and society recognize their role. They strive to improve interpreting environments so that communication in medical settings goes smoothly. In addition, they strive to understand the role of medical professionals and other professionals, and collaborate with them.
 7. Advocacy of rights: Professional medical interpreters respect the dignity and rights of all people to live a healthy cultural life and to respect patients' independence in pursuing it.
 8. Professional medical interpreters' self-control: PMIs strive to protect their own privacy, and keep and promote their own mental and physical health.
 9. Societal contribution as professionals: PMIs prioritize the public interest and use their skills in all areas to improve society.
- (Established at the 4th JAMI's General Conference at Nagasaki, Japan, on July 9th, 2011)

Source: http://jami.hus.osaka-u.ac.jp/_userdata/Code%20of%20Ethics_English.pdf

Example of a list of words in Japanese and Thai that facilitates communication between nurses and patients



もしこういう症状があったら ...
 どのような診療科に行けば良いの？

症状	診療科
頭が痛い (折れた、及けた・しみる)、歯茎から血が出る、 歯茎が腫れる、口内炎、など	→ 歯科
自が赤い、自がかゆい、顔む、自がゴロゴロする、など	→ 眼科
耳が痛い、聞こえにくい、耳鳴りがする、膿が出る、異物が 目に入った、めまい、など	→ 耳鼻咽喉科
鼻血が止まらない、鼻づまり、鼻水が止まらない、鼻の中に できものがある、異物が入った、など	→ 耳鼻咽喉科
喉が痛い、声が出ない、声が出にくい、など	→ 耳鼻咽喉科
発熱、咳、鼻水、寒気、くしゃみやみどりなど風邪の症状	→ 内科
動悸、眩、血圧が高い、顔や足のむくみ、唇が青い、など	→ 内科
咳、痰、呼吸が苦しい、など	→ 内科
お腹が痛い、吐き気、嘔吐、下痢、便秘、血便、など	→ 内科
排尿時の痛み、血尿、むくみ、など	→ 内科
腫瘍、骨折、脱臼、打撲、五十肩、首・手・足の痛み、関節 の痛み、など	→ 整形外科
けが、火傷、排便時の痛み、血便、しこり (胸・お腹・皮膚) → など	→ 外科
顔のしびれ・麻痺・痙攣、歩くと時どつくと、頭が痛いなど	→ 神経内科
頭や顔の打撲、頭が痛い、など	→ 脳神経外科
発疹、にきび、肌がカサカサする、皮膚のしこり、など	→ 皮膚科
女性特有の病気や妊娠	→ 産婦人科
子ども (15歳くらいまで) の病気	→ 小児科

お医者さんにしっかりと症状を伝えましょう！

ควรจะไปพบแพทย์ที่แผนกไหนดี
 หากคุณมีอาการดังต่อไปนี้

อาการ	ชื่อแผนก
ปวดฟัน, ฟันโยก, ฟันปลอม, เลือดออกตามไรฟัน, เหงือก บวม, ซักเห็นในช่องปาก	→ แผนกทัน (口腔科)
ตาแดง, คันตา, ตาขี้ขี้, เคืองตา	→ แผนกตา (眼科)
ปวดหู, ได้ยินไม่ชัด, หูอื้อ, มีหนองออกจากหู, มีสิ่งแปลกปลอมเข้าหู, มีขี้หูมากเกินไป	→ แผนกหู-คอ-จมูก (口腔科)
เลือดกำเดาไหลไม่หยุด, คัดจมูก, น้ำมูกไหลไม่หยุด, เป็นฝีในจมูก, สิ่งแปลกปลอมเข้าจมูก	→ แผนกหู-คอ-จมูก (口腔科)
มีอาการเจ็บคอ, เสียงแหบ, ไม่ค่อยมีเสียง เป็นต้น	→ แผนกหู-คอ-จมูก (口腔科)
มีอาการไข้, ไขว้หน้าหนาว, ไข้หวัดใหญ่, ไข้หวัด หวัดธรรมดา, ความดันโลหิตสูง, ใบหน้าและรอบปาก, ภายไปออก ใจ, มีเสียงระ, ภายใจปาก	→ แผนกอายุรกรรม (内科)
ปวดท้อง, คลื่นไส้, ขาเจียน, ท้องเสีย, ท้องผูก, ถ่ายเป็นเลือด	→ แผนกอายุรกรรม (内科)
มีอาการเจ็บตามลำตัว, มีตุ่มตามผิวหนัง, ตัวบวม	→ แผนกอายุรกรรม (内科)
ปวดตา, กระตือรือร้น, จอประสาทตา, ฟ้าผ่า, ฟ้าผ่า, ปวดตา, กระจก ตาขุ่น	→ แผนกอายุรกรรม (眼科)
บาดเจ็บ, เป็นแผล, ไร้อ่อน, มีอาการเจ็บตามร่างกาย, ถ่ายเป็น เลือด, มีก้อนเนื้อ (เต้านม, ท้อง, อวัยวะ)	→ แผนกอายุรกรรม (内科)
ใบหน้าที่ซีดและเหลือง, เวลาเดินไม่สามารถทรงตัวได้, ปวดศีรษะ	→ แผนกอายุรกรรม (内科)
พลาซมาที่ซีดและเหลือง, ปวดศีรษะ	→ แผนกอายุรกรรม (内科)
มีไข้, เป็นฝี, มีหนอง, มีก้อนเนื้อที่ผิวหนัง	→ แผนกอายุรกรรม (内科)
โรคเฉพาะผู้หญิง, การตั้งครรภ์	→ แผนกสูติศาสตร์ (สูติศาสตร์)
โรคของเด็ก (อายุประมาณไม่เกิน 16 ปี)	→ แผนกเด็ก (กุมารเวช)

เวลาพบแพทย์ ควรอธิบายอาการเจ็บป่วยของคุณให้ละเอียดและชัดเจน !

Source: คู่มือสุขภาพคนไทยในญี่ปุ่น 「在日タイ人のための健康ハンドブック」 (2015) Tokyo: Thai Royal Embassy & Thai Network in Japan

Example of questions to be asked for breast cancer examination

乳がん検診
がん検診の基本的な情報

自己 検診	乳房の検診 (検診) をしていますか。 ・していません	はい	いいえ
年齢	初潮	閉経	閉経 (年)
妊娠 回数	分娩	回数	回数 (回)
母乳 育児	母乳の名称	母乳	母乳 (回)
現在の 状態	妊娠	している (ヶ月)	していない (ヶ月)
	乳房の病気を患ったことがありますか。	はい	いいえ
既往歴	ホルモン治療をしたことがありますか。	はい	いいえ
	手術	なし	あり (方法)
	ペースメーカーの設置	なし	あり
	V-P シヤント手術	なし	あり
	手術前、ペースメーカー・V-P シヤントの手術歴がある場合、マンモグラフィ撮影時に、影が落ちる場合がありますので、必ず検診前に医師・放射線技師にご相談ください。		
乳房の 状態	乳房の大きさ (cm)	なし	ある (右・左)
	乳房の痛み	なし	ある (右・左)
	乳房のしこり	なし	ある (右・左)
	乳房の陥凹・変形	なし	ある (右・左)
	乳房からの分泌	なし	ある (右・左)

17

ข้อมูลพื้นฐาน ไม่พบสอบถาม
สำหรับการตรวจคัดกรองโรคมะเร็งเต้านม

การตรวจ ด้วยตนเอง	คุณตรวจเต้านมด้วยตนเอง (โดยการสัมผัส) หรือไม่ ・ไม่เคย	ปีละ	ครั้ง
ประจำเดือน	มาครั้งแรก อายุ	ปี	หมดเมื่ออายุ
ตั้งครรภ์	เคยคลอดบุตร	ครั้ง	คลอดบุตรครั้งแรก เมื่ออายุ
การให้นม	จำนวนเดือนที่ให้นมแม่	เดือน	การเลี้ยงลูกของแม่ (ปี, ไม่ปี)
สภาพใน ปัจจุบันนี้	ประจำเดือน	มาครั้งสุดท้าย	เดือนที่
	การตั้งครรภ์	รอบประจำเดือน	วัน
	การให้แม่	ให้นมอยู่ (เดือน)	ไม่ได้ตั้งครรภ์
	เคยเป็นโรคเกี่ยวกับเต้านมหรือไม่	เคย	ไม่ได้ให้แม่
ประวัติ การเจ็บป่วย	ชื่อโรค	อายุ	ปี
	เคยรับการรักษาด้านการใช้ฮอร์โมนหรือไม่	เคย	ไม่
	ชื่อโรค	อายุ	ปี
	เคยทำศัลยกรรมด้านเต้านมหรือไม่	ไม่เคย	เคย
	(วิธีทำ)		
	มีเครื่องสำอางค์แต่งหน้าบริเวณหน้าอก (ยกเว้นการทาครีม) หรือไม่		ไม่
	เคยรับการตรวจคัดกรองเต้านมด้วยวิธีอื่นหรือไม่ (วิธีที่ระบุ) เคย		ไม่
	ในกรณีที่โดยที่ทำการตรวจเต้านมหน้าอก สิ่งที่ต้องระวังคือการใช้ยาทาบริเวณหน้าอกที่ไม่ใช่ของแพทย์ (วิธีที่ระบุ) การตรวจคัดกรองเต้านมด้วยวิธีอื่น (เช่น ในกรณีที่) อาจส่งผลให้ผลการตรวจอยู่ในช่วงท้ายสุด ก่อนรับการตรวจคัดกรองเต้านมแพทย์หรือผู้เชี่ยวชาญด้านรังสีวิทยา		
สภาพ ของเต้านม	มีรอยบุ๋บที่เต้านม (กรณีมีอาการ)	ไม่มี	มี (ขวา, ซ้าย)
	เจ็บที่บริเวณเต้านม	ไม่เจ็บ	เจ็บ (ขวา, ซ้าย)
	พบก้อนเนื้อแข็งที่เต้านม	ไม่พบ	พบ (ขวา, ซ้าย)
	มีลักษณะหัวนมบวม	ไม่มี	มี (ขวา, ซ้าย)
	หัวนมเปลี่ยนรูปร่าง	ไม่มี	มี (ขวา, ซ้าย)
	มีน้ำเหลืองออกจากหัวนม	ไม่มี	มี (ขวา, ซ้าย)

Source: คู่มือสุขภาพคนไทยในญี่ปุ่น 「在日タイ人のための健康ハンドブック」 (2015) Tokyo: Thai Royal Embassy & Thai Network in Japan

Examples of interview structures by the physician

Interview Structure	Consultation 4	Consultation 5	Consultation 6
Personal Information	- ชื่ออะไร? (name) - อายุเท่าไร? (age) - ทำอาชีพอะไร? (profession) - วันนี่เป็นอะไร? (chief complaint)	- What is your name? (doctor's question in English)	
Chief Complaint	- (เป็น) ปรมาณกี่วัน (when did the symptoms start) - นามูกสีเขียว (colour of nasal mucus) - กลืนมีลายแล้วเจ็บคอหรือกินอะไรแล้วเจ็บคอ (sore throat when swallowing or eating) - (มีอาการ) ไอไหม? (cough) - ไอมีเสมหะไหม? (เสมหะสีอะไร? (phlegm: colour) (when do you cough the most) - ไอมากช่วงไหน? (shortness of breath) - มีอาการหอบแล้วเหนื่อยไหม? (cause of tiredness) - ทำอะไรถึงเหนื่อย (fever) - มีไข้ไหม? - มีโรคประจำตัวไหม? (chronic illness) - สูบบุหรี่ กินเหล้าไหม? (smoking and drinking alcohol) - วันนี่ได้กินยา para หรือเปล่า (medicine for fever)	- เป็นอะไร? (chief complaint) - ปรมาณไหน (location of pain) - ปรมาณไหน (characteristics of pain) - ปรมาณไหน (sensation of irritation or not) - ปรมาณไหน (situations that cause pain) - อุจจาระผิดปกติไหม? (characteristics of stools) - กินเหล้าไหม? (drinking alcohol) - กินอาหารปรมาณไหน? (have regular meals or not) - น้ำหนักลดไหม? (weight loss) - เคยไปรักษาอะไรก่อนไหม? (previous treatments)	- วันนี่เป็นอะไร? (chief complaint) - ลักษณะการปวดเป็นอย่างไร (characteristics of pain) - ปวดตื้อๆ ปวดบิดๆ (cramps) - ถ่าย(อุจจาระ)ไปกี่ครั้ง (frequency of stools) - ลักษณะอุจจาระ เป็นอย่างไร สีอะไร (characteristics & colour of stools) - (ถ่าย) เหลวหรือเป็นก้อน (watery or lumpy stools) - ลักษณะอุจจาระเป็นอย่างไร มีสีอะไร (colour of vomit) - (ปริมาณ) ที่เท่าไร (volume of vomit) - กินข้าวได้ไหม? (can eat or not) - มีไข้ไหม? (fever) - เมื่อกินอะไรมา (food eaten)
Diagnosis	- บอกว่าเป็นหวัดธรรมดา (common cold) - ไม่ต้องกินยาฆ่าเชื้อ (antibiotic not necessary) - มีอาการน้ำมูก (medicine for runny nose) - (มี) ยาแก้หวัด (medicine for cold) - (มี) ยาแก้ไอ (medicine for cough) - กินน้ำเยอะๆ แล้วให้นอนพักผ่อน (drink plenty of water and have plenty of rest and sleep)	- สรุปว่าเป็นโรคกระเพาะ (gastritis) - จะมีกรดกรด (antacid) - (จะมี) ยาแก้ปวด (pain killer) - ควรจะเลิกกินเหล้า (stop drinking alcohol) - (ควร) จะกินข้าวตรงเวลา (have regular meals)	- เป็นโรคอาหารเป็นพิษ (food poisoning) - ถ้าไม่ยอมกินโรงพยาบาล: (if refusing hospitalization): - จะให้น้ำเกลือแร่ (fluids to prevent dehydration) - (จะให้) ยาลดปวด (pain killer) - (จะให้) ยาลดเกร็งหน้าท้อง (medicine for abdominal cramping) - (จะให้) ยาฆ่าเชื้อ (antibiotic) - (จะให้) ยาแก้คลื่นไส้ อาเจียน (medicine for nausea/vomit)
Treatment			

Source: Data from the pilot study (simulations of doctor-patient consultations) conducted for this research (in Nishkito, 2017)

Examples of medical history taking interviews (simplified version)

<p>Date.....Patient's name</p> <p>Age years sex O₂ Sat</p> <p>T..... P R..... BP.....mmHg Wt.....kg. Ht..... cm. BMI.....</p> <p>Chief Complaint:</p> <p>- คุณมีอาการอย่างไร (ไปตามข้อปวด มีอาการอักเสบวม แดง ร้อนของข้อ)</p> <p>History of Present Illness:</p> <p>- เริ่มมีอาการมือเท้า (ที่นิ้ว หรือที่ข้อนิ้ว) เป็นแบบเฉียบพลัน หรือเรื้อรัง</p> <p>- อาการเริ่มแรกเป็นอย่างไร เริ่มปวดจากบริเวณไหนก่อน แล้วมีการปวดลามไปบริเวณไหนหรือไม่ (ตั้งแต่เริ่มมีอาการ จนถึงอาการปัจจุบัน) (ไปตามข้อ ข้อ จำนวนข้อที่ปวด มีอาการบวม แดง ร้อนของข้อด้วยหรือไม่)</p> <p>- ได้ทำกิจกรรมใดก่อนที่ปวดข้อหรือไม่ เช่น ออกกำลังกาย เล่นเทนนิส คีโกล์ฟ</p> <p>- มีอาการปวดแบบใด (ปวดตื้อๆ/ ปวดแปลบๆ) ประเมิน pain score</p> <p>- อาการปวดมักเป็นช่วงใดของวัน (เช้า เย็น ตลอดวัน)</p> <p>- อะไรทำให้อาการปวดเพิ่มขึ้น เช่น การเดิน วิ่ง</p> <p>- อะไรทำให้อาการปวดลดลง</p> <p>- อาการนี้ส่งผลต่อการทำกิจวัตรประจำวันหรือไม่ เช่น การทานอาหาร การแปรงฟัน (กรณี ปวดข้อของมือ) หรือการเดิน (กรณีปวดข้อเท้า) การขึ้น การนั่ง (ข้อเข่า)</p> <p>- การรักษาเบื้องต้น ทานยาอะไรก่อนมาหรือไม่ ไปรักษาที่ไหนมาหรือไม่ ใช้สมุนไพร หรือฉวยประคบหรือไม่</p> <p>Medications/Immunization/Allergies:</p> <p>- คุณแพ้ยา แพ้อาหาร หรือสารเคมี อะไรหรือไม่?</p> <p>- ตอนนี้คุณกำลังทานยาการรักษาโรคอะไรอยู่หรือไม่</p> <p>- มียาที่ต้องทานเป็นประจำไหม (เอายามาด้วยไหม หรือรักษาที่ไหน)</p>	<p>Date.....Patient's name</p> <p>Age years sex O₂ Sat</p> <p>T..... P R..... BP.....mmHg Wt.....kg. Ht..... cm. BMI.....</p> <p>Chief Complaint:</p> <p>-What are your symptoms? (joint pain, how many joints, inflammation, swelling)</p> <p>History of Present Illness:</p> <p>-When did the symptoms start? (how many days, hours) Is it acute or chronic?</p> <p>-How did the symptoms start? Which area first? Does the pain spreads to other parts? (from the start to the present) (joint pain, how many joints, swelling, inflammation, feeling hot or not)</p> <p>-What did you do before the pain start? Ex: exercising, playing tennis or golf</p> <p>-How is the pain like? (throbbing pain/ shooting pain) Give a score to the pain</p> <p>-When is the pain worse? (morning, afternoon, evening)</p> <p>-Is there anything that worsens the pain? Ex: walking, running</p> <p>-What eases the pain?</p> <p>-Does the pain affect your daily activities? Ex: eating, brushing your teeth (if the pain is in the wrist), walking (pain in the foot), standing up, sitting (pain in the knees)</p> <p>-Did you take any medicine? Did you go anywhere for treatment? Did you try herbs or massage?</p> <p>Medications/Immunization/Allergies:</p> <p>-Do you have allergies to food, medicines or chemicals?</p> <p>-Are you under any kind of treatment?</p> <p>-Do you take any medication regularly? (Did you bring the medicine? Where do you have treatment?)</p>
---	--

Source: Provided by McCormick Faculty of Nursing, Payap University, from the nursing course "History Taking".