

1. 《评审简表》

评审简表

申报单位（盖章）：                      申报人姓名：      叶怡萱              语种：英语              拟评资格：      一级口译              审核人签字：

一、基本情况及主要经历

姓 名	叶怡萱	性 别	女	出生年月	1994.11	参加工作时间	2018 年	现行政职务		
最高学历	硕士研究生	毕业学校	英国纽卡斯尔大学		所学专业	翻译与口译	毕业时间	2018 年	学位	硕士
现专业技术职务（资格）		二级口译	取得时间	2020 年	同级专业技术职务取得时间			从事本专业年限		7 年
专业技术工作起止时间		工 作 单 位			从事何种专业技术工作		取得何种专业技术职称		取得职称时间	
2018 年 9 月~ 2021 年 2 月		北京国际度假区有限公司			翻译		中级职称		2020 年	
2021 年 4 月~ 2024 年 4 月		广州富力国际医院有限公司			翻译					
2024 年 4 月~ 至今		自由职业			翻译					
年 月~	年 月									
年 月~	年 月									
年 月~	年 月									
年 月~	年 月									

注 1：审核人请在首行签字并在表首加盖公章。

注 2：“同级专业技术职务及取得时间”是指由其它专业技术职务转评为翻译专业技术职务人员，其原专业技术职务取得时间。

## 二、任现职（取得现资格）以来的工作业绩

### 1. 承担重点项目情况

序号	重点项目名称	本人负责部分	级 别			项目进行时间	出版单位及时间	完成情况及效果
			地市级	省部级	国家级			

### 2. 获奖情况（填地市级一等奖，省部级一、二等奖，国家级一、二、三等奖）

序号	获奖题目	奖项名称	获奖级别及等级	颁奖单位	获奖时间	本人承担内容

三、任现职（取得现资格）以来完成工作任务情况

审定稿字数（万字）	
本人现任职以来的工作情况分为两个方面：全职翻译和自由翻译	
1、全职翻译	
2018.9-2021.2 就职于北京国际度假区有限公司（即北京环球影城项目），担任核心团队翻译，负责公司内部高层会议、与外部政府机构及承包商沟通会议、技术澄清会、专家评审会等会议的口译工作，以及公司制度、招采文件、技术规范等文件的笔译工作。	
2021.4-2024.4 就职于广州富力国际医院有限公司，担任高级翻译主管，负责全院翻译工作的领导与统筹，为公司内部各级会议、与外部合作方之间高层沟通会议、以及美国医疗合作方线上远程培训提供口译支持，并负责公司制度流程、官网文案、公众号内容等文件的笔译工作。	
2、自由翻译	
曾为下列国际会议、大型会议提供会议口译服务（精选部分重要国际会议）：	
2022 第十八届高端医疗发展论坛	同声传译
2023 美中贸易全国委员会——广东省长&广州市长见面会	交替传译
2023 中国·国际第 19 届现代救援医学论坛	同声传译
2023 第五届世界媒体峰会	同声传译
2023 金沙国际肿瘤论坛	同声传译
2024 中俄医科大学联盟理事会年会暨中俄医药发展国际学术大会	同声传译
2024 第十七届中国南方血管大会	同声传译
2024 第 21 届中国—东盟博览会	同声传译
2024 国际生物科技创新与投资大会	同声传译
2024 东方脑血管病会议	同声传译
2024 第四届中非和平安全论坛	同声传译
2024 第九届全国疱疹病毒学术研讨会	同声传译
2024 粤港澳大湾区全球招商大会	同声传译
2024 大湾区-东盟经济合作（前海）论坛	同声传译
2024 “看中国 听世界”论坛	同声传译
2024 国际旅行商大会	同声传译
2024 第九届珠江国际胃肠肿瘤学术会议	同声传译
2025 第六届肿瘤消融金陵高峰论坛暨世界肿瘤消融协会成立大会	同声传译
2025 第 34 届亚太肝脏研究协会年会	同声传译

2025 广交会珠江国际贸易论坛	同声传译
2025 国际医院认证与质量安全发展大会	同声传译
2025 中非经贸博览会	交替传译
2025 第五届中非稻米价值链合作研讨会	同声传译
2025 粤港澳大湾区国际临床试验大会	同声传译
2025 世界口腔医学大会	同声传译
2025 医院合作与发展羊城国际论坛	同声传译
2025 第 12 届亚太人类蛋白质组组织大会	同声传译
2025 科学肝切除学术大会	同声传译
2025 第三届亚洲生殖免疫学学术年会	同声传译

#### 四、任现职（取得现资格）以来发表、出版的译著（文）或论文

序号	译著（文）或论文题目	出版、发表在何处	作品字数（万）	发表时间	独（合）译	本人在合译中所承担部分及字数（万）

## 五、出国进修情况

进修起止时间	国 家	内容及专业
年 月~ 年 月		
年 月~ 年 月		
年 月~ 年 月		

## 六、国内进修情况

进修起止时间	进修内容及专业
年 月~ 年 月	
年 月~ 年 月	
年 月~ 年 月	
年 月~ 年 月	

## 七、出国工作情况

工作起止时间	任务
年 月~ 年 月	
年 月~ 年 月	
年 月~ 年 月	
年 月~ 年 月	

## 八、单位推荐意见（1000 字左右）

单位负责人签字：

单位：（盖章）

年 月 日

注 1：本页必须加盖单位公章。

注 2：“单位推荐意见”主要按照《翻译专业人员职称评价基本标准》中相应等级任职条件的要求对申报人的水平、业绩给予评价和推荐

## 4. 翻译从业心得体会

### **Challenges in Medical Interpreting and Solutions**

#### 1. Introduction

Medical interpreting is a highly specialized and challenging subtype of interpreting. Fundamentally speaking, it involves providing verbal translation to facilitate communication among different parties in the healthcare sector, including patients, healthcare professionals (HCPs), or industry stakeholders such as pharmaceutical companies. The form of medical interpreting can be diverse based on the specific context and purpose of the communication. This spectrum ranges from interpreting in a small examination room, where the interpreter works directly alongside a doctor and a patient, to the technologically supported simultaneous interpreting for large-scale international academic conferences with hundreds of experts as the audience.

The content of medical interpretation also varies significantly. It can involve relatively straightforward conversations between a clinician and a patient. These dialogues, while still requiring precision, often adopt more plain language with less use of complex medical terms to ensure the patient's comprehension. On the other end of the spectrum, it may involve highly specialized, cutting-edge academic dialogues among leading experts in a field,



filled with sophisticated terminology and complex concepts.

Furthermore, the definition and practice of medical interpreting differ significantly across countries. In China, for instance, medical interpreters are mostly hired to support academic conferences that engage foreign experts. In contrast, in multicultural nations like the United States and many European countries, the primary role of medical interpreters is to support the delivery of healthcare services, and they are often employed in hospital call centers or on-site to assist non-native speaking patients.

Despite these variations in format and focus, a medical interpreter's fundamental role remains constant: to serve as an indispensable bridge across different languages and cultural backgrounds. The quality of interpreting is therefore of great importance. High-quality interpretation contributes to the advancement of medicine by facilitating seamless exchange of research and clinical knowledge. In patient care settings, accurate and complete interpreting is one of the preconditions for successful delivery of healthcare. Conversely, poor-quality interpreting can create significant obstacles in academic collaboration and, in a clinical context, lead to misunderstandings with severe consequences, including misdiagnosis and improper treatment.

One of the prerequisites for delivering satisfactory interpretation is an adequate understanding of the content of discussion. Yet, this is precisely what medical interpreters often struggle with, unless they have received targeted professional training. Medical interpreting deals with highly specialized concepts and terminology, vast subject matters, and other perplexing non-academic factors. All of these makes medical interpreting arguably one of the most challenging fields within this profession, setting exceptional demands for the interpreter's comprehensive abilities.

My personal journey as a medical interpreter has spanned nearly five years, including three years as an in-house interpreter at an international hospital and two years as a freelancer. This experience has provided me with a practical perspective on the inherent challenges in this work. These difficulties arise from several key areas: the complex and often obscure nature of medical concepts and terminology; the frequent lack of preparatory or supporting materials; and the unique psychological burdens and ethical considerations that interpreters must navigate. This article aims to systematically identify these common challenges and, drawing from my own practice, offer a set of viable solutions that I have found effective in enhancing the accuracy, reliability, and overall professionalism of medical interpretation.

## 2. Common Challenges and Solutions

### 2.1 Medical Concepts and Terminology

#### 2.1.1 Medical Concepts

Medicine is an extraordinarily profound and complex field. It takes years of rigorous education and clinical practice for healthcare providers to achieve true expertise. A fundamental challenge within medicine stems from its complex structure of specialties and subspecialties. The human body is an integrated network of multiple systems, such as the urinary, reproductive, digestive systems, and many more. Each system is inherently complex and requires in-depth and focused study. Consequently, each medical specialty constitutes a highly complicated and surprisingly independent knowledge network with little overlap with others. The gaps between these disciplines can be so significant that even experienced healthcare providers may find it difficult to fully comprehend domains outside their own practice.

However, the human body does not function in isolated compartments. These intrinsically complicated systems also engage in continuous and complex interplay, constantly influencing and being influenced by each other. A prime example is cardiology and nephrology: when a cardiologist gives a presentation on heart failure

management, it is highly likely that he or she will discuss kidney functions too, as the heart and kidneys are closely linked in regulating fluid balance and blood pressure. A failing heart can directly impair kidney functions, and vice-versa. Therefore, for a medical interpreter, understanding a single specialty in isolation is not only insufficient, but also impossible. To accurately convey the messages discussed, we must understand the human body as a full, interconnected picture.

It is also worth clarifying that our primary task as interpreters is to facilitate communication by conveying key ideas and logical connections, not to become medical experts ourselves. The goal of building knowledge is not to diagnose or give medical advice, but to understand the context deeply enough to ensure our interpretation is precise, coherent, and meaningful.

To overcome the challenge of medical complexity, my first step was to build a foundational knowledge reservoir and a systematic knowledge network. I achieved this through self-studying a highly praised and bestselling English medical textbook, *The Language of Medicine* by Davi-Ellen Chabner. I have found this resource truly invaluable as it was written in a way that aimed at helping

individuals of all educational background to comprehend and memorize professional medical concepts and technology. The book is structured around the various systems of the human body. Each chapter covers a specific system, introducing fundamental anatomy and physiology, relevant terminology, common pathological conditions, and treatments. The exercises at the end of each chapter have been particularly useful for reinforcing my understanding and memorization. This approach helped me gain a comprehensive overview of the complex subject of medicine, and therefore enabled me to become an entry-level medical interpreter by helping me establish a solid knowledge scaffold, on which I could continually build more specific knowledge of different specialties.

### 2.1.2 Medical Terminology

In addition to the intricate concepts, the language of medicine itself presents a unique set of difficulties. Medical terminology is distinct from the jargon of many other professional fields because, as Chabner notes, “most medical terms are derived from Greek and Latin roots.” Without a background in these classical languages, comprehending and memorizing these terms can seem like an intimidating task. As Chabner puts it:

“Studying medical terminology is very similar to learning a new language”. Another daunting feature of medical terms is their exceptional length. Encountering a word like "pancreaticoduodenectomy" for the first time can be terrifying for any non-medical professionals.

Again, I have found solutions to this challenge in *The Language of Medicine*. It demonstrated that medical words can be deconstructed into understandable component parts: the root(s), the prefix, the combining vowels, and the suffix. The root serves as the foundation of a term, revealing what the term is pertaining to. The prefix and suffix refer to the beginning and ending of a word, giving it more specific meaning. The combining vowels have no functional relevance, yet they are important too as they play a role in correct pronunciation. For instance, in the above-mentioned term “pancreaticoduodenectomy”, “pancreatic” and “duoden” are the roots, from which we can tell that this word is pertaining to two organs: pancreas and duodenum. And “-ectomy” is the suffix, meaning “surgical removal”. Therefore “pancreaticoduodenectomy” simply means removing part of pancreas and duodenum. Deconstruction of medical words has become an essential strategy for me to decipher and remember them

efficiently.

Through this continuous process of foundational learning, systematic knowledge organization, and focused terminology study, I have been able to build the competence and confidence needed to navigate the vast and demanding landscape of medical interpretation.

### 2.1.3 Names of Medications

Another special challenge with medical interpreting is the nomenclature of medications. Every drug possesses at two names: a generic name and one or more brand names. The generic name is the official, standardized title based on the drug's chemical structure, while the brand name is a proprietary name chosen by a pharmaceutical company for marketing. For instance, "Abrocitinib" (generic name) and "Cibinqo" (brand name) refer to the identical drug used for atopic dermatitis, a skin disease. It should also be noted that a drug can be sold under multiple different brand names by various manufacturers across different countries and regions. This requires the interpreter not only to recognize the drug but also to remember the different drug names that refer to the exact same medication.

To mitigate this challenge, the most useful solution would be continuous establishment of a knowledge reservoir of drug nomenclature through lifelong learning and meeting preparations.

When using *The Language of Medicine* to build my own medical knowledge system, I have paid special attention to the part “Pathologic Conditions”, which covers the common diseases of each body system. For each type of disease, I then search for their corresponding management modalities, especially the most frequently-used medications. Internet and Artificial Intelligence are two exceptionally useful tools in this aspect, as they provide us with convenient access to these knowledges in a more systemic manner. Many websites generously offer such information to both medical and non-medical professionals. The Merck Manual Professional Version is one of my go-to platforms. It publishes comprehensive lists of medications for each type of disease, with both generic and brand names presented side by side for easy mapping and memorization.

While building such a knowledge foundation is crucial, it is also critical to make subject-targeted preparations before each task. From the preparatory materials



available, such as the name of meeting, the agenda, the slide decks, and the involved parties (i.e. research institutes, pharmaceutical companies), we are able to have a rough idea about the main conditions and diseases that are likely to be discussed, which offers a basis for targeted learning. For example, if we learn that the meeting is about a clinical trial conducted by a certain pharmaceutical company, we need to not only understand the disease of interest, but also search for more specific drug-related knowledge. For instance, the drugs used in the experiment and control groups, their MoA (mechanism of action), indications and contraindications, etc. The other drugs and protocols for this disease should also be part of our meeting prep process, as they are likely to be mentioned during the discussions.

#### 2.1.4 Exceptional Speed of Medical Innovation

The rapid pace of innovation in medicine presents a distinct set of challenges for interpreters. New drugs, technologies, and procedures are constantly emerging, each bringing its own specialized vocabulary. Furthermore, established treatment guidelines are frequently updated, and the meanings of existing terms can evolve, too. This creates a constant pressure for medical interpreters to stay up-to-date. It is not enough

to have a solid foundation in general medical knowledge; one must also be able to navigate the very latest developments in real-time.

To meet this challenge, a proactive learning approach is essential. The solution lies in continuous and lifelong self-education, including actively following trusted sources of medical news, such as professional association websites, major medical journals, and mobile phone apps.

Furthermore, preparation for specific assignments must be highly targeted. Once informed of a conference topic, I would immediately start to research the most recent studies, approved treatments, and key opinion leaders in that area, to obtain a general understanding of the subject. More importantly, I take this approach to build a targeted and most up-to-date medical glossary to reduce the likelihood of encountering these terms for the first time in the booth.

Finally, I also find it useful to build a network with medical professionals and fellow interpreters, who can be very helpful in clarifying new concepts and confirming terminology. For example, when I encounter

a newly coined English term for which I cannot find unified and consistent Chinese translations, I would always consult my previous hospital colleagues or families/friends who work as doctors, asking them “what do you call this in Chinese”. This helps me not only avoid misinterpreting the terms, but also better comprehend these novel concepts.

## 2.2 Limited Availability of Preparatory Materials

A significant challenge in medical interpreting is the frequent lack of access to preparatory materials, such as presentation slides or patient records. This issue is primarily the result of the legitimate concern among clinicians, researchers and industry stakeholders regarding the confidentiality of their work. Their findings are often the fruit of extensive investment and arduous work, and premature disclosure risks compromising intellectual property, potential patents, and academic success. Hence a lot of presenters tend to take a cautious approach in sharing documents prior to the meetings.

Although understandable, this situation creates considerable challenge and quality assurance risk for the interpreters. Working without context undermines the

accuracy and completeness required for high-quality interpretation. Encountering sophisticated terminology—such as complex drug names, surgical procedures and innovative concepts—for the first time in real-time increases the likelihood of error and omission. Similarly, the use of abbreviations and acronyms may also perplex the interpreters without a pre-given context to decipher their meaning. Such uncertainties can directly impact the quality of communication and risks, compromising patient safety or scientific advancement.

To address this challenge, a proactive and strategic approach is essential. The first step involves clear communication with the clients, explaining that preparatory materials are a prerequisite for quality assurance. We should articulate that these materials are necessary for interpreters to develop a consistent terminology glossary and a deeper understanding of the subject matter, which directly enhances the completeness and reliability of our interpretation. If the clients are reluctant due to concerns over confidentiality, we could convince them that we will strictly adhere to the Code of Conduct of interpreters by keeping their materials absolutely confidential. We can even propose to sign an NDA (Non-Disclosure Agreement) to make the clients

feel more reassured, which I have found to be a fairly useful and effective approach.

When full documents cannot be provided, alternative solutions should be proposed. Clients may be willing to share a simplified version of their presentation, with sensitive data removed but key terms and structure retained. Alternatively, we can request the presentation titles, abstracts, or a list of expected terms. In the worst-case scenario, where we are given nothing but a meeting agenda, we can still conduct independent research based on the speaker's name and the conference topic, using publicly available articles including previous publications to build a foundational understanding. The use of AI is arguably helpful, too. With prompts like “I am going to interpret on XXX conference. The speaker XXX plans to talk about XXXXX. What key concepts I should understand and what terms I should grasp in order to deliver high-quality interpreting?” In most of the cases, AI is able to provide me with a better picture of the subject of matter. However, it is not uncommon that AI may return partial, biased, and even wrong information. Therefore, we should always take a cautious approach when utilizing AI-generated information, and conduct cross-checks with other available resources if time

allows.

Ultimately, building a reputation for professionalism is the long-term solution. By consistently demonstrating strict confidentiality, we establish trust. When clients recognize the interpreter as a trusted partner and an integral part in their international communications, they are more likely to share necessary information and preparatory materials. This partnership is fundamental to ensuring that medical knowledge is conveyed accurately and effectively across language barriers.

## 2.3 Psychological Impacts and Ethical Considerations

Medical interpreting is a profession that extends far beyond simple language translation. It involves not only cold science, but also human emotions, creating a unique set of psychological pressures and ethical dilemmas for medical interpreters. These challenges exist more predominantly in direct patient-care settings.

The psychological weight on a medical interpreter is considerable. We are consistently exposed to highly sensitive and often distressing situations. This is particularly challenging when the patients and their families are involved, such as interpreting news of a

terminal diagnosis, explaining complex surgical risks to anxious families, and even facilitating discussions about hospice care. As medical interpreters, we need to listen to these difficult conversations while having to maintain a professional posture. Our inherent compassion and empathy as human beings makes such situations exceptionally stressful and mentally exhausting. Even on academic meetings where the patients and their families are not directly involved, the discussions over tragic cases can also be heart-breaking. One of my booth partners once burst into tears when interpreting a case of a five-year-old girl who died of leukemia, because she had a daughter of the same age.

To manage these impacts, professional resilience is essential. After finishing a traumatizing interpreting task, I often find comfort in talking to my families and friends, petting my cats, and engaging in my personal hobbies. Moreover, recognizing the signs of burnout and allowing ourselves to step back from particular assignments is not a sign of weakness, but a necessary strategy for long-term sustainability. Taking my booth partner as an example: she was so devastated to hear the suffering of young kids that she made the decision to never interpret on pediatrics meetings again. It is also crucial for medical

interpreters to establish mental and emotional boundaries; we must be as empathetic as appropriate when a patient is present, while also being able to mentally compartmentalize to protect our own well-being. I personally also benefit from the awareness that what we are doing now is an invaluable work, which not only enables patients to acquire and gain from more professional opinions, but also facilitates the advancement of medicine to benefit the entire human beings.

Ethically, the medical interpreter's role is guided by several core principles. Confidentiality is paramount. Everything heard during an interpreting assignment must remain private, so is all the patient-related information. The interpreter must also strictly adhere to the principle of impartiality. We are there to facilitate communication, not to offer opinions, advice, or emotional support. Our personal feelings about a patient's decisions or a doctor's approach must never influence the interpretation. We must also resist the urge to explain medical concepts in our own words without the clinician's consent, or to comfort a crying patient instead of facilitating their communication with the clinician. The ultimate objective is to enable accurate and complete communication



between the patient and provider, ensuring that the patient's voice is heard and the clinician's messages are clearly conveyed.

### 3. Conclusion

In conclusion, the practice of medical interpreting presents a complex set of challenges that extend far beyond simple language conversion. From mastering medical concepts and terminology to working with profound psychological pressures, all these difficulties demand both exceptional professional capability and also personal resilience.

Through systematic knowledge building, proactive preparation strategies, and strict adherence to ethical principles, medical interpreters can effectively overcome these obstacles. The solutions outlined in this article are drawn from my five years of practical experience, aiming at providing a viable framework of solutions for promoting medical interpreting preparedness. Ultimately, by continuously refining our skills and maintaining our commitment to Code of Conduct, we fulfill our essential role as bridges in healthcare communication.

However, it should be noted that the challenges and solutions covered by this article are not exhaustive. Interpreting is a

profession that involves uncertainties and variables on many different dimensions, while the obscure and ever-changing nature of medicine adding further complexity to the story. Furthermore, as technologies continue to evolve, new challenges are almost certain to emerge. A prime example is the introduction of remote meeting during Covid-19. This new meeting format has continued to gain popularity even after the pandemic was over. While offering great convenience to the participants, it has brought new challenges to the interpreters. In addition to dealing with potential technological issues with the devices, software and internet connectivity, we also need to fight against the impaired voice quality compared with in-person meetings, which further intensifies the difficulty of capturing, understanding and interpreting medical terms. Such new challenges demand even better preparedness and a higher level of familiarity with specialized medical terminology.

In conclusion, medical interpreting is indeed a field that presents multidimensional and dynamic challenges. Yet it is still possible to navigate these challenges by staying constant on certain aspects: a commitment to lifelong and strategic learning, a great passion for advancing the noble cause of medicine and healthcare, and a positive, resilient mindset to embrace challenges.