Health information on the move

Ambulance crews save lives – at high speed in a small vehicle. Emma Goldsmith explored (on board) some of the language differences between the UK and Spain

As a medical translator with a background in nursing, I was delighted my son Leo chose to train as an emergency medical technician (EMT) and join the Madrid ambulance service. He’s shown me round various ambulances and we often chat about trauma, technology and terminology. This March, I got the opportunity to find out how his experiences, and the terms he and his colleagues use, differ from their counterparts in the UK. I stepped on board a UK ambulance for a guided tour by my friend Jon Murrell, a paramedic practitioner stationed at Redhill, in Surrey.

We spent the afternoon packing and unpacking equipment, locking and unlocking drug storage systems and opening and closing carry chairs and other transfer devices; and over a coffee we thrashed out the pros and cons of English and Spanish ambulance crew training, logistics and communications.

Who, what and where: equipment and logistics
Ambulances have changed radically in the past half-century, from 1970s vehicles carrying the bare minimum – stretcher, splints and oxygen – to today’s medicalised ambulances providing advanced life support. State-of-the-art equipment needs skilled hands, so crew qualifications and training have developed in parallel. And here’s where the differences start: who does what and where.

Crew roles and logistics vary from one region to another in both countries, so I’m focusing here specifically on the South East Coast Ambulance Service in the UK and the Madrid ambulance services in Spain. (To complicate matters, Madrid quirkily breaks down emergency care by where it’s being delivered: the city service SAMUR responds to calls in public places and its regional counterpart SUMMA attends patients at home.)

Overall, there are some fundamental differences. A UK ambulance carries sufficient spares for a 12-hour shift. After completing a job, the crew does a quick clean-down, books clear

| Tricky terminology | | |
|-------------------|------------------|
| airway adjunct     | accesorio respiratorio |
| carry chair        | silla plegable |
| finger probe       | pulsioxímetro |
| nasal prongs       | gafas nasales |
| oxygen cylinder    | bala de oxígeno |
| scoop stretcher    | camilla cuchara |
| trolley            | camilla con bancada |
with the operations centre, and is dispatched elsewhere. No rest, no restocking. If spares run out, the crew returns to base to do a hot load or even switch to a freshly prepared ambulance. At the base, outsourced workers, known as vehicle preparation operatives, deep-clean, restock and refuel the ambulances round the clock.

Each UK ambulance is double-crewed with combinations of paramedics, associate ambulance practitioners (AAPs) and emergency care support workers (ECSWs). Paramedics are the most senior. With a BSc degree – and a master’s in the case of paramedic practitioners – they’re trained to intubate, cannulate, resuscitate, and perform other techniques not ending in -ate. Second up are AAPs – known in other regions as EMTs. After an 18-month apprenticeship, they can give intramuscular injections, splint patients, deliver babies, and more. Finally, ECSWs receive a three-month induction and are ready to defibrillate hearts, dress wounds and move patients safely. Everyone on the ambulance holds a C1 driving licence and receives driver training.

By contrast, Spanish crews work 12- or 24-hour shifts, and if there’s time between calls, they return to base to clean, restock and even rest or sleep. Each ambulance has a crew of two to four people, with a combination of doctor and/or nurse, and one or two EMTs. The course to train as an EMT (TES, técnico en emergencias sanitarias) is longer and more classroom-based than its counterpart in the UK. EMTs drive the ambulance and work alongside the doctor and nurse. Their specific skills vary according to each ambulance service policy.

Essential supplies must be easily accessible, so UK paramedics grab a primary response bag as they jump off the ambulance, with drugs stored in brightly coloured pouches, and intravenous morphine and diazepam securely fastened to their belts. Spanish kit is organised in circulatory and respiratory rucksacks, with drugs stacked in clearly labelled racks. The drug

**Making a call, in two languages**

*‘Emergency. Which service?’*

In the UK, dial 999 (or 112 or 911) for an ambulance and you’ll be put through to an emergency medical advisor, but paramedics and nurses are on hand to advise if needed. Some 10 per cent of calls are resolved on the spot (Hear and Treat); otherwise, an ambulance is dispatched and reaches the patient in an average of 7, 18, 120 or 180 minutes, depending on the priority (life-threatening, emergency, urgent, less urgent). Some emergencies are resolved at the scene (See and Treat), but 60 per cent of all calls end up with a patient in hospital (See and Treat – convey).

*¿Dónde está? ¿Qué es su emergencia?* (Where are you? What’s the emergency?)

In Madrid, if you need an ambulance and dial 112 (or 911) from a public location, you’ll be put through to an EMT in SAMUR, who triages the emergency and dispatches a basic or advanced ambulance for every single call received. If you phone from home, a doctor in SUMMA takes the call and solves the problem (resolución telefónica) or dispatches a rapid-response vehicle, advanced ambulance or a home-care unit. These idiosyncratic systems work efficiently, however, matching the UK response times in like-for-like categories (emergencia, urgencia no demorable, urgencia demorable, aviso domiciliario).
Emma Goldsmith trained as a nurse in London and later retrained – informally and formally – as a medical translator in Madrid. Her areas of expertise include clinical trial documentation, cardiology, emergency medicine and nursing. She writes a blog called Signs & Symptoms of Translation about medical translation and Trados, and currently serves as the chair of MET (Mediterranean Editors and Translators).

Keeping on top of the terminology
Unsurprisingly, medical devices vary little by country. All ambulances carry airway and ventilation equipment, heart monitors and defibrillators, maternity kits, immobilisation devices and transfer aids. But new devices appear and protocols change, so crew members need to keep a pulse on evolving jargon.

Brand names can sound quite different in English and Spanish. Take the Ambu™ bag-valve mask, for instance, pronounced ‘ambju’ in English and amˈbu in Spanish. Device manufacturers love coining catchy names – Oxylog™, Frac-Straps™, i-gel™ – that soon become jargon. Sometimes crewmates come up with fun names themselves, so in Spanish, a yellow handheld device (a Pneupac™ ventilator) is nicknamed pollito (chick), while in English the Suction-Easy™ aspirator shaped like a turkey baster is referred to as – you’ve guessed it – the turkey baster.

Recognition on the road and on arrival
Most ambulances share the same distinctive livery, with green-and-yellow Rattenberg markings along the sides. However, English ambulances fill panel space with awareness campaigns, ranging from a mnemonic for symptoms of sepsis to You wouldn’t call the coastguard if you fell in a puddle. Think before you dial!

The crew uniforms are very different too – with a knock-on effect for how the crews communicate with patients and families. UK crews dress in sober green, with their job titles displayed discreetly on epaulettes, making it hard for lay people to tell who’s who. Conversely, Spanish crews sport bright, high-vis garments with huge-lettered job titles across their backs – easy for everyone to read and understand. However, UK crew members have their first names sewn onto uniforms to encourage friendly communication with patients. In Spain, patients often never learn clinicians’ names – badges on lanyards get tucked into pockets, clear of cables and tubes.

Names matter in verbal communication too. UK paramedics will sound out how a patient wishes to be addressed, saying: ‘Hello, I’m Jon. What’s your name?’ and patients very rarely respond with a blunt ‘Call me Mr Smith’. In Spain, instead of being on first-name terms with patients, the crew is more likely to use less personal forms of address (caballero, señora) and the formal you (Usted).

But whichever they opt for, their tone of voice, body language and empathy add nuance to even the greyest word choice. And that’s the common denominator of all professional ambulance workers, wherever they are: in the face of commotion, they’re efficient yet caring and calm.

Taking part yourself
If I were 10 years younger and 50 km nearer Madrid, I’d join SAMUR Cuerpo de Voluntarios in a heartbeat. What about you? If this review has piqued your interest, why not volunteer as a first-aider with St John Ambulance or train as a community first responder with your local ambulance trust?

NWTN 35TH/37TH ANNIVERSARY DINNER

Date: Saturday 7 May 2022  Time: 7pm-till midnight
Venue: The Lowry, Salford Quays  Cost: £45

Former, current and new NWTN members are welcome to network and celebrate all that is brilliant about the North West Translators’ Network during a fun, relaxed evening! With so many people involved with the network over the years and so many developments in both the translation and interpreting industries, we want to pay homage to them by focusing on the past, present and future of our network (not to mention the two years that we’ve waited to finally bring you this event).

This function, which includes a three-course dinner, will be held in the Compass Room at the prestigious Lowry theatre in Salford Quays, near Manchester. Come and meet the NWTN committee, make new connections, let your hair down and dance to the music tracks of our years!

Find out more from: chair@nwtn.org.uk
Eventbrite link: https://www.eventbrite.co.uk/e/nwtn-35th-anniversary-dinnerdance-2022-tickets-25952267087