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**Training Medically Qualified Interpreters:
New Approaches, New Applications, Promising Results**

By Robyn K. Dean, CI/CT, Dr. Jeffrey Davis, CSC, CI & CT, SC:L, Hannah Dostal-Barnett, Lorena E. Graham, Laura Hammond, Kim Hinchey, CI/CT

Q: What is the best possible preparation for an interpreting assignment?

A: Know everything that is going to happen, why it is happening, precisely what will be said, exactly what each party means, and how to sign, voice mediate, and facilitate all of that optimally.

While achieving this ideal level of readiness for every assignment may not be realistic, interpreters can learn new approaches to thinking about and preparing for their work that are much more effective than traditional practices. One such approach is to examine interpreting settings through a “sneak preview.” With grant funding from the U.S. Department of Education (FIPSE # P116B010927), the University of Rochester (UR) has developed theoretical and practical approaches to providing these sneak previews for student interpreters enrolled in the University of Tennessee’s Interpreter Training program (<http://sunsite.utk.edu/cod/fipsedc/index.html>). The second course in the grant project’s five-course sequence currently being taught is entitled Medical Interpreting.

Students in this course learn about medical interpreting by applying Dean and Pollard’s demand-control schema for interpreting work¹ during observations of medical situations. Equipped with the schema’s broader perspective on the many factors that impact interpreting work, students shadow medical doctors into their appointments *with hearing patients* in a variety of settings at the University of Tennessee Medical Center.

Unencumbered by interpreting responsibilities (as in a practicum/internship) or blinded by a singular focus on sign vocabulary (as with observations of working interpreters), this sneak preview observational approach fosters student’s understanding of interpreting work factors that lie outside the strict bounds of language and culture. Often, it is these non-language, non-cultural factors that most influence translation and ethical decisions. These additional factors exist in every work setting for interpreters; they are what Dean and Pollard refer to as *demands*. In order for interpreters to be effective in their work, the entire spectrum of assignment demands must be understood and responded to. Dean and Pollard identify four demand categories in interpreting work: environmental, interpersonal, paralinguistic, and intrapersonal demands. They also identify three opportunities to respond to work demands (before, during, and after the assignment) whether those responses include preparation, specific translation decisions, attitude responses, or behavior actions.

¹Dean, R. K. & Pollard, R. Q. (2001). Application of demand-control theory to sign language interpreting: Implications for stress and interpreter training. *Journal of Deaf Studies and Deaf Education*, 6(1), 1-14.

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Students at UT mastered the demand-control schema during a 15-week course in the spring semester of 2002. They can now analyze any interpreting work situation through the lens of the D-C schema and learn from any potential work setting – even with no deaf consumer or interpreter present. Through their shadowing assignments with physicians, students are being exposed to basic medical knowledge, varied medical settings, and typical doctor—patient interactions/conversations through direct observation, in contrast to the superficial, non-contextualized learning that takes place through traditional classroom or workshop instruction methods. Following each day of medical observations, students are required to research relevant medical information that was discussed during these appointments. They use medical dictionaries, texts, and medical websites to further their understanding of anatomy (e.g., what does the liver do?), medical procedures (e.g., what happens in an angioplasty?) and more.

Class time is conducted as a group supervision meeting. (*Supervision* is a common term in the practice professions. It means a regularly-scheduled time when one-to-one advice and guidance is given, in order to address specific practice challenges and decisions or professional development in general. The interpreting profession uses the similar but less formal construct of mentorship.) Supervision time is a crucial component of this project’s training method. It is when the interpreting faculty answer students’ questions and promotes their understanding of the interpreting practice implications of their observation recordings.

Instructors’ perspective

Jeffrey Davis, Associate Professor

University of Tennessee

Co-instructor

Most interpreter practitioners would probably agree that medical interpreting is one of the most challenging and traumatic settings for interpreting work. For example, in these contexts, deaf patients may find out that they have cancer, and interpreters may encounter a wide variety of emergency room (ER) scenarios ranging from suicide attempts to life threatening accidents. These can be truly life and death situations. These can also be tremendously rewarding contexts as medical interpreters work side by side with medical personnel. Given the demands and skills required to interpret in the medical field, there has been a perennial discussion of having a specialist certification for medical interpreting.

Medical interpreting is one of the most common forms of community interpreting, but the preparation for work in this area has been lacking in interpreter preparation programs. Few programs have a specific course in this specialization. At best, the principles of medical interpreting are infused into other interpreting courses. Sometimes this amounts to memorizing copious lists of medical terminology with some attempt to provide ASL equivalents--an approach that is sadly lacking in context and understanding of the medical procedures involved. Interpreting practicum and internship experiences in the medical field tend to be hard to come by and can be difficult to arrange. Often times, new interpreters entering the field, experience a sink or swim approach to learning to practice interpreting in medical settings.

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Dean and Pollard's schema provides a powerful observational analysis and descriptive tool for teaching and learning medical interpreting. Most interpreter training programs require that students make numerous field observations. Typically, this involves participating in deaf community events and/or observing interpreters working in a variety of public settings and writing a report about these observations. Sometimes this may involve interviewing the interpreter or deaf individuals who are present at the event. Field placements may involve working with a supervising interpreter or a mentor. This is usually towards the end of the degree program. It is rare for students to have the opportunity to observe medical interviews and to have the opportunity to develop observational analysis skills.

This D-C schema based observation/supervision approach reverses traditional ones. Rather than starting from the point of learning the medical argot and moving towards context, students are first immersed in medical settings with physicians and patients and are able to derive terminology and translation questions from these first hand observations. This enables the students to research the symptoms, diagnoses, and treatments they are encountering in order to be prepared for future interpreting assignments. This approach fosters a safe and meaningful learning environment. Students learn what it means to work with medical personnel and what it means to be a patient. Observing, analyzing, and engaging in meaningful dialogue about working in medical settings is an alternative to the "sink or swim" approach that is commonly found in the field.

Robyn K. Dean, Faculty Associate

University of Rochester Medical Center
Course developer and co-instructor

As an interpreter with over twelve years experience in the medical field (four of those at full time), it is my responsibility to review the students' observation forms and prepare our class discussions regarding how the demands that were identified in the students' notes are significant issues for interpreters, deaf patients, and translation work. I formulate the class discussions according to the D-C schema, which helps students see the underlying reasoning behind optimal translation and behavioral decisions. The D-C framework helps students understand and extract the underlying philosophy, see it in the context of an over-arching structure, and generalize it to other interpreting work scenarios. When discussing demands, we consider a range of potential responses, including translational, attitudinal, and behavioral options. This fosters an open discussion about the implications or consequences of such decisions, in contrast to a rigid, unhelpful focus on "right and wrong." It is uncanny how the issues identified by the students in their observation forms enable me to "access" supervision/teaching material from my years of practice experience. Even after reviewing over 50 patient cases this semester, the implications for interpreting work continue to be immediately obvious to me (e.g., tough translation and ethical decisions). The ease with which I find implications for interpreting work in the students' patient cases is not an experience unique to me. It is evidence of the valuable wisdom that experienced interpreters possess. Unfortunately, because of limitations in current training approaches, this valuable resource goes virtually untapped.

Students' perspective

Hannah Dostal-Barnett

I have been involved in the medical interpreting class that is structured through Dean and Pollard's Demand-Control Schema. The new approach to interpreter training has given me invaluable hands-on experience. The main focus in the medical interpreting curriculum is the interactive approach to learning. Dean and Pollard's adoption of this hands-on approach has allowed me to observe the relationships that are formed between doctors and their patients, along with the conversations they have with their co-workers. I was able to interact with professionals from numerous parts of the medical field; and, have been taught through this experience to recognize demands that interpreters face while working in a medical setting along with identifying controls that I could apply in an assignment. I know that this has been a great experience for me and feel better prepared for my future career due to its presence in my education experience.

Lorena E. Graham

Having a class of this nature has been extremely beneficial to me. Not only do we get a head start in our careers by observing actual medical scenarios, we also have the expertise of two professionals who have been working in the medical field and have a vast amount of personal experience to draw from. So, basically I can say as a student, I am getting the best of both worlds.

In a little over a month I will hopefully have my bachelor's degree in Human Services and Educational Interpreting and I have been more than a little worried over what I will do when I graduate. The Medical Interpreting course has helped me feel more confident that I will have what it takes to be an effective interpreter. I really believe it has provided the students more or less with a "support group," someone to discuss confusing issues with. I think that many times as an interpreter, situations can become isolating without the proper amount of feedback or support from fellow interpreters.

I want to encourage other students and interpreters to consider this course because not only does it provide a source of support and knowledge it also brings the interpreting community closer together. The classmates I have now will one day be my co-workers and collaborating with them now, will help me to keep contacts and provide mutual professional support throughout my interpreting career.

Laura Hammond

Being in the Medical Interpreting class at UT has allowed me to explore my options more for when I graduate. I have always been interested in the activity around hospitals so the opportunity to shadow doctors captured my interest. Observing doctors and becoming familiar with the procedures performed and the medical terminology in a medical setting was very helpful. It allowed me to have a "hands on experience" instead of hearing in a classroom setting what could happen or how something is performed. I had a visual learning experience with

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immediate feedback from doctors if I did not understand what a procedure was or why it was done. The professions we followed were very helpful in assisting our learning. They were patient in answering our questions and made sure we understood. Not only were our hospital observations a great learning tool but also our supervision sessions allowed us to take what we had seen and researched and apply it to the interpreting profession. We discussed procedures, translations decisions, and controls to use in a medical situation. Overall this class has given me a boost of confidence in having a better understanding of a typical medical situation and the ways to handle it if I were to interpret in that setting. Through this course I feel I am getting more knowledge, experience, and preparation for when I become an interpreter.

Kim Hinchey

As a certified and working interpreter for over fifteen years, the Medical Interpreting class using the Demand-Control Schema of Dean and Pollard has been a tremendous asset to my career. I have interpreted in the medical setting before and felt I had done a good job. Now I realize I can be a better, more effective interpreter. Shadowing a group of doctors has allowed me access to the medical profession from a different perspective. The doctors have allowed me to gain insight and understanding of their interactions with patients to fulfill their goal of providing quality health care. By observing their interactions and taking notes, I can come back and do research on the diagnosis, procedures and medication prescribed to a specific patient. Recently, I experienced going through the ER and being hospitalized myself. Using the D-C model, I was able to analyze the situation as if I were an interpreter instead of the patient. This actually helped me stay calm because I was looking at it from a clinical view point.

Being equipped with this medical information as well the information I received from my actual observations of the doctors, I am able to concentrate on making appropriate sign choices for possible "future" translations. By practicing these translations in the "safety" of the class, and the expert feedback from the instructors, a student can improve his/her skills. By doing this the interpreter becomes a more confident, but more importantly, competent medical interpreter.

Benefits

In class, students and faculty discuss translation choices (and their implications) for doctor's statements and questions such as:

- "At your next appointment, you must provide us with ejaculation fluid."
- "I'm sorry. There is nothing more we can do for your mother but we will try to make her comfortable."
- "This medication is better for you because it is short acting and safer."
- "Are you feeling dizzy, is the room spinning, or are you light headed?"

And we discuss options for responding to scenarios like:

- Where do you stand during a treadmill stress test so you can be seen?
- What if the doctor continues to talk to a patient who is coming in and out of consciousness?

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- What if the patient has raised a concern about being discharged from the hospital but the doctor doesn't seem to hear or acknowledge it?
- How can you show the concern and empathy that the doctor displays vocally and through intonation in a visual manner?
- How does translation time lag and time elongation affect the people and their interactions and how can the negative impact of that be lessened?

In addition to the benefits of discussing these translation, attitudinal, and behavior responses, there are other benefits to this training approach. Students are interacting and working with patients and medical professionals. Witnessing medical appointments helps students to develop a comfort level and respect for the vulnerable position patients are placed in when their personal medical history is discussed and physical exams/procedures are performed. They also are privy to the unique perspective of the physician (their communication goals, their ethical dilemmas, their frustrations, etc.) which will ultimately help them in their future interpreting work.

Lastly, the students have the unique experience of seeing themselves as “practice professionals” working alongside other practice professionals. This observation/supervision experience and the knowledge of the D-C schema provide interpreting students (soon to be working professionals) with a theoretical framework to explain their work and guide their decision-making. They can see how their decisions, like physician's decisions, have consequences and implications and that the supervisory dialogue with their colleagues will help them to assess and learn from those decisions. Again, just like all practice professions do.

For further information on this UR/UT collaborative project, please visit our website at: <http://sunsite.utk.edu/cod/fipsedc/index.html> or for more information regarding Dean and Pollard's demand-control schema for interpreting work or their use of training methods mentioned above, please contact Robyn K. Dean at Robyn_Dean@urmc.rochester.edu or by calling (585) 275-6572.