

THE INDIGENOUS INTERPRETER

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A Workbook of Role Plays and Activities

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A Service of Natividad Medical Foundation

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Introduction

Purpose of the Workbook

This workbook accompanies *The Indigenous Interpreter®*: A *Training Manual for Indigenous Language Interpreting*. It can be used as part of *The Indigenous Interpreter®* training program created by Natividad Medical Foundation. This training program was developed to overcome gaps in currently available interpreting programs and to address the particular challenges that many indigenous interpreters face when they seek to enter the interpreting profession as community, medical and legal interpreters.

The curriculum trains indigenous interpreters on interpreting ethics, protocols, modes, glossary building, intervention skills, cultural mediation and assignment preparation in health care and community services. It includes instruction in consecutive relay and simultaneous interpreting. The activities in this workbook can be used as part of The Indigenous Interpreter program or in other programs.

Workbook Structure

The workbook structure parallels the structure of *The Indigenous Interpreter* training manual (referred to throughout this workbook as the "training manual"). Both the manual and workbook are organized into 20 modules (or chapters). Each module has three learning objectives.

The program, its training manual and this workbook are laid out in modules so that the program can be taught by individual topic or as a complete course. When all the modules are taught in order, the activities included here build upon each learning goal as the modules progress.

Each module is designed to be taught in *approximately* three hours. However, the experience of trainers who have taught this program suggests that many modules could benefit by being taught for longer than three hours. Trainers can use their own discretion. Some activities can also be given as assignments to be completed at home.

The workbook asks participants to work alone, in pairs, small groups or in large group activities. The kinds of exercises include:

- Instructor-led demos in front of the class
- Instructor-led skills practice
- Small group discussion
- Small group skills practice
- Skills practice through role play

The exercises in the workbook can help you improve your interpreting skills whether you are part of a training program or are studying on your own. You may have to adjust the instructions if you are not using the workbook as part of a formal training.

If you are a trainer, please note that the training manual and workbook provide significant guidance and information, but they are not a trainer's guide. The exercises in this workbook do not include answer keys, instructions for trainers, or guidance for debriefing.

Role Plays

How to use the role plays

The role plays in this book are structured in scripts. The majority of these scripts are written in English. A few are written in English and Spanish. Participants can use them in several ways¹

When possible, practice role plays in groups of three people who speak the same languages. Even if you only have two who speak the

¹ This program was created for indigenous communities from Mexico and Central America. Spanish is often a bridge language between the indigenous language and English. Instructors focusing on indigenous communities from other parts of the world can adapt these instructions and materials to reflect the most appropriate bridge language, such as French, Arabic or Portuguese in Africa or Vietnamese and Mandarin in parts of Asia.

same languages, they can still perform the role play. Here are a few options for how to use the role plays, depending on how many are in your group and the languages they speak:

- 1. Three people speak the same languages: If three people speak (and/or sign) the same languages, such as Chatino and English, one person can read or sign the provider's role in English. The second person can read or sight translate the patient's role into Chatino. The third person can play the interpreter, interpreting back and forth between English and Chatino. This is the ideal way to practice role plays.
- 2. Two people speak the same languages: Alternatively, if two people speak (and/or sign) the same languages, instead of working in groups of three, they can work in pairs. One person can play the interpreter and the second person can read or sign both parts of the role play. For example, if you and your partner speak Nahuatl, when you are the interpreter, your partner will read the provider's part in English and you will interpret into Nahuatl. Then your partner will sight translate the patient/client's part into Nahuatl and you will interpret into English.
- 3. No one speaks the same non-English language: Usually there are a few participants who have no language pair. They can practice too. The person who plays the provider can read the part in English and the interpreter interprets into his or her indigenous language. The person who plays the patient or client will also read the part in English and the interpreter will again interpret into his or her indigenous language. Participants who do not share indigenous languages with other participants get practice interpreting in at least one direction, into their indigenous language. For example, if you speak Triqui, one person speaks Purépecha, and the third person speaks Mixteco, when you are the interpreter:
 - a. The Mixteco speaker will read the provider's part in English and you will interpret into Triqui.
 - b. Then the Purépecha speaker will read the patient/client's part into English and you will interpret into Triqui.
 - c. For the second role play, the Purépecha speaker can play the interpreter while you play the patient or client, following the suggestions above.

Purpose of the role plays

The role plays are designed to support many learning objectives. Some scripts provide straightforward practice for consecutive interpreting. A few are used to practice simultaneous interpreting. Certain role plays offer interpreting practice in addition to practice in performing basic interpreting protocols (such as introductions or mode switching), decision-making, ethical challenges or intervention protocols.

Trainers should evaluate which is the most important learning objective for each specific role play. For example, if terminology development or consecutive interpreting practice is the priority, then participants should be encouraged to sight translate the client or patient's text into their indigenous language.

However, for training classes where many or most of the participants speak Spanish or another bridge language, if the learning goal is to practice solving ethical challenges in the context of a role play, trainers can consider offering participants the option of sight translating the text into Spanish or (where available) using the Spanish text instead of sight translating the English or Spanish text into their indigenous language.

Sight translating the role play into the indigenous language typically takes more time than sight translating into Spanish. Be sure to balance the need to teach the learning objective with the benefit of practicing consecutive interpreting between English and the indigenous language. If participants take too long to complete role plays with a primary learning purpose other than consecutive skills practice, the authors recommend that you have participants sight translate the patient or client text into Spanish during the execution of the role play.

Note that sight translating role play text is also practice for sight translation.

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A great deal of the content and a number of the activities in this workbook and the training manual that accompanies it were adapted, with permission, from:

Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G. & Socarrás-Estrada, D. (2015). *The Community Interpreter®: An International Textbook*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press.

Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press.

The authors wish to acknowledge this significant contribution.

Learning Objectives

Module 1: Introduction to Indigenous Interpreting

Learning Objective 1.1

Discuss indigenous interpreting as a profession.

Learning Objective 1.2

Explore the role of the interpreter.

Learning Objective 1.3

Review self-evaluation techniques to improve interpreting skills.

Module 2: Consecutive Interpreting and Group Evaluation

Learning Objective 2.1

Understand consecutive interpreting and how to perform it.

Learning Objective 2.2

Demonstrate basic skills in consecutive interpreting.

Learning Objective 2.3

Engage in group observation and group evaluation of interpreting skills.

Module 3: Protocols for Community Interpreting

Learning Objective 3.1

Prepare for interpreting assignments by using a preparation checklist and building glossaries.

Learning Objective 3.2

Develop and practice a professional interpreter introduction.

Learning Objective 3.3

Explore protocols for interpreter positioning, direct speech, eye contact and turn-taking.

Module 4: Interpreting Ethics

Learning Objective 4.1

Define and discuss professional ethics for interpreters.

Learning Objective 4.2

Understand nine ethical principles for healthcare interpreters.

Learning Objective 4.3

Apply the ethical principles of accuracy, confidentiality and impartiality to healthcare and community interpreting encounters.

Module 5: Ethical Decision-making for Community Interpreters

Learning Objective 5.1

Discuss ethical decision-making in healthcare and community interpreting.

Learning Objective 5.2

Explore a four-step process for ethical decision-making.

Learning Objective 5.3

Apply the four-step ethical decision-making process to a case study.

Module 6: Introduction to Sight Translation

Learning Objective 6.1

Explore and practice sight translation.

Learning Objective 6.2

Apply the CALL model.

Learning Objective 6.3

Practice the "How to Say No" model.

Module 7:

Building Indigenous Language Glossaries

Learning Objective 7.1

Demonstrate how to research topic areas for new interpreting assignments.

Learning Objective 7.2

Develop a glossary-building system for terms that have no language equivalents.

Learning Objective 7.3

Practice interpreting using a glossary built by the indigenous interpreter.

Module 8: Interpreter Self-awareness

Learning Objective 8.1

Explore the importance of interpreter self-awareness as part of "knowing yourself."

Learning Objective 8.2

Examine the interpreter's attitudes toward other people.

Learning Objective 8.3

Develop strategies to manage the interpreter's emotions while interpreting.

Module 9: Strategic Mediation

Learning Objective 9.1

Discuss five common communication barriers in healthcare and community interpreting.

Learning Objective 9.2

Practice the five steps of the Strategic Mediation Model.

Learning Objective 9.3

Create scripts for strategic mediation.

Module 10: Biomedical Culture

Learning Objective 10.1

Explore four core biomedical concepts.

Learning Objective 10.2

List basic procedures for interpreting the patient history form.

Learning Objective 10.3

Understand the medical interview process.

Module 11: Cultural Mediation

Learning Objective 11.1

Explore cultural issues that affect indigenous interpreters.

Learning Objective 11.2

Use the Strategic Mediation Model to perform cultural mediation.

Learning Objective 11.3

Understand advocacy in community interpreting and use a decision-making tool to know if, when and how to advocate.

Module 12: Introduction to Community Services

Learning Objective 12.1

Understand how community services are provided in the United States.

Learning Objective 12.2

Discuss the delivery of U.S. health care, education and social services.

Learning Objective 12.3

Practice a four-step process to prepare for community interpreting assignments.

Module 13: Consecutive Relay Interpreting

Learning Objective 13.1

Define consecutive relay interpreting.

Learning Objective 13.2

Practice professional interpreting protocols in consecutive relay interpreting.

Learning Objective 13.3

Use the Strategic Mediation Model in consecutive relay interpreting.

Module 14:

Legal Interpreting for Indigenous Interpreters

Learning Objective 14.1

Compare and contrast legal and community interpreting.

Learning Objective 14.2

Decide whether or not to accept legal interpreting assignments.

Learning Objective 14.3

Discuss how to perform basic legal interpreting.

Module 15: Mental Health Interpreting

Learning Objective 15.1

Define and discuss mental health and behavioral health.

Learning Objective 15.2

Explore the concept of the therapeutic alliance.

Learning Objective 15.3

Adapt professional interpreting protocols and best practices to mental health interpreting.

Module 16: Introduction to Consecutive Note-taking

Learning Objective 16.1

Explore note-taking techniques for consecutive interpreting.

Learning Objective 16.2

Develop symbol systems and abbreviation techniques for consecutive note-taking.

Learning Objective 16.3

Practice consecutive note-taking techniques.

Module 17: Introduction to Simultaneous Interpreting

Learning Objective 17.1

Explore how to perform simultaneous interpreting.

Learning Objective 17.2

Decide when, where and why to perform simultaneous interpreting in community settings.

Learning Objective 17.3

Improve simultaneous interpreting skills through self-evaluation.

Module 18: Remote Interpreting

Learning Objective 18.1

Define and discuss remote interpreting.

Learning Objective 18.2

Compare and contrast interpreting protocols for telephone and video interpreting.

Learning Objective 18.3

Demonstrate how to adapt the interpreter's introduction, the steps for strategic mediation and a check-back process for remote interpreting.

Module 19: Trauma and Interpreter Self-care

Learning Objective 19.1

Explore the impact of stress and trauma on interpreters.

Learning Objective 19.2

Practice self-care before, during and after interpreting.

Learning Objective 19.3

Write a self-care plan.

Module 20: Interpreting Standards of Practice

Learning Objective 20.1

Review and understand the NCIHC healthcare interpreting standards of practice.

Learning Objective 20.2

Apply the NCIHC standards of practice to common challenges in healthcare interpreting.

Learning Objective 20.3

Discuss the work and role of the cultural liaison.





Learning Objective 1.1

Discuss indigenous interpreting as a profession.

Activity: Icebreaker—Introduce Your Partner

The purpose of this activity is to help the group get to know each other and feel comfortable working together as interpreters.

- 1. Work in pairs.
- 2. Each pair will have a few minutes to introduce themselves to each other, asking them to share the following information:
 - a. Name
 - b. Place of birth
 - c. Languages that your partner speaks
 - d. Current job / location
 - e. What your partner hopes to learn from the training
- 3. Each pair will then introduce each other to the whole group. Participants can use any method they choose to remember the introduction, including writing the answers down.

Activity 1.1 (a): Definitions of Interpreting²

The purpose of this activity is to decide what interpreting is and explore ideas about what interpreters do.

Instructions

- 1. Work in groups of three or four.
- 2. Each group will be given a large sheet of easel chart paper and a marker pen.
- 3. As a group, come up with a definition for "interpreting," "healthcare interpreting" and "community interpreting." Think about how healthcare and community interpreting are similar and different.
- 4. Write your definitions on the top portion of your easel chart paper.
- 5. Attach your easel chart paper to the wall so that the rest of the group can see your definitions.
- 6. At the end of the exercise, each group can present its definitions to the class or you can compare your answers to the definitions in Section 1.1 of Module 1 of the training manual.

Activity 1.1 (b): Quiz: What is Community Interpreting?

The purpose of this activity is to show how community interpreting is one kind of interpreting (an interpreting specialization) and get some understanding about what community interpreters do.

- 1. Work in groups of three.
- 2. As a group, discuss the following statements and decide if they are true or false.
- 3. Enter a "T" for "true" or an "F" for "false" in the numbered box.

² Adapted from Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press, p. 5. Used with permission.

	Enter "T" for True or "F" for False	STATEMENT
1.		Interpreting means translating the meaning or oral messages (or messages in sign language) from one language to another.
2.		A family member (not a professional interpreter) should interpret for sensitive appointments, such as an exam of private body parts or a domestic violence counseling session.
3.		Doctors and other service providers can't really tell if the interpreter is interpreting well or poorly.
4.		"Good interpreting" means accurate, complete interpreting.
5.		The interpreter's role is to transfer messages accurately and completely from one language to another so that the speakers can understand each other and make their own decisions.
6.		"Translation" means to communicate spoken words from one language to the other word for word.
7.		It is part of the interpreter's job to make the client or patient answer the service provider's questions.
8.		The interpreter is there to support the patient or client more than the provider.
9.		If the provider uses complicated or technical language that the patient doesn't seem to understand, the interpreter may simplify the provider's words as needed.
10.		If the patient or client didn't understand the doctor and asks the interpreter for advice, the interpreter may give advice.

1.2

Learning Objective 1.2

Explore the role of the interpreter.

Activity 1.2: The Interpreter's Role³

Note: Remember that the interpreter's role, as taught in this program, is to transfer messages accurately and completely from one language to another so that the speakers can understand each other and make their own decisions.

The purpose of this activity is to discuss what the interpreter's role is, including which activities of interpreters can interfere with a clear communication process.

- 1. Work in groups of three or four.
- 2. Each group will receive a set of cards. Each card describes a common activity that community interpreters do.
- 3. In your group, put the cards on the floor or table in order starting from the actions where the interpreter interferes the least to the actions where the interpreter interferes the most (that is, interferes with the session). Remember that everyone you interpret for should be in control of his or her own communication.
- 4. For example, "Interpret, and do nothing else" is the least interfering of all interpreter activities listed on these cards—so that card would go *first*.
- 5. Your instructor will watch each group's progress and choose one group's cards to discuss the interpreter's role with the entire class.

³ Adapted from Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays.* (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press, pp. 201-202. Used with permission.

Card items

Here is a list of the items on each card for this activity, in random order.4

- Ask for clarification because someone doesn't seem to understand what you are interpreting and the misunderstanding will cause a serious problem.
- Interpret and do nothing else.
- Ask for clarification of anything that you (the interpreter) don't understand or can't interpret.
- Advocate for the patient or client.⁵
- Intervene when you, the interpreter, are concerned that someone doesn't seem to understand what you are interpreting.
- Interrupt to point out what might be causing a cultural misunderstanding and let the provider and client or patient discuss it.
- Help the client or patient out after the session (for example, by taking him or her to the next appointment or explaining what the provider said).
- Intervene to explain a cultural misunderstanding (for example, explain what a certain ritual or health remedy is).



⁴ The card items are listed in one possible correct order at the end of the Module 1 exercises.

⁵ To advocate means to take action to help someone if his or her safety, health, well-being or human dignity is at risk. For example, if a doctor treats an indigenous person rudely or cruelly, and you help that person to file a civil rights complaint against the hospital or clinic, you would be advocating for that patient.

1.3

Learning Objective 1.3

Review self-evaluation techniques to improve interpreting skills.

Activity 1.3: Self-evaluation Through Recording

The purpose of this activity is to learn and practice a simple method to evaluate interpreting performance as a way to improve the interpreter's skills.

- 1. You will work by yourself for this activity. If you are in a large group, your instructor may ask you to spread out from the other participants in the room so that their noise does not distract you.
- 2. Take out your recording device.
- 3. Open your recording application (app) and have it ready to record. When it is time to start the activity, press record. Make sure that the speaker for your device is close enough to your mouth to record what you are saying clearly.
- 4. Your instructor(s) will act out a short patient-doctor conversation. One instructor will read the provider's part in English to the whole group and pause for everyone in the group to interpret. You will interpret that message into your indigenous language while you record what you interpret.
- 5. Next, one instructor will read the patient/client's part in Spanish. Interpret that Spanish message into *English*.
- 6. Alternately, if there is only one shared language in the classroom, such as English or Spanish, your instructor could choose to read out loud both the provider's and the patient's part in that one language while you record everything you hear into your indigenous language.
- After the instructors have finished speaking, play back the recording of your consecutive interpreting practice and listen to it. Use earbuds, a headset or headphones to hear clearly.

8. As you listen, answer the following questions. Your answers will give you a description of how you think your interpreting went.

<u></u>	3	Did I listen carefully? Did I hear everything that was said?
	3	
	3	
	3	
	3	Did I understand what was being said? Did I interpret all of it, or did I leave some parts out?
5	3	
5	3	
	3	
	3	How did I sound? Did I capture the tone of voice that the speaker used? For
	3	example, if he sounded angry, did I sound calm or did I sound angry too?
	3	
<u></u>	3	
	3	Did I use the correct grammar and the correct terms?
	3	
	3	
	3	
	3	Did I stop and start over again when I interpreted? Did I use "filler"
	3	words like "eh," "um" or "er"?
	3	
	3	

Sentences for the instructor(s) to read (English-only version)

Note for instructors: The same speaker has different speech bubbles to show where the instructor, or any other person assisting the interpreters, should pause to let the interpreter interpret the previous statement.

MOTHER

I need help. My daughter is really hot and isn't talking very much.

She has a cough with a lot of phlegm.

DOCTOR

Be calm, ma'am. I'm going to help you.

How old is your daughter?

She's two years old. She's had diarrhea for three days and she has a temperature.

Her temperature is 103.8 degrees. Her pulse is 135.

Her blood pressure is 80 over 40.

What are you going to do?

First of all, we're going to do tests of blood and urine.

Is she eating well?

She only wants liquids and she's sleepy.

I listened to her lungs. There are some noises that might mean she has pneumonia.

Does she have to be hospitalized?

First, we'll request X-rays and laboratory examinations. When we get the results, we'll decide.

OK, I'll wait here for the results.

Sentences for the instructor(s) to read (English-Spanish version)

MADRE

Necesito ayuda. Mi hija se puso muy caliente y ya no habla mucho.

Tiene tos con mucha flema.

DOCTOR

Be calm, ma'am. I'm going to help you.

How old is your daughter?

Ella tiene dos años. Tiene diarrea desde hace tres días y tiene calentura.

Her temperature is 103.8 degrees. Her pulse is 135.

Her blood pressure is 80 over 40.

¿Qué van a hacer?

First of all, we're going to do tests of blood and urine.

Is she eating well?

Solo quiere líquidos y está somnolienta.

I listened to her lungs. There are some noises that might mean she has pneumonia.

¿Hay que hospitalizarla?

First, we'll request X-rays and laboratory examinations. When we get the results, we'll decide.

OK, aquí espero los resultados.

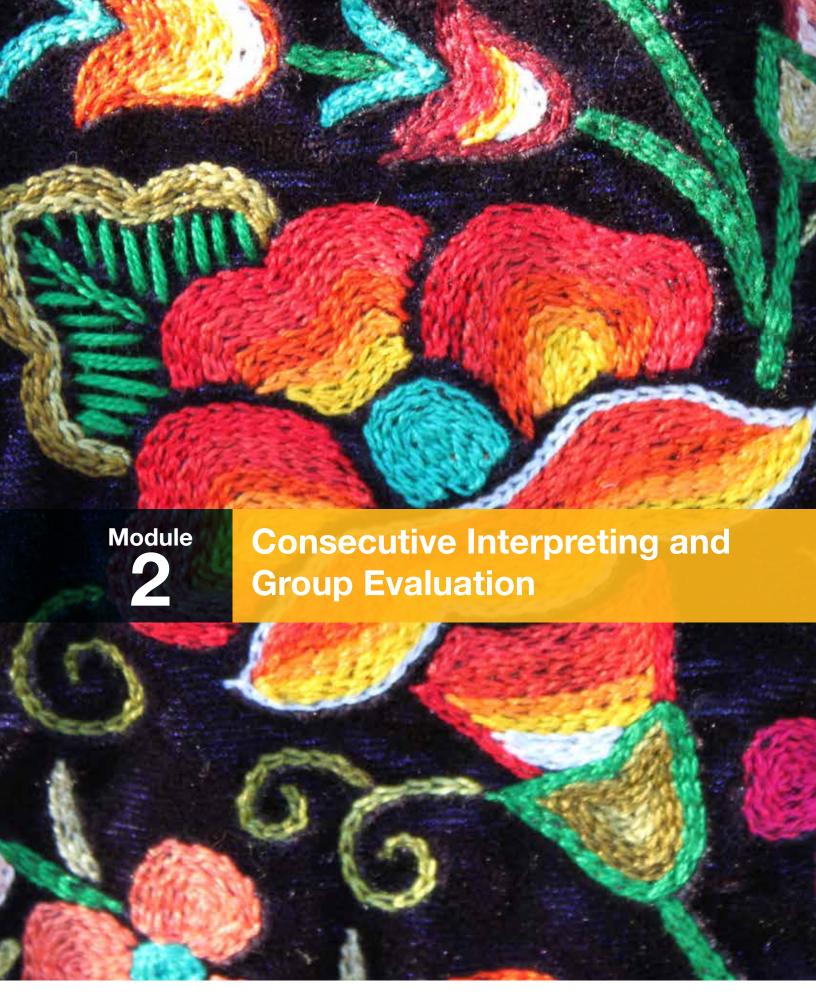
Card order for activity 1.2: The interpreter's role

Please note there is no single "correct" order.
There are no absolutely right or wrong answers.
Sometimes the interpreter might have to "interfere"
for important reasons. If you can give good reasons
for intervening, the order given here might be
different from your answers—but your answers
might still be correct.

Card items in one possible order

- Interpret and do nothing else.
- Ask for clarification of anything that you (the interpreter) don't understand or can't interpret.
- Intervene when you, the interpreter, are concerned that someone doesn't seem to understand what you are interpreting.
- Ask for clarification because someone doesn't seem to understand what you are interpreting and the misunderstanding will cause a serious problem.
- Interrupt to point out what might be causing a cultural misunderstanding and let the provider and client or patient discuss it.
- Intervene to *explain* a cultural misunderstanding (for example, explain what a certain ritual or health remedy is).
- Help the client or patient out after the session (for example, by taking him or her to the next appointment or explaining what the provider said).
- Advocate for the patient or client.





2.1

Learning Objective 2.1

Understand consecutive interpreting and how to perform it.

Activity 2.1 (a): Visualization Exercise Through Storytelling

The purpose of this activity is to practice visualization techniques to help improve the interpreter's memory and delivery. This activity will also help interpreters listen to information as if it is a story.

Instructions

- 1. Work in pairs. Each person will be named partner #1 or partner #2.
- 2. Your instructor will ask everyone to close their eyes (if they feel comfortable doing so) and try to visualize the story they are about to hear. He or she will encourage you to imagine the story's events in as realistic detail as possible.
- 3. After the first story, your instructor will ask partner #1 to tell the story back to #2 in the same language as the instructor told it, in as much detail as he or she can.
- 4. Your instructor will then ask everyone to close their eyes again and listen to another very visual story, following the same instructions as the first time.
- 5. After the second story, all #2s will tell the story back to their partner in as much detail as he or she can.
- 6. After the exercise, your instructor will lead a discussion to ask you how the visualization worked to help you remember details and what specific techniques you used to recall the story.

Sample stories for instructors to read out loud

Story 1

This is a story about a girl who had to be taken to the hospital. The girl's name is Sara and she is 10 years old. She was playing at the park, swinging on the swings. She called to her mother and said, "Look at me" and jumped out of the swing and flew through the air. She landed on her arm and yelled in pain. Sara's mother ran over to her. She could tell that Sara's arm had been hurt. She carried Sara in her arms to their car. She put Sara in the back seat, put on her seat belt, and then drove as fast as she could to the nearest hospital. In the emergency room, a technician took an X-ray of Sara's arm. She had broken it when she jumped from the swing. The doctors put her arm in a cast and sent her home with pain medicine.

Story 2

This is a story about Gabriel, who hurt his knee working on a construction job.

Gabriel was a carpenter who worked on construction jobs building houses. One day in the winter, he had to go to work after a big snowstorm. He put the ladder on a patch of ice so he could get to the roof. When he started to climb the ladder, it slipped out from underneath him, and he fell sideways to the ground. He landed on his knee and hurt it. Gabriel went to many doctors and had many tests. Finally, the doctors told him he needed surgery on his knee. Gabriel was very worried that he wouldn't be able to pay for the surgery. But the doctors told him that the workers' compensation insurance would pay the bills. His employer would take care of it. Gabriel had the surgery and went back to work so he could support his family.

Activity 2.1 (b): Paraphrase Exercise

The purpose of this activity is to practice finding the meaning in a message, one sentence at a time. The goal is to find a way to express the meaning of each sentence using different words than those in the original sentence, but still in the same language. You are not interpreting yet! This activity also helps to build active listening and memory skills.

Instructions

- 1. You will work in groups of three (even if you do not share the same languages).
- 2. One person will listen to everything that is said.
- 3. The other two will have a conversation in English or Spanish (not both) about an event. For example, you could discuss what each of you did over Christmas or a similar holiday, or during a serious storm, or what your last birthday was like.
- 4. During the conversation, the two of you will speak one sentence or idea at a time and then pause to let the third person repeat what was said in the same language but using different words.
- 5. In other words, the third person will repeat back what is said in English (or Spanish) in a different way, which is called paraphrasing. Paraphrase the information as if the speakers cannot understand each other. DON'T repeat each sentence or idea word for word. Instead, repeat the information using different words that carry the same meaning.
- 6. For example, the speaker says, "Last weekend it rained so much, it flooded our yard and ruined my flower garden." To paraphrase, you could say, "On Saturday and Sunday, there was a huge rainstorm and water covered our front lawn and destroyed the flower bed."
- 7. After five minutes, or at the signal of your instructor, switch roles until all three group members have had a chance to practice paraphrasing.

Activity 2.1 (c): Word and Phrase Substitution

The purpose of this activity is to understand the importance of developing synonyms to improve interpreting skills. The act of finding synonyms or plain-language phrases for the same meaning increases our mental quickness. It also helps us to analyze a message for meaning.

Note: A synonym is a word that has the same meaning as another word. For interpreting, we also speak about finding "equivalent" words or phrases. Interpreting is not about interpreting "word for word." It is about interpreting "meaning for meaning." This exercise focuses on finding the same meaning in different words.

Instructions

- 1. Your instructor will work with the following list of common nouns, verbs, adjectives and sayings in English.
- 2. Your instructor will call out one word at a time.
- 3. After each word, you and everyone in your group will answer back by calling out *three or four different ways* of saying the instructor's word or phrase as fast as possible but keep the same general meaning. (For example, when your instructor calls, "house!" you could call back, "home, dwelling, residence!")
- 4. After practicing finding synonyms in English for each word, your instructor will have you practice finding synonyms for the same words in Spanish or your indigenous languages.
- 5. Now close your book, so you don't see the words on the next page during the exercise.



Words and phrases

Here are a few examples of words or phrases your instructor can ask you to find synonyms or equivalents for:

- House
- Person
- Go
- Cold
- Fast
- Happy
- Eat
- Hello
- Speak
- Amazing
- I got home early.
- My baby is sick.
- It's dinnertime.
- It's pouring down rain.
- We got home feeling dead tired.

Activity 2.1 (d): Units of Meaning

Instructions

- 1. In groups of three, work with the sentences your instructor assigns you from the lists on the following pages.
- 2. Decide how many units of meaning are in each sentence or paragraph.
- 3. Mark where the units of meaning are in your workbook, following this example:

Example: I went shopping with my cousin. In the vegetable section, I slipped on a puddle of water and twisted my ankle.

Markup with slash lines: I went shopping with my cousin. / In the vegetable section / I slipped on a puddle of water / and twisted my ankle.

As marked above, there are four units of meaning in these two sentences. (Note: Some people will see a different number of units of meaning in each example.)

Units of meaning, part A

- a. On February 6, 2013, my father traveled on a train from Mexico City to Tijuana.
- b. In Tijuana, he was given a ride across the border into the United States by a family friend.
- c. When he arrived in San Diego, my father's friend took my father to the downtown bus station. At the bus station, my father found a payphone and called his brother, who lives in Encinitas. His brother, who is my favorite uncle, came to get him. The first thing they did was go to see a movie, because my father has always loved Hollywood movies.

Units of meaning, part B

- a. Yesterday, Margarita went to a special store where they sell everything you need for a *quinceañera* party.
- b. Margarita's youngest daughter, whose name is Ana, is turning 15 and she is really excited that she gets to have a party.
- c. Ana has four older sisters who all celebrated their 15th birthdays in Mexico. This is the first time the family will hold a *quinceañera* in the United States. The family is renting a big room at the local Holiday Inn. They will decorate the room with balloons, piñatas, special tablecloths and dishes. Ana's cousin Jorge will provide the music for all of the dancing.

Units of meaning, part C

- a. Yesterday I was at work at the restaurant when the babysitter called me and told me that my baby had a fever and was vomiting.
- b. I got really scared and ran to tell my supervisor that I had to leave my shift early so I could take the next bus home to make sure my baby was OK.
- c. When I got home, I took my baby's temperature and it was 103 degrees. I got so scared and called my husband at his job at the school district, where he works as a translator. He also asked permission to leave early and drove home. We put our baby in the car and drove straight to the emergency room, where they gave her medicine to bring her fever down. They also gave her lots of fluids because she got dehydrated.

Units of meaning, part D

- a. Last month, the supervisor from the avocado farm where my sister works called our house.
- b. The supervisor told us that the avocados would be ready to be harvested in six weeks, and he needed help finding a crew of 10 people who could come and pick the avocados.
- c. We worked hard to find 10 people who would be available to help pick the avocados. We called our family and friends. We even went to several apartment buildings and knocked on people's doors to ask them if they wanted work. It's been really slow lately, and everyone was glad to get the work.

Units of meaning, part E

- a. Last Christmas, I traveled back to the small town in Oregon where I grew up.
- b. My mother, father, little brothers and cousins still live on the cattle ranch near Bend, Oregon, where I was born.
- c. I was so happy to go back to my home. Every year we put up a Christmas tree and hang all our old ornaments on the tree. We make all the traditional foods: ensalada de Noche Buena, tamales, bacalao, pozole, and buñuelos. My favorite is to have Mexican hot chocolate with buñuelos with all my family members and friends in our house.

Units of meaning, part F

- a. My father is so crazy about *fútbol*, what Americans call soccer, that during the World Cup he organizes his work schedule so he doesn't have to work during any of the games.
- b. He is a huge fan of all the national teams from Latin America, but his favorite is the team from Guatemala, where he is from.
- c. Sometimes that's hard because the Guatemalan team doesn't always qualify for the World Cup. If there are no Latin American teams playing, he will root for the United States, but they are not his favorite team. He loves Carlos Ruiz and has bought soccer uniforms with his number and name on them.



2.2

Learning Objective 2.2

Demonstrate basic skills in consecutive interpreting.

Activity 2.2 (a): Demonstration Role Play for Consecutive Interpreting

The purpose of this activity is to learn how to practice consecutive interpreting in interactive learning activities and role plays.

Instructions

- 1. Your instructor will ask for one or two volunteers to play one of the role play parts.
- 2. Your instructor(s) will play the interpreter. If there are two instructors, the other one will play one of the parts (either patient or provider).
- 3. If you read a role play part, always be sure to:
 - a. Read with energy. Use a lot of emotion and expression in your voice.
 - Read the entire section of your part all at once. Don't stop. If that section is two sentences long, read both sentences without pausing.
 - c. Do not help the interpreter if he or she gets stuck.
 - d. Do not interrupt to comment or talk about the role play until it is finished.
- 4. After the demonstration, your instructor may separate all of you into groups of three who share the same indigenous language(s) to practice the same role play in the same way it was demonstrated.
- 5. Remember, if you play the interpreter after the demonstration during small group practice, you will not be allowed to see the script.

Role play dialogue (for demonstration and practice)

Note: The person who plays Sra. (Mrs.) Flores will read that part *either* in Spanish *or* in English—not both.

English version of the role play

DOCTOR

Hello, my name is Doctor Grant. What's wrong with your daughter?

MRS. FLORES

My daughter fell down and hit her head.

I see. Can you tell me what happened?

She was running and tripped and fell. She almost fainted.

How old is she?

She's just two years old.

You said she almost fainted. Was she dizzy or nauseated after the fall?

Well, I don't know. She cried a lot and hasn't wanted to eat. She is really sleepy.

Has she seemed confused or irritable?

Yes! She's always a happy girl but today she has been very angry and upset.

OK, can you show me where she hit her head?

Yes, here on her forehead. You can see the bump she has.

Well, Mrs. Flores, based on your daughter's symptoms, she might have a concussion.

MRS. FLORES

A what? Is that serious? Will my little girl be OK?

DOCTOR

A concussion is an injury to the brain. Your daughter's injury seems mild, but you will have to watch her for a few days.

Thank God! Please tell me what I need to do.

In a minute the nurse will come in and give you instructions for how to care for her.

Thank you so much, doctor.

English-Spanish version of the role play

DOCTOR

Hello, my name is Doctor Grant. What's wrong with your daughter?

SRA. FLORES

Mi hija se cayó y golpeó la cabeza.

I see. Can you tell me what happened?

Estaba corriendo cuando tropezó y se cayó. Casi se me desmayó.

How old is she?

Apenas tiene dos años.

You said she almost fainted. Was she dizzy or nauseated after the fall?

Bueno, no sé. Lloró mucho y no ha querido comer. Tiene mucho sueño.

Has she seemed confused or irritable?

SRA. FLORES

¡Sí! Es muy extraño. Siempre es una niña muy feliz pero hoy está enojada y molesta.

DOCTOR

OK, can you show me where she hit her head?

Sí, aquí en la frente. Puede ver el chichón que tiene.

Well, Mrs. Flores, based on your daughter's symptoms, she might have a concussion.

¿Una qué? ¿Es grave? ¿Estará bien mi niñita?

A concussion is an injury to the brain. Your daughter's injury seems mild, but you will have to watch her for a few days.

¡Gracias a Dios! Por favor, dígame que tengo que hacer.

In a minute the nurse will come in and give you instructions for how to care for her.

Muchas gracias, doctor.

Activity 2.2 (b) Consecutive Interpreting Practice in Role Plays

Instructions

- After the instructor gives you a demonstration of how to do the role play, you will work in groups that share the same languages (if possible).
- 2. Practice consecutive interpreting skills using the following role play.

- 3. Let another person play the interpreter when your instructor tells you it's time to change roles.
- 4. Read your part (the doctor or patient) with lots of emotion and expression. Make it seem real!
- 5. When it is your turn to interpret, DO NOT look at the script.
- 6. If you play the patient or provider, DO NOT help the interpreter! Do not say anything to the interpreter that is not in the script. Let the interpreter solve any problems.
- 7. If the interpreter doesn't know how to interpret something, the interpreter should find another way to say it or skip that part and *keep interpreting*.
- 8. Depending on the languages spoken in your practice group and what your instructor says, the person who reads the patient part can read it in Spanish or English, or sight translate it into the indigenous language.

Role play #1: Stomach pain – English version

DOCTOR

Good afternoon. I understand that you are having stomach pain?

PATIENT

Yes, doctor, my stomach is hurting me a lot. I can't stand it.

OK. Well, before we start, I have to check to make sure that the information I have about you is correct. What is your name and age?

My name is Manuel Vargas and I am 48 years old.

I see that you came in without an appointment.

Yes, it's just that I can't stand this pain, and there were no appointments until tomorrow. I came in so you can give me some kind of medicine for stomach pain.

OK, let's see what we can do for you. Can you tell me more about your stomach pain?

My stomach hurts a lot. Can't you prescribe me some kind of painkiller?

DOCTOR

Before that, we should discuss your symptoms. Can you tell me what exactly you're feeling?

I have a very strong pain down here, and a lot of heartburn.

How long have you had these symptoms?

About two months. The pain always starts after I eat and I have it all night.

Do you have this pain every day?

Yes, it bothers me every day, but especially at night after dinner.

And can you tell me how bad it is? On a scale from 1 to 10, where 10 is very bad, what number would you give your pain?

Well, I don't know, sometimes it hurts a little bit, like a 4, but sometimes it hurts a lot, like between a 7 and 8.

And when you have pain, is it constant, like you feel it all the time? Or does it come and go?

Well, it comes and goes, even though I feel like it's always bothering me, even when it doesn't hurt that much.

Has this happened to you before?

Well, last year there were a few times it hurt a lot, but now it's happening all the time.

Have you taken any kind of medicine for the pain and did the symptoms go away?

Yes, before I would take an aspirin and it would make the pain go away. But now it doesn't help very much. That's why I came.

DOCTOR

I see. Well, I need to run a few tests and then I'll be able to tell you what you have and we'll work out a treatment plan.

Thank you, doctor. I really need a solution for this problem. I can't even sleep anymore!

Role play #1: Stomach pain - English-Spanish version

DOCTOR

Good afternoon. I understand that you are having stomach pain?

PATIENT

Sí, doctor. Mi estómago me duele muchísimo. No lo puedo soportar.

OK. Well, before we start, I have to check to make sure that the information I have about you is correct. What is your name and age?

Me llamo Manuel Vargas y tengo 48 años.

I see that you came in without an appointment.

Sí, es que no pude aguantar el dolor y no tenían cita hasta mañana. Venía para que me diera algún medicamento para el dolor.

OK, let's see what we can do for you. Can you tell me more about your stomach pain?

Me duele mucho el estómago. ¿No podría recetarme un analgésico?

DOCTOR

Before that, we should discuss your symptoms. Can you tell me what exactly you're feeling?

Tengo un dolor muy fuerte aquí abajo y también mucha acidez.

How long have you had these symptoms?

Desde hace más o menos dos meses. El dolor siempre me comienza después de comer y no para en toda la noche.

Do you have this pain every day?

Sí, todos los días me molesta, pero especialmente en la noche después de la cena.

And can you tell me how bad it is? On a scale from 1 to 10, where 10 is very bad, what number would you give your pain?

Pues, no sé, la verdad es que a veces me duele un poco, como un 4, pero a veces me duele mucho, entre 7 y 8.

And when you have pain, is it constant, like you feel it all the time? Or does it come and go?

Bueno, no siempre está allí, pero siento que siempre me molesta, incluso cuando no siento mucho dolor.

Has this happened to you before?

Bueno, el año pasado me pasó varias veces, pero ahora me está pasando todo el tiempo.

Have you taken any kind of medicine for the pain and did the symptoms go away?

Sí, antes me tomaba una aspirina y el dolor se me acababa. Pero ahora no me ayuda mucho. Por eso vine.

DOCTOR

I see. Well, I need to run a few tests and then I'll be able to tell you what you have and we'll work out a treatment plan.

Muchas gracias, doctor. Realmente necesito una solución a este problema. ¡Ya no me está dejando dormir!

Role play #2: Emergency room visit—English version

Note: This role play follows the demonstration role play. It continues the story of the mother in the emergency room with her daughter who hit her head.

NURSE

Hello there, Mrs. Flores. I understand your daughter fell and hit her head?

MRS. FLORES

Yes, she fell and hit her head. She's acting a bit different.

Yes, the doctor thinks she has a mild concussion. I'm going to tell you how to care for her at home.

That's fine. I want her to get better quickly.

Concussions can cause headaches, dizziness, nausea and vomiting. They can also make you sleepy.

Concussions can cause changes in behavior too. Your daughter might be irritable or upset. She might cry more.

MRS. FLORES

Yes, she's been really upset all day.

NURSE

You need to watch her closely for the next 72 hours. She needs to get plenty of rest and she should not watch TV or play video games.

She can't watch TV? But she loves to watch cartoons.

I understand, but watching TV or playing video games on a cell phone can make her symptoms worse.

OK, I'll see how I can entertain her.

You also need to make sure she is drinking plenty of liquids. She should not get dehydrated.

Dehydrated? I'm not sure if I understand.

Dehydration is when you don't get enough to drink. She needs lots of liquids. But don't give her sugary drinks.

Well, I can put water in her bottle. She's already used to drinking water every day.

That's good. She should be just fine, but if she starts to vomit, gets more confused or her head hurts a lot, you need to bring her back in.

What does that mean? What does she have?

Well, if her symptoms get worse, it means she might have a worse concussion than we thought and she will to have tests done.

Oh, no! I hope that doesn't happen to her. How scary.

Don't worry, Mrs. Flores. Little children hit their heads all the time and usually they are just fine.

MRS. FLORES

Well, is there anything else I should know?

Yes, there is. Even if she seems completely normal after about 72 hours, she shouldn't be too active for about two weeks. Don't let her run around outside for too long.

My poor baby. The only place she wants to be is outside. She loves to run and play.

I know it's hard to keep little kids calm. But she shouldn't hit her head again during the two weeks after the first injury. These brochures will give a lot of good ideas for activities to help you.

OK, I think I understand now. Thank you for everything.

Role play #2: Emergency room visit— English-Spanish version

Note: This role play follows the demonstration role play. It continues the story of the mother in the emergency room with her daughter who hit her head.

NURSE

Hello there, Mrs. Flores. I understand your daughter fell and hit her head?

SRA. FLORES

Sí, se cayó y golpeó la cabeza. Está un poco alterada.

Yes, the doctor thinks she has a mild concussion. I'm going to tell you how to care for her at home.

Está bien. Quiero que se recupere rápido.

Concussions can cause headaches, dizziness, nausea and vomiting. They can also make you sleepy.

Concussions can cause changes in behavior too. Your daughter might be irritable or upset. She might cry more.

SRA. FLORES

Sí, ha estado bien molesta todo el día.

You need to watch her closely for the next 72 hours. She needs to get plenty of rest and she should not watch TV or play video games.

¿No puede ver la tele? Pero le encanta ver los dibujos animados.

I understand, but watching TV or playing video games on a cell phone can make her symptoms worse.

Bueno, veré cómo la puedo entretener.

You also need to make sure she is drinking plenty of liquids. She should not get dehydrated.

¿Deshidratada? No estoy segura que entiendo.

Dehydration is when you don't get enough to drink. She needs lots of liquids. But don't give her sugary drinks.

Bueno, le puedo poner agua en su biberón. Ya está acostumbrada a tomar agua todos los días.

That's good. She should be just fine, but if she starts to vomit, gets more confused or her head hurts a lot, you need to bring her back in.

¿Eso qué quiere decir? ¿Qué tiene?

Well, if her symptoms get worse, it means she might have a worse concussion than we thought and she will to have tests done.

SRA. FLORES

¡Oh no! Espero que no le pase eso. ¡Qué susto!

Don't worry, Mrs. Flores. Little children hit their heads all the time and usually they are just fine.

Bueno, ¿hay algo más que necesito saber?

Yes, there is. Even if she seems completely normal after about 72 hours, she shouldn't be too active for about two weeks. Don't let her run around outside for too long.

Pobrecita mi niña. Lo único que quiere hacer es estar afuera. Le encanta correr y jugar.

I know it's hard to keep little kids calm. But she shouldn't hit her head again during the two weeks after the first injury. These brochures will give a lot of good ideas for activities to help you.

Bueno, creo que ahora entiendo. Gracias por todo.



Learning Objective 2.3

Engage in group observation and group evaluation of interpreting skills.

Activity 2.3: Group Evaluation of Interpreting Skills

The purpose of this activity is to practice giving and receiving effective feedback on interpreting skills during group practice.

Instructions

- 1. Work in language groups of three, if possible, to act out the role play in this activity.
- 2. Remember to read all the parts with lots of emotion and expression. Act out the role play as if it were a real interpreting assignment.
- 3. If your instructor tells you to, when you play the patient, read that part out loud in your indigenous language, or Spanish, instead of English.
- 4. *Don't help the interpreter*. Let him or her solve the problems.
- 5. The role play is divided into sections that mark where to stop and change interpreters. Each time you stop to change roles, take two or three minutes to give the interpreter feedback before switching interpreters and starting the next section.
- 6. When you give *constructive* feedback, remember to:
 - Let the interpreter comment on his/her interpreting first.
 - Encourage the interpreter to comment on what he or she did well and not only on what didn't work well.
 - Start with your positive comments. Be specific.
 Give details.
 - Give constructive feedback next. Be specific. Be kind.
 - Give solutions and point out patterns.
 - End with a summary of the positive points.

7. When it is not your turn to interpret, watch the interpreter. Pay attention to his or her performance. Use the table below to note what the interpreter does well and what he or she can improve.

ACCURACY AND COMPLETENESS Did the interpreter interpret out or added? **GRAMMAR AND TERMINOLOGY** Did the interpreter use correct grammar and terminology in **DELIVERY** Did the interpreter speak smoothly when interpreting the message or did he/she stop and start over, or use fillers, such as Did the interpreter use the the speaker? **STRATEGIES** Did the interpreter use any problem-solving strategies, such as asking for a repetition if he/she didn't hear a word?

Urgent care role play

A man in his 50s goes to an urgent care center with a sharp pain in his back.

Part 1: Patient and receptionist

RECEPTIONIST

PATIENT

What is your name and address?

My name is Carlos Reyes. I live at 16 Charles Street, Apartment 48.

Is that here in Salinas?

No, we live in the countryside, outside of the city. I came here to work with my brother and cousins picking berries.

What is your date of birth?

Well, I'm not sure. I think my ID says January 6, 1960.

Is there someone we can notify in case of an emergency?

What do you mean? What kind of emergency?

Please don't worry. This is a question that we have to ask everyone just in case we need to contact someone from your family.

My wife, Margarita, or my brother, Eduardo, can help if there is a problem.

Do you have a telephone number where we can reach either of them?

You can call my brother's cell number, 905-345-1287.

OK, now I need you to sign the authorization form before the doctor can see you.

STOP AND GIVE FEEDBACK TO INTERPRETER #1. THEN SWITCH INTERPRETERS AND ACT OUT PART 2.

Part 2: Patient and nurse

NURSE

Good afternoon, Mr. Reyes. I need you to step onto the scale here and then sit over there, please.

PATIENT

How much do I weigh?

You weigh 167 pounds. Do you have a primary physician?

I have not seen a doctor in this country.

Do you have any allergies to medication?

I don't know. I'm not sure I understand.

Have you ever had a bad reaction to any medicine that you have taken?

When I was a little boy, I got very sick and I remember that my grandmother took me to the local clinic. The nurse gave me some kind of pill that made me very sick. We never went back to that clinic.

I see. Do you remember what kind of sickness you had?

Well, I remember I was covered in red itchy spots and I had to stay home from school for several weeks.

Ah. Maybe it was chickenpox or measles. I'm going to list you as possibly having an allergy to antibiotics. Now, do you currently take any medications?

No, I do not take medicine. Except sometimes I take aspirin when my back is sore after working all day.

Relax, and I will take your blood pressure, pulse and temperature.

OK.

How did this accident happen?

I was working picking berries. I picked up a heavy bag and lifted it over my shoulder to carry. Something pulled in my back and now I have a really hard time when I sit down or when I stand.

When did this happen?

PATIENT

It was on Monday, three days ago. I'm having a hard time working.

OK, well, please wait here. The doctor will be in soon to examine your back.

STOP AND GIVE FEEDBACK TO INTERPRETER #2. THEN SWITCH INTERPRETERS AND ACT OUT PART 3.

Part 3: Doctor and patient

DOCTOR

Good afternoon, Mr. Reyes. I'm Doctor Talbot. How are you doing today?

PATIENT

Good afternoon, doctor. Well, I'm not doing so well. My back really hurts.

Yes, I see from your paperwork that you had an accident at work. First of all, did you inform your employer? This makes it a workers' compensation case, and we'll have to fill out more papers when the exam is finished.

Oh, yes, I told the supervisor. I had to stop working when it happened. He told me to go home and rest and I would get better. But it's still hurting so much I haven't been able to go back to work.

OK, I see. Well, I need to examine you now. Can you take your shirt off and show me exactly where it hurts?

Yes. It hurts right here in my lower back. And when I bend or do anything like putting on clothes, it hurts so much I can't breathe.

All right. I need you to walk for me. Can you walk toward me just on the heels of your feet? Then walk back on the soles of your feet.

Like this? It really hurts when I walk on my heels.

DOCTOR

On a scale from 1 to 10, can you tell me how much it hurts?

Um, what do you mean?

Well, if 10 is the worst pain you can imagine, and 1 means it hardly hurts at all, how much is your back hurting when you walk on your heels?

Oh, I see. Well, I guess it's about an 8. It's really killing me.

OK. Now I need you to lie down and raise your right leg. Keep it straight.

(moaning in pain) Oh, doctor, that hurts too much. I can't do that. That makes the pain explode.

All right, Mr. Reyes, please put your leg down and rest. Given how much your back is hurting, we need to do some additional tests. You need an X-ray and a CT scan. You may have a herniated disk.

A what? What does that mean? Doctor, I need to get back to work!

I'll explain more when we get the test results. For now, I'm going to give you a doctor's note explaining that you can't work. Workers' compensation should give you some financial support.

Well, OK, but how do I get this financial support?

The nurse will be right in with information about the tests, and she can help you with the workers' compensation forms. The office will call you to make an appointment to come back in when the test results are back.

OK, thank you, doctor.

STOP AND GIVE FEEDBACK TO INTERPRETER #3.







Learning Objective 3.1

Prepare for interpreting assignments by using a preparation checklist and building glossaries.

Activity 3.1 (a): Assignment Checklist

The purpose of this activity is to understand and practice the steps required to prepare well for an interpreting assignment.

Instructions

- 1. You will work in small groups of three or four.
- 2. You will be given cards with items from an assignment checklist—white cards and yellow cards. The white cards have an assignment preparation *topic* and the yellow cards have the correct *information* (for a specific assignment) that matches that topic.
- 3. As a group, see if you can *match all the white cards to the* correct yellow cards. The group that finishes the exercise first wins!
- 4. **Note:** The answer key to this exercise is at the end of Module 3.

Alternative instructions

- 1. Your instructor may, instead, divide the class into two groups (for a smaller class).
- 2. Each group will get either white cards or yellow cards.
- 3. Each person with a white card should try to find the person who has the matching yellow card. Those with yellow cards can also try to find their partner!

4. Once you find your correct partner, stand together with the cards in hand until your instructor asks you to read your cards out loud. Then everyone will decide if you are right.

Note 1: The yellow cards each have one element of assignment preparation that you would need to know to do the assignment, for example, the assignment time, location or the languages needed.

Note 2: The answer key for this activity can be found at the end of this module. However, if you are doing this activity alone or in pairs you can match up the assignment preparation topic, below in the left column, to the assignment preparation information in the right column. If you are doing this activity in a group, do not peek at the answers!

ASS	SIGNMENT PREPARATION TOPIC	ASSIGNMENT PREPARATION INFORMATION (not in order!)
a.	Languages that need to be interpreted	10:00 a.m.
b.	Date of assignment	111 Star Street, Suite 604; 6th floor, second building south of the parking lot
c.	Time of assignment	Sarah Gomez
d.	Length of assignment	Office: 831-555-4579; mobile: 831-555-3415
e.	Assignment location	Consecutive, sight translation and occasional simultaneous
f.	Assignment address	Tooth extraction
g.	Traffic conditions	Informational brochure; consent for treatment; patient medical history; billing information; privacy acknowledgment (for example, HIPAA form)
h.	Contact person's name	Interpreter payment form
i.	i. Contact person's telephone number: office and mobile (if available)	Exam room with dental chair and two stools for dental hygienists
j.	Type of meeting	Notebook; marker pens; regular pens or pencils
k.	Interpreting mode	Salinas Dental Clinic

ASS	SIGNMENT PREPARATION TOPIC	ASSIGNMENT PREPARATION INFORMATION (not in order!)
l.	Topic of appointment	Water bottle; eyeglasses; protein bars
m.	Physical layout of appointment	English and Zapoteco
n.	Relevant documents	Smartphone apps; tablet with apps; medical dictionary (paper)
0.	Relevant websites	Annual dental checkup
p.	Payment method	Cash for parking garage fee
q.	Note-taking materials	10:00 a.m. to 1:00 p.m.
r.	Dictionary/glossary	Smartphone use is permitted for apps only; telephone function must be turned off.
s.	Electronic devices policy	KABC traffic report indicates likely delays between 7:00 a.m. and 9:00 a.m.
t.	Parking	www.dentalclinic.com; www.medlineplus.gov; http://www.webmd.com/oral-health/guide/pulling-a-tooth-tooth-extraction
u.	Personal care items	July 10

Activity 3.1 (b): Introduction to Glossary Preparation

The purpose of this activity is to understand glossary creation and how it is an important part of assignment preparation.

Instructions

- 1. In small language groups, work together to fill in the glossary on the next page.
- 2. For any term that you do not know in your indigenous language, look up the Spanish term first.
- 3. Next, find the indigenous language equivalent for each term.
- 4. If there is no equivalent in the indigenous language, try to create a short phrase that captures the same meaning.

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5. Use whatever resources you have with you to find the answers, including your smartphone or tablet.

	TERM IN ENGLISH	TERM IN SPANISH	INDIGENOUS LANGUAGE
1.	Cheek		
2.	Eyelash		
3.	Chin		
4.	Sole (of the foot)		
5.	Pupil		
6.	Abdomen		
7.	Spleen		
8.	Rib cage		
9.	Ligament		
10.	Tendon		
11.	Index finger		
12.	Fingernail		

language for medical, legal or social services terms?

<u>3.2</u>

Learning Objective 3.2

Develop and practice a professional interpreter introduction.

Activity 3.2 (A): A Professional Introduction

The purpose of this activity to understand professional introductions for interpreters and know what to say during these introductions.

- Write out your professional introductions in English and your indigenous language on the blank lines on the following pages. (If your indigenous language has no written form, you can record what you would say in that language.)
- 2. Be sure to include what is said in points A through F.
- 3. You may add anything else that you think is important to include but keep it brief!
- 4. Practice your professional introduction with your partner.

Include these statements in your introduction:

- Hello, my name is XXXX and I will be your interpreter today.
- Before we begin, I need to make sure that the patient [or client] and I speak the same language.⁶
 (If you speak the same language as the patient or client, continue your introduction with the patient and the provider.)
- c. Everything said will be interpreted.
- d. Everything will be kept confidential.
- e. Please speak directly to each other, not to me.
- f. If I need you to pause, I will use this hand gesture.

These statements are *optional*. Decide if you want to add any of them.

- g. It might take me longer to say things in my indigenous language because many terms in English might not have direct equivalents in the other language.
- h. I may take notes during the session, but I will destroy them when we are done.
- i. Is there anything you would like me to know before the session begins?
- j. Do you have any questions for me before we start?

Using your own words, write out how you will say your professional introduction in English and your other language. Be sure to include at least elements A through F above.

English		

⁶ You would only include this statement in your introduction if you had not had a chance earlier to find out if the patient or client speaks the same indigenous language and variant that you do.

Indigenous language				
Activity 3.2 (b):				
Problems with Interpreter Introductions				
Instructions				
 On the following pages are several stories where the interpreter does <i>not</i> give a professional introduction. Read each story, then answer the questions below. 				
Scenario #1: Alone with the patient: The interpreter gives only her name and title at the start of the session and does not inform the parties that she will interpret everything during the session. When the doctor steps out of the room for a moment, the patient tells the interpreter that she did not actually take the medication prescribed to her because she is secretly taking birth control and is afraid the medication will be a problem for her birth control pills. But she doesn't want the interpreter to say anything to the doctor because she is afraid her parents will find out she is having sex, get angry and throw her out of the house.				
How can your professional introduction prevent this kind of problem?				

How will you handle this situation?
Scenario #2: Confidentiality: The interpreter tells the patient that everything she interprets during the session will be confidential. But when she accompanies the patient to the billing department, the billing specialists seems to know all the private details about the patient's condition. The patient gets very angry with the interpreter and says that she will tell their community that the interpreter can't be trusted to keep things private.
How can your professional introduction prevent this kind of problem?
How will you handle this situation?

Scenario #3: Turn-taking: The interpreter does not let the doctor and patient know that he may use a hand gesture to ask them to pause so he can interpret. During the session, after each question the doctor asks, the patient gives very long answers and does not respond to the interpreter when he raises his hand to try to get the patient to stop to give the interpreter time to interpret.

How can your professional introduction prevent this kind of problem?
How will you handle this situation?
Scenario #4: First person: The interpreter is interpreting for a patien with a knee injury, his wife and a male provider. The interpreter does not ask the patient and provider to speak directly to each other when she introduces herself. During the session, both the patient and provider keep turning to the interpreter saying, "Ask him if" and, "Tell the doctor that" At one point, the patient's wife says, "Tell the doctor I don't know what he means when he said he told him he needed to change the dose he was taking." The interpreter becomes confused about who "he" is.
How can your professional introduction prevent this kind of problem?

now will you handle this situation?					

ومولاو بلاء واطلا والوموط بيون الليب بيوا ا



Learning Objective 3.3

Explore protocols for interpreter positioning, direct speech, eye contact and turn-taking.

Activity 3.3 (a): Positioning Exercise

The purpose of this activity is to understand the good and bad points (benefits and disadvantages) of different positions that community interpreters can take. Where to stand (or sit) is a decision that the interpreter must make at the beginning of every assignment, always with the goal to support *direct communication* between the provider and the client.

- 1. Have five chairs and one flat table available at the front of the room.
- 2. Five people will be invited to demonstrate possible positions for community interpreting.
- 3. The volunteers will be placed in various positions to represent places where the interpreter could choose to sit or stand during the session.
- 4. Each volunteer will have a card printed in large letters that indicates his or her role. For example: INTERPRETER, PATIENT, CLIENT, PROVIDER, FAMILY MEMBER, TEACHER, DOCTOR, SOCIAL WORKER.

After each example listed below, ask participants to say what they think the good points and bad points are for each position.

These positions require three volunteers. They are all a *triangle* position.

- a. Triangle #1: Interpreter is equal distance from provider and client.
- b. Triangle #2: Interpreter is next to provider.
- c. Triangle #3: Interpreter is next to patient.
- d. Triangle #4: Patient is lying down on table with interpreter at patient's feet.
- e. Triangle #5: Patient is lying down on table with interpreter at patient's head.

These positions require five volunteers. The instructor will decide what position they take or will let the interpreter decide where to go.

- f. Interpreter with provider and two family members who need interpreting.
- g. Interpreter with three providers and one patient.
- h. Interpreter with a provider teaching a class to three patients using teaching materials (for example, a hypodermic syringe and an orange, or a condom and a banana).
- i. Interpreter with a provider, a patient and the patient's parents, who all need interpreting.

Activity 3.3 (b): Eye Contact (Optional)

The purpose of this activity is to understand the impact that making or avoiding eye contact can have on communication during the session. How interpreters use eye contact is an important tool for managing the flow of communication.

- 1. Two volunteers will stand at the front of the room.
- 2. The instructor will play the interpreter and demonstrate several strategies for eye contact.
- After each demonstration, the group can comment on how eye contact might affect the communication between the provider and patient or client.

Strategies

- a. Always looking directly into the speakers' eyes.
- b. Never looking directly into the speakers' eyes.
- c. Avoiding eye contact only when interpreting.
- d. Making direct eye contact when speaking as the interpreter (for example, during introductions or when intervening to ask for clarification).

Answer Key for Activity 3.1 (A)

AS	SIGNMENT PREPARATION TOPIC	ASS	IGNMENT PREPARATION INFORMATION
a.	Languages that need to be interpreted	a. E	English and Zapoteco
b.	Date of assignment	b. J	July 10
c.	Time of assignment	c. 1	0:00 a.m.
d.	Length of assignment	d. 1	0:00 a.m. to 1:00 p.m.
e.	Assignment location	e. S	Salinas Dental Clinic
f.	Assignment address		11 Star Street, Suite 604; 6th floor, second building south of the parking lot
g.	Traffic conditions	_	KABC traffic report indicates likely delays between 7:00 a.m. and 9:00 a.m.
h.	Contact person's name	h. S	Sarah Gomez
i.	Contact person's telephone number: office and mobile (if available)		Office: 831-555-4579; nobile: 831-555-3415
j.	Type of meeting	j. A	Annual dental checkup
k.	Interpreting mode		Consecutive, sight translation, occasional simultaneous
l.	Topic of appointment	I. T	Tooth extraction
m.	Physical layout of appointment		Exam room with dental chair and two stools for dental hygienists

AS	SIGNMENT PREPARATION TOPIC	AS	SSIGNMENT PREPARATION INFORMATION
n.	Relevant documents	n.	Informational brochure; consent for treatment; patient medical history; billing information; privacy acknowledgment (for example, HIPAA form).
0.	Relevant websites	0.	www.dentalclinic.com; www.medlineplus. gov; http://www.webmd.com/oral-health/ guide/pulling-a-tooth-tooth-extraction
p.	Payment method	p.	Interpreter payment form
q.	Note-taking materials	q.	Notebook; marker pens; regular pens or pencils
r.	Dictionary/glossary	r.	Smartphone apps; tablet with apps; medical dictionary (a book)
s.	Electronic devices policy	s.	Smartphone use is permitted for apps only; telephone function must be turned off
t.	Parking	t.	Cash for parking garage fee
u.	Personal care items	u.	Water bottle; eyeglasses; protein bars



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Learning Objective 4.1

Define and discuss professional ethics for interpreters.

Activity 4.1: Define Ethics

The purpose of this activity is to see how professional ethics are used in real life, and why they matter. Interpreting codes of ethics can help interpreters understand their professional role and decide what to do in difficult situations.

- Your instructor will either act out a demonstration of professional or unprofessional behavior or show a video about such behavior (for example, https://www.youtube.com/watch?v=mm27scbuNjg or http://www.youtube.com/watch?v=s3aR3yP4aKg.
- 2. After each demonstration or video, in pairs or small groups, discuss and write down your answers to the following questions:

A. What did the person(s) in the video do well or incorrectly?					

B. Next, consider a grower who is cheating Triqui pickers at harvesttime by not counting or paying for all the picking they did. What is wrong here? What can the pickers do about it?		
C. Now consider a farm labor supervisor who (a) offers only warm tap water in hot seasons, and no shade; (b) does not allow workers to take their three days of sick leave (they get fired instead); and (c) does not allow enough rest breaks during the day. What is wrong here? What can the workers do about it?		
D. After the demonstrations and/or videos and discussion are all done, try to decide what professional ethics are, why they matter and who should decide what the ethical rules are for each profession.		



4.2

Learning Objective 4.2

Understand nine ethical principles for healthcare interpreters.

Activity 4.2 (a): NCIHC Ethics Activity

The purpose of this activity is to introduce the U.S. *A National Code of Ethics for Interpreters in Health Care* (NCIHC, 2004) published by the National Council on Interpreting in Health Care.⁷

- 1. In small groups, match the title of each ethical principle on the next page with the sentence that best defines it.
- 2. Do so by drawing a line from the title to the correct sentence for that topic.

⁷ This activity was adapted from a similar activity in Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press, p. 15. Used with permission.



Ethics Matchup Activity

Instructions: Draw a line between the name for each ethical principle and the correct sentence for that principle.

PROFESSIONALISM

PROFESSIONAL DEVELOPMENT

CULTURAL AWARENESS

ROLE BOUNDARIES

ACCURACY AND COMPLETENESS

IMPARTIALITY

CONFIDENTIALITY

ADVOCACY

RESPECT

The interpreter does not take sides, does not give any advice or recommendations based on his/her personal beliefs or feelings.

The interpreter doesn't share any of the information learned about the patient while interpreting. But sometimes the interpreter may need to share information if the patient's life is in danger or they may harm someone else.

The interpreter follows the professional rules and doesn't get involved personally with the patient or provider.

The interpreter treats all parties with respect.

The interpreter can take action outside of their role as the interpreter when the patient's health, well-being or dignity is in danger.

The interpreter must at all times act in a professional and ethical manner.

The interpreter should always be learning about the patient's culture and the medical culture where the interpreter works.

The interpreter works to keep learning new things about the interpreting profession.

The interpreters say everything that was said by one speaker in the other language without losing or changing any of the meaning, including any cultural meaning.



Activity 4.2 (b): NCIHC Ethics and Images

The purpose of this activity is to get a clear understanding of ethical concepts by connecting them to concrete images.

- 1. Match each ethical principle with an image by drawing a line connecting each ethical principle on the left to an image on the right that you think fits that principle.
- 2. Be prepared to explain why you think the image fits the ethical principle.

ETHICAL PRINCIPLE

IMAGE

Respect

Accuracy and completeness

Professionalism

Advocacy

Confidentiality

Impartiality

Professional development

Role boundaries

Cultural awareness





















Learning Objective 4.3

Apply the ethical principles of accuracy, confidentiality and impartiality to healthcare and community interpreting encounters.

Activity 4.3: Confidentiality, Accuracy, Impartiality

The purpose of this activity is to understand key concepts about three important ethical principles that are found in interpreter codes of ethics around the world: confidentiality, accuracy and impartiality.

Instructions

- 1. The instructors will act out situations that demonstrate the ethical principles of confidentiality, accuracy and impartiality.
- 2. After each demonstration, in your small group, discuss and write down what you think the interpreter should do in that situation.

Scenario #1: Confidentiality: A Triqui mother and father bring their two-year-old son in for a checkup. Their son has not started to talk yet, and the doctor wants to evaluate him for speech delays. The parents don't want their small community to know that their son might have a speech problem. They aren't sure they can trust you, the interpreter, so they refuse your services and try to do the appointment in Spanish instead.

What should the interpreter do?			

speaking immigrants. You interpret for a patient whose baby dies. You are very involved in the case. The next day, your neighbor comes over and asks you to tell her what happened with the patient whose baby died. She is certain you must have been the interpreter.
What should the interpreter do?
Scenario #3: Accuracy: You are interpreting in the oncology (cancer) clinic. The nurse is speaking fast as she gives the cancer patient detailed explanations about how to take her medications. The patient has to take warfarin (also known as Coumadin) and break the pill in half every day. She also has to take her blood levels. If the numbers go up between .01 and .03 the patient is probably all right, but if her blood goes up between .04 and .05 then she has to come to the hospital. You know you might have missed some of the details in your interpreting. What should the interpreter do?

Scenario #2: Confidentiality: You are a Chatino interpreter and you live in the same small community of other Chatino-

saying, "Your son needs an open inguinal hernia mesh repair. It's a very common surgery. I make a small incision, locate the hernia sac, put the mesh around it and then close the incision." You, the interpreter, aren't sure how to say those words in your indigenous language. What should the interpreter do? Scenario #5: Impartiality: You are interpreting in the emergency department when a sexual assault victim is brought in by ambulance. Halfway through the session, you realize the victim is a transgender female who was beaten and assaulted by several men. You are not sure you feel comfortable interpreting for this patient. What should the interpreter do?

Scenario #4: Accuracy: The doctor is explaining to parents that their boy needs hernia surgery. He explains the procedure,

Scenario #6: Impartiality: You are a Zapotec interpreter and asked to interpret in the oncology (cancer) clinic for a patient with leukemia. You have never interpreted for a cancer patient and you don't know very much about leukemia. When you get to the room, you realize that you know the patient a little. You both have sons on the same soccer team, though you've never really spoken to each other. You tell the doctor that you shouldn't interpret for this patient because you know him, but there are no other Zapotec interpreters available until the next day.

What should the interpreter do?				
	Interpret	Interpreter do?	Interpreter do?	Interpreter do?







5.1

Learning Objective 5.1

Discuss ethical decision-making in healthcare and community interpreting.

Activity 5.1: Stories for Ethical Decision-making

The purpose of this activity is to examine how the ethical decisionmaking process works in situations that happen in real life to indigenous interpreters.

Instructions

Your instructors will read out loud the two stories on the following pages. Then work in your small group to apply the four-step decision-making process to the stories. For each story, try to:

- Identify the problem.
- Consider the consequences (of the interpreter taking action or not taking action).
- Make a decision.
- Evaluate the possible result.

Story #1: C-section

A young Maya-speaking woman has been in labor for 15 hours and has been pushing for 3 hours. The doctors and nurses have communicated with her using limited Spanish up to this point. They call in a Maya interpreter to tell the woman that her baby is in distress and she needs a C-section. They ask the interpreter to convince the woman to give her permission (consent) for the C-section.

What is the problem?
What are the potential consequences of the problem?
Make a decision.

The patie inter as th with	t and interpreter don't speak the same Mixteco interpreter has been called to interpret for a diabetes ent who speaks Mixteco. When the interpreter starts rpreting, she realizes she does not speak the same Mixted the patient. She tries to explain to the doctor why she has
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with	draw from the assignment. The doctor doesn't understan
	•
Wha	at are the potential consequences of the problem?
	·
-	

Make a decision.	
evaluate the possible outcome (result).	





Learning Objective 5.2

Explore a four-step process for ethical decision-making.

Activity 5.2: Ethical Decision-making Role Plays

The purpose of this activity is to practice using the four-step ethical decision-making process while interpreting.

- 1. You will work in same-language groups of three.
- 2. Your group will be given three role play scenarios. Do not read the role plays before you start this exercise.
- 3. Each of you will interpret a brief role play. *The person who interprets must not look at the workbook!*
- 4. Each role play has an ethical challenge. When it is your turn to interpret, decide what to do. Solve the ethical problem and act it out realistically.
- 5. Your group members should not help you while you decide what to do!
- 6. Take your action following the four-step decision-making process.
 - a. Make sure each participant has the chance to interpret a different role play from the person who goes before him or her.
 - b. Make sure that your group does not discuss the interpreter's choice until everyone has had the chance to interpret.

Alternate instructions: Prepare terminology before starting

- 1. Read the role plays before acting them out.
- 2. Look up any terms that are not familiar to you and decide how you would say them in your indigenous language.
- 3. When you are ready, follow the instructions above.

Decision-making role play #1: High-register terminology

This role play is about interpreting for a doctor who uses very complicated medical terminology.

SURGEON

Mr. and Mrs. Santana, I'm glad you brought your son in today. We have his test results.

MRS. SANTANA

Tell us what is wrong with him. His pain is getting worse and worse.

Well, your son has a condition called a hernia. He has a small piece of his intestine pushing through the wall of his abdomen.

That sounds terrible. Can it be fixed?

Yes, the good news is that it can be repaired. He needs a surgery called an open inguinal hernia mesh repair.

After you have finished acting out the role play, with your group, answer the following questions:

a.	What did the interpreter do?
_	
_	

b. Did the interpreter follow the four-step ethical decision-making process?

Decision-making role play #2: Diabetes nutritionist

This role play is about interpreting for a patient who keeps asking for the interpreter's advice about the diabetes nutritionist and the clinic.

NUTRITIONIST

Good morning, Mr. Marcos. Let's get started with your diet recommendations.

MR. MARCOS

OK, I'm listening.

Well, when you have diabetes, the most important thing you need to do is control your blood sugar levels.

Yes, I understand. I came here today because they told me I should come for my new diet.

Yes, that's right. Based on your diet questionnaire, you are eating a lot of foods that will make it hard to control your blood sugar.

(to the interpreter) Don't say anything, but if she tells me I can't have tortillas, there's no way I'm following this stupid diet. With your group, answer the following questions:

a.	What did the interpreter do?
b.	Did the interpreter follow the four-step ethical decision-making process?



Learning Objective 5.3

Apply the four-step ethical decision-making process to a case study.

Activity 5.3: Ethical Decision-making Practice

The purpose of this activity is to apply the four-step process for ethical decision-making without a chance to prepare first.

- 1. In same-language groups of three, decide who plays the interpreter, the doctor and the patient.
- 2. The person who plays the interpreter *must not see the role play script*.
- 3. Those who play the doctor and patient should tell the interpreter, "The only thing you need to know in this role play is that you have another job, for example,

- in agriculture, and in that other job your supervisor's name is Sergio Laredo Talaverde."
- 4. Act out the role play, with the patient sight translating the text into an indigenous language.
- 5. At the end, write down what the interpreter decided to do at the end of the role play.
- 6. Ask how the interpreter feels about what he or she did.
- 7. Discuss if everyone in your group agrees with how the interpreter handled the surprise.

Decision-making role play #3: Conflict of interest

Shhh! Don't tell the interpreter!

(The interpreter learns that the patient is his supervisor!)

DOCTOR

PATIENT

Yes, I can hear you just fine.

Good morning. Can you hear us over the telephone OK?

OK, well, I called you because I need to go over your test results.

OK. I hope there isn't bad news.

First, I need to confirm your full name and address. I have here that your name is Sergio Laredo Talaverde and that you live on Spruce Street in King City. Is that correct?

This is the point when the interpreter learns that the patient is his or her supervisor.

a.	What did the interpreter say after the "big surprise"?			
b.	Did the interpreter follow the four-step ethical decision-making process?			









Learning Objective 6.1

Explore and practice sight translation.

Activity 6.1 (a): Sight Translation of Short Sentences

The purpose of this activity is to practice basic sight translation techniques to help make these techniques automatic.

- 1. Work in same-language groups of three people.
- Read the sentences on the next page and use a pencil or pen to underline any words or phrases that you think will be hard to sight translate.
- 3. Write your translation or solution above or next to these words or phrases.
- 4. Sight translate the sentences one at a time. One member of your group will sight translate the first sentence, then the second member will sight translate the second and so on. In other words, switch interpreters after every sentence.
- 5. When the interpreter is sight translating, do not help out by offering suggestions or solutions. (Rescuing the interpreter does not help. It hurts. The interpreter has to learn how to do this job on his or her own.)

- 6. Pause briefly *after* each sentence is sight translated to discuss any problems or help the interpreter find solutions to difficult places.
- 7. Then move on to the next sentence and repeat the process.

Sentences for sight translation

- a. Welcome to Morningstar Medical Center. Please fill out this form as accurately as possible.
- b. The information that we ask for helps our staff to understand more about you and the services you need.
- c. We keep all of your health information confidential according to the federal law called HIPAA (Health Insurance Portability and Accountability Act).
- d. This form asks questions about your race and ethnicity, gender and sexual orientation.
- e. Please write down your name exactly as it is on your insurance card.
- f. Please write down the names of the other practitioners you have seen about this health condition.
- g. What is your relationship status? single / married / partnered / living together / divorced.
- h. What is the highest level of education you reached?
 high school / community college / bachelor's degree / master's degree
- i. How many alcoholic drinks do you have each week?
- j. Are you currently taking any over-the-counter medications?
- k. Are you currently pregnant or do you think you might be pregnant?
- I. Do you have any concerns about your physical health that you would like to discuss with us?

challenging about the sentences you sight translated. Which terms were hard to sight translate?							
	_						

Activity 6.1 (b): Sight Translating Question-and-Answer Forms

The purpose of this exercise is to practice sight translating a question-and-answer form that requires mode-switching between consecutive mode and sight translation. It also involves decision-making.

- 1. Working in your same-language pairs, sight translate the patient information form on the next page.
- 2. When you are the interpreter, sight translate the questions and let the patient fill the form in with real or imaginary information.
- 3. If the patient gets confused, the patient should ask the interpreter questions.
- 4. When you are done, answer the questions after the form.

Form: Access medical clinics—patient registration form

PATIENT INFORMATION Name: LAST	FIRST	M.I.			Gender: Male: □
Tunici Erio i	Tinor	141.11.			Female:
Date of Birth / /	Primary Care Physi				
Address:		City:		State:	Zip Code:
Home Telephone (): -		Alternate	Telephone		
PRIMARY INSURANCE & SUBSC	RIBER INFORMATION	I			
Primary Insurance Name:		Relationsl	hip to Subscr	iber:	
Subscriber's Name: LAST	FIRST M.	I.	Subscriber	's Date of E	Birth:
Subscriber ID #		Group #	Plan	#	Pharmacy #
SECONDARY INSURANCE					
Secondary Insurance Name:		Relationsl	hip to Subscr	iber:	
Subscriber's Name: LAST	FIRST M.	I.	Subscriber	's Date of E	Birth:
Subscriber ID #		Group #	Plan	#	Pharmacy #
TERTIARY INSURANCE					
Tertiary Insurance Name:		Relationsl	hip to Subscr	iber:	
Subscriber's Name: LAST	FIRST M.	I.	Subscriber	's Date of E	Birth:
Subscriber ID #		Group #	Plan	#	Pharmacy #
*If patient is a child, who may auth this child?	norize treatment for	*Relationsh	nip to Patient:	Phone No	D.: -
			?	Yes □ No	
Do you have a telephone answerin If so, may we leave messages from	g machine or voicemail this office on that mac	in your nome hine?		Yes 🗖 No	

How did the interpreter handle questions from the patient? What kind of ethical challenges did you experience? For example, did patient ask questions about the insurance? How should you hand patient questions in real life?					

6.2

Learning Objective 6.2

Apply the CALL model.

Activity 6.2: Practicing the CALL Model

The purpose of this activity is to make decisions about which documents are appropriate to sight translate and which documents community interpreters should refuse to sight translate.

- 1. Your instructor will show you a number of documents.8
- 2. For each document, use the CALL model to decide whether or not you should sight translate that document.
- 3. In the CALL model, avoid sight translating a document if a text has Complex language, Advanced terminology, Legal language or is a Long document.

⁸ The instructor may wish to do an internet search or visit the local hospitals, schools or social services programs to find the documents that interpreters in the group are most likely to need for sight translation.

- 4. Examples may include the following:
 - A one-page pediatric patient information form
 - A school permission form for a field trip
 - A simple one-page consent form
 - A one-week menu for school lunches
 - A two-page medical history form
 - A very complicated consent form for lumbar puncture
 - A two-page brochure about services in simple language
 - Detailed instructions for collecting a clean-catch urine sample

Note: One interpreter might have different answers from another. A certain interpreter might find it appropriate to sight translate one of these documents into Spanish but not into an indigenous language. When you apply the CALL model, use your common sense. Know your limits.



Learning Objective 6.3

Practice the "How to Say No" model.

Activity 6.3 (a): "How to Say No" Circle

The purpose of this activity is to practice refusing a request in a professional way. Then the interpreter can set reasonable professional boundaries and still offer solutions to the problem that led to the request.

Note: The three steps of the "How to Say No" model are discussed in detail in Section 6.3 of the training manual. The basic three steps are:

- 1. Be polite.
- 2. Offer 2-3 solutions.
- 3. Give reasons.

Instructions

- 1. Take positions in a large circle in the middle of the room.
- 2. Each participant will receive a strip of paper with an inappropriate request on it. (The examples are requests that community interpreters hear often.) Do not share what is written on your strip with anyone else.
- 3. Your instructor will start the activity by choosing the first person to throw a small ball to another person. The person who threw the ball then reads out his or her slip of paper to the person who caught the ball.
- 4. The person who caught the ball has to practice the three steps for "How to Say No" to that request.
- 5. Then the participant who caught the ball will throw the ball to someone else in the circle who has not had to a chance to "say no." The person who threw the ball will read out loud his or her request to the person with the ball.
- 6. The classmate with the ball will practice saying "no," again by following the three-step model.
- Give each person a chance to try "saying no" without any help. If he or she gets stuck, your instructor may ask the rest of the circle to offer suggestions.
- 8. The activity ends when everyone has had the chance to practice the "How to Say No" model.

Examples of inappropriate requests often made to interpreters

NURSE: The patient needs a steroid injection in his knee. Here is the consent form. Please read the form and have the patient sign it while I go get the injection.

PROVIDER: This is a letter from the patient's doctor in Mexico about his back surgery. Can you translate this before his appointment tomorrow? (You, the interpreter, have never translated before.)

SOCIAL WORKER: The patient is near death. Usually we ask the hospital chaplain to come speak to the patient. Can you tell me what you know about this patient's religious beliefs?

SCHOOL RECEPTIONIST: I feel so bad about José getting bullied. You interpreted for the disciplinary hearing—did they punish the kids who hurt him?

SCHOOL COUNSELOR: I'm worried about Sandra. She's very depressed. You live in her community. Do you know what her family is like?

PHYSICAL THERAPIST: Can you hold Mrs. Alonso's baby during the appointment? I need her to focus on her exercises.

MEDICAL ASSISTANT: Look, we're really busy here today. Can you help by pushing Mr. Macias in his wheelchair down to radiology?

CLIENT: I'm really nervous about meeting the therapist. What if she thinks I'm crazy and tells everyone? Do you think she's a good therapist? Should I trust her?

PATIENT: I'm so grateful for everything you did for my son when he was sick. I brought you this gift from my country. Please have it. It would mean so much to me.

CLIENT: You're the first person who speaks my language I've met here. Can I have your telephone number? I could really use a friend.

CLIENT: The appointment took so long, my friend couldn't wait to take me home. Can I borrow some money to take the bus?

PATIENT: You were at the hospital today when they brought in people hurt in the big fire. Who got hurt? Do we know any of the victims?

CLIENT: I got this letter from my landlord. I think it's about our rent payment. Can you read it to me?

CLIENT: The receptionist told me I had to call this number to find out about my insurance. Can you call for me and help me talk to them?

Activity 6.3 (b): "How to Say No" for Sight Translation—Creating Scripts

The purpose of this activity is to write down in your own words how you would "say no" to inappropriate requests.

Instructions

- 1. Read each scenario on the following pages.
- 2. Write a script in English or Spanish for how you will "say no" to the request, following the "How to Say No" model.
- 3. You can now practice saying your script out loud to a partner. How does it sound? Does your script feel natural? Is it language you would use when you speak out loud?

Scenario A

The doctor hands you, the interpreter, a two-page consent form in small print and legal language that you have never seen before. The doctor asks you to help the patient fill it out while she goes to schedule the surgery. You would prefer to have the doctor stay in the room to explain the form. How will you make this request?

Write a script following the three-step "How to Say No" model:

1.			
2.			

3.	
Scenari	o B
At a pare from her She hand just look rather tha	nt-teacher meeting, the parent brings many documents child's educational records from Mexico, all in Spanish. Is the documents to the teacher, who says to you, "Can you through these and tell me the important parts?" You would at the parent chooses what to summarize, not you. How will his to the teacher and the parent?
Write a so	cript following the three-step "How to Say No" model:
1.	
2.	
3.	

Scenario C

You are sight translating the questions in a low-income housing assistance form. The client is filling in the answers. Several questions are open-ended. They ask the client to describe his biggest concerns about housing. The client gives you the pen and asks you to write in the answers. You interpret the client's request. The housing agency worker tells you, "Yes, please just write in a translation of what the client says." You want the housing agency worker to fill in those answers instead. Which solutions could you suggest?

Write a script following the three-step "How to Say No" model:

Activity 6.3 (c): Practice Sight Translation of a Consent Form

The purpose of this activity is to practice sight translating a consent form.

Instructions

- 1. In pairs, read the sentences below and underline any words or phrases that might be hard for you to interpret.
- 2. Write your translation above or next to these words or phrases.
- 3. Sight translate the consent forms.
- 4. Each interpreter should sight translate Form A. Then each interpreter should sight translate Form B.
- 5. Switch interpreters if your instructor asks you to do so.

Form A: Consent to treat

I patient name) g to give me medical treatment. I allow ABC Clinic to file for insurance b receive.	-
I understand that: [Please initial all boxed ☐ ABC Clinic will send my medical receinsurance company. ☐ I must pay my share of the costs. ☐ I must pay for the cost of these serve not pay or I do not have insurance.	cord information to my
I understand that: [Please initial all box ☐ I have the right to refuse any proced ☐ I have the right to discuss all medic provider.	dure or treatment.
Patient Signature	Date
Parent or Guardian Signature (for children under 18)	Date
Print name	

Form B: Consent to treat minor children

I, parent or , born hereby consent to any medical care determ	r legal guardian of
, born	, do
hereby consent to any medical care determ	lined by a
physician to be necessary for the welfare o	i my child while
said child is under the care of not reasonably available by telephone to gi	anu rani
not reasonably available by telephone to gi	ive consent.
This authorization is effective from	to
Signature of Parent or Legal Guardian	Date
Witness signature	Date
-	
Witness name (please print)	
Telephone: Father: home/cell_	work
rerephone. ruther: nome, een_	work
Mother: home/cell	work
Last tetanus:	
Allergies to drugs or foods:	
Special medications, blood type or pertine	nt information:
Child's physician: Te	lephone:
Preferred hospital: ————————————————————————————————————	
Insurance:	



7.1

Learning Objective 7.1

Demonstrate how to research topic areas for new interpreting assignments.

Activity 7.1: Diabetes Presentation

The purpose of this activity is to learn how to gain enough background knowledge of a field or topic to be able to interpret any relevant terms accurately.

- Your instructor will show you two videos that explain what type 1 diabetes is and its common symptoms. One video might be in English and the other one in Spanish, for example: Understanding Type 2 Diabetes http://www.healthjourneysupport.com/diabetes/type-2-diabetes and
 - Diabetes—Made Simple https://www.youtube.com/watch?v=MGL6km1NBWE &list=PL9BA97AC0BAB60B1B
- 2. Your instructor might also give you some written materials that explain diabetes.
- 3. In small groups that share the same working languages, if possible, use what you learn from the videos and the print materials to create a brief presentation (no more than two minutes) that will explain the causes, symptoms and

- treatment of type 1 diabetes. Each group member should present at least one idea. The presentations can be in English or Spanish.
- 4. When your instructor gives the signal, stand up and make your presentation to the group.



Learning Objective 7.2

Develop a glossary-building system for terms that have no language equivalents.

Activity 7.2: Build a Glossary About Type 1 Diabetes

The purpose of this activity is to build a glossary using the guidance given in Section 7.2 in the training manual.

- After listening to the presentations the small groups have given to your class in the previous activity, in the same small groups try to fill in the glossary to find an equivalent for as many of the terms in English as you can.
- 2. Hint: The terms in the glossary are taken from the role play for Activity 7.3. Read the role play to get help with descriptions for many of the terms.
- 3. Next, if you have extra time, identify any additional terms or phrases in the role play that might not have equivalents in your indigenous language(s) and add them to your glossary.
- 4. Using the guidance provided in Section 7.2 of your training manual, first translate each term or phrase into Spanish, then find a term (or terms) in the indigenous languages that might convey it and also a short phrase in the indigenous language that describes the concept.
- 5. Note: If in a term has a direct equivalent in your indigenous language, you can simply write down the

- direct translation and move on to the next term. For example, some indigenous languages have a word for *diabetes*, others do not.
- 6. If possible, try to keep your phrases in the right column shorter than a sentence!
- 7. Say your short phrases out loud to each other. Do your phrases sound clear to you? To the other members of your group? Would a patient or client understand them?

TERM	DESCRIPTION OF TERM IN ENGLISH	SHORT PHRASE DESCRIPTION IN ENGLISH	SHORT PHRASE DESCRIPTION IN SPANISH	DESCRIPTION OF TERM IN INDIGENOUS LANGUAGE
Toddler	Child between one and three years of age. A young child who is beginning to walk.	Young child	Niño pequeño, niño pequeño que anda	
Assessment	Process of observing and writing down a child's development.	Observing child development	Observar, vigilar, monitorear el desarrollo del niño Observar el crecimiento del niño	

TERM IN ENGLISH	TERM IN SPANISH	SHORT PHRASE IN ENGLISH OR SPANISH (THAT DESCRIBES THE TERM)	SHORT PHRASE IN THE INDIGENOUS LANGUAGE (TO TRANSLATE THE TERM)
Diabetes			
Diagnosis			
Insulin			
Glucose			
Organ			
Pancreas			
Carbohydrates			
Hyperglycemia			
Hypoglycemia			
Glucometer			
Whole Grains			

Alternate glossary format

In the previous exercise the glossary format works well for words in English that you need to find an equivalent for in your indigenous language. You will also need glossaries to write down English equivalents for words and concepts in your indigenous language. Also, most interpreters experiment with different glossary formats and find the one that works best for them.

Below is an example of a slightly different glossary format for terms in English and in the indigenous language. Try both versions and see which works best for you.

English into the indigenous language

TERM IN ENGLISH	TERM IN INDIGENOUS LANGUAGE (IF AN EQUIVALENT EXISTS)	DESCRIPTION OF TERM IN ENGLISH	SHORT PHRASE DESCRIPTION IN SPANISH	SHORT PHRASE DESCRIPTION IN INDIGENOUS LANGUAGE

Indigenous language into English

TERM IN INDIGENOUS LANGUAGE	TERM IN ENGLISH (IF AN EQUIVALENT EXISTS)	DESCRIPTION OF TERM IN INDIGENOUS LANGUAGE (OR SPANISH)	SHORT PHRASE DESCRIPTION OF TERM IN INDIGENOUS LANGUAGE (OR SPANISH)	SHORT PHRASE DESCRIPTION IN ENGLISH



Learning Objective 7.3

built by the indigenous interpreter.

Activity 7.3: Diabetes Role Play

The purpose of this activity is to practice using indigenous-language equivalents for concepts in Western medicine in a realistic role play.

Instructions

- 1. In groups of three, act out the following role play.
- 2. Try to use the indigenous language phrases you just worked on for Activity 7.3.
- 3. Take turns playing the interpreter.
- 4. If time permits, after everyone has played the interpreter, discuss whether you think the glossary-building exercise helped you to interpret accurately in the role play.

Diabetes role play

SPECIALIST

Good morning, my name is Angela. I understand that you have been diagnosed with diabetes and need some information?

PATIENT

Yes, that's what my doctor said. I didn't know I had diabetes. I don't understand what that is or what I have to do to take care of myself.

Well, can you tell me what kinds of symptoms you are having?

I've been so tired and I'm always thirsty. I have to pee all the time and I've been losing weight.

> Those are all symptoms of diabetes. It means you have high levels of sugar in your blood. Your body may not be making enough insulin. Or it might be that the cells in your body are not reacting correctly to the insulin that is being made.

continues on next page

PATIENT

I'm not sure I really understand. What is insulin?

SPECIALIST

Well, insulin is made by an organ in your body called the pancreas. It lets your body use the sugar, which we also call glucose, that comes from the carbohydrates in the food you eat.

I don't understand what sugar does.

Sugar from food is what gives your body energy. Insulin helps your body keep the right amount of sugar in your blood. When it's too high, we call that condition hyperglycemia. When there's not enough, we call that hypoglycemia.

And what do I have to do to control my blood sugar?

You have to follow a very specific diet and exercise regularly. Try to walk or exercise about 30 minutes, at least two or three times a week. You also have to check the levels of sugar in your blood with a glucometer every day. And I'll give you medications that you'll take every day.

A glucometer? What is that? Is it that machine that makes you prick your finger every day? Will it hurt?

The glucometer is a machine that measures your blood glucose level. You do have to prick your finger, but it doesn't hurt very much.

And you said I have to eat a certain diet?

Yes, you will have to eat a diet that has fruits and vegetables, whole grains and protein. If you eat a lot of beans, rice and tortillas, you'll have to make some changes. I'm giving you a referral to a nutritionist who will help create a meal plan for you.

I don't know, doctor. I know I'm sick, but I'm not sure I can do all of this. I don't want to change my diet and prick my finger.

I know how hard this is, especially at the beginning. But we'll be here to support you and help you through every step of the process.

Thank you so much!





Learning Objective 8.1

Explore the importance of interpreter self-awareness as part of "knowing yourself."

Activity 8.1: Know Yourself

The purpose of this activity is to be able to sense and describe one's own feelings.

Instructions

- 1. Working in pairs, tell each other a story about a time when each of you was very upset.
- 2. Be brief. Focus on the feelings you had, and any physical or emotional reactions.
- As a class, tell each other how you felt physically and emotionally when the story happened (don't retell the story itself).

Your instructor will now act out a scenario that might lead you to have some strong feelings. After the demonstration, be prepared to answer the questions below:

- 1. How did this interaction make you feel?
- 2. Why do you think the patient in the first scenario didn't want the surgery?
- 3. How do you think the interpreter should respond to the doctor in the first scenario? And to the patient in the second scenario?
- 4. What consequences could the interpreter's action have on doctor/patient communication?

Demonstration role play #1: Meniscus surgery

DOCTOR

Good afternoon, Mr. Lopez. I have the results of your X-ray.

MR. LOPEZ

Good afternoon, doctor. What does it show? I'm sure hoping you can make this pain go away.

Well, I'm afraid you have a tear in your meniscus—that's the cartilage in your knees between the joints.

The only way to fix it is through surgery.

Surgery? No, I don't need surgery. Can't you just prescribe a medicine to take away the pain? There's a lot of work in construction right now. I can't miss work, but my knee hurts so much by the end of the day

Well, you've already been going to physical therapy for several months, and there's been no improvement. Surgery is the only thing that will work. You won't be able to do any heavy lifting for about two months, but after that you should be able to go back to work.

Two months? Oh, no, doctor. Please, just give me some medicine, and I'll be fine. I can do more exercises. Whatever you say.

(to the interpreter in an angry voice) Why is he rejecting my advice? Doesn't he understand I'm trying to treat him in a way that will make him heal?

Demonstration role play #2: Discharge instructions

NURSE

Hello, Mrs. Gomez. I'm here to give you your discharge instructions. Then we'll be letting you go home.

MRS. GOMEZ

I am going to be released? That's wonderful.

I'm going to go over the medications you'll be taking and give you instructions on how to clean your injury so it doesn't get infected. It's really important that you do everything I say.

OK, I'll do my best.

Let's do the medications first. The doctor has written you prescriptions for three medications. The first one is an antibiotic called cephalexin. This is to make sure your wound doesn't get infected. You take one tablet twice a day at breakfast and dinner.

OK. One pill twice a day when I eat. I can remember that.

The doctor is also prescribing an antibiotic cream and an ointment to prevent itching. It's really important you don't scratch the wound while it heals. The cream you'll put on three times a day, but the ointment can be used as needed.

(looking confused but smiling and nodding her head) OK, thank you.

Now, I'm also giving you three kinds of bandages. One is a sterile pad. You put this directly over the wound. But be careful not to touch this side with your fingers when you put it on. The next one is a special tape to cover the pad. Then last of all, here is a wrap to go on top of everything. You must change this once a day, and it can't get wet. After a week, take it off and then you can just use the wrap. And that's it!

(still confused but politely smiling) OK, yes, I understand. Thank you. (to the interpreter) Interpreter, after the nurse leaves, can you tell me what she said? I can't remember everything.

<u>8.2</u>

Learning Objective 8.2

Examine the interpreter's attitudes toward other people.

Activity 8.2: Interpreter Dilemma Stations

The purpose of this activity is to understand how our emotions and attitudes can affect our decisions.

- 1. Your instructor will put you in small groups for this activity.
- Five to eight stations will be set up around the room. Each station will have a sign and a picture that describes an interpreter dilemma.
- 3. The dilemma presents the interpreter with a problem to solve.
- 4. At each station, have someone in your group read the description of the dilemma. Or ask one of your instructors to read it out loud. Then, as a group, discuss the dilemma. Answer the following questions:
 - a. How does this situation make you feel?
 - b. What, if anything, would you do as the interpreter?
- 5. Choose one member of your group to write down your group's answers to the questions at each station.
- 6. When your group has gone through each station, your instructor will guide the whole class in a discussion about what each group decided.

Dilemma #1: A young pregnant indigenous woman has arrived at the labor and delivery unit for her first birth. The nurses put her in a hospital gown and take her into a room with several nurses and residents with no way to cover herself.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #2: When the indigenous patient arrives at the lab, he sees that the technician is going to take six tubes of blood. He gets angry and upset and starts arguing with the nurse.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #3: The patient needs surgery. The doctor gives the patient a packet of forms to fill out so that he can get partial coverage for the cost of the surgery. The patient nods politely, but you know from other cases that probably the patient won't get the paperwork completed without a lot of help from family or hospital interpreter staff. If the patient doesn't fill out the forms, he can't have the surgery.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #4: The patient doesn't want you to interpret for her because you are male and not her usual female interpreter, who is not available.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #5: The doctor informs the patient that she needs to have a C-section because the baby is under stress. The patient refuses and says she will push harder to deliver the baby.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #6: An 18-year-old mother has just had a baby. The mother is not responding when the nurse and doctors talk to her about her baby's care. An interpreter is called, but the mother still has no response. A social worker is called and tells the patient she will not be able to take the baby home if she doesn't respond appropriately to questions.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #7: An indigenous-language patient is given a consent form for surgery, and the interpreter is asked to help interpret it. The interpreter is having difficulty understanding the consent form, which has a lot of legal language. It is clear that the patient doesn't understand most of what is in the consent form.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

Dilemma #8: The parents bring their very sick baby to the hospital emergency department. The baby needs to be sent by ambulance to another hospital with more machines and services in a big city several hours away. The doctors tell the parents they need to drive to the larger hospital on their own. They can't go with their baby. The parents do not drive and they don't have access to a car. They have never been in a big city.

- a. How does this situation make you feel?
- b. What, if anything, would you do as the interpreter?

<u>8.3</u>

Learning Objective 8.3

Develop strategies to manage the interpreter's emotions while interpreting.

Activity 8.3: Self-awareness Role Plays

The purpose of this role play is to use the information in Section 8.3 of the training manual and apply it to realistic scenarios.

Instructions

- 1. In your language groups, interpret these short role plays. Take turns playing the interpreter.
- 2. If you are playing the provider or the patient, it is *very important* to act out the role plays with a lot of feeling. Put your heart into it. Be real.
- 3. Pay attention to how you feel.
- 4. Use the information in Section 8.3 of your training manual to help you manage your emotions.
- 5. When you interpret, do not show your own emotions in your face or body.
- 6. Instead, let your voice reflect the tone of the speakers.
- 7. After everyone in your group has had the chance to interpret, discuss how you felt while interpreting.

Note: Normally, for this workbook, the person who plays the interpreter should *not* look at the script. However, for Scenario #2, the interpreter will need to read the script out loud.

Scenario #1: Admissions clerk

ADMISSIONS CLERK

OK, can you tell me where you live?

PATIENT

I live near Greenfield.

Can you tell me the exact street address?

I'm not sure. I live in a trailer near Greenfield. I don't know the street name.

> OK, we'll come back to that question. Now I need to make a copy of your identification.

I don't have it with me.

We can take the picture tomorrow. But what kind of identification do you have?

I have my card.

What kind of card? A driver's license? A passport?

No, just a card. You know. The normal kind.

(getting angry) No, I don't understand. How about a Social Security card?

(looking really uncomfortable) Well, um, I'm not sure.

(to the interpreter, angrily) Are you sure you're interpreting what I'm asking? The patient obviously doesn't understand the questions. You must be doing something wrong.

Scenario #2: Interpreter and patient do not speak the same Mixteco

DOCTOR

OK, Mrs. Jimenez, I see that you are here because of problems due to your diabetes.

MRS. JIMENEZ

Um, I'm not sure I understood. Can you repeat the question?

Sure. You're here today because of your diabetes, correct?

INTERPRETER

(to doctor) Doctor, as the interpreter, I can see this patient doesn't speak the same Mixteco I do. She doesn't understand my Mixteco. We need to find another interpreter.

(to Mrs. Jimenez) Sra. Jimenez, we don't speak the same Mixteco. Wrong language. Not the same.

Interpreter, no, we have to have the appointment. We already waited a half hour for you to arrive. You both speak Mixteco, I need you to stay and interpret.

Well, no, I really can't stay. There are different kinds of Mixteco. We don't speak the same language, and Mrs. Jimenez doesn't speak Spanish.

No, we'll make this work. Mrs. Jimenez really needs this appointment, and I'll be gone next week. Now, let's get started.



9.1

Learning Objective 9.1

Discuss five common communication barriers in healthcare and community interpreting.

Activity 9.1: Five Barriers to Communication

The purpose of this activity is to observe three different ways for interpreters to address a communication barrier and then decide which approach seems to be the most effective and professional one.

- 1. Your instructor will stage a three-part demonstration role play.
- 2. Each part shows an interpreter intervening to address a communication barrier.
- 3. Wait until all three parts of the role play have been demonstrated before discussing them.
- 4. This demonstration will be based on the three scripts on the following pages.
- 5. Be prepared to decide which intervention you like best and to say why.

Demonstration role play version #1

Note: If this set of demonstration role plays involves a Spanish interpreter, it will be helpful for the person who plays the interpreter to know these three Spanish medical terms: *fractura distal del radio, reducción cerrada* and *amplitud de movimiento*.

DOCTOR

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction surgery.

INTERPRETER

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction procedure.

MR. LEON

(looking confused) Um, is that a kind of surgery?

Uh, is that a kind of surgery?

Yes, we have to repair the distal radius fracture, or you might lose some of the range of movement in your wrist.

(to the doctor) Doctor, I don't think the patient understands what you are saying. I know the community he's from, and I'm sure he can't read or write.

(to the patient) I just clarified something with the doctor.

Demonstration role play version #2

DOCTOR

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction surgery.

INTERPRETER

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction procedure. (Interpreter adds, speaking to the patient) That means you have broken the bone at the top of your wrist and you need surgery. But it's a minor surgery. They don't even have to make any cuts.

Demonstration role play version #3

DOCTOR

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction surgery.

INTERPRETER

OK, Mr. Leon, I have the results of your X-ray. You have a distal radius fracture of your left wrist. The good news is we can repair it with a closed reduction procedure.

MR. LEON

(looking confused) Um, is that a kind of surgery?

Uh, is that a kind of surgery? (to the doctor) Doctor, excuse me, as the interpreter, I'm concerned that what I'm interpreting isn't clear. If you can explain the term "distal radius fracture," I can interpret your explanation.

(to the patient) As the interpreter, I told the doctor I was concerned that what he was interpreting wasn't clear and asked him to explain the term distal radius fracture so that I could interpret it.

9.2

Learning Objective 9.2

Practice the five steps of the Strategic Mediation Model.

Activity 9.2: Create Scripts to Practice The Five Steps for Strategic Mediation

The purpose of this activity is to practice the five steps for strategic mediation by writing them out for three realistic scenarios.

Instructions

- 1. Read the three scenarios on the following pages.
- 2. For purposes of this exercises, assume that each scenario requires you to intervene. (In real life, you might not need to intervene.)
- Working with your partner, write out the exact words that you would say if you were performing strategic mediation in each case.
- 4. Write down what you say to both parties in English only, even though in real life what you say to the patient or client would be in the non-English language.
- 5. Remember to be transparent! Report everything you say to one party to the other party.

Example

The patient comes in limping. When the doctor asks him, "Where does it hurt?" the patient points to his thigh. But he says, "I injured my foot." You, the interpreter, know that in this patient's region, it is common to use the word "foot" to refer to the entire leg.

DOCTOR

Where does it hurt?

INTERPRETER

Where does it hurt?

(to the doctor) Excuse me, as the interpreter I need to clarify what the patient is referring to when he says "foot."

(to the patient) Excuse me, as the interpreter, when you say "foot," do you mean your foot, your leg or your thigh?

PATIENT

I mean my thigh.

I mean my thigh.

For the next exercise, the only part that you have to write yourself is indicated by the blank lines: The text where the interpreter mediates with the provider and the patient/client.

Scenario #1

The patient is feeling ill and it's clear to you, the interpreter, that he is having a hard time understanding the doctor. The doctor speaks rapidly, using complicated words and is looking at his computer and not at the patient. You know the patient comes from a rural area and hasn't been to the hospital often.

DOCTOR

So, do you understand?

INTERPRETER

So, do you understand?

PATIENT

(looks lost and speaks timidly) Yes.

Yes.

To the provider:	
To the patient:	
Scenario #2	
in a cast. When the doctor an materials on the other side of	man who is having her broken arm put nd nurse spend a few minutes preparin f the room, the woman tells you that he says that is how she broke her arm.
PATIENT	
(to the interpreter) Don't tell the d	loctor, but my husband hurt my arm.
Write down what you will say when the doctor comes back	to the provider and patient in English to treat the patient:
To the provider:	

To the patient:
Scenario #3
You are doing a phone interpretation for paramedics at a house. A child has fallen from a tree, and the paramedics are immobilizing his neck for fear of a back injury. The mother is upset and keeps talking over the paramedics and not answering their questions. The interpreter says to the mother, "You need to calm down and answer their questions. They can't help if you don't give them the information they need."
The interpreter's mediation was inappropriate because the interpreter should not tell a client or patient what to do. Write down what you think the interpreter should have said:
To the provider:
To the client:



Learning Objective 9.3

Create scripts for strategic mediation.

Activity 9.3: Strategic Mediation Scripts Role Plays

The purpose of this activity is to write appropriate, effective mediation scripts for real-life interpreting situations and act them out, in practice.

Instructions

- 1. Work in your language pairs.
- First, read each role play and then write out mediation scripts for the last part of each role play. Note: This time, write your script for the patient in your indigenous language. If your indigenous language has no written form, practice saying what you would say out loud or record yourself.
- 3. Then take turns interpreting the role plays on the following pages.
- 4. See how your scripts work for you. Do they feel right? Discuss. Then do the next role play.
- 5. Switch interpreters after every role play.
- 6. When you are not interpreting, watch to see if the interpreter follows *all five steps* for strategic mediation.
- 7. Give each other feedback after each role play. Always let the interpreter give feedback about his or her performance first.

Mediation role play #1: Gender issues

Tell the interpreter that for this exercise, the interpreter role is male. The doctor is female.

GYNECOLOGIST

Hello, Mrs. Torres. I'm so glad you're here for your Pap test. I understand it's your first one?

MRS. TORRES

(looking uncomfortable) Yes.

OK, well, before I do the exam, I have a couple of questions.

OK, that's fine.

I need to know when the last time you had sexual relations was.

(very uncomfortable, looking at the interpreter)
Um.... Um.... I'm not sure?

Well, it sounds like it's been a while. We can do the exam. Can you please put your feet up here? I'm going to lift your gown up.

(Gets very upset and pulls down at her clothes.)

Interpreter sees that the patient seems quite uncomfortable with a male interpreter and intervenes to mediate. Write a script for what the interpreter says to both parties (in English to the provider and in your other language to the patient) before acting out the whole role play.

the patient: (Writ	your script in you	ur indigenous language.)

Mediation role play #2: Travel

The interpreter knows that the parents do not drive and have never been to a big city like San Francisco.

EMERGENCY ROOM (ER) DOCTOR

Mr. and Mrs. Reyes, your baby is stable, but she needs to be flown to the hospital in San Francisco.

MR. REYES

What do you mean? How will she get there? She was just born!

She needs to be flown on an airplane to the nearest hospital with the machines needed to keep her alive. That hospital is in San Francisco.

San Francisco, but that is so far.

Well, as soon as your daughter leaves the hospital, she is no longer our responsibility. You'll have to go to San Francisco on your own.

Do you mean we can't go with her? We have to get there by ourselves?

Yes. I'll have the nurse give you all the information. Now I have to get the paperwork ready.

But, doctor, San Francisco?

Interpreter intervenes here to mediate. Write a script for what the interpreter says to both parties before acting out the whole role play.

To the provider: (Write your script in English.)
To the clients: (Write your script in your indigenous language.)

Mediation role play #3: Discharge instructions

The interpreter has difficulty finding equivalent words when the nurse teaches wound care.

MEDICAL ASSISTANT

PATIENT

I'm going to go over your discharge instructions, OK?

OK.

All right. You have a serious wound in your right arm. You have to change the dressing every day and put medications on it.

I'm not sure how to do that. These bandages are complicated.

Don't worry, I'm going to tell you now how to do it.

Well, OK, I'll try.

First, apply a thin layer of this petroleum jelly over the top of the wound, and then rub on a layer of mupirocin ointment. Next, you have three layers of dressing, this petroleum gauze dressing, then this Telfa dressing, wrapped with tape, and finally this padded bandage.

(Looks at the interpreter with confusion. It is clear to the interpreter that the patient wants help.)

Interpreter intervenes here to mediate. Write a script for what the interpreter says to both parties before acting out the whole role play.

To the provider	: (Write your script in English.)
To the patient:	(Write your script in your indigenous language.)

Mediation role play #4: Direct communication between the doctor and the patient

The nurse is not speaking directly to the patient. The interpreter wants her to speak to the patient.

NURSE

Oh, can you say hello to Mrs. Cervantes and her boy, Julio, for me?

MRS. CERVANTES

Hello.

OK, I need to ask Mrs. Cervantes a few questions about how Julio got hurt, OK?

He was running in the house. He slipped and hit his lip on the edge of the chair and it split open.

Thanks, and now, interpreter, can you ask Mrs. Cervantes what she did to take care of Julio's lip before coming in today?

Interpreter intervenes here to mediate. Write a script for what the interpreter says to both parties before acting out the whole role play

To the provider: (Write your script in English.)	
To the patient: (Write your script in your indigenous language.)	
the patient. (Write your script in your margenous language.)	





Explore four core

Learning Objective 10.1

biomedical concepts.

Activity 10.1: Biomedical Culture Role Play

The purpose of this activity is to get an understanding of some of the ways that biomedical concepts, such as patient autonomy, can conflict with the traditional views many patients have about "the right thing to do."

Instructions

- 1. Work in language pairs or groups of three who share the same languages (if possible).
- 2. Be sure to switch interpreters when it says to do so in the role play.
- 3. Each section has a moment where the interpreter might need to intervene to solve a problem. For this role play, just assume that the interpreter needs to intervene, even if in real life you might wait a bit longer or not intervene at all.
- 4. When you are reading the role of the patient or provider, be sure to give the interpreter time to intervene.
- 5. When you are the interpreter, use the five steps for the Strategic Mediation Model each time you intervene. Remember to always interpret the last thing that was just said and to be transparent: Say the same thing to the patient and provider when you intervene.

Role play scenario: The patient is an elderly indigenous woman who has terminal cancer. The interpreter has been briefed and knows that the doctor will tell the woman she is going to die from the cancer. The interpreter has suggested to the doctor that he inform the husband first, in order to respect cultural norms about terminal disease. The doctor has already asked the patient whether, if the doctor had bad news to deliver, he should first let a family member know, and she said yes—the doctor should tell her husband. Today, the interpreter accompanies the patient's husband into the exam room.

HUSBAND

(to the interpreter) Tell me, what's going on? I saw you meeting with the doctor. What did he say?

Wait to see how the interpreter will respond to this question and then go on with the role play.

The interpreter and the husband enter the exam room where the doctor is waiting.

DOCTOR

Good afternoon, Mr. Lopez. Thank you for coming in today. I have the results of the X-rays and other tests we did. I'm afraid I have some difficult news.

Difficult news? What does that mean? What's wrong with my wife?

The tests show that she has stage four lung cancer. That means it's already very advanced and has spread to other parts of her body. We can't cure the cancer. But there are many treatments we can try to help your wife be comfortable.

This is terrible news. This can't be. There must be some kind of treatment that will help.

Yes, there are many things we can try. I am recommending chemotherapy to slow the growth of the cancer. And there are several other medications we can give her to keep her comfortable.

Yes, yes, please tell us what we need to do.

continues on next page

Well, to receive the treatment, your wife will have to sign these papers. I will have to tell her directly what her diagnosis is. I have to get her consent for treatment.

HUSBAND

No, no. You mustn't tell her that she is dying. I can take care of all the details. I can sign the papers.

I'm sorry, Mr. Lopez, but I can't do that. I'm required to tell the patient what her diagnosis is. Only the patient can choose her treatment options. It's against the law for me not to tell her.

(to the interpreter) Can you help explain to the husband? You know that the patient has to make her own decisions.

I have to respect patient autonomy.

Wait to see how the interpreter will respond to this question and then end the role play.

10.2

Learning Objective 10.2

List basic procedures for interpreting the patient history form.

Activity 10.2: Patient History Form

The purpose of this activity is to practice the sight translation steps for interpreting the patient history form, which is a question-andanswer form.

Instructions

- 1. Read Section 10.2 of your training manual carefully.
- Pretend you are in a waiting room with the patient, near a receptionist.
- 3. If there is time, practice your professional introduction with the patient.

- 4. Now sight translate this form following the guidance in your training manual for how to sight translation question-and-answer forms.
- 5. Your instructor will also guide you through this exercise and the form.⁹

							al Date: Revised:
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		HEALTH H All questions co	ISTORY Q	nnaire are stric	tly confi		
Name (La	est, Firet, M.I.):			□м	□F	DOB:	
	tatus: Sing	le Partnered Marr	ied Separated	☐ Divorced		dowed	
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dates:		☐ Hepatitis		☐ Chicke	прак		
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Surgerie Year Other ho	Reason Reason Reason u ever had a blo		diagnosed				□ Yes □

⁹ This form is based on a Health History Questionnaire template retrieved from https://templates.office.com/en-us/Health-history-questionnaire-online-TM01036505

List your pre	scribed drugs and ove	r-the-counter drugs	, such as vitamins and inf	nalers						
Name the Dru	9	Strength		Frequency Take	n					
Allowaios to	medications									
Name the Dru		Reaction Y	ou Had							
wante the bro	y .	REBLUOTI II	ou nau							
		HEALTH H	ABITS AND PERSONAL	. SAFETY						
		-	ONNAIRE ARE OPTIONAL AN	ID WILL BE KEPT STRICTLY	CONFIDENTIA	L.				
Exercise	Sedentary (No ex		1-1							
		, climb stairs, walk 3 b								
		☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.) ☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)								
Diet	Are you dieting?	exercise (i.e., work or	recreation styweek for 30 m	inuues)		Yes		No		
Diet		physician prescribed m	edical diet?			Yes	-	No		
	# of meals you eat in		curco urcu:		U	165	ы	110		
	Rank salt intake	□ Hi	☐ Med	Low						
	Rank fat intake	Пн	☐ Med	Low						
Caffeine	□ None	☐ Coffee	☐ Tea	☐ Cola						
	# of cups/cans per d	lay?								
Alcohol	Do you drink alcoholi	?				Yes		No		
	If yes, what kind?									
	How many drinks per	r week?								
	Are you concerned a	bout the amount you d	frink?			Yes		No		
	Have you considered	Have you considered stopping?						No		
	Have you ever experienced blackouts?					Yes		No		
	Are you prone to "binge" drinking?					Yes		No		
	Do you drive after dr	Do you drive after drinking?						No		
Tobacco	Do you use tobacco?					Yes		No		
	☐ Cigarettes – pks./	day	☐ Chew - #/day	☐ Pipe - #/day	☐ Cigan	s - #/c	lay			
	# of years	☐ Or year quit								

Understand the medical

Learning Objective 10.3

interview process.

Activity 10.3 (a): Different Kinds of Treatment

The purpose of this activity is to get a clear understanding of some of the ways that the medical interview process is different from many traditional views about health and the treatment of illnesses.

Instructions

- 1. Listen to and watch the videos listed below.¹⁰
- 2. In small groups, discuss the demonstrations you saw, for about five minutes.
- 3. Be sure to discuss the differences you see between the two kinds of treatment.

Medical interview

The Curandera:

https://www.youtube.com/watch?v=SoJUzuu0BF4

Curanderos, Oaxaca:

https://www.youtube.com/watch?v=mRhG2AK_HVw

Curanderismo:

https://www.youtube.com/watch?v=Kq-2g4oTy0E

Headache History:

https://www.youtube.com/watch?v=KwZasfKx0Yo

Activity 10.3 (b): The Medical Interview

The purpose of this activity is to understand a medical interview by interpreting many of the common elements in such an interview.

¹⁰ These links might not work, because many video links disappear over time. If so, search for short videos on these same topics, about two to seven minutes in length.

Instructions

- 1. Work in language pairs or groups of three.
- 2. Stand up.
- 3. Listen to your instructors. They will take turns reading out loud the sentences below from a medical interview. (They might use the Spanish text, the English text or both.)
- 4. Take turns interpreting each question to each other in your indigenous language(s).
- 5. Afterwards discuss which parts of the medical interview you found easy, and which parts were more difficult.

MEDICAL INTERVIEW ENGLISH-SPANISH SOCIAL / PAST MEDICAL HISTORY

COOLAL LUCTORY	ANTEGERENTES SOCIALES
SOCIAL HISTORY	ANTECEDENTES SOCIALES
What is your name?	¿Cómo se llama?
How old are you?	¿Cuántos año tiene?
Where do you live?	¿Dónde vive?
What is your address?	¿Cuál es su dirección?
Are you: Single? Married? Separated? Divorced? Widowed? Single, but living with your partner?	¿Es usted: soltero(a)? casado(a)? separado(a)? divorciado(a)? viudo(a)? soltero(a), pero vive con su pareja?
Do you have any children?	¿Tiene hijos?
How many?	¿Cuántos?
What are their ages?	¿De qué edades?
Are you employed?	¿Tiene empleo? ¿Trabaja?
What type of work do you do?	¿En qué trabaja?
Where do you work?	¿Dónde trabaja?
Are you the sole financial support of your family?	¿Es usted el/la único(a) que sostiene a su familia?
About how much money do you earn a month?	Más o menos, ¿cuánto gana mensualmente?

SOCIAL HISTORY	ANTECEDENTES SOCIALES
Does anyone else in the family work?	¿Hay alguien más en la familia que trabaja?
How much do they earn?	¿Cuánto gana él/ella?
Do you have medical insurance?	¿Tiene seguro médico?
Do you have a medical insurance card?	¿Tiene una tarjeta de seguro médico?
Please show it to me.	Por favor, muéstramela OR enséñemela.
Do you have a primary care doctor?	¿Tiene usted un médico general/familiar?
Who is it?	¿Quién es?
PAST MEDICAL HISTORY	ANTECEDENTES DE SALUD
How has your health been up to now? Good Fair Poor	Hasta ahora, ¿cómo ha estado su salud: buena? regular? mala?
When was the last time you saw your primary care (family) doctor?	¿Cuándo fue la última vez que vio a su médico familiar?
What was the visit for?	¿Por qué consultó a su médico?
Have you ever been in the hospital?	¿Ha estado en el hospital alguna vez?
Have you ever had surgery?	¿Ha sido operado(a) alguna vez?
Have you had: Chickenpox? Measles? Rubella? Mumps? Whooping cough? Scarlet fever? Rheumatic fever? Tuberculosis? Hepatitis?	¿Ha tenido: varicela? sarampión? rubeola? paperas? tos ferina? escarlatina? fiebre reumática? tuberculosis? hepatitis?
Have you had vaccinations for: Diphtheria? Whooping cough? Polio? Tetanus? Smallpox? Typhoid fever? Cholera? BCG? Yellow fever?	¿Le han puesto vacunas de: difteria? tos ferina? polio? tétano? viruela? fiebre tifoidea? cólera? BCG? fiebre amarilla?

SOCIAL HISTORY	ANTECEDENTES SOCIALES
Have you been tested for tuberculosis?	¿Ha recibido la prueba de tuberculina?
When was your last chest X-ray?	¿Cuándo le tomaron su última radiografía de pecho?
Do you ever have problems sleeping?	¿Duerme bien? ¿Tiene problemas para dormir?
Do you smoke cigarettes, pipes or cigars?	¿Fuma cigarillos, pipa, o cigarros?
How much do you smoke a day?	¿Cuánto fuma al día?
Do you/have you used: Cocaine? Heroin? Methamphetamine? Other illegal drugs?	¿Usa/ha usado: cocaína? heroína? metanfetamina? otras drogas ilegales?
Have you ever shared needles with someone?	¿Ha compartido agujas con alguien alguna vez?
Is your father/mother living?	¿Vive su padre/madre?
What did he/she die from?	¿De qué murió?
Have you or anyone in your family had: High blood pressure? High cholesterol? High triglycerides? Heart disease? Myocardial infarction? Cerebral infarction? Obesity? Kidney disease? Diabetes? Cancer? What type? Bronchitis? Asthma? Pneumonia? Bleeding tendencies? Convulsions? Mental retardation? Psychiatric problems? Glaucoma? Congenital defects? Venereal diseases?	¿Ha tenido usted o alguien en su familia: presión alta? colesterol elevado? triglicéridos elevados? enfermedad del corazón? infarto cardíaco? derrame cerebral? obesidad? enfermedad de los riñones? diabetes? cáncer? ¿Qué tipo? bronquitis? asma? neumonía? tendencias a sangrar? convulsiones? retraso mental? problemas psiquiátricos? glaucoma? defectos congénitos? enfermedades venéreas /de transmisión sexual?
Venereal diseases? Gonorrhea Syphilis Herpes HIV/AIDS Allergies?	enfermedades venéreas /de transmisión sexual? gonorrea sífilis herpes VIH/SIDA alergias?

SOCIAL HISTORY	ANTECEDENTES SOCIALES
Are you allergic to? Foods? Medicines? Animals? Pollen? Dust?	¿Tiene alergia a: las comidas? las medicinas? los medicamentos? los animales? el polen? el polvo?
What happens to you?	¿Qué le pasa?
Do you get: Rash? Shortness of breath? Swelling?	¿Sufre de: erupción? sarpullido? falta de aire? hinchazón?
Have you had any other diseases?	¿Ha padecido de alguna otra enfermedad?
Is there anything else you'd like to tell me?	¿Hay algo más que quiera decirme?

What are some core health beliefs in biomedicine? In indigenous cultures? Why will understanding more about biomedical and indigenous beliefs about health help you be a better interpreter? Why do doctors and hospitals do many things that seem strange to patients?

Why do Western doctors seem to focus more on the symptoms—not the person?
Why do doctors and health care staff assume that their way of treating illness is the best way?
How are different health belief systems the same—what are they all trying to do?







Learning Objective 11.1

Explore cultural issues that affect indigenous interpreters.

Activity 11.1: Mediation Role Play

The purpose of this activity is to think about the best ways for community interpreters to handle cultural misunderstandings when they interpret.

Instructions

- 1. Work in language-specific groups.
- Watch the role play as demonstrated by your instructors. (It will reflect what you should *not* do when you perform cultural mediation.)
- 3. As a group, before interpreting, discuss how you think the interpreter *should* handle this situation in a more professional way.
- 4. Act out the role play. Let the interpreter decide what to do.
- 5. After the role play, write down what the interpreter said and did.
- 6. Also write down if the interpreter was transparent, if he or she intervened, and said the same thing to both parties.
- 7. Repeat the same role play to let a different person interpret, following the instructions above.
- 8. Do the same role play a third time, to let the third person act as the interpreter.
- 9. Look at what you wrote down and discuss how each interpreter handled the situation. Why did the interpreter act this way? Decide what you think is the right thing to do. Is it the same thing you had all decided *before* acting out the role play?

Role play: Cultural mediation

DOCTOR

Hello, Mr. Santiago. What brings you in today?

MR. SANTIAGO

Doctor, I have a lot of stomach pain. It's been so bad I haven't been able to work. I need you to help me.

I see. Well, I need to ask you some questions first. Can you tell me when this started? And does it hurt all the time?

It started a few months ago and it wasn't so bad then. It hurts here, right under my ribs. It gets really bad at night; I can't sleep. Sometimes it makes me throw up. And I've been losing weight.

And what have you done to make it better?

(looks uncomfortable.) Well... You see... Well, I went to see this person... This curandero... (He pauses and looks at the interpreter, embarrassed.) Interpreter intervenes.

What did the interpreter say and do? If the interpreter intervened, was he or she transparent (said the same thing to both parties)?

Why did the interpreter(s) act this way? Is it the same thing you had all decided *before* acting out the role play?

11.2

Learning Objective 11.2

Use the Strategic Mediation Model to perform cultural mediation.

Activity 11.2 (a): Creating Scripts for Cultural Mediation

The purpose of this activity is to understand how to resolve cultural misunderstandings during the session *without* explaining them or speaking for anyone else.

Instructions

On the next pages are five cultural dilemmas that may require cultural mediation. The scripts show examples of cultural mediation that are not professional. You will need to change the scripts so they sound professional. Follow these directions:

- 1. Read through each cultural dilemma scenario.
- 2. Remember that in real life, "when in doubt, stay out." In other words, in real life you might not intervene at all.
- 3. But for this exercise, intervene so you can practice strategic mediation.
- 4. Working with your partner, write out the exact words that you would say when you intervene, for both the indigenous person and provider.
- 5. Write down both interventions *in English*, even though in real life the intervention for the indigenous person would be the non-English language.
- 6. Remember to be transparent: Say the same thing to both sides.

Example of appropriate cultural mediation

The indigenous mother is refusing to sign a form for the child but isn't saying why. The provider seems frustrated and says, "Can she even sign her own name?"

You suspect the reason is not that the mother is illiterate. Instead, for cultural reasons, perhaps she feels someone else in the family should sign the form, such as her husband or an elder member of the family.

To provider: Excuse me, as the interpreter I wanted to mention there might be a cultural question about who should sign forms in a family. You might wish to discuss the issue with her.

To patient: Excuse me, as the interpreter I just mentioned there might be a cultural issue about who should sign forms in a family. I suggested the provider discuss this issue with you.

Cultural scenario #1: Gender issues

The indigenous person gets very quiet in the session. You, the interpreter, are sure it's because she is a woman and the social worker is male. The interpreter tells the provider, "The interpreter thinks the client is uncomfortable because you're a man, and in her culture women don't talk about this subject with men who are not their husbands or fathers." This is not a professional intervention.

Write down how your group will change what the interpreter says so that the interpreter can point to the cultural issue but not speak for the indigenous person or provider.

To the provider:		

•	To the patient:
-	
u	Itural scenario #2: Blood tests
1	You have good reasons to believe that the patient doesn't believe in having blood drawn because of a common cultural belief. In that case, the patient might feel that having blood drawn when he is sick only makes him weaker. Of course, you might be wrong. The patient doesn't explain why he's refusing the blood draw. The doctor needs the results of this blood test to care for the patient. You are concerned that the patient will not come back for further treatment.
t	The interpreter tells the doctor, "As the interpreter, I want you to know that for cultural reasons, this patient doesn't believe in having blood drawn."
İ	Please rephrase what the interpreter says so that the interprete is not speaking for the patient but instead showing the doctor what to ask.
	To the provider:
-	
-	
-	To the patient:
-	

Cultural scenario #3: Speaking for the provider

The nurse is taking a patient history of a pregnant woman who is in her fifth pregnancy. When she asks the mother how each of her other four children were born, vaginally or by a C-section, the mother gives long answers telling the birth story for each child. The nurse is getting frustrated. The interpreter believes the nurse wants shorter answers.

The interpreter intervenes with the mother and then says to the nurse, "I told the mother you were getting upset with her because she was saying too much about her children's births."

Rephrase what the interpreter says so that the interpreter is not speaking for the nurse but instead pointing to the cultural issues so that the nurse can explain why she needs direct answers.

To the provider:			
To the patient:			

Activity 11.2 (b): Resolving Cultural Dilemmas

The purpose of this activity is to think through common cultural challenges in indigenous interpreting and brainstorm as a group to develop solutions for how to handle them.

Instructions

- 1. Stay in the same language-specific groups.
- 2. Your instructor will ask you to work on *one or two* of the cultural dilemma scenarios below and on the following pages.
- 3. In your group, decide what action you would take to solve this dilemma. How can you be a cultural informant and not a cultural expert? What would you say to both sides?
- 4. Share your solution with the class when your instructors ask you to.

Scenario #1: The patient does not understand Western health care.

A male patient is meeting with the orthopedist. The orthopedist tells the patient that he needs surgery on his knee to correct the injury. He also says the problem will probably come back if the patient does not lose weight. The patient gets angry and says to the interpreter, "What is he saying? My weight has nothing to do with my knee problem. I don't need surgery. I just need some medicine to fix it."

Write your group's solution here:	

Scenario #2: Gender issues and family relations

A doctor is speaking to a pregnant woman through an interpreter. The husband is present. The doctor is concerned that the mother has missed some of her prenatal visits, but the husband is answering the doctor's questions. The husband says they have not gone to prenatal visits because they can't get off work during the summer tourist season. The doctor asks the husband, through the interpreter, to step out of the room so he can speak directly to the wife. The husband gets upset and doesn't want to leave.

Write your group's solution here:	

Scenario #3: NICU parent education

The nurse in the NICU (neonatal intensive care unit) wants to provide education to a new mother who had a premature baby. She has to give the mother complex instructions on the baby's breathing, taking its weight and giving medication. The first simple questions that the nurse asks are about immunizations. The interpreter perceives that the mother doesn't understand the difference between immunizations and medicines and is worried that the mother will have difficulty understanding the complex patient education she is receiving.

NURSE

We have already given your baby the first immunizations for hepatitis, pneumococcal and rotavirus, but you will be responsible for taking him to the doctor to get the rest of the shots.

MOTHER

Oh, do you mean that she has those illnesses? Why does she need medicine for those if she doesn't have those illnesses?

Write your group's solution here:					



Learning Objective 11.3

Understand advocacy in community interpreting and use a decision-making tool to know if, when and how to advocate.

Activity 11.3: The Advocacy Road Map

The purpose of this activity is to get a better understanding of what advocacy is, what it means for community interpreters and how to make good decisions about whether or not—and how—to advocate as an interpreter.

Instructions

- 1. Read Section 11.3 on the advocacy road map in your training manual.
- 2. Work in small groups of three or four.
- 3. As a group, decide whether or not you would advocate for the scenarios on the following pages. Follow the advocacy road map to help guide your decision.
- 4. Choose the scenarios where you *would* decide to advocate. Write down the exact words, in the space provided, you would use to advocate.
- Don't spend too much time discussing the first one or two scenarios. Try to read and make decisions for all five scenarios.

Advocacy scenarios

A. The doctor has told the indigenous patient that he needs surgery on his hand to repair damage to the tendons. He warns the patient that he could lose the use of three of his fingers if he doesn't have the surgery. The doctor gives the patient a date for the surgery and tells him to go to the billing department to fill out the insurance forms. The patient nods his head and says, "Thank you, doctor." You have interpreted for this patient once before when he had to fill out the insurance forms. The process is so complicated that the patient gave up. You are concerned that without assistance, the patient will not get surgery.

Would you advocate in this case?
If yes, would you advocate <i>during</i> the session or <i>after</i> the session? Which person (or people) would you speak to?
If you would advocate, write down exactly what you would say:
B. You are interpreting for an indigenous woman who is applying for food assistance (food stamps) at the social services department. The caseworker denies the application. As you leave the office, the client begs you to help her change the caseworker's mind. She tells you it is your duty to help her because you are part of the same indigenous community. She says you know how these services works. This woman has three young children and only a part-time job. You know they will not have enough to eat without the food stamps.
Would you advocate in this case?
If yes, would you advocate <i>during</i> the session or <i>after</i> the session? Which person (or people) would you speak to?

If you would advocate, write down exactly what you would say:
C. You are interpreting for a young boy and his father at a medical appointment. During the appointment, the boy's father suddenly faints and falls to the floor. The doctor calls for help and other providers rush in to try to wake the father up. You know from living in the same community that the father has diabetes but is ashamed of his illness and doesn't want people to know about it. The son is too young to help. You are unsure whether you should share this private information with the doctor.
Would you advocate in this case?
If yes, would you advocate <i>during</i> the session or <i>after</i> the session? Which person (or people) would you speak to?
If you would advocate, write down exactly what you would say:
D. You regularly interpret for parent-teacher conferences at the local school that your own children attend. After interpreting for the same teacher several times, you realize that she treats indigenous parents differently from non-indigenous parents. She is rude and offensive and doesn't offer the same resources for their children. You have heard her make racist remarks to other teachers. You are frustrated and concerned that these indigenous families are not getting the same educational support as other families.
Would you advocate in this case?

If yes, would you advocate <i>during</i> the session or <i>after</i> the session? Which person (or people) would you speak to?
If you would advocate, write down exactly what you would say:
E. You are interpreting for an indigenous client who has been referred to an anger management program for domestic violence as part of his probation. The 12-week program includes the requirement for participants to hand in written homework every week. The instructor signs their homework forms. Without the instructor's signature, participants can't complete the program and they will be in violation of their probation. They could go to jail. The therapist hands a copy of the homework to the indigenous client that has been translated to Spanish and tells him he has to do it, no excuses. You realize the instructor thinks the indigenous client speaks Spanish.
Would you advocate in this case?
If yes, would you advocate <i>during</i> the session or <i>after</i> the session? Which person (or people) would you speak to?
If you would advocate, write down exactly what you would say:



12.1

Learning Objective 12.1

Understand how community services are provided in the United States.

Activity 12.1: Community Services Interview Role Play

The purpose of this activity is to get a clear understanding of how community services are delivered in many countries where indigenous immigrants come from and how different they are compared to community services in the United States.

Instructions

- 1. Work in same-language groups of three.
- 2. This role play is divided into three sections: education, social services and health care. Switch interpreters after each section.
- 3. This is an interview role play, and it is only partially scripted. The interviewer has questions, but the person being interviewed will make up answers.
- One group member will read the interview questions in English. The other group member will play the person being interviewed and will answer the questions in the non-English language.
- 5. The interpreter interprets the interview back and forth between both languages.

Community services role play, part 1: Education

INTERVIEWER

Today we are going to talk about the differences in the education system in the place you are from and in this part of the United States.

RESPONDENT

OK, that sounds good.

Where did you grow up? (It doesn't matter if you grew up in the United States or another country: Describe the education system you grew up with.)

Answer from your own experience.

That's interesting. When do students start school there? Is there a preschool system or daycare?

Answer from your own experience.

Tell me about the elementary school system where you come from.

Answer from your own experience.

Then what happens? Is there a middle school system? Or junior high school? Or does it go straight to high school?

Answer from your own experience.

How do people pay for education? Is it free or private? Does everyone go to school?

Answer from your own experience.

What can you tell me about education after high school? Are there universities? Technical schools?

Describe how adult education works there.

Answer from your own experience.

From your experience, what big differences are there between how education is where you come from and here?

END OF PART 1
Let a different person play the respondent for the next section.

Community services role play, part 2: Social services

INTERVIEWER

Today we are going to talk about the differences in the social services where you are from and in this part of the United States. By social services we mean services that provide help with housing, unemployment, job training, child welfare, health education, counseling, etc.

RESPONDENT

OK, that sounds good.

Where did you grow up? (It doesn't matter if you grew up in the United States or another country, describe the community services you grew up with.)

Answer from your own experience.

That's interesting. What do think are the biggest social problems where you come from? Poverty? Education? Something else?

Answer from your own experience.

What kind of social services are available where you come from? For example, are their agencies that help with employment? Or help families with child care?

Answer from your own experience.

Thinking about one of the services you described, what do you have to do to get a social service? Can you describe the process? Do you go to an office? Or does someone come to your home?

Answer from your own experience.

Do people have to pay for the services? Does the government pay? How does it work?

Answer from your own experience.

From your experience, what big differences are there between how social services are provided where you come from and how they are provided here?

END OF PART 2

Let a different person play the respondent for the next section.

Community services role play, part 3: Health care

INTERVIEWER

Today we are going to talk about the differences in the health care system where you are from and in this part of the United States. By health care we mean everything from public health to hospitals to private clinics.

RESPONDENT

OK, that sounds good.

Where did you grow up? (It doesn't matter if you grew up in the United States or another country, describe the health care system you grew up with.)

Answer from your own experience.

That's interesting. What do you think are the biggest health care problems where you come from? Lack of access? Too costly? Something else?

Answer from your own experience.

What kind of health care services are available in the community you come from? Do people go to the hospital to get medical care? Or public clinics? Do they see folk healers, such as curanderos? How does it work?

Answer from your own experience.

When you had to get health care services where you come from, where did you go? Can you describe the process? Did you go to a clinic or a doctor's office or a hospital? Or did people come to your home?

Answer from your own experience.

How do most people pay for health care services where you come from?

Answer from your own experience.

From your experience, what big differences are there between how health care is provided where you come from and here?

12.2

Learning Objective 12.2

Discuss the delivery of U.S. health care, education and social services

Activity 12.2: Community Services Terms and Definitions

The purpose of this activity is to become familiar with and understand some of the common, important terms for basic services in U.S. community settings.

Instructions

- Work in groups of four. Each group will receive three envelopes and three handouts labeled "Social Services," "Education" and "Health Care."
- 2. Each handout has a table with two columns: The left column contains a list of terms.
- 3. Each envelope contains the definitions to match all the terms.
- 4. Take the handout for Social Services and the envelope labeled Social Services and match the definitions on the strips of paper to the terms. Then either tape or write down the correct definition for each term in the handout.
- 5. Do the same for the envelopes marked "Education" and "Health Care."
- 6. Make it a race. See which group can finish matching the terms to their definitions for all three topics.
- 7. Your instructor will check your group's answers and finish the activity with a group discussion.

Note: The list on the following pages contains the correct answers. Do not look at the answers while you are doing this exercise.

Social services	
Social worker	A person who provides professional help and support for people who have mental, physical, economic or social disadvantages.
Job training (employment training)	The process of teaching an employee how to perform the job.
Refugee programs	Services for refugees, such as basic orientation, counseling, food, shelter and health services.
TANF (Temporary Assistance for Needy Families)	A federal program that gives cash aid and services to eligible low- income U.S. families, including child care, food assistance and health insurance.
SNAP (Supplemental Nutrition Assistance Program)	A program (often called "food stamps") that provides monthly food assistance to eligible low-income U.S. residents.
Foster care	A program to protect children who cannot safely remain with their families and who are removed from their parents and placed with relatives, a licensed family or a group home.
CPS (Child Protective Services)	The state and local government agency that protects children from abuse and neglect. In some states, CPS has a slightly different name.
CHIP (Children's Health Insurance Program)	A national program administered in each state to assure that children of low- and moderate-income families have access to health care.
WIC (Women, Infants, and Children) program	A supplemental nutrition program for low-income pregnant, postpartum, and breastfeeding women, and infants, and children up to age five that provides nutritious foods, information on healthy eating and support for breastfeeding.
Medicaid	Federal health insurance coverage for people with low incomes.

Education	
Secondary schools	U.S. schools offering a "core" curriculum of courses that include English, mathematics, general science, health, physical education and social studies in addition to "electives" (optional subjects).
Elementary schools	Schools that provide instruction in basic reading, writing and mathematics, in addition to history and geography (taught together as social studies), crafts, music, science, art and physical education.
Special education	A program required by U.S. federal law to help students with special needs, such as physical or learning disabilities or developmental delays, to help them achieve academic success and self-sufficiency.
IEP (Individualized Education Program)	A legal document that lists a child's special-learning needs, the services that the school will provide to meet them and how progress will be measured.
Vocational education	Education that prepares people to work in a trade or craft, as a technician, or in support roles in professions, such as nursing or law.

Education (continued from previous page)		
Adult education	A public education program that offers free or low-cost classes for adults 18 years and older, for example, to get a high school or a General Equivalency Diploma (GED), learn about jobs, learn to speak or read English or study how to become a U.S. citizen.	
Associate's degree	A two-year undergraduate academic degree awarded by colleges and universities that is less than a bachelor's degree.	
Community college	A two-year school that provides affordable postsecondary education, certificate programs, job training programs and pathways to get a four-year university degree.	
Parent-teacher conference	A meeting between parents and teachers to discuss children's progress at school and find solutions for academic or behavioral problems.	
ELL (English Language Learner)	Students who need special programs to communicate fluently and learn effectively in English and often come from non-English-speaking homes and backgrounds.	

Health care	
Biomedicine	A branch of medicine that applies research in many fields of science to clinical practice in health care; often called "Western medicine."
Public health	A branch of science that protects the health and supports healthy behaviors of people and communities, with a special focus on preventing (instead of curing) disease.
Advance directive(s)	A legal document that allows people to decide how they wish to die, in case they die in a health care setting.
Informed consent	The process of getting explanations about the risks and benefits of treatment and understanding them before agreeing to a medical test or procedure, such as surgery.
Differential diagnosis	The way a doctor decides on a diagnosis through a process of comparing conditions that have similar signs or symptoms.
Patient Protection and Affordable Care Act (ObamaCare)	A major U.S. health care reform law passed in 2010 that lets higher numbers of U.S. residents get health insurance.
Primary care	Basic medical care usually provided by a patient's family doctor, who looks out for the overall health care of that patient.
Traditional medicine	The ancient knowledge, skills and practices of different cultures that support a person's health and treat that person's sickness, usually with a focus on the whole person. Some of these practices are thousands of years old.
Intensive care	Medical treatment for seriously ill patients that involves careful monitoring and special equipment and is usually provided in hospitals.
First responder	A member of an emergency service who is sent to crises, such as accidents, natural disasters or attacks to provide assistance, protection or treatment.

<u>12.3</u>

Learning Objective 12.3

Practice a four-step process to prepare for community interpreting assignments.

Activity 12.3: Community Services Orientation

The purpose of this activity is to learn exactly what to ask to prepare well for interpreting assignments in almost any community setting.

Instructions

- 1. Your instructor will first demonstrate how to do this activity to the entire group.
- 2. You will then work in same-language groups of three.
- 3. Each person in the group will get a number, either #1, #2 or #3.
- 4. There are three checklists: one each for education, social services and health care.
- 5. Each partner #1 will start by playing the First Contact; #2s will play the Community Service Employee; and #3s will be the Interpreter for one of the checklists, for example, education. Then members will switch roles. The #1s will play the Community Service Employee, the #2s will be the Interpreter and the #3s will play the First Contact, and so on.

	Health Care	Education	Social Services
First Contact	Member 1	Member 3	Member 2
Community Service Employee	Member 2	Member 1	Member 3
Interpreter	Member 3	Member 2	Member 1

- 6. Your instructor will give each person:
 - a) An Interpreter checklist
 - b) A First Contact checklist
 - c) A Community Service Employee checklist
- 7. When it is your turn to interpret, you will use the Interpreter checklist to try to learn information about that assignment.
 - First, you will speak to the First Contact (pretend it is over the phone), who will have basic information about the appointment.
 - Then you will speak to the Community Service Employee to find out more detailed information about the service being provided.
- 8. When it is time to be a Community Service Employee, you should only provide information about the session when the Interpreter asks one of the questions on your checklist. Don't offer information just to help out. When the interpreter asks a question you have an answer for on your checklist, put a check by that item on your own checklist so you can see how much of the necessary information the Interpreter got from you.
- 9. When your group has run through all three scenarios, see which of the three Interpreters in your group got the most information from the First Contact!

Interpreter checklists

Education appointment: You receive a call from ABC Interpreting Agency. They need an interpreter for an IEP meeting at a local school.

To orient yourself to the appointment you need to get information about:

Languages needed
Time, place and location
Duration
Payment information
Type of service

	People who will be present		
	Type of documents to be used		
	Contact information		
Agenc	care appointment: You receive a call from ABC Interpreting y. They need an interpreter for an appointment at a local es clinic.		
To orie	nt yourself to the appointment you need to get information about:		
	Languages needed		
	Time, place and location		
	Duration		
	Payment information		
	Type of service		
	People who will be present		
	Type of documents to be used		
	Contact information		
Interpr	services appointment: You receive a call from ABC eting Agency. They need an interpreter for an appointment at al WIC office.		
To orient yourself to the appointment you need to get information about:			
	Languages needed		
	Time, place and location		
	Duration		
	Payment information		
	Type of service		
	People who will be present		
	Type of documents to be used		
	Contact information		

Education First Contact checklist

Start the conversation by saying, "Hi. I'm calling from ABC Interpreting. We need an interpreter for an IEP meeting tomorrow." If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

П	Which languages do you need?English and language A
	Which language variant is needed? o Language A, variant 3
	What time is the appointment? o 3:00 p.m.
	How long will the appointment last? One or two hours
	What is the date of the appointment? o Tomorrow's date
	Where will the appointment take place? o 1546 Main Street, Marina, California o Location in building: Main Office Conference Room
	Who is the contact person? o Sally Martin, IEP coordinator
	What is the contact person's telephone number? o 1-435-231-6765
	What are the payment details? o \$25/hour o Two-hour minimum o We need your invoice in 30 days, or you won't get paid.
	What is the purpose of the meeting? o IEP meeting

Education Community Service Employee checklist Answers to Interpreter questions

If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

☐ What is an IEP? An IEP is an Individualized Education Program. It defines the kinds of special education services the child receives. ☐ What topics will be covered in the IEP meeting? This is the semiannual review meeting. It will review testing results for: **BRIGANCE** Comprehensive Inventory of **Basic Skills** Word recognition, oral reading and reading vocabulary Comprehension **Open Court Reading assessment** Woodcock Johnson IV test of achievement and cognitive development ☐ Information about the student with special needs Second grade 0 Has audiovisual delays in development 0 Has a BTE (behind the ear) hearing aid ☐ Who will be present at the meeting? Mainstream classroom teacher, school psychologist, regional center coordinator, special education classroom teacher and parents ☐ Which documents will the interpreter need to sight translate? The psychologist's report

The teachers' reports

Revised IEP forms

0

0

Social services First Contact checklist

Start the conversation by saying, "Hi. I'm calling from ABC Interpreting. We need an interpreter for a WIC appointment tomorrow." If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

Which languages do you need? o English and language C
Which language variant is needed? o Language C, variant 6
What time is the appointment? o 10:00 a.m.
How long will the appointment last? One hour
What is the date of the appointment? o Tomorrow's date
 Where will the appointment take place? 454 Terminal Way, San Marino, California Location in building: WIC Office, 3rd floor, Suite 100
Who is the contact person? O David Carleton, WIC program officer
What is the contact person's telephone number? o 1-675-907-2312
What are the payment details? o \$22.50/hour o Two-hour minimum
What is the purpose of the meeting? O WIC application meeting

Social services Community Service Employee checklist Answers to Interpreter questions

If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

□ What is WIC? WIC stands for The Special Supplemental Nutrition Program for Women, Infants, and Children. It offers nutrition and health education, breastfeeding 0 information and support and monthly financial aid to buy approved healthy food for mothers and for children under five years of age. Which topics will be covered in the WIC application meeting? This is an application appointment to start services. 0 WIC's services will be described. 0 The client's family, employment, health care and 0 income information will be discussed. Information about the client. A pregnant woman with a two-year-old girl 0 Needs health and nutrition information 0 Is applying for financial aid to buy food Who will be present at the meeting? WIC program coordinator 0 The pregnant woman and her husband ☐ Which documents will the interpreter need to sight translate? **Family Information Form** 0 **Pregnant Woman Application**

Child Application Form

WIC program brochures

0

Health care First Contact checklist

Start the conversation by saying, "Hi. I'm calling from ABC Interpreting. We need an interpreter for diabetes clinic tomorrow." If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

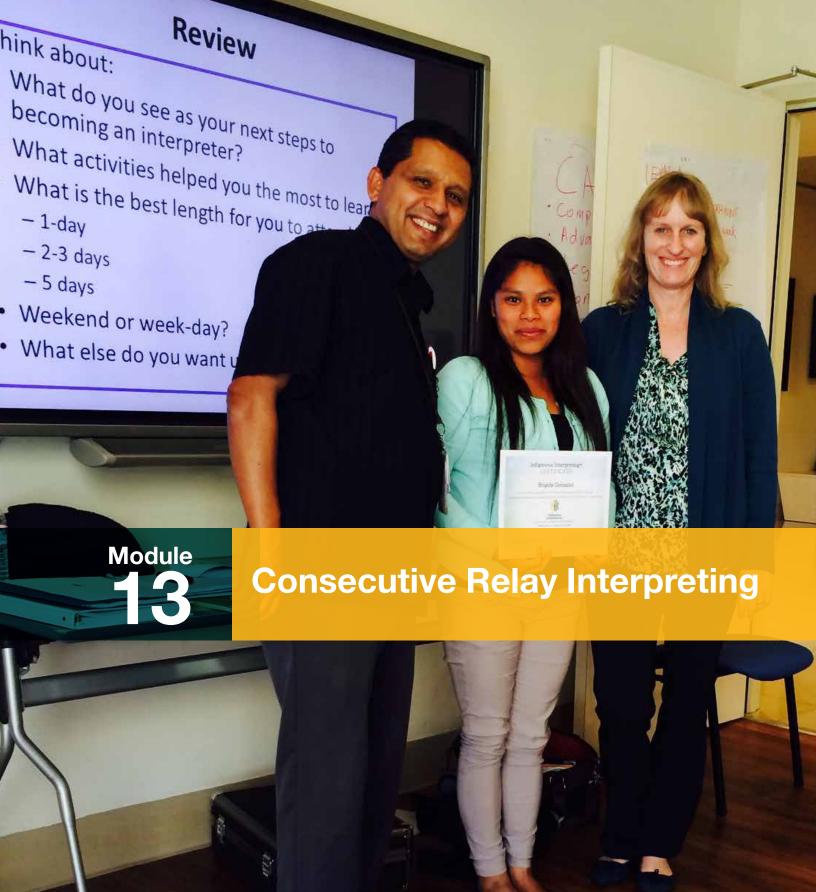
Which languages do you need? o English and language F
Which language variant is needed? o Language F, variant 1
What time is the appointment? o 1:30 p.m.
How long will the appointment last? o Three hours
What is the date of the appointment? o Tomorrow's date
 Where will the appointment take place? Health Clinic, Carson, California Diabetes Clinic
Who is the contact person? O Sharla Connors, diabetes specialist nurse (DSN)
What is the contact person's telephone number? o 1-897-765-2365
What are the payment details? o \$18.00/hour o Two-hour minimum
What is the purpose of the meeting? O Annual review assessment

Health care Community Services Employee checklist Answers to Interpreter questions

If the Interpreter asks for any of the information below, give the answers you see here. Only give this information if the Interpreter asks you for it.

What is an annual review assessment?			
0	A full health assessment by the diabetes care team		
Whi	ch topics will be covered in the annual review assessment?		
0	Health checks, including blood pressure, height and weight, HbA1c blood draws, urine tests and eye examination with drops for taking photos of the inside of the eyes		
0	Review of home care to manage the disease		
Info	rmation about the client.		
0	A 16-year-old diabetic girl with type 1 diabetes		
Who	will be present at the meeting?		
0	Diabetes specialist nurse		
0	Primary care provider		
0	Nutritionist		
0	Life coach		
Whi	ch documents will the interpreter need to sight translate?		
0	Consent for treatment forms		
0	Program information brochure		
0	Patient rights information		





13.1

Learning Objective 13.1

Define consecutive relay interpreting.

Activity 13.1: Bad Relay Interpreting Demonstration

The purpose of this activity is to understand what happens when interpreters perform relay interpreting incorrectly.

Instructions

- 1. Your instructor(s) will act out a demonstration of relay interpreting with volunteers based on the script on the following pages.
- 2. If possible, the instructors and volunteers should practice the role play during a break before doing it in front of the class.
- 3. The demonstration will show poor relay interpreting.
- 4. After watching the demo, work in pairs to answer the following questions.

a. Identify at least four problems you saw in the demonstration of relay interpreting (think about your interpreter protocols, such as the professional introduction and positioning, and what you've learned about mediation). Be specific in your answers.
b. Suggest a solution for each problem you identified. How can the interpreters avoid making those mistakes?

Script: Poor relay interpreting demo role play: English-Spanish version

Note: An English-only version of this role play follows.

Scenario

A young pregnant indigenous woman is going to her first prenatal appointment. She is seven months pregnant. She has never been to a medical appointment in the United States before. The hospital's Spanish<>English interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency.

The doctor, patient and the Spanish<>English interpreter are already in the room when the indigenous interpreter arrives.

Note: For this demo to work, the interpreters should read their parts instead of trying to interpret them without looking at the text. Also, text that is underlined should be sight translated into the indigenous language, *not* read in Spanish.

DOCTOR

Oh, good. Is this the indigenous interpreter?

SPANISH INTERPRETER

(Does not interpret what the doctor says but instead speaks to the indigenous interpreter in Spanish.) Hola, soy Silvio. Trabajo aquí como intérprete al español. Aquí están el médico y la paciente. Tú párate allá e interpreta para la paciente. Y asegúrate de no olvidar decir todo lo que dice la paciente, ¿OK? Y no hables con la paciente, sólo interpreta, al doctor le molesta mucho cuando los intérpretes hacen eso.

INDIGENOUS INTERPRETER

(Looks startled and answers in Spanish.) OK. Bien...em, entonces, ¿puedo saber el nombre de la paciente?

Oh, sí. Se me pasó. Esta es Anayeli Rivera.

(in the indigenous language) Sra. Rivera, estoy aquí para interpretar para usted. Sólo quiero asegurarme de que hablemos la misma variante de Triqui—

(Speaks to the indigenous interpreter.) No, no tenemos tiempo para nada más. Ya hemos esperado mucho rato, y el doctor tiene otros pacientes. (in English) OK, doctor, we are ready to begin.

OK. Hello, Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

Hola, Sra. Rivera. Entiendo que esta es su primera cita prenatal. Necesitamos ver cómo está su bebé. ¿Está bien?

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) Hola, Sra. Rivera. Entiendo que esta es su primera cita prenatal. Necesitamos ver cómo está su bebé. ¿Está bien?

PATIENT

(Looks down and answers very quietly in the indigenous language.) Sí.

(Interprets into Spanish.) Sí.

SPANISH INTERPRETER

(Interprets into English.) Yes.

DOCTOR

OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done, take a Pap test, get a urine sample and do an ultrasound. We also need to do a glucose screening to make sure you don't have gestational diabetes.

OK, bien. Tenemos mucho tiempo que recuperar. Típicamente la primera visita prenatal se realiza mas o menos con 12 semanas de embarazo, y veo que usted ya tiene casi 28 semanas. Es urgente que hagamos las pruebas de sangre, el Papanicolaou, que saquemos una muestra de orina y—(The indigenous interpreter interrupts here.)

(Speaks in Spanish to the Spanish interpreter.) Por favor, necesito que pauses para que pueda interpretar. (Speaks in the indigenous language to patient.) OK, bien. Tenemos mucho tiempo que recuperar. Típicamente la primera visita prenatal se realiza mas o menos con 12 semanas de embarazo, y veo que usted ya tiene casi 28 semanas. Es urgente que hagamos las pruebas de sangre, el Papanicolaou, y que saquemos una muestra de orina.

(in the indigenous language) Espere. ¿Pruebas de sangre? Por qué necesitan sacar sangre? Ya estoy tan cansada con el embarazo. No quiero perder aún más fuerza.

(Interprets into Spanish.) Espere. ¿Pruebas de sangre? ¿Por qué necesitan sacar sangre? Ya estoy tan cansada con el embarazo. No quiero perder aún más fuerza.

SPANISH INTERPRETER

(Putting up his or her hands, speaks in Spanish.) OK. Permíteme decir esto al médico, pero todavía no había terminado de decir lo que el médico dijo al principio. Dile esto a la paciente: "Necesitamos hacerle un ultrasonido y también una revisión de glucosa para asegurarnos de que no tenga diabetes gestacional."

(Now the Spanish interpreter and the indigenous interpreter both speak at the same time.)

(Interprets to the doctor.) Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

INDIGENOUS INTERPRETER

(Interprets what the Spanish interpreter said into the indigenous language, speaking to the patient.) Necesitamos hacerle un ultrasonido y también una revisión de glucosa para asegurarnos de que no tenga diabetes gestacional.

(Now the doctor and the Spanish interpreter get into a side conversation. While they are talking, the patient gets impatient and asks the indigenous interpreter what is going on.)

DOCTOR

(Looks confused.) I'm sorry, but what is the other interpreter saying?

Why is she talking to the patient?

(embarrassed) Oh, I'm sorry. Well, she couldn't interpret everything you said the first time, so she interrupted me and only interpreted half to the patient. Then the patient responded. So, I made sure she didn't miss the part about the ultrasound and urine sample.

Oh. Well, I see. This is confusing. So, the patient doesn't want blood tests taken?

No. She doesn't understand why you want the blood tests. She's afraid it will make her weak. Maybe it's some cultural thing. You never know with these people.

OK. Can you please ask her what her concern is about the blood test?

(Interprets into Spanish.) OK, ahora, el doctor quiere saber por qué está preocupada por la prueba de sangre.

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) OK, ahora, el doctor quiere saber por qué está preocupada por la prueba de sangre.

(The doctor starts looking impatiently at his watch.)

PATIENT

(in the indigenous language) Me dicen que sacan mucha sangre aquí. ¿Para qué necesitan tanta sangre? Me va a quitar fuerza, y no tendré la que necesito para cargar a este bebé. ¿Y luego, qué hacen con la sangre?

(Interprets into Spanish.) Me dicen que sacan mucha sangre aquí. ¿Para qué necesitan tanta sangre? Me va a quitar fuerza, y no tendré la que necesito para cargar a este bebé. ¿Y luego, qué hacen con la sangre?

SPANISH INTERPRETER

(Interprets into English.) I hear they take lots of blood here. What do they need all that blood for? It will weaken me and I won't have the strength I need to carry the baby. And then what do they do with it?

DOCTOR

(Looks at his watch.) OK. Wow. Well, this is getting really complicated, and we've already used up all the time I have. I simply can't have this long conversation. Uh, interpreter, I'm going to send the nurse in. Try to get mom's consent for the tests, OK? And I guess we'll have to reschedule. Make sure she gets a longer appointment next time.

OK, doctor, I will. I'm so sorry, doctor.

(Doctor leaves the room.)

(Looks concerned and confused.) ¿Qué está pasando? ¿Dónde fue el doctor?

¿Qué está pasando? ¿Dónde fue el doctor?

(to the indigenous interpreter) Bueno, al doctor se le acabó el tiempo. La enfermera viene y tendrá los consentimientos para las pruebas que necesita la paciente. Es muy importante que me ayudes con la paciente. Ella tiene que entender que necesita estas pruebas. ¿OK?

Script: Poor relay interpreting demo role play: English version

Scenario

A young pregnant indigenous woman is going to her first prenatal appointment. She is seven months pregnant. She has never been to a medical appointment in the United States before. The hospital's English language interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency.

The doctor, patient and the English interpreter are already in the room when the indigenous interpreter arrives.

Note: For this demo to work, the interpreters should read their parts instead of trying to interpret them without looking at the text. Also, text that is underlined should be sight translated into the indigenous language.

DOCTOR

Oh, good. Is this the indigenous interpreter?

ENGLISH INTERPRETER

(Does not interpret what the doctor says but instead speaks to the indigenous interpreter in their common bridge language.) Hello, I'm Silvio. I work here as the English interpreter. Here's the doctor and the patient. You stand there and interpret for the patient. And be sure not to forget to tell everything that the patient says, OK? And don't talk with the patient, just interpret, the doctor gets really annoyed when interpreters do that.

INDIGENOUS INTERPRETER

(Looks startled and answers in their common bridge language.)
OK. Well...um...can you tell me the name of the patient?

Oh, yes, I forgot. This is Anayeli Rivera.

(in the indigenous language) Mrs. Rivera, I am here to interpret for you. I just want to make sure that we speak the same Triqui variant—

(Speaks to the indigenous interpreter.) No, no. We don't have time for this. We've already waited a long time, and the doctor has other patients. (in English) OK, doctor, we're ready to begin.

DOCTOR

OK. Hello, Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

ENGLISH INTERPRETER

(Interprets into the bridge language.)
OK. Hello, Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) OK. Hello. Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

PATIENT

(Looks down and answers very quietly in the indigenous language.) Yes.

(Interprets into the bridge language.) Yes.

(Interprets into English.) Yes.

OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done, take a Pap test, get a urine sample and do an ultrasound. We also need to do a glucose screening to make sure you don't have gestational diabetes.

(Interprets into the bridge language.) OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done, take a Pap test, get a urine sample—(The indigenous interpreter interrupts here.)

(Speaks in the bridge language to the English interpreter.) Please, I need you to pause so I can interpret. (Speaks in the indigenous language to patient.)

OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done, take a Pap test, get a urine sample—

(in the indigenous language) Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

INDIGENOUS INTERPRETER

(Interprets into bridge language.) Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

ENGLISH INTERPRETER

(Putting up his or her hands, speaks in the bridge language.) OK. Let me say that to the doctor, but I hadn't finished what the doctor said first. Tell this to the patient: We also need to do an ultrasound and a glucose test to make sure you don't have gestational diabetes.

(Now the English interpreter and the indigenous interpreter both speak at the same time.)

(Interprets to the doctor.) Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

(Interprets what the English interpreter said into the indigenous language, speaking to the patient.) We also need to do an ultrasound and a glucose test to make sure you don't have gestational diabetes.

(Now the doctor and the English interpreter get into a side conversation.

While they are talking, the patient gets impatient and asks the indigenous interpreter what is going on.)

DOCTOR

(Looks confused.) I'm sorry, but what is the other interpreter saying?

Why is she talking to the patient?

(embarrassed) Oh, I'm sorry. Well, she couldn't interpret everything you said the first time, so she interrupted me and only interpreted half to the patient. Then the patient responded. So, I made sure she didn't miss the part about the ultrasound and urine sample.

Oh. Well, I see. This is confusing. So, the patient doesn't want blood tests taken?

No. She doesn't understand why you want the blood tests. She's afraid it will make her weak. Maybe it's some cultural thing. You never know with these people.

OK. Can you please ask her what her concern is about the blood test?

ENGLISH INTERPRETER

(Interprets into the common language.) OK, now the doctor wants to know why she is worried about the blood test.

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) OK, now the doctor wants to know why you are worried about the blood test.

(The doctor starts looking impatiently at his watch.)

PATIENT

(in the indigenous language) I hear they take lots of blood here. What do they need all that blood for? It will weaken me and I won't have the strength I need to carry the baby. And then what do they do with it?

(Interprets into the bridge language.) I hear they take lots of blood here. What do they need all that blood for? It will weaken me and I won't have the strength I need to carry the baby. And then what do they do with it?

(Interprets into English.) I hear they take lots of blood here. What do they need all that blood for? It will weaken me and I won't have the strength I need to carry the baby. And then what do they do with it?

DOCTOR

(Looks at his watch.) OK. Wow. Well, this is getting really complicated, and we've already used up all the time I have. I simply can't have this long conversation. Uh, interpreter, I'm going to send the nurse in. Try to get mom's consent for the tests, OK? And I guess we'll have to reschedule. Make sure she gets a longer appointment next time.

OK, doctor, I will. I'm so sorry, doctor.

(Doctor leaves the room.)

(Looks concerned and confused.)
What's going on? Where did the doctor go?

(As doctor leaves the room, interprets into the bridge language.) What's going on? Where did the doctor go?

(to the indigenous interpreter in the bridge language) Well, the doctor has run out of time. The nurse is going to come in and she will have the consent forms for the tests the patient needs. It's very important that you help me with the patient. She has to understand that she needs these tests, OK?

13.2

Learning Objective 13.2

Practice professional interpreting protocols in consecutive relay interpreting.

Activity 13.2: Professional Introductions for Relay Interpreting

The purpose of this activity is to practice a new version of the interpreter's professional introduction that has been adapted for the more complicated conditions involved in relay interpreting.

Instructions

- 1. Work in same-language pairs.
- 2. On the following pages are three scripts for conducting your professional introduction during relay interpreting:
 - a. Introduction between the two relay interpreters (Spanish/Spanish)
 - b. Introduction to the provider (English)
 - c. Introduction to the patient (indigenous language)
- 3. Practice all three scripts in the appropriate language.
- 4. The language in the scripts is a *sample* introduction. Say it out loud in your *own* words. Find a way to say this introduction that feels natural for you.
- 5. Each group member should practice every introduction at least once.

Scripts

Translation of relay introduction between interpreters (in English)
The indigenous interpreter should read this script in the common bridge
language that he or she shares with the relay interpreter. If that language is
Spanish, a Spanish version is just below.

- Hello, my name is XXXX.
- Please tell the doctor that we need to have a brief conversation to coordinate the interpreting.
- Have you ever done relay interpreting?
- We need to coordinate our interpreting this way:
 - I'll be next to the patient. You should be next to the doctor/ provider.
 - O To make sure we don't miss anything that is said, we need to ask them to pause after each idea. Please limit the doctor to one idea at a time.
 - O I'll use this gesture when I need to interrupt anyone so I can interpret or if I need to clarify something.
 - O Please, don't rush. The session will go better if we interpret calmly and in short sentences.
- Now, I will do the introduction with the patient and you can do the same with the doctor.

Relay introduction between interpreters (in Spanish)

The indigenous interpreter should read this script.

- Hola, mi nombre es XXXX.
- Por favor, dígale al doctor que nosotros necesitamos tener una breve conversación para coordinar la interpretación.
- ¿Alguna vez ha hecho una interpretación de relevo?
- Necesitamos coordinar nuestra interpretación en la siguiente manera:
 - O Yo estaré al lado del paciente. Usted debería estar al lado del doctor.
 - Para no perder nada de lo que dicen, necesitamos pararlos después de cada idea que dicen. Por favor, limita al médico a una idea a la vez.
 - O Usaré este gesto cuando necesito interrumpir al paciente o a usted para poder interpretar o si necesito aclarar algo.
 - O Por favor, no se apresure al hablar. La sesión irá mejor si interpretamos con calma y en breves frases.
- Ahora, yo haré la introducción para el paciente y usted lo puede hacer con el doctor.

Professional introduction for relay: Doctor/patient (in English)* Regular elements

- My name is XXXX and I'll be your Spanish<>English interpreter today.
- This is XXXX, he/she will interpret between Spanish and the indigenous language.
- We will interpret everything that's said here.
- We'll keep everything confidential.
- Please speak directly to the patient.
- We will use this gesture when we need a pause to interpret or to clarify something.

Additional elements for relay

- Because this is relay, please only say one idea at a time so no information is lost.
- Please do not rush the communication.
- I may occasionally have to clarify something with the indigenous interpreter.

*Note: The elements for the introduction to the provider and the patient are the same. If the interpreter for the patient prefers, instead of sight translating this version into the indigenous language for the patient, he or she can use the introduction just below, and sight translate from Spanish into the indigenous language.

Professional introduction for relay: Patient (indigenous language) (Sight translate into the indigenous language) Regular elements

- Mi nombre es XXXX y seré su intérprete hoy en nuestro idioma y en español.
- Este es XXXX e interpretará entre español e inglés.
- Interpretaremos todo lo que se dice.
- Mantendremos la confidencialidad de todo lo que se dice hoy.
- Por favor, hable directamente con el doctor.
- Usaremos este gesto cuando necesite pedirle que pause para interpretar o aclarar algo.

Additional elements for relay

- Debido a que tenemos dos intérpretes hoy, por favor, solamente diga una cosa a la vez.
- Por favor, no se apresure al hablar.
- A veces puedo necesitar clarificar algo con el otro intérprete.

13.3

Learning Objective 13.3

Use the Strategic Mediation Model in consecutive relay interpreting.

Activity 13.3 (a): Relay Interpreting Practice with Strategic Mediation

The purpose of this activity is to practice adapting the five steps of the Strategic Mediation Model (as taught in Section 13.3 of the training manual) to the special conditions of relay interpreting.

Instructions

- 1. Before doing this exercise, read Section 13.3: Strategic Mediation for Relay Interpreting in your training manual.
- 2. Work in groups of four.
- 3. Your group may have four people who speak the same indigenous language, or two speakers of one indigenous language and two speakers of a different indigenous language.
- 4. If you have two speakers of one language and two speakers of another, be sure that when one of you plays the indigenous interpreter, the other person who speaks your language plays the patient.
- 5. For the first part of the role play, everyone can read the script on the following pages. The interpreter can start by using the introduction in Activity 13.2.
- When the script says: PUT DOWN YOUR SCRIPT NOW AND INTERPRET!, the interpreters need to put down their workbooks.
- 7. If you need to intervene for clarification or any other reason, use the five steps for the Strategic Mediation Model: Strategic Mediation Model
 - 1. Interpret the last thing said.
 - 2. Identify yourself as the interpreter. "As the interpreter I..."
 - 3. Mediate briefly with one speaker.
 - 4. Tell the other speaker what you said.
 - 5. Go back to interpreting.

- 8. Note: Remember, when are intervening for relay interpreting you, you may need to mediate with a question or request to the indigenous person, to the provider or with the other interpreter.
- 9. When you have finished the role play, switch interpreters and do it again.

Relay interpreting with strategic mediation role play: English-Spanish version

Scenario

An indigenous man has injured his knee working in the fields. He has had an MRI and he is now at an appointment with the doctor to discuss surgery. The hospital Spanish<>English interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency and arrives to find the patient and doctor with the Spanish interpreter.

DOCTOR

Oh, good. Is this the indigenous interpreter?

SPANISH INTERPRETER

Hola. ¿Tú eres el intérprete indígena?

INDIGENOUS INTERPRETER

Sí. Me llamo XXXX. Antes de comenzar, necesitamos coordinar la sesión entre nosotros para interpretar en la forma más adecuada y eficiente. Por favor, dígale al doctor que vamos a hablar brevemente entre nosotros con este propósito.

(Interprets this introduction to the doctor.)

(Practice your introduction to the doctor from Activity 13.2.)

(Practice your introduction to the doctor from Activity 13.2.)

(Now practice your introduction with the patient from Activity 13.2.)

(When the introductions are finished, the doctor will begin speaking.)

Both interpreters should PUT DOWN YOUR SCRIPT NOW AND INTERPRET!

DOCTOR

OK. Looks like we are ready now. Mr. Orellana, I'm Doctor Peters. I have the results of your MRI. I'm afraid you're going to need knee surgery.

PATIENT

O, no, doctor. Yo no puedo tener cirugía. Tengo que trabajar.

DOCTOR

Well, I understand that no one wants surgery. But I'm afraid there are no other treatment options. You have a severe ACL tear, and without surgery you won't be able to regain strength in the knee.

(Note: If the interpreter asks for clarification of the ACL, the doctor can say it is a tear of the anterior cruciate ligament. These ligaments are what give the knee stability.)

(Wait to see if the indigenous interpreter needs further clarification.)

Doctor, le digo la verdad. No puedo no trabajar. Solo necesito que me dé algo para el dolor y quizás una cosa para envolver la rodilla.

Mr. Orellana, I don't think you understand. There's nothing I can do to fix this without surgery.

Pero, doctor, no puedo faltar al trabajo. Y no tengo seguro. No me alcanza para pagar una cirugía. Qué voy a hacer?

Hmmm. Yes. I understand why you are worried. OK, I'm going to call the hospital social worker. She can work with you and your employer and see if there are insurance programs to help with the cost.

Bueno. No sé, pero quizás pueda ayudar. Pero por mientras ¿qué hago para el dolor?

For now, you need to ice your knee every day, use a knee wrap and we will get you crutches for walking. And I'm prescribing pain medication.

The nurse will come in and explain all of this in detail.

OK, muchas gracias por todo.

Script: Relay interpreting with strategic mediation role play: English version

(Note: If the bridge language for your indigenous languages is not Spanish, use this English version of the script. The person who plays the interpreter for the provider will have to interpret between English and the bridge language. The indigenous interpreter will have to sight translate into the indigenous language for the patient and into the bridge language for the other interpreter.)

Scenario

An indigenous man has injured his knee working in the fields. He has had an MRI and he is now at an appointment with the doctor to discuss surgery. The hospital Spanish<>English interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency and arrives to find the patient and doctor with the Spanish interpreter.

DOCTOR

Oh, uh, good. Is this the indigenous interpreter?

ENGLISH INTERPRETER

Hello, are you the indigenous interpreter?

INDIGENOUS INTERPRETER

Yes, my name is XXXX. Before starting, we need to coordinate the session between ourselves to be able to interpret in the best and most efficient way. Please tell the doctor that we are going to have a brief conversation to work this out.

(Interprets this introduction to the doctor.)

(Practice your introduction to the doctor from Activity 13.2.)

(Practice your introduction to the doctor from Activity 13.2.)

(Now do your introduction with the patient from Activity 13.2.)

(When the introductions are finished, the doctor will begin speaking.) Both interpreters should PUT DOWN YOUR SCRIPT NOW AND INTERPRET!

DOCTOR

OK. Looks like we are ready now. Mr. Orellana, I'm Doctor Peters. I have the results of your MRI. I'm afraid you're going to need knee surgery.

PATIENT

Oh, no, doctor. I can't have surgery. I have to work.

Well, I understand that no one wants surgery. But I'm afraid there are no other treatment options. You have a severe ACL tear, and without surgery you won't be able to regain strength in the knee.

(Note: If the interpreter asks for clarification of the ACL, the doctor can say it is a tear of the anterior cruciate ligament. These ligaments are what give the knee stability.)

(Wait to see if the indigenous interpreter needs further clarification.)

Doctor, I'm telling you the truth. I can't stop working. I just need you to give me something for the pain, and maybe something to bind my knee with.

Mr. Orellana, I don't think you understand. There's nothing I can do to fix this without surgery.

But, doctor, I can't afford to miss work. And I don't have insurance. I can't afford to have surgery. What am I going to do?

Hmmm. Yes. I understand why you are worried. OK, I'm going to call the hospital social worker. She can work with you and your employer and see if there are insurance programs to help with the cost.

Well, I don't know, but maybe that could help. But in the meantime, what can I do for the pain?

For now, you need to ice your knee every day, use a knee wrap and we will get you crutches for walking. And I'm prescribing pain medication.

The nurse will come in and explain all of this in detail.

OK, thank you so much for everything.

Activity 13.3 (b): Relay Interpreting Role Play

The purpose of this activity is to get practice in relay interpreting, including practice in strategic mediation, in the context of a realistic assignment.

Instructions

- 1. Work in language-based groups to practice relay interpreting.
- 2. The role play below is a corrected version of the demonstration role play that the instructors acted out at the beginning of this module.
- 3. In your language-specific groups of four, practice relay interpreting using this role play.
- 4. For this role play exercise, it's *all right* for the interpreters to use the script to help them interpret. The purpose of the role play is to help you practice all the steps for consecutive relay interpreting successfully.
- 5. If and when you need to intervene for any reason that is not already included in the script, such as a request for clarification, use the five steps for strategic mediation as adapted for relay interpreting.
- 6. Switch interpreters where it is indicated in the script.

Script: Relay interpreting role play: English-Spanish version

Scenario

A young pregnant indigenous woman is going to her first prenatal appointment. She is seven months pregnant. She has never been to a medical appointment in the United States before. The hospital's Spanish<>English interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency.

The doctor, patient and the Spanish<>English interpreter are already in the room when the indigenous interpreter arrives.

Oh, good. Is this the indigenous interpreter?

SPANISH INTERPRETER

(Does not interpret what the doctor says but instead speaks to the indigenous interpreter in Spanish.) Hola, soy Silvio. Trabajo aquí como intérprete al español. Aquí está el médico y la paciente. Tú párate allá y interpreta para la paciente. Y asegúrate de no olvidar decir todo lo que dice la paciente, ¿OK? Y no hables con la paciente, solo interpreta, al doctor le molesta mucho cuando los intérpretes hacen esto.

INDIGENOUS INTERPRETER

(Answers in Spanish.) Oh, e, OK. Bien, o sea, mucho gusto. Pero antes de comenzar, necesitamos coordinar la sesión entre nosotros para interpretar en la forma más adecuada y eficiente. Por favor, dígale al doctor que vamos a hablar brevemente entre nosotros con este propósito.

(Looks startled.) Bien, um, OK. (Speaks in English to the doctor.) Doctor, the indigenous interpreter and I just need a couple of minutes to coordinate our interpreting so that we do the best job communicating the conversation between you and the patient.

(Speaks to patient while the Spanish interpreter talks to the doctor.) Hola, yo soy su intérprete. Necesito un par de minutos para coordinar la interpretación con el otro intérprete para que podamos comunicar la conversación entre usted y el doctor en la mejor forma posible.

(Looks at his watch.) Well, OK. But please be brief. We don't have much time.

(Turns to the indigenous interpreter.)

(Speaks in Spanish to the Spanish interpreter.) Gracias. ¿Alguna vez ha hecho una interpretación de relevo?

No, es la primera vez.

Bueno, yo lo he hecho varias veces y he aprendido que así funciona mejor. Como usted decía, yo me pararé al lado de la paciente y usted al lado del doctor. Luego, para no perder nada de lo que ellos dicen, necesitamos pararlos después de cada idea que dicen. Por favor, limita el médico a una idea a la vez. No más que un par de frases. Y yo haré lo mismo con la paciente. Cuando necesite pedir una clarificación con la paciente, se lo diré a usted cuando interpreto la respuesta del paciente y usted puede hacer lo mismo con el médico. Si no entiendo algo que usted me dice, le preguntaré. Usaré este gesto para indicarle que necesito una pausa o clarificación y usted también necesita un gesto. Y finalmente, no se apresure al hablar. Evitaremos confusión si interpretamos calmadamente y en cantidades breves. Ahora, yo haré la introducción con la paciente y usted lo puede hacer con el médico. No se olvide decir mi nombre y que estaré interpretando entre español y mi idioma indígena.

SPANISH INTERPRETER

OK, bueno, me parece bien. (Turns to the doctor.) Doctor, we're ready to begin. My name is XXXX and I will interpret from English to Spanish. This is XXXX, and he/she will interpret from Spanish into the indigenous language. We'll interpret everything that everyone says and keep things confidential. To make this work best, please only say one idea at a time to make sure we don't lose any important information. And if you see this gesture from me or the indigenous interpreter, it's because one of us needs a pause to interpret or ask for clarification.

(Interprets this same idea for the patient.) Ya estamos listos para comenzar. Me llamo XXXX e interpretaré entre español y nuestro idioma. Este es XXXX y es el intérprete de inglés<>español. Para comunicarnos mejor y no perder información, por favor, solo diga una idea o unas pocas frases a la vez. Y si el otro intérprete o yo usamos este gesto, significa que necesitamos pausar para interpretar o para clarificar algo. Y le tengo una pregunta, ¿me entiende bien? Hablo Triqui del San Martín Itunyoso.

PATIENT

Sí, sí. Es mi variante. OK, gracias, entiendo.

DOCTOR

OK. Looks like we're ready now. Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

SPANISH INTERPRETER

(Interprets into Spanish.) Hola Sra. Rivera. Entiendo que esta es su primera cita prenatal. Necesitamos ver cómo está su bebé. ¿Está bien?

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) Hola Sra. Rivera. Entiendo que esta es su primera cita prenatal. Necesitamos ver cómo está su bebé. ¿Está bien?

PATIENT

Sí.

(Interprets into Spanish.) Sí.

(Interprets into English.) Yes.

DOCTOR

OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done.

(Interrupts the doctor with a hand gesture.) I need to interpret now. (In Spanish.) OK, bien. Tenemos mucho tiempo que recuperar. Típicamente la primera visita prenatal se realiza mas o menos con 12 semanas de embarazo, y veo que usted ya tiene casi 28 semanas. Es urgente que hagamos las pruebas de sangre.

(In the indigenous language.) OK, bien. Tenemos mucho tiempo que recuperar. Típicamente la primera visita prenatal se realiza mas o menos con 12 semanas de embarazo, y veo que usted ya tiene casi 28 semanas. Es urgente que hagamos las pruebas de sangre.

SWITCH INTERPRETERS HERE.

Espere. ¿Pruebas de sangre? ¿Por qué necesito que me saquen sangre? Ya estoy tan cansada con el embrazo. No quiero perder aún más fuerza.

(Interprets into Spanish.) Espere. ¿Pruebas de sangre? ¿Por qué me van a sacar sangre? Ya me siento tan cansada con el embarazo. No quiere sentirme más débil.

SPANISH INTERPRETER

Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

DOCTOR

OK. I'm confused. The blood tests won't weaken her. Can you ask the patient why she is worried about having her blood taken?

OK, ahora el doctor quiere saber por qué está preocupada por la prueba de sangre.

INDIGENOUS INTERPRETER

(Interprets into the indigenous language.) OK, ahora el doctor quiere saber por qué está preocupada por la prueba de sangre.

PATIENT

Me dicen que sacan mucha sangre aquí. ¿Para qué necesitan tanta sangre? Me va a quitar fuerza, y no tendré la que necesito para cargar a este bebé. Es lo que da vida y fuerza. Vine aquí—.

(Interrupts the patient with the pause gesture and speaks in the indigenous language.) Perdón, necesito que pause para interpretar. (Speaks in Spanish to the Spanish interpreter.)

Me dicen que sacan mucha sangre aquí. ¿Para qué necesitan tanta sangre? Me va a quitar fuerza y no tendré la que necesito para cargar a este bebé. Es lo que da vida y fuerza.

(Indigenous interpreter intervenes with the Spanish interpreter.) Como intérprete, por favor dígale al doctor que es posible que haya una creencia cultural sobre la sangre que él podría explorar con la paciente. (Speaks to patient.) Como intérprete, acabo de pedirle al otro intérprete que le diga al doctor que es posible que haya una creencia cultural sobre la sangre que él podría explorar con usted.

They say they take lots of blood here. That's going to make me weak and I won't have the strength I need to carry the baby. That's what gives life and strength. Excuse me, the indigenous interpreter has informed me just now that there may be a cultural belief about blood that you need to explore with the patient.

DOCTOR

(Looks at his watch.) OK, I see. Hmmm. Well, I can see that we need more time to be able to talk with Mrs. Rivera about her pregnancy and how prenatal care works. But I'm out of time. Can you ask her if she has the time today to meet with our OB nurse coordinator?

SPANISH INTERPRETER

OK, ya veo. Bueno parece que necesitamos más tiempo para poder hablar con la Sra. Rivera sobre su embarazo y cómo el cuidado prenatal funciona. Pero ya me acabó el tiempo. Sra. Rivera, ¿tiene tiempo hoy para reunirse con nuestra Enfermera Coordinadora de Servicios Obstétricos?

INDIGENOUS INTERPRETER

(in the indigenous language) Bueno, el médico dice que parece que necesitamos más tiempo para poder hablar con usted sobre su embarazo y cómo el cuidado prenatal funciona. Pero ya se le acabó el tiempo. Sra. Rivera, ¿tiene tiempo hoy para reunirse con la Enfermera Coordinadora de Servicios Obstétricos?

PATIENT

¿Ahora? Bueno, si es ahora puedo -ya me dieron permiso del trabajo para salir esta tarde.

(Interprets into Spanish.) ¿Ahora? Bueno, si es ahora puedo—ya me dieron permiso del trabajo para salir esta tarde.

Now? Well, yes, if it's now. I already got permission to miss work this afternoon.

Oh, good. OK, Mrs. Rivera, I'm sorry I have to leave. But our nurse coordinator will get you all the information you need. Then we'll work out a schedule for your prenatal care and tests once you understand the process better.

Oh, bien. OK, Sr. Rivera, disculpe que me tengo que ir. Pero nuestra Enfermera Coordinadora le dará toda la información que necesite. Luego podemos programar sus citas prenatales y las pruebas, una vez que entienda mejor el proceso.

(in the indigenous language) Oh bien. OK, Sr. Rivera, disculpe que me tengo que ir. Pero nuestra Enfermera Coordinadora le dará toda la información que necesite. Luego podemos programar sus citas prenatales y las pruebas, una vez que entienda mejor el proceso.

PATIENT

OK, gracias, doctor.

(in Spanish) OK, gracias, doctor.

SPANISH INTERPRETER

(in English) OK, thank you, doctor.

Script: Relay interpreting role play—English version

Scenario

A young pregnant indigenous woman is going to her first prenatal appointment. She is seven months pregnant. She has never been to a medical appointment in the United States before. The hospital's English<>bridge language interpreter has been called to interpret for the provider. The indigenous language interpreter has been called in from an outside agency.

The doctor, patient and the English<>bridge language interpreter are already in the room when the indigenous interpreter arrives.

DOCTOR

Oh, good. Is this the indigenous interpreter?

ENGLISH INTERPRETER

(Does not interpret what the doctor says but instead speaks to the indigenous interpreter in their common bridge language.)
Hello, I'm Silvio. I work here as the English interpreter. Here is the doctor and the patient. You stand there and interpret for the patient. And be sure not to forget to tell everything that the patient says, OK? And don't talk with the patient, just interpret, the doctor gets really annoyed when interpreters do that.

(Answers in their common bridge language.) Oh, ok. Well, I mean, it's a pleasure to meet you. But before we start, we need to coordinate the session between ourselves to be able to interpret in the best and most efficient way. Please, tell the doctor we are going to have a brief conversation to work this out.

ENGLISH INTERPRETER

(Looks startled.) Good, well, OK. (Speaks in English to the doctor.) Doctor, the indigenous interpreter and I just need a couple of minutes to coordinate our interpreting so that we do the best job communicating the conversation between you and the patient.

(Speaks to patient while the English interpreter talks to the doctor.) Hello, I am your interpreter. I need a few minutes to coordinate the interpreting with the other interpreter so we can communicate what you and the doctor say in the best way possible.

DOCTOR

(Looks at his watch.) Well, OK. But please be brief. We don't have much time.

(Turns to the indigenous interpreter.)

(Speaks in the bridge language to the English interpreter.)
Thanks. Have you ever done relay interpreting before?

No, this is the first time.

Well, I have done it a few times and I've learned that it works best this way. As you said, I will be next to the patient and you are next to the doctor. Then, to make sure we don't miss anything, we need to stop them after every idea they say. Please limit the doctor to one idea at a time. No more than a couple of sentences. I'll do the same with the patient. When I need to ask for a clarification with the patient, I will tell you about the clarification when I interpret the patient's answer to my question. You can do the same with the doctor. If I don't understand something that you say, I'll ask you what you meant. I'll use this gesture to let you know that I need a pause or clarification. We can avoid confusion if we interpret calmly and in brief statements. Now, I'll do my introduction to the patient, and you can do yours with the doctor. Don't forget to tell him my name and that I'll be interpreting between our bridge language and my indigenous language.

ENGLISH INTERPRETER

OK, good. That sounds good to me. (*Turns to the doctor.*) Doctor, we're ready to begin. My name is XXXX and I will interpret from English to the bridge language. This is XXXX, and he/she will interpret from the bridge language into the indigenous language. We'll interpret everything that everyone says and keep things confidential. To make this work best, please only say one idea at a time to make sure we don't lose any important information. And if you see this gesture from me or the indigenous interpreter, it's because one of us needs a pause to interpret or ask for clarification.

INDIGENOUS INTERPRETER

(Interprets this same idea for the patient.) Now we are ready to start. My name is XXXX and I will interpret between the bridge language and our language. This is XXXX and he/she is the bridge language interpreter into English. To communicate better and avoid losing any information, please say one idea or just a couple of sentences at a time. If I or the other interpreter uses this gesture, it means we need a pause to interpret or clarify something. And I have a question for you. Do you understand me well? I speak Triqui from San Martín Itunyoso.

PATIENT

Yes, yes, that is my variant. OK, thanks, I understand.

DOCTOR

OK. Looks like we're ready now. Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

(Interprets into the bridge language.) OK. Looks like we're ready now. Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

(Interprets into the indigenous language.) OK. Looks like we're ready now. Mrs. Rivera. I'm Doctor Akers. I understand this is your first prenatal appointment? We need to check to see how your baby is doing. Does that sound OK?

Yes.

(Interprets into the bridge language.) Yes.

ENGLISH INTERPRETER

(Interprets into English.) Yes.

DOCTOR

OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done.

(Interrupts the doctor with a hand gesture.) I need to interpret now. (in the bridge language) OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done.

(in the indigenous language) OK, good. Well, we have a lot to catch up on. Usually the first prenatal visit happens around 12 weeks, and I see you are almost 28 weeks. It's urgent that we get your blood tests done.

SWITCH INTERPRETERS HERE.

PATIENT

Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

(Interprets into the bridge language.) Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

Wait, blood tests? Why are they going to take my blood? I'm already so tired with the pregnancy. I don't want to get even weaker.

OK. I'm confused. The blood tests won't weaken her. Can you ask the patient why she is worried about having her blood taken?

OK, now the doctor wants to know why she is worried about the blood test.

(Interprets into the indigenous language.) OK, now the doctor wants to know why she is worried about the blood test.

PATIENT

They say they take lots of blood here. Why do they have to take so much blood? That's going to make me weak and I won't have the strength I need to carry the baby. That's what gives life and strength. I came here—

(Interrupts the patient with the pause gesture and speaks in the indigenous language.) Excuse me, I need you to pause so I can interpret. (Speaks in the bridge language to the English interpreter.) They say they take lots of blood here. Why do they have to take so much blood? That's going to make me weak and I won't have the strength I need to carry the baby. That's what gives life and strength.

(Indigenous interpreter intervenes with the English interpreter.) As the interpreter, please tell the doctor that there may be a cultural belief about blood that he might want to explore with the patient.

(Speaks to patient.) As the interpreter, I just asked the other interpreter to tell the doctor that there may be a cultural belief about blood that he might want to explore with you.

ENGLISH INTERPRETER

They say they take lots of blood here. Why do they have to take so much blood? That's going to make me weak and I won't have the strength I need to carry the baby. That's what gives life and strength. (To the doctor) Excuse me, the indigenous interpreter has informed me just now that there may be a cultural belief about blood that you need to explore with the patient.

DOCTOR

(Looks at his watch.) OK, I see. Hmmm. Well, I can see that we need more time to be able to talk with Mrs. Rivera about her pregnancy and how prenatal care works. But I'm out of time. Can you ask her if she has the time today to meet with our OB nurse coordinator?

OK, I see. Hmmm. Well, I can see that we need more time to be able to talk with Mrs. Rivera about her pregnancy and how prenatal care works. But I'm out of time. Can you ask her if she has the time today to meet with our OB nurse coordinator?

(in the indigenous language) OK, I see. Hmmm. Well, I can see that we need more time to be able to talk with Mrs. Rivera about her pregnancy and how prenatal care works. But I'm out of time. Can you ask her if she has the time today to meet with our OB nurse coordinator?

PATIENT

Now? Well, if it's now I can—I already got permission to be off work this afternoon.

(Interprets into the bridge language.) Now? Well, if it's now I can—I already got permission to be off work this afternoon.

ENGLISH INTERPRETER

Now? Well, yes, if it's now. I already got permission to miss work this afternoon.

DOCTOR

Oh, good. OK, Mrs. Rivera, I'm sorry I have to leave. But our nurse coordinator will get you all the information you need. Then we'll work out a schedule for your prenatal care and tests once you understand the process better.

Oh, good. OK, Mrs. Rivera, I'm sorry I have to leave. But our nurse coordinator will get you all the information you need. Then we'll work out a schedule for your prenatal care and tests once you understand the process better.

(in the indigenous language) Oh, good. OK, Mrs. Rivera, I'm sorry I have to leave. But our nurse coordinator will get you all the information you need. Then we'll work out a schedule for your prenatal care and tests once you understand the process better.

OK, thank you, doctor.

(in the bridge language) OK, thank you, doctor.

(in English) OK, thank you, doctor.





14.1

Learning Objective 14.1

Compare and contrast legal and community interpreting.

Activity 14.1: Legal and Medical Ethics Activity

The purpose of this assignment is to understand some of the most important similarities and differences between legal and community interpreting.

Instructions

- 1. Work in groups of four.
- 2. Two large boards will be set up in the class, one titled Medical/Community and one Legal.
- Your instructor will give your group large cards with medical and legal ethics on them from the National Council on Interpreting in Health Care (NCIHC) and the National Center for State Courts (NCSC) codes.
- 4. Working with your group, decide which ethics card belongs under Legal and which belong under Medical/Community. Tape them under the appropriate title.
- 5. Your instructor will discuss the meaning of each principle. He or she may also you give plain-language versions of each principle.
- 6. Then answer the questions on the next page.

1.	What principles are about the same in each code of ethics?
2.	What principles are different in each code of ethics?
3.	What other differences did you notice between the legal (NCSC) and the medical (NCIHC) codes of ethics?

The cards will be based on the template below. However, use this table only for self-study. Close this book while you perform the exercise!

LEGAL INTERPRETING ETHICS (Adapted from NCSC Code, Hewitt, 1995)	HEALTHCARE INTERPRETING ETHICS (Adapted from NCIHC, 2004)
COMPLETE AND ACCURATE INTERPRETATION: An interpreter must use his or her best skills and judgment to interpret accurately without adding, losing, or changing what was said.	ACCURACY: The interpreter says everything that was said by one speaker in the other language without losing or changing any of the meaning, including any cultural meaning.
The NCSC code does not address culture.	The NCIHC code mentions culture many times, even in this first ethical principle—accuracy.
CONFIDENTIALITY: An interpreter must not share private communication between a lawyer and a client to any person. Interpreters who learn about someone's life in danger or a crime being committed should share that information with the appropriate judicial authority.	CONFIDENTIALITY: The interpreter does not share any information learned about the patient while interpreting. Sometimes the interpreter may need to share information if the patient's life is in danger or might hurt someone else.
IMPARTIALITY AND AVOIDING CONFLICTS OF INTEREST: An interpreter must be impartial and unbiased and must not act in any way that could make others think he or she is biased.	IMPARTIALITY: The interpreter does not take sides, does not give any advice or recommendations based on his or her personal beliefs or feelings.
CONTINUING EDUCATION AND DUTY TO THE PROFESSION: An interpreter must, through continuing education, maintain and improve his or her interpreting skills and knowledge of procedures.	PROFESSIONAL DEVELOPMENT: The interpreter works to keep learning new things about the interpreting profession and to improve skills.
SCOPE OF PRACTICE: An interpreter must not give legal advice to parties and witnesses, nor recommend specific lawyers or law firms.	ROLE BOUNDARIES: The interpreter follows the professional rules and doesn't get involved personally with the patient or provider.
PROFESSIONAL RELATIONSHIPS: An interpreter must maintain a professional relationship with all court officers, lawyers, jurors, parties, and witnesses.	PROFESSIONALISM: Interpreters at all times act in a professional and ethical manner.

LEGAL INTERPRETING ETHICS (Adapted from NCSC Code, Hewitt, 1995)

HEALTHCARE INTERPRETING ETHICS (Adapted from NCIHC, 2004)

REPRESENTATION OF QUALIFICATIONS: An interpreter must accurately and completely represent his or her certifications, training, and

RESPECT: Interpreters treat all parties with respect.

The NCIHC code does not include this ethical principle.

relevant experience.

The NCSC code does not include this ethical principle.

ASSESSING AND REPORTING BARRIERS TO PERFORMANCE: An interpreter must assess at all times his or her ability to perform interpreting services. If an interpreter has any doubt about his or her ability to complete an assignment competently, the interpreter must immediately disclose that doubt.

ADVOCACY: Interpreters can take action outside of their role as the interpreter when the patient's health, well-being or dignity is in danger.

The NCIHC code includes these two concepts as two standards of practice, not as an ethical principle.

Legal interpreting codes of ethics do not permit interpreters to advocate.

DUTY TO REPORT ETHICAL

VIOLATIONS: An interpreter must report to the court or other appropriate authority any effort to stop the interpreter from following the law, this rule or any other official policy governing court. CULTURAL AWARENESS: The interpreter should continually learn more about the patient's culture and the medical culture where he or she works.

The NCIHC code does not include this ethical principle.

The NCSC code does not include this ethical principle.

RESTRICTION ON PUBLIC COMMENT:

Interpreters shall not publicly discuss, report or offer an opinion concerning a matter in which they are or have participated in, even when that information is not private or required by law to be confidential.

The NCIHC code does not address restrictions on public comment as an ethical principle but as a standard of practice under the ethical principle of confidentiality.

14.2

Learning Objective 14.2

Decide whether or not to accept legal interpreting assignments.

Activity 14.2: Self-assessment for Interpreting Assignments

The purpose of this activity is to make careful decisions about whether an interpreter who has not received formal training or qualifications in legal interpreting should accept a legal interpreting assignment. This activity also guides the interpreter to think about whether to request any changes to the assignment to fit the interpreter's qualifications (for example, by asking to interpret in consecutive instead of simultaneous mode).

Instructions

- 1. A table will be set up in front of the room with a person playing the role of giving out interpreting assignments.
- 2. Volunteers from the class go up to the table to receive an interpreting assignment.
- The volunteer will be given a chance to decide if the appointment is legal interpreting, community interpreting or both.
- 4. He or she will then decide whether or not to accept the assignment. The decision should be based on the interpreter's evaluation of his or her actual skills. In other words, in real life, would you accept this assignment based on the modes it requires and your knowledge of the setting for that assignment? Explain why or why not.
- 5. As a group, everyone else will then decide if they agree with the interpreter. Be prepared to say why or why not. If you think the interpreter could accept the assignment by requesting a change to it, such as interpreting in consecutive instead of simultaneous, encourage the interpreter to consider that option.

Interpreting assignments

- A. Traffic arraignment: An interpreter is needed for a traffic violation arraignment in court. You will be interpreting for the defendant and the public defender in front of the judge. For this session you will need to:
 - a. Use consecutive interpreting for discussions between the public defender and defendant, and the judge and defendant.
 - b. Use whispered simultaneous for court proceedings when the defendant's case is in front of the judge.
 - c. Sight translate the waiver of rights form and the income and expense form (a form to decide if the defendant has the right to a free lawyer based on how much money he or she earns).
- B. School board expulsion hearing: An interpreter is needed for an expulsion hearing. You will be interpreting for the parents of a student who may be expelled. For this session you will need to:
 - a. Use whispered simultaneous to interpret the hearing for the parents.
 - b. Use consecutive interpreting between the parents and hearing members when needed.
 - c. Use consecutive interpreting for discussions between the lawyer, student and parents.
 - d. Sight translate the forms related to the expulsion, including the expulsion request procedures, the request for expulsion, a critical incident memo, confidential statements, a summary report by the school, the closing summary, the notice of suspension, etc.
- C. Cancer genetics clinic: An interpreter is needed for a cancer genetics clinic. There will be several oncologists (cancer specialists) who will run genetics tests and interviews and determine what kind of medical treatment is needed. For this session you will need to:
 - a. Use consecutive interpreting between the patient and the providers.
 - b. Be prepared with cancer genetics terminology.

- c. Sight translate genetics questionnaires, legal forms with complex medical terminology and informational brochures.
- D. Extortion court case: An interpreter is needed at court for a Triqui man who has been accused of extorting (demanding) money from community members for protection. For this session you will need to:
 - a. Use consecutive interpreting for discussions between the Triqui man's lawyer and the defendant, and between the judge and the defendant.
 - b. Use whispered simultaneous for court proceedings when the defendant's case is in front of the judge.
 - c. Know court terminology for the reading of the defendant's rights.
- E. Child Protective Services (CPS): An interpreter is needed for a series of interviews in the Zapoteco community for a child abuse case. CPS has to determine whether or not to remove the child from the family and put the child into foster care. The interpreter will accompany the CPS caseworkers on site visits to people's homes and workplaces for the interviews. Some interviews may take place over the phone. For this session you will need to:
 - a. Use consecutive interpreting for the interviews.
 - b. Possibly sight translate some agency informational documents.
 - c. Be able to interpret over the phone.
- F. Drug dealer trial: An interpreter is needed for a court trial where a prominent member of the Mixteco community is being tried for dealing drugs. You will interpret for the defendant in court and between the defendant and his lawyers. For this session you will need to:
 - a. Use consecutive interpreting for discussions between the lawyer and the Mixteco man.
 - b. Use whispered simultaneous during court proceedings.
 - c. Research terminology and information about drug dealing and all relevant court proceedings for drug cases.
 - d. Sight translate court documents and documents submitted into evidence.

- G. Social Security benefits determination: An interpreter is needed for a hearing at the local Social Security office to determine whether a single mother and her three children qualify for government financial aid. There will be a hearing officer and caseworker present. For this session you will need to:
 - a. Use consecutive interpreting between the mother and hearing members.
 - b. Use whispered simultaneous to capture the proceedings.
 - c. Sight translate documents, such as a notice of action, exemption forms or the adjustment of denial form.
- H. IEP meeting: An interpreter is needed for a meeting at the school for an annual IEP (Individualized Education Program) review. The school psychologist, special education teachers, parents and the student will be there. The interpreter will interpret for the parents. For this session you will need to:
 - Use consecutive interpreting between the parents and IEP team members.
 - b. Use whispered simultaneous to capture the discussion between the student and **IEP** team members.
 - c. Sight translate **IEP** forms, psychological reports and teachers' reports.

<u> 14.3</u>

Learning Objective 14.3

Discuss how to perform basic legal interpreting.

Activity 14.3 (a): Comparing Strategic Mediation in Legal and Medical Interpreting Role Plays

The purpose of this activity is to observe and think about how strategic mediation can be the same or different in legal or community interpreting assignments.

Instructions

Your instructor may provide a demonstration of two types of mediation, in medical and legal interpreting. After the demonstration:

- 1. Work in language groups of four.
- One person will interpret, one person will read the provider's text and one person will read the patient/service user text. The fourth person will be the "note-taker" and write down what the interpreter decides to do.
- 3. Your instructor may tell you to interpret using English and Spanish (not your indigenous language) so that the person who plays the interpreter can focus on practicing the mediation skill.
- 4. Practice with the four short scenarios on the following pages.
- 5. Each scenario presents the same ethical dilemma in a medical or community interpreting assignment and a legal or court assignment.
- 6. When the interpreter gets to the ethical dilemma, he or she will intervene in the way that is appropriate for the assignment.
- 7. In the case of legal interpreting, in some of these situations it might be appropriate for the interpreter *not* to intervene.
- 8. The person taking notes should write down exactly what the interpreter says for the interventions.
- 9. Then the group will switch interpreters for the next scenario.

Mediation in legal/medical role play scenarios

MEDICAL/COMMUNITY LEGAL/COURT/HYBRID **SCENARIO A: DOCTOR VISIT** SCENARIO A: COURTROOM TESTIMONY DOCTOR: Hello, Mrs. García. It's nice to see LAWYER: Mrs. García, I have a few questions you today. for you today. Please remember you are under oath. MRS. GARCÍA: Hello, doctor. I'm nervous MRS. GARCÍA: Yes, sir. about what injuries you found from the car crash. My head still hurts a lot. LAWYER: Your medical records show that you **DOCTOR**: Yes, we got the test results back. were diagnosed with a TBI called "second The results of the CT scan show that you impact syndrome." have the kind of TBI that we call the "second Wait for the interpreter to intervene impact syndrome." to clarify the term TBI and/or "second Wait for the interpreter to intervene impact syndrome." to clarify the term TBI and/or "second impact syndrome." NOTE-TAKER: Write down what the NOTE-TAKER: Write down what the interpreter said: _____ interpreter said: _____ MEDICAL/COMMUNITY LEGAL/COURT/HYBRID **SCENARIO B: ER ROOM VISIT** SCENARIO B: WORKERS' COMPENSATION INDEPENDENT MEDICAL EXAM DOCTOR: Hello, Mr. Herrera. I'm your doctor DOCTOR: Hello, Mr. Herrera. I'll be your doctor today. today for the independent medical exam. MR. HERRERA: Hello, doctor. MR. HERRERA: Hello, doctor. DOCTOR: Can you tell me what brought you to the emergency room today? **DOCTOR:** This exam will determine whether or not workers' compensation will pay for the MR. HERRERA: (Points to his leg.) I hurt my medical treatment you are requesting. Do you foot at work today and now I can't walk at all. understand? Wait for the interpreter to intervene to clarify MR. HERRERA: Yes, doctor, I understand. the patient pointing to his leg but saying foot. DOCTOR: I need to you tell me exactly how your injury happened last month. MR. HERRERA: (Pointing to his leg.) I hurt my foot when I slipped on the ice and fell down the stairs. Wait for the interpreter to decide whether to intervene to clarify the patient pointing to his leg but saying foot. NOTE-TAKER: Write down what the NOTE-TAKER: Write down what the interpreter said: interpreter said:

MEDICAL/COMMUNITY LEGAL/COURT/HYBRID SCENARIO C: SELF-HELP LEGAL SCENARIO C: RESTRAINING ORDER AID OFFICE COURT HEARING LEGAL AID LAWYER: Mrs. Santos, I'm JUDGE: Mrs. Santos, we are here today to here to help you with your restraining order determine whether your application for a documents. You will submit these forms to restraining order will be approved. First, I have court before your court date. a few questions. MRS. SANTOS: Yes, Your Honor. MRS. SANTOS: Thank you. I'm really hoping the judge can protect me. JUDGE: Mrs. Santos, has your lawyer explained to you the deal offered by the public **LEGAL AID LAWYER:** Well, that all depends defender who is representing your husband? on how strong your victim statement is. Your husband's lawyer will probably try to offer you MRS. SANTOS: (Looks upset.) What? A deal? a deal. No way! That will just make everything worse! MRS. SANTOS: (Looks upset.) What? A deal? (As the interpreter, you know Mrs. Santos No way! That will just make everything worse! probably understands "deal" to mean a (As the interpreter, you know Mrs. Santos proposition for a good outcome in court in probably understands "deal" to mean a exchange for sexual favors.) proposition for a good outcome in court in Wait for the interpreter to decide whether to exchange for sexual favors.) intervene to point to the possible confusion caused by the term "deal." Wait for the interpreter to intervene to around the confusion being caused by the term "deal." NOTE-TAKER: Write down what the NOTE-TAKER: Write down what the interpreter said: interpreter said: _

MEDICAL/COMMUNITY LEGAL/COURT/HYBRID SCENARIO D: IEP TEAM MEETING SCENARIO D: IEP DUE PROCESS MEETING TEACHER: Hi, Mr. and Mrs. Perez. As **HEARING OFFICER:** Hello Mr. and Mrs. Perez. you know, right now your son is attending we are here today for a due process meeting mainstream classrooms at school. about your son's classroom placement. PARENTS: (They look confused but smile. PARENTS: Yes. One parent answers.) Yes, he goes to all **HEARING OFFICER:** I have paperwork here his classes. that you filed a complaint about your son's TEACHER: Well, based on the results of placement in a resource room. your son's testing, we believe that the least **PARENTS:** Yes, we were promised a placement restrictive education environment for him is where our son would become smarter. A actually in the resource room, not regular special classroom. But it was worse than classes. We are recommending he be switched the regular classroom. And now he is so far to that class. behind. The school broke its promise! ONE PARENT: Oh, that's good. The resource HEARING OFFICER: (Seems confused.) Yes, room sounds fine. That's where he'll get extra well, hmmm. The program is designed so every resources to become extra smart, right? child can reach their best potential. TEACHER: Oh, I'm relieved you agree with (The interpreter suspects the parents do not this change. OK, then starting Monday your understand what a resource room is.) son will be attending the resource room all day Wait for the interpreter to decide whether except for physical education. to intervene to point to the confusion about (The interpreter suspects the parents do not mainstream classes versus the resource room. understand that their son is being removed from regular classes and put into a classroom that only has other special-needs students.) Wait for the interpreter to intervene to point to the confusion about mainstream classes and the resource room class. NOTE-TAKER: Write down what the NOTE-TAKER: Write down what the interpreter said: _____ interpreter said:

Activity 14.3 (b): Revisiting the "How to Say No" Model

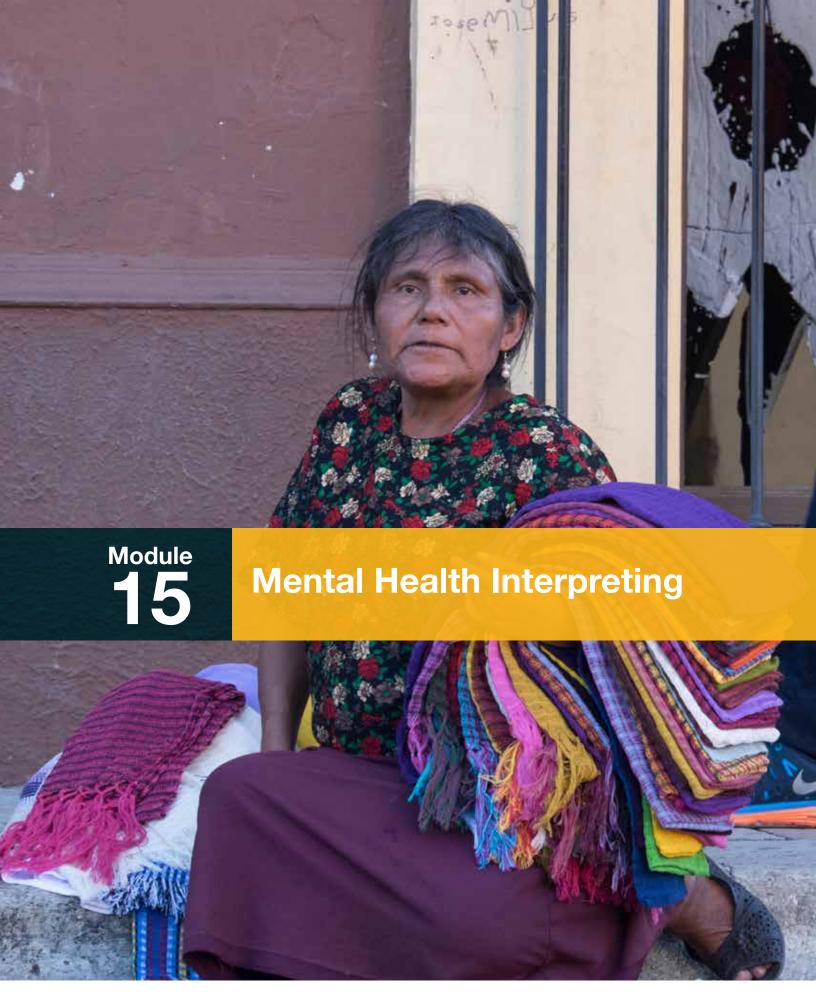
The purpose of this activity is to practice refusing a request for legal interpreting in a professional way. Then the interpreter can set reasonable professional boundaries and still offer solutions to the problem that led to the request.

Instructions

- 1. Do you remember the three steps in the "How to Say No" model taught in Module 6?
 - a. Be polite.
 - b. Offer 2-3 solutions.
 - c. Give reasons.

Example:

- Be polite. I would be happy to interpret for that knee surgery. It would be an amazing experience, and I know it's important for the patient.
- b. Offer 2-3 solutions. This would be a great assignment for Miranda. She's the staff interpreter and she's interpreted for a lot of surgeries. Or I can call our interpreting service and we can schedule one of their interpreters.
- c. Give reasons. I'm worried I'm not qualified to interpret for surgery. If I make a mistake, the hospital could be legally liable. I don't really have the terminology needed for knee surgery.
- 2. You will be using the scenarios from Activity 14.2 to practice the "How to Say No" model.
- 3. When it is your turn, toss a bean bag or light ball to another member of your group.
- 4. Choose one of the interpreting assignment scenarios in the previous activity.
- 5. Your classmate will try to use the model to refuse that assignment.
- 6. Then the class can help your classmate out if he or she does not know what to say.



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Learning Objective 15.1

Define and discuss mental health and behavioral health.

Activity 15.1: Mental Health Interpreting

The purpose of this activity is to compare Western and indigenous views on mental health and the treatment of mental diseases and disorders.

Instructions

- 1. Work in small groups or three or four.
- 2. The instructor will show the class short videos on common mental health issues, one at a time. (Examples are listed after the questions.)
- 3. After each video, discuss the questions below with your group.
- 4. Designate a note-taker to write down your group's answers.

Depression

How common is depression in your culture? Who suffers from it?		

How does your culture view depression?
What kind of solutions or help do people have for depression?
Anxiety
How common is anxiety in your culture? Who suffers from it?
How does your culture view anxiety?

What kind of solutions or help do people have for anxiety?
Addiction
How common is addiction to alcohol and drugs in your culture? Who suffers from it?
How does your culture view addiction to alcohol and drugs?
What kind of solutions or help do people have for addiction to alcohol or drugs?

Suicide

How common is suicide in your culture? Who commits suicide?
How does your culture view suicide?
What kind of solutions or help do people have for suicidal thoughts and feelings? What kind of help exists for the family members and friends of those who commit suicide?

Suggested Videos¹¹

- Depression: https://www.youtube.com/watch?v=bheKJyZ3XY8
- Anxiety: https://www.youtube.com/watch?v=4RfYPU5bvhw
- Suicide: https://www.youtube.com/watch?v=TX6sTGRUxto
 or https://www.youtube.com/watch?v=zIN2z
 7sD1A
- Alcoholism: https://www.youtube.com/
 watch?v=u 2eYSxKAGg

¹¹ These video links are only suggestions. Video links often disappear. But it is now easy to find short videos on these topics in English, Spanish and many other languages.

15.2

Learning Objective 15.2

Explore the concept of the therapeutic alliance.

Activity 15.2: Therapist Live (or Video) Demo

The purpose of this activity is to demonstrate how therapists create a therapeutic alliance with a patient or client and the possible impact of that relationship on the client—and the interpreter.

Instructions

- 1. Work in groups of three.
- 2. If possible, a clinician (a licensed therapist) will participate in a live demonstration of a challenging therapist-patient interaction.
- 3. If a clinician is not available, you can use a video demonstration of a therapist-client interview, such as those shown in the links on the next page.
- 4. The therapist will simply play a therapist.
- 5. One instructor will play the patient and pretend to have a mental illness or disorder. He or she will be very emotional and intense.
- 6. The other instructor will play the interpreter.
- 7. As you watch this role play, be prepared to talk about these points in your small groups:
 - a. How did this demonstration make you feel?
 - b. How do they think you would react (as the interpreter) in a similar situation?
 - c. What strategies can interpreters use to handle a situation like this one?
- 8. Which parts of this session might be hard for you to interpret? Why?

Examples of videos about therapy

- Intake and Assessment Role-Play Part 1—Referral and Presenting Problems: https://www.youtube.com/watch?v=OPCYGqzf7Us
- Psychotherapy Examples: Part 1 Agenda and Confidentiality: https://www.youtube.com/watch?v=ufPynvi4lv8
- Psychotherapy Examples: Part 8 Defusion Techniques: https://www.youtube.com/watch?v=7bwG0cgrPU0



Learning Objective 15.3

Adapt professional interpreting protocols and best practices to mental health interpreting.

Activity 15.3: Psychiatric Evaluation Role Play

The purpose of role play is to illustrate how an interpreter might want and need to adapt professional interpreting protocols and best practices during a mental health interview—especially an intense one.

Note: This role play shows part of a psychiatric evaluation of a possibly suicidal patient.

- 1. Your instructors will act out a role play of the first part an intake session for a psychiatric evaluation.
- 2. If possible, this demonstration will be acted out in the middle of the group, whether everyone stands up in a circle around the role players or the demonstration is acted out in the middle of a U-shape class setup.
- 3. The instructor will ask for a volunteer to play the interpreter.
- 4. As the role play proceeds, the instructor will stop the role play at certain times, which are marked in the script.

- 5. At each pause, your instructor will ask you what you think the interpreter should do.
- 6. The group will decide how to guide the interpreter.
- 7. Afterward, in groups of three, everyone will practice playing the interpreter for different parts of the role play.

Role play, part 1: Flash freeze demonstration

Suicide risk: A psychiatric evaluation

Start the role play by having the psychiatrist and patient already in the room. When the interpreter enters, have them do the following:

O There is no obvious place to sit and no extra chair. The interpreter is confused and looks around trying to decide what to do. Finally, he/she goes and stands next to the patient.

FREEZE FRAME: HOW SHOULD THE INTERPRETER HANDLE WHERE TO SIT?

- O The interpreter will do what the whole group decides he or she should do, then starts an introduction with the patient.
- O At this point, the psychiatrist intervenes.

PSYCHIATRIST

All right. Now, I need to begin.

FREEZE FRAME: HOW SHOULD THE INTERPRETER HANDLE INTRODUCTIONS?

The interpreter does what the whole group decides, then starts interpreting.

PSYCHIATRIST

Great, well, we can start now. Tell Lupita that my name is Doctor Raines. I'm a psychiatrist and I work here at the hospital.

FREEZE FRAME: HOW SHOULD THE INTERPRETER HANDLE THE PSYCHIATRIST SPEAKING TO THE INTERPRETER, NOT THE PATIENT?

The interpreter does what the whole group decides, and the session continues.

PSYCHIATRIST

OK, *now* let's get started. Lupita, my name is Doctor Raines. I'm a psychiatrist and I work here at the hospital.

LUPITA

Hello.

I'm here to ask you some questions about how you have been feeling.

OK.

FREEZE FRAME: STOP HERE.

Role play, part 2: Introductions

Note: Ideally, the interpreter will have a few moments to meet with the provider before entering the patient's room. This introduction has the interpreter *alone* with the psychiatrist before meeting the patient.

For this part of the exercise, in groups of three act out this part of the role play but let the person who plays the interpreter read the script.

INTERPRETER

Hi. My name is... (The interpreter makes up a name.) I'll be your interpreter today. I will interpret everything you and the patient say. I will keep everything confidential. Please speak directly to the patient. And I may need to interrupt so I can interpret. I will use this gesture when I need to ask for a pause. May I ask you a couple of questions?

PSYCHIATRIST

Yes, of course.

Since this is a mental health session, I'd like to know where you want me to sit, and how you would like me to introduce myself to the patient. Do you want me to say my usual introduction, or would you like to introduce me and my role?

PSYCHIATRIST

Oh, those are good questions. Well, I'd like you to sit next to me. And I'd like to be the one to introduce you. This client is very fragile emotionally. I only want her to have direct conversation with me.

INTERPRETER

OK, doctor. That helps me. Finally, if I make this gesture, that means that I need to intervene either to clarify a term or for another reason. Even if I need to clarify something with the patient, would you like me to tell you first?

OK. That's very helpful. If I see you make that gesture, I'll know you need to say something. And yes, absolutely, please direct the question to me first.

Role play, part 3: Risk assessment for suicide

Switch interpreters. This time, the interpreter *must not* look at the script! This part of the role play begins during the session. The psychiatrist is handling the introductions.

PSYCHIATRIST

Great, well, we can start now. Tell Lupita that you are Maria Flores, the interpreter, and that my name is Doctor Raines. I'm a psychiatrist and I work here at the hospital.

(Wait to let the interpreter remind the psychiatrist to speak directly to the patient.)

(Speaks to the interpreter.) OK, yes, that makes sense. But look, I can't have interruptions. Just interpret exactly what I say and nothing else. (Turns to the patient.) OK, now let's get started. Lupita, my name is Doctor Raines. I'm a psychiatrist and I work here at the hospital.

LUPITA

Hello.

I'm here to ask you some questions about how you've been feeling.

LUPITA

OK.

PSYCHIATRIST

(Throughout the interview, the psychiatrist notes answers on a form.) First of all, can you tell me what your name is?

Uh, Lupita Torres.

How old are you, Lupita?

I'm 18.

Can you tell me where you work?

I don't have a job right now.

OK, and where do you live?

I live in Mendocino. (*irritated*) But don't you already have all this information?

Hmmm, yes, we do. Just one more question like that. Can you tell me what day of the week this is, and what month?

(even more irritated) Yes! It's Monday, September sixth.

OK, thank you. Well Lupita, you're here because you took a lot of pain medications. I want to ask you about that.

(Looks down and mumbles.) Yeah. So?

SWITCH INTERPRETERS HERE.

Well, I'm trying to figure out what made you decide to do that.

How bad have you been feeling lately?

(quietly) Not great. It's been kind of rough these past few months.

Tell me about what's been so difficult.

LUPITA

I don't know. Just things... My boyfriend and I broke up. And then I lost my job. My mom's really been after me. She has all these beliefs, from where we come from. I don't know. And she's right. I'm just a big loser.

PSYCHIATRIST

You sound hard on yourself. Before taking the pills, had you wished you were dead or wished you could go to sleep and not wake up?

I dunno. I guess. Sometimes.

What happened right before you decided to take the pills?

Well. I had a really hard day. A girlfriend texted me that my boyfriend was dating someone new. My mom and dad had this huge fight about me. And I didn't get this job I applied for.

That seems like one of the worst days I can imagine. How do you feel now?

I don't really know. Confused.

Do you still feel like killing yourself?

(Doesn't answer.)

You took a lot of pills. Your mom says she couldn't find the bottle. Do you still have more pills?

(Mumbles.) Some, I guess.

I need to know how many and what kind.

Well, a while ago my mom had this knee injury. She doesn't know it, but I stole some of her Vicodan. You know, just in case I needed them.

PSYCHIATRIST

And if you were to go home, what would you do with the Vicodan?

LUPITA

(long pause) I'm not really sure. I think I'd still want them. In case.

OK. Well, based on what you're telling me, I think you're not ready to go home yet. We want you to feel safe. I'm going to recommend that you enter our inpatient mental health treatment program here at the hospital.







16.1

Learning Objective 16.1

Explore note-taking techniques for consecutive interpreting.

Activity 16.1 (a): Setting a Start Point for Note-taking

The purpose of this activity to assess current note-taking skills before participants learn professional note-taking techniques for interpreters.

- 1. Work, if possible, in same-language pairs.
- 2. Each person will be given a number, either #1 or #2.
- 3. Take out a notepad and a pen or pencil.
- 4. You will hear your instructor tell a story that lasts about 60 to 90 seconds.
- 5. Listen closely to the story.
- 6. Take notes in any way you can to capture the main points of the story so that you can interpret them back accurately.
- 7. When the story is finished, partner #1 in your pair will interpret (or retell the story in the same language) to partner #2.
- 8. Partner #2 listens and checks his or her own notes to follow the story and writes down any errors or missing information.
- 9. The instructor will then repeat the exercise, telling the same story while everyone takes notes.
- 10. This time, partner #2 will retell the story from his or her notes and partner #1 will follow along to check the accuracy.
- 11. Save your first notes. At the end of the module, you can compare them to your final notes and see how much progress you've made!

Story 1: This is a story about moving to the United States from Oaxaca as a child.¹²

When I was nine years old my family moved from Oaxaca to the United States. It was the first time I had ever traveled anywhere. First, we took a bus from my little village to the big city of Oaxaca. The roads were really bad and bumpy. Then we took another bus from Oaxaca all the way to Mexico City. That trip took almost the whole day. In Mexico City, we stayed in my uncle's home for a week. I was really sad about leaving my home. I remember I cried a lot. We flew from Mexico to Los Angeles. I was terrified to fly. When the plane took off, I covered my ears from the noise and closed my eyes. But after a while, I started to have fun. We were flying so high up in the air. When we arrived in the United States, it took a really long time to get through customs, and I was afraid of all the people in uniforms. But finally we left the airport and I got to see Los Angeles for the first time. I was scared, but also happy that our trip was over.

Story 2: This is a story about traveling to Africa as a little girl.

When I was seven, my family took a trip to Kenya in Africa. Before we could travel, we had to get a lot of vaccinations. The needles were big and they hurt. The vaccinations made me sick for a few days. But then we were ready to go. My mom packed one big suitcase for each of us: my mother, my brother and me. Then we took a taxi to the airport. The plane to Africa was huge. It had three rows of seats and hundreds of people were on the plane. I loved watching the movies and eating the food they brought us. Finally, after about 15 hours, the plane landed in Kenya. When we got through the airport customs, I remember that the sun was really hot and the air was really humid. I also remember that we seemed to be the only white family in the middle of lots of black people. It was the first time I ever experienced having a different skin color from everyone else. It was a really important experience for me.

¹² These stories are two examples of stories about traveling that share many similar points. You can use any kind of similar stories for this exercise if the stories you use all have the same similar elements, such as travel, symptoms for illness or a natural disaster. The important point is for the stories to share similar, easy-to-visualize features.

Activity 16.1 (b): Interruption Exercise—Giving Directions

The purpose of this activity is for participants to understand how constantly asking the client or provider to pause so that you can interpret can break the flow of their communication and cause problems.

- In the same pairs as the previous exercise take a moment to think (silently) how you got to the training today. Be ready to give your partner step-by-step directions from your home or hotel to the training. (Or you can think of the directions from home to your job, your child's school or the grocery store.)
- 2. When your instructor tells you to start, partner #1 will start to tell partner #2 these directions.
- 3. If you are #1, keep telling these directions even when you are interrupted.
- 4. Partner #2 will interrupt constantly. Be friendly. Say things like, "Huh, really? I take a bus too!" But *keep on* interrupting your partner!
- 5. After a minute or so, your instructor will tell you to stop.
- 6. Now switch roles. Partner #2 will give directions, and partner #1 will interrupt all the time.
- 7. When you hear "STOP!" a second time from your instructor, stop and think how you felt when you were the person who was interrupted.
- 8. As a group, discuss these questions:
 - a. How can interpreters who interrupt too often make providers and clients feel?
 - b. Do our interruptions make people forget what they are saying?
 - c. Could providers and clients leave out part of what they planned to say if the interpreter interrupts often?
 - d. What might happen if someone forgot to say something important?
 - e. How could having an interpreter take notes help with this kind of problem?

<u>16.2</u>

Learning Objective 16.2

Develop symbol systems and abbreviation techniques for consecutive note-taking.

Activity 16.2 (a): Developing Symbols and Abbreviations

The purpose of this activity is to introduce a system for developing symbols and abbreviations for consecutive note-taking.

- 1. You will work in same-language groups of two or three people.
- 2. Create as many symbols and abbreviations as you can based on the two stories in Activity 16.1 (a) and Section 16.2 of your training manual.
- 3. Use the table below to write down your symbols and abbreviations.

CREATING SYMBOLS AND ABBREVIATIONS		
Transportation (by air, car, bike, taxi, train, foot)		Emotions (fear, happiness,

CREATING SYMBOLS AND ABBREVIATIONS		
Places (country, town, building, school, home, ocean, work)	Time (past, present, future, days, years, decades, minutes)	Links and emphasis (from, to, fast, slow, a lot, a few, none)
People (man, woman, child, family, boss, official, singer, doctor)	Medical symbols (use some that you already know, such as symbols for diagnosis and symptoms)	Math symbols (such as + > and =) and any other symbols you already know
Abbreviations from texting, social media, friends	Abbreviations of service- related words: (medical vs. medicine, doctor, community, social worker)	Abbreviations of common words (high school, difficult, arrived)

Activity 16.2 (b): Practicing Rozan's seven techniques

The purpose of this activity is to practice some of Rozan's seven steps for consecutive note-taking, one step at a time.

Instructions

- 1. Take out your notepad.
- 2. Your instructor will retell one or two of the stories from Activity 16.1 (a).
- 3. On the signal of your instructor, practice *one* step from Rozan's seven steps for a few sentences.
- 4. After doing so for a few sentences, your instructor will change steps and continue.
- 5. Keep following the directions of your instructor and take notes that will help you interpret the content of the two stories.

Rozan's seven steps

- 1. Write down the main idea, not all the words
- 2. Know how to abbreviate effectively.
- 3. Use links (such as arrows and lines) to show how ideas are connected.
- 4. Show if something is negative.
- 5. Show emphasis ("a lot" "very much" "important").
- 6. Take notes vertically (down the page instead of across).
- 7. Use space on the page to show the relationship between ideas. This technique is called shift.

Practice consecutive

Learning Objective 16.3

note-taking techniques.

Activity 16.3 (a): Set a Note-taking Goal

The purpose of this activity is to identify a skill to improve notetaking for consecutive interpreting and create a realistic goal and two objectives to improve that skill set.

Instructions

- 1. Think about what you did well while taking notes, and what didn't go very well.
- 2. Set a goal for improvement (this is a broad statement of what you want to improve).
- 3. Add two measurable objectives that you can realistically do to reach your goal.
- 4. When you take notes during the rest of the module, focus on improving the goal you set here.

Example

Goal: When I take notes, I want to use more symbols.

Objectives

- At least three times a week, for 15 minutes a time, I will practice note-taking to the same YouTube video on a health topic (using one new video every week).
- 2. After the first practice, I will develop symbols for the key ideas in that video and then use them each time I practice interpreting the same video.

Goal	
Objective 1	
Objective 2	

Activity 16.3 (b): Practice Consecutive Note-taking During a Role Play

The purpose of this activity is to practice consecutive note-taking while interpreting during a role play. This activity will help you to integrate Rozan's seven steps and practice using some of the symbols and abbreviations you have created.

- 1. Work in same-language groups of three.
- On the following pages is a role play focusing on immigrants arriving to the United States. You already practiced this topic at the beginning of this module. Now interpret the role play and practice taking notes.
- 3. Be ready to take notes for every statement. If the statement is short, stop taking notes and interpret from your memory.
- 4. If the statement is longer, keep taking notes and use them to help interpret what was said into the other language.
- 5. When you are reading the part of the provider or patient, remember, do not help the interpreter. If the statement is long, don't stop after every sentence or the interpreter won't get to practice taking notes. Remember, if the interpreter needs you to pause or to ask for a repetition,he/she can do so.
- 6. Switch interpreters and repeat the exercise with the same role play.
- 7. If there is time at the end, give each other feedback.

Immigration role play

CASEWORKER

Good morning. I see from your file that your name is Julio Martinez Nogales. Is that correct?

JULIO

Yes, that is my name.

Can you please spell your first and last names for me?

OK. My first name is spelled J-U-L-I-O. My last names are spelled M-A-R-T-I-N-E-Z and N-O-G-A-L-E-S.

Thank you. Now, to process your application I need to know how you entered the United States.

I was nine years old when we came here. We moved from a small town in Chiapas, Mexico, called Tapachula. We traveled by bus almost the whole way.

I see. Can you tell me how you crossed the border? I know you didn't have papers. I need you to tell me the truth. You have a better chance of getting your visa if you tell the truth.

Um, well, OK. I guess, but it makes me nervous. When we left Chiapas, we went to Mexico City first and stayed with family there. I was so little. I remember feeling really sad and scared. I didn't want to leave my home in Chiapas. I know my parents tried to get us visas to come to the United States. They wanted to fly

But you didn't get those visas, so how did you come into the United States?

We took another bus to Juarez, Mexico, on the border with El Paso, Texas. We lived in Juarez for a while. My parents were able to get a border crossing card, so we could go to El Paso to shop. I'll never forget walking across the bridge between Juarez and El Paso. We were supposed to go back to Mexico that same day, but we didn't.

CASEWORKER

What did you do instead?

JULIO

Well, my dad's brothers lived in Phoenix. As soon as we got to El Paso, my dad called my uncle and told them where we were. They brought a van to El Paso and we got in and went to Arizona.

I see. And did you grow up in Phoenix?

We lived there for a few years. My parents tried to get work in the restaurants there but they couldn't find stable jobs. Eventually we moved to California and my parents started to work in the fields.

And did you stay in California for the rest of your childhood? It's important we know because we have to get paperwork showing your proof of residency in the state. I need to know where you went to high school and whether you've studied at any public schools or universities.

Yes, we lived in California for the rest of my childhood. I went to middle and high school in Santa Maria. Then I went to community college. I can't afford to pay for the rest of my degree but I really want to go to a university in California.

I see. And have you ever been back to Mexico?

No, I never went back. We wanted to go but we were always afraid they wouldn't let us back into the United States. My parents tried to get their green cards. They've put in the application with the help of a lawyer. She told us we shouldn't travel until we get our visas.

OK, this information is very helpful. Now I have several documents that you will have to fill out and bring back as part of the application.

OK, thank you.





Explore how to perform

Learning Objective 17.1

simultaneous interpreting.

Activity 17.1 (a): Demonstration of **Whispered Simultaneous and Simultaneous Interpreting with Portable Equipment**

The purpose of this activity is to see the similarities and differences between whispered simultaneous interpreting and interpreting with portable equipment.

Instructions, part 1

- 1. Your instructor will ask for volunteers to help in two demonstration role plays.
- 2. One instructor will sit next to and slightly behind a volunteer patient.
- 3. The other instructor will sit across from the patient and next to the other volunteers, who are playing other providers.
- 4. The other instructor will read the following script.
- The instructor next to the patient will do whispered simultaneous interpreting of what the other instructor is reading.
- 6. Listen and watch carefully.

Script for whispered simultaneous demonstration

Good afternoon. Thank you for coming. You're here today because your tests show that you're at risk for developing diabetes. I'm going to be explaining diabetes to you and giving you information that I hope will help you make some lifestyles changes so you can avoid developing the full disease. Now, this is really important. If you make these changes now, you could avoid getting diabetes. If you don't make these changes, you may end up with a chronic disease that you'll have to manage for the rest of your life. And even though people who have diabetes can live healthy lives, diabetes is still a chronic disease that can lead to serious health problems.

Instructions, part 2

- 7. After the first demonstration, each participant will get a portable receiver and headset.
- 8. Turn on your receiver and put on your headset.
- One instructor will continue to read the information about diabetes.
- 10. The instructor will position him/herself in an unobtrusive place in the classroom and will interpret the diabetes information through a portable transmitter.
- 11. Listen to the simultaneous interpreting with your equipment and watch the scene.
- 12. After the second demonstration is complete, in pairs or small groups discuss the two demonstrations. How were they the same? How were they different?
- 13. Decide which demonstration you liked best, and why.

Note: If the instructors do not have access to portable equipment, or if they do not feel comfortable demonstrating the simultaneous mode, they can show video demonstrations. Here are two examples of helpful videos:

- Consecutive and chuchotage demo (whisper interpreting): https://www.youtube.com/watch?v=bB-DFehnwS0&t=63s
- Simultaneous interpreting with equipment: https://www.youtube.com/watch?v=2vfpRO2mw9k

Script for interpreting with portable equipment demonstration

Now, did you know that diabetes is the seventh leading cause of death in the United States? That's pretty alarming. And recent studies have shown that many Americans who are overweight or obese are ignoring diabetes as a health risk.

It's important to know that there are two major types of diabetes, type 1 and type 2. Type 1 diabetes is when the body cannot produce the hormone called insulin. It is most often diagnosed in children and young adults. People with type 1 diabetes have to take daily injections of insulin.

Type 2 diabetes is when the body is not able to make enough insulin, or it can't use the insulin the way it's supposed to. Type 2 diabetes is the most common type of diabetes. About 90 percent of diabetes cases are type 2.

Activity 17.1 (b): Simultaneous Self-recording

The purpose of this activity is to take a baseline assessment of one's performance in simultaneous interpreting.

- 1. You will use your receiver and headset from the previous activity.
- 2. Take out your recording device and prepare it to record.
- 3. Your instructor will read the diabetes dialogue from Activity 17.1 (a). Note: If your instructor does not have access to portable equipment, he or she will read the dialogue in a loud voice.
- 4. Listen to the instructor's voice with the headsets and simultaneously interpret what you hear.
- 5. Record your interpretation.
- 6. When you are done, listen to the recording of your interpretation.

Overall accuracy and completeness Did you interpret everything that was said? Did you leave anything out or add anything? Did you often forget the first or last thing said? Did you maintain register (the same level of vocabulary)? Use of grammar and terminology Was your use of grammar correct? Did you use correct terminology? Did you have more problems in one language than the other? Overall delivery Did you interpret at a steady pace? Did you have hesitations, starting and stopping, or fillers, such as "eh," "uh" or "like"? Did your tone of voice reflect the speaker's tone and emotional content? Interpreting strategies Did you take notes? How did you handle unfamiliar terminology? Did you get stuck on words or find equivalents?

7. Using the form below, write down how you performed.

17.2

Learning Objective 17.2

Decide when, where and why to perform simultaneous interpreting in community settings.

Activity 17.2 (a): Whom Do I Listen To?

The purpose of this activity is to evaluate how using simultaneous in dialogue situations can lead to communication problems during the assignment.

- 1. Work in groups of three.
- 2. Each of you will be numbered #1, #2 or #3. Remember your number. (Your languages do not matter.)
- 3. Partner #3 will "interpret" first.
- 4. Partner #2 will tell a brief story about what he or she ate for dinner last night, the last movie he or she went to see or another casual topic.
- 5. While #2 is telling a story, partner #3 will "interpret" or "shadow" the story by repeating it back to #1 simultaneously, in the same language, talking at the same time as #2.
- 6. After two minutes, switch roles. Now #2 will interpret (or shadow in the same language); #3 will listen to the story; and #1 will tell the story.
- 7. After two more minutes, switch roles again. Now #1 will interpret (or shadow in the same language); #2 will listen; and #3 will tell a story.
- 8. Next, decide:
 - a. How did it feel to listen to the story when two people were talking at once?
 - b. How did it feel to try to tell your story with the interpreter talking at the same time?
 - c. When you were listening to the story, which person did you listen to: the person telling the story or the interpreter?

- d. Which person do you think the client or provider would listen to? How might listening to two voices at the same time affect what the patient or client understands?
- e. Do you think simultaneous is usually a good choice of mode for question-and-answer conversations? Why or why not?

Activity 17.2 (b): When Should I Use Simultaneous?

The purpose of this activity is to understand which situations in community interpreting are more appropriate for simultaneous interpreting and which situations might go better with consecutive interpreting.

- 1. Work in your small groups.
- 2. Read each statement.
- 3. Decide whether your group thinks interpreters should interpret simultaneously, should not interpret simultaneously.
- 4. Write down your group's decision (yes, no or maybe) next to each statement.

	WRITE YES, NO OR MAYBE	SHOULD YOU INTERPRET THIS ASSIGNMENT IN SIMULTANEOUS MODE?
1.		You are interpreting for a patient who is speaking rapidly and will not stop when you use your gesture to request a pause.
2.		At a special education services meeting, three representatives from service programs, the student and his parents are there. Only the parents need interpreting. The program representatives often speak directly with the student, who speaks fluent English.
3.		You arrive at a regular baby care checkup with the mother, baby and the pediatrician. The doctor seems to be in a hurry.
4.		Every Tuesday evening, the hospital offers birth classes to pregnant women and their partners. Usually two or three couples need interpreting services while the nurse teaches the class.
5.		You are in the hospital emergency department and a patient needs immediate care to live. The doctor is explaining the consent process to the patient quickly because the patient needs to be rushed to surgery.
6.		You are interpreting over a video connection for a post-surgery checkup.
7.		Informational brochure; consent for treatment; patient medical history; billing information; privacy acknowledgment (for example, HIPAA form)

Learning Objective 17.3 Improve simultaneous interpreting

skills through self-evaluation.

Activity 17.3 (a): Simultaneous Practice with **Self-Recording**

The purpose of this activity is to identify a specific area of improvement for simultaneous interpreting and set a practice goal and objectives.

Instructions

- 1. You will receive portable simultaneous receivers.
- 2. Set up your self-recording device.
- 3. Close this book. Your instructor will give you a general description of the script you will interpret so you can prepare some terminology.
- 4. Then, using the script on the following pages, your instructor will read the story and have you interpret it simultaneously and record your interpretation.
- 5. Once you have finished, listen to the recording of your interpreting.
- 6. Evaluate your performance using the form below.

Overall accuracy and completeness

- Did you interpret everything that was said?
- Did you leave anything out or add anything?
- Did you often forget the first or last thing said?
- Did you maintain register (the same level of vocabulary)?

Use of grammar and terminology

- Was your use of grammar correct?
- Did you use correct terminology?
- Did you have more problems in one language than the other?

Overall delivery

- Did you interpret at a steady pace?
- Did you have hesitations, starting and stopping, or fillers, such as "eh," "uh" or "like"?
- Did your tone of voice reflect the speaker's tone and emotional content?

Interpreting strategies

- Did you take notes?
- How did you handle unfamiliar terminology?
- Did you get stuck on words or find equivalents?

Script #1 for simultaneous interpreting practice: Back to school night presentation

Good evening, everyone. It's great to see everyone back at school for the new year. I hope you all had a wonderful summer. My name is Shelly Needham and I am your new principal here at East Valley Elementary School. We have some wonderful events and information for you tonight. Each of you has been given your child's class schedule and a map of the school. In a few minutes, the school bell will ring. When it does, use the map to find out where your student's first period classroom is and go there. Our teachers have worked very hard to prepare their classrooms for your visit. You will have 15 minutes in each class that your child takes here. The teachers will explain what they will be teaching this year and the class rules and expectations. This is a great time to ask them any questions you have about homework and how you can support your student at school.

After visiting the last classroom, come back to the cafeteria. We have food and music for you to enjoy. And there will be information tables for many school clubs, local social services and other groups. We want to be sure you know about all the services and resources available to our families. I'm really excited and honored to be your new principal. I am so impressed with the wonderful school community at East Valley Elementary School. I am looking forward to getting to know many of you and your students. I'll be at the cafeteria after you're done visiting the classrooms. OK, everyone, there's the bell. It's time to go to your student's first-period classroom.

Script #2 for simultaneous interpreting practice: Diabetes nutrition class

Good afternoon. Thank you for coming. You're here today because your tests show that you're at risk for developing diabetes. I'm going to be explaining diabetes to you and giving you information that I hope will help you make some lifestyles changes so you can avoid developing the full disease. Now, this is really important. If you make these changes now, you could avoid getting diabetes. If you don't make these changes, you may end up with a chronic disease that you'll have to manage for the rest of your life. And even though people who have diabetes can live healthy lives, diabetes is still a chronic disease that can lead to serious health problems.

Now, did you know that diabetes is the seventh leading cause of death in the United States? That's pretty alarming. And recent studies have shown that many Americans who are overweight or obese are ignoring diabetes as a health risk.

It's important to know that there are two major types of diabetes, type 1 and type 2. Type 1 diabetes is when the body cannot produce the hormone called insulin. It is most often diagnosed in children and young adults. People with type 1 diabetes have to take daily injections of insulin.

Type 2 diabetes is when the body is not able to make enough insulin, or it can't use the insulin the way it's supposed to. Type 2 diabetes is the most common type of diabetes. About 90 percent of diabetes cases are type 2.

Activity 17.3 (b): Setting a Simultaneous Practice Goal

The purpose of this activity is for the interpreter to set a realistic goal and objectives to improve his or her simultaneous interpreting skills.

Instructions

- 1. After reading Section 17.3 of your training manual and practicing simultaneous interpreting, identify the practice goal you want to work on for simultaneous mode.
- 2. Write down one goal and two objectives in the form below.
- 3. Be sure to make your objectives specific and measurable. Include a time frame. Be realistic!

Example

Goal: I want to be able to perform simultaneous interpreting in courts.

Objective 1: I will spend two hours a week on Thursday evenings with my interpreter friend Cecilia doing the exercises in Module 17 of the training manual and workbook for *The Indigenous Interpreter*®.

Objective 2: Using practice materials, such as *Legal Interpretools*¹³ and a few practice videos for state court certification exams,¹⁴ I will practice simultaneous interpreting for 20 minutes a day during my lunch break or right after work.

Goal	
Objective 1	
Objective 2	

¹³ See http://nci.arizona.edu/legal_int for this and other practice materials. The Interpretools practice materials are from the National Center for Interpretation, which also provides self-study tools for medical interpreting.

¹⁴ For example, see http://www.nycourts.gov/courtinterpreter/SampleExams.shtml

Activity 17.3 (c): Practice Whisper Simultaneous

The purpose of this activity is to practice whispered simultaneous interpreting and consider its challenges, for example, for positioning and the interpreter's voice.

Instructions

- 1. Work in pairs.
- 2. Number each person #1 or #2.
- 3. Partner #2 will interpret first for this activity and should close this book.
- 4. Your instructor will read the first script below while #2 performs whispered simultaneous interpreting for #1.
- Repeat the process: Your instructor will read the second script but now partner #1 will close this book and #2 will perform whispered simultaneous interpreting.
- 6. After both exercises, discuss the challenges you noticed when performing whispered simultaneous (for example, sound quality, the interpreter's voice, how easy it was for the listening partner to hear and understand, etc.).

Simultaneous script #1: Premature baby, part 1

Hi, everyone. This is always a happy day. We're here to teach you what you need to know so you can take your premature baby home. Since you are in this class, that means your baby is gaining weight, learning how to eat and able to be in an open crib.

Over the next week, while your baby is still here in the hospital, you can start to help take care of him. You can practice feeding, bathing and comforting him. It is your turn now to take charge of more of the daily care of your baby. This will make you feel more confident when you take your baby home.

Now, in order to be discharged, your baby has to meet certain requirements. He has to be able to maintain body temperature in an open crib for at least 24-48 hours. By that I mean your baby has to show that he doesn't need extra help to keep his temperature

normal. Another thing that doctors want to be sure of is that the baby is drinking from the bottle or being breastfed. Your baby should no longer be receiving any kind of tube feedings. The final thing your doctor is looking at is whether your baby can gain weight steadily.

Simultaneous script #2: Premature baby, part 2

Babies who have been born premature can go home with some health problems. It's wonderful news that they are getting to go home, but they are still fragile babies and special care needs to be taken to make sure they are OK.

Your baby might have apnea, which is when she stops breathing or pauses from breathing for short periods of time. Your baby might be sent home with a sleep apnea monitor to make sure her breathing doesn't stop in the middle of the night. Your baby's lungs may not be fully mature yet and may still have some breathing problems. Your baby may be sent home with an oxygen tank so you can give her as much oxygen as she needs.

Finally, before you can be discharged, there is a checklist you need to complete before your baby can go home. So please write down these things I'm going to tell you, and make sure you have them taken care of.

- You need to check your medical records and insurance coverage.
- You need to choose a pediatrician and make follow-up medical appointments.
- You should sign up for our parent CPR¹⁵ class and learn how to give CPR on premature infants. It's a lot different than what you learn to do for adults.
- It's time for you to make a decision about circumcision. It's no longer the automatic choice of many Americans.
- Our staff can't discharge you and your baby until we see that your car has an infant car seat.
- Finally, you'll have to attend a discharge meeting, which has to happen before you are able to leave the hospital.

¹⁵ CPR is an abbreviation for *cardiopulmonary resuscitation*. It's an easy, life-saving emergency procedure that anyone can learn how to do with their hands to save a life. It can also be done with medical equipment. CPR usually works by pushing down very hard on the chest. This action forces air into the lungs. CPR saves lives. It keeps blood flowing when the heart has stopped pumping blood on its own.



18.1

Learning Objective 18.1

Define and discuss remote interpreting.

Activity 18.1: Telephone Interpreting Role Play

The purpose of this activity is to understand some of the differences between performing interpreting in person (face-to-face) and performing telephone interpreting.

- 1. Your instructor will show you how to practice interpreting over the phone.
- 2. You will work in groups of three who ideally share the same languages.
- 3. Before you start, exchange telephone numbers between two telephones in your group.
- 4. The person who plays the interpreter will stay in the training room with one telephone.
- 5. The two who play the doctor and the patient will take their role play script and go outside the room as directed by your instructor.
- Once outside the room, the other two group members will use one telephone to call the interpreter and press the speakerphone button.
- 7. When the interpreter receives the call, he or she will do introductions with both parties.
- 8. Then start the role play.
- 9. When you have finished the role play, let a different person in the group play the interpreter for the next role play. Your instructors will tell you when to switch. The new interpreter will trade places with the previous interpreter and switch places.
- 10. Follow the instructions above to do the second role play.

Telephone interpreting role play #1: A dental claim— English-only version

Scenario

A 37-year-old indigenous man is working with the billing office of the hospital to have his insurance pay for the emergency dental services his son received.

Note: The text for the client and the victim in these two role plays appears in both Spanish and English. The person who plays the client should sight translate *either* the Spanish text *or* the English text into the indigenous language (if possible)—but not both.

BILLING AGENT

Hello, interpreter? This is Susan Fine from Midway County Hospital. I have Jorge Gonzalez with me here. Can you please introduce yourself to the patient?

(Wait for the interpreter to do his or her introduction.)

OK. Now, Mr. Gonzalez, I'm going to help you with your Medi-Cal insurance coverage today. Tell me what you need.

MR. GONZALEZ

Thank God! They told me Medi-Cal was going to cover the cost of the dental surgery my son had, but I'm getting lots of bills and calls. It's so much money!

Let's see what I can do. Do you have your son's Medi-Cal card? Can I see it?

Yes, here it is. And I brought all the bills too.

OK. I'll look at those in a minute. First, let me look up your son's plan.

MR. GONZALEZ

OK, thank you so much.

BILLING AGENT

I found his coverage on the computer. According to this, your son's surgery has not been correctly submitted. It has to go through the Denti-Cal system, not Medi-Cal.

But what does that mean? The social worker promised me that Medi-Cal would cover everything. That's why I gave them permission to do the surgery.

You don't have to worry, Mr. Gonzalez. The insurance will cover the surgery. The information was put into the computer wrong. Emergency dental service is covered by Denti-Cal, which your son has.

Denti-Cal? I don't understand. What's that?

Denti-Cal is part of Medi-Cal. It covers emergency dental services like the surgery he had. Sometimes people don't know that you have to submit a dental claim to a different website.

So, will they pay for everything?

Yes, according to what I can see, you won't owe anything for the surgery.

Oh, thank goodness. I feel so relieved. You don't know how scared I was.

I'm very glad I could help. Now, if you can give me those bills you have there, I'll put all the information into the computer. We'll get things sorted out.

Thank you so much.

Telephone interpreting role play #1: A dental claim— English-Spanish version

Scenario

A 37-year-old indigenous man is working with the billing office of the hospital to have his insurance pay for the emergency dental services his son received.

Note: The text for the client and the victim in these two role plays appears in both Spanish and English. The person who plays the client should sight translate *either* the Spanish text *or* the English text into the indigenous language (if possible)—but not both.

BILLING AGENT

Hello, interpreter? This is Susan Fine from Midway County Hospital. I have Jorge Gonzalez with me here. Can you please introduce yourself to the patient?

(Wait for the interpreter to do his or her introduction.)

OK. Now, Mr. Gonzalez, I'm going to help you with your Medi-Cal insurance coverage today. Tell me what you need.

MR. GONZALEZ

¡Gracias a Dios! Me dijeron que Medi-Cal iba a cubrir el costo de la cirugía dental que le hicieron a mi hijo, pero estoy recibiendo muchos biles y llamadas. ¡Es mucho el dinero!

Let's see what I can do. Do you have your son's Medi-Cal card? Can I see it?

Sí. Aquí está. Y le traje todos los biles también.

OK. I'll look at those in a minute. First, let me look up your son's plan.

OK. Muchas gracias.

BILLING AGENT

I found his coverage on the computer. According to this, your son's surgery has not been correctly submitted. It has to go through the Denti-Cal system, not Medi-Cal.

MR. GONZALEZ

¿Pero qué significa esto? La trabajadora social me prometió que Medi-Cal iba a cubrir todo. Por eso di mi permiso para que le hicieran la cirugía.

You don't have to worry, Mr. Gonzalez. The insurance will cover the surgery. The information was put into the computer wrong. Emergency dental service is covered by Denti-Cal, which your son has.

¿Denti-Cal? No entiendo. ¿Qué es eso?

Denti-Cal is part of Medi-Cal. It covers emergency dental services like the surgery he had. Sometimes people don't know that you have to submit a dental claim to a different website.

Entonces, ¿me lo van a pagar todo?

Yes, according to what I can see, you won't owe anything for the surgery.

¡Ay, qué bien! Me siento tan aliviado. No sabe usted el susto que sentía.

I'm very glad I could help. Now, if you can give me those bills you have there, I'll put all the information into the computer. We'll get things sorted out.

Muchísimas gracias.

Telephone interpreting role play #2: Domestic violence— English only version

Scenario

An indigenous woman calls 911 from the closet of her house. Her ex-boyfriend has forced his way into her home.

Note: In this case, the interpreter does not do an introduction.

911

Interpreter, this is 911. I have a very upset woman on the line. Ask her what the emergency is.

VICTIM

Help! I need help right now. Please, tell them they have to send the police.

What is the emergency?

My ex-boyfriend forced his way into my house. He's shouting crazy things and throwing my things around.

Ma'am, I need your address. Your cell phone isn't giving me your address. Where are you right now?

I'm in the closet. Hiding.

Ma'am, tell me your *exact address*. I have to send the closest patrol car to your house.

I live at 546 Market Street in Greenfield.

Ma'am, stay on the line with me. Wait a moment while I call the patrol.

OK.

OK, what is your name?

Linda Vasquez.

Tell me what is happening now. Is your ex-boyfriend threatening you?

Yes. Please hurry. He's searching for me. He's saying my name. I can hear him walking around the house.

Cover yourself with anything you can find in the closet.

VICTIM

I already covered myself with the clothes in the closet. I'm scared he's going to kill me.

Stay on the line. Are you hurt? Do you need an ambulance?

Yes, he grabbed my arm and twisted it. And he hit me in the face. I don't know what to do. What do I do if he finds me?

Are you bleeding?

No.

Stay on the line with me. The patrol car will be there in less than a minute. I'm sending an ambulance too.

Now I can hear the siren. Oh, thank God. God willing, they will save me.

Don't hang up, OK? Stay on the line. Keep talking to me until the police get there.

I think they've arrived. I can hear him, he's shouting that he is going to kill me because I got him in trouble with the police.

Wait on the line for just one minute. I'm going to tell the police where you are.

Now someone's knocking on the door, and I think they're speaking English. What do I do?

That's the police officer. It's OK. You can open the door now.

Thank God. Thank you for saving me.

Interpreter, stay on the line so you can interpret for the police.

Telephone interpreting role play #2: Domestic violence— English-Spanish version

Scenario

An indigenous woman calls 911 from the closet of her house. Her ex-boyfriend has forced his way into her home.

Note: In this case, the interpreter does not do an introduction.

911

Interpreter, this is 911. I have a very upset woman on the line. Ask her what the emergency is.

VICTIM

¡Socorro! Necesito ayuda urgentemente. Por favor, dígales que tienen que mandar la policía.

What is the emergency?

Mi exnovio entró a la fuerza a mi casa. Está gritando cosas locas y tirando mis cosas.

Ma'am, I need your address. Your cell phone isn't giving me your address. Where are you right now?

Estoy en el clóset. Escondida.

Ma'am, tell me your *exact address*. I have to send the closest patrol car to your house.

Vivo en 546 Market Street. En Greenfield.

Ma'am, stay on the line with me. Wait a moment while I call the patrol.

OK.

OK, what is your name?

Linda Vasquez.

Tell me what is happening now. Is your ex-boyfriend threatening you?

Sí. Por favor, apúrense. Me está buscando. Está diciendo mi nombre. Lo puedo escuchar caminando por la casa.

Cover yourself with anything you can find in the closet.

VICTIM

Ya me tapé con la ropa del clóset. Tengo miedo que me mate.

Stay on the line. Are you hurt? Do you need an ambulance?

Sí. Me agarró el brazo y me lo torció. Y me golpeó en la cara. No sé qué hacer. ¿Qué hago si me encuentra?

Are you bleeding?

No.

Stay on the line with me. The patrol car will be there in less than a minute. I'm sending an ambulance too.

Ya puedo escuchar la sirena. O, gracias a Dios. Dios quiera que me salven.

Don't hang up, OK? Stay on the line. Keep talking to me until the police get there.

Creo que ya llegaron. Lo puedo escuchar. Está gritando que me va a matar por meterlo en problemas con la policía.

Wait on the line for just one minute. I'm going to tell the police where you are.

Ahora alguien está golpeando la puerta y creo que están hablando en inglés. ¿Qué hago?

That's the police officer. It's OK. You can open the door now.

Gracias a dios. Gracias por salvarme.

Interpreter, stay on the line so you can interpret for the police.

<u>18.2</u>

Learning Objective 18.2

Compare and contrast interpreting protocols for telephone and video interpreting.

Activity 18.2: Video Remote Interpreting Demo Checklist

The purpose of this activity is to adapt basic interpreting protocols for use in a video interpreting assignment.

Instructions

- 1. First, you will observe a demonstration of video remote interpreting based on the script on the following pages. Do not look at the script until AFTER this exercise.
- 2. As you watch the demonstration, use the checklist to mark any behavior of the interpreter that you think might be a problem or inappropriate.
- 3. After the demo, your instructor will put you in groups of three to discuss what the interpreter did well, what the interpreter did wrong and what the interpreter should have done instead.

Video remote interpreting (VRI) checklist for interpreters

VIDEO REMOTE INTERPRETING (VRI) CHECKLIST FOR INTERPRETERS Interpreter introduction Image on screen—lighting, framing Sound—interpreter voice loud and clear Interpreter on the screen: clearly visible, with good lighting? Background noise Eating on the screen Noise over the microphone Interpreter clothing

VIDEO REM	MOTE INTERPRETING (VRI) CHECKLIST FOR INTERPRETERS				
	Interpreter movement				
	Interpreter attention				
	Note-taking				
	Speaking to someone else				
	Other				
In your sm	all group, discuss and write down:				
a. What did	d the interpreter do well?				
	·				
h What die	d the interpreter do less well?				
b. What are	a the interpreter do less wen:				
c. What sh	ould the interpreter have done instead?				

Video remote interpreting demonstration role play— English-only version

Scenario

The woman from the 911 call has come to the hospital because of injuries caused by her ex-boyfriend. The police took her to one hospital after the call, but she left the hospital without being treated. She went to a different hospital, alone. The second hospital does not know her injuries are due to domestic violence.

Interpreter instructions

While you interpret, interpret as well as you can but include some inappropriate behaviors on the camera. Move around a lot. Speak too loudly or too softly. At one point cut off the video feed by covering the camera and wait for the doctor to react. Eat on camera. At some point another volunteer (pretending to be a family member of the interpreter) will come in to ask you something about dinner. Interrupt the interpreting to have a side conversation. Fix your hair on camera. Look around as if you are distracted.

Do not read the following script until <u>after</u> you have answered the questions above. Decide whether you wish to use the Spanish text OR the English text for the patient—not both.

DOCTOR

OK, we have the interpreter on the line. Interpreter, this is Linda Vasquez. Can you introduce yourself to the patient?

(Wait for the interpreter to do an introduction.)

MS. VASQUEZ

OK, thank you.

Now, Ms. Vasquez, I see that you're here today because of an injury to your arm. I have your X-ray here. And it looks like your face was injured too.

Yes, I'm worried my arm is broken. And, well, my face is nothing. That happened when I fell. But my arm is bothering me a lot.

DOCTOR

OK. Can you tell me how you hurt your arm?

MS. VASQUEZ

(hesitating) Uh, well, um, well... It happened when I was leaving my house. There are stairs and it was raining. I slipped and fell on my arm. It got twisted.

Hmm. The X-ray shows that your arm has an injury that is usually caused when the arm gets stretched and pulled.

(Looks down.) I don't know. I don't know... That's what happened.

Ms. Vasquez, I need to ask a difficult question. Many people come in with injuries like yours and often they are from someone hurting them. Is this what happened to you?

(Keeps looking down and does not respond.)

It's OK to tell me the truth. I need to know what happened so I can treat your arm correctly.

OK, yes. My ex-boyfriend grabbed my arm really hard and jerked it. The police came and they arrested him. But they let him go already, and I'm really afraid of him. I'm scared he would kill me if he knew I told anyone else.

It's OK, Ms. Vasquez. We are going to get you the help you need. I just need to have a nurse come in with additional paperwork for me. It's good that the police already know. I still need to ask a few questions.

Um, OK.

(The nurse comes in and hands the doctor a kit.)

What's that? What are you going to do to me?

We won't do anything you don't want us to. I promise. Because your injuries were caused by your boyfriend, we call that domestic violence. As a doctor, it's my job to make sure that I treat your injury, but also make sure that you'll be safe when you leave the hospital.

MS. VASQUEZ

Yes, the police talked to me about some services. A shelter I can go to. Something like that. But I don't want to. I won't be able to talk to anybody.

DOCTOR

Actually, the services can do a lot more for you than that. We can help you communicate with them and make sure they provide an interpreter.

Maybe. I don't know...

Let's examine your arm first and make sure we get you more comfortable. After that the social worker can come in to see how we can help you feel safer.

It would just be to talk? I don't want them to force me to do anything.

It's just information. I promise. Now, I want to ask your permission to take pictures of your injuries. These are for you. To have as proof for the police when your ex-boyfriend goes to trial.

Oh, no! Why? I don't want anything to do with the police or the judge.

You might not be able to stay out of it, since he's already been arrested for abusing you. But it's your decision. Maybe after you talk to the social worker, you'll change your mind.

(relieved) But not now, right? I just want you to help me with my arm.

I understand. Now let's see what we can do. I think you'll need to use a sling for several weeks, and we can give you pain medications.

Thank you, doctor.

Video remote interpreting demonstration role play— English-Spanish version

DOCTOR

OK, we have the interpreter on the line. Interpreter, this is Linda Vasquez. Can you introduce yourself to the patient?

(Wait for the interpreter to do an introduction.)

MS. VASQUEZ

OK, gracias.

Now, Ms. Vasquez, I see that you're here today because of an injury to your arm. I have your X-ray here. And it looks like your face was injured too.

Sí, temo que me quebré el brazo. Y bueno, la cara no es nada. Esto pasó cuando me caí. Es el brazo que me está molestando mucho.

OK. Can you tell me how you hurt your arm?

(hesitating) Um, bien. Eh, bueno... Pasó cuando salía de la casa. Hay unas escaleras y estaba lloviendo. Me resbalé y me caí en el brazo. Se me torció.

Hmm. The X-ray shows that your arm has an injury that is usually caused when the arm gets stretched and pulled.

(Looks down.) No sé. No sé.... Esto es lo que pasó.

Ms. Vasquez, I need to ask a difficult question. Many people come in with injuries like yours and often they are from someone hurting them. Is this what happened to you?

(Keeps looking down and does not respond.)

It's OK to tell me the truth. I need to know what happened so I can treat your arm correctly.

Bueno, sí. Mi exnovio me agarró bien fuerte el brazo y lo torció. Vino la policía y lo arrestaron. Pero ya lo soltaron y le tengo mucho miedo. Temo que me mataría si supiera que conté a más personas.

DOCTOR

It's OK, Ms. Vasquez. We are going to get you the help you need. I just need to have a nurse come in with additional paperwork for me. It's good that the police already know. I still need to ask a few questions.

MS. VASQUEZ

Um, OK.

(The nurse comes in and hands the doctor a kit.)

¿Qué es eso? ¿Qué me van hacer?

We won't do anything you don't want us to. I promise. Because your injuries were caused by your boyfriend, we call that domestic violence. As a doctor, it's my job to make sure that I treat your injury, but also make sure that you'll be safe when you leave the hospital.

Sí, la policía me habló sobre los servicios. Un refugio donde puedo ir. Algo así. Pero no quiero. No voy a poder hablar con nadie.

Actually, the services can do a lot more for you than that. We can help you communicate with them and make sure they provide an interpreter.

Quizás. No sé....

Let's examine your arm first and make sure we get you more comfortable. After that the social worker can come in to see how we can help you feel safer.

¿Solo sería para hablar? No quiero que me obliguen hacer nada.

It's just information. I promise. Now, I want to ask your permission to take pictures of your injuries. These are for you. To have as proof for the police when your ex-boyfriend goes to trial.

Ay no. ¿Para qué? No quiero nada que ver con la policía o el juez.

You might not be able to stay out of it, since he's already been arrested for abusing you. But it's your decision. Maybe after you talk to the social worker, you'll change your mind.

MS. VASQUEZ

(relieved) Pero no ahora, ¿sí? Solo quiero que me ayude con el brazo.

DOCTOR

I understand. Now let's see what we can do. I think you'll need to use a sling for several weeks, and we can give you pain medications.

Gracias, doctor.

18.3

Learning Objective 18.3

Demonstrate how to adapt the interpreter's introduction, the steps for strategic mediation and a check-back process for remote interpreting.

Activity 18.3: Remote Interpreting Protocols Practice

The purpose of this activity is to practice three basic interpreting protocols adapted for telephone and video interpreting.

Instructions

Part 1: Professional introduction for telephonic interpreting

- 1. Working in the same group of three, discuss how you will say your introductions in English and your indigenous language.
- 2. Then stand up, turn around so your backs are to each other, and practice your introductions without looking at each other. (Standing with your backs to each other simulates talking on the telephone when you can't see anyone.)
- 3. Make sure that each interpreter gets to practice at least one introduction in both English and the indigenous language.

Professional introduction for telephone interpreting: Provider (in English)

Regular elements

- My name is XXXX and I'll be your interpreter today.
- I will interpret everything said.
- I will keep everything confidential.
- Please speak directly to the patient [or client].

Additional elements for telephone interpreting

- I need to ask if you are in the same place as the patient.
- Also, are you sharing a telephone or using a speakerphone?
- If I need you to pause, I'll let you know by saying, "Excuse me, please pause..."

Professional introduction for telephone interpreting: Patient (indigenous language)

(Sight translate into the indigenous language.)

Regular elements

- My name is XXXX and I'll be your interpreter today.
- I need to confirm that we speak the same variant of our language.
- I will interpret everything said.
- I will keep everything confidential.
- Please speak directly to the provider.

Additional elements

- I asked the doctor if you are in the same place and what kind of telephone you are using.
- I will interrupt you if I need you to pause. I will say, "Excuse me, I need you to pause..."

Professional introduction for telephone interpreting: Patient (indigenous language) Spanish version

(Sight translate into the indigenous language.)
Regular elements

- Mi nombre es XXXX y seré su intérprete hoy.
- Necesito confirmar que hablamos la misma variante de nuestro idioma.
- Interpretaré todo lo que se dice.
- Mantendré la confidencialidad de todo lo que dice hoy.
- Por favor, hable directamente con el doctor.

Additional elements

- Ya le pregunté al doctor si están en el mismo lugar y el tipo de teléfono que están usando.
- Yo le interrumpiré si necesito que pause. Diré "Perdón, por favor necesito que pause..."

Part 2: Managing the flow (turn-taking)

- 1. After watching the instructor demo, practice the following role play scripts.
- 2. First decide if you wish to use the Spanish or English texts.
- 3. Use the five steps for the Strategic Mediation Model if you have to intervene to solve a problem.
- 4. Remember to tell the speakers that they can continue by saying, "Please go ahead" when you finish intervening.
- 5. When you interpret, stand up back to back so that you can't see each other.
- 6. After you finish the first role play, let someone else play the interpreter for the second role play and follow the instructions above.
- 7. Do the same for the third role play.

The five steps for strategic mediation

- 1. Interpret the last thing said.
- 2. Identify yourself as the interpreter.
- 3. Mediate briefly with one speaker.
- 4. Tell the other speaker what you said.
- 5. Go back to interpreting.

 When you are done, be sure to say, "Please go ahead" to let the parties know you have finished with your intervention.

Remote interpreting script #1:
Admissions—English-only version

ADMISSIONS CLERK

Interpreter, can you please tell Mr. Sanchez that I need him to give me his address, telephone number and place of employment?

MR. SANCHEZ

I live at 679 Villa Rosa in King City. My telephone is 831-666-4235. I work in the fields.

Thank you, but who do you work for?

Well, I don't know. They come pick me up every day. I work with my brother. He arranges everything.

OK, we can come back to that. Now... (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation. THEN SWITCH INTERPRETERS.)

Remote interpreting script #2: Parent-teacher conference—English-only version

TEACHER

Hello, interpreter, my name is Rose Webster, I'm the algebra teacher. I'm here with Mrs. Cruz. Can you please tell her we're meeting today about her son's problems in math class?

MRS. CRUZ

Oh, yes. I know he has problems. But I don't know how to help him. I'm not good at math.

I understand, Mrs. Cruz. Well, I have some things I'd like to suggest. The school has resources for children who need extra help with math.

That's good. I hope they can help him. It's important that he does well in school.

What I want to do is refer him to the Resource Program and Math Intervention... (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation. THEN SWITCH INTERPRETERS.)

Remote interpreting script #3: Physical therapy— English-only version

PHYSICAL THERAPIST

Hello, interpreter, my name is Martin. I'm here with the patient Mr. Reyes. This is his first physical therapy appointment. Can you ask him how his shoulder is feeling?

MR. REYES

Hello. Well, I can barely move it. Every time I try to lift my arm up I feel pain so strong that sometimes I'm afraid I'll faint.

PHYSICAL THERAPIST

We're here to help you heal it. Can you raise your right arm slowly? Stop when it starts to hurt a lot.

MR. REYES

Ah! Up to here, no more.

Well, I see you have a very limited range of motion. (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation.)

Remote interpreting script #1:
Admissions—English-Spanish version

ADMISSIONS CLERK

Interpreter, can you please tell Mr. Sanchez that I need him to give me his address, telephone number and place of employment?

MR. SANCHEZ

Vivo en 679 Villa Rosa en King City. Mi teléfono es 831-666-4235. Trabajo en los fields.

Thank you, but who do you work for?

Pues, no sé. Me vienen a buscar cada día. Trabajo con mi hermano, él arregla todo.

OK, we can come back to that. Now... (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation. THEN SWITCH INTERPRETERS.)

Remote interpreting script #2: Parent-teacher conference—English-Spanish version

TEACHER

Hello, interpreter, my name is Rose Webster, I'm the algebra teacher. I'm here with Mrs. Cruz. Can you please tell her we're meeting today about her son's problems in math class?

MRS. CRUZ

O sí. Sé que tiene problemas. Pero no sé cómo ayudarle. Soy mala para las matemáticas.

I understand, Mrs. Cruz. Well, I have some things I'd like to suggest. The school has resources for children who need extra help with math.

Qué bien. Ojalá que le puedan ayudar. Es importante que le vaya bien en la escuela.

What I want to do is refer him to the Resource Program and Math Intervention... (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation. THEN SWITCH INTERPRETERS.)

Remote interpreting script #3: Physical therapy— English-Spanish version

PHYSICAL THERAPIST

Hello, interpreter, my name is Martin. I'm here with the patient Mr. Reyes. This is his first physical therapy appointment. Can you ask him how his shoulder is feeling?

MR. REYES

Hola. Bien, casi no lo puedo mover. Cada vez que trato de levantar el brazo me da un dolor tan fuerte que a veces temo que me voy a desmayar.

PHYSICAL THERAPIST

We're here to help you heal it. Can you raise your right arm slowly? Stop when it starts to hurt a lot.

MR. REYES

Ah! Hasta aquí, no más.

Well, I see you have a very limited range of motion. (Make static and interference noises, as if you had a bad telephone connection.)

(Now wait for the interpreter to manage the situation.)

Part 3: Check-back process for remote interpreting

- 1. Your instructors will demonstrate the check-back protocol. It is described in Section 18.3 of your training manual.
- 2. In your language groups, practice the brief role play scripts below using the check-back protocol.
- 3. Change interpreters after you finish the first role play script.

Check-back for remote interpreting role play Script #1: Victim compensation—English-only version

SOCIAL WORKER

Mrs. Aguilar, I'm here to help you apply for the victim compensation program. It can help pay for you to relocate to a safer place.

MRS. AGUILAR

OK, thanks a lot.

I need your current address and telephone number.

OK, I live at 1236 Park Street, Salinas. My telephone number is 325-398-9876.

(Wait for the interpreter to repeat back the numbers and interpret them.)

Great, thanks.

SWITCH INTERPRETERS HERE.

Script #2: A prescription — English-only version

DOCTOR

Mrs. Aguilar. You need to keep your arm in the sling for two weeks. I'm also prescribing Tylenol with codeine. It's a liquid drug. Take one capful every six to eight hours for the next three days.

MRS. AGUILAR

I'm a bit confused. How much am I supposed to take?

The dose is 36mg. The cap has a measuring line on it. Take one capful every six to eight hours, no more than that.

OK, now I understand. Thanks.

Check-back for remote interpreting role play
Script #1: Victim compensation—English-Spanish version

SOCIAL WORKER

Mrs. Aguilar, I'm here to help you apply for the victim compensation program. It can help pay for you to relocate to a safer place.

MRS. AGUILAR

OK, muchísimas gracias.

I need your current address and telephone number.

Bueno, vivo en 1236 Park Street, Salinas. Mi teléfono es 325-398-9876.

(Wait for the interpreter to repeat back the numbers and interpret them.)

Great, thanks.

SWITCH INTERPRETERS HERE.

Script #2: A prescription—English-Spanish version

DOCTOR

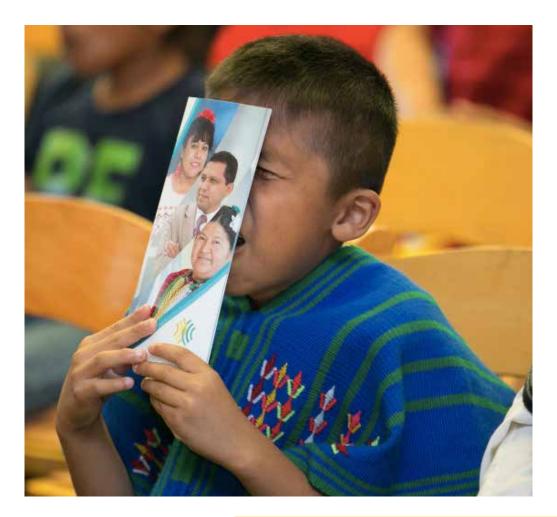
Mrs. Aguilar. You need to keep your arm in the sling for two weeks. I'm also prescribing Tylenol with codeine. It's a liquid drug. Take one capful every six to eight hours for the next three days.

MRS. AGUILAR

Estoy un poco confundida. ¿Cuánto es que tengo que tomar?

The dose is 36mg. The cap has a measuring line on it. Take one capful every six to eight hours, no more than that.

OK. Ahora entiendo. Gracias.







19.1

Learning Objective 19.1

Explore the impact of stress and trauma on interpreters.

Activity 19.1 (a): When I Was Upset

The purpose of this activity is to understand how intense experiences can affect us physically and emotionally.

Instructions

- 1. You will work in pairs.
- 2. Think of a time when you were deeply upset about something. Choose an experience that you feel comfortable sharing with your partner.
- 3. Tell your partner the story.
- 4. Now both of you can tell each other *how the experience* made you feel, in your body and your emotions. For example, were you sad? Mad? Scared? Shaky? Nervous? Did your heart race?
- 5. Write down some of those feelings.
- 6. When the instructor gives the signal, don't retell your story, but if you feel comfortable, share your feelings about the experience with the whole group.

Activity 19.1 (b): Stress and Trauma Matching Activity

The purpose of this activity is to understand some of the differences between stress and secondary trauma.

Instructions

- 1. There will be two big boards in the front of the room. One says "Stress" and one says "Secondary Trauma."
- 2. Your instructors will divide you into small groups of three or four.
- 3. Each group will have a few cards with common scenarios that interpreters face. They can be stressful or traumatic.
- 4. Working in your group, decide where your cards should be placed, under "Stress" or under "Secondary Trauma."
- 5. Once you have decided, tape the cards under the appropriate title.

Please remember that this exercise is not about "right or wrong" answers. Extreme stress over a long time can lead to trauma. But often certain kinds of symptoms, especially physical ones, might show that you are experiencing more than stress. Perhaps you are experiencing secondary trauma.

STRESS AND TRAUMA CARDS

- We need to renegotiate how many sessions we can interpret a day. Too much is too much.
- One time in the ER, the injuries were so severe I had to step out of the room.
- I've been having trouble sleeping for the past several weeks. I feel sad about the things I see on the job.
- I just don't understand diabetes patients who don't take care of themselves!
- Sometimes I think about how I can get back at that one doctor who is always making fun of my accent.

- I've been feeling really depressed lately, ever since I had to interpret for that three-year-old girl who was sexually abused.
- I'm thinking of switching jobs. Too many people here give me headaches!
- Interpreting for a three-hour appointment is exhausting.
- I haven't really been that hungry lately, especially before I go to work.
- Nothing really bothers me anymore. I can interpret for anything in the ER.
- I get really angry with a couple of the nurses who are racist.
- When I interpret for the NICU I get shaky and weak. Those poor little babies. Some of them die.
- My friends tell me I complain a lot about work.
- The other day I just "spaced out" when I was interpreting.
 I couldn't remember what was being said. It only happens when I interpret for violent patients.
- Sometimes when I get home I can be irritable with my family.
- Sometimes I get really paranoid when I drive home from interpreting at the women's shelter for domestic violence.

<u>19.2</u>

Learning Objective 19.2

Practice self-care before, during and after interpreting.

Activity 19.2: What Should the Interpreter Do?

The purpose of this activity is to become aware of actions that interpreters can take during intense assignments to protect themselves versus actions that can cause potential harm to the interpreter or others.

Instructions

- 1. In groups of three, act out the following role play.
- 2. After the role play is finished, look at the box on the next page, which has a list of some actions that an interpreter might do in this kind of situation.
- 3. In your groups of three, decide which actions belong to the "DO" list (which things you think that a professional interpreter should do) and which ones would go on the "DON'T" list (things that you think a professional interpreter should *not* do).
- 4. Decide: How do you *feel* about all the things you *shouldn't* do? For example, would you find it hard not to touch or comfort a client who was crying?
- 5. If you think that any actions in the box might help you feel better when you interpret in this kind of situation, mark them with a checkmark.
- 6. Now think about, and write down, anything you can do before the session or after the session to feel better. Feel free to look at Section 19.2 of your training manual.

	LIST OF POSSIBLE REACTIONS	DO	DON'T
•	Touch the client's shoulder to comfort her.		
•	Try hard not to cry, even if you want to.		
•	Just interpret everything.		
•	Tell the client that everything will be OK.		
•	Focus on taking notes while the client is telling her story.		
•	When the client asks you what she should do, give her advice.		
•	Feel the chair you are sitting in and the room you are in.		
•	Give the client advice about how to feel better.		
•	Take a few deep breaths while the client is speaking to calm yourself.		
•	Help wipe the client's tears.		
•	Focus on interpreting exactly what the client says.		
•	If the client cries, cry along with the client.		
•	Offer to go and have a cup of tea with the client after the session.		
•	During the hard parts of the story, remind yourself that you are only interpreting the story; you are not part of it.		
•	If necessary, look at something in the room, like the clock or a picture on the wall.		
•	When the provider has to step out for a few minutes, stay and comfort the client.		
•	Visualize something positive, such as hugging your children.		
•	Wiggle your toes and put both feet on the ground while you sit and interpret.		

Role play: A domestic violence victim statement

Note: This role play has strong content about domestic abuse. *Perform the role play only if you feel comfortable doing so.* The role play works best when the person who plays the client can act with a lot of feeling and make the situation feel *real*.

ADVOCATE

Hello, Ms. Vasquez. Thank you for coming today. I'm XXXX from the Crisis Intervention Center, and I'm going to help you fill out the paperwork to petition for a temporary restraining order. We call that a TRO. This paperwork will be submitted to the court. The judge will use what you write to help make the decision as to whether or not to approve the TRO.

MS. VASQUEZ

All right. I think I understand.

Right now, let's focus on your victim statement. This is the hardest part of the process. But it's also the most important. I need to know exactly what happened when your ex-boyfriend beat you. The more details you can give me, the more likely the judge is to approve your TRO.

(Looking panicked, speaks loudly.) But I've already given my statement about what happened to the police! Do I really need to say it again?

I'm afraid you do. I know it's upsetting. But we can take it slow and take lots of breaks. Are you ready to begin?

I guess so.

OK. Can you tell me exactly what happened when your ex-boyfriend attacked you last week?

Well. I was home by myself. Ever since we broke up, I've kept my doors locked. But I heard glass breaking and the door being opened. It was... It was awful... I didn't have time to hide. I didn't know what to do... (Starts shaking and grabs the advocate's hand.) Next thing I know, he's there in my bedroom. He was screaming at me. He came and grabbed my arm and hurt it. And he pulled my hair back and hit me in the face. But that wasn't the worst of it.

ADVOCATE

What was the worst?

MS. VASQUEZ

I'm not sure I can repeat it. No, I can't! It's too hard. (with increasing panic) No! I'm already having nightmares. (Starts crying.)

Well, let's wait on that for a bit, then. I need to you go back and give me more details about when your ex-boyfriend broke into the house. You said your doors were locked but you heard glass breaking. Where were you?

(Takes a deep breath.) I was upstairs in my bedroom. I can't lock that door, but I tried to block it with a chair.

I see. After you heard the glass break, you said he was yelling at you. What exactly was he yelling?

Uh. Swear words. Bad names.

Ms. Vasquez, I know this is hard, but I really need you to be as specific as possible. The judge needs to hear exactly what happened or he won't think your ex-boyfriend is as dangerous as he is.

Well, OK. He was screaming that I was a bitch and a whore. He came running upstairs and tried to get into the bedroom. He yelled through the door, you f-ing whore!

OK. And then when he got to your bedroom door, how did he get in? You said you had blocked it with a chair.

He, well, he just kicked the door really hard and the chair pushed back. I was terrified.

He came and grabbed your arm, correct?

Yes.

Where did he grab it?

MS. VASQUEZ

He grabbed my wrist and kind of pulled and twisted it. It made a funny popping sound. It hurt so much.

ADVOCATE

You said that hurting your arm wasn't the worst thing that happened. Can you tell me what that was?

(Looks down.) I'm not sure... (Breathes rapidly and sounds panicked.) When he grabbed my arm, he threw me down on the bed. And... and... And, well, he tried to suffocate me.

Can you tell me exactly what he did? How did he try to suffocate you?

(Getting calmer, with a flat voice, showing no emotion.) Well, he pulled me down so I was lying on my back. Then he... He sat on top of me and held my arms down with both my wrists in one hand.

(Demonstrates.) You mean like this?

Yes, just like that. So, he had both my wrists in one hand and he grabbed a pillow with the other one. He put it over my face so I couldn't breathe. It was horrible. He was so strong.

That is really scary and horrible, Ms. Vasquez. I'm so sorry to ask you for more details, but can you tell me how long he held the pillow over your face? And how you got away?

I don't really know. I was struggling like crazy. I think his knee kind of slipped off the edge of the bed. I was able to push him off me. He fell to the floor.

OK. But how did you get away from him?

I ran past him when he fell to the floor. I was able to run out of the room and hide in the coat closet by the front door. Then I called 911... Can we stop now? I don't really think I can do much more.

OK. Let's take a break.

<u>19.3</u>

Learning Objective 19.3

Write a self-care plan.

Activity 19.3: Write a Self-care Plan

The purpose of this activity is to learn how to write goals and objectives to build a self-care plan that can change the interpreter's behavior and create good self-care habits.

Instructions

- 1. Work by yourself for this activity.
- 2. Read through the list of self-care activities on the following pages.
- 3. Using that list, choose actions from it and add anything else that might help you feel good. Fill in your self-care plan with activities that you like and enjoy.
- 4. In each section, write at least one objective that is realistic (that you can do in a realistic amount of time and that fits with your schedule and lifestyle).
- 5. An activity should have a 70 percent likelihood that you will carry it out—or it is probably not realistic. If it is not realistic, don't include it.
- 6. Remember that self-care is supposed to be fun, not punishment. Avoid activities you do not enjoy at all.

Examples of self-care goals

- 1. I want to get more sleep.
- 2. I want to be in better shape.
- 3. I want to feel more relaxed when I go to stressful assignments.

Examples of self-care objectives (specific and measurable, with a time attached)

- 1. I will go to bed at the same time each night without looking at electronic devices for two hours before bedtime.
- 2. I will take three walks of 20 minutes each on Mondays, Wednesdays and Fridays with my dog and my friend Grace right after work.
- 3. I will practice a breathing exercise in the car two times before I go to a stressful interpreting assignment.

Examples of "before, during and after the assignment" objectives (specific and measurable, with a time attached)

Before the assignment

- Before every assignment, I will sit for one minute and breathe in and out, deeply.
- I will leave for each assignment 30 minutes early so I will not be late.
- Before a stressful assignment, I will talk to my supervisor and ask for advice.

During the assignment

- I will sit in a place where I feel safe and can focus on interpreting.
- If I get upset, I will put my feet on the floor and wiggle my toes in my shoes.
- If the story is about violence or abuse, I will focus on note-taking and interpreting.

After the assignment

- If I am upset, I will take a 10-minute walk outside and breathe the outside air deeply.
- If I am confused by what happened, I will talk with my supervisor.
- If I feel traumatized, I will go home and have a nice dinner with my family to focus on the good things in my life.

Examples of activities (that you could turn into objectives)

- Seeing friends more often.
- Eating less sugary foods.
- Watching movies with my family, spouse or a friend.
- · Reading books.
- Meditating.
- Singing.
- Dancing.
- Playing with my children.
- Taking weekend trips to the beach.

- Riding my bike.
- Cooking meals for friends.
- Sitting in the yard and watching the birds and animals.
- Taking a few deep breaths.
- Walking around the building for five minutes before long assignments.
- Arriving at assignments early.
- Taking afternoon naps.
- Listening to music.

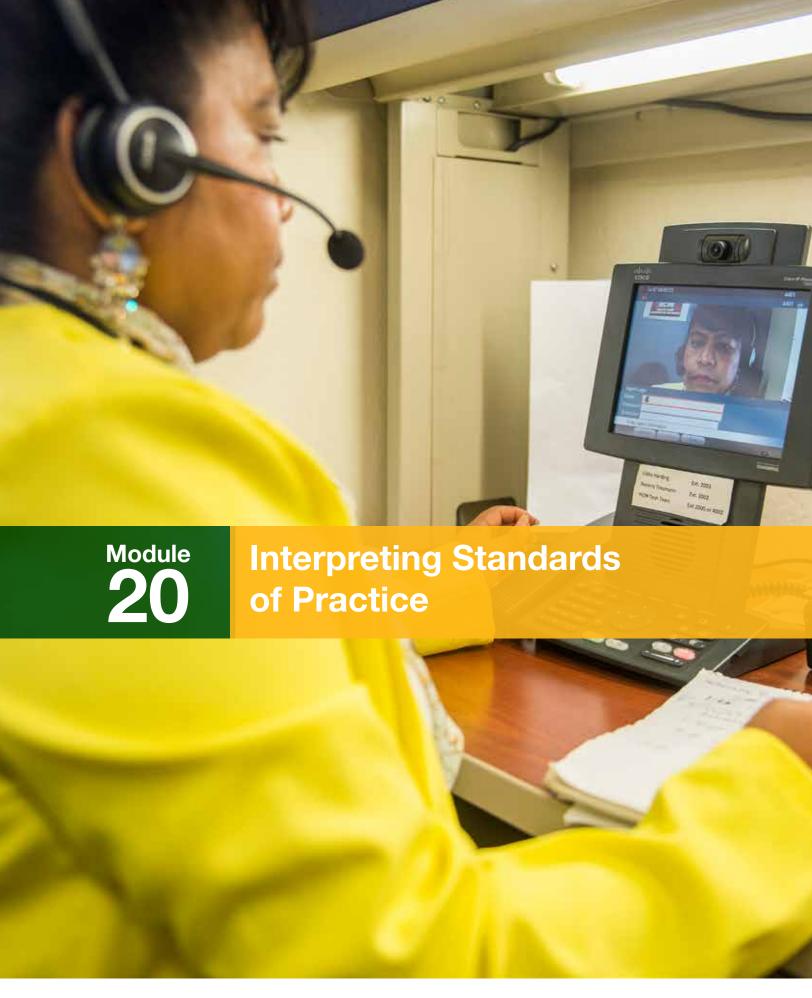
Note: In the table below, there is no connection between the left column and the other three columns. In other words, keep them separate in your mind. The left column is about future goals for your well-being. The three short-term goals columns are only for before, during and after the assignment.

EXAMPLE

SELF-CARE PLAN FOR COMMUNITY INTERPRETERS					
LONG-TERM GOALS	SHORT-TERM GOALS				
1. ACTIVITY AND EXERCISE	BEFORE THE ASSIGNMENT	DURING THE ASSIGNMENT	AFTER THE ASSIGNMENT		
Goal: Walk more often. Objective: I will take a 20-minute walk with my dog three times a week after work (Mon, Wed, Fri).	Goal: Focus on deep breathing. Objective: I will do two deep breathing exercises in my car or the waiting room before each assignment.	Goal: Stay calm during intense sessions. Objective: During an intense session, I will focus on note-taking and the feel of my pen and pad to ground me.	Goal: Connect more often to my friends. Objective: After tough assignments, I will telephone or text at least two friends and make plans to see or talk to them as soon as I can.		

SELF-CARE PLAN FOR COMMUNITY INTERPRETERS				
LONG-TERM GOALS	SHORT-TERM GOALS			
	BEFORE THE ASSIGNMENT	DURING THE ASSIGNMENT	AFTER THE ASSIGNMENT	
1. ENOUGH SLEEP	Goal:	Goal:	Goal:	
Goal:	Objective:	Objective:	Objective:	
Objective:				
2. EATING WELL	Goal:	Goal:	Goal:	
Goal:	Objective:	Objective:	Objective:	
Objective:				
3. ACTIVITY AND EXERCISE	Goal:	Goal:	Goal:	
Goal:	Objective:	Objective:	Objective:	
Objective:				
Objective.				
4. RELAXATION	Goal:	Goal:	Goal:	
Goal:	Objective:	Objective:	Objective:	
Objective:				





20.1

Learning Objective 20.1¹⁶

Review and understand the NCIHC healthcare interpreting standards of practice.

Activity 20.1: NCIHC Healthcare Interpreting Standards of Practice

The purpose of this activity is for interpreters to apply the standards of practice to their own interpreting experiences.

- 1. Work in groups of four.
- 2. Using your copy of the NCIHC standards of practice,¹⁷ read through the 32 standards for healthcare interpreting.
- As a group, decide which three standards surprise you most. (Just write down the number of the standard, for example, #25 or #17.)
- 4. Next, as a group, decide which three standards you think are most difficult to follow.
- 5. Now, write down which three standards you think will *help* you most after you complete this training.
- 6. Write down your group's answers in the space below the questions or on the paper provided by your instructor.

¹⁶ All the activities in this section, except Activity 20.3, were adapted from Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., Socarrás-Estrada, D. & Dallmann, H. (2015). *The Community Interpreter®: An International Workbook of Activities and Role Plays.* (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press, pp. 218-221. Used with permission.

17 *National Standards of Practice for Interpreters in Health Care*, published in 2005 by the U.S. National Council on Interpreting in Health Care, can be retrieved from www.ncihc.org

Which standards most surprised your group? Briefly explain why. Write down everyone's suggestions.			
Which standards does your group think are hardest to follow? Brieflexplain why. Write down everyone's suggestions.			
Which standards does your group think will help you the most?			
Briefly explain why. Write down everyone's suggestions.			

20.2

Learning Objective 20.2

Apply the NCIHC standards of practice to common challenges in healthcare interpreting.

Activity 20.2 (a): Ethics and Standards Activity

The purpose of this activity is to become familiar with the 32 standards in *A National Code of Ethics for Interpreters in Health Care* published by the National Council on Interpreting in Health Care and see how they relate to ethical principles.

- 1. Work in pairs or groups of three.
- Your instructor will place the names of the nine NCIHC ethical principles on the floor or on tables around the room. These nine names are accuracy, confidentiality, impartiality, respect, role boundaries, professional development, professionalism, cultural awareness, advocacy.
- 3. Each group will be given several strips of paper and a number. Each strip has one of the 32 standards of practice¹⁸ written on it and a number that identifies which group got those strips.
- 4. In your group, decide which ethical principle each standard belongs to.
- 5. Get up and place each standard next to the appropriate ethical principle.
- 6. When all the groups have finished, the instructor will point out which standards were placed differently by NCIHC.
- 7. Each group will be given the chance to try to put the standards under the appropriate NCIHC ethical principle.
- 8. The whole group will then discuss the activity.
- 9. Remember that one standard can support several different ethical principles. So even if your answer was "wrong"—it was probably "right" too!

¹⁸ See the previous footnote to download and print the 32 standards of practice.

Activity 20.2 (b): Using the Standards

The purpose of this activity is to apply the 32 standards of practice discussed in the previous activity to common situations in community interpreting.

- 1. Work in pairs.
- 2. Together, read the examples on the following pages of common interpreting practices.
- Decide whether the practice is something community interpreters should always do (it's always acceptable), sometimes do (it's sometimes acceptable) or never do (it's never acceptable).
- 4. If you choose "sometimes," write a brief explanation of when or why the practice is sometimes acceptable.
- 5. In the fifth column, write down the number(s) of any of the 32 NCIHC standards of practice that seem to apply to your decision. (Just write down the *numbers* of the standards, for example, #21 or #3.)
- 6. When you have finished filling out the table, your instructor will discuss the answers with the entire group.

DILEMMA	ALWAYS ACCEPTABLE	SOMETIMES ACCEPTABLE	NEVER ACCEPTABLE	Which NCIHC standards help you decide or are important here?
1. EXAMPLE: Interpret everything said by all parties in the session.	X	Exceptions include emergencies or when many people are speaking at once.		#1, #2, #4, #5

DILEMMA	ALWAYS ACCEPTABLE	SOMETIMES ACCEPTABLE	NEVER ACCEPTABLE	Which NCIHC standards help you decide or are important here?
2. If the patient or client asks your opinion about the service, you should give it.				
3. If the provider forgets to say something important about the service, you should add it.				
4. Always maintain confidentiality.				
5. It is all right to accept small gifts from patients or clients.				
6. Ask the parties you are interpreting for to address each other and not you.				
7. Always interpret body language, gestures and facial expressions.				
8. If a provider is using complex language, the interpreter should simplify it.				

DILEMMA	ALWAYS ACCEPTABLE	SOMETIMES ACCEPTABLE	NEVER ACCEPTABLE	Which NCIHC standards help you decide or are important here?
9. After a difficult session, it's all right to tell a close friend or family member a few details of what happened.				
10. Always use direct speech (first person) when you interpret.				
11. If you are available, you should interpret for your friends and family members.				
12. When you interpret, you should use a tone without much emotion.				
13. You can tell friends or colleagues about a public event you interpreted before, such as a school presentation.				
14. Interpret all the fillers (small noises, like eh, uh, um) that the doctor or patient says.				

DILEMMA	ALWAYS ACCEPTABLE	SOMETIMES ACCEPTABLE	NEVER ACCEPTABLE	Which NCIHC standards help you decide or are important here?
15. Instead of sight translating a complex, long legal form, ask the provider to explain it and interpret the explanation.				
16. You can withdraw from an assignment if you are morally against the service being given (such as an abortion).				
17. When a client is treated unfairly, show him how to make a formal complaint.				
18. If you have been interpreting for a long time and feel tired, ask for a break.				
19. Explain the patient's cultural beliefs if a provider asks you to.				
20. The teacher asks you to sight translate the new special education treatment agreement and leaves the room, saying she'll be right back.				

Activity 20.2 (c): Standards of Practice Group Role Play

The purpose of this activity is to get a clear understanding of how standards of practice can improve interpreter performance by giving interpreters clear guidance.

Instructions

- 1. Work in small groups of three or four.
- 2. Use the NCIHC standards of practice handout that your instructor gives you.
- 3. In your groups, choose one standard of practice and create a brief role play in which the interpreter *violates* the standard of practice.
- 4. Each group will perform their role play for the whole class.
- 5. After you are done, the class will try to guess which standard of practice your group chose to act out.
- If the class cannot guess correctly, the instructor will help them with clues. Don't tell the class which standard you chose until the instructor says you may.



Learning Objective 20.3

Discuss the work and role of the cultural liaison.

Activity 20.3: The Cultural Liaison Role¹⁹

The purpose of this activity is to clarify some of the similarities and differences between community interpreters and cultural liaisons, because many people do both jobs.

¹⁹ Note: This activity is optional and not part of the 63-hour interpreter training.

- 1. In small groups, discuss each of the activities below.
- 2. Decide whether each activity, yes or no, is within the role of the community (or healthcare) interpreter.
- 3. If not, decide whether the activity could be part of the role of the *cultural liaison*.
- 4. Write your group's answers down in the table.
- 5. Be prepared to discuss the reasons for your decisions.

	ACTIVITY	WITHIN THE ROLE OF THE HEALTHCARE OR COMMUNITY INTERPRETER? DESCRIBE WHY.	WITHIN THE ROLE OF THE <u>CULTURAL</u> <u>LIAISON?</u> DESCRIBE WHY.
a.	Help a client or patient set up the next appointment.		
b.	Sight translate forms for an indigenous person.		
C.	Assist that person with filling out forms.		
d.	Explain how to get to another appointment.		
e.	Help a client find a provider to answer questions.		
f.	Tell a provider who asks you about a certain cultural issue that there are many beliefs about it and you'd be happy to interpret any questions to the patient.		

	ACTIVITY	WITHIN THE ROLE OF THE HEALTHCARE OR COMMUNITY INTERPRETER? DESCRIBE WHY.	WITHIN THE ROLE OF THE <u>CULTURAL</u> <u>LIAISON?</u> DESCRIBE WHY.
g.	Refer the client to another service for help (if you have permission in writing to provide this type of referral).		
h.	Take a client who asks you about public transportation to the receptionist and interpret the question.		
i.	Find information about public transportation to give to that client.		





