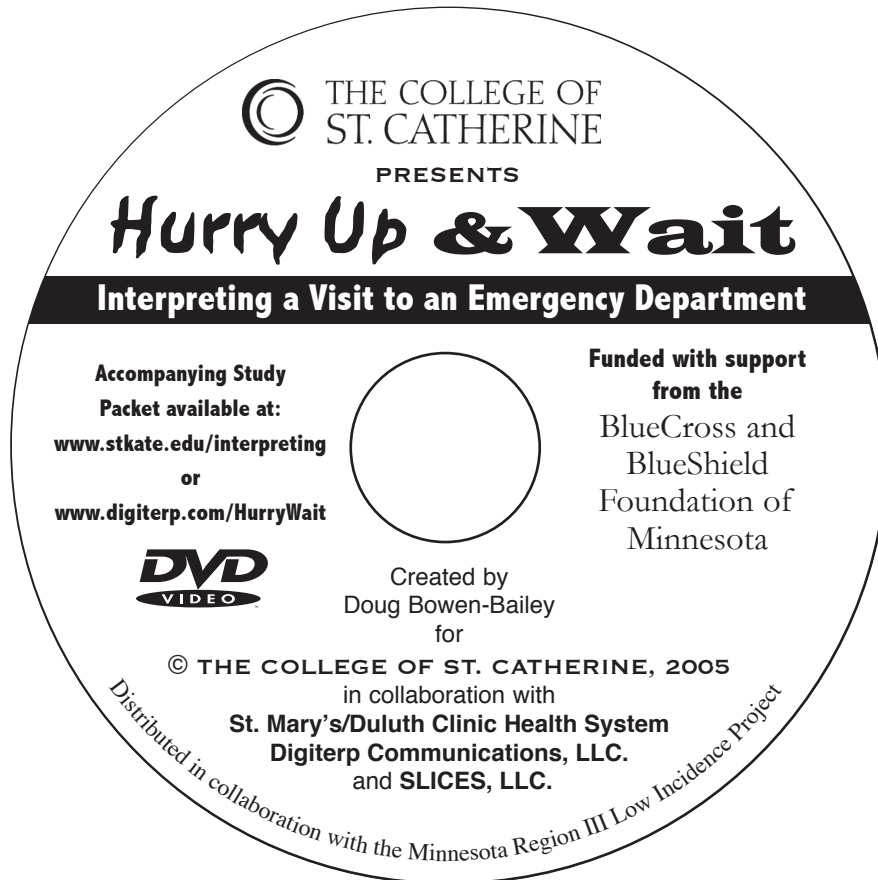


*An Independent Study Packet*  
accompanying the DVD **Hurry Up & Wait**



Study packet created by  
Doug Bowen-Bailey  
for  
**THE COLLEGE of ST. CATHERINE**  
in collaboration with  
**St. Mary's/Duluth Clinic Health System**  
**Digiterp Communications, LLC. and SLICES, LLC.**

**Funded with support from the**  
BlueCross and BlueShield Foundation of Minnesota

*Worth up to 2.0 CEUs as an Independent Study for RID's CMP/ACET Program.*

FOR MORE INFORMATION, AND UPDATED VERSIONS OF THIS PACKET, VISIT:  
[www.stkate.edu/interpreting](http://www.stkate.edu/interpreting) or [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait)

© COLLEGE OF ST. CATHERINE, June 2005. *Permission to reproduce hereby granted.*

*Hurry Up & Wait: An Independent Study Packet for Interpreting a Visit to an Emergency Department* by Doug Bowen-Bailey.

Copyright © 2005 by The College of St. Catherine.

### **About the Copyright**

This resource is created with funding support from the BlueCross BlueShield Foundation and is designed for interpreter education. License is hereby granted to reproduce both the DVD and the study packet so long as they are not sold for a profit and credit is given to their creators.

### **Companion DVD information**

This packet is distributed with the DVD *Hurry Up & Wait* by the College of St. Catherine. If you obtained this packet without the DVD, visit [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait) for ordering information.

### **Earning CEUs through RID's CMP/ACET Program**

To earn CEUs, you need to have an independent study plan accepted by work a Sponsor who deals with independent studies. To find a sponsor, visit: [www.rid.org/cmppsp.html](http://www.rid.org/cmppsp.html). There is a sample Independent Study Plan in Appendix J. You need to have a plan approved before you begin the independent study.

# Table of Contents

<b>4</b>	<b>An Introduction – Getting Started</b>
<b>5</b>	<b>Pedagogical Framework for an Independent Study</b>
<b>7</b>	<b>Preparing for the Context</b>
<b>8</b>	<b>Accepting an Assignment</b>
<b>10</b>	<b>The Relationship Between Consecutive and Simultaneous Interpreting</b>
<b>14</b>	<b>Interpreting the Initial Interview</b>
<b>18</b>	<b>Interpreting the EKG</b>
<b>20</b>	<b>Interpreting the Physician’s First Evaluation</b>
<b>22</b>	<b>Interpreting a Blood Draw</b>
<b>23</b>	<b>Interpreting the Physician’s Assessment</b>
<b>24</b>	<b>Interpreting Discharge</b>
<b>26</b>	<b>Final Reflections</b>
<b>26</b>	<b>References</b>
<b>27</b>	<b>About the Author and Acknowledgements</b>
<b>28</b>	<b>Appendix A: Reflecting on Preparation</b>
<b>29</b>	<b>Appendix B: Preparation on the Web</b>
<b>30</b>	<b>Appendices C–H: A Vygotskyan Framework for Observation</b>
<b>36</b>	<b>Appendix I: Time Documentation Sheet</b>
<b>37</b>	<b>Appendix J: Independent Study Plan for CMP/ACET Program</b>

## An Introduction

It's 2:30 A.M. and the phone rings. Interpreter referral or the hospital is on the line. Is it possible for you to go the emergency department of your local hospital? A Deaf patient has just arrived and is in need of interpreting services. Are you ready, willing, and able to go provide this much needed service?

In working with this packet and the accompanying DVD, *Hurry Up & Wait*, I hope that you will be more likely to both respond to the need and do it with more confidence and competence. Essentially, this resource provides you the opportunity to learn about interpreting in an emergency department on your own time and without having anyone's health at stake.

In part, this resource is also a response to a shift of perspective in the field of interpreter education. For the most part, our field has historically focused on interpreting *texts*, the words or signs produced by people to communicate. New research and understanding is expanding this to see the interpretation of texts happening within the work of the interpretation of interactions. Our work with language happens in the midst of social discourse within given contexts and that all the factors that accompany these settings affect the meaning of text, and therefore affect its interpretation. With this focus on discourse and interaction, our field is also reassessing the relationship between consecutive and simultaneous interpreting and how appropriately using these different approaches can lead to more effective interpretations and interactions.

"Hurry Up & Wait" is intended to provide support to interpreters and programs who are wanting to explore interactions which occur in the emergency department of a hospital. This accompanying packet gives some suggestions for how to do that, but it should not be seen as the only way to work with the video on the DVD.

### Getting Started:

Before beginning to work, be sure you collect the necessary equipment and materials so that you are prepared to complete all the activities.

- *Hurry Up & Wait DVD*. For information on ordering visit, [www.stkate.edu/interpreting](http://www.stkate.edu/interpreting) or [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait).
- *DVD Player or Computer with DVD-ROM drive*. A standard DVD player needs the remote control for navigating the menus.
- *Computer with Internet Access*. For accessing background information for preparation.
- *Video camera*. Used for self-evaluation and analysis of your own interpreting work.

### Other Resources for Preparation

The scenario on this DVD shows a Deaf patient with symptoms related to the cardiovascular system. If you wish to do some preparation prior to working with *Hurry Up & Wait*, the College of St. Catherine has produced CD-ROM materials

#### For Deaf Interpreters

*This video all has English subtitles. You can turn the subtitles on on the Main Menu page.*

*This means it is possible for you to work with these situations from the original English source language.*

*You also can choose to work from the interpretation pausing the video when necessary to allow time for creating your own interpretation.*

which can assist you. “To the Heart of the Matter” and “Internal Discussions: An Appointment in Cardiology” respectively feature discussions of the cardiovascular system in an academic and clinical setting. In addition, a free independent study packet, *Steps to the Beat*, is available for working with these two resources. For more information on this, visit: [www.stkate.edu/interpreting](http://www.stkate.edu/interpreting).



## Pedagogical Framework for an Independent Study

This study packet is designed to be used in a variety of settings. It may be used by an individual, in a study group, in a mentoring relationship, or in an academic classroom. Each application may require some modification to be most effective in a given situation. In a broad sense, the format of this study packet draws on the ideas of Lev Vygotsky, a Russian psychologist whose work is having significant influence on approaches in interpreter education. With the risk of oversimplifying, one aspect of Vygotsky’s ideas is that learning is a mediated and social process meaning learning takes place in relationship with others. Moreover, Vygotsky suggests that developmentally, learning takes place in three steps:

- 1: Working with object:
- 2: Working with other; and
- 3: Working with self.

### Step 1: Working with Object

This step involves significant struggle. A learner needs to engage with the activity, in this case, interpreting in a scenario in an emergency department. While learners may be challenged beyond a place where they are able to feel success, that is not what is intended. Instead, this study packet hopes to set up what Vygotsky terms a Zone of Proximal Development, that is, an area where you can struggle with new material, but where you also have enough support so that learning, and not frustration, results from the struggle. This process of struggling with “the object” gives learners the experience to make their subsequent work more meaningful. To be specific, as you approach working with this DVD, it may be tempting to start off just watching the sample interpretations. However, the process of creating an interpretation first gives you needed experience which allows you to observe the interpretation in new ways. In many ways, this personal experience “plows the field” of your mind, by identifying areas to focus on in your work and preparing you for learning new approaches.

### Step 2: Working with Other

This step focuses on learning being a mediated process that happens in relationship with someone or something else, such as a teacher, mentor, colleague, or a resource such as this DVD and study packet. Regardless of the format of the *other*, it’s critical to recognize that the learning happens because of the student’s activity. That is, the learner is actively engaged in determining what needs to be learned. After a learner has struggled with something, and has the desire to improve, through a rela-

### Another Influence

*There are too many influences for this project to practically name, but one worth mentioning is the theoretical framework of the Demand-Control schema based on the work of Robyn Dean and Robert Pollard. While not explicitly talking about the schema in this work, I do make reference to demands and controls and the schema provides an excellent lens for looking at the work of an interpreter as a practice professional.*

*For more information on the D-C schema, visit the University of Rochester’s Deaf Wellness Center’s web site at: [www.urmc.rochester.edu/dwc](http://www.urmc.rochester.edu/dwc).*

**On Consecutive and Simultaneous**

*These terms are used to describe how the video is formatted and represents the degree of control that you have over the timing of the interaction. It is important to note that through this process, you may determine that a more consecutive approach is called for in certain segments of the situation. In the third step, even though it is described as being “Simultaneous,” you should feel free to pause the video during these times to allow yourself sufficient processing time to create an effective interpretation.*

*These ideas are explored in more depth in the section on the Relationship between Consecutive (CI) and Simultaneous Interpreting (SI), but I want to include this caveat here to recognize that CI is both a building block for developing the skills needed for SI and an essential approach in certain situations.*

relationship with some outside person or resource that can help them address identified deficiencies, they are able to move forward with their understanding. In the case of this Independent Study, the other is the *Hurry Up & Wait* DVD which has sample interpretations and other resources you can use to develop your knowledge and linguistic capacity. The study packet will give you concrete ideas and strategies for how you can move forward in your interpreting work.

**Step 3: Working with Self**

After getting the support of other people and resources, it is time to apply it in your own work--which is the true test of how much you have learned. Within this framework, there are opportunities for you to interpret the situations using the same timing as the original interaction. Before you get to that point, there will be a significant number of supports in place to build your understanding of the situation and strategies for interpreting in this type of settings.

Of course, the true test really comes when you accept an assignment to interpret a visit to an emergency department, and you deal not with video, but with actual patients and health care professionals. My hope is that this packet will get you to a point where you are more confident and competent to take on those challenges.

**Applying This Framework with Interpreting Interaction**

*Hurry Up & Wait* is designed in a format applying this Vygotskian framework. Most of the interactions come in three forms: the first is formatted for consecutive interpreting; the second shows a model interpretation, and the third is formatted for simultaneous interpreting. Working consecutively is an opportunity for you to work in a controlled way with the situation (without having access to all of the dynamics of the interaction because you were not present at the filming and you cannot see the interpretation). This equates to the first step of “Working with Object.” It gives you the chance to find out what challenges you face in working with the text.

Knowing these challenges, you are more prepared for moving on to “Working with the Other,” which equates to observing a model interpretation. Finally, you can attempt to apply your learning by interpreting in a simultaneous format. This represents the step of “Working with Self,” though it happens in a setting with which you are familiar and have rehearsed. Hopefully, this format, when you actually get out on your own, will prove to be beneficial in your interpreting work.

In the lessons focused on Observation of Interpretations, the framework I suggest is listed as Vygotskian. In this process, you use the experience of your interpreting in a consecutive format as the first step in Vygotsky’s progression of Working with Object, Other, and Self. Drawing on your experiences of what was salient, that is what stood out for you in interpreting the situation, you can focus your observation to see how another interpreter managed those parts of the interaction. In this way, you are actively involved in determining what it is you want/need to learn--and then work with the sample interpretations in ways that move you further down your path to the interpreter you are working to become.



## Preparing for the Context

The environment of an emergency department provides a diverse set of demands for an interpreter. As the title of this resource suggests, it can be a place of intense activity with many things happening all at once. It can also be a place of much waiting, whether for other patients who have more critical medical needs; waiting to go for procedures like an x-ray or CT-scan; and then waiting for the results of these tests.

The popular television series, *E.R.* focuses on the “hurry up” part, and while being able to act and think quickly is an important skill for this setting, so too is the ability to wait patiently. Perhaps because it does not make for such good filming, this resource, like *E.R.*, focuses on the periods of an emergency room visit that have interaction between the patient and medical staff. However, it is important to keep in mind that there are interludes between the different segments that would be filled with waiting.

### Action Moment – Step 1: View the Video Tour of St. Mary’s Emergency Department

On the DVD, go to the “Tour of the Emergency Department,” which is given by Linda Way, the director of Emergency Services and Life Flight for St. Mary’s Medical Center in Duluth, Minnesota. Play the video, which is 8:25 in length.

### Action Moment – Step 2: Take a Tour of Your Local Emergency Department

If you have not interpreted there in the ER yet, call your local hospital to see if you can set-up a tour of their emergency department. Explain that you are working on developing your competency to interpret in emergency settings and that a tour of the facility would be of help. (Generally, I have found that hospitals are very accommodating because they need quality interpreting services.) *This would be an excellent thing to do as a small group of interpreters.*

Questions for Reflection:

- In your local hospital, how was the setting similar or different from the St. Mary’s in Duluth?
- What is the role of triage in the admission process? If a patient has already gone through triage when you arrive, what questions might you ask to assist in your preparation before going into the patient care room?

### Being Prepared: Stocking Your Tool Kit

As someone who has received many calls from emergency departments (at all times of the day and night), I have some suggestions for items to include in an interpreter’s tool kit. Some of these may seem obvious, but I include them just to see how they fit into the emergency setting.

#### Doing Your Reflection

*Use Appendix A in the back, write them on a computer, or video-tape them if you prefer to do them in ASL. Choose whatever is most helpful for you in reflecting.*

*If you are doing this as an Independent Study for CEUs, your sponsor may wish to see documentation of your work and learning. These reflections may be part of what you will agree to provide as documentation.*

**An ER Interpreter's Tool Kit**

1. *Water Bottle*
2. *ID Badge/Proof of Certification*
3. *Energy Bar*
4. *Book/Laptop/ Journal*

*See the text for an explanation of why each of these items are important.*

- *Water Bottle:* Often, the emergency department staff will offer interpreters coffee or water. However, having water accessible is important to continue to function effectively, especially if the visit turns out to be a prolonged one.
- *ID Badge/Proof of Certification:* Having a picture ID badge can be an important tool for quickly letting the people at the information desk know who you are and allowing you to gain quick access to the patient care area. Particularly if you are working at a hospital for a first time, it may be important for you to prove your level of certification. As the result of litigation related to access for patients who are Deaf, Hard of Hearing or DeafBlind, hospitals are more sensitive to the need to hire qualified interpreters, and be able to document that this happened. You may be asked to have your certification documentation photocopied and included with a patient's chart.
- *Energy Bar:* As Linda Way explained, working in the ER with an empty stomach can lead to becoming sick. I find that having an energy bar, such as an athlete would use, can give me the necessary calories which both keep me from getting sick and give me the energy to keep working even late into the night. They are easy to carry with you, and easy to eat unobtrusively while waiting between times when you need to interpret.
- *Book/Journal/Laptop:* Because there can be long periods of waiting when there is no interaction with medical staff (and a patient may be asleep during this time) it is important to have something to do to keep yourself occupied. While you may just choose to read whatever magazines are available in the examination room, I find it helpful to bring either a book, journal or even a lap top computer to work on. Whatever you bring needs to be something that you can put down at a moment's notice in case you are called on to interpret. I often do not ever take this out of my bag, but there are times when it allows me to keep busy during longer waiting periods so that I keep from being impatient.



**Your Assignment Should You Choose to Accept It...**

Imagine that you are at dinner. The phone rings and it is the local hospital on the line informing you that they have a Deaf patient at their emergency department and are in need of an interpreter. What questions do you need to ask prior to accepting the assignment?

Given the realities with privacy concerns and confidentiality, it is important to gather information needed to make your decision with as much discretion as possible.

Here are some questions that I ask in order to gather information I see as critical to both accepting the assignment and mentally preparing for it if I choose to go. I ask them in this general order to limit the amount of information I get if I do not



choose to accept the job.

1. How critical is the patient?
2. How long have they been waiting?
3. Is it a situation appropriate for a male interpreter?
4. If child care or other issues present a challenge for me going, how many other interpreters have been called prior to my being contacted?
5. What is the name of the patient and what is the specific reason for their coming to the emergency department?
6. I also give them an estimate of how long it will take me to make it to the hospital. If I have a commitment that makes it impossible for me to get there within 15-20 minutes, I usually let them know that right away so they might call another interpreter if they feel that those early minutes are crucial.

At times, the person making the call may not have the information to answer all of these questions. And I do not always ask them all. (Part of it depends on what is happening for in my own life at the time of the call.)

One thing to raise here related to interpreting in emergency settings is what Eileen Forestal (2005), an interpreter educator from New Jersey, calls the “Messiah Trap.” It is important to recognize that if we feel we are the only option in these situations, we run the risk of falling into the trap of accepting assignments for which we truly are not qualified. We may also accept jobs at times when we are not mentally or physically up to the challenge. So, for those of us who are already interpreting in these settings, we need to do the work of identifying other individuals who are qualified and willing to work in these settings and make sure they have been called before we accept an assignment that we should not take. For those who have not started interpreting in ER settings, know that you are a welcome addition to the list of people willing to do this work, but that you are not alone and be aware of the other resources out there as you make decisions about whether to accept particular assignments.

Given all that, you have decided that for this given setting, you have not fallen into the messiah trap, and you are both qualified for and willing to provide interpreting in the emergency department. Here is the information you have received:

*The Deaf patient is a 70 year old male named Rudy Kurtovich. He is complaining of chest pain and a racing heart beat. He is not in an acutely critical condition, but they still need to assess whether he is having or had a heart attack. They have called 3 other interpreters and he has been waiting approximately 15 minutes. They have proceeded with registration and are doing their best at communicating while they wait for an interpreter to arrive.*

### Preparing for the Assignment:

In a real-life situation, you would probably not have time to do any background research. For ER calls, I generally just wrap up any loose ends at home, change into something appropriate, and head off to the hospital. I use the travel time to the hospital as an opportunity to predict what demands I might encounter in the situation related to both the medical symptoms and any previous experiences I have had with this particular patient.

#### Prep on the Web

*Fill in Appendix B with brief descriptions with what you found in your search of conditions and procedures in the A.D.A.M. Health Encyclopedia.*

However, this study packet does not require that you accept this assignment in the next 15 minutes. You have the luxury of doing more preparation now so that if a situation such as this actually does come up, you can simply mentally review what you know about it as you make your way to the hospital. So, before moving on to working with the video, please visit the accompanying site, [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait), and do some background research related to the symptoms that this patient is exhibiting. Follow the links to *Online Resources for Preparation*. This web site has links to the A.D.A.M. Health Encyclopedia on [MerckSource.com](http://MerckSource.com). This resource has both easy to understand text explanations as well as clear diagrams that give you a good sense of the anatomy so that it is easier to convey the information in a visual language.



### The Relationship Between Consecutive and Simultaneous Interpreting

*The following reflections come from my attempts at creating video resources which will support interpreters and educators in developing the competencies necessary for interpreting interactive discourse. As this is new for me (and for our profession) they are ideas undergoing evolution, and are designed to prompt your thinking about the relationships between Consecutive (CI) and Simultaneous (SI) interpreting. For a more in-depth introduction to CI, Carol Patrie (2004) offers an excellent one in her Teacher's Guide for: Consecutive Interpreting from English.*

In our profession, the majority of resources created have been monologic in nature. One person on camera delivering a talk in either ASL or English. This emphasis comes from several sources. Cokely (2003) explains three of these influences. First of all, it was a response to the RID Certification test which initially consisted solely of monologues. Second, interpreter education was influenced by professional dialogues with programs that prepared spoken language interpreters for working in conference settings where simultaneous interpreting of monologues was the principal task. Third, in the absence of commercially produced materials, the ease of creating monologues meant that programs could produce their own relatively inexpensively.

This primary emphasis on simultaneous interpretation of monologic discourse led

to a teaching sequence which moves from students having more control over time to less control over time. (Translation > Consecutive Interpretation > Simultaneous Interpretation.)

The result is that in many programs, the message taught is that CI is primarily a stepping stone to interpretation, rather than a viable option in its own right. Debra Russell (2002) challenged interpreter educators at the 2002 CIT conference to “reconstruct our views” and recognize the ways that our perceptions of CI might be negatively shaping the way it is used in practice. This section represents the reconstruction of my own views.

### **A Continuum of Approaches**

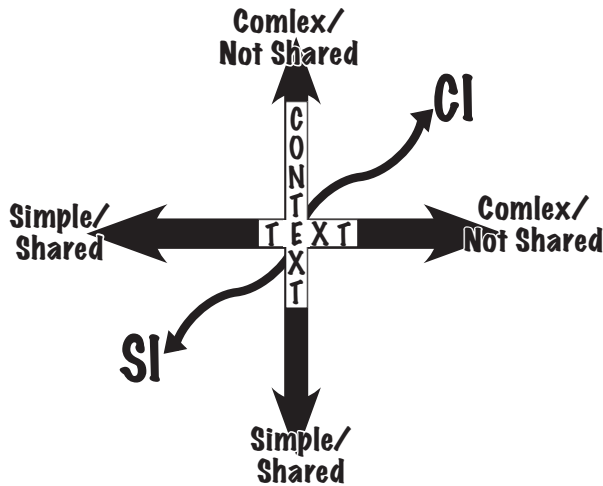
In April 2005, I gave my first workshop focused on the relationship between CI and SI. As with any time I am presenting on something for the first time, I learned much more than the workshop participants. (Not necessarily because they didn’t learn anything, but because I gained such a great deal of new insight.) In my explanation of the choice of whether to use CI or SI, and the ensuing questions from participants, I tried to talk about CI and SI as a “both/and,” rather than an “either/or” proposition. The point being that interpreters need to see both approaches as viable options. In the midst of this discussion, however, I became aware that discussing it in this way gave the false impression that there are only two choices: one either chooses the simultaneous or consecutive approach. Such a description doesn’t give any way to talk about the changes in approach an interpreter can make as discourse changes within a given situation.

What struck me is that just as our profession talks about a continuum of language use, so too do we need to think about the approach to interpreting in terms of a continuum. Based on the interplay of factors related to both the language and the context in which it is created, interpreters move along a continuum employing more or less processing time and exerting more or less control over turn-taking. At the CI end of the continuum, turns in communication are discreet. The speaker and signers agree to defer their natural turn-taking to the needs of the interpreting process. Humphrey & Alcorn (1995) define it as “the process of interpreting after the speaker/signer has completed one or more ideas in the source language and pauses while the interpreter transmits the information.” On the other end of the continuum, the process of interpretation exerts no control over the pacing and pausing of the participants. An interpreter uses minimal processing time and produces ideas in the target language at the same time as receiving more ideas from the speakers.

Approaches to interpreting are not, however, an all or nothing affair. We do not have to come to a doctor’s appointment, for instance, and decide in advance that we are going to do consecutive or simultaneous interpreting. Rather, interpreters have options to move along a continuum based on the nature of the interaction. In the beginning of the appointment, when a doctor is establishing rapport and asking about how a patient has been since they last saw each other, a more simultaneous

approach might be more effective. As the interaction begins focusing more on the technical nature of a condition or procedure, an interpreter might choose a more consecutive approach.

**Moving on the CI-SI Continuum**



What I am proposing here is a model for thinking about how we make those choices as an alternative to either/or thinking. An interplay between text and context shape the nature of interactive discourse. It is not just what is said, but where it is said, how it is said, and what the implications are for the participants that needs to taken into account in determining an approach. The diagram seeks to show this multi-faceted relationship in only two dimensions. On one axis, text is shown between simple and complex. Text that is complex is more likely to be effectively interpreted (or translated) consecutively. Text can also be shared or not, meaning that all the participants in the situation are familiar with the terminology being used or not. If all participants know the terms, then it is more likely an interpreter can work with less processing time. When the vocabulary is

not shared, an interpreter will need more processing time to do their work.

Working on this one axis, however, ignores that there is more than language at issue. The dynamics of the context and the relationship of the participants is also affected by the approach of the interpreter. And so, the second axis shows a context moving from simple to complex and shared to not shared. So, as the context becomes more complex or if certain perspectives and values are not shared, it may pull an interpreter closer to the CI end of the continuum, even if the language is simple.

**The Limits of Models**

*In looking at this graphic representation, it is important to realize its limits. What I am trying to describe is multifaceted, and cannot really be conveyed in two dimensions.*

*I hope that, despite its limitations, this model can help you to think about moving along the continuum between SI and CI in new ways that free you to create more effective interpretations.*

**On Shared/Not Shared and Simple/Complex**

While I am not totally satisfied with the descriptors with this model, they are the best I have come up with yet and will have to do until new ones are suggested. Many factors affect the choices that interpreters make related to the amount of processing time to use, and what is more important than adjectives are some descriptions of the features associated with each category.

The table on the next page provides an initial working list of features, and situations will have a combination of all of these. What I think is helpful about having a matrix such as this is that it gives us a way of thinking about how as the nature of texts or contexts shift, our position along the CI-SI continuum needs to adjust accordingly.

Russell’s research in the courtroom settings gives some examples of how these features can affect the choices that interpreters make. She gives the example of three different discourse frames: direct evidence offered by a Deaf witness, cross-examination of that same Deaf witness, and testimony by an expert witness.

**Table 1: Features of Text and Context**

<p><b>Simple/Shared Text</b></p> <ul style="list-style-type: none"> <li>• Simple linguistic structures</li> <li>• Conveys concrete ideas</li> <li>• What is being talked about and how it is talked about is familiar to both interpreter and participants</li> <li>• Standard use of language</li> </ul>	<p><b>Complex/Not Shared Text</b></p> <ul style="list-style-type: none"> <li>• Complicated linguistic structures (embedded clauses, etc.)</li> <li>• Technical information</li> <li>• Conveys abstract ideas</li> <li>• Unfamiliar to participants or to the interpreter</li> <li>• Non-standard usage of language by one or more participants</li> </ul>
<p><b>Simple/Shared Context</b></p> <ul style="list-style-type: none"> <li>• Setting is familiar to all involved</li> <li>• Shared cultures and values</li> <li>• Participants uncomfortable with pausing for interpretation. <i>Note: This is not necessarily related to being simple or shared but it contributes to the use of less processing time.</i></li> <li>• Focus on the dynamic of relationship between participants</li> </ul>	<p><b>Complex/Not Shared Context</b></p> <ul style="list-style-type: none"> <li>• More formal constraints on interaction</li> <li>• Setting allows for more natural chunking of information (such as one-on-one interaction)</li> <li>• More severe consequences for error</li> <li>• Participants more accepting of pausing for interpretation</li> <li>• Setting is not familiar to all involved</li> <li>• Participants (or interpreters) come from different cultural backgrounds</li> </ul>

In the first discourse frame, her evidence suggests that “consecutive interpreting allows the greatest degree of accuracy and the full telling of the narrative.” Let’s look at the features of the text and context which contribute to this choice. In a courtroom setting, there are formal constraints on interaction regulated by the judicial process, which makes all involved more likely to be accepting of the pausing required for a consecutive approach. In addition, the consequences of error are grave – so even if the language is more relatively simple, the complexity of the context guides the choice.

In the situation of direct examination, this covers material already introduced to the record, which means the text would be something with which the interpreter and all the participants are familiar. More significantly, however, the dynamic of the relationship between participants takes precedence over the concern for accuracy. In cross-examination, the goal of the attorney is to “pressure the witnesses into revealing information that may be contradictory to previous testimony.” Simultaneous interpreting more effectively helps cross-examining attorneys meet their goal. While CI might allow interpreters to create a more linguistically and technically accurate interpretation, it also affords the witnesses the time to compose their responses in a way that avoids some of the pressure of cross-examination. So, while accuracy is obviously still a concern, the other factors of the context guide interpreters to a more simultaneous approach.

In the third situation, testimony by an expert witness, Russell suggests that a combination of CI and SI is the most effective option. For portions in which the testimony is familiar and predictable, SI can lead to an accurate interpretation. However, at points where the “text was rich with technical data and contextually or culturally bound information,” CI provided the greater processing time required

### Videotaping Your Interpretations

*For your own evaluation and growth, I strongly suggest you videotape your work with these situations.*

*You may choose to videotape in a variety of ways. If you are working with a partner, you might want to have them pause the tape when you are working with the consecutive format.*

*You may choose to re-do a segment of the interaction before moving on to the next turn. Sometimes, the immediacy of re-doing something can help you more fully integrate a new idea.*

*Feel free to experiment with what is the most effective approach to taping your work.*

to accurately convey the information.

These examples in the courtroom settings show that interpreters must use the interplay of text and context to guide their choices. The same is true in the medical settings. In the different segments of the visit shown on this DVD, there is distinct evidence of this. As you approach working with the video, keep the interplay of text and context in mind. Look for examples of how things are simple or complex - shared or not - and what impact that has on the choices you would make in your approach.

### Putting Theory Into Practice

All of this provides a theoretical framework for working with this resource. In some ways, this DVD still maintains a “stepping-stone” model of CI because it was filmed using a more simultaneous approach and then edited to allow for the use of CI. Regardless, it is an opportunity for you to both use CI as a tool for developing more effective SI skills, and to evaluate the effectiveness of CI in its own right.

If you are interested in more focus on the relationship of CI and SI, Digiterp Communications is developing a study packet to accompany a new DVD entitled *Shifting Gears: ASL Texts for Consecutive and Simultaneous Interpreting*. This packet will work with interpreting monologues to develop some of the skill sets necessary for effective CI and also will help you assess the equivalence of interpretations using different approaches. That said, it is time for you to move on and begin working with the interactions that are on the *Hurry Up & Wait* DVD.



### Interpreting the Initial Interview

Now that you have accepted the assignment and done some background research, it's time to go. When you arrive at the hospital, you check in at the Information Desk and show them your interpreter badge. They send you to the back desk to find the patient's room. After checking in there, they tell you to go to Room 5 where you find Nicole Huls, the nurse assigned to take care of the patient, Rudy. Nicole, who is pleased to see you, proceeds with getting the information she needs about what Rudy is experiencing.

#### Action Moment – Step 1: Interpret the Initial Interview in a Consecutive Format

Navigate the DVD to the menu which is headed *Initial Interview – Consecutive*. This format allows you to interpret the scenario without the pressure of time constraints. Given that video only gives you a very limited picture of the entire scene, this allows you to work with a greater degree of control.

## Evaluation Opportunity

Videotape yourself as you create an interpretation. Use Appendix C as you review your work for this segment. This allows you to identify your own challenges in interpreting the interaction consecutively, effectively observe the interpretation created during filming, and then evaluate how you were able to integrate new ideas into your work in the simultaneous format.

In your evaluation, look for the ways that the text and context interact. Are there parts that are complex or that there is not a shared understanding of between the participants that would influence you to take a more consecutive approach in that situation?

Even if you do not videotape yourself, be sure to reflect on what areas you found worked for you in this segment and why that was. In addition, think about the challenges you faced and why those sections might be difficult for you. Use these reflections to help guide your observation of the interpretation in the next step.

## Action Moment– Step 2: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *Initial Interview – Interpretation*. This version has a split screen showing two camera angles, one focused on the patient and one on the interpreter, Natalie Stanley, who created the interpretation during the actual filming. This dual view allows you to gain a fuller picture of the interaction by showing what choices the interpreter made and how the Deaf person responded to the interpretation.

It is important to note here that what is shown here is very much a *working interpretation*. It shows a certified and experienced interpreter working in very realistic conditions without the benefit of rehearsal. Other interpreting resources often feature *exemplary interpretations*, capturing on video the most qualified interpreters working in ideal conditions.

Because of this, it is critical that after you view the interpretation, you also read Natalie’s reflections on her work which came out of a dialogue that we had about the interpretation. That way, you can see both what Natalie saw as strengths in her work, what she might do differently, and what were the demands that she was responding to in the midst of her work.

(If you wish to see an English transcript of the interpretation, visit [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait).)

## Action Moment – Step 3: Read Reflections on the Interpretation and the Filming

The following reflections are the result of a collegial conversation between Natalie Stanley and myself. They represent the result of our thinking together about what happened during the interpretation. It also represents conversations with the medical staff, as well as Rudy Kurtovich who so ably played the role of patient.

### About the Reflections

*The reflections were written by me, but grow out of a conversation between Natalie and myself. In my writing, I try to make it clear what was a point that Natalie made and what comes from an observation that I made.*

*However, because these reflections were created within the dynamic of two colleagues talking about a piece of work, some discoveries came through our shared observation and so they will not be attributable to either one of us. Chalk those up to the power of respectful collegial dialogue.*

All of what is shared here is done with the permission of all involved. One thing to note: because there is a tendency to view an interpretation and think that is *the* way to interpret it, there is a bit more of a focus on things that Natalie would do differently next time. This is not in anyway to diminish all of the strengths demonstrated in her work. Rather, it is to make sure that you learn both by seeing what Natalie did and also reading what she might change to make it an even more effective interpretation.

### **Reflections on the Initial Interview:**

To effectively observe and learn from the interpretation, it is critical to understand the unusual context in which it was created. In planning the scenario, I consulted with Linda Way, as well as a cardiologist I know, and came up with the idea of a patient having atrial fibrillation. This condition was serious enough to warrant quick attention in an emergency department, but not too serious that the patient would be sent on immediately to a catheterization lab.

What no one expected is that Rudy would actually be in an active state of atrial fibrillation. If you look at the monitor above his head, it clearly shows an irregular heartbeat. So, the filming scenario went from a mock situation to a touch of reality TV. Natalie reported that the reality of the situation immediately impacted her work. She was already nervous just being on camera. Seeing the evidence of an actual case of atrial fibrillation right on the monitor increased the level of stress she felt. She explained that was a contributing factor to her struggling with the spelling of Rudy's last name. She knew Rudy's last name in advance, and so its spelling should have been expected.

Interestingly, we talked about how her fingerspelling what she was voicing allowed Rudy to monitor her interpretation and take some control in the situation to make sure his name was interpreted correctly. So, in the midst of the stress of being on camera and an actual case of atrial fibrillation, she demonstrated an effective strategy that allowed the Deaf person to help monitor the accuracy of the interpretation.

Another thing Natalie noted was her choice of where to stand. Rather than choosing to be near the nurse, she stood at the foot of the bed. It allowed her to be out of the way of the nurse, but in Rudy's line of sight. This configuration can be an effective one when a patient is in bed.

After the camera was turned off, the doctor came in to talk to Rudy about the fact that he had an actual case of atrial fibrillation. Rudy responded that he had never been told of having atrial fibrillation before. This response increased the level of stress on all parts. For me, it was particularly stressful because I had interpreted for Rudy when he had doctor's visits in which he was treated for atrial fibrillation. I was under the impression that his symptoms had been remedied when I asked him to take part in this project. So, I was surprised when he was in atrial fibrillation, but then even more so when he claimed to never have been told about these



symptoms before.

I immediately questioned whether I had done an adequate job of interpreting before, and whether or not I should interject with this information to make sure that Rudy knew it was similar to what he had been treated for before – and Dr. Foley and Natalie knew it was not new. Since I didn't know why Rudy was not acknowledging the previous case of atrial fibrillation, I chose not to act right away.

This dilemma is something that I have frequently faced in my own interpreting in emergency departments. Because I might have been with a patient in other situations, I at times have had more information to past history than the physician. And at times, I knew information which the doctor asked for but the patient did not choose to share. It is not a comfortable position. In sharing this afterwards with Linda Way, she assured me that the medical staff understood. And that this is the reason that they are moving to having electronic medical records accessible in the exam rooms – so that staff can have more rapid access to patient's medical history.

In subsequent conversation with Rudy, he explained that in the off-camera discussions, he was just sticking with his role of a patient who had never had any chest pains. And so, in hindsight, I wish I would have stepped in and talked privately with Rudy. It all eventually was resolved without my doing that, but I think I could have acted more quickly to put everyone more at ease with the knowledge that Rudy had actually been diagnosed with atrial fibrillation and was being treated for it.

In our conversation, Natalie and I also wondered if part of the confusion might have stemmed from the fact that there were two interpreters involved in the care. How I interpreted “atrial fibrillation” and how she did might have differed enough that Rudy might not have made the connection right away that it was the same thing. Which is very much a reality that Deaf people have to face, and which interpreters need to be concerned about in making sure that patients receive continuity of care.

This is also a situation in which the language used is complex - discussions of atrial fibrillation and irregular heart beats can be challenging to convey. The context also is more complex because trouble with one's heart can have significant implications. That combination of factors suggests a more consecutive approach would be more effective for that segment. For both of us, that is something to look at in our own interpreting work.

So, this provides some reflection on what happened both on and off camera. But it is within this context that the interpretation was created, and we feel that it is important for you to understand the complete context to effectively learn from the work that Natalie did.

### **Action Moment – Step 4: Interpret in a Simultaneous Format**

Work with the Initial Interview one more time using the same timing created during filming. To play the video, navigate to the menu entitled, *The Initial Interview - Simultaneous*.

Think of some of the demands you faced in interpreting in CI format. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Natalie use. Now that you have a more complete picture of the interaction based on seeing the interpretation and reading the reflections on the interpretation and filming, be sure to use all of the knowledge you have regarding the situation in doing your work.

Also think about what segments you have identified as being more complex or not shared between the participants. Feel free to pause the video when necessary to give yourself more processing time to create a more cohesive interpretation.

### **Evaluation Opportunity**

Once again, videotape your interpretation. Review your work to see if you were able to find implement new ways of managing the challenges you identified earlier. Were there segments where you paused the video to allow for more of a consecutive interpretation? What was nature of the text and context in those sections?



## **Waiting Interlude**

Although in this situation, the EKG technician showed up immediately, this may be a time of waiting where there are no medical staff in the room with the patient. This presents several options to the interpreter. Sometimes Deaf patients wish to converse with the interpreter. Sometimes they want to rest. Interpreters may choose to sit in the hall to limit the conversation. I generally try to sit in a place where I can see the medical staff at the emergency department desk and get their attention if need be. Given what a challenge it is to interpret for the conversations over the intercom, if the Deaf patient needs to ask a question, I generally get up and relay that question rather than relying on the call button. Linda Way, after the filming of her tour, stressed how appreciative the medical staff is to have the interpreter to assist in this way to ensure that the patient's needs are met.



## **Interpreting the EKG**

As explained earlier in the reflections on the relationship of CI and SI, some situations are more conducive to SI, others are more conducive to CI. For a procedure such as this, with its relatively light use of language and the importance of the patient wishing to know what is happening as soon as possible, I decided to offer this video in only two formats: Observing the Interpretation and a SI format.

Use Appendix D to guide your evaluation of your work in this segment.

### **Action Moment – Step 1: Interpret in a Simultaneous Format**

Navigate to the menu entitled *Interpreting an EKG*. Use your knowledge of an EKG to assist you in interpreting this segment. You may wish to return to the *Preparing for the Assignment* portion of the web site to review information about EKGs. You may also pause the video if you feel it would be appropriate to have more processing time.

### **Action Moment – Step 2: View Interpretation Created During Filming**

View the interpretation created by Natalie Stanley which is found on the menu entitled, *Observing an EKG*. After you watch it, be sure to read the reflections.

### **Action Moment – Step 3: Read Reflections on Interpreting an EKG**

In viewing the interpretation, Natalie felt that she did not do an adequate job of interpreting the explanation of how an EKG takes an electrical tracing of the heart. In her experience, there is generally little dialogue during the process and it is all generally simple. So, she was not expecting the tech to provide as complex an explanation as she did.

Another thing she noted that during the time when the technician was removing the electrodes, Natalie asked Rudy if it hurt, a comment entirely generated by the interpreter. Rudy shook his head no, which prompted Natalie to interpret this side conversation to the technician. In our discussion, Natalie felt like this was something she should not have done. I then asked her if it was something she frequently did; which she replied that it is – with both Deaf and hearing people.

I then shared with her my perspective that these types of communications in which the interpreter takes part directly are important for putting both the Deaf and hearing participants at ease. This connection with a Deaf person can make them more receptive to care. Melanie Metzger (1999) explains that interpreters need to appropriately participate in a conversation. Sometimes this means that they have direct communication with the Deaf and/or hearing person, which can serve the function of making these individuals more comfortable with communicating with someone who does not speak the same language.

So, though Natalie expressed the fear that the interpreter police were going to put her away for these side comments, the research on interpreted discourse shows that this practice is actually commonplace and contributes to a more successful interaction.

### **Action Moment – Step 4: Re-interpret in a Simultaneous Format**

Navigate to the menu entitled *Interpreting an EKG*. Use your knowledge of an EKG as well as what you observed in the interpretation to assist you in interpreting this segment. Pause the video if you feel it would be appropriate to have more processing time.

### Evaluation Opportunity

Videotape yourself and then review your work. How effective do you think you were in informing the patient what was happening during the procedure in a timely manner? How effective was the description of taking an electrical tracing of the heart in your work?



### Waiting Interlude

Although in this situation, the doctor showed up immediately at the end of the EKG, this may be a time of waiting. After filming, Dr. Foley shared with me that the average visit to the emergency department lasts three hours due to waiting for results from tests, the need to care for multiple patients, and other factors.



### Interpreting the Physician's First Evaluation

In the next video interaction, Dr. Foley meets Rudy and performs his initial assessment.

#### Action Moment – Step 1: Interpret in a Consecutive Format

Navigate to the menu entitled, *Physicians First Eval - Consecutive*. This format allows you to interpret it without the pressure of time constraints. Given that video only gives you a very limited picture of the entire scene, this allows you to work with what it offers with a greater degree of control.

### Evaluation Opportunity

Videotape yourself as you create an interpretation. Use the framework in Appendix E as you review your work. This allows you to identify your own challenges in interpreting the interaction consecutively, effectively observe the interpretation created during filming, and then evaluate how you were able to integrate new ideas into your work in the simultaneous format.

In your evaluation, look for the ways that the text and context interact. Are there parts that are complex or that there is not a shared understanding of between the participants that would influence you to take a more consecutive approach in that situation?

Even if you do not videotape yourself, be sure to do some reflection on what areas you found worked for you in this segment and why that was. In addition, think about what some of the challenges you faced were and why those sections might be difficult for you. Use these reflections to help guide your observation of the interpretation in the next step.

#### Action Moment– Step 2: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *Physician's First Eval – Interpretation*. Be sure to read the reflections on the interpretation after viewing it.

### Action Moment – Step 3: Read Reflections on the Interpretation

In this situation, the background noise from the rest of the emergency department was a challenge. An emergency department can be a noisy place, and in the filming, we didn't figure out to close the doors to the room until later. This made for a more challenging interpreting situation for Natalie, but also provided a more real-life feel for the demand that might be faced by the interpreter. A control in that situation was to ask for the door to be closed – which we used on later portions of the visit.

Another thing we noted was how when the doctor asked about “other medical problems,” Rudy responded that he only took aspirin. The interpretation included the sign for “MEDICINE.” We thought that signing BODY in that situation might have been clearer. But more importantly, we noted that Dr. Foley rephrased his question to become more specific for what he was looking for. Noting that, and how ASL tends to be more specific than English, we discussed how signing: “HAVE DIABETES, HIGH BLOOD-PRESSURE, OTHER PROBLEM?” might have been a good translation for the original question: “Do you have any other medical problems?”

Overall, with the doctor visit, Natalie wished she would have used more processing time in her work when going from ASL to English. One of the things she felt she was responding to was previous experiences with physicians who have many other patients to see and who seem in a hurry to get through the interview and exam. Natalie didn't feel that Dr. Foley was acting in that manner, but she did feel some of that pressure to not take too much time processing because it might take away from the limited time that the patient has to interact with the doctor. In hindsight, she felt a more consecutive approach would have led to more cohesive interpretations of Rudy's comments.

### Action Moment – Step 4: Interpret in a Simultaneous Format

Go to the menu entitled, *Physician's First Eval - Simultaneous*. Think of some of the demands you faced in interpreting in CI format. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Natalie use. Now that you have a more complete picture of the interaction based on seeing the interpretation and reading the reflections on the interpretation and filming, be sure to use all of the knowledge you have regarding the situation in doing your work.

### Evaluation Opportunity

Once again, videotape your interpretation. Review your work to see if you were able to find implement new ways of managing the challenges you identified earlier.

 -----   
**Waiting Interlude**

In a real visit to an emergency department, there may be a period of waiting at this point.

## Interpreting a Visit from Lab

The next segment features a blood draw done by a phlebotomist from the lab. Like the EKG, this is offered only in two formats: observing the interpretation and interpreting it in a simultaneous format. Use Appendix F to guide your self-assessment.

### Action Moment – Step 1: Interpret in a Simultaneous Format

Navigate to the menu entitled *Interpreting for a Blood Draw*. Use your knowledge of the blood draw as you interpret this segment. Pause the video if necessary for creating your interpretation

### Action Moment – Step 1: View Interpretation Created During Filming

View the interpretation created by Natalie Stanley which is found on the menu entitled, *Observing a Blood Draw*. After you watch it, be sure to read the reflections.

### Action Moment – Step 2: Read Reflections on a Visit from Lab

This situation was similar to the EKG in that, in Natalie’s experience, the phlebotomist rarely talks as much as Jason did in this situation. She also noted that if it weren’t for the cameras, she would have stood on the opposite side of the bed from Jason to be more out of the way and allow Rudy a better sight line to the interpretation.

We also noted that Rudy made a comment to Natalie that Jason was really going to poke him – one not intended to be interpreted – but rather designed to develop rapport with the interpreter. This example also supports Metzger’s (1999) assertion that interpreters sometimes take part in direct communication with Deaf or hearing participants which was discussed in the reflection on the interpretation for an EKG.

### Action Moment – Step 3: Re-Interpret in a Simultaneous Format

Navigate to the menu entitled *Interpreting for a Blood Draw*. Use your knowledge of the blood draw as well as what you observed in the interpretation to assist you in interpreting this segment. Pause the video if necessary for creating your interpretation.

### Evaluation Opportunity

Videotape yourself and then review your work. How effective do you think you were in informing the patient what was happening during the procedure in a timely manner?



## Waiting Interlude

In a real visit to an emergency department, there may be a period of waiting at this point.

## Interpreting the Physician's Assessment

In the next video interaction, Dr. Foley talks with Rudy again about his recommendations based on the information that came back from the tests.

### Action Moment – Step 1: Interpret in a Consecutive Format

Navigate to the menu entitled, *Physicians Assessment - Consecutive*. This format allows you to interpret it without the pressure of time constraints. Given that video only gives you a very limited picture of the entire scene, this allows you to work with what it offers with a greater degree of control.

### Evaluation Opportunity

Videotape yourself as you create an interpretation. Use the framework in Appendix G as you review your work. This allows you to identify your own challenges in interpreting the interaction consecutively, effectively observe the interpretation created during filming, and then evaluate how you were able to integrate new ideas into your work in the simultaneous format.

Even if you do not videotape yourself, be sure to do some reflection on what areas you found worked for you in this segment and why that was. In addition, think about what some of the challenges you faced were and why those sections might be difficult for you. Use these reflections to help guide your observation of the interpretation in the next step.

### Action Moment– Step 2: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *Physician's Assessment – Interpretation*. Be sure to read the reflections on the interpretation after viewing it.

### Action Moment – Step 3: Read Reflections on the Interpretation

In this segment, Natalie felt like her explanation of atrial fibrillation was much more effective than the previous descriptions. She also recognized that she finally smiled at the end, and that the stress – both from being on camera and from the fact that it was an actual case – made it more difficult to focus on the work. Seeing the reading on the heart monitor made it hard for her to not have a concerned look on her face.

Upon reflection, we thought it might have been a good option to excuse herself during a time when they were waiting for test results and go out and talk privately with a nurse about what she was seeing on the monitor and if that was anything that the nurse needed to be aware of. Our sense was that a conversation such as this might have alleviated some of her concern by letting her know that the nurses and physicians had everything under control. Knowing this would have allowed her work in a way that limited the distraction of the monitor.

### **Action Moment – Step 4: Interpret in a Simultaneous Format**

Go to the menu entitled, *Physician’s Assessment - Simultaneous*. Think of some of the demands you faced in interpreting in CI format. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Natalie use. Now that you have a more complete picture of the interaction based on seeing the interpretation and reading the reflections on the interpretation and filming, be sure to use all of the knowledge you have regarding the situation in doing your work.

### **Evaluation Opportunity**

Once again, videotape your interpretation. Review your work to see if you were able to find and implement new ways of managing the challenges you identified earlier. Were there any places you paused the DVD to allow for more processing time? What was the nature of those segments in terms of text and context?



## **Waiting Interlude**

In a real visit to an emergency department, there may be a period of waiting at this point.



### **Interpreting the Discharge**

In the final video interaction, Nicole Huls returns and gives Rudy the final information he needs before he can leave the emergency room.

### **Action Moment – Step 1: Interpret in a Consecutive Format**

Navigate to the menu entitled, *Getting Discharged - Consecutive*. This format allows you to interpret it without the pressure of time constraints. Given that video only gives you a very limited picture of the entire scene, this allows you to work with what it offers with a greater degree of control.

### **Evaluation Opportunity**

Videotape yourself as you create an interpretation. Use the framework in Appendix H as you review your work. This allows you to identify your own challenges in interpreting the interaction consecutively, effectively observe the interpretation created during filming, and then evaluate how you were able to integrate new ideas into your work in the simultaneous format.

Even if you do not videotape yourself, be sure to do some reflection on what areas you found worked for you in this segment and why that was. In addition, think about what some of the challenges you faced were and why those sections might be difficult for you. Use these reflections to help guide your observation of the interpretation in the next step.



### **Action Moment– Step 2: View the Interpretation Created During Filming**

After interpreting this segment in a consecutive format, navigate to the menu entitled *Getting Discharged – Interpretation*. Be sure to read the reflections on the interpretation after viewing it.

### **Action Moment – Step 3: Read Reflections on the Interpretation**

Natalie noticed that her work seemed to grow more comfortable with the realization that the visit was almost over (and she was going to be off camera). Additionally, we had gotten to the point where we had resolved the fact that Rudy had previously had this situation and that it was nothing critical to be treated in real life. All of that removed quite a bit of stress.

But upon reflection, Natalie felt that these types of demands are a part of her regular work and that being in touch with her own emotions and managing them in a way that doesn't deny her own humanity, but also doesn't interfere with her interpretation, is a challenge that she often faces.

Additionally, Natalie had to manage the arrival of another hospital staff who had come in to ask some questions. In this situation, she held the woman off with her right hand while continuing her interpretation with her left. She later apologized for doing that, but she was afraid the woman was going to try to talk to her – and she needed to keep the focus on interpreting what the nurse was saying. This challenge, of people entering and leaving an exam room, is definitely one to be expected in an emergency department.

All in all, the visit filmed here represents many realistic demands that are faced by an interpreter. We hope that in seeing the work that Natalie did, it will give you a greater insight to what demands are faced by an interpreter in an emergency department, and what some strategies might be to deal with those challenges.

### **Action Moment – Step 4: Interpret in a Simultaneous Format**

Go to the menu entitled, *Getting Discharged - Simultaneous*. Think of some of the demands you faced in interpreting in CI format. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Natalie use. Now that you have a more complete picture of the interaction based on seeing the interpretation and reading the reflections on the interpretation and filming, be sure to use all of the knowledge you have regarding the situation in doing your work.

### **Evaluation Opportunity**

Once again, videotape your interpretation. Review your work to see if you were able to find implement new ways of managing the challenges you identified earlier.



## Final Reflections

Now that you have gone through an entire visit to an emergency department, you can go home. Fortunately, for both you and the patient, he was not admitted to the hospital for continued care with the need for continued interpreting services. An admission to the hospital can frequently add another hour or two to an E.R. visit. Particularly if the admission happens at 2:00 or 3:00 in the morning, it can be a difficult hour to keep working; but it is vital to have interpreting services continued during the admission interview that will happen up on the floor where the patient is staying.

### Final Reflections

*For your final reflections, there is no corresponding Appendix. Whether written with a pen, on the computer, or signed on videotape, choose whatever format will help you most effectively integrate your learning.*

*This reflection is all about you. What have you learned? And since it is about you, choose the format that let's you express it most effectively.*

Nonetheless, given that you do get to “go home,” before you resume the rest of your life, do take some time to reflect on this experience in order to integrate these new ideas into your daily practice.

### Action Moment – Step 1: Develop a Written or Signed Reflection

Put your reflections in writing. Respond to the following questions, or others of your own choosing, as a way of integrating your learning into your own thinking. You may also choose to do your reflection on video if you wish to use ASL. This is an excellent way to think about these issues and build your capacity to express them visually.

- Did your perception of interpreting in an emergency department change? If yes, how?
- What type of information would you like to have from the hospital prior to going to the ER? What would you do if you didn't get this information?
- What situations caused particular challenges for you in the interpreting work? Do you notice any patterns in these challenges?
- What situations did you feel you were able to effectively manage in your interpretations?
- What did you learn from Natalie's work - both from her interpretations and her reflections?
- Did your understanding of the relationship between consecutive and simultaneous interpreting change? If yes, in what ways?



## References

- Cokely, D. (2003) *Curriculum Revision in the Twenty First Century: Northeastern's Experience*. Project TIEM Online Roundtable.
- Forestal, E. (2005) *The Messiah Trap*. Workshop at Maine RID Conference. Seabasco Resort, Maine.
- Humphrey, J., & Alcorn, B. (1995) *So You Want to be an Interpreter? An Introduction to Sign Language Interpreting*. Amarillo, TX: H and H Publishers.
- Metzger, M. (1999) *Sign Language Interpreting: Deconstructing the Myth of Neutrality*. Washington, D.C.: Gallaudet University Press.
- Patrie, C. (2004) *Consecutive Interpreting from English*. San Diego: DawnSign Press.

- Russell, D. "Reconstructing Our Views," in Swabey, ed. (2002) *New Designs in Interpreter Education: The Proceedings of the 14th National Convention of the Conference of Interpreter Trainers*. CIT. <http://www.cit-asl.org>
- Russell, D. (2002) *Interpreting in Legal Contexts: Consecutive and Simultaneous Interpretation*. Burtonsville, MD: Linkstok Press.



## About the Author

**Doug Bowen-Bailey** is an interpreter, educator, and resource creator who lives in Duluth, Minnesota. His primary background is working in a variety of educational settings as an interpreter. Upon the birth of his children, he became a stay-at-home Dad who turns out to not be very good at staying home. He currently works as an Interpreter Training Consultant with the Northeast Service Cooperative providing mentoring services to interpreters in educational settings and interprets in a variety of community settings.

He is a graduate of Macalester College and St. Paul Technical College. He also completed an on-line program on Teaching ASL and Teaching Interpreting through the University of Colorado-Boulder, and recently completed a Distance Learning Technology Internship through the DO IT Center at Front Range Community College in Colorado. Through his business, Digiterp Communications, Doug has been involved in creating a diversity of quality and affordable resources for professional development for interpreters. He has also presented on a variety of topics related to interpreting, including the process of creating digital resources at the 2002 Conference of Interpreter Trainers.

He lives with his wife, Holly, and their two children, Sylvie and Frost, and gets called far too often to go to the emergency room. His great hope is that a resource such as this might prove to raise the quality of interpreting services for Deaf patients and lower the number of times his phone rings in the middle of the night.



## Acknowledgements

There are so many involved in the collaboration on this project. First of all, I want to thank the BlueCross BlueShield Foundation of Minnesota as well as the members of the College of St. Catherine's team for their support. Laurie Swabey, Paula Gajewski, Richard Laurion, and Rosa Ramirez have all been extremely helpful in seeing this to completion. I also am greatly indebted to the staff of St. Mary's emergency department. They have been tremendously accommodating in making this happen. Thanks to Debra Russell for her review and questions which helped me to see these projects in a new light - and to Deb Jones for assuring me that what I have written makes sense.

Finally, I want to thank Rudy Kurtovich for his willingness to play the role of patient and to Natalie Stanley for her willingness to take the risk of putting her work on tape for all of us to learn.



## Appendix B: Preparing on the Web

Go to [www.digiterp.com/HurryWait](http://www.digiterp.com/HurryWait) and follow the links for *Preparing for the Assignment*. Using the links to the A.D.A.M Health Encyclopedia, write brief descriptions of the following conditions or procedures.



EKG (electrocardiogram)

Heart Attack (Myocardial Infarction)

Atrial Fibrillation

Atherosclerosis

Cardiac Catheritization

Heart palpitations

Echocardiogram

Congestive Heart Failure

**Appendix C**

**A Vygotskyan Framework for Observation : Initial Interview**

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*

**Appendix D**

**A Vygotskyan Framework for Observation : The EKG**

Working with Object: Challenges from Simultaneous Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*

**A Vygotskyan Framework for Observation : Physician's First Eval** **Appendix E**

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*



**Appendix F**

**A Vygotskyan Framework for Observation : A Visit from Lab**

Working with Object: Challenges from Simultaneous Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*

**Appendix G**

**A Vygotskyan Framework for Observation : Physician's Assessment**

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*

**Appendix H**

**A Vygotskyan Framework for Observation : Discharge**

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation	Working with Self: Insight from Application in Simultaneous Interpretation

*This framework is driven by your evaluation of working with the situation in a consecutive format. What you view as challenges from your own interpretation guides what you look for in the observation. Also, note if there are segments which require more or less processing time to create an effective interpretation.*



## Appendix J: Independent Study Plan for RID's CMP/ACET Program



# Independent Study Plan



Note: All Independent Study Activity Plans must be approved by a RID Approved Sponsor *prior* to the onset of the activity.

CMP Participant Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	RID Member # _____	
Fax: _____	E-mail: _____	

**1. What do I want to do?** *Briefly describe the activity you will complete for CEUs.*

Using the DVD *Hurry Up & Wait* and its accompanying study packet, I will work through the activities which introduce me to the setting of a hospital's emergency department and allow me to practice interpreting in these settings.

**2. Why do I want to do it?** *Personal needs? Professional growth? Skill enhancement in a specific area? Increased general knowledge? Remaining current in the field? etc.*

There is a need for more qualified interpreters willing to interpret in emergency room settings. I am doing it to develop my specific skills in this area.

**3. What are my specific goals?** *Keep your goals measurable, observable, tangible!*

My goals for this independent study are to:

- Identify at least three online resources which can build my knowledge for interpreting in medical settings
- Identify the features of context and text which influence the choice of how much processing time to use in creating an interpretation
- Interpret segments of a visit to an emergency department using both consecutive and simultaneous formats
- Observe a sample interpretation for a visit to an emergency department and identify the demands present in the situation and controls utilized by the interpreter
- Create written or signed reflections on what I learn through the process.

**4. How will I accomplish my goals?** *Briefly describe your action plan.*

Using this study packet, I will go through the process of interpreting for a visit to an emergency department. Beginning with familiarizing myself with the context of an ER, and doing some online resources related to medical conditions and procedures, I will then interpret the situations and observe the work of an interpreter in those situations. I will use videotaping to be able to effectively analyze my own work.

