Northeastern University
Center for Atypical Language Interpreting

Unfolding Scenario 2: Medical Setting

Sample Interpreter Responses and Reflections

Transcript*

An interpreter has been sent to interpret in an emergency medical situation by the agency that s/he works for regularly as a freelance interpreter. The interpreter has interpreted in a variety of medical situations before. There are two consumers. A 72-year-old Deaf man, who has some early signs of diminished cognitive functioning, has been hit by a car while crossing a street. He was rushed to the hospital and requires surgery for his injuries. His 68-year-old wife, who is also Deaf and has severe arthritis, is meeting with the surgeon when the interpreter arrives.

Next, are a series of decision points associated with this assignment. As with any interpreting assignment, different issues or demands arise that require the interpreter to make decisions using sound judgement and discretion associated with an ethical framework. There will be a total of seven such decision points in this scenario. You will see a slide that alerts you that a decision point will follow. Watch the explanation of what happens. Then, there will be a pause for you to videotape and upload your two-minute ASL response. There are two parts to your response—what you would do and why. When you discuss the why, include information about the ethical principle or value that guides your decision. For example, maybe your decision is guided by an ethical principle involving respect for consumers, or respect for a colleague, or confidentiality, or message accuracy and accessibility, or informing the consumers when some adjustment to the communication process needs to change, or some other ethical value. Be sure to discuss what principle or value is guiding your decision. So again, you will upload your two-minute response in ASL. Be sure to include the two parts—what you would do and why.

Let's begin.

Slide for Decision Point 1

The surgeon tells the Deaf wife that her husband needs surgery immediately. The doctor tells the wife they need her to sign consent forms. She feels very rushed, concerned, and confused, so refuses. The doctor indicates that because it is an emergency, he can proceed without her

*Note: This translation was not created by the original presenter. It was created after the presentation was finalized and is intended to provide an additional way to access the information.

consent if necessary. She states to the interpreter that she is confused as to what happened and what the surgery involves. What could/should the interpreter do and why?

DI Sample Response:

An interpreter in that situation should respond to the wife by saying they are available to interpret between her and the doctor, so she can get her questions answered. To encourage her relationship with the medical staff, not me. If I as the interpreter answer her questions and engage with her, it will only encourage a bond between us, and for her to trust and rely on me, when that trust and reliance is better placed on staff, who are the professionals in that room. I can let the providers know that the wife is feeling stressed and has additional questions, and then encourage the wife to begin asking while I interpret. This will help the appropriate parties connect. I would also be clear with the wife that it's not my place as the interpreter to offer my opinion or answer her questions, only to facilitate communication between her and her husband's providers.

I've had several experiences where a Deaf consumer asked me questions and, against my better judgment, I answered, and it often led to them relying very heavily on me, to the neglect of the medical staff. Once they felt comfortable asking me questions, they had many more, and I sometimes felt like I was digging myself into a deeper and deeper hole. Better to start how we mean to go on with clear, consistent boundaries.

There are three CPC tenets that come to mind: Professionalism, respect for consumers, and conduct. Professionalism would mean staying in my role, and not blurring the boundaries by offering my opinion or advice. Respect for consumers means empowering the wife to ask her questions and be fully linguistically present for those conversations, through the interpreting work. And respect for consumers – no, sorry, conduct is doing my job to use language the consumer can understand, so that she can establish rapport with the medical staff she needs to engage with.

HI Sample Response:

Throughout my career, I've seen times when a Deaf consumer is feeling confused or unsure and directs a question to me. They don't ask the hearing consumer in the room, but turn to me as the interpreter for an answer or explanation or clarification. However, the CPC is clear that my job is not to engage with consumers in that way. My job is to facilitate communication between the Deaf and hearing parties. It can naturally be very tempting to explain, or help – the Deaf consumer is stressed and I naturally want to alleviate that – but medical situations are very serious and it's important that roles stay clear. The interpreter in this scenario could proactively engage the providers by saying, "The wife is under a lot of stress. Would you mind coming back to explain the details again? She's confused and isn't understanding, and that's why she's

refusing to sign the consent form." If the doctor explains a second time, there may be more space for the interpreter to use expansion techniques, so the wife can provide truly informed consent. The CPC encourages facilitation, not participation. The communication should be kept strictly between the parties.

Slide for Decision Point 2

The doctor explains in detail the procedure that he will perform on her husband. With this explanation, she signs the required consent forms. The wife starts feeling physically sick and is led out of the room by the nurse and the doctor attempts to tell the Deaf patient about his surgery. The interpreter is torn about where they should be because they can hear the nurse talking to the Deaf wife and so they feel like they should be interpreting for her. What could/should the interpreter do and why?

DI Sample Response:

As interpreters, part of our mandate is to keep an eye on the communication needs in every situation and be mindful of how they evolve. In this moment when the husband and wife are separated, it would be important for the interpreter to inform the medical staff that one person cannot interpret for both consumers simultaneously. The medical staff can be asked how they would like to proceed. This would be an effective use of Demand Control Schema, because it's possible that the wife's sudden illness is more urgent than the husband's waiting to be taken into surgery. With input from the medical team, I could go interpret with the wife until she's settled and stable, and then come back to pick up with the husband for pre-op consultation when they're ready. I can abide by professionalism and conduct to explain that I have a professional responsibility to make sure that communication is clear. Sometimes when Deaf people are under pressure and stress, they will be swept up in the urgency and default to nodding and acquiescing without truly understanding or agreeing. So I would be clear with the providers: it is paramount that both the husband and wife have full communication access in their respective encounters.

HI Sample Response:

Usually one interpreter working with two Deaf consumers is fine, but sometimes they are separated, and then this issue happens. How can we be in two places at once? So here the interpreter has to reevaluate the communication needs. Who needs what and when? The CPC says that we have to keep an eye on evolving communication needs and make adjustments to ensure those needs are consistently met. So what does the interpreter do here?

The CPC suggests that we resolve the issue in coordination with the consumers. So here, the interpreter could approach the doctor and say, "I know that the pre-op information is vital for the husband, but his wife also needs interpretation to talk to the nurse next door," and ask the

doctor what they prefer to do. The doctor might have the nurse wait to treat the wife; they will make a decision based on both patients' clinical status. Maybe I'll stay and finish interpreting for the husband and then go into the treatment area with the wife and the nurse. Once I get in there, I may need to ask the nurse to reiterate any information or procedures that had taken place before I got there, so the wife gets any information she may have missed. So, it's important to be on top of communication needs in the room as they change, and then be proactive about recruiting the medical professionals to help make the decision about how to resolve the issue.

Slide for Decision Point 3

The wife is ultimately led back to a waiting room and the interpreter interprets while the nurse advises her that someone will provide her with an update after the husband's surgery. The wife wants to ask further questions, but the nurse is clearly wanting to leave. What could/should the interpreter do and why?

DI Sample Response:

It's possible that the wife isn't recognizing that the nurse needs to go because I have failed to include implicit information in my interpretation. Sometimes we need to make the implicit explicit. So here I would enhance my body language and facial expressions, being shorter with my language choices and even breaking eye contact, to convey the nurse's hurry and disengagement. At the same time, the Deaf consumer has every right to persist with her questions, just as hearing patients and family members do; recognizing that the nurse wants to leave, anyone can decide to capitulate to her need to go or prioritize their own need for information. So I would allow the wife to continue asking her questions but with a clear understanding of the nurse's demeanor and tone, through my work. The wife can decide what she wants to do with that information.

HI Sample Response:

Any cross-cultural, cross-linguistic communication can include information via body language or facial expression that the other party doesn't recognize. Here, the interpreter is keenly aware that the nurse is trying to leave, but it may not be obvious to the wife. We don't know. The CPC says it's important we convey not just the complete content of discourse, but also - they use the phrase, "spirit of their intent." So we have to convey the totality of the message, not just the words or signs. So the interpreter could be explicit and let the wife know that the nurse needs to leave, providing the information and then stepping back to allow the wife to decide if she wants to respect that the nurse has other duties, possibly there will be another opportunity to ask her questions, or insist that she needs answers now. If she keeps asking, the interpreter can continue to interpret.

Slide for Decision Point 4

The medical team asks the interpreter to hang around until the patient is out of surgery. They head down to the cafeteria, but on their way out, the Deaf wife rushes over to them and begins grilling them with questions regarding the situation with her husband. What could/should the interpreter do and why?

DI Sample Response:

If I was on my way out and the wife intercepted me with more questions, I would say that I don't remember the content of what I interpreted. I wouldn't want to confuse things by trying to answer her. Instead, I would offer to walk back with her towards a staff area to find a provider to speak with. Once she was satisfied, I would tell her that the staff will call for us when they have more information and that I was going to go down to the cafeteria to rest until I was needed again. If during that time she has more questions for the provider, I'm happy to meet her to interpret them. But we have a responsibility as interpreters to stay in our role, and not encourage or allow the consumers to bond with us instead of their providers, by personally answering their questions. As I said, answering questions can snowball until the consumer is disregarding the medical professionals in favor of asking their questions of the interpreter. I want that bond and relationship to form between the players, not me.

HI Sample Response:

I've seen this happen throughout my career. Sometimes a Deaf consumer will passively confirm understanding with a hearing provider, and then once that person has left, immediately turn to the interpreter and ask for more information or clarification. "What did they say, again? I just want to make sure I understand." In this scenario, the Deaf woman has approached the interpreter for exactly that reason.

It's possible that having interpreted the information once already, simultaneously, the interpreter could now explain by, in a sense, interpreting consecutively. Because now I have more time to be able to use expansion techniques or confirm genuine understanding. I can be more clear. The initial setting was chaotic and rushed, so now we could engage with the luxury of time. Keep in mind, though, that the CPC is clear: we cannot interject our personal opinions or provide advice. That's not allowed. But I feel like in this situation, clarifying for the wife would still be considered interpreting what the providers said earlier. The interpreter just needs to be super careful that what they interpret and expand on the second time is the same information that was conveyed the first time.

I think that choice would allow the Deaf woman to genuinely understand the information while also adhering to the CPC's mandate that we interpret to consumers in a language they can understand. In this case, that second interpretation, with ample time and room for expansion

techniques, better aligns with the consumer's needs in that moment. So it would be a choice that follows the CPC.

Slide for Decision Point 5

After their visit to the cafeteria, the interpreter feels somewhat more energized, and they head back to the surgical department just as the Deaf patient is going into recovery. The hospital room is now crammed with machines that the man is hooked up to. He has a tube down his throat, his arms are strapped down and there is an IV inserted in one of his hands. He is also heavily sedated. Communication is nearly impossible. What could/should the interpreter do and why?

DI Sample Response:

The interpreter enters the recovery room and sees the patient intubated and restrained. Obviously the situation has changed; now, he can neither fully understand nor communicate. As the interpreter, I have an ethical obligation to inform medical staff that he will miss information and details in this state, and is unable to communicate while restrained. They might be able to remove the restraints, or wait until the medication has worn off to speak to him. The medical staff can decide what to do, but they need to be aware of the reality that anything they try to communicate to him at this moment might not register. With that understanding, they can make a decision and we can go from there.

The CPC speaks to professionalism and conduct. The interpreter is adhering to professionalism by informing staff that the patient's ability to understand and communicate is compromised, and conduct by ensuring staff are aware of and included in my process.

HI Sample Response:

Now the Deaf patient is out of surgery, and his communication needs have changed. He's groggy from the medication and his hands are restrained, so he can't sign. The CPC reminds us that our duty is to make sure the consumers' needs are met throughout the assignment. If the doctor wanted to engage with the patient at this point, the patient couldn't respond. The CPC also states that if communication goes awry or the needs in the room change, it's our responsibility to engage with the players and let them decide how to proceed. How can we make sure that this gentleman gets his needs met? Here, if the doctor approaches and wants to converse with the patient, the interpreter can explain that the restraints preclude him from being able to respond. It's vital that the doctor understand that the restraints make communication impossible. Also we have to assume that since the gentleman is groggy, he's likely to miss pieces of any information the doctor says to him. It's very important that the doctor not assume that the patient will understand or retain everything he's told right now. It's

our job to make sure communication needs are understood and communication is clear, so the doctor needs to be informed about that.

Slide for Decision Point 6

The wife is still in the waiting area and to the interpreter's knowledge has not yet been updated about her husband's condition. What could/should the interpreter do and why?

DI Sample Response:

While I'm interpreting with the husband in recovery, I will be keenly aware that his wife is still in the waiting room, anxious for an update. Because I'm the only interpreter there, she has had to wait. I can go to the wife in the waiting room and offer my services; "do you need anything interpreted? Do you have more questions?" I have to remember that I'm onsite to interpret for both the husband and wife, and my obligation is to ensure that both consumers can participate fully in the proceedings. I can spend some time interpreting for the wife and then make my way back to the husband.

HI Sample Response:

This situation is similar to some I've encountered in my practice. Typically only one family member at a time is allowed into the recovery room with a patient, and it's possible that the doctors and nurses are seeing me by the patient's bedside and assuming I'm family. They may not realize the wife is still in the waiting room. The interpreter should let the doctor know about this, because the CPC states that interpreters should facilitate communication. If communication is interrupted, which it is here, the interpreter should proactively engage to ensure things get back on track. So maybe the doctor had assumed the interpreter was family, so the interpreter can ask, "You know, this patient's wife is still in the waiting room and doesn't realize he's out of surgery. Would you want to call her back?" The doctor may still choose not to allow her to come in yet, and that's fine, but we are sure now that he has all the information.

That would be a way for the interpreter to continue to facilitate communication, plus show respect for consumers in the way they approach the doctor as peer professionals, only sharing information and then abiding by his decision.

Slide for Decision Point 7.

The Deaf patient is resting comfortably. The interpreter has been at the hospital for about six hours and needs to leave due to other commitments. They check in with the agency that sent them to see if a replacement interpreter is on the way. The agency indicates they have been unable to find a replacement and ask you to alert the hospital and consumers if you need to leave. They will communicate with their contact at the hospital that they will continue to work

to secure a replacement to send to the hospital. The interpreter feels very conflicted as the wife is still present and awaiting further updates. What could/should the interpreter do and why?

DI Sample Response:

So now I've been there for six hours, which is a long time, and I need to leave. The details matter here; if I have plans or another assignment, the CPC mandates that I keep my commitment to my other consumers and arrive as scheduled. At that time, I need to communicate with the medical team to let them know that I'm leaving soon, to see if they have any last-minute items they would like to say or ask before I go. Once I've interpreted that, I can go, and I'll be clear with them that the agency is continuing to look for another interpreter to take my place.

If my plans are personal or not as important as what's going on here, I could reschedule them and let the medical team know that I can stay temporarily, until a replacement arrives. That speaks to our responsibility to stay in our role and continue to provide interpreting services to the best of our ability. Importantly, though, if I feel like the quality of my work has degraded as a result of my fatigue, ethically, I would still need to leave.

HI Sample Response:

Now the interpreter has to leave. They may have another assignment they need to get to, and the CPC is clear that we need to honor our assignments and commitments, not cancel or skip them. At the same time, the wife is still in the waiting room with no information. The interpreter could approach the nurse to say, "I have to leave for another commitment, but the patient's wife is still in the waiting room. Do you want me to pass along any information before I go?" That would help the nurse to be able to convey any important information now, while the interpreter is still present. It's also important to be clear that another interpreter will be on the way once someone is found, but that right now the wife hasn't had an update, so I'd be happy to pass anything along. So, offer interpreting services before I leave.

Reflections on Sample Responses:

DI: I'm glad we have this time to chat!

HI: Yes, me too. I'm glad we have this chance to talk about Scenario #2, the medical situation. I'm glad we can review it.

DI: How do you feel overall about the seven decisions you made? Are you happy with them? Or do you wish you'd done anything differently?

HI: Well, I thought it was interesting to see how our answers coincided or differed. I was fascinated because when we differed, both answers were good and appropriate. There was an opportunity for me to learn from your choice, something I hadn't considered.

DI: I agree with that. When our perspectives aligned, it was nice to get that validation that what I was thinking was on the right track. It was also a good reminder that not everyone thinks about things the way I do. So you're right, it was nice.

HI: Exactly.

DI: Did any of the seven decision points stand out to you as the most difficult? And can you explain why?

HI: The moment when the wife became ill and the consumers were separated was a big one for me. Whatever you choose to do, someone's going to have to wait for me. That was a difficult one, and I didn't like it. I'm also still not sure what the best solution would be, so that's definitely one.

The other one was worse, even harder – decision point 3, when the nurse was talking to the wife and wanted to leave. That was really hard for me, and I think it's because I want the Deaf woman to be aware that the nurse is trying to go, but it feels like telling her that would make her feel bad. It feels like I would be personally keeping her from talking. My goal is for her to have ample opportunity to ask her questions, but I worry that letting her know that the nurse needs to leave would immediately shut her down and make her feel like she can't communicate.

That second one was definitely harder, but both of those decision points were difficult. What about you? Which decision point was your biggest challenge?

DI: Mine were the same, actually, decision points 2 and 3. Number 2 was harder for me because I feel like we see it in practice more often, where we come in with an expectation that our two consumers will stay together, and then they're put in different spaces and we have to decide who to prioritize. I agree with you, that's really hard, knowing where to focus our efforts, which situation is more urgent. So we're on the same page about that one.

For #3 I agree with you, too. Telling the wife that the nurse needs to leave will be hard, but at the same time, hearing people regularly refuse to let people leave conversations until they're satisfied. So which factor here is a cultural artifact and which is about basic human needs? It's very natural in the wife's situation to have lots of questions and want them answered immediately. If we interpret very clearly that the nurse needs to leave, it's possible that the wife might refuse to give in and continue demanding information. We don't know. That's on the wife. But it's on us to be sure that we're interpreting clearly in the first place.

HI: Right. She could insist on getting answers to her questions, but I'm afraid she won't. I'm afraid in the face of pressure to let the nurse go, she would. That's my concern, and why it was a hard one for me.

DI: Considering all of your responses to the exercise, are there any that you wish you could go back and fix or change, and if yes, can you explain why you weren't satisfied with your original answer. And two, if you feel good about every decision and there's nothing you would change, can you talk about how you got there?

HI: Sure. I think #7, that last one, actually, I watched your response and I think you were probably right. In the real world, I think what you said is what I would actually do. The interpreter has to leave because they have other plans, and I said I would have a conversation with the medical team to see if they had anything they wanted me to interpret before I go, but it matters a lot what those other plans are. If it's another job, I don't have a choice; I have to go. But if I'm going out for fun or just going home to rest, I probably would stay. I wouldn't mind. If I could, I would. So I might change my answer to that one, but it would depend on the situation. Do you have any you would change, or are you happy with them all?

DI: I like that classic interpreter answer: it depends. I think in our field that phrase gets overused but here I think it's right on. It definitely depends, because the reason I need to leave will impact my decision to stay or go.

I think I'm happy with most of my answers, but there are some I would like more information about. Like, when the wife is alone in the waiting room and hasn't had an update, how long has she been there? Is her husband stable? There are details missing in the scenario that would affect decisions I make, so my answers were a little bit of a blanket generalization. Like, generally speaking, this is what I would do. But that doesn't mean it would be the right choice in every iteration of that situation. So if I went back to that answer, I would have been more explicit: based on the information we have, I would do XYZ.

HI: That's a really good point, because details and specifics always impact our choices and the adjustments we make along the way. Right.

DI: Do any of the decision points stand out to you as having a particular impact on the consumers, Deaf or hearing? Where, and what impact?

HI: I think again I would point to #3, when the nurse wants to leave. Regardless of what I decide to do, it won't be a win/win solution. Either the Deaf woman doesn't give up, which means she wins but the nurse "loses." In my head I would be like, "ah, that's not great; she can't leave." Or the reverse happens, the nurse leaves, and the Deaf woman loses. "Loses." And the nurse wins. So they're both impacted by my decisions. Whether and how I convey to the Deaf wife that the

nurse has to go. So #3 is tough, because no matter what I do, someone is not getting their needs met.

DI: Yeah, I agree with that. Also #2 again. If in #2 we decide to go ahead and resolve the issue, it might keep happening. So should we call a team so there's two interpreters? At the beginning we decided we could handle it ourselves and leave the husband to interpret for the wife, but what if there actually isn't pre-op downtime, and they both need an interpreter at the same time? That could set off a cascade of effects. I wonder if, at the moment the wife becomes ill and the nurse takes her into a different room, right then I say, "May I suggest calling a second interpreter here?" Then if the second interpreter showed up, #7 wouldn't even be a decision point. We would have a full team in place. If I said that during the exercise, though, it would have thrown off the chronological decision points that came after, so it wouldn't have worked as an answer here. But it is food for thought.

HI: That's such a great point. Any one decision will have ripple effects on everything that comes after. Very true.

DI: How will this exercise impact your work in the field? For example, can you predict the results and consequences of your decisions differently now?

HI: I also learned from one of your responses about this! I realized that in many cases our decisions and approaches were different – both fine, but different. When the wife was peppering you with questions as the interpreter, your natural response was to offer to go with her to find a provider to ask. My natural response was to answer her. I realized I needed more balance there; if I answer, she may begin to trust and rely on me in the way she should be with the medical team. By answering her, I'm actually encouraging her to engage with me instead of them. At the same time, she and I communicate directly, and the information may be clearer. I can take my time and explain things in more detail or different ways until she understands. There's a trade-off, because if we go to the provider and she asks, their relationship remains intact but the communication may not be as clear. I might be clearer. That's what I mean by balance.

So to your question, one of my takeaways from this is recognizing that line and thinking about that balance. I want to encourage her to have a direct relationship with the medical team, but I also want the communication to be clear. That's abiding by the CPC, and really the raison d'etre of the whole field: clear communication. At the same time, her reliance on me for answers and guidance doesn't support her autonomy. So it's tricky.

DI: I agree, that line isn't distinct. And, it would depend on what kind of questions she was asking. If she asked me to repeat the spelling of a certain term, I might be more willing to answer, but if she's asking me to remind her what the doctors said about her husband's med

regimen, that could get very dangerous very quickly. So you're right. It's both. The point is just that we want to empower the Deaf consumer to have agency, and the wherewithal to engage with the medical team directly, not to feel like the cards are stacked against them so they give up on trying to talk to them.

Often Deaf folks are in situations where they feel they have to step back or give up so as not to inconvenience the hearing people. The interpreter being involved means even a simple situation is already more complicated. So I like to be a reminder to them that they can keep going, that it's alright. But you're right and your answer reminds me that I can solve some of the issues myself.

HI: I think there's a lot of different factors involved. The first being, we can make that decision. You're right, if the question is short, like the spelling of a term, sure, that's fine. But another factor would be if the hearing person who is the source of the information is standing right there, naturally it would make more sense to ask them the question. For me the "…oh, now what" moment is when they've left, and the questions are being put to me. Should I explain, or go with the consumer to find someone with that information?

Plus, I have to check myself: do I really know the information they're asking for? Or not? Because the last thing I want to do is give them wrong information. That's very dangerous. And worse, sometimes I don't know what I don't know. So I might happily give them answers that I don't realize are wrong. I could be completely off-base. So it is very dangerous.

DI: Right. Are there decisions you made during this exercise that you feel you could apply in other environments, not necessarily medical? Can you share an example? Maybe a situation where all of the details are completely different, but the answer could be the same.

HI: That's a good question. Yeah, that balance. Should I share what I know in answer to a consumer's questions, or bring them to the professional? I think that idea applies in lots of situations.

The bulk of my interpreting experience has been in schools. Public schools, K-12. So that environment is less risky than medical, which can be potentially life or death. In the K-12 setting I think it's more okay to engage directly with the student; you don't have to bring them over to ask the teacher for *everything*. But sometimes – it's balance, again. Sometimes it's important that the teacher be aware that the student isn't understanding that concept, so I will prompt the student to go over and then interpret. But sometimes the teacher is busy, and I'm right here and I know the answer, so I could help the student versus them having to wait potentially a long time. I can go ahead and help, which at the end of the day is actually supporting everyone's work, by simply telling the student what they want to know. So that moment comes up in a lot of different situations.

DI: Right. That Inverted Pyramid of Responsibility applies in K-12. The young child has more responsibility than the adult, who keeps returning it to the kid if they try to give it back. So you're right, it depends on the student, it depends on the patient, it depends on the situation. Do you have other examples of decisions you made today that you can apply to your work?

HI: I think all of it could apply to anything, but I might make adjustments based on the stakes. Are the stakes high or low? Is it school, or…it depends. It depends! Lots of things depend. What about you?

DI: I think #2, when the consumers are suddenly in two different rooms. That happens a lot, in lots of different contexts. For example, a conference, a workshop, a Parent Teacher meeting, maybe everyone is sitting down together and then someone asks for a side conversation, and I'm only one person: what do I do? Deer in headlights. But in that moment I feel less concerned because it's *not* a life or death situation, so I might go ahead and make the decision myself. But in a medical setting, I'm more inclined to automatically and emphatically defer to someone else to decide. And I'm wondering now why I don't do the same thing for both. Maybe I'll try an experiment and see what happens if I defer the responsibility back to the consumer or players instead of deciding myself what is or isn't important. Because my view of the priorities may not be everyone's. The consumers may think very differently.

HI: Do you mind if I ask: as a Deaf person who uses interpreters, have you been in a situation where the information you received was unclear and you asked the interpreter to repeat or explain? What did you expect or want from them at that moment? Do you remember that ever happening?

DI: Can you say more?

HI: Maybe when you were in school? You have a question for the teacher, but the interpreter is sitting right next to you, so it's easier to just turn to them and ask, or anywhere else? Do you know what I mean?

DI: Yeah. Sometimes when I use interpreters I might miss something, but the interpreter is still interpreting. The teacher is still teaching. I don't have the benefit of being able to turn to my neighbor and whisper. Like, "what year did they say that happened?" I can't do that. So sometimes I do get the interpreter's attention to just ask for that one detail I missed. And I'm very specific with my question, because I know that they are mentally processing in real time, and listening and signing, so my asking them a question at all can really throw a wrench into things. So sometimes I have to do it judiciously, finding the right time to ask, waiting until I can see they've finished a thought and then quickly do it when they have the bandwidth to receive it. If I can't make that work, I will raise my hand and ask the teacher. "Sorry, I missed what year you said." That might also be an opportunity for me to ask the teacher to slow down, or speak

more clearly, because the languages are different and that would give me time as I attend to both process what I'm seeing and keep up with the pace of the class.

I have had other times, with one teacher who would lecture at length – it was a 50 minute class and they would regularly lecture for 55 minutes, from the moment we entered the room – so the interpreter was working really hard the whole time, and I always felt like I was behind, missing opportunities to answer questions, so in the midst of the interpreter working, I interrupted to say, "Let's flip the way you're interpreting questions. Start by signing and emphasizing, *"This is a question"*, and then the content." We did that without communicating with the teacher, and I really felt like it made a big difference in my being able to participate. I could answer more often, because any time I got the prompt that a question was being asked, I went into hyperfocus. Then if I wanted to answer, I could get my hand up at the same time my peers did. That worked better than the traditional way, which would be to interpret the content of the question, then offer me the opportunity to answer, at which point the room had already moved on. Then I'm out of the loop.

It was nice actually, and now I'm realizing I did put the onus on the interpreter a bit but at the same time, we're a team, so you work with me and I work with you.

HI: Right.

DI: You know that there's an effort underway now to standardize some best practices in our field. Do you feel like any of the decisions you made today were prompted by a need to adhere to any of those best practices? Any examples?

HI: I think this conversation we've been having has all been about best practices. All of my decisions were in service of the goal of meeting the Deaf consumers' needs. And respect for those needs. I do whatever is necessary to make sure those needs are met. Now, the hearing consumers also have needs. So whatever decision I'm in the moment of making, I'm always aware that the overarching goal is to meet the communication needs in the room. I think that's the wider best practice. And that's our job.

DI: Did you learn anything new about yourself from this exercise? Something you weren't aware of before?

HI: That's a good question too. I think I learned what my habits are. How I typically respond. So for example, I learned that I typically will answer a direct question from a consumer. If I feel comfortable that I know the answer, I will usually tell them. And for me, that is distinct from offering my opinion, because if the question is "should I share my opinion", the answer is easy, definitely not. But if I know the answer, and the hearing person isn't there anymore, now I have to choose what to do, but I learned today that typically I will go ahead and answer. Whether that's good or bad, there are pros and cons, so I don't know.

But for me, interpreting always means co-constructing meaning. So if a Deaf person comes to me needing more meaning, and I have the meaning, we will work together to co-create that meaning. So I think that's where I'm coming from. That idea that it's not true that we just neutrally facilitate communication without participating. We are the conduit through which these parties talk to each other. So if I can support the Deaf consumer's understanding, that contributes to the goal of meeting their communication needs.

DI: I notice that you like facts. That if you know the answer to a consumer's question, you feel comfortable repeating it. But you couldn't share your opinion. That's important, because if you already have that fact, that meaning, you can better expand on the details to make it clearer. You're right.

I've been thinking about what I learned about myself. I learned that I make lots of little decisions all the time, without realizing it. Like I said before, in some settings I would answer a consumer's question and think nothing of it. But not medical. When really, the problem is exactly the same. Why am I deciding which event is more significant? That's not my job. So I realized I need to keep an eye on that.

It's nice, really, because to be honest as I started answering the prompts today I realized that I was struggling to apply the CPC and getting into the weeds, when in reality, I have already internalized and incorporated all seven tenets. In my practice, I don't have to take the time to externally process those decisions, because I hold the tenets in my mind as a resource and I can refer back to them and apply them any time I need to, in the background, as I'm interpreting. So that's where I'm coming from.

HI: Yeah. It's been a cool process.

DI: It's not about whether a decision is right or wrong. The point is to be able to defend your decision with the CPC, with the values of our profession, and if we can do that, it's okay to keep that decision – while being aware that there may be other, equally viable, decisions that could be made. Do you have any examples of that?

HI: Yeah. I think decision points 1, 4 and 6 are where you and I had different responses, and came at them from different perspectives. But both decisions were good, and I could see myself taking on your decision. So either was fine, for those three. How about you?

DI: For decision point 7, I think I could also decide to stay but be really intentional about how. I can't just keep going with no clear end in sight, so I could deliberately step away from the setting to rest and have people come get me when they needed interpretation, instead of staying in the room. I could do that while the agency was looking for a replacement. Sometimes I feel like we assume our decisions have to be yes or no. Stay or leave, and that's it. We can

work with the nuances of those decisions to make them work for us and everyone. So we have to consider that too.

HI: This has been great. I wish we could go on talking. It's been great to spend some time sharing our perspectives. Thanks so much!

DI: Same here. Thank you!

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