Northeastern University
Center for Atypical Language Interpreting

Unfolding Scenario 3: Health Care Setting

Sample Interpreter Responses and Reflections

Transcript*

This is an interpreting scenario that occurs in a Medical/Health Care setting. In this scenario, a Deaf interpreter will team interpret with a hearing interpreter during a medical appointment. The interpreters know each other and have worked together on one other occasion. Both have experience working in healthcare settings. The Deaf consumer is a 59-year old Deaf man, who has some developmental disabilities. He did not complete school. Through the assistance of a program housed at Goodwill Industries he has learned to live on his own and is generally content with his life. He is a hard worker and likes his work and keeping busy. He lives in a small apartment and rides the bus to and from work every day. His life revolves around his work and a set of regular routines that include caring for a dog, eating out at his favorite diner two times a week, watching some of his favorite TV shows, and taking a 20 to 30-minute walk with his dog every day. He has no family nearby—only a sister who lives in another state and with whom he has little contact. The Deaf patient needs surgery on his leg due to an injury he sustained at work. He has insurance and his employer has provided basic assistance to him in moving to this decision as part of the workman's compensation claim. Their assistance has been primarily related to helping him to schedule appointments, fill out paperwork, making sure he knows the bus routes to take for his appointments, and checking in with him periodically to see if he is okay. Next, you will see a brief clip of a Deaf man who has similar characteristics as the Deaf consumer in this scenario. He is being interviewed by another Deaf interpreter. This clip will help you visualize the type of individual for whom the interpretation is being provided.

CLIP OF DEAF CONSUMER

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

*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.

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 videotape and upload your two-minute ASL response. Be sure to include the two parts—what you would do and why. And remember, part of the why includes information about what ethical principle or value influenced your decision.

Next you will see a slide indicating the first decision point, followed by a pause. After the pause, the next decision point will be introduced. This process will be repeated for all seven decision points. Let's begin.

Slide for Decision Point 1

The Deaf interpreter and hearing team meet the Deaf consumer in the lobby of the doctor's office. He is very chatty and pleasant. However, it is apparent the breadth and depth of topics he is prepared to discuss are restricted and his sign production is skewed somewhat. While the Deaf interpreter is waiting to be called into the doctor's office, the Deaf patient tells them that he absolutely refuses to have surgery. What could/should the Deaf interpreter do and why?

DI Sample Response:

This is in response to Decision Point #1. I'm meeting the Deaf patient and while we get to know each other, I'm evaluating his language use. He tells me that he refuses to have the surgery that is being recommended. What should I do?

I would respond to the patient by letting him know that I'm perfectly happy to interpret that when we go into the appointment. I would be clear that when we go in, he can say the same thing to the doctor directly, and I will interpret exactly what he says. "I'll make sure he understands what you're saying."

Now, my why. The CPC includes the tenet Respect for Consumers. I want to make sure that this consumer trusts that I will interpret everything he says, and with message equivalence. So not only interpreting the content, but doing so in a way that the hearing consumer can understand. Then we'd be ready to go into the treatment room.

HI Sample Response:

Decision Point #1: The Deaf patient has told me privately that he plans to refuse to have the procedure. What would I do?

My first instinct here is that I need to clarify with the client. I've arrived at the job and I'm talking to everyone in the room. That means I'm engaging in small talk with the client, with the front desk staff, the custodial staff, the doctor – everyone in the room. So, I'm chatting with the client, getting an understanding of his use of language, and right away my gut is telling me that this is a person who needs additional support. So if he tells me he refuses to have the recommended surgery, to me, that means he's afraid. Maybe there's information missing in his understanding of the procedure, or there hasn't been enough support throughout the injury and appointment process – he needs something more than what he's been getting. So my first response would be to clarify with him, and advocate. "I see. OK, well, we'll go in and see the doctor and you can have that conversation with him. You can ask him any question you want, all the questions you have. It's your appointment, so you can say what's on your mind and not just listen.

Slide for Decision Point 2.

The doctor examines the Deaf patient, describes the surgery, sets the date for the surgery, and gives him some medication to take the evening before the surgery. As well, he gives him a list of a few other things he wants the Deaf patient to follow prior to the surgery—such as not eating anything after 6 PM, and keeping his leg elevated for 24 hours prior to the surgery. The Deaf interpreter checks in frequently with the Deaf patient to ensure understanding. He has no questions and offers no comment other than to acknowledge he understands by affirming when asked. The Deaf interpreter has serious concerns as to whether the Deaf patient will comply with the doctor's instructions, particularly given what he told the Deaf interpreter in the waiting room. The Deaf interpreter is also not sure that the doctor knows about the Deaf patient's developmental disabilities and the impact on his cognitive abilities. What could/should the Deaf interpreter do and why?

DI Sample Response:

Decision Point #2. Now we're in the doctor's office, having an appointment. The patient, who was clear with me in the waiting room that he did not want the surgery, is now only nodding, passively agreeing with everything the doctor says. As the Deaf interpreter, what do I do?

I would be proactive, and ask the patient directly; "You told me outside you refused to have the procedure. Now you're agreeing to everything without comment." I would get crystal-clear clarification, to make sure that I'm understanding and interpreting correctly.

My reasoning again goes back to the CPC. Interpreted messages need to be equivalent and accurate. The information I'm holding – his refusal to have the surgery – is not actually mine, as a part of the conversation he and I had, but is a crucial piece of information for the dialogue between the patient and the doctor. So it's vital that I ask. Because the patient – maybe the

patient, especially because he uses atypical language – sometimes folks who use atypical language think that one concept is actually two different things. The patient may not understand that the surgery he told me he refuses is the surgery the doctor is talking about now. It's entirely possible that my interpretation was not clear. But he was very clear with me in the waiting room. So my duty at that moment is to ensure that my work is accurate and clear.

HI Sample Response:

Decision Point #2. The appointment has ended, and when we get back to the waiting room it becomes clear that the patient does not understand the pre-op instructions he was just given. What should I do?

The CPC refers to both Respect for Consumers and Business Practices. The duty is to clarify the message's meaning. So if my work as the hearing interpreter on the team was not sufficient, and my Deaf interpreter colleague's work was not sufficient, we simply need additional support. During the appointment, based on my experience working with clients who are Deaf and have additional disabilities, I would have known to ask more probing questions, make greater use of expansion techniques, and use additional support to bolster my work. So during the appointment, I made sure those things were happening, and even though the interpreting team was communicating well, we just didn't get there for the patient. He needed more. That includes the doctor. So in the room, we should have made sure the doctor knew that the patient was not understanding.

We could have asked that the doctor go back and review the instructions again, slowly, not rushing through, taking one thing at a time.

Slide for Decision Point 3.

When the Deaf interpreter and hearing team and the Deaf patient leave the office, the Deaf patient asks the Deaf interpreter what the medicine is for and if you will reiterate the list of instructions. He explains that he doesn't read or write much at all and feels unsure about what he is to do now. What could/should the Deaf interpreter do and why?

DI Sample Response:

Point #3. The appointment has ended, and once out of the treatment room, the patient lets me and my team interpreter know he didn't understand the content of the conversation at all. What should I do?

First, wow. This is very difficult for me to answer. Because the patient has every right to nod and smile passively if he wants to. This Deaf man – all Deaf people – have the right to not understand fully and not pursue more information. So this is a huge conundrum for me. I do think it's important that I make the patient aware of the possible consequences of leaving this

appointment now without understanding what was said. Because it's a medical setting, in addition to our regular cadre of ethics and best practices, we also need to be mindful of our mandate to Do No Harm. Sometimes there isn't anywhere we can specifically point to in the CPC that guides us around the need to do no harm, so that's when we rely on introspection to decide how to proceed. So that's part of it. So again, this patient has the right to leave without understanding, but it's my duty to inform him of the potential consequences if he does.

HI Sample Response:

Decision Point #3. As the interpreter, I've realized the patient is still lost. The explanation of the surgery was not clear enough for him. I feel personally responsible for him not understanding what's going on, so, wow, I have to do something.

So, again, during our conversation outside the treatment room, I would say, "You know, it would really be best if we go back to the doctor and have them explain it all again, so we can get clarification about the details." In my experience, as an interpreter and as an advocate, I've had that conversation with clients many times, where I clarify the consequences of not having enough information. Professionalism is the second tenet of the CPC, and refers to the duty to always seek out additional support when needed. That could be a Case Manager, or someone from the client's workplace, or lots of other people, so it's important to recognize that I'm not stuck here. I have resources. I can have conversations with other members of the patient's team to find that additional support.

Slide for Decision Point 4

The hearing team suggests that they all return to the doctor or ask a nurse to explain everything again—although the Deaf interpreter's instinct is that this may not resolve his concern. The Deaf patient says no, and requests that the Deaf interpreter simply explain it to him again and that the Deaf interpreter call his work and speak to the person that typically helps him. He pulls out a card with her name and number. What could/should the Deaf interpreter do and why?

DI Sample Response:

Decision Point #4. The appointment has ended, and the patient needs to be in touch with his boss. He asks us to make that call. What would I do?

Firstly, I have to tell you, this has happened to me several times. I always immediately, and quickly, lead the Deaf consumer to a person nearby who can do that, like the secretary. I connect them as quickly as possible, for a few reasons. First, the patient is now asking me to do something outside of my role. It's possible that he didn't – or rather, *I* didn't explain clearly enough what my job is. The more I engage with him outside of my role, by for example

explaining the content of the appointment, the more rapport he builds with me, when he needs to build it with the medical staff. So I nip that in the bud immediately and get him to a staff member. “She can help you, sir.” It’s very common for front desk staff to make phone calls for people, so that’s not unusual. I can introduce them so they can do that. And my hearing colleague and I will be right there to interpret anything he needs. We remain at the ready.

The CPC speaks at length about role and boundaries, explaining why the demarcation of our role is so important and why getting involved beyond that is inappropriate at least, possibly worse; this is a man’s life we’re talking about. So I stay firmly in my lane, and that’s the only way for me to provide the best service possible.

HI Sample Response:

Decision Point #4. The appointment is over, and during a conversation with the interpreting team, the patient asks us to call his boss on his behalf.

We’re there as interpreters, so our job in this setting is to interpret. The CPC talks a lot about the prohibition on dual roles. So if we go ahead and advocate, or make phone calls directly, things can get complicated. Now, I’m a human first, so I would try to find a compromise. We could suggest that we go with the client to the front desk and ask the receptionist to make the call while we interpret. If he’s amenable, we could make that happen. Keep in mind that the reason he wants to call his boss is to get additional support to help him make decisions, so it’s an act of self-advocacy. I think the best thing the interpreting team can do is support his choice to do that.

Slide for Decision Point 5

After making the call for the Deaf patient to the person from his workplace, the Deaf interpreter, the hearing team, and the Deaf patient leave the medical building. The Deaf patient indicates he must go to work but doesn’t know the bus schedule and when the bus he needs to take will next arrive. He asks if the Deaf interpreter will give him a lift to his place of employment. What could/should the Deaf interpreter do and why?

DI Sample Response:

Decision Point #5. We’ve exited the building, and the consumer says he’s late for work and asks me to drop him off. What would I do?

I would answer very clearly and say, “No, I can’t. It’s not allowed.” And, to be clear, then I would explain why, saying, “I’m a professional and I have liability. I’m required to maintain liability insurance and a bunch of other things. So if you get in my car and something happens, there’s an accident or a crash, that would fall on me. I, as the interpreter, would have caused you harm. I don’t want that. So no.”

I think it's crucial to be clear with the consumer and go into that detail about why. Particularly with clients who use atypical language, sometimes they get laser focused on the task at hand and don't consider the more abstract universe of potential implications. So I'm very happy to take the time to explain. And CPC-wise, it's for two reasons. One, Business Practices, because I'm maintaining clear role boundaries, but secondly, Respect for Consumers, because I'm taking the time to explain my reasoning in a way he can understand. I know he's not trying to take advantage of me; he just wants the task finished, which is that he gets to work.

HI Sample Response:

Decision Point #5. The appointment is done and the Deaf patient tells the interpreting team that he is worried because he needs to get to work soon. He asks whether either of the interpreters could drop him off.

Again, our job responsibility at this moment is to interpret. That's all. So, what do we do? Interpreting doesn't include giving rides and that kind of support. What would be the best way to explain that to the client?

This is a conundrum I've run into as an interpreter, and I don't know how to resolve it. In this situation, as always, I want to be able to offer a compromise. I could suggest we go back inside and ask the front desk person to make a call for the client, to let the boss know he will be late. Or we could try to figure out something else, to communicate with the boss, because we don't want this gentleman to lose his job. People with disabilities, or multiple disabilities, and especially People of Color, do not have the luxury of putting their jobs at risk. So we as interpreters need to be mindful of the layers at play in this moment. We can't just smile and say, "Sorry, it's not my job to drive you to work. Too bad." We need to be very aware of the impact that might have.

Slide for Decision Point 6

The Deaf interpreter and the hearing interpreter connect to discuss the assignment. They both agree that the Deaf patient would have benefitted from having an advocate or other professional with him during his assignment who could have better assisted him with a variety of needs. You both feel it is important that this information be provided to those coordinating services for him. What could/should the Deaf interpreter do and why?

DI Sample Response:

Decision Point #6. Post-assignment, the interpreting team is debriefing. We're wondering whether we should pass along any feedback to the coordinator. What would I do?

I would very strongly support reaching out to the coordinator. We should share what we have, what we can do, and what will be pertinent for them to know if future appointments are booked. They will need more information than we had for this one.

We can also share information about available resources, like advocates – really everything, everything we can. The reason I say that is because we often don't take the time to educate the hearing consumer; often we think of "our consumer" as only the Deaf party. The hearing consumer has enormous power to change the circumstances, but we typically invest all of our time and energy in the Deaf consumer without doing the same on the other side. That's a huge gap in our practice that I've seen over the years. We don't do nearly as much education with the hearing consumers.

HI Sample Response:

Decision Point #6. The appointment is done, and the interpreting team needs to be in touch with the coordinator, to give them schema as to what future appointments might look like. Many interpreters feel stuck, or don't have enough information, so they go to an appointment and interpret, but the work continues even after the appointment ends.

Conversations with coordinators can run the gamut. Sometimes the coordinator knows the ins and outs of communication access, but sometimes they really don't. Sometimes they're not familiar with Deaf culture either. There can be a lot of places we need to fill in the gaps.

The Business Practices tenet in the CPC emphasizes our responsibility to share resources. That includes these conversations with coordinators, after assignments, in a nice and friendly way, of course, to develop that relationship between agency staff and interpreters. I say that because I've been in other situations where the interpreters before me did not foster that collegiality, and I went to an assignment and the coordinator did not cooperate with me. It made me curious as to what had happened before I came into the picture. Why hadn't that happened? Why the coordinator doesn't know X, Y, Z, sometimes about that specific patient. So, coordinator feedback is critical.

Slide for Decision Point 7. A few weeks later the Deaf interpreter is contacted to serve as the Deaf member of an interpreting team who will interpret at the hospital for this same Deaf consumer during a surgical procedure and recovery. What could/should the Deaf interpreter do and why?

DI Sample Response:

Decision Point #7. The agency lets me know there is another assignment available with the same gentleman. Do I accept the job?

My answer is a resounding yes. Absolutely. Here's my thinking: I now have some prior knowledge, which means I can help build this situation – the lead-up to surgery always involves multiple appointments. It's never just one. So consistency can be key, and the CPC says accuracy is important; so I have to think about the fact that I have prior knowledge so I can be more accurate than another interpreter would be. The totality of the information I carry will help me be as accurate as possible. So that's one reason.

Also, beyond just the information, if I've done the prior assignment and declined the next one, the consumer has lost his consistency. That's another part. Plus, I would ask the coordinator if any advocate or resources are available in advance of the new appointment, so I go in knowing what it will look like. If there will be an advocate, my hearing colleague and I will need to sit down with them beforehand and make sure we're on the same page, so our work aligns.

HI Sample Response:

OK. Decision Point #7. The office, or agency, has offered me another job with the same client. What should I do?

I think I will take the job, yes, naturally, *and* communicate with the coordinator, and communicate with anyone who will be involved in the appointment, to learn the history. Was I the last interpreter to work with him? Because then the conversation I had with the coordinator in the last decision point has already happened, and I know where things stand: the coordinator already knows me and the patient's needs. That's in a perfect world.

If that's not the case, that's okay, there are still so many resources out there that I can look into so that I'll be ready for the new appointment. That way, once I get there, my team and I will be set up for success.

It's important to realize that assignments don't exist in a vacuum; jobs build on each other. So in the first appointment, you try to share information and resources, and maybe it's not perfect. The next time you go back, you can educate people a little more – it's like watering a plant, a little at a time, every time you go back. If the interpreter at the first appointment just doesn't do the education, the second appointment will be that much harder, and a lot more work. So we should always consider our assignments not in isolation, but from the big picture, to help us be as successful as possible.

Reflections on Sample Responses

DI: I wanted to talk about the places during this exercise where you and I made different decisions. Decision Point #3, when the patient and interpreting team have just left the appointment, and the patient lets me know that he didn't understand what the doctor said. And my decision was to engage with him about it, talk about it, but not *do* anything. Your

decision was much more proactive, figuring out a way to take action. Those are very different approaches, so I'd love to hear about your thinking.

HI: Sure. That's to do with my upbringing. I come from a very collective culture. Latino families do that for each other; the community responds. If there's a need, we go. I understand why you would choose not to do that; I know that sometimes this eagerness to engage and help can feel like saviorism. It could be paternalistic. In that moment I just felt like I needed to try my best – I wasn't solving the problem myself; the point is that resolution should come from a team approach. What was your thinking?

DI: I've noticed that often we interpreters have an expectation or vision as to how things should go. And we all carry our own experiences – me included. I'm an educated Deaf person, I'm neurotypical, I'm white – I have all of these layers of privilege. My parents both signed well from the time I was born. So I have had and do have a lot of access. And it's easy for me to think that my experience has been the ideal. Meaning that when I encounter someone who had a different experience, I have to do something, to bring that person's experience up to par with my own.

What I realized though, is that that's me being ableist. That's my ableist frame. Deaf people have the right to nod and smile without actually understanding. They are permitted to do that, the way any hearing person can do that. Deaf people can refuse recommended surgeries, or play the blame game. Deaf people have the right to misunderstand. I feel like, especially as a Deaf interpreter, we often feel like, "*the Deaf consumer cannot misunderstand.*" "If they misunderstand, it means I haven't done my job." But, wow, that's a huge burden. The idea that I'm responsible for their understanding, when I have no power whatsoever over the entire history of their lives that brought them to this point.

So that's kind of where I'm coming from. And, I would be afraid that if I did take action, there would be much farther-reaching consequences than I intended. That would feel like I became the oppressor, in my own community. So that…that one stuck out for me.

HI: I love that you mentioned that, because when I think about the Deaf patient, or even the hearing people in the room, what are their cultural backgrounds? What are their approaches and thinking around the situation? Are they coming from a place where they're used to seeing people engage with each other to solve someone's problem? Or does their culture expect problems to be solved independently, by the person with the issue? We don't know.

The other part I found fascinating was what to do with, what was it, the point was, you said…oh, I know, you mentioned the word ableist. I love that you brought that up, because I think all interpreters need to take time to reflect on our bias. We all have it, so we need to be able to admit it, and understand what it means. Working with people with additional

disabilities, unique language, sometimes it seems like we as a profession know how to take over or do nothing, but have no understanding of the options between those two ends of the spectrum. We don't know what a consumer with autonomy looks like. It can be a very gray area. So that's where the interpreting team being able to talk to each other is key. You have to be able to talk through the entirety of the encounter and ask each other how things feel. So I feel like in that decision point, neither of our decisions is exactly "right," because if it were a real assignment, you and I would have checked in along the way. It would have been like multiple sidebars, "What do you think," "Was that too little? Too much?", "Should I back off? What should I do?" And if interpreters don't have that self-awareness and comfort with self-reflection, it's possible those conversations wouldn't happen. Then someone *will* just either take over or do nothing.

DI: You're making me think about the White frame. From your experience as a Latino person – earlier you mentioned the collectivist approach, as it might show up in a communication situation, and my thinking is, sort of, "Deaf people can be independent! They can decide for themselves!" So I'm wondering if we're having some cross-cultural friction, where my understanding of communication is "You can do it yourself! Speak your mind!" and you only need me for the practical aspect of language facilitation, because the person you're speaking to doesn't know your language.

But you're bringing something a little bit different, where your perspective about that situation doesn't start and stop with that one consumer. Mine is laser-focused on the Deaf patient in this room, because my question is always, "Who is being oppressed here," and right now it's him. But holistically – wow – what are your thoughts about that?

HI: Right. There's so many layers. The way we can find common ground is by remembering that Deaf culture *is* collectivist. Sharing information is hugely important. But you're right, White culture, Western culture, very much about the individual and my personal rights. There the value is independence. But we can find that common ground. But we need to have those conversations. If an interpreter shows up to an assignment and doesn't even know that they are White, isn't even aware they have a culture, they could innocently steamroll over everything in the process of "just doing their job." As an interpreter, I am a child of immigrants, so when I walk into an assignment, I am already keenly aware of these things. I know that I bring my family with me to everything. So it's very odd to consider a person of color on their own, without their family, without a support system with them all the time. How can they possibly protect themselves, if they're all alone? That's totally foreign to my experience.

When I go to a job, I feel like part of the consumer's support system. So I must do something. If my interpreter team hasn't developed that awareness of themselves, what their culture is, that changes how they show up. Many of my peers are trilingual interpreters, and they

automatically say, “White interpreters are cold, because of the professional boundaries” and I say, “Hang on. Cold is the wrong word. What you mean is, their frame is different.” That’s all. So if a Latino person, or anyone from a collectivist culture, is not aware of their own history and influences, when they come to work they don’t know how to build that bridge. Instead what happens is a series of conflict points where they’re stuck as to what to do because of those boundaries.

DI: And if we have those conversations as a team, we will have to agree on –

HI: Oh wait, I remembered one thing! Yes, yes, remember there was one part where we were talking about the doctor…I feel like sometimes trilingual interpreters will go into a job and work with everyone present, and not consider the importance of individual self-determination. So it feels like we can really learn from each other. That’s what I wanted to really drive home. The people from collectivist cultures need to add that frame to their skills – that independence and ability to decide for oneself – and people from individualist cultures need to add that more collectivist perspective to theirs. So there’s that balance. Sorry, I interrupted you.

DI: One thing you talked about in your Decision Point #1 made me think. You said in every job, you enter the space and engage with the front desk staff, the Deaf patient, the custodial staff, the doctor, anyone present. You include everyone. That’s really important for your successful communication. I think that’s great because now you have that many more resources at your disposal, from the start. You don’t try to engage those resources later, by only communicating with the agency coordinator.

My frame is very much about working in the system where this encounter is taking place. As an interpreter. That’s it. But – right, that’s my White frame!

HI: But you believe in the system? That it can be fixed? That’s okay! Right!

DI: I believe in it. Yes! I built it! My people built this system. And I get it – it’s clear to me! Everyone else may find it baffling, but I totally get it. So I wonder…I’m just thinking out loud…about how we can meet in the middle to make this work. And not only that, but when a consumer uses atypical language and *also* is from a Latino culture, or another more collectivist culture, sometimes I as the Deaf interpreter need to ask my team who shares that frame what the best approach would be here. What’s more culturally appropriate. Versus the opposite situation, if you and I walked into an appointment where everyone was White, you might lean on me for best cultural practices. We can use each other as that resource: “Should I check in with the doctor? Too much?” We can share each other’s insights as resources to have more open and fruitful dialogue, because I have my unique identities and intersectionality, as do you. I don’t have an ending, just thinking.

HI: Yeah. I wanted to say, I loved one of your responses. It was the one where you were explaining why you couldn't give the consumer a ride to work. You talked about the importance of concrete information. How people with additional disabilities can struggle with abstraction. I *loved* it. That is so critical. And really, why do we default to a vague response to those questions? There's no need. People need to develop trust with their interpreters – in many situations that trust isn't there, and people struggle without it - so your concrete response fosters that and is so important. I agreed 100% with that. That was good. Let me think if there's anything else.

At another point you said the interpreter needs to remember that the hearing person is also their client. I don't know if you've heard this before, but some people really emphasize that word choice: "the" interpreter, as opposed to "my" interpreter when referring to our work. That "the" reminds us that I'm there to develop relationships with both clients. That's so important and I really liked the way you said that. Great. There was one more.

DI: I'd like to go back to that decision you talked about. I think it was Decision #2? Yes! Decision #2, when the consumer was talking about, or just nodding and smiling, without really understanding. And alarm bells went off for me because if I'm not overt in that moment about the possible consequences, things can go very wrong. We've both been there and seen it, when things go off the rails like that. And then the person leaves. I'd love to know more about what you think of that situation.

HI: I think a lot about my work with immigrant families. The feeling of leaving a job – or rather, leaving an assignment – an appointment, whatever it may be, feeling unsettled. Uneasy. Not sure if you had the full picture of what's happening. It happens a lot. I'll be chatting to a friend or community member and they'll mention having been somewhere where there was an interpreter and I ask, "oh, what happened at the appointment?" and they can't tell me. "I'm not really sure." "Did you ask for clarification?" "No, I didn't want to make waves." So as interpreters we have a huge responsibility to fix that problem. But how can we, if the client won't ask? Even if we ask if we're clear and they understand, they're saying yes, when it might not be true. So I feel like we have to be really creative in how we ask that question. Because something somewhere – in the previous appointment, at an earlier one, there would have been a language assessment. That small-talk conversation serves to foster our connection with the client, to develop trust in the moment, so when we're called back, they feel safer to ask when they don't understand. Maybe that's one way. It's a problem that comes up a lot.

DI: That just sparked a whole series of things in my mind around what we do as interpreters and how we contribute to creating these situations. We're creating situations where we can't come up with creative ways to confirm that our work is clear and the consumer is getting all of the information. We create situations that are neither natural nor comfortable. If we approach it a

different way – would this be collectivist, I don't know – but if we approached it in a different way, so instead of in Decision Point #1, when the patient tells us in the waiting room that he will refuse the surgery - *right there.* There is an opportunity *right there.* To say, maybe I shouldn't put myself in this situation and create that role confusion for the consumer, to think that I have authority or something, and trust me more because I'm Deaf like him. Or not! There's so many intersecting layers, maybe the male patient would trust me less because I'm a woman or because I'm White – something may have happened in his history, we don't know. But if more people were involved in that process, more people can take responsibility – because you talked about who has the responsibility to fix it when communication goes wrong. Often we as interpreters seize on that. We're so vigilant for any small fire we can put out as they happen. But if other people – the doctor, the nurse, also came to meet the client in the lobby…maybe that causes harm, then we have those lobby conversations.

When I think about this situation in particular, almost every decision point is about the client's relationship with me. First he tells me he won't have the surgery. Then I see him nodding in agreement during the appointment anyway. Then after the appointment he tells me he didn't understand any of what the doctor said. Then he wants me to call his boss. Then he wants a ride to work. Every decision point is about my role, and his increasing dependence on me. I think that's possibly because of the rockslide we set off in Decision Point #1.

So I think I'd like to take apart that whole concept of what a "consumer assessment" means. We assess the Deaf consumer, but we don't assess the hearing consumers. We just charge in assuming we'll understand the hearing people. But what if we had the hearing and Deaf consumers together in the same space before the assignment, and did the assessment with them both, together, and at the same time we *explained our role*? And remind them, "This is your situation. That's why we're here. Any questions for us before *you two* start your meeting?" Or your appointment, or whatever. Maybe not every situation can happen that way, but if we look for that opportunity, we might be creating more equality, because through that conversation hearing people would learn how to do what we've been doing, then at the next appointment, if the DI is not me, right, maybe interpreter consistency becomes less of an issue because the primary relationship in the room is between the consumers. And we just support as needed. So that all leads me to maybe want to revisit every Decision Point.

HI: I agree 100%. First I want to know if you and I can work together forever. Is that okay? Will you be my team forever?

DI: That's a hard yes.

HI: That's exactly it. Transparency. Why isn't the hearing person involved in this dialogue? Why? Oftentimes, the Deaf interpreter explains the roles to the Deaf patient and the hearing

interpreter just waits. They don't escort interpret to narrate to the hearing consumer what the DI is saying. Often they don't do that. So we're not including the hearing person enough. We're not utilizing the resource that they are. If the doctor, front desk staff, the nurse, everyone knows this patient – what's the point of this whole exercise? To build relationships. To build community. Right? To reduce the trauma of isolation.

This person comes to this job – this appointment, sorry. This person comes to an appointment because they need services, but the players in this doctor's office are part of his community. So what are we doing wrong? What are we *not* doing, to foster the relationship between them?

DI: We ignore the hearing person. And we assume all of the responsibility, and particularly when the consumer is an atypical language user, and what if the doctor is actually an expert in everything we don't know? *They* could explain or clarify. But instead we create these opposing frames where we must be the intermediary. Instead of when the appointment ends, saying "Do you guys have any questions for us?" There could be a constant reminder to the consumers that this appointment is *yours*. So we set that tone and then maybe the patient would never ask me for a ride. He wouldn't ask me to make that phone call and all those other things. Because he would feel like he was an equal player in this interaction with his medical team.

HI: Exactly. It's his appointment with his doctor. That's soft skills. That's why we spend so much time talking about soft skills and the potential impact of the conversations we have with the consumers before and after the assignment. Sometimes we ask, is this your first time using an interpreter? But sometimes we don't. If it's your first time ever using an interpreter, you feel really out of your depth! It's uncomfortable; you're not sure where to look, or what to do. We should always be asking that question, but sometimes, particularly if you've been doing this job for a long time, things start to become auto-pilot and we form bad habits.

We can't afford to forget about this. That decision not to clarify that point has a direct impact on the client and does harm going forward. But now we're talking about implication; there are long term impacts for the Deaf client, the interpreter, the hearing client, and we've already answered some of that, and the big one for me is the implications for the Deaf client. We as interpreters model how to work with the Deaf patient with additional disabilities, for the hearing consumer. We teach them by our example. So if we treat the patient with disrespect or micromanage them, the hearing consumers will do the same. They're gonna do what we do. A lot of interpreters don't realize that, and go along with their jobs and day without noticing what they're doing and that the doctors and nurses are watching, and learning. "Oh, that's how to treat that person? Got it." So we always have to remember that. Because what we do in these moments contributes to what their doctors' appointments will look like going forward. Or for the hearing consumer, what we do in those moments creates a lasting impression about working with Deaf clients. Same thing.

You had said something about the Deaf patient making decisions for themselves. If I take over, the doctor will think, oh, Deaf people need someone else to make decisions for them. So I have to stop and think too, every time I take on being proactive and do something instead of doing nothing, because it has long term impacts on everyone.

What other impacts do you see?

DI: You just touched on the Deaf/hearing consumer piece. I want to speak to the interpreter piece. Our behavior has substantial implications for our work after this assignment. How we team together, and specifically that burden we presume and assume: "when the consumer uses atypical language it is my job (and my job alone) to ensure that they understand." That phrasing and belief has enormous implications for interpreters. We are able to take over without reflection, and do the myriad other things we do, because the underlying belief is that we must. Huge implications for us. If we can let go of that, and free ourselves of that belief system, we open the doors to include all of the players in the process and potentially finally make some progress in reducing the harm caused to the Deaf community. If we remove ourselves as a barrier, Deaf people would be able to interact with their communities more freely.

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