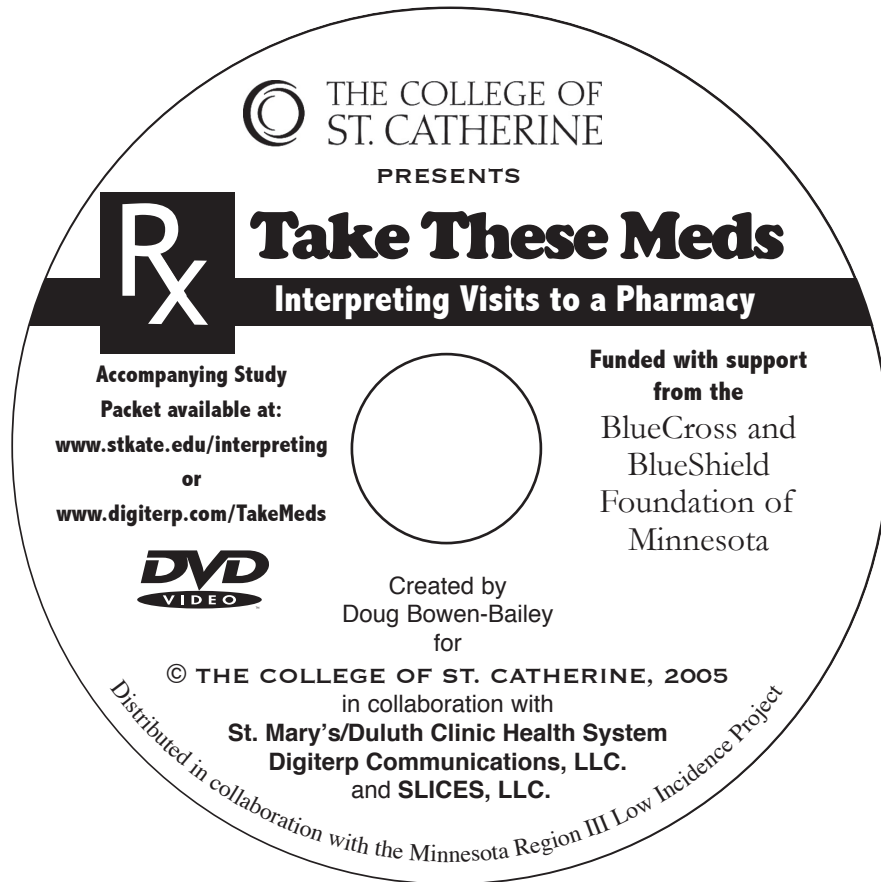




An Independent Study Packet accompanying the DVD

A Prescription
for Professional
Development

Take These Meds



Study packet created by
Doug Bowen-Bailey
for
THE COLLEGE of ST. CATHERINE
in collaboration with
St. Mary's/Duluth Clinic Health System
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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 or www.digiterp.com/TakeMeds

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Take These Meds: An Independent Study Packet for Interpreting Visits to a Pharmacy by Doug Bowen-Bailey.

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Companion DVD information

This packet is distributed with the DVD *Take These Meds* by the College of St. Catherine. If you obtained this packet without the DVD, visit www.digiterp.com/TakeMeds 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. There is a sample Independent Study Plan in Appendix J. You need to have a plan approved before you begin the independent study.



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Overview of this Study Packet*Purpose and Rationale for the Packet*

This study packet is designed to actively engage you in working with the DVD *Take These Meds*. It provides concrete activities so that you will do more than just watch the video. You will also do your own work of interpretation and reflection to incorporate new ideas into your own interpreting practice.

Preparing for the Context

This packet contains segments which assist you in preparing for the context of interpreting in a situation where medications are discussed. It also has information for considering approaches to interpreting dialogical interactions where there are exchanges between ASL and English. In this, you will be asked to reconsider the relationship between consecutive and simultaneous interpreting.

Working with the Video Scenarios

The DVD features an introduction to a pharmacist and three scenarios of a Deaf person coming to a pharmacy to interact with that pharmacist. Each of the scenarios were planned in terms of a general outline of medications to be discussed and general symptoms; none were scripted in the sense that the pharmacist or the interpreter knew what direction the Deaf patient might go with it. For some of the patients, they have personally experienced some of these medications. Others had not. In either case, none of what is on the DVD represents an actual discussion of the Deaf person's physical health. In other words, it's acting.

For each of the three scenarios, the packet outlines a process to work with them in three ways:

- *Interpreting in a consecutive format:* Each turn in the interaction is shown as a separate video clip. All portions of the interpretation are removed, so that you are able to create your own interpretation.
- *Observing a sample interpretation and reading a reflection from that interpreter:* The video on the DVD uses a split screen to show the Deaf person, the pharmacist, and the interpreter during filming. This packet also contains written reflections by the interpreters on their work.
- *Interpreting in a simultaneous format:* Interaction is shown as a continuous video with all portions of the interpretation removed.

To guide you through this process, **Action Moments** are identified in the packet to note when you need to do something more than reading. A more in-depth explanation of these steps, and how they build on each other, is offered later in the packet.

Navigating the DVD

Upon inserting the DVD, a brief initial movie will play describing the partners involved in creating this resource. You will then see the main menu which looks like the picture at right. This page describes what all your options are.

Getting Started

This option explains that the DVD is designed to go with this packet and more resources are available at www.stkate.edu/interpreting or www.digiterp.com/TakeMeds.

A Pharmacist's Worldview

This is an opportunity to meet Mike Swanoski who is the pharmacist in the scenarios. He describes how to most effectively work with a pharmacist, and gives insight into what a pharmacist has to offer.

Asthma

This scenario features Elee Vang requesting a refill for asthma medication and is broken up into two segments: *Requesting a Refill* and *Explaining Inhalers*. The interpreter for this scenario is Dawn Stevenson.

A Med Review (Blood Pressure/Diabetes)

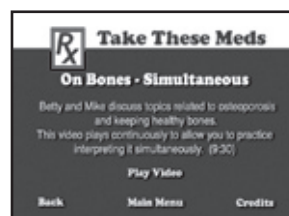
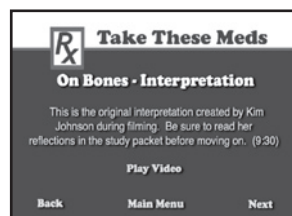
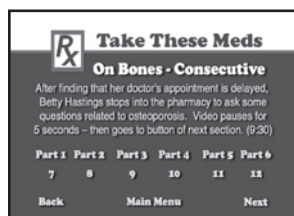
This scenario features Connie Erickson's questions about her medications for high blood pressure and diabetes. Doug Bowen-Bailey interprets.

On Bones (Osteoporosis)

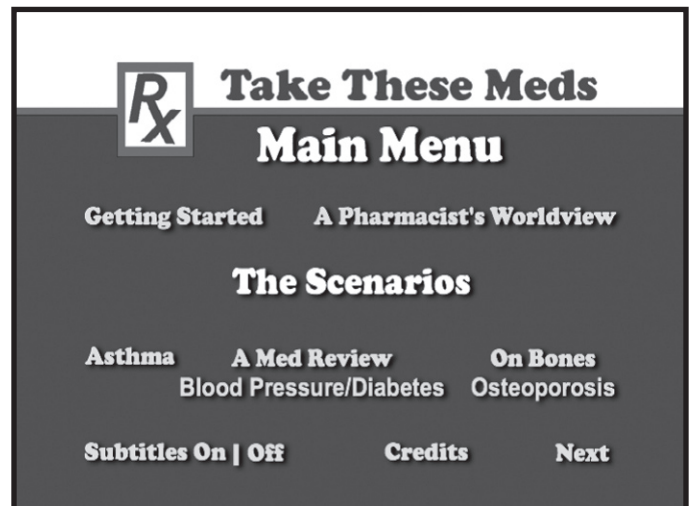
Betty Hastings asks questions related to preventing osteoporosis. Kimberly Johnson interprets.

Each scenario is shown in three formats:

Consecutive Format → *Interpretation* → *Simultaneous Format*



The consecutive format may have more than one menu, depending on the number of turns in the interaction. To move from Consecutive to Interpretation to Simultaneous menus, use the *Next* option in the lower right corner of your screen.



Playing Video in Consecutive Format

When you play a turn in consecutive format, the DVD will play the clip of that turn and then pause 3-5 seconds to allow you more time to begin your interpretation while visualizing the Deaf patient. The DVD will then automatically jump to the next turn. All you need to do is push the Enter or OK button on your remote.

An Introduction: Why the Pharmacy

For practice interpreting discussion about medicine, many people asked me why I chose to film visits to a pharmacist, instead of a doctor. To be honest, it was mostly about access. I was able to have much more ready access to this pharmacist than I would have had with a doctor. So, despite having never experienced an in-depth interaction with a pharmacist in my own interpreting career, I felt it might provide a window into talking about pharmaceuticals.

In the beginning, I must admit that I feared the interactions would seem inauthentic. In actuality, I think the scenarios contained here prove to be very genuine. Additionally, I think they provide a different level of interaction than previous projects I worked on which featured appointments in Cardiology and Gastroenterology.

Dennis Cokely (2003), in research used to reshape the Interpreter Education Program at Northeastern University, categorized the assignments for recent graduates. Overwhelmingly, the initial scenarios were interactive, particularly ones in which Deaf people had more control. In filming these visits to the pharmacy, I realized that these situations may more closely approximate the types of assignments which Cokely's research suggests recent graduates end up working in. So, they may represent a very good opportunity for interpreters to get a taste of interpreting a medical situation without being overwhelmed.

Creating this project has also made me more sensitive to the need to go with a Deaf person to the pharmacist when they are picking up their prescription. In my experience, the time I spent interpreting in pharmacies has always been about names, insurance, and payment. Too often, I have had something else in my day to attend to, and so, was simply in a hurry to leave. But I also did not appreciate the reality, as Mike Swanoski puts it, that "pharmacists do more than just count pills and decipher doctor's handwriting." They can be a wealth of information for knowing how to take medicine in the most effective way. So, additionally, I hope that this project might help Deaf people become more aware of the resource that pharmacists can be, and interpreters more cognizant that interpreting a visit to the pharmacy could indeed prove to be an important part of patient care.

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.

- *Take These Meds DVD.* For information on ordering visit, www.stkate.edu/interpreting or www.digiterp.com/TakeMeds.
- *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.

For Deaf Interpreters

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



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 education is a mediated and social process which means that 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, but not to the point of being overwhelmed and giving up. Instead, a learner needs to engage with the activity, in this case, interpreting visits to a pharmacy, in what Vygotsky terms a Zone of Proximal Development. This study packet helps create such a zone 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 as 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 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 *Take These Meds* 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.

Another Influence

An important influence on this packet 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 the packet, 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.

On Consecutive & 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.

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.

Applying This Framework with Interpreting Interaction

Take These Meds 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.

A framework guiding you through these steps is found in the appendices. It provides a tool for your use in reflecting on your own interpreting work and integrating the information provided in in this packet about how context and language interact to require effective interpretations to utilize a combination of consecutive and simultaneous approaches.

R_x ----- R_x

Preparing for the Context

Prescription medications are an important part of the health care delivery system in the United States. While in many respects, interactions between a pharmacist and a customer tend to focus on the financial aspects of the purchase (“Do you have new insurance?”) there is the potential for the discussion to be much more focused on the medicine, how it works, and how it might affect the patient. This segment allows you to meet Mike Swanoski, who serves as the pharmacist for these three interactions, and at the same time get a better sense of what a pharmacist offers to patients.

Action Moment - Step 1: Reflect on Your Perception of the Role of a Pharmacist.

Recognizing that how we choose to interact with the world is based in part on our perceptions, spend some time reflecting on your current understanding of what role a pharmacist plays in a patient’s care.

Questions for Reflection:

- What is the role of the pharmacist in caring for a patient?
- What strategies should patients use in effectively working with a pharmacist?

Action Moment - Step 2: View “A Pharmacist’s Worldview”

Go to “A Pharmacist’s Worldview” menu on the DVD. Watch Mike Swanoski introduce himself and give his suggestions for how patients can most effectively work with their pharmacist.

Action Moment - Step 3: Retell “A Pharmacist’s Worldview” in ASL.

Using the notes Mike prepared for his talk (found in Appendix A), give the same talk as if you were the pharmacist directly talking to a Deaf patient. (If you have a Deaf mentor or colleague who might be willing to play this role, all the better.) You may wish to spend some time rehearsing it to be more comfortable with the material.

Evaluation Opportunity

Videotape your retelling. Look at your work and then answer the questions for reflections in Appendix A.

R_x ----- R_x

Doing Your Retelling

The objective of re-telling this text is to more fully integrate the concepts which Mike introduces and be able to effectively convey them in ASL.

Depending on your comfort level with the material (and with ASL) you may choose to re-tell it in spoken English first and then move to re-telling it in ASL.

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.

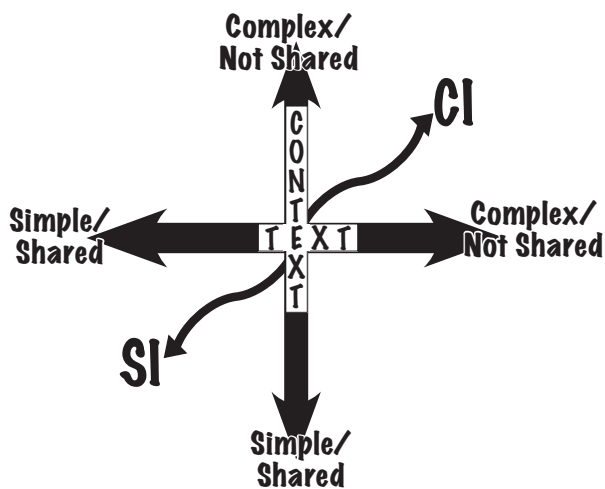
What struck me is that just as our profession talks about a continuum of language use, so too do we need to think about the approach to interpreting in terms of a continuum. Based on the interplay of factors related to both the language and the context in which it is created, interpreters move along 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 our mode will be CI or SI. 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.

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 be 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

Moving on the CI-SI Continuum

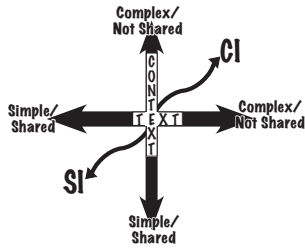


The Limits of Models

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.

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.



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 this page, building on the work of Debra Russell (2002), provides an initial working list of features. Interpreting situations will have a combination of all of these. What I think is helpful about having a such a matrix such 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.

Table 1: Features of Text and Context

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

Discourse Frames

Russell’s (2002) research in the courtroom settings gives 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.

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 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.” SI 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 time to compose their responses in a way that avoids some of the pressure of cross-examination. So, while accuracy is 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 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 pharmacy visits 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 begin working with the interactions that are on the *Take These Meds* DVD.

Interpreting a Visit for Asthma Medication

The first scenario features Elee Vang coming into the pharmacy to get a refill for her asthma medication. It is segmented into two parts: *Requesting a Refill* and *Explaining Inhalers*. The first segment is relatively short and simple, and will allow you to figure out how to work effectively with the DVD before proceeding on to the other segments. For the *Explaining Inhalers* section, you will hopefully be able to focus more on your interpreting work and less on the technology. But before you work with either of them, take some time expanding your knowledge about Asthma and the medications used to treat it.

Action Moment – Step 1: Build Background Knowledge on Asthma

Visit the Online Resources page located at www.digiterp.com/TakeMeds. Under the link for Asthma, there are several web pages you can visit to get more information about asthma and the medications used in its treatment. Fill in Appendix B with the information you find on these topics.

Navigating the DVD

To get to “Requesting a Refill,” select **Asthma** in the main menu.

This will bring you to the consecutive format. Use the Next option to move to other formats of “Requesting a Refill.”

Action Moment – Step 2: Interpret “Requesting a Refill” in Consecutive Mode

Navigate the DVD to the menu which is headed *Requesting a Refill – 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 3: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *Requesting a Refill – Interpretation*. This version has a split screen showing two camera angles, one focused on the customer and one on the interpreter, Dawn

Stevenson, 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 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 the interpreters' reflections on their work. That way, you can see both what they saw as strengths in their work, what they might do differently, and what were the demands that they were responding to in this situation.

(If you wish to see an English transcript of any of the interpretations, visit www.digiterp.com/TakeMeds.)

Action Moment - Step 4: Read Reflections on the Interpretation and the Filming

For this portion of the interaction, Dawn Stevenson offered this reflection:

Having prior knowledge of a client makes any assignment easier. The client and I have worked together on a regular basis in a post-secondary setting for one and a half years. I am aware of her preference for more English like signing, but I also know she understands ASL characteristics and grammatical constructions. This allows me freedom in signing. When we have worked together in the past, the client has often chosen to use her voice. Therefore, I was aware of some of her word choice tendencies, such as “yeah”.

The refill request is straightforward. It is something that most people have experienced. The pharmacist, client, and I knew this life script (schemata) and the flow of the interaction was smooth, without need for clarification or situational management.

Action Moment - Step 5: Interpret in a Simultaneous Mode

Work with this segment one more time using the same timing created during filming. To play the video, navigate to the menu entitled, *Requesting a Refill - 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 Dawn use. Now that you have a more complete picture of the interaction based on seeing the interpretation and reading the reflections on the interpretation

**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.

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?

Action Moment – Step 6: Interpret “Explaining Inhalers” in a Consecutive Mode

Navigate the DVD to the menu titled *Explaining Inhalers – Consecutive*. (Select **Asthma** in Main Menu and use Next option to move through *Requesting a Refill* Menus.) This format allows you to interpret the scenario without the pressure of time constraints and a greater degree of control than the simultaneous format.

Evaluation Opportunity

Videotape yourself as you create an interpretation. Use Appendix D 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 7: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *Explaining Inhalers – Interpretation*. This version has a split screen showing two camera angles, one focused on the customer and one on the interpreter, Dawn Stevenson, 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.

**Action Moment - Step 8: Read Reflections on the Interpretation and the Filming**

For this portion of the interaction, Dawn offered this reflection:

The medication explanation was less straightforward than the refill request. I had, to this point, no first hand knowledge of asthma and the medications used by people to lessen their symptoms. Consequently, I was sometimes fishing for the right words to use during voicing. I don't think that hindered the communication between the client and the pharmacist.

I noted that I did not wait to understand or try to make sense of the encapsulated powder aspect of the Advair disk inhaler. My interpretation shows my lack of understanding. Later, as the pharmacist described the extender and its purpose, my processing time paid off in a clearer interpretation.

There was one case of overlap that seems to happen rather frequently in medical settings. The doctor, or pharmacist in this instance, is explaining something when a thought comes to the mind of the Deaf person, who then waits to ask their question. The client starts to say something while the pharmacist is explaining using Advair as a management medication. She raised her hands without signing anything specific, so I voiced, "umm...". The pharmacist continued talking and the client held her thought until he was finished.

My facial expressions mirror the speaker's intent and show my active involvement in the interaction between the client and the pharmacist. Watching myself on the screen, it seems a bit overdone, but in the moment, it feels right and lets the client know I am tracking with them.

Upon viewing the interaction, I was dissatisfied with two other pieces of the interpretation, but the communication between the participants did not appear to be damaged. First, I used a classifier for carrying something large and flat instead of inhaler-sized when I voiced "carry" - an obvious intrusion of the source language. Then, I voiced over the client's abundantly clear miming of her understanding of how to use the inhaler.

All in all, I would say this was a fairly typical interaction between a savvy client and a care provider who had worked with Deaf clients and interpreters previously.

About the Reflections

The reflections each were written by the respective interpreter after a dialogue about the work between them and myself.

You may note that each of the reflections is slightly different in format. It is a good reminder that just like interpretations, there is not one right way to do reflections. What is important in this process is that the step of reflecting provides momentum for incorporating new skills and ideas while holding on to what is already effective.

Action Moment - Step 4: Interpret in a Simultaneous Format

Work with this segment one more time using the same timing created during filming. To play the video, navigate to the menu entitled, *Explaining Inhalers*

- *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 Dawn 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 the use of a more consecutive mode? What was nature of the text and context in those sections?

R_x _____ R_x

Interpreting a Med Review

This scenario features Connie Erickson coming in with some questions about her medications for hypertension (high blood pressure) and diabetes. Mike Swanski reviews her medications with her in order to determine if he should contact her physician with any recommendations for change.

Action Moment – Step 1: Build Background Knowledge on High Blood Pressure and Diabetes

Visit the Online Resources page located at www.digiterp.com/TakeMeds. Under the link for *Diabetes - Blood Pressure*, there are several web pages you can visit to get more information about asthma and the medications used in its treatment. Fill in Appendix _ with the information you find on these topics.

Action Moment – Step 2: Interpret “A Med Review” in a Consecutive Mode

Navigate the DVD to the menu which is headed *A Med Review – 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 F 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 3: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *A Med Review – Interpretation*. This version has a split screen showing two camera angles, one focused on the customer and one on the interpreter, Doug Bowen-Bailey, 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.

Navigating the DVD

To get to “A Med Review,” select **Med Review** in the main menu.

This will bring you to the consecutive format. Use the Next option to move to other formats of “A Med Review.”

Action Moment - Step 4: Read Reflections on the Interpretation and the Filming

For this interaction, Doug Bowen-Bailey offered this reflection:

The Context – The Best Laid Plans...

In viewing the interpretation, I think it is important to note that I had not originally planned to interpret this scenario. As the creator of this project, I intended to do the filming and design for the DVD, but not actually interpret. Ah, but real life intervened....Kim Johnson, who interprets the segment on Osteoporosis, was scheduled to provide the interpretation. However, thirty minutes before the filming, a call came from the Emergency Department of a local hospital that they needed an interpreter, and the options were either Kim or myself. We decided that Kim should cover that job, and we would schedule her for another scenario. I would then do both the filming and the interpreting.

Because of this dual role, I had more information prior to the interpretation than I normally would. I had met with both Mike and Connie to actually come up with the scenario, and so knew the general sequence of what would take place. My mind was also occupied with thoughts of concerns about camera angles and lighting that would not normally be an issue for me on an assignment.

Advanced Knowledge

Because I had helped to create the scenario, I knew what the symptoms Connie was supposed to talk about. Subsequently, when Connie was talking about how she was feeling odd on glipizide, I actually interpreted that she was experience sweating without her actually signing it. She responded to the pharmacist's questions without a disruption of the interaction, but it was actually me, as the interpreter, who disclosed the information. Upon reflection of this, I thought of how many situations I was in where I, due to a conversation in the waiting room, or having been present at a previous appointment, know significant background information about the patient's condition and symptoms. This information can be extremely helpful, but it also can be dangerous in terms of influencing what I think I see a patient signing. Because I was expecting Connie to talk about her experiencing sweats, I "saw" her sign it and interpreted it, even though she didn't actually sign it. Many times, such an error in the interpretation does not lead to any disruption in the interaction. At times, however, the patient may have been choosing not to disclose the information and it could significantly disrupt the relationship between the medical practitioner and patient.

In terms of the requirements for processing time, I think that the description of symptoms might be a situation that might require more processing time. My sense that it was shared between all three of us (since we were all involved in the creation of the scenario) led me to see what wasn't



signed. In another situation, where the doctor or pharmacist really didn't share a knowledge of the symptoms, I think it would be more important to have processing time to allow for a more coherent and faithful rendering of the patient's description of symptoms to allow them to be in control of disclosure.

An example of this actually happened when Connie described taking glipizide in the morning, and then being nauseous after waking up from sleep. This aspect of the scenario was not one we had discussed, so was not shared knowledge. The interpretation was that she was waking from a nap, but if I had utilized more processing time, I would have realized that she actually meant waking from sleep at night. The error in the interpretation was not significant in that it skewed the interaction, but it was an example of when a more consecutive approach might have led to a more accurate interpretation.

Transitions

In the interpretation, one thing I felt was effective was the use of transitional phrases to mark when the patient was taking the conversation in new directions. As Connie shifted the conversation to talk about the type of lid used on the medicine bottle, I utilized more processing time to see where she was going. In discussions with other interpreters, we often talk about how do you fill the silence when the hearing person sees the Deaf person signing, and yet there is nothing being voiced by the interpreters. In this situation, I used fillers like "So.." and "You know..." to allow myself more processing time while still assuring the hearing person that an interpretation was coming. It may have been possible to just have allowed there to be silence, though in mainstream American culture, we tend to fill in those silences and there is a risk that the hearing person may seek to interject something. I think it is an area which deserves more discussion in terms of strategies to manage the interaction to allow for the amount of processing time needed to work effectively. Because I was focused on setting up for filming, I had not talked with either Connie or Mike about the fact that there may be some sections in the interactions when there are pauses to allow for me to create a more coherent interpretation. In hindsight, that may have been helpful for my own self to allow myself the space to not use fillers like "you know..."

That said, I think using phrasing like, "I just want to say that..." and "Another thing I want to say.." made the interpretation clear in terms of marking changes in the direction of the interaction.

Respectful Language

In listening to the interpretation, one phrase stood out to me as not being a respectful choice: "I'm low vision." Even though Connie signed "ME LOW SEE" which I think was intended as "I'm low vision," I realize that

in mainstream culture, there is an emphasis of not labeling people by their disabilities, but rather emphasizing their humanity. Given that this use of language is wrapped up in cultural perceptions that are not necessarily shared, this may have been a segment that would have been more effective if I had more processing time. Although it didn't seem to skew the message, I think that a choice such as "I have a difficult time seeing these small letters" may have been a more appropriate choice for this setting than choosing to follow the form of the source text.

Action Moment - Step 5: Interpret in a Simultaneous Mode

Work with this segment one more time using the same timing created during filming. To play the video, navigate to the menu entitled, *A Med Review - Simultaneous*.

Think of some of the demands you faced in interpreting in CI mode. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Doug 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?

R_x _____ R_x

Interpreting a Visit about Osteoporosis

The third scenario features Betty Hastings coming to the pharmacy to ask questions about whether she might have osteoporosis, and what she can do to prevent it.

Action Moment – Step 1: Build Background Knowledge on Asthma

Visit the Online Resources page located at www.digiterp.com/TakeTheseMeds. Under the link for *Osteoporosis*, there are several web pages you can visit to get more information about osteoporosis and the ways to both prevent and treat it. Fill in Appendix G with the information you find on these topics.

Action Moment – Step 2: Interpret “On Bones” in a Consecutive Format

Navigate the DVD to the menu which is headed *On Bones – 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 H 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 3: View Interpretation Created During Filming

After interpreting this segment in a consecutive format, navigate to the menu entitled *On Bones – Interpretation*. This version has a split screen showing two camera angles, one focused on the customer and one on the interpreter, Kim Johnson, 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.

Action Moment - Step 4: Read Reflections on the Interpretation and the Filming

For this portion of the interaction, Kim Johnson offered this reflection:

Before the Assignment/Preparations:

From the moment I accept an assignment, the wheels begin to turn in my head. I start brainstorming about the communication preferences of the consumers involved, possible fingerspelling and terminology/vocabulary that will be discussed both in English and Sign Language, and also possible conclusions of what could happen at the assignment. On the day of the assignment I review my notes and my thoughts to help me better prepare for my day. While driving to the assignment, I have found that over-thinking/processing the assignment is not good for me or my nerves. If I'm not ready by the time I am driving to the assignment, cramming won't help...at least that's what I learned as I grew up! I tend to listen to an upbeat song to loosen up.

Arriving at the Assignment:

I put my "home life" on the passenger seat and my "interpreter hat" on! When my seatbelt comes off and the car door opens, I am from that point on...seen as the working interpreter. I continue to be in that role until the car door shuts and I am putting my seatbelt back on once the assignment is completed. I remember walking into the clinic and seeing the deaf consumer sitting in the waiting room. I chatted briefly with the deaf consumer. Meeting with the consumer prior to the assignment is always beneficial. I knew her style preference and felt very comfortable going into the present situation with her. We discussed what was about to happen and then went into the pharmacy together.

The Assignment:

Nerves were all a flutter for both the deaf consumer and myself. I was both concerned with the cameras and that also the interpreting situation that would be recorded and that the whole world would be watching me on the big screen....Ready, set, GO, no take-backs!!! I was also thinking about the specific consumer I was working with. I have worked with this deaf consumer in the past and know that she jumps from one point to another, and rarely will indicate that she is changing topics until she has already added her comments.

I made several choices throughout the interaction that now looking back, if I had more time, or had allowed myself a little more processing time, I think I would have produced things a bit differently. I believe the interaction was as true to reality as possible and was done "on the fly" as is most every other interpretation that is attempted.

For example if given the second chance, I would make a better choice to



explain the concept of “risk” instead of just fingerspelling it. Secondly, I would have fingerspelled osteoporosis a few more times before setting up the sign with the consumer. I remember my reasoning for setting up the sign was mainly because I was unsure of the spelling.

I am very proud of one of the classifiers I chose to use. The classifier showing osteoporosis with the fist and arm curving down to show the hump in the back was very visual. I remember at the time thinking, “Wow, that worked!! Remember that one!!!”

I also noticed that my processing time was very close to the message and I could have backed off a little bit to give more meaning to the voicing. During a comment the consumer was talking about having surgery to remove her voice box but would miss talking with her grandchildren. I admit I was lost and should have stopped the consumer and asked her to clarify. I was unsure where she was going with her point and wanted to wait until I had a better understanding of her point. As she continued to sign, I remember struggling to make sense of her signing, but I continued on with my interpretation even though the message was not equivalent.

Another chunk that I would have improved on was the transitions and being more clear when the topics did change. Perhaps stopping the consumer to clarify and to ask if we were still discussing the main topic or going onto a side comment would have been a better approach.

I know from this interaction that I also need to create strategies to improve my dealing with the aspect of silence. My concentration was completely interrupted the moment the pharmacist looked at me. I lost the thought I had, and trying to recover was unbearable. I remember the feeling of, “Oh no he just looked at me and I missed what the consumer was signing. What the heck do I do now???” And of course this all happened in a split second, so right away I was, in the “umm-umm mode” and trying to recover my work. I know that we are all human and for the pharmacist to completely ignore me being there would not be right, but I find it more effective for my work to have his focus be on the Deaf person.

The consumer also made a comment regarding her age to Doug Bowen-Bailey, who was filming and I missed that she was talking to Doug, so I voiced her comment to the pharmacist. I believe that the pharmacist was thrown off just as much as I was and he didn’t respond. He just nodded his head.

In the end, I felt that the interpretation matched the register of the consumer. As I indicated earlier, I have worked with this consumer before and I am very comfortable with her style. It is always difficult working with consumers because of the information that is shared versus not shared. For

example, we all go into a situation knowing what we want to accomplish, but while in the interaction other thoughts come to mind. It is hard to hold onto a question until the end of a discussion and ask at that time for fear that you will forget your question.

The Drive Home:

Getting back into the car after the assignment is always a good time for reflection. First, I always try to boost my self esteem with the positive things I did well in my interpretation. Then I make a few notes on things I would like to improve on or would have done differently.

Once this assignment was complete, overall I felt I had learned a lot and am ready to take on the next assignment with a bit more confidence and knowledge. I do admit that I found the reflection on my interpretation a good exercise and will incorporate that process into my regular routine after future interpreting assignments.

Action Moment - Step 5: Interpret in a Simultaneous Format

Work with this segment one more time using the same timing created during filming. To play the video, navigate to the menu entitled, *Requesting a Refill - Simultaneous*.

Think of some of the demands you faced in interpreting in CI mode. In addressing those challenges, try to implement some of the controls you thought of or the ones you saw Kim 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?

R_x _____ R_x

Final Reflections

As Kim wrote after reflecting on her interpretation, the process of thinking about one's work and learning is an important step in professional development. So, now that you have finished working with all three situations on the DVD, take some time to reflect on what you were able to accomplish and what you learned.

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 the role of a pharmacist change as well as the importance of Deaf people having an interpreter present for their visits to a pharmacy? If yes, how?
- Did your research on the internet build your confidence in being able to find useful information related to interpreting in medical settings?
- Which portions of the 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 the examples of Dawn, Doug and Kim - both in their interpreting work and their reflections?
- Where did these video scenarios fit on the "Shared/Not Shared" and "Simple/Complex" continuums for you? Compare the features of text and context in the video with other interpreting assignments.
- Did your understanding of the relationship between consecutive and simultaneous interpreting change? If yes, in what ways?

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.



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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 the 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.

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Finally, I want to thank Elee Vang, Connie Erickson, and Betty Hastings for their willingness to play the role of patients and to Dawn Stevenson and Kim Johnson for their willingness to take the risk of putting their work on tape so that all of us may have the opportunity to learn.

**Appendix A: Preparing for the Context**

Use the Pharmacist's Notes below to assist you in doing a retelling of Mike's talk. (Note: "Rx" means "Prescription and "OTC" means "over the counter.")

The Pharmacist's Notes:

1. Try to use same pharmacy, esp if seeing multiple health care providers
2. Check with pharmacist before taking non-Rx meds
3. Share list of meds with pharmacist + your Dr, include otc's – herbal remedies
4. Tell Dr + pharmacist of any allergies
5. Learn about medicines
 - a. What is med suppose to do
 - i. Is it to eliminate illness or symptomatic relief?
 - b. What are possible side effects?
 - c. Do you have to take it even when feeling better?
6. Read label- If not sure you've been given what Dr prescribed or dosage isn't what you thought it would be, ask pharmacist.
 - a. Note- Any warning labels
7. You may want to repeat instructions back to pharmacist.

Reflections on Retelling

Upon reviewing your videotape of the retelling in ASL, answer the following questions or other relevant questions that you create for yourself. Use extra paper if necessary.

1. Were all the points made in Mike's talk conveyed in your re-telling? If not, what was missing? Why?

2. What segments were particularly clear in your re-telling? What was happening for you at that point?

3. What segments were more of a challenge for you? What is your analysis of why these were challenging? Is it more related to your ASL knowledge or your pharmaceutical knowledge?

Appendix B: Preparing on the Web - Asthma

Go to www.digiterp.com/TakeMeds and follow the links for *Online Resources for Preparation*. Using the links to the *Preparing for Interpreting about Asthma*, write brief descriptions or draw diagrams of the following conditions, medications, or procedures. Use another sheet of paper if necessary.



General Information about Asthma

Albuterol

Advair

Other Potential Treatments

How to Use Inhalers

How to use a (Single Dose) Dry Powder Tube inhaler

How to use a Powder Disk Inhaler

How to Use Inhaler and Spacer



A Vygotskyan Framework for Observation : Asthma - Requesting a Refill Appendix C

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation and Reading Interpreter's Reflection	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 are more complex or do not have a shared understanding between the participants, and thus require a more consecutive approach.



A Vygotskyan Framework for Observation : Asthma - Explaining Inhalers Appendix D

Working with Object: Challenges from Simultaneous Interpretation	Working with Other: Observation of Model Interpretation and Reading Interpreter's Reflection	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 are more complex or do not have a shared understanding between the participants, and thus require a more consecutive approach.

Appendix E: Preparing on the Web - Blood Pressure and Diabetes

Go to www.digiterp.com/TakeMeds and follow the links for *Online Resources for Preparation*. Using the links to the *Preparing for Interpreting for a Med Review (about Diabetes and High Blood pressure)*, write brief descriptions or draw diagrams of the following conditions, medications, or procedures. Use another sheet of paper if necessary.



Type I Diabetes

Type 2 Diabetes

Insulin

Other Medications Used for Controlling Diabetes

Glipizide

High Blood Pressure (Hypertension)

Medications for Controlling Hypertension

Hydrochlorothiazide (HCTZ)



Appendix F

A Vygotskyan Framework for Observation : A Med Review

Working with Object: Challenges from Consecutive Interpretation	Working with Other: Observation of Model Interpretation and Reading Interpreter's Reflection	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 are more complex or do not have a shared understanding between the participants, and thus require a more consecutive approach.

Appendix G: Preparing on the Web - Osteoporosis

Go to www.digiterp.com/TakeMeds and follow the links for *Online Resources for Preparation*. Using the links to the *Preparing for Interpreting about Osteoporosis* write brief descriptions or draw diagrams of the following conditions, medications, or procedures. Use another sheet of paper if necessary.



General Information about Osteoporosis

Prevention

Treatment (including medication options)

Osteopenia

Hip Fracture



Appendix H

A Vygotskyan Framework for Observation : Osteoporosis

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 are more complex or do not have a shared understanding between the participants, and thus require a more consecutive approach.

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 *Take These Meds* and its accompanying study packet, I will work through the activities which introduce me to interpreting discussions related to medications between a pharmacist and a Deaf patient.

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.*

Prescription medications play an important role in health care. A deeper understanding of medications, as well as identifying resources for continuing education in this area, will support my ability to provide more accurate interpretations in a health care context.

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 a pharmacy using both consecutive and simultaneous formats
- Observe sample interpretations for three visits to a pharmacist 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 three visits to a pharmacy. Beginning with familiarizing myself with the role of the pharmacist, 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.

5. How will I show my sponsor what I learned? *Describe your evaluation process.*

I will document the time spent on this packet using the Time Documentation sheet in Appendix I. I will share the documentation of my evaluation of my interpretations, using the forms in Appendices, or another one agreed to with the sponsor. I will also provide my sponsor with either written or signed reflections on what I learned through the process.

(Be sure to confirm with your sponsor what evaluation procedure will fulfill their requirements for processing the CEUs.)

6. How many CEUs is it worth? *Remember, in an educational setting, 10 contact hours = 1 CEU. Consider how much time you will devote to this study. A maximum of 2.0 CEUs can be earned for each project. (Larger projects may be broken into components and each component filed as a separate independent study project earning up to 2.0 CEUs each.)*

Working with this study packet has a value of up to 2.0 CEUs, depending on the amount of time spent studying and learning in this process.

Please Note: It will be up to the individual RID Approved Sponsors to determine the amount of time necessary to complete your Independent Study and the CEU value which should be assigned to your efforts. Some Sponsors may require that you document 1.5 or more hours of study for each .1 CEU earned. Negotiate this with your Sponsor prior to initiating your independent study plan.

I agree to implement the Independent Study Activity as outlined in this plan and to submit all the necessary documentation of successful completion to my Sponsor. I certify that this activity for CEU credit toward the RID CMP requirements represents a valid and verifiable Continuing Education Experience that exceeds routine employment responsibilities.

Participant's Name

Date

Participant's Signature

I will insure that this Independent Study Activity will be overseen and evaluated by individual(s) with the relevant expertise. I, or my designee, have discussed the Independent Study Activity outlined in this plan with the participant and agree that it represents a valid and verifiable Continuing Education Experience. Further, I or my designee, agree to assess the documentation submitted to me by the participant upon completion of the Independent Study Activity and award the appropriate CEUs if completion is satisfactory.

Sponsor's Name (please print)

Code

Date

Sponsor's Signature