Consortium Mission

to connect and collaborate with diverse stakeholders
in order to create excellence in interpreting

- technical assistance
- cross-center collaboration
- dissemination resources
- educational opportunities
- communication
- knowledge transfer
WRIEC
Western Oregon University
El Camino College

MARIE Center
University of Northern Colorado

CATIE Center
St. Catherine University

GURIEC
Gallaudet University

National Center
Northeastern University

NURIEC
Northeastern University
Ethical Decision Making

- The “Soft” skills of Interpreting
  - What’s our decision making process?
  - What kind of result are we expecting?
    - If the expected result does not occur do we know why?

Goal of Case Conferencing:
Know your process so that you can adapt and achieve better outcomes for those you interpret for.
Practice Profession: Paradigm Shift
Role vs Responsibility
Deontological Ethical Decisions

- ALWAYS
- NEVER

RULES BASED
Teleological Ethical Decisions

CONSEQUENCE BASED
Dialogic Work Analysis

- DCCRD
- Demands
- Controls
- Consequences
- Resulting Demands
Demands

“...Any factor in the assignment that rises to a level of significance where it impacts interpreting work...”

Dean and Pollard, 2001
Environmental Demands
Environment: the Setting

- Sightlines: visual distractions
- Sound: background noise, acoustics
- Lighting
- Placement of Interpreter
- Smells: chemicals, odors
- Number of People: seating arrangements
- Technology
Interpersonal Demands

Interaction – Interpreter and all consumers
Interpersonal: between people

- Consumers’ understanding of Interpreter’s Role and Responsibilities
- Diversity of Cultures: eye contact, personal space, gender roles
- Communication directed at Interpreter
- Differing Goals of Consumers
- Differing Goals of Team Interpreters
Paralinguistic Demands

It’s the How?
Intrapersonal Demands

Fatigue
Mood
Thoughts
Reactions
Feelings

Support and supervision available?
Concurrent Demands

adapted from work of Dean and Pollard
<table>
<thead>
<tr>
<th>Environment: The Setting</th>
<th>Interpersonal: Between People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement of interpreter, sights, smells, temperature</td>
<td>Communication directed at the interpreter, differing goals of consumers, differing goals of support/team interpreter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paralinguistic: It’s about the “How”</th>
<th>Intrapersonal: Within the Interpreter</th>
</tr>
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<tbody>
<tr>
<td>Tone, Clarity, Intonation</td>
<td>Fatigue, mood, thoughts, reactions, feelings, is support available?</td>
</tr>
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</table>

adapted from work of Dean and Pollard
Controls

- **Pre Controls:** Preparing, Predicting
- **During Controls:** Adjusting for better outcomes
- **Post Controls:** Debrief, What happened?
Too Liberal
Therefore Ineffective and/or Unethical

Too Conservative
Therefore Ineffective and/or Unethical

Ethical and Effective Decisions and Actions

Adapted from work of Dean and Pollard

Liberal

Conservative
DCCRD: Resulting Demands

(Resulting) Demands

Controls

Consequences
RID Code of Professional Conduct

- Confidentiality
- Professional Skills
- Appropriate Conduct
- Respect – Consumers and Colleagues
- Ethical Business Practice
- Professional Development
Do No Harm
CPC: Function of the Guiding Principles

- Judgment
- Critical thinking
- Practical experience
- “Reasonable interpreter” standard
Healthcare: HIPPA, State Laws, Facility policies, Work Contracts Medical and Mental Health Domains and Competencies

VRS: FCC rules and regulations, Company policies
VRI: HIPPA (for medical), State Laws, Company policies

K-12 Education: State Laws, Student’s IEP, Mandated Reporter, District Policies, Work Contract

Post Secondary: FERPA, College/University Policies, Work Contract
Case Presentation

- Eye Clinic - Follow up appointment
- Interpreter is experienced medical interpreter
- The interpreter and male patient in room
- Doctor is in a hurry to begin and the interpreter has no prep information
- The interpreter tries to gather more information.
- The doctor is impatient
- The patient seems very anxious, stressed and nervous.
- The patient seeks consult with friend, then returns to the room.
- The interpreter asks to walk through procedure with patient.
- Doctor quickly recaps
- The procedure is quick and does not require any special clothing or protective equipment.
- At the conclusion, doctor leaves and the patient temporary blinded
- Patient regains vision
- Thanks interpreter and leaves.
Demands

- Environmental
- Interpersonal
- Paralinguistic
- Intrapersonal
Demands

- **Environmental**
  - Last minute request, no information available
  - Interpreter is not familiar with the patient

- **Interpersonal**
  - The doctor seemed frustrated with the patient’s indecisiveness.
  - The doctor doesn’t understand the interpreter’s need for info about what had transpired at the previous appt.

- **Paralinguistic**
  - No difficulties understanding the English or the ASL usage. However, the patient’s anxiety does have an impact on the interpreter

- **Intrapersonal**
  - The interpreter is conflicted. There is obviously a lot going on that she is not privy to. At the end she feels badly about how the appointment went.
### Controls and Consequences

<table>
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<tr>
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<tr>
<td>The interpreter:</td>
<td>The patient is</td>
</tr>
<tr>
<td>- is experienced with many years in healthcare interpreting.</td>
<td>- indecisive and anxious. Doctor is frustrated. The info was given at the previous appt.</td>
</tr>
<tr>
<td>- asks for more information about the procedure</td>
<td>- anxious, (hands shaking) decides to confer with Deaf friend in the waiting room.</td>
</tr>
<tr>
<td>- requests the doctor walks the patient through the steps of the procedure.</td>
<td>- anxious but decides to have the procedure done. Doctor hurriedly walks through the procedure.</td>
</tr>
<tr>
<td>- attempts to share with patient, the blindness will be temporary.</td>
<td>- temporarily blind at the conclusion of the procedure. The tactile signing may have increased patient’s anxiety.</td>
</tr>
</tbody>
</table>
Now it’s your turn!

Form Groups
- Groups of 4 or more
- Discuss a case or present your own
- Time keeper
- Reporter

Activity
- Top 3 demands
- Controls you choose
- Consequences
- Report out in large group
Healthcare Case Studies

▪ Patient with Accompanying Children
▪ Lipreading
▪ Medication Refill
▪ Psychiatric Assessment
▪ Operating Room
Case Conferencing PowerPoint design and content contributed by Phyllis Genest Stein, 2014.


Making Your Case: Case Conferencing for Interpreters & Transliterator, Handouts and Articles, Doug Bowen Bailey, 2013.

The Demand Control Schema: Interpreting in a Practice Profession, Dean and Pollard, 2013.
Connect with us on

www.interpretereducation.org
www.healthcareinterpreting.org

Join our mailing list
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