



“Help! What do I do now?” Improving Decision-Making Skills for Interpreters Using Demand-Control Schema

Guest Trainer:

Karen Malcolm, MS

Webinar Work Group Hosts:

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Housekeeping

- This session is being recorded
- Certificate of Attendance
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- Audio and technical problems



- Questions to organizers
- Q & A
- Twitter #NCIHCWebinar





NATIONAL COUNCIL ON INTERPRETING IN HEALTH CARE

Welcome!

Guest Trainer:

Karen Malcolm, MS




**HELP! WHAT DO I DO
NOW?
IMPROVING DECISION-
MAKING SKILLS FOR
INTERPRETERS USING
DEMAND-CONTROL
SCHEMA**


KAREN MALCOLM, MS

WELCOME

This webinar is :

- An opportunity to look at the many challenges we face as interpreters in healthcare settings, and how we make decisions
 - A time to learn about Demand-Control Schema, and its usefulness in decision-making
 - A place to consider the application of D-CS in workshops, seminars and courses
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WHAT WE WILL COVER TODAY

- Ethical dilemmas, and why they arise
 - The fundamentals of Demand-Control Schema
 - Identifying demands and controls
 - Using D-CS to identify consequences of decisions
 - Discussing the types of decisions that interpreters face
 - Using D-CS in your training sessions
- 

POLL

WHAT IS A CODE OF ETHICS?

A code standardizes ethical principles to ensure that the ongoing decisions a practitioner makes will be based on the standards the profession upholds...and helps to ensure that decisions made by practitioners reflect the best practices in the field.

Stewart and Witter-Merithew

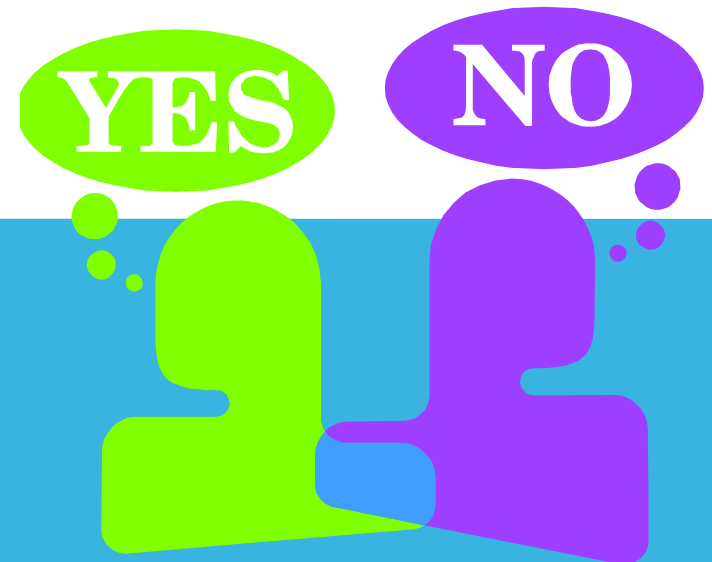
RULE-BASED CODES

Words such as:

- shall / shall not
- will / will not

Require or exclude specific actions, behaviours,
→ reducing/eliminating flexibility to exercise
professional judgment

Leads to right/wrong thinking



FOR EXAMPLE

“Interpreters shall keep all assignment-related information strictly confidential.” (RID)

“Members shall not divulge privileged information” (STIBC)



PRINCIPLE-BASED CODES

Usually begin with a preamble or list of principles in which the values held by the professional are established



National Code of Ethics for Interpreters in Healthcare

A code of ethics, therefore, provides “a set of principles or values that govern the conduct of members of the profession while they are engaged in the enactment of that profession. It provides guidelines for making judgments about what is acceptable and desirable behavior in a given context or in a particular relationship.”

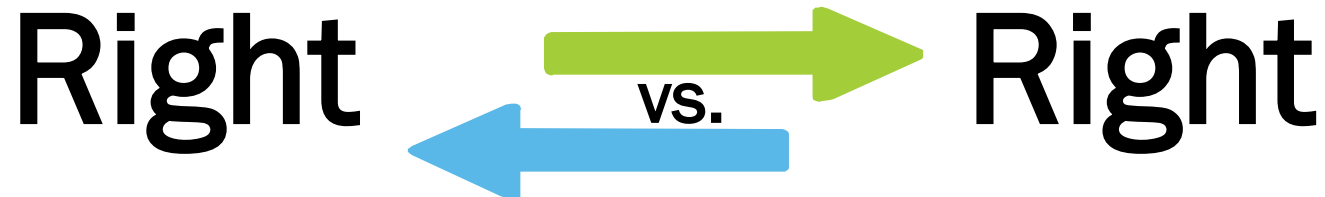
(NCIHC, 2002)

It creates consistency and lessens arbitrariness in our choices when confronted with difficult dilemmas.

(Gonzales, et al, 1991)

ETHICAL DILEMMAS

When moral/ethical principles are in conflict



ETHICAL DECISION DEFINED

“A decision that is made between two or more possible right, but competing solutions that arise in a situation in which the person is torn between two or more conflicting ethical principles or guidelines. An ethical decision, then, involves determining which solution is “most right” within a particular context.”

Jack Hoza, 2003

IT IS RIGHT...

**for consumers
to have access
to interpreters
24 hours a day**

IT IS RIGHT...

**for interpreters
to take time off
from work, and
to have a
personal life**



IT IS RIGHT...

**for interpreters
to prepare for
assignments
well in advance**

IT IS RIGHT...

**for consumers to
have the choice
to participate in
events
spontaneously on
short notice**



IT IS RIGHT...

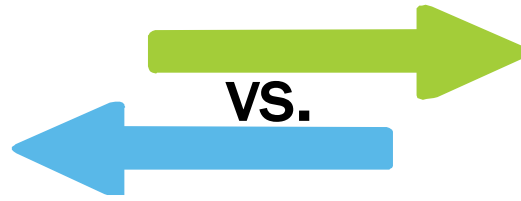
**for interpreters
to charge a fee
commensurate
with their
education,
experience and
certification**

IT IS RIGHT...

**for those hiring
interpreting
services to seek
the most cost
effective options
available**



Right



Wrong

Moral temptations

- Given too much change when purchasing something
- Downloading music
- Taxes

IT IS RIGHT...

**for interpreters
to desire
financial
success and
work hard to
achieve it**

IT IS WRONG...

**for interpreters
to take
advantage of
consumers for
financial gain**



IT IS RIGHT...

**For interpreters
to seek
opportunities for
growth and to
further develop
their interpreting
skills**

IT IS WRONG...

**to take an
assignment
without being
qualified to
handle it**



HELP! WHAT DO I DO NOW?



decision-making in healthcare



IT DEPENDS!



AS NCIHC NOTES:

“A code of ethics, no matter how thorough or concise, cannot and does not provide definitive answers to all possible dilemmas or choices an interpreter may face.”



Interpreters work alone in healthcare settings

doctor's offices + clinics + hospitals + groups
inpatient and outpatient settings + specialists

**Constantly experiencing new situations and
new people**

Interpreting as a *practice profession*:

interaction with people is central, such as
doctors, specialists, counselors.



THINK OF A TIME...

Recall a time when interpreting where you were challenged with a dilemma.

- What was difficult?
- How did you decide to proceed?
- Were you satisfied with the outcome?



DEAN AND POLLARD'S DEMAND-CONTROL SCHEMA

A framework to begin to analyze the interpreted interaction and make decisions about our most effective course of action



D-CS creators

Robert Pollard



Robyn Dean




Based on Karasek's work on occupational stress

DEMANDS

- **Are about the job**
- **Factors which impact your work**



CONTROLS

- **Equate to decision latitude**
 - **About the worker**
 - **Skills or resources that the worker can bring to bear in response to demands**
- 

DEMANDS

Environmental

- Specific to setting (physical surroundings, professional roles, etc.)

Interpersonal

- Specific to interaction between consumers and interpreter

Paralinguistic

- Related to expressive style of consumers (style, pace, volume, etc.)

Intrapersonal

- Specific to the interpreter (thoughts, feelings, physical reactions)

MEDICAL APPOINTMENT

- + Healthcare practitioner is a medical student
- + Patient is user of other language than English


What are possible demands?



MEDICAL APPOINTMENT



DEMANDS

- medical student nervous, not familiar yet with process
 - patient uncomfortable with male doctor
 - small room
 - close in age—perhaps flirtatious?
 - patient not understanding that she will have to repeat her answers when attending physician attends
- 

DEMANDS


The man with his hands covering his face is a speaker of another language than English

The doctor has just told him that his child has an untreatable cancer



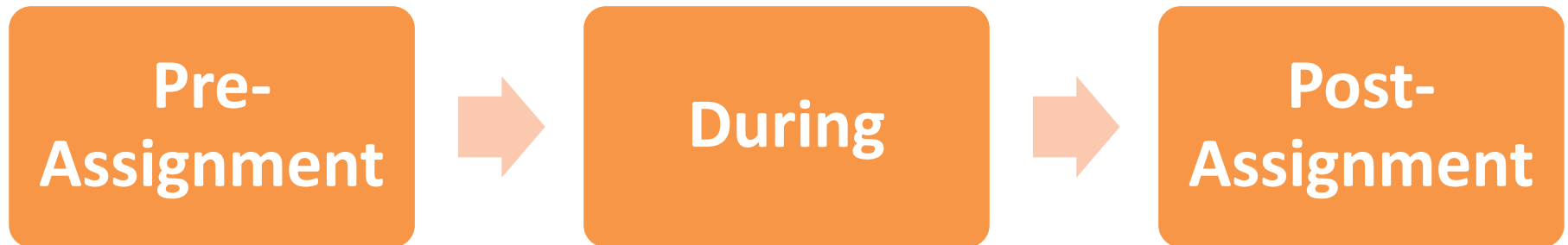


DEMANDS


- father overwhelmed with grief
 - doctor trying to get patient's attention
 - patient speaking incoherently
 - interpreter affected by emotion
 - interpreter wants to offer comfort
- 

CONTROLS


- Equates to decision latitude
- About the worker (interpreter)
- Skills or resources that the worker can bring to bear in response to demands



PRE-ASSIGNMENT CONTROLS

- ✓ Personal attributes of interpreter
 - ✓ Interpreting education
 - ✓ Experience, work related and personal
 - ✓ Direct preparation (e.g. reading materials, dialogue with teamer)
- 

ASSIGNMENT CONTROLS

- ✓ Identifying demands
 - ✓ Positive self talk
 - ✓ Direct interventions
 - ✓ Decisions re the interpretation itself
 - ✓ Code of Ethics
- 

POST-ASSIGNMENT CONTROLS

✓ **Debriefing/venting**

✓ **Self-care**

✓ **Follow up**

With people involved

With further education

With referring party

✓ **Supervision**




AN EXAMPLE

You are interpreting between a social worker and a Spanish speaking patient at the hospital. The social worker leans over to you and says, “I should really learn Spanish. Do you know where I could take classes?”

What could you do?



- a) Tell her you are only present to interpret**
 - b) Interpret to the consumer what she said**
 - c) Interpret to the consumer and ask if it is ok for you to respond**
 - d) Ignore her**
 - e) Ignore her and speak to her later to explain your role**
 - f) Answer her briefly and get back to interpreting**
- 

MEDICAL APPOINTMENT




POSSIBLE CONTROLS

- a) Stay fairly close to the patient (if you are female interpreter)
- b) Just continue interpreting
- c) If her distress is visible in her tone of voice, make sure to convey that
- d) Let her know she can decline the student (if that is the case)
- e) Tell the student she is uncomfortable



POSSIBLE CONTROLS

- a) Tell the doctor you can't understand the patient right now
 - b) Speak comforting words to the patient, tell him to take his time
 - c) Narrate as much as you can of what you understand
- 


USING DEMANDS AND CONTROLS IN ETHICAL DECISION-MAKING

Demand → **C**ontrol → **C**onsequences →
+/- **R**esulting **D**emands



DCCRD EXAMPLE

An interpreter was scheduled for a male patient accompanied by his wife. The man has more fluency in English than his wife does. The patient is now saying he doesn't need an interpreter, but each time he states he doesn't need one the wife states that she does need one.



DCCRD

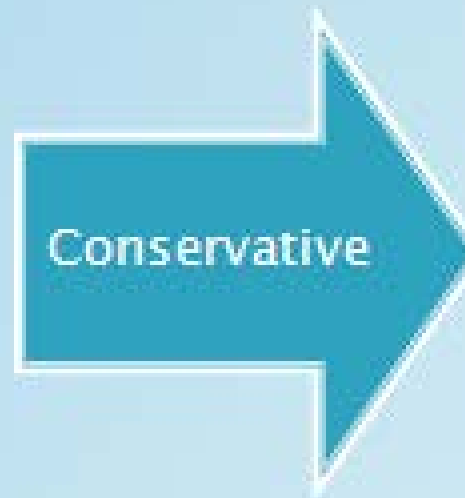
Demand	Control	Consequence	Resulting Demand
Husband doesn't want the interpreter, wife does	Do nothing and wait to see if they come to agreement together	Couple continues arguing and doctor is looking confused	Should the interpreter stay or leave?

D	C	C	RD
Husband and wife disagree about having the interpreter there	Let the doctor know what the disagreement is and that you are able to stay if the wife wants interpretation	Doctor intervenes and requests the interpreter to stay, so he understands clearly. Husband accepts this	None

Ethical and Effective Decisions

Too Liberal

Therefore
ineffective
and/or
unethical



Too Conservative

Therefore
ineffective
and/or
unethical



AN EXAMPLE

Patient is very unhappy with treatment she received at the hospital, and is saying this to you after leaving the appointment.

- **Too conservative:** say nothing in response
- **Conservative:** ask her if she wants you to interpret anything
- **Liberal:** let her know that the hospital wants to hear from patients re quality of service, and you could interpret
- **Too liberal:** insist that she report it her dissatisfaction

CASE CONFERENCING


Using DCCRD

One person records demands, controls

Ask participant, what demand were you responding to?



TEACHING D-CS

- Pre-reading
 - Using pictures to identify demands, supplying handout
 - Using cases
 - Working through a DCCRD
 - Asking participants to generate a more liberal choice, and a more conservative one
- 

CASE CONFERENCING IDEAS

- Need to develop trust and to remind participants about confidentiality
- If concerns re confidentiality, can merge two cases or scramble details
- Write out cases prior to meeting
- Collect and destroy paperwork
- Keep coming back to facts of this situation when someone says “Yes, but what if...”

COMMON THEMES SEEN

Emotional responses (shock, confusion, dismay, guilt, frustration)

Pride

Anger at:

- Teamer
- People involved
- Referral agency
- Self

RESOURCES

Textbook on D-CS. \$49.95 plus shipping

www.demandcontrolschema.com

Articles available free:

<http://www.urmc.Rochester.edu/demand-control-schema/publications-products.cfm>

Questions?

Thank you for your attention and participation, and thanks to NCIHC for inviting me!

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Announcements

- Future events
- Session Evaluation
- Follow up via email

TrainersWebinars@ncihc.org



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