

## LLD Training Tip

X	Content and Practice	Language Assessment	Recruitment
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### Using Role Play Scenarios to Demonstrate the Interpreting Encounter as a Cultural Exchange (Melanie Allmayer and Catherine Anderson) December 2019

**Tip Planning Considerations:** To instruct interpreting students in recognizing some basic errors when conducting an interpreting session we offer a series of “Sloppy Encounter” and “Better Encounter” scenarios. Errors in interpreting may originate from a student’s unclear understanding of the uniqueness of an interpreting encounter (see explanation below.) The errors begin when either the provider, patient or the interpreter slides into a casual or familiar conversation. Errors also occur when the provider or patient speaks for a long time and the interpreter does not intervene. The scenarios will be presented by students in an interpreting class and critiqued by other members of the class.

- 1) Distribute pieces of paper that will serve as “red flags,” “green flags” and “yellow flags.”
- 2) Students should be encouraged to analyze the presented “Sloppy Encounter” scenario, basing their critique on what they have learned about professional interpreting.
- 3) The provider is the English speaker and the interpreter and patient are speakers of other languages, but the scenarios can be conducted in English only.
- 4) Try to have fun with these scenarios that will seem entertaining, but hopefully also instruct.
- 5) You can vary the scenario by changing the topic, for example, from soccer to celebrities, etc. You can also expand the dialog presented here.

#### I. Introduction

As instructors, we spend time training interpreters in the roles of interpreting. These roles include Message Conversion (Conduit), Clarification, Culture Brokering and with less emphasis, Advocating. In each of these roles, we focus the trainee’s attention on how words and gestures may be perceived differently by the patient, the doctor, and the interpreter, depending on culture.

Primarily, the interpreter is the voice of the provider and the patient. The interpreter conveys the message meaning-for-meaning without changing, adding or omitting any part of the message. The interpreter intervenes to clarify the message if the patient or provider appears not to understand what is being said or implied or if the patient is not familiar with policies and benefits available to every patient.

## LLD Training Tip

X	Content and Practice		Language Assessment		Recruitment
---	----------------------	--	---------------------	--	-------------

What we don't explain very well is how an interpreting encounter is a specific kind of cultural exchange with its own cultural assumptions. The Interpreting Encounter is a unique communication experience created out of current professional practice. It is conducted with specific goals in mind as part of the provision of medical treatment, social services, educational evaluation, etc. This Teaching Tip will help to make clear to trainees why we require specific protocols related to boundaries, confidentiality, use of first person, etc. The roles we emphasize may be counter to an interpreter's intuitive cultural response in the moment of interpreting.

### II. Errors in an Interpreting Encounter

Very often we have witnessed interpreters who revert to a passive listening mode while on the job. The result is an incomplete or inaccurate rendering of the message. Other times the interpreter carries on a conversation initiated by a patient. For many interpreters, it may be easy to forget that an encounter has prescribed formalities to help communication, set boundaries and clarify roles. For some LLD interpreters this may be even more difficult to remember because of perceived pressures to respect authority (the provider) or offer assistance to or preserve privacy of community members (the patient). To help LLD interpreters more completely understand the concepts behind the interpreting encounter as known in current practice, the class will view scenarios of "bad" encounters and compare them to "good" encounters. By helping interpreting students see and internalize a good interpreting encounter, the techniques we teach—incremental intervention, the use of a pre-session, etc., may make more sense.

### III. Scenarios

#### Sloppy Encounter Scenario #1: The Conversation

**Preparation:** Review the roles of an interpreter: Message Conversion (Conduit), Clarification, Culture Brokering, Advocating. Emphasize that the interpreting encounter is a special type of communication exchange.

For these scenarios, in the U.S., the provider is the English speaker and the interpreter and patient are speakers of other languages. The scenarios can be conducted in English, with the interpreter repeating back the message as if they were interpreting. The patient does not speak in this scenario but participates actively.

Pass out the flags. A "red flag" is a definite problem in interpreting. A "green flag" means the session is going well. A "yellow flag" is an opportunity for the instructor and students to talk about the nuances of an interpreting issue. The "red flags," "green flags" or "yellow flags" are noted here, but not on the students' copy.

## LLD Training Tip

X	Content and Practice	Language Assessment	Recruitment
---	----------------------	---------------------	-------------

Read through the scenario with everyone, then assign roles for the scenario to be enacted. Ask each person to perform their roles while the class members give their opinions by showing one of the flags. Each time you see someone put up a red or yellow flag, stop the scenario to discuss these flags with the class. The green flag means the interpreting is going well. Be aware of stage directions.

**The scenario:** The interpreter and patient are talking before the provider walks in. [Red flag – should the interpreter be alone with the patient?]

**Interpreter:** What's your favorite soccer team? I don't go for the Canadians anymore. [Red flag!]

**Stage directions:** The provider enters, is pleasant, shaking hands with everyone. No introduction takes place. [Red flag!]  
The interpreter stands in the middle. [Yellow flag!]

**Provider:** Tell him (or her) that we need to do a full physical and that he needs to go to the lab downstairs to get his blood drawn. [Red flag – provider is not using direct speech. The instructor can ask: What does the interpreter do to encourage the provider to speak more directly to the patient? ]

**Interpreter:** He (or she) says we need to do a full physical and you need to go to the lab downstairs to have your blood drawn. Hey, what do you think about that game with Arsenal? [Red flag!]

**Provider:** What are you talking about?

**Interpreter:** Soccer!

**Provider:** Well, I like soccer too, and my family thinks I'm crazy because they like football!

### **Analysis:**

Ask the interpreter: How do you feel about the session? Did you feel as if you were conducting an interpreting session or participating in a casual conversation? Why? How could this encounter have gone more smoothly? Ask the students how many red/yellow flags they found in watching this encounter. Go over each one again and talk about whether they have made the same errors or witnessed similar mistakes in their own interpreting.

## LLD Training Tip

X	Content and Practice	Language Assessment	Recruitment
---	----------------------	---------------------	-------------

### #1: A Better Interpreting Encounter

**The scenario:** The interpreter walks into the room where the provider and client are waiting. The provider is the English speaker and the interpreter and patient are speakers of other languages, but the scenarios can be conducted in English.

**Interpreter:** Good morning. My name is Clara and I am your language X/English interpreter for today. Please remember everything you say will be interpreted exactly as you say it. Everything stated in this room is confidential. Please speak in short sentences with pauses. If I raise my hand, that is a signal for you to stop so I can interpret. Thank you.

**Stage directions:** She also introduces herself to the provider.

**Provider:** Thank you. Great to see you again, Mr. Flores.

**Interpreter:** Thank you. Great to see you again, Mr. Flores.

**Provider:** Wow, wasn't that a great game with Brazil last night?

**Interpreter:** Wow, wasn't that a great game with Brazil last night?

#### **Analysis:**

Any red or yellow flags here? What are the differences between this encounter and the previous one? What did the interpreter do to show they were a professional? List the reasons why this is a professional interpreting encounter and not an informal conversation between friends. The class can go back and continue the "better encounter" for more practice. Keep using the flags.

### **Sloppy Encounter #2: The Lecture.**

**Preparation:** Review the steps for incremental intervention. Review the concept of transparent communication.

**The scenario:** The provider enters the exam room with the interpreter and launches into a long, uninterrupted explanation of a bronchoscopy. The interpreter seems to be listening intently, not asking for clarification, or holding up his hand to stop the provider so that he can interpret.

**Provider:** Good afternoon Mrs. Nguyen, I'm Dr. Smith. Because you have an abnormal chest X-ray, we need to do a procedure called a bronchoscopy as soon as we can schedule it. I'd like to take a biopsy of your lung tissue at the same time. This will be outpatient. I'll use a bronchoscope, a flexible thin tube with a light and

## LLD Training Tip

X	Content and Practice	Language Assessment	Recruitment
---	----------------------	---------------------	-------------

camera on it to pass through your nose, throat, larynx and trachea into your lungs, so that I can examine your bronchial tubes. [Red flag, possibly yellow!]

**Stage directions for the Interpreter:** The interpreter keeps listening and **DOES NOT** intervene after several sentences. The interpreter doesn't check for understanding or ask the provider to simplify the higher register medical terminology.

### **Analysis:**

Ask the interpreter: How do you feel about the session? Did you feel as if you were interpreting? Why didn't you stop the provider? What steps should be taken to ensure the patient understood the doctor? Ask the class to list the main differences in the quality of the interpreting between this session (the Lecture) and a professional encounter.

### **#2: A Better Interpreting Encounter**

**Provider:** Good afternoon Mrs. Nguyen, I'm Dr. Smith. Because you have an abnormal chest X-ray, we need to do a procedure called a bronchoscopy as soon as we can schedule it.

**Interpreter:** Good afternoon Mrs. Nguyen, I'm Dr. Smith. Because you have an abnormal chest X-ray, we need to do a procedure called a bronchoscopy as soon as we can schedule it.

**Stage directions for the Patient:** Frowns, or uses body language to convey confusion.

**Stage directions for the Interpreter:** Begins intervention by holding up a hand to indicate a pause and then speaks to the doctor to let the doctor know she/he will need to check with the patient. He/she checks with the patient.

**Interpreter:** The interpreter needs to know if you need clarification on 'abnormal chest X-ray' and 'bronchoscopy.'

**Stage directions for the Interpreter:** Then the interpreter speaks to the doctor.

**Interpreter:** The interpreter is checking to see if the patient understands "abnormal chest X-ray" and "bronchoscopy."

**Doctor:** I am OK with the plan.

**Interpreter:** I am OK with the plan.

**Patient:** Thank you. I don't understand "bronchoscopy."

## LLD Training Tip

X	Content and Practice		Language Assessment		Recruitment
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**Interpreter:** Thank you. I don't understand "bronchoscopy."

**Doctor:** A bronchoscopy is....

**Analysis:**

Ask the interpreter: How do you feel about the session? Did you feel as if you were interpreting? How did it feel to stop the doctor? How did it feel to ask the patient if she/he understood the doctor? Compare the two versions of Scenario #2. Have the students list the characteristics of the revised ("better") encounter and the previous sloppy encounter. What distinguishes the quality of the "better" encounter from the previous one? What makes it a professional interpreting encounter?

If you have questions about this tip, please email us at [lld@ncihc.org](mailto:lld@ncihc.org)

[For website administrator only: Survey link will be added at end.]

National Council on Interpreting  
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