

THE COMMUNITY INTERPRETER®

An International Workbook of
Activities and Role Plays

**for Medical, Educational
and Social Services Interpreters**

Marjory A. Bancroft, MA, Sofía García-Beyaert, MA, Katharine Allen, MA,
Giovanna Carriero-Contreras, Denis Socarrás-Estrada, MA and Hank Dallmann, MA

The Community Interpreter®
An International Workbook

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INTRODUCTION

Purpose of the workbook

This workbook was created to support a textbook for the teaching of community interpreting. The workbook, like the textbook, is intended for use in universities, colleges and training programs in nearly any country where English is the language of instruction or where textbooks in English support education and training.

The program that this workbook supports was designed to train medical, educational and/or human services interpreters. Therefore, the activities and role plays include content in all three of these specializations to serve community interpreters who specialize in any or all of them.

How to use this workbook

In this workbook, all references to “the textbook” refer to *The Community Interpreter: An International Textbook*.¹

The chapters in this workbook are closely aligned with the five chapters of the textbook. The learning objectives, suggested activities and pedagogical approach also align with the textbook. While both the textbook and workbook can be used independently of each other, they will work best as companions.

Instructors and trainers of community interpreters will nonetheless find many valuable activities and role plays in this workbook that could be used to support nearly any program for teaching community interpreters, whether or not the textbook is also used. These activities and role plays can be individually selected as needed by instructors. However, the activities do follow a particular, intentional pedagogical pattern laid out in the textbook, which it closely follows.

In the United States, where the textbook and the workbook were created, this workbook supports university-based courses, including certificate programs, and also short training programs outside institutions of higher education. As a result, by intention the workbook contains far more exercises and role plays than could be used in a single course or in a short training program. The workbook could be used effectively to support courses of 40, 60 or 100 hours, or for longer programs. The number and variety of activities and role plays in the workbook allow it to be used in any way that an instructor thinks best.

Alternatively, the instructor teaching a single course or short program could assign activities and role plays in this workbook as home assignments, or for study and practice.

¹ Bancroft, M.A., García-Beyaert, S., Allen, K., Carriero-Contreras, G., and Socarrás-Estrada, D. (2015). *The Community Interpreter: An International Textbook*. (M. A. Bancroft, Ed.). Columbia, Maryland: Culture & Language Press. See www.cultureandlanguage.net for more information or to order this and other books. There is also a website for the program: www.thecommunityinterpreter.com

Finally, this workbook—like its companion textbook—represents a valuable study resource, especially for interpreters who lack access to quality training programs and/or who are preparing for certification and other credentialing. Ideally, the interpreter will find another interpreter or two to work with, especially when practicing the role plays in this workbook. However, it will be difficult to obtain the fullest benefit from this workbook alone. Those who use this workbook for study will need to have access to the textbook to understand more fully how to execute the activities and role plays.

Teaching the “Medical Edition”

The organization that created this program, Cross-Cultural Communications, licenses trainers across the United States and in six other countries to teach the program, which is referred to as The Community Interpreter® International Edition. Many licensed trainers for the program choose to teach it as an “all medical” program, and that iteration is currently referred to as the Medical Edition. To accommodate such trainers and educators, and to make their work easier, *every activity or role play in this workbook that includes non-medical content (i.e., content specific to non-healthcare settings, such as educational or social service settings) is immediately followed by a comparable activity with exclusively medical content.*

Role plays

Most, but not all, role plays in this workbook include two versions in a convenient, easy-to-read table format: English only and English-Spanish (where Spanish is the language of the patient or client receiving the service).

The reason for including English-Spanish versions for most of the role plays is that a significant number of trainers who work with this program teach interpreters whose language pair is English-Spanish. Having role plays with English-Spanish texts allows for more realistic role playing. This format also makes the role plays easier to use in language-specific interpreter training programs for Spanish interpreters.

For all other languages, and for role plays that do not have a Spanish version, *students and training participants who share the same working languages and who play the patient, client or service user in role plays will sight translate the text into their other working language(s).* Doing so has two key benefits:

- The act of sight translating patient or service user dialogue provides sight translation practice for one role player who is not acting as the interpreter.
- Sight translation of the patient or client text permits the role plays to be used for any language combination.

Please note that in English-Spanish role plays, the Spanish version is not intended to be an exact translation but rather a rough equivalent of the English text for role-play purposes only.

Instructor's guide

An instructor's guide exists for this program. This guide supports trainers and educators of interpreters by giving them clear instructions about how to deliver The Community Interpreter® International Edition in a 40- to 60-hour format. This instructor's guide is not currently for sale, although that situation might change in the future.

At the present time, the instructor's guide is available only for educators and trainers who attend a training-of-trainers (TOT) program delivered by Cross-Cultural Communications. This TOT has been delivered across the United States; a shorter version has been delivered elsewhere. If you would like to have this program brought to your institution or area, please send inquiries to clp@cultureandlanguage.net.

The instructor's guide contains answers to some, but not all, of the activities in this workbook and guidance for some, but not all, of the role plays. These answers and guidance are provided only for licensed trainers who plan to give 40- to 60-hour iterations of the program.

“Service user” vs. “client”

In writing a textbook that was intended for use in nearly any country in the world, the authors faced many interesting decisions regarding terms and concepts. The goal was always to be inclusive and write in a way that could be clearly understood across many societal contexts.

When referring to a consumer or provider of community services, the authors of the textbook made a conscious decision to adopt the terms “service user” and “service provider” respectively. (In the case of healthcare, the word “patient” seems to be the English term that is universally used.)

In the United States, however, the terms “client” and “provider” are widely used. Because this workbook will be used by many licensed trainers who are heavily concentrated in the United States, the term “client” has often been used in this workbook to replace “service user” in many activities. In addition, since so many licensed trainers for the program teach the Medical Edition, the term “patient/client” is also used in many of the activities.

Questions, comments and feedback

The authors are keenly interested in reader comments regarding the textbook and the workbook. Please do not hesitate to contact us in care of the publisher:

Culture & Language Press
+1-410-312-5599
clp@cultureandlanguage.net

Chapter 1: Introduction to Community Interpreting

LEARNING OBJECTIVES

After completing this chapter and its corresponding exercises, the learner will be able to:

OBJECTIVE 1.1	The Profession of Community Interpreting Discuss the profession of community interpreting and four driving forces that have shaped the field.
OBJECTIVE 1.2	Interpreter Credentials Analyze and compare interpreter credentials, including certificates and certification.
OBJECTIVE 1.3	Ethics and Standards for Community Interpreters Demonstrate an understanding of eight core ethical principles for community interpreters.
OBJECTIVE 1.4	Application of Ethical Principles Apply ethical principles for community interpreters to common communication barriers.
OBJECTIVE 1.5	Ethical Principles in Action Examine two techniques for resolving ethical challenges in community interpreting.
OBJECTIVE 1.6	Reflective Practice Explore the concept, meaning and application of “reflective practice” for community interpreters.

Learning Objective 1.1

After completing this section and its corresponding exercises, the learner will be able to:

- Discuss the profession of community interpreting and four driving forces that have shaped the field.



Learning Activity 1.1(a): Defining Community and Medical Interpreting

Instructions

1. Your instructor will divide you into groups of four.
2. Each group will be given a large sheet of easel chart paper and a marker pen.
3. As a group, come up with a definition for “interpreting” and “community interpreting.” Think about what makes community interpreting different from other kinds of interpreting.
4. Now define “medical” (or “healthcare”) interpreting.
5. Write your definitions onto the top portion of your easel chart paper.
6. Attach your easel chart paper to the wall so that the rest of the group can see your definitions.
7. Then, if you have any time remaining, in the lines provided answer the following questions:

1. Your definition of *interpreting* (in general)

2. Your definition of *community* interpreting

3. Your definition of *medical* interpreting

4. List any common specializations of interpreting (e.g., medical interpreting, conference interpreting).



Learning Activity 1.1(b): The History of Community (and Medical) Interpreting

Instructions

- This activity is a lightning competition!
- In small groups, open your textbooks to pp. 44-49.
- Take a blank sheet of paper (per person or per group: your choice).
- Read and discuss the pages.
- You will have only 10-15 minutes to draw a timeline for *community or medical interpreting* (listen to your instructor's direction; otherwise it is your choice).
- Make your diagram in the form of a long arrow or arc with labels, like the one you see on p. 44 of your textbook.
- Your arrow or arc should be more detailed than the timeline on p. 44 (which is for *general interpreting*) and include *more information about the community and/or medical interpreting*.
- You may include information from friends, the Internet—even your smartphone.
- Now see which team comes up with the best timeline!

Learning Objective 1.2

After completing this section and its corresponding exercises, the learner will be able to:

- Analyze and compare interpreter credentials, including certificates and certification.



Learning Activity 1.2: Interpreter Credentials and Certification

Instructions (Part A): Credentials

- Your instructor may choose to separate participants into two groups. One group will be called the “Term Group” and the other will be the “Definitions Group.” (Note: for a smaller class, Terms could be posted on the walls.) Each “Definitions Group” could be divided into pairs or groups of three.
- When you are separated into Terms or Definitions groups, your instructor will ask you to close the workbook and give you a card that either has a term or a definition.
- The Term Group will stand in a straight line with space between each member. This group will stand still in place with each Term facing outward so that everyone can see what it says.
- Each member of the Definitions Group will try to find the correct term that fits the definition on his or her card.
- When everyone has found the right partner, each pair or group representative will read the Term and Definition out loud to the rest of the group.
- The correct answers are on the next page.



Learning Activity 1.3(b): The Community Interpreter's Pledge

Instructions

- In pairs, practice saying out loud The Community Interpreter's Pledge from the textbook (p. 8), and reproduced below, or the Medical Interpreter's pledge (below), which matches the nine principles of the *National Code of Ethics for Interpreters in Health Care*. Recite the pledge you choose in both or all your working languages by sight translating the pledge after reciting it in English.
- Now discuss with your partner:
 - What did you like about this pledge?
 - What did not seem clear to you?
 - Did anything in the pledge surprise or disturb you?

THE COMMUNITY INTERPRETER'S PLEDGE

As a community interpreter, I will support the communicative autonomy of the parties I interpret for. To help them maintain responsibility for and control over their own communication, I will:

Observe confidentiality.

Strive for accuracy.

Display impartiality.

Ensure transparency.

Promote direction communication.

Respect professional boundaries.

Support intercultural communication.

Maintain professional conduct.

THE MEDICAL INTERPRETER'S PLEDGE

As a medical interpreter, I will support the COMMUNICATIVE AUTONOMY of the parties I interpret for. To help them maintain responsibility for and control over their own communication, I will:

Observe confidentiality.

Strive for accuracy.

Display impartiality.

Respect professional boundaries.

Develop cultural awareness.

Treat all parties with respect.

Consider careful advocacy.

Further my knowledge and skills.

Maintain professional conduct.

Note: This version of the pledge is based on the NCIHC *National Code of Ethics for Interpreters in Health Care*.



Learning Activity 1.3(c): Ethical Principles: Mix and Match

Instructions

- Working in pairs, match the correct ethical principle to its corresponding definition.
- The team that finishes first and is correct wins this competitive activity.
- Community interpreters can choose Part A: Textbook principles.
- Medical interpreters can choose Part B: NCIHC principles.

Part A: Textbook principles

Ethical Topic	Principle Letter	Ethical Principle
1. Confidentiality		a. The community interpreter refrains from allowing personal beliefs to manifest in his or her professional conduct, especially when rendering the content and tone of the message.
2. Accuracy		b. The community interpreter initiates and actively supports practices that enable the service users and providers to engage in direct communication.
3. Impartiality		c. The community interpreter intervenes to promote meaningful communication across cultural differences only when necessary for clear communication and without articulating the interpreter's beliefs or speculations about any of the parties' cultures.
4. Transparency		d. The community interpreter should maintain professional boundaries, both during and outside the interpreted encounter.
5. Direct Communication		e. The community interpreter's conduct should reflect the highest standards of the profession by showing adherence to professional ethics and best practices.
6. Professional Boundaries		f. The community interpreter does not disclose private or proprietary information learned during the execution of his or her professional duties, except where disclosure is required by institutional regulations or by law.
7. Intercultural Communication		g. The community interpreter interprets everything that is said to ensure that all messages expressed during the encounter are communicated to all parties.
8. Professional Conduct		h. The community interpreter strives to interpret every message without omissions, additions, distortions or any other changes to the original message.

Ethical Scenarios, Section II: Medical interpreting

Yes No Maybe	Ethical Scenario	Ethical Principle
Yes No Maybe	1. The nurse pulls the interpreter aside after the session and asks “I’m worried about this patient, can you tell me what you think is really going on?” The interpreter shares with the provider what she knows about the client from her contact with her in the community.	
Yes No Maybe	2. When the doctor leaves, the patient leans in to the interpreter and says “I missed my appointment last week because my husband hit me and my face was bruised. But don’t tell the doctor, I’m afraid she’ll report my husband and my kids will get taken away.” The interpreter chooses to honor the patient’s request and doesn’t share this information with the doctor.	
Yes No Maybe	3. The local clinic sponsored a health fair that had a public presentation on how to prevent sexually transmitted infections. At the presentation, a man stood up and shared that his son had gotten HIV from sharing needles when using drugs. His son tried to kill himself and had to spend time in a rehabilitation program. The following week, you are with a group of friends who discuss this family’s troubles and you share what you heard at the public event.	
Yes No Maybe	4. You have just completed an interpreting assignment for a workers’ compensation ⁶ medical exam. You phone the interpreting agency to give a report. The agency rep says: “Okay, now I need you to give me a summary of the decisions made during the exam. Did the patient qualify for additional medical services?” You do your best to give an accurate summary.	
Yes No Maybe	5. During an interview with the hospital social worker, the patient gets frustrated and starts cursing and calls the social worker “racist.” You interpret the offensive language exactly as the patient says it.	
Yes No Maybe	6. You are interpreting for a family whose daughter has developmental delays. The psychologist who tested the daughter is reporting the results of the exam, which will determine whether the child will be eligible for speech and physical therapy services. It is clear to you, the interpreter, that the family members do not understand what the psychologist is saying because she uses complicated language, so you do your best to simplify the language without changing its meaning.	

⁶Workers’ compensation programs provide health and rehabilitation services for workers injured on the job. Such programs exist in many countries around the world.

Reflective practice role plays

Role play #1: NICU (English-Spanish)

<p>Patient:</p>		<p>¿Doctor, dónde está mi bebé? ¿Qué pasó en la sala de partos? Me pujé fuerte—el doctor me dijo ‘puje una vez más, puje fuerte’ y lo hice. Después me sentí un alivio y hubo un momento de silencio, que para mí era un eternidad, y empecé a escuchar ruidos del bebé, no llanto, sino ruidos y entonces de repente vi un alboroto y mucho movimiento y sonaban todas las máquinas...</p>	<p>Doctor, where is my baby? What happened in the delivery room? I gave a big push—the doctor told me “one more big push” and I did that. Then I felt some relief and there was a moment of silence, which felt like eternity to me, and then I started to hear all these noises, not baby cries, but noises. Then all of sudden there was a commotion and movement and all the machines were beeping...</p>
<p>Pediatrician:</p>	<p>Yes, I know everything happened so fast, but let me try to explain what happened, at least what happened with the baby. I was one of the doctors in the delivery room. I’m a pediatrician, not an OB, but I think the OB will be in soon because I saw her at the nurse’s station. Or the nurse will be in, I’m not sure. Anyway...</p>		
<p>Patient:</p>		<p>Dígame, doctor, por favor! Como está mi bebe. ¿No entiendo nada de lo que está pasando! Me dijeron que es una niña, verdad?</p>	<p>Tell me, please, doctor, how is my baby? I don’t understand anything that is going on here. They told me it was a girl, right?</p>
<p>Pediatrician:</p>	<p>Yes, it’s a girl and she’s in the NICU right now. I just came down from there. She is stable now but we need to keep a close eye on her.</p>		

Role play #2: The infected tooth (English-Spanish)

Dentist:	Mr. Padilla I just reviewed the X-ray the tech took of the tooth that is bothering you. You have a really deep cavity there, and on top of that the tooth is infected.		
Patient:		¡Doctora, el dolor es horrible! No he dormido durante dos noches seguidas, no puedo ni comer ni tomar nada. Cualquier cosa que toca el diente me da una punzada que me dan ganas de gritar hasta el cielo.	Doctor, the pain is just terrible! I haven't slept in two straight nights. I can't eat or drink anything because if anything touches the tooth, I get a stabbing pain that makes me want to scream out in pain.
Dentist:	I know, a tooth infection is very painful. When I tried to examine you, I couldn't even touch the tooth with my sickle probe.		
Patient:		¿Qué se puede hacer? No puedo pasar otra noche así.	What can I do? I can't spend another night like that.
Dentist:	Well I can't do anything if I can't even touch the tooth. So, first we need to get rid of the infection. I am going to give you antibiotics and I want you to take them for seven days.		
Patient:		Está bien. ¿Me dará algo para el dolor?	OK. Will you give me something for the pain?
Dentist:	Yes, I will give you something for the pain, but it is a narcotic, so I have to give you a prescription. I can't just send you to the pharmacy. Take it only as needed, and don't drive or work while you are taking it, because it will make you sleepy.		

Debriefing role play

Debriefeer:	It sounds like you found that assignment pretty intense—how did it go for you?	
Interpreter:		
Debriefeer:	Well, I'm concerned what you need to do to take care of yourself. Do you need to go for a walk or do you just need to be with your family or friends?	
Interpreter:		
Debriefeer:	That sounds fine. What about interpreting? Do you feel ready to go to your next assignment, or should we try to see if we can find another interpreter for that one?	
Interpreter:		
Debriefeer:	Well, maybe think about who you can talk to about this, and how to relax. Obviously you're not going to give any confidential details, but you might want to talk about how you feel with another interpreter you really trust, or maybe a family member or friend, someone who usually helps you feel like yourself so you feel you can get back to normal as soon as possible. When do you think you'll be home?	
Interpreter:		
Debriefeer:	I see. So what do you plan to do first, right now?	
Interpreter:		
Debriefeer:	And what are you going to do after that?	
Interpreter:		
Debriefeer:	All right, that sounds good. Just remember—keep this session confidential, but if you want to share your feelings about it, as long as it's someone you trust, that's usually okay. You don't have to keep your feelings confidential!	

Learning Objective 2.4

After completing this section and its corresponding exercises, the learner will be able to:

Objective 2.4(a)

- Practice three cognitive processes: anticipating, multitasking and message analysis.

Objective 2.4(b)

- Explore two interpreting skills-building strategies: parroting (shadowing) and paraphrasing.



Learning Activity 2.4(a): Anticipation

Instructions

- Work in pairs. Call one person A and the other person B.
- Each person will read out loud one of the texts below, either in this book or on a handout.
- Partner A *will not look at the book or handouts*.
- Partner B will read text #1 below and pause before every shaded term.
- Partner A *will try to guess what that term might be*.
- Partner B each time will say “yes” and write a checkmark above that term (if guessed correctly by A or if a reasonable substitute was made) or say “no” and write X above that term (if A did not guess correctly or suggest a reasonable substitute).
- After this exercise, Partner A will show Partner B the list showing what was guessed correctly or incorrectly.
- Now reverse roles and do the same exercise again, using Text #2.

Note: This exercise may be difficult for you, especially if English is not one of your working languages. Do not worry. If you correctly anticipate (guess) even half the words, that is an excellent score.

These texts have around 150 words in total and have 15 gaps.

1. Asthma⁹ is a condition in which your airways narrow and swell and produce extra **mucus**. This can make breathing **difficult** and trigger **coughing**, wheezing and shortness of breath.

Asthma can't be cured, but its symptoms can be **controlled**. Because asthma often changes over time, it's important that you work with your **doctor** to track your signs and symptoms and adjust treatment as **needed**.

Asthma symptoms range from minor to **severe** and vary from person to **person**. You may have infrequent asthma attacks, have symptoms only at certain **times** or have symptoms all the **time**.

Asthma signs and symptoms include:

- Shortness of **breath**
- Chest tightness or **pain**
- Trouble sleeping caused by shortness of breath, coughing or **wheezing**
- A whistling or wheezing sound when **exhaling** (wheezing is a common sign of asthma in children)
- Coughing or wheezing attacks that are worsened by a respiratory virus, such as a **cold** or the flu

⁹<http://www.mayoclinic.org/diseases-conditions/asthma/basics/symptoms/con-20026992>

THE COMMUNITY INTERPRETER'S CHECKLIST

Before the encounter

1. Get your pens, notepad and terminology resources ready.
2. Analyze what the session is about to help you prepare and focus.

At the beginning of the encounter

3. Scan the room to make a decision about which unobtrusive position to adopt.
4. Smile and use body language to create rapport and show empathy.
5. Use a calm, firm voice to help establish trust, credibility and professionalism.
6. Give a professional introduction to establish clear parameters for the session.
7. Listen to and analyze the service user's language and regionalisms.
8. Discriminate other surrounding noise.

While interpreting

9. Engage in active listening.
10. Read body language (eye cues, hand gestures, leg positions, etc.).
11. Use imagery to aid in retention.
12. Replicate or take into account the speakers' tones, volumes and gestures.
13. Reorganize and reformulate the message based on *meaning* (not the words).
14. Remember to use direct speech (first person).
15. Deliver the message in the target language in a clear, understandable voice.
16. Become aware of, assess and do not act on your own biases.
17. Avoid eye contact while interpreting.
18. Take notes as needed; recognize and interpret from notes.
19. Maintain objectivity, detachment and regard for safety.
20. Maintain utmost accuracy.
21. Engage in problem solving and decision making as needed.
22. Switch to indirect speech (third person) if direct speech is problematic.
23. Read body language and contextual cues (without making eye contact).
24. Monitor your output.
25. Intervene to correct yourself, if necessary.
26. Manage turn taking.
27. Maintain impartiality.
28. Identify communication barriers. As needed, plan how to address them.
29. Intervene only if the consequences of a miscommunication are serious.
30. Switch back smoothly to interpreting after mediating.
31. Maintain transparency: report even your own interventions.
32. Avoid side conversations.
33. Check a dictionary, glossary or other resource, if necessary.
34. Switch modes as needed.
35. Assess whether or not to perform a sight translation, if so requested.
36. Change position as needed.

After the session

37. Leave the room whenever the provider leaves.
38. Avoid being alone with the service user, if possible.
39. Debrief with the provider (if possible) if the session left an emotional impact.
40. Practice self care strategies, as needed.

Learning Objective 3.3

After completing this section and its corresponding exercises, the learner will be able to:

- Develop basic scripts for performing mediation in common situations in community interpreting.



Learning Activity 3.3(a): Record a Sample Mediation Script

Instructions

- Take out a recording device, such as a mobile telephone, recorder or MP3 player.
- Test it.
- Select at least two of the four situations below.
- **Medical interpreter should select scripts #1 and #4.**
- Read out loud *and record* the first script that you chose, speaking it in *both your working languages*.
- Listen to your recording.
- Fill out the form below the script.
- Then do the same for one more script.

Situation and script #1

Situation: The doctor explained prescription instructions in complicated language. You are very afraid the patient did not understand the instructions and may take the wrong dosage.

Script #1

Speaking to the doctor:

Excuse me, as the interpreter I'm worried that what I'm interpreting about the medication isn't clear.

Speaking to the patient:

Excuse me, as the interpreter I told the doctor I'm worried that what I'm interpreting about the medication isn't clear.

Self-evaluation form for mediation practice: Script #1

Circle the best answer that describes your opinion of your performance.

Was my delivery:

- a. Fast or slow?
- b. Smooth or stumbling?
- c. Convincing or awkward?
- d. Weaker in one language than the other?

Did my tone sound:

- a. Respectful or harsh?
- b. Kind or abrupt?
- c. Different in any way when speaking to the doctor vs. the patient? If so, describe the differences:

What would *I* say that would sound more natural for this mediation, in both languages? (Use the kind of wording that you think you might really say in a similar real-life situation.)

Situation and script #2

Situation: A municipal sanitation employee is explaining recycling requirements to a restaurant owner. He uses the word “commingled,” which you think means that the restaurant owner has to recycle metal, paper and certain kinds of plastic together in one container (but even you are slightly confused).

Speaking to the restaurant owner and sanitation employee (in their two languages) record Script #2 below as you read it out loud:

Excuse me, as the interpreter I'm not sure the meaning of “commingled” is very clear. Maybe if you explain, I can interpret it more clearly.

Excuse me, as the interpreter I just told the sanitation representative that I'm not sure the meaning of “commingled” is very clear. I told him that maybe if he explains, I can interpret it more clearly.



Learning Activity 3.4(c): Body Language and Mediation: Video Recording

Instructions

- Select one of the two role plays below.
- **Medical interpreters will select Role Play B.**
- 2. Set up video recording using a smartphone, a camera or another device.
- 3. In groups of four, act out the role play following the usual instructions but have the fourth person record the role play.
- 4. The interpreter *must not see the script*.
- 5. The interpreter should perform at least one mediation: a request for clarification of *collection agency* (in Role Play A) and *DUI* (in Role Play B).
- 5. After completing the role play, let everyone in your group watch the video.
- 4. At the end of the each role play there are questions for your group to answer. *Do not read the questions before you view the video.*
- 5. If time permits, do the same role play or another role play following the same instructions with a different person playing the interpreter.

Role play A: The angry library patron

Note: Before this role play begins, make sure you tell the interpreter this information:

You, the interpreter, have interpreted for this patron before. You know that the family gets food from a food bank because they have no money. They are living day to day. Both parents are unemployed. Things are desperate. The library fine mentioned in this role play will be impossible for them to pay.

Staff member:	How can I help you?	
Patron:		I'm very upset. Look, I just got a threatening letter about a library fine! And the fine is for \$150!
Staff member:	(glances at letter, rustling of paper) Hmm, yes, I see what's going on. This letter is from a collection agency ²⁸ that we use, Exclusive Management System.	
	INTERPRETER SHOULD REQUEST CLARIFICATION OF "COLLECTION AGENCY"—remind the interpreter, if necessary.	

²⁸A collection agency, or debt collector, is a type business that collects payments of debts. Most of these agencies get a fee (such as a percentage of the total amount) from the creditors who want their money from the individual or business that owes the debt.

Patron:		Collection agency? For a library?
Staff member:	Yes, it's a company that we give the bill to when you don't pay. That's what it does. It collects payments from people who don't pay. Unfortunately, the fact that you didn't pay the library and this bill went to a collection agency does go on your credit report.	
Patron:		My credit report? You mean, I get a black mark on my credit? So if we want to get a new apartment, the leasing company will see the black mark and maybe we don't get the apartment?
Staff member:	Uh...I mean...I guess you'd have to call the credit report bureau to find that out.	
Patron:		That means yes! We get a poor credit rating. This is crazy! For a few kid videos!
Staff member:	I can see you ran up quite a fine there. But did you know you can renew in person, by telephone or online? We even have an automated renewal telephone line. Or you can just drop the videos off at any library branch, at any time—24/7.	
Patron:		I brought them back a while ago, but they weren't overdue. We had them just three weeks, like the books we took out.
Staff member:	Three weeks! But that explains everything. You see, DVDs are only loaned out for one week. And the fines are a dollar per day. Now I understand. Would you like to pay it now? You can pay by credit card, or by phone or by mail. However you prefer.	
Patron:		A dollar a day! That's impossible! That's not what I was told when I got the card two months ago! (to the interpreter) This lady is a stinking heap of old fish. What does she think, we're rich? They're just out to screw foreigners because they think we're stupid.

Role play B: The angry patient

Nurse:	Okay, the tubal ligation went well, so you can go home now. You do have someone to drive you home, right?	
Patient:		My husband will come, yes.
Nurse:	Good. Now the doctor's given you two prescriptions, the Lortab, you take one tablet every four to six hours for pain. And the Motrin 900 mg. Take that every eight hours or so when you need to for the pain. All right?	
Patient:		Yes, yes.
Nurse:	And you don't have any allergies to medication, correct?	
Patient:		No, I've never had anything like that.
Nurse:	Now, this is important. You need to make sure to keep your dressing clean. Keep the bandage clean, all right? And no baths for a week, just showers. And after the shower, put sterile bandages on. Leave the bandage on until you come back and see the doctor next week. And watch for signs of infection, if you see anything, like pus or discolored drainage just call us, we'll get you seen right away.	
Patient:		What if I see something at night?
Nurse:	Don't worry, here's the number for the ER advice nurse. Now if you're having a lot of discomfort, you can use ice packs every one to two hours if you want. Just put the ice pack over the dressing for 20 minutes. For the first few days you might have some pain around the incision. Or you could feel some nausea or shoulder pain or gas. But mostly that will go away in a few days, so it's nothing to worry about. Sometimes you can get a sore throat, so if that happens just gargle mouthwash, or you can take some over-the-counter lozenges.	
Patient:		What's that?

Learning Activity 5.3

After completing this section and its corresponding exercises, the learner will be able to:

- Define advocacy and use a decision-making protocol to determine whether and how to advocate as a community interpreter.



Learning Activity 5.3(a): Maria's Mom

Instructions

- In pairs or small groups, read Story A below—medical interpreters, select Story B—then answer the question following it and discuss your answer with your peers.
- Next, consider the definition of advocacy provided in the textbook:
- **Taking action or speaking up on behalf of a service user or patient whose safety, health, well-being or human dignity is at risk, with the purpose of preventing such harm.**
- Now discuss this broader question: Would you advocate in a situation like the one in this story? Why or why not?

Story A: Maria's mom

Maria had never been a successful student, but it was her behavior at school—which was becoming more and more problematic—that had caused her to be suspended from class for three days. Now she faced a disciplinary hearing and might be expelled.

Maria, her mother and the principal of her high school all gathered to discuss the situation. The interpreter could not believe what she heard when the principal asked Maria: “Do you want to become a no-one like your mum? Or do you want to be able to get a real job and go somewhere in life? If you want a job and a good life, you’d better try hard. We’re here to help, but you have to do your part.”

What would you do if you were the interpreter in the session with Maria's principal?

Would you:

- a. Avoid interpreting the offensive reference to the mom (simply omit it).
- b. Apply the 5 steps of strategic mediation to tell the principal that his comments are racist.
- c. Tell the mother that the principal was being racist, but only once the session is over.
- d. None of the above: interpret everything that is said and avoid any further involvement.