

Diagnosing Healthcare Assignments: Medical Interpreting for Deaf People in Europe

Patricia Brück
Britta Meinicke
Juliane Rode

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HCI practice research

1. Study: „Diagnosing Healthcare

Assignments:

One Year of Medical Interpreting for Deaf People in Austria and Germany”

- Year: 2012, I-VI 2017

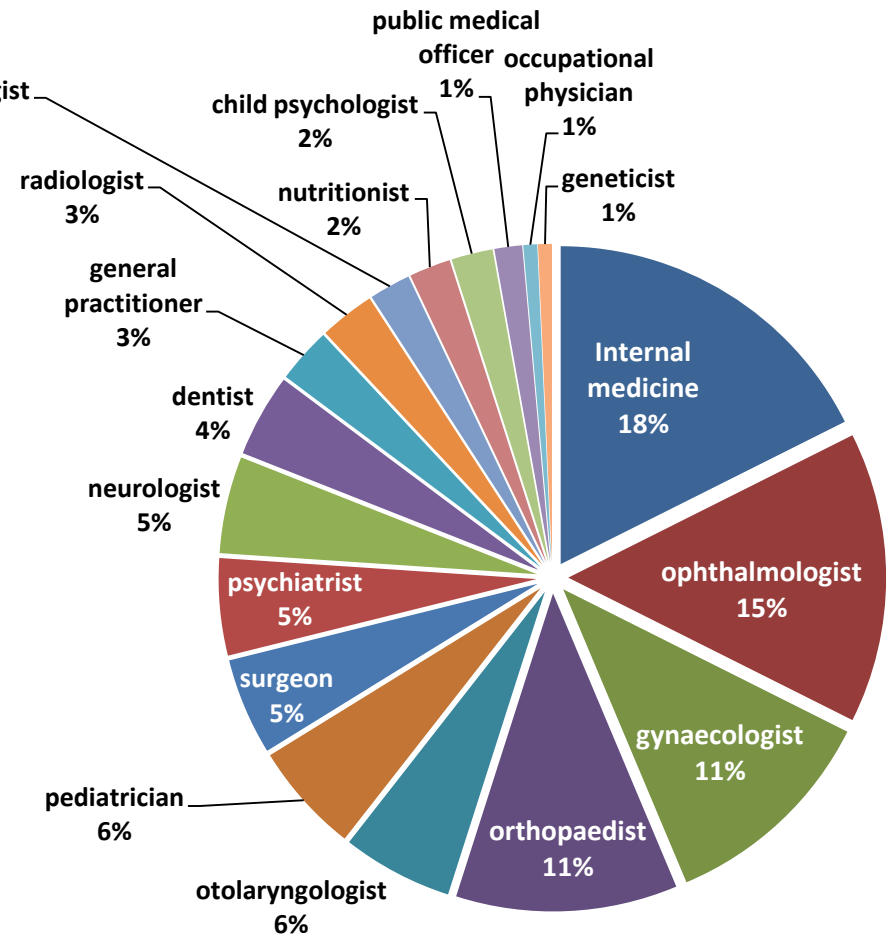
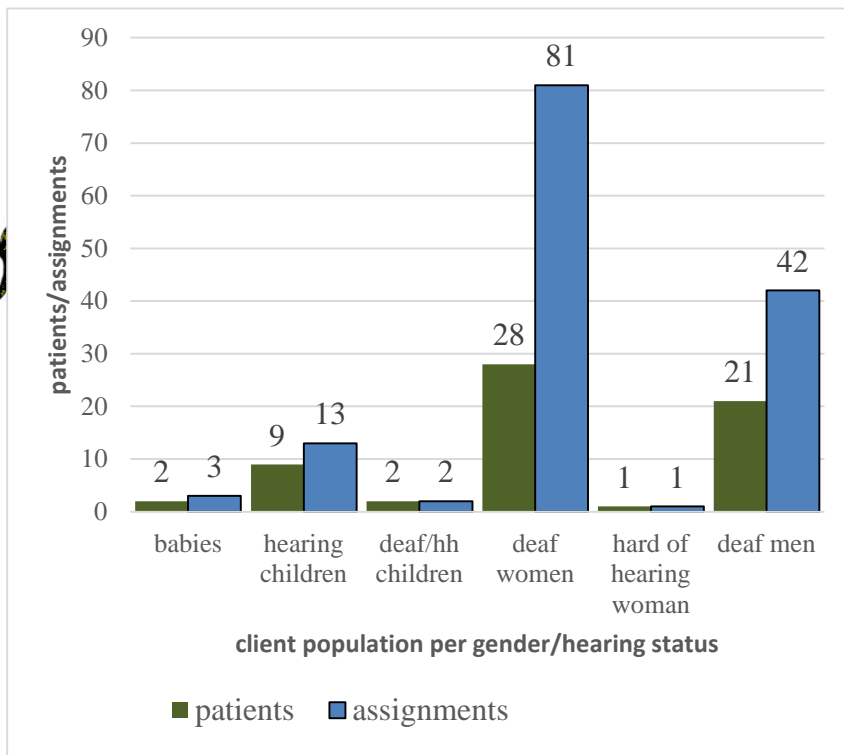
2. Workshop: „Health Care Interpreting“

- 12 SLI
- brain storming method



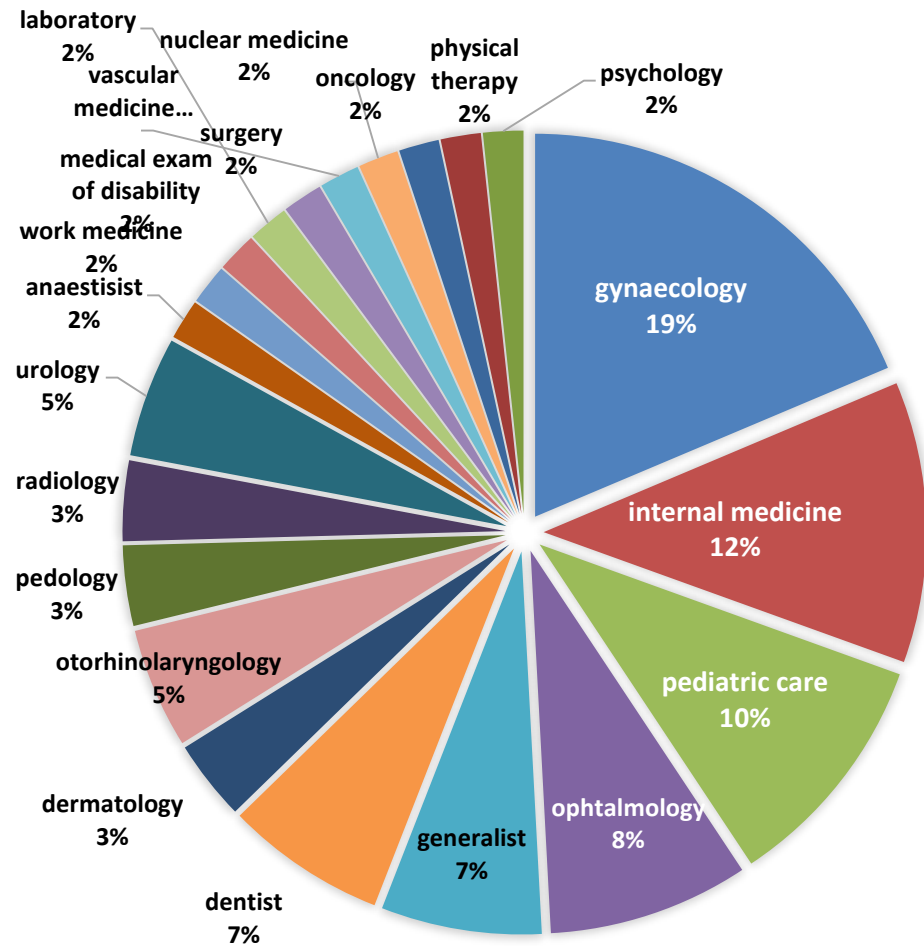
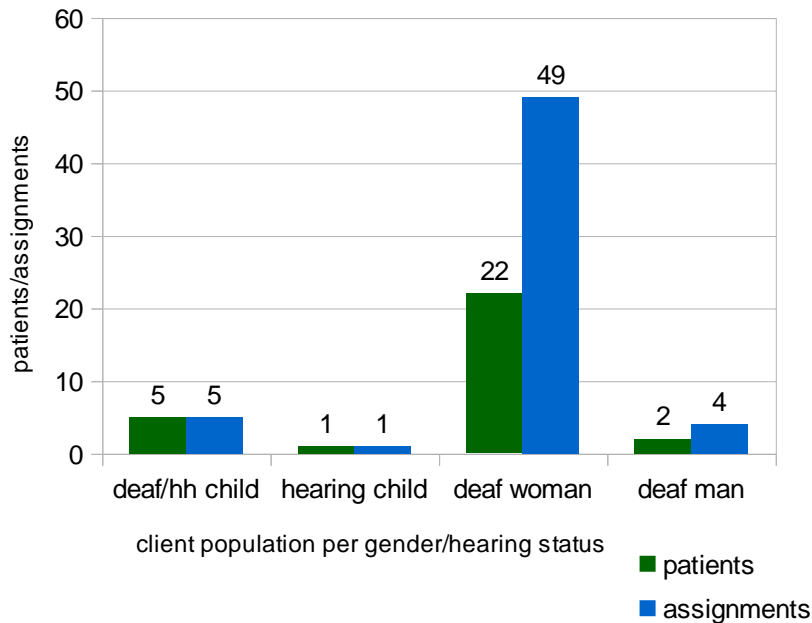
Study: Data 2012 (I-XII)

- 142 assignments
- 5 interpreters
- 60 patients
- 18 medical areas



Study: Data 2017 (I-VI)

- 59 assignments
- 30 patients
- 21 medical areas
- 3 interpreters



Study: Results I

■ Procurement

- Burden of organizing interpreting services on the deaf client
- Preference for choosing familiar, trusted interpreters



■ Waiting room interaction

- Provision of vital information
- Developing rapport between client and interpreter

Study: Results II

- Medical Staff
 - Friendly, polite, and helpful
 - Initial contact
 - Considerable impact on general climate
- Doctors
 - Familiarity with interpreting is not critical
 - Attitude seems to be essential



Study: Results III

- Deaf patients
 - 3 main reasons for dissatisfaction
 - Helpful if the patient is proactive
 - Difficult if agenda is ignored
- Interpreters
 - Creating an adequate framework
 - Advocacy for the deaf patient



Recommendations

- Training of doctors and HC personnel
 - Triadic communication
 - Interpreter <> social worker
- Training of deaf clients
 - Medical proceedings
 - Cultural awareness training
- Training of interpreters
 - Technical knowledge
 - Awareness of the situation (power/rapport)



Workshop HCI 2017

- Workshop with SLI in Linz, Austria
- 11 Interpreters with 20-1 years of experience (2nd: 8 + 2)
- 5 Topics tackled
 - Waiting room
 - Deaf Patients
 - Examinations/Treatments
 - Debriefing
 - Medical Personnel



Workshop: Waiting Room

- Tasks fulfilled by SLI
 - **Interpreting written texts**
 - **Briefing for upcoming consultation**
 - **Time Keeper**
 - Keeping company (psychological support)
 - Wailing Wall
- Problems
 - Small talk (Is it my duty?)
 - Discussion of private topics in public



Workshop: Deaf Patients

■ Problems

- **Little general knowledge//health/medical knowledge** (even about their own health status!!)
- **Little sign language competence**
- **Little knowledge on communication with hearing doctors/personnel**
- No clear picture of SLI's work
- Behaviour causing embarrassment for SLI
 - Patient is lying (dilemma!)
 - Patient is very demanding (vicarious embarrassment)
- How not to intrude into patient's privacy?



Workshop:

Examinations/Treatments

- Tasks fulfilled by SLI
 - Sensitisation of doctors/personnel
 - Defining how to communicate if SL is impossible
 - Psychological support
- Problems
 - **Position (Prone position/dentist/gyn. chair)**
 - **Time**
 - **Presence of SLI (dignity/privacy <> information)**
 - Lighting
 - Protection of SLI/patient (lead apron, face mask)



Workshop: Debriefing

- Tasks fulfilled by SLI
 - **Repeating the instructions given by doctor (dosages, schedules for intake of drugs etc.)**
 - **Reexplaining some instructions/facts**
 - **Organising next assignment/replacement**
 - **Passing on of information (next SLI, doctor)**
- Problems
 - SLI is no medical expert
 - No payment for additional time



Workshop: Medical Personnel

■ Role

- **Gate Keeper**
- „Mood generator“ – first contact with D

■ Attitude

- **Friendly, empathetic**
- Rejection of interpreter

■ Problems

- **Lack of knowledge about D and SL**
- **Internal structure and rules of the institution**
- Time pressure





DolmetschService **Plus**
Gebärdensprache

- Patricia Brück

patricia.brueck@dolmetschserviceplus.at

