International Journal of Interpreter Education

CONFERENCE OF INTERPRETER TRAINERS

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Editorial: Research Underpinning and Informing Interpreter Education

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The *International Journal of Interpreter Education* is a dedicated platform for interpreter educators around the world. Our collective experiences as interpreters, educators and journal contributors encompass a wide range of perspectives and our readership includes educators and researchers from countries with long established interpreter education programmes, as well as from countries that have only recently started to experience an influx of visitors, migrants and refugees, and thus the demand for trained interpreters. This journal provides a forum for sharing new ideas and developments, and bringing together innovative research from both signed and spoken language interpreter education research and pedagogy.

We welcome submissions including research articles based on conference presentations and Open Forum contributions, such as conference reports, opinion pieces, and presentations of teaching case studies. We particularly encourage educators in countries where interpreter education is in the early stages of development to consider the contributions they could make to this forum.

In the recent Volume 7(2) of this journal, Jieun Lee and Moonsun Choi of Ewha Womans University in South Korea contributed their research-based recommendations for interpreter training for asylum interview settings, in response to the growing number of asylum seeker applications and the recent passage of the Refugee Act (2013) in South Korea. Japan is now making provision for an increasing number of overseas visitors who need interpreting services, especially in the healthcare setting. On 14 May 2016, the Nagoya University of Foreign Studies (Aichi Prefecture), hosted an inaugural symposium on medical interpreting organised by Professor Teruko Asano, a scholar noted for her successful advocacy for the rights of court interpreters in Japan. We briefly outline the symposium papers here because they reflect topics and themes on which we welcome future submissions to the journal.

The symposium started with a keynote by Ineke Crezee on health interpreter education in New Zealand. followed by presentations on interpreting service provision in the Aichi Prefecture, medical interpreter training in the Aichi Prefecture and further afield, as well as on the Japanese Constitution in relation to doctor-patient interactions and the role interpreters play in these. A workshop on healthcare interpreting led by well-known medical interpreter educator and physician Dr Takayuki Oshimi centered on a scenario involving an English-speaking tourist who needed medical attention for severe chest pain. The audience was divided into small groups tasked with interpreting the medical encounter, and the facilitator engaged participants in a lively discussion of both the medical condition underpinning the scenario and the (unfamiliar) informal English used by the English-

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speaking tourist. The workshop was a great example of active audience engagement as an effective tool for teaching a large group (well over 140 attendees), bridging the gap between research and educational practice.

In the current issue of *IJIE,* we present innovative examples of research informing and underpinning interpreter education. Contributions represent both signed and spoken perspectives from the United States, Hong Kong, Australia, and New Zealand.

The issue begins with Amy Williamson's research on the experiences of Deaf-parented interpreters in interpreter education in the U.S. She presents some of the main findings relating to induction practices and interpreter education from part of a larger study (Williamson, 2015). The impetus for Williamson's study was anecdotal evidence that interpreter education was more aligned with the needs of second-language users of a signed language rather than with the needs of native or "heritage" signers. Williamson's findings challenge interpreter education programmes to better align their entry requirements and pedagogical practices with the needs of both native and nonnative signers.

Eva Ng, a lecturer in interpreting at the University of Hong Kong, provides instances of interpreter intervention in the Hong Kong courtroom. Eva obtained permission from the court to observe and record interpreter-mediated courtroom proceedings for her PhD study (Aston University, Birmingham, England). Her findings demonstrate the different ways in which interpreters' actions constituted intervention in the examination process. Some of the examples she provides may serve as cautionary tales for student legal interpreters, offering the opportunity to reflect on the code of professional conduct and the role of the court interpreter when compared to that of other participants in the courtroom. The study fills a gap in the literature, because it is rare to obtain permission to record interpreters at work in this setting, and Ng's research provides clear benefits for (legal) interpreter education.

Laurie Swabey, Todd Agan, Christopher Moreland and Andrea Olson address another gap in the research literature by surveying designated healthcare interpreters (DHIs), a term used in the U.S. to refer to interpreters who work regularly with Deaf health professionals. The authors point out that there is an increasing need for DHIs, due to a growing number of Deaf people pursuing careers in the health sector (Zazove et al., 2016). The DHIs who responded to the authors' survey mentioned aspects of their role that may not be currently addressed in interpreter education, such as meeting attendance, billing, and coordinating tasks. Respondents also noted handling work stress and self-care, which seems to underline the need for interpreter educators to focus on such issues, either in interpreter education or in professional development (cf. Ndongo-Keller, 2015; Crezee, Atkinson, Pask, Wong & Au, 2015). This contribution will be particularly eye-opening to readers in countries where there are not yet any (or many) Deaf health professionals.

The interview in this issue was conducted by Delys Magill, who talked with Kim de Jong, manager of an interpreting and translation service (ITS) in South Auckland, one of the most culturally diverse areas in New Zealand. The service was set up in 1991 in response to recommendations of a New Zealand government inquiry (Coney & Bunkle, 1987; Cartwright, 1988), which followed a series of medical misadventures (patient safety incidents) involving women who did not have English as their first language. ITS currently provides health interpreting service in more than 80 different languages. Essential attributes of trained healthcare interpreters mentioned by Kim de Jong include an excellent knowledge of healthcare terminology, procedures and settings.

Sabrina Schulte presents a review of the *Routledge Handbook of Interpreting* (2015), which includes contributions from a wide range of interpreting settings. The review focuses on the book's coverage of sight translation, an underresearched area in the literature, and considers the relevance and ease of use of the large volume for experienced educators as well as students new to the field.

We call on those supervising postgraduate research students to encourage their students to share their work with the *IJIE* readership, in the form of dissertation abstracts, as well as in our Student Work section, in which graduate students who may not yet have a lot of experience writing for publication can share their work alongside more established scholars in the field.

Dissertation abstracts in this issue include two that summarize doctoral studies in progress. Xin Liu (University of New South Wales [UNSW], Australia) used a discourse analytical study of trainee interpreters' pragmatic accuracy in a moot court exercise, and a quasi-experiment with trainee interpreters from the UNSW interpreting and translation master's program. Sophia Ra, also from UNSW, describes her doctoral study on intercultural communication challenges in healthcare interpreting. Sophia observed 20 interpreter-mediated medical encounters in a large hospital in Sydney, Australia.

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It is important that our continuing work in interpreter education is underpinned and informed by research that includes studies of the effectiveness of practices "at the coal face". And it is important to continue to question accepted ways of thinking and accepted practices; as Albert Einstein (cited in Miller, 1955) stated, "the important thing is not to stop questioning" (1955). We encourage educators, researchers, postgraduate students and practising interpreters to contribute to interpreter education by submitting research articles, dissertation abstracts, interviews and opinion pieces for the Open Forum. By sharing such knowledge we remain abreast of significant issues; of changes in policies, procedures, and working conditions; and of approaches to learning and teaching. In doing so we are better able to align our educational programmes and practices with the needs of the interpreters of tomorrow.

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Lost in the Shuffle: Deaf-Parented Interpreters and Their Paths to Interpreting Careers

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Abstract

Deaf-parented individuals have experiences as child language brokers (Napier, in press) and as native and heritage users of signed language (Compton, 2014) prior to engaging in a formal interpreter education program or seeking training to become an interpreter. Anecdotally, deaf-parented interpreters say that educational opportunities do not meet their specific needs and skill sets but instead are designed for the L2 user of signed language. A goal of this study was to expand the limited research that currently exists in the field of interpreter education as it relates to L1 users of American Sign Language (ASL)—specifically, deaf-parented individuals. This study finds that they are achieving national credentials and education and training as interpreters through some coursework, formal and informal mentorships, and workshops, usually after already entering the field through informal induction practices within the deaf community. Participants in this study outline specific areas of skill weaknesses and share their perspectives on educational offerings that they have found most beneficial. The results of this research can benefit the field of signed/spoken language interpreting by influencing curriculum design and teaching approaches so that the unique demographic of deaf-parented interpreters is recruited to and retained within the profession. This article presents some of the principal findings pertinent to induction practices and interpreter education from a larger study of deaf-parented interpreters (Williamson, 2015).

Keywords: Coda, deaf-parented interpreter, interpreter education, heritage language, deaf, induction practices.

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Lost in the Shuffle: Deaf-Parented Interpreters and Their Paths to Interpreting Careers

1.   Introduction

In the United States (US), the Registry of Interpreters for the Deaf (RID) plays an important role in the certification of American Sign Language (ASL)–English interpreters. The RID was founded in 1964, by deaf individuals and individuals with deaf family members, alongside other bilingual professionals who served the deaf community in religious, educational, and governmental institutions (Ball, 2013; Winston, 2004). The need for ASL–English interpreters in every cradle-to-grave event for deaf people has increased since the passage and implementation of the Americans with Disabilities Act in 1990. The induction practices of ASL–English interpreters has moved away from being rooted within the deaf community, with hearing individuals typically evolving into interpreting through networks and informal induction practices, in which the deaf community functioned as gatekeepers by ushering along hearing family members and signers who showed promise (Cokely, 2005; Hunt & Nicodemus, 2014). Instead, individuals are making career choices to become interpreters and are learning signed language and about the deaf community through structured classes and formal interpreter education programs. This change in induction practices of ASL–English interpreters means that "deaf individuals are being asked to give their trust to someone they have not met before, who has no prior or even current connection to their community, and who might not understand their values and culture" (McDermid, 2009, p. 111).

A need for established educational standards emerged as the interpreting industry grew. Today, the Registry of Interpreters for the Deaf (RID) requires those sitting for a certification test to show that they have completed a degree or have gone through an alternate pathway assessment system to ensure qualifications equivalent to schooling (RID, 2011). This educational requirement, although it helps the people being served by interpreters because it increases interpreters' knowledge base, may be a barrier preventing community-evolved interpreters from becoming ASL–English interpreting professionals.

ASL–English bilingual individuals have functioned as interpreters or linguistic and cultural brokers between the signing and nonsigning majority communities. Deaf individuals themselves have also served this function in various capacities (Adam, Carty, & Stone, 2011; Forestal, 2011). Deaf-parented children often serve this function within their deaf families (Napier, in press). Students who have one or more deaf parents are native users and heritage learners of the signed language (Compton, 2014). These students had been exposed to signed language and deaf culture and had interpreting or language/culture brokering experience before they entered a formal program or attending any training to become an interpreter/translator (Napier, in press). Anecdotally, deaf-parented interpreters say that interpreter education programs and opportunities of continuing education for spoken language/signed language interpreters are, for the most part, geared toward individuals learning the signed language as a second language (Williamson, 2012).

2.   The Problem

There is little research examining the educational needs of the deaf-parented student who has experience as a language broker and is a heritage user of a signed language. The induction practices of deaf-parented interpreters into the profession of signed/spoken language interpreting have not been studied. Anecdotally, ASL–English deaf-parented interpreters say that educational opportunities do not account for their experience as signed language users and cultural brokers. Yet standards for the industry of ASL–English interpretation require a postsecondary degree, or equivalent, prior to certification, and an increasing number of states require licensure before interpreters are allowed to work in that state (RID, 2014). Ensuring the availability of educational opportunities to meet the particular needs of deaf-parented students will create a more appropriate pipeline through which native users of ASL may achieve certification, licensure, and education to a standardized level of service for consumers of interpreting.

2.1.   Purpose and Significance of the Study

In order to determine the best approach to educating deaf-parented interpreters, this exploratory study was designed to identify, describe, and examine the experiences, skills, and induction practices that a native user and heritage language learner of ASL utilizes on their path to professionalization. This article focuses on the findings of formal and informal induction practices of deaf-parented ASL–English interpreters that were part of this larger study.[2] Results of this study may be used to implement improved practices within interpreter education programs (IEPs) that are specific to deaf-parented interpreters. Analyzing deaf-parented interpreters' on-ramp experiences creates a more complete understanding of this subset of ASL–English interpreting students and can serve to validate anecdotal evidence.

Language use, educational background, and technological innovation have all impacted the deaf community in various ways, making the community dynamic and less homogeneous over time. The deaf-parented student/interpreter brings to the classroom various experiences as heritage users of signed language with language brokering experience as diverse as their parents' backgrounds. This study provides a snapshot of the experiences of the deaf-parented interpreters who are a product of the individualized upbringing of their generation. Caution should be exercised in applying these findings to future generations of deaf-parented students.

3.   Review of the Literature

Individuals who themselves hear and have at least one signing deaf parent are bimodal bilinguals and often grow up acquiring some level of fluency in both a spoken and a signed language (Pizer, 2013). Bimodal bilinguals who have at least one deaf parent are often referred to as children of deaf adults (Codas) (Bull, 1998). Deaf individuals who have at least one deaf parent are sometimes called deaf Codas but are most often referred to as "deaf of deaf."

3.1.   How Many Interpreters Are Deaf-Parented?

Deaf-parented interpreters, individuals who are either deaf or hearing and have at least one deaf parent, have been an overlooked demographic category within signed language interpreting research. The National Consortium of Interpreter Education Centers (NCIEC) conducted a needs assessment survey of practitioners of interpreting during the fall of 2014 that asked respondents to identify if they were deaf-parented. Of the 1,878 total respondents, 208 (11%) identified as having at least one deaf parent (NCIEC, 2014). In a survey conducted among 335 British Sign Language/English interpreters, Mapson (2014) found that 13% of the respondents identified as Codas. These results should be examined cautiously because the sample size in each of these studies is small.

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[2] To see the findings of the entire study, see Williamson (2015).

3.2. Native and Heritage Language Users of Signed Language

Within the community of signed language users, few people are native users because they are born to nonsigning hearing parents. The majority of native signers are hearing children of deaf parents rather than deaf individuals themselves (Compton, 2014).

Heritage users of a language are individuals who grow up learning a minority language from their parents and do not have any formal education in that language (Compton, 2014). Although the definition of heritage language and heritage learners is still not precise in the literature, these terms may be applied to the experience of hearing children of signing deaf parents. According to He (2010), "the term heritage language has been used synonymously with community language, native language, and mother tongue to refer to a language other than English used by immigrants and their children" (p. 66). Valdés (2001) defines a heritage language learner as "a language student who is raised in a home where a non-English target language is spoken and who speaks or at least understands the language and is to some degree bilingual in it and in English" (p. 38). Van Deusen-Scholl (2003) expands the definition of heritage language learner to "a heterogeneous group ranging from fluent native speakers to non-speakers who may be generations removed, but who may feel culturally connected to a language" (p. 221). By these definitions, Codas are heritage users of their parent's signed language.

3.3. Child Language Brokers

Child language broker (CLB) is the term used to describe a child who is more fluent in the majority language and brokers communication and cultural nuances between the child's parents who use a minority language and the community that uses the majority spoken language (Hall & Guery, 2010). CLB is often seen in immigrant families where parents have varying degrees of competency in the majority language of their new home. Children in these families, who are immersed in educational settings, acquire the majority language more quickly than do their immigrant parents. This greater fluency leads to instances of language and cultural brokering to bridge the communication between their parents and the majority-language-using community. Napier (in press) found in her applied research project—which replicated existing CLB research with deaf-parented individuals who are both deaf and hearing—that out of 210 respondents, 99% reported brokering for their parents either in the past or currently. In Napier's study, the parents used a signed language that was not the language of the majority community.

3.4. Deaf-Parented Interpreters Are Different Than Other Interpreters

Both Adams (a non-Coda) and Preston (a Coda) found that deaf-parented individuals often feel the tension of straddling both the deaf and hearing communities, with language the crux of that intersection. Preston (1994) explored the identity and role of hearing deaf-parented individuals through extensive interviews with 150 American Codas. Adams (2008) identifies the Coda's status as a separate and autonomous group, not deaf and not hearing, with their own identity. In autobiographical narratives elicited from 26 Codas, 12 hearing and 12 deaf, Adams (2008) identified common themes, labeled as "middleman," "misfit," "foreigner," and "glass ceiling." The "misfit" theme was the most common for the Codas across the lifespan. Preston (1994) and Adams (2008) found the hearing deaf-parented individual's audiological status becomes conflated with their identity and they are left feeling as if they are misfits in both the hearing and deaf communities because they do not feel like either. How this tension impacts a deaf-parented individual's on-ramp experience to interpreter education was not found in the literature.

3.5. American Sign Language/English Interpreter Education

The Commission on Collegiate Interpreter Education's (CCIE) Accreditation Standards were developed to give stakeholders within the ASL–English interpreting profession a common understanding of the knowledge and competencies that students of interpreting need to acquire (CCIE, 2015). Carter (2015) conducted a survey of

IEPs' entry requirements and found there to be no standardized process for establishing baseline skills and knowledge for acceptance into these programs. Only 14 of the over 130 ASL–English IEPs are accredited by CCIE (2015) and follow any set of standardized guidelines in interpreter education. The lack of standardization within IEPs can result in wildly varying competencies among graduates. Without standardized requirements for language competency in the working languages of the interpreting students prior to admission into interpreter education, instructors are tasked with language instruction instead of focusing on interpreting theory and practice (Roy, 2000; Shaw, Grbic, & Franklin, 2004). IEPs, in general, are not designed to train students who possess ASL fluency prior to admission (Roy, 2000).

Godfrey (2011) first conducted an analysis of survey data collected in the 2009 NCIEC (IEP) Needs Assessment with a focus on the readiness to credential gap and the characteristics of successful IEPs. Her findings demonstrated that the programs with more out-of-classroom learning opportunities, connections with the deaf community, and stringent language entrance requirements are more likely to have graduates successfully achieve credentials at or soon after graduation.

Outcomes of an IEP should be the same regardless of the skills brought into the program; however, it cannot be denied that deaf-parented students enter these programs with a different skill set and experience than non-deaf-parented students. Incoming IEP students may represent polar opposite starting places. Deaf-parented students are native users of the signed language, heritage language learners of the signed language, and they have connections with the deaf community and experience as child language brokers (Adam et al, 2011; Ashton et al., 2013; Compton, 2014; Napier, in press).

3.6. *Perception of Deaf-Parented Students/Interpreters*

There are few examples in the literature of deaf consumers, interpreters, or interpreter educators being asked about their perceptions on deaf-parented interpreters, but when a distinction is made, the results are notable. Stuard's broad-scope (2008) qualitative study explored the deaf community's preferred characteristics of interpreters. This study looked at cultural affiliation, acceptance within the deaf community, and whether parentage influences an interpreter's qualifications. Stuard asked of both the hearing and deaf study participants, "Does the Deaf consumer perceive that an adult child of Deaf parents would be more qualified to interpret than an adult child of hearing parents because of access to American Sign Language from birth?" (2008, p. 92).

In Stuard's (2008) study, hearing interpreters reported perceiving deaf-parented interpreters as having intuitive practicality and cultural awareness. They also reported that Codas might have better ASL-to-English skill because of early exposure to ASL, and both deaf and hearing respondents reported that qualifications of an interpreter should be based on skill, motivation, education, and certification, not just parentage (Stuard, 2008). Hearing interpreters reported a belief that deaf-parented interpreters lack interpersonal skills, have inappropriate boundaries, and have issues related to control/helper roles and confidentiality (Stuard, 2008). McDermid (2008) interviewed interpreter educators and had similar, conficting, findings in their participants' comments about deaf-parented/heritage language learners.

Among Canadian interpreter educators, McDermid (2008) found deaf-parented students had an overall positive impact on the IEP. Coda students "brought to class a higher level of sensitivity to deaf culture and more awareness of deaf people than their non-Coda peers. They were described as advanced students and were seen as willing to help the other students when asked for advice" (McDermid, 2008, p.118). In contrast, instructors also reported that Coda students had lack of knowledge of deaf culture, weak ASL and English language fluency, and found general issues with attitude among deaf-parented students. Two of the deaf instructors in the study said, "Coda students ended up disagreeing with them a lot and had gotten into arguments over how to sign things" (McDermid, 2008, p. 119) and a hearing instructor felt that "some of the (Coda) students enrolled because they thought it would be a fast way to get some kind of job but then later found the college experience overwhelming" (McDermid, 2008, pp.119). Her participants also reported Coda students interpreting while on a placement when they were specifically told not to; expecting to breeze through the program because they signed better than their classmates; andstruggling emotionally as they grapple with understanding their Coda identity and their relationship with their deaf parents.

The finding from Stuard (2008) and McDermid (2008) speak to both the value a deaf-parented interpreter brings to the profession and the need for appropriate training for deaf-parented interpreters as recognized by interpreter educators and deaf consumers of interpreting services.

3.7. Critical Mass in Interpreter Education

Hagedorn, Chi, Cepeda, and McLain (2007) define *critical mass* in education as the level of representation of a particular minority group of people in an educational environment that leads to comfort and familiarity for the student. This, in turn, promotes retention and persistence for the minority student. They found that when more Latino faculty were represented on campus there was also an increase in the success and aspirations of Latino students on campus.

How critical mass is defined within IEPs for deaf-parented interpreters and other minority groups remains to be determined; however, West Oyedele (2015) examined the relationship between the presence of African American/black faculty or classmates in IEPs and the participants' persistence in matriculating through the program. When West Oyedele asked participants about the number of African American/black educators, guest presenters, or mentors and classmates they were exposed to during their interpreter training, she found that a majority had no educators (76%), guest presenters (57%), or mentors (72%) who were African American/black. West Oyedele contends that these numbers suggest a lack of critical mass for African American/black interpreters who are matriculating through IEPs. Without a critical mass of minority students, African American/black students are less likely to persist through their educational experience.

There is currently no research available that identifies the number of deaf-parented interpreting students or faculty who are engaged in IEPs. Maloney (2015), in her survey of IEP faculty in the U.S., found that 9.9% of the 99 respondents identified as Coda. What constitutes a critical mass for deaf-parented interpreters and whether it makes a difference for the students' experience is not yet shown in the literature.

4. Study Design

This mixed-methods exploratory survey of deaf-parented interpreters was conducted in August 2014. The survey included adults who were at least 18 years old, had at least one deaf parent, either had ever worked as an ASL–English interpreter, and identified as deaf, hard of hearing, hearing, or Coda. The survey aimed to elicit demographic characteristics and induction routes into the profession of ASL–English interpreting. A total of 121 questions were presented in English. The questions were a mix of Likert-scaled statements, multiple choice items, attitudinal rating scales, and open-ended questions. The survey design was based on adaptations of the needs assessment survey conducted by the National Consortium of Interpreter Education Centers (NCIEC, 2010), the survey of demographic and self-identification information for heritage learners of Mexican descent (Gignoux, 2009), the National Heritage Language Survey (Carreira & Kagan, 2011), and the survey conducted by Napier (in press) in her study of CLB.

4.1. Participants

751 eligible respondents participated in a survey that was distributed electronically using network and snowball sampling (Hale & Napier, 2013). The researcher's personal email and social media network, Facebook and Google groups that are specific to individuals who are deaf-parented, and the large-scale databases of the RID membership and the email distribution network coordinated by the NCIEC all served as routes of distribution for the study.

4.2. Data Analysis Procedures

Through the use of applied thematic analysis (ATA; Guest, MacQueen, & Namey, 2012), word search and key-word-in-context techniques were used as a foundation for identifying and describing themes among the qualitative data found in open text-box responses. Descriptive statistics were applied to the quantitative data collected from the completed questionnaires.

4.3. Methodological Limitations

The length of the survey instrument, the use of written English as the language of the survey, and the method of survey dissemination may have limited the scope of this study. The survey took many respondents as long as 45 minutes to complete. The survey was conducted in English, which may have been a barrier for native bilingual respondents who were more comfortable in ASL than written English.

Finally, survey dissemination was conducted primarily through social media channels. Potential respondents who were not tied into their email or social media during August 2014 may have not had the opportunity to participate in this study. The survey was disseminated through snowball sampling, so there is no way to know how many people it actually reached.

The researcher used social networks available to her as a white, female, hearing, middle-aged, and mid-career interpreter with deaf parents. The survey may not have reached younger, newer interpreters or older, more seasoned interpreters. Neither deaf-parented interpreters who are deaf nor interpreters of color may have been as represented as they might have been otherwise.

5.   Findings

5.1. Respondent Characteristics

Of the 835 people who responded to the survey, 751 (89.9%) met the eligibility requirements. A majority of the respondents (68%) identified as hearing, white, and female.

Respondents spanned all age categories, with the smallest representations at either end of the age spectrum: 18–25 years (5.3%) and 66+ years (6.5%). All other age categories were fairly equal.

Most of the respondents (92.3%) reported having two deaf parents. The remaining respondents reported having one deaf and one hearing parent (6.7%) or one Coda parent and one deaf parent (1.1%). Most respondents (90.7%) identified their audiological status as hearing; the remaining 9.3% indicated being deaf, hard of hearing, or late-deafened.

When asked about racial and ethnic backgrounds, respondents were allowed to choose more than one category. A large majority (87.1%) of respondents indicated that they identify with a white race/ethnic background. The lack of representation among interpreters of color is an issue across the board, with 3.3% identifying as Latino/a, 1.6% as Black/African American, 0.1% Asian, 2.8% mixed race, and 5.1% identified as Other/prefer not to answer.

In terms of educational or professional preparation, 61.7% of the respondents reported having completed an associate degree or higher. Only 6.92% of the respondents claimed having no college experience. The scope of this study does not include an examination of socioeconomic status and its effect on higher education outcomes, it was notable that a significant portion (79.1%) of the deaf parents did not attend college, or did attend but did not

complete a degree. Many other factors[3] influence and confound a question about educational setting and language for deaf individuals, making the responses a complicated analytic prospect.

Of the total respondents, 86.7% held a nationally recognized interpreting credential, which, for the purposes of this survey, was labeled "certified." Of the respondents that were currently working as an interpreter (673), 22.3% were not certified as compared to 46.4% of the respondents who are no longer working (78) and did not hold certification while they were working.

5.2. Respondents' Professional Status

Professional interpreting was defined as what it is not: rather than language brokering for family, and perhaps not with credential, respondents were asked to report at what age they were first viewed as a professional and compensated interpreter. Responses ranged the life span, as seen in Figure 1, but were clustered between the ages of 17 and 22, with 49.8% of the respondents entering the field during that age range.

Figure 1. Age of respondents at the time they began professional interpreting
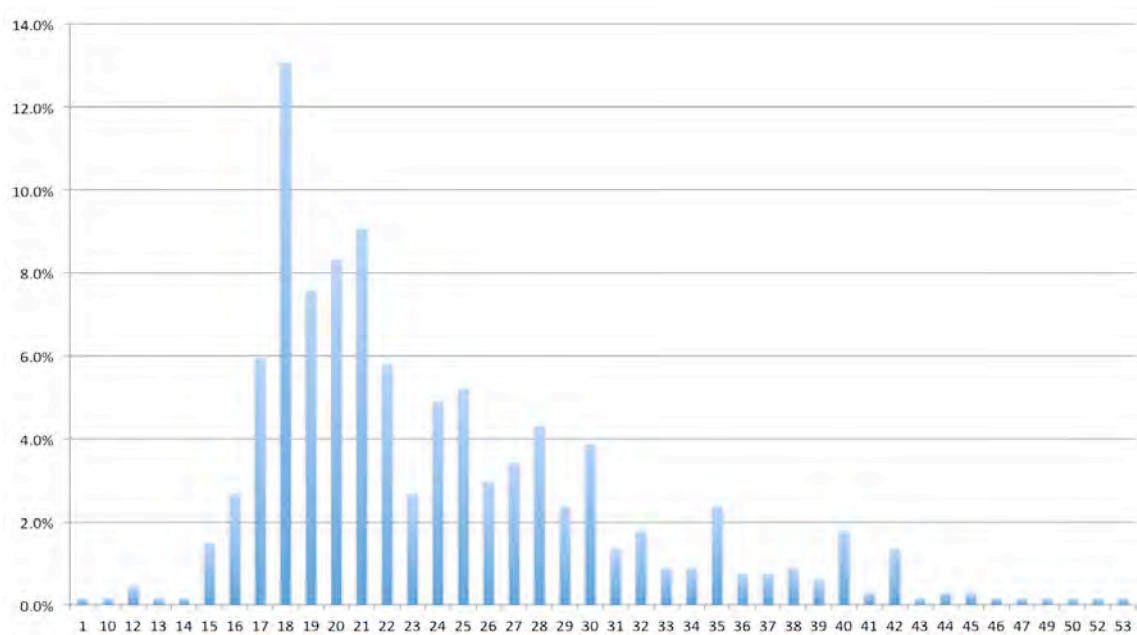
Deaf-parented interpreters enter the field from various entry points, both formal and informal, and so assessing the readiness-to-credential gap within this population can be difficult without a marked starting point to measure from. Table 1 shows that most respondents who were currently working as interpreters at the time of the survey reported having worked for 21–30 (21.01%) years and attaining a nationally recognized credential within 1–4 years (44.03%). For the most part, respondents reported attaining certification within 5 years (61.73%). Almost half (49.4%) of the 12.23%, (*n* = 85) who reported not having a credential at all had been working as an interpreter for fewer than 5 years.

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[3] These factors refer to the many complex issues found within the deaf community and the field of deaf education. Language modality and educational placement, among other aspects of the deaf educational experience, are difficult to quantify and cannot be fairly discussed within the scope of this study.

Table 1. Number of years respondents have worked as an interpreter cross-tabulated with the number of years before attaining credential(s)

How long to get credentialed?	How long working as an interpreter								
	Less than 5 years	6-10 years	11-15 years	16-20 years	21-30 years	31-40 years	more than 40 years	Totals	Percent
I have no credential	42	16	10	4	4	7	2	85	12.23%
0 years	23	40	17	12	13	13	5	123	17.70%
1-4 years	20	52	46	43	69	52	24	306	44.03%
5-9 years		7	29	14	29	10	19	108	15.54%
10-15 years	1		2	11	20	8	3	45	6.47%
16-20 years				2	9	3	1	15	2.16%
> 21 years	1				2	7	3	13	1.87%
Totals	87	115	104	86	146	100	57	695	100%
Percentage	12.52%	16.55%	14.96%	12.37%	21.01%	14.39%	8.20%	100%	

5.3. Respondents' Language Profiles

Respondents were asked to list what skills they wanted to improve in both ASL and English. Table 2 lists the most common themes found in the responses for both languages. The question did not differentiate between expressive or receptive skills in the language. In both languages, vocabulary is cited as the area most in need of improvement. To drill down on this question further, in the ASL language category respondents reported wanting to improve their knowledge of regional signs, technical signs, and the vocabulary of young people. Receptive and expressive uses of vocabulary were mentioned, but usually in the context of interpreting (e.g., "Vocabulary to use while interpreting in a variety of very specific specialized topics") as opposed to general conversation. In the English language category, the responses around vocabulary improvement were stated more generally than was found in the ASL language category. Some of the responses in this category were: "more rich vocabulary," "increase vocabulary," and "broaden my vocabulary."

In Table 2, the thematic category of fingerspelling is represented within the ASL language skill category among 6.34% (*n* = 47) of the respondents. In analyzing the open text-box responses within this thematic category, 46.81% (*n* = 22) specified expressive fingerspelling (e.g., needing to slow down) and 25.53% (*n* = 12) specified receptive fingerspelling as areas in need of improvement. The remaining 27.66% (*n* = 13) did not specify whether they needed improvement in expressive or receptive fingerspelling.
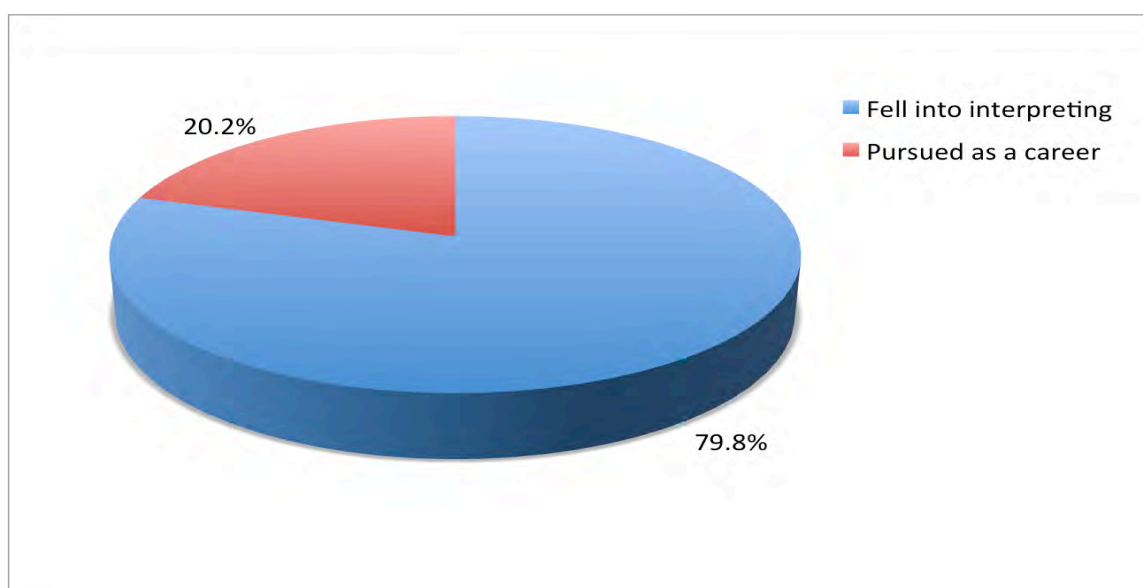
Table 2. Skills respondents reported wanting to improve in ASL and English

ASL (*n* = 737)	English (*n* = 704)
Vocabulary (188) 25.51%	Vocabulary (235) 33.38%
Classifiers/Use of space (108) 14.65%	Grammar/Grammatical structure (106) 15.06%
Grammar (100) 13.58%	Written expression (93) 13.21%
Fingerspelling (47) 6.34%	Vocal production (prosody, pronunciation, etc.; 66) 9.37%

5.4. *Interpreting and Interpreter Training*

A minority of respondents (20.2%) replied that they intentionally pursued an interpreting career; 79.8% replied that they fell into interpreting as a career (Figure 2). Around one third (34.8%) of the respondents reported having a sibling who was currently working or had worked as a professional signed language/English interpreter. Only 34.9% of the respondents' parents suggested or encouraged them to become an interpreter when they grew up.

Figure 2. Percentage of respondents who reported entering the interpreting profession intentionally versus entering in a happenstance fashion

Upon entering the profession of interpreting, 39% (*n* = 293) of the respondents reported attending an IEP for any length of time (Figure 3). Of those attending an IEP (*n*= 293), only 28.5% (*n* = 214) reported actually completing the program, with the remaining 10.5% (*n* = 79) not completing. Respondents (10.9%) indicated that in some cases they attended two or more IEPs.

Figure 3. Percentage of respondents who attended and/or completed an IEP
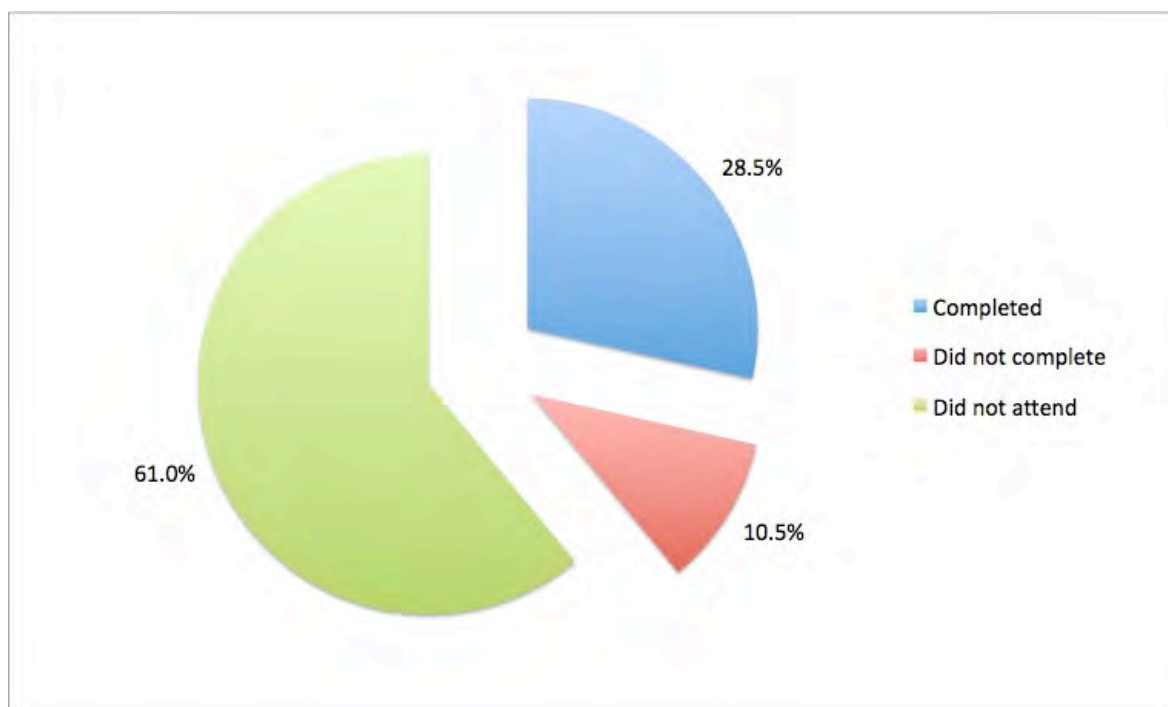
Respondents were asked in an open-ended question why they did not complete an IEP program. Ninety-two (12.25%) text responses fell into several thematic categories, as seen in Table 3. The most commonly cited reason for not completing an IEP was issues with instructors/classmates/programs (38.04%, *n* = 35).

Table 3. Respondents' reported reasons for not completing an IEP

Category	Representative comment
Issues with instructors/classmates/programs (38.04%, *n* = 35)	*The teachers did not know how to work with me. I already had the skills and most of the time they were spoon-feeding everyone else and I was left bored. I tried to find ways to challenge myself with topics to research but the teachers were not supportive of anything I did outside the curriculum.*
Picking and choosing classes within the program (19.57%, *n* = 18)	*I wanted and needed to take specific courses relating to medical interpreting, ethics, professional responsibilities, etc.*
Attaining certification or a job as an interpreter while in the program (17.39%, *n* = 16)	*Achieved CI and CT mid program*
Logistical issues like moving/money/time (10.89%, *n* = 10)	*Had to work to support family (parents)*
Being currently enrolled in a program (7.6%, *n* = 7)	*I'm currently in the program.*
Deciding to not pursue interpreting (3.26%, n = 3)	*Got bored and realized I didn't want to become an interpreter*
Health reasons (3.26%, *n* = 3)	*I was involved in a car accident that rendered my arm useless (until I had surgery).*

Respondents who did not attend a formal interpreter-training program respondents reported that mentoring, learning from the deaf community, and workshops contributed to their interpreting education. They also said:

> *Listened to Deaf people and what they wanted via conversational interactions. Attended workshops and generally observed professionals and emulated the behaviour I found had merit.*

> *I never took any steps apart from getting certified. I was given an interpreter job at the age of 19 before I was certified.*

Figure 4 shows the relationship between having and not having an instructor that is deaf or deaf-parented and the impact on the deaf-parented student continuing or quitting a program. A total of 138 (47%) of the 293 respondents reported that there were deaf-parented instructors in their first IEP. When asked about how well the IEP met their needs, 87.7% (*n* = 287) responded either some aspect was *good* or *very well*. While there are factors not accounted for in this cross-tabulation that may influence program satisfaction or dissatisfaction, there is a positive correlation between having deaf-parented instructors in the program and general overall satisfaction with the program.

Figure 4. Relationship between presence of deaf-parented instructors in interpreter education program (IEPs) and subsequent impact on experience
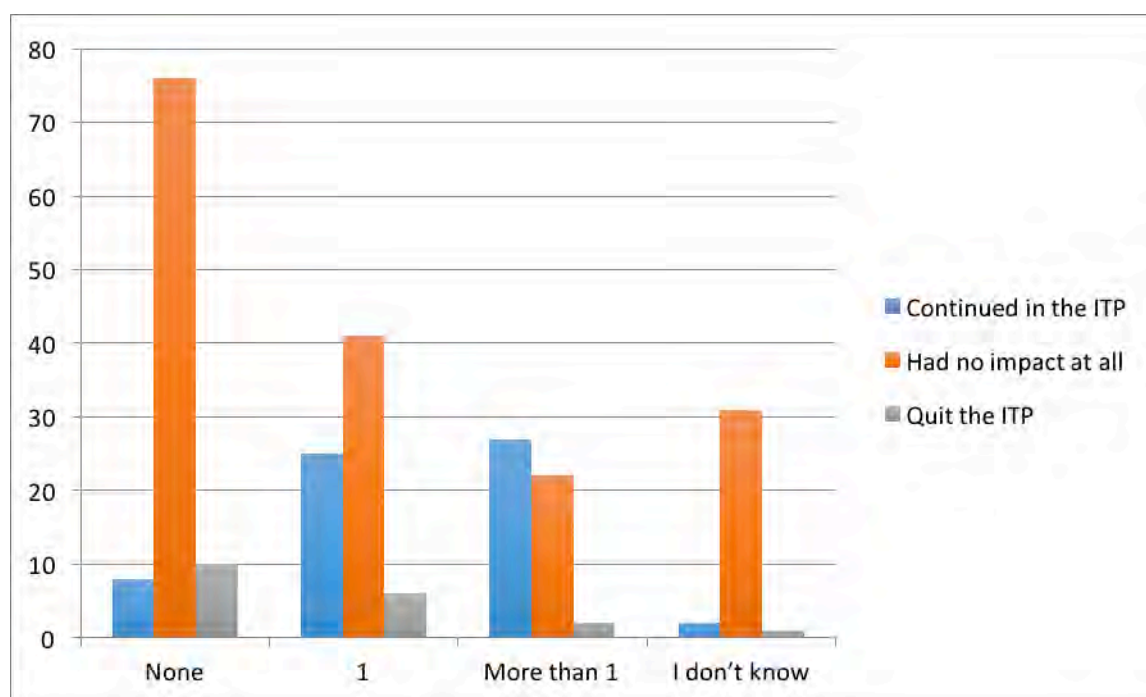
Similarly, respondents were asked how many deaf-parented classmates they had in their program and whether having or not having these classmates had an impact on their program experience (see Figure 5). A total of 127 (43.3%) of the 293 respondents reported that there were one or more deaf-parented students in their first IEP program and 88.2% (*n* = 258) of them rated the program *some aspects were good* or the program did *very well* in terms of meeting their needs. Although there are factors not accounted for in this cross-tabulation that may influence program satisfaction or dissatisfaction, there is a positive correlation between having deaf-parented classmates in the program and general overall satisfaction with the program. Respondents with no deaf-parented classmates were more likely not to complete the program. This finding suggests that a critical mass of deaf-parented students could aid in retention and persistence in completing an IEP.
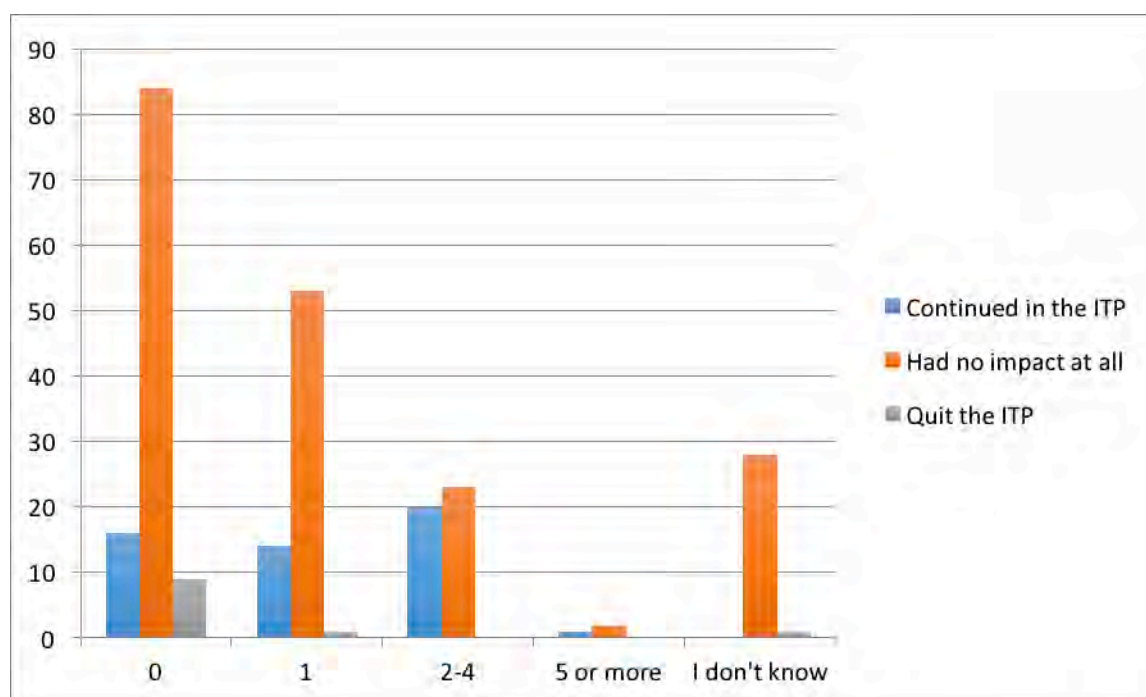
Figure 5. Relationship between presence of deaf-parented classmates in interpreter education program (IEP) and subsequent impact on experience

Of the students that attended IEPs (*n* = 293), 58.4% reported testing out of or being exempt from a curricular or program requirement. These exemptions were exclusively reported to be ASL, fingerspelling, and deaf culture classes.

Respondents were asked to name courses, workshops, and other forms of training that were most helpful on the path to becoming a professional interpreter. Many valued their training in ethics and professional conduct, linguistics, and deaf culture/studies. Training from deaf instructors or training that was geared specifically for deaf-parented interpreters were mentioned as most helpful to becoming a career interpreter:

> *ASL linguistics classes that were taught by deaf instructors, having classes taught in sign "felt like home." Learning about ASL as a language and formal instruction of ASL grammar, I was able to see that I was a native signer. That gave me validation and confidence in my skills.*

> *When I attend workshops given by those who have deaf parents and design the content for those who have deaf parents as well, I am able to better understand and apply what is being taught.*

In contrast, courses, workshops, and forms of training that were reported to be least helpful were vocabulary-driven, fingerspelling, or general ASL courses. There were repeated reports of training conducted by biased and/or unqualified presenters as most unhelpful. The conflict in responses between what was helpful and what was not helpful may be accounted for in pedagogical approach or characteristics of the trainers, as seen in these representative comments:

> *ASL courses. The instructors were often unqualified and did not explicitly teach grammar—they were mostly focused on vocabulary . . . which was already a strength of mine.*

> *I feel any workshop I've gone to where the presenter has a very obvious bias against Codas and/or hearing people were useless and worthless. Pitting one group against another discredits anything that would've made for an educational experience, and just breeds more resentment.*

A large percentage of survey participants (74.2%, *n* = 557) expressed that there is insufficient deaf-parented-interpreter specific training to help develop their professional skills and knowledge. A little over three quarters of the respondents (76.1%, *n* = 571) expressed an interest in having separate training courses for the deaf-parented interpreter integrated into interpreter education, and 82.2% (*n* = 617) reported that deaf-parented and deaf students of interpreting could or should be educated together, separate from non-deaf parented students. Exploring these options within interpreter education appears to be beneficial to deaf-parented interpreters.

Open-ended questions were asked at several points throughout the survey to elicit additional comments about experiences entering the interpreting profession. The comments shared in these sections of the survey highlight attitudinal barriers faced by deaf-parented interpreters:

> *I have come to realize that living in the deaf world teaches you things that others who have not lived in that world may not get. It's just intuitive to do things sometimes. Interpreting is not so much about language (although that is important), it's about relationships, caring, and understanding.*

> *It has been a struggle to obtain the "book learning" I desire because I have found that I have been constantly criticized/ridiculed/idolized by classmates who don't have deaf parents.*

This research provides foundational data for further study. Defining and understanding the dynamics between and among interpreters of varying backgrounds in addition to implementing curricular adaptations in interpreter training programs may help to meet the needs of deaf-parented students.

6.   Discussion

The findings of this mixed-methods exploratory study of deaf-parented interpreters who identify as deaf, hard of hearing, hearing, or Coda and who worked or had ever worked as an interpreter show that deaf-parented interpreters, demographically, look very similar to the larger population of ASL–English interpreters; however, they differ in some fundamental ways. They are heritage users of ASL with CLB experiences (Compton, 2014; Napier, in press; Williamson, 2015). These differences do not seem to be taken into consideration in IEPs, the current route of induction to the interpreting profession.

Deaf-parented interpreters are seeking interpreter education in a variety of ways, including attending formalized interpreter education programs, piecemeal or in their entirety, formal and informal mentorships, and short-term workshops. This study shows that deaf-parented interpreters often start working as interpreters at a young age, prior to or simultaneous with attaining education or credentials, and they do attain nationally recognized credentials.

A common theme among all reported induction routes was the need to fill in gaps in knowledge, and the benefit that deaf-parented specific education provides. Respondents sought to fill their knowledge gaps through formally structured programs, picking and choosing courses, attending workshops, and seeking out both formal and informal mentoring relationships without attending and completing a formal IEP.

Deaf-parented interpreters have been entering the profession at young ages, most doing so before achieving a postsecondary degree and without the initial intent of making a career as an interpreter. This type of on-ramp experience is not available to someone who is not already fluent in ASL or connected with the deaf and/or interpreting communities. Currently, RID requires an advanced degree or approval through an alternate system of documenting prior education and experience before an individual may sit for a certification exam. The current

requirements imposed by RID will serve as a deterrent or gatekeeper to deaf-parented interpreters entering the field because the pattern of entry into the profession found among deaf-parented interpreters is not based on receiving education and training first.

Of the respondents that attended an IEP ($N = 293$), 58.4% reported being exempt from courses such as ASL, fingerspelling, and deaf culture. Respondents also reported that courses on ASL and deaf culture were most helpful and vocabulary was mentioned as the ASL skill that respondents most wanted to improve. Other, conflicting responses were made regarding the benefit of fingerspelling courses and workshops, but respondents reported that fingerspelling was a skill area that they wanted to improve. Additionally, respondents reported that language, culture, and linguistics classes were beneficial in understanding ASL and culture. Unfortunately, these are also the classes that are most often cited as the ones deaf-parented IEP students are exempt from. Respondents' indications of courses/workshops/trainings were least helpful were ones that were vocabulary driven, focused on fingerspelling, and in which the instructor's attitude or behavior were barriers to the deaf-parented interpreter's learning. The conflicting responses to these questions beg further analysis.

My analysis of reported language skills that deaf-parented interpreters want to improve, along with my analysis the courses and workshops that were reported to be most and least helpful makes it clear that deaf-parented interpreters believe they can benefit from the same course content that L2 users of the signed language are receiving in interpreter education. However, the current pedagogical framework does not completely meet the specific needs of the heritage language user. The findings in this study suggest that differentiated education would most benefit deaf-parented interpreting students to fill in the gaps in their knowledge while capitalizing on the language and brokering skills they bring into the classroom.

IEPs should strive to provide a critical mass of deaf-parented students, instructors, mentors, and guest speakers. As seen in this study, receiving an education in a setting with exposure to other deaf-parented students and professionals may ensure matriculation and retention through the program. This also can mean a stronger educational experience for all students. Critical mass can be achieved by creating heritage-language-learner classes that will then draw deaf-parented students into the postsecondary setting. Formal and informal mentoring should also be in practice to guide deaf-parented interpreters into postsecondary educational settings as instructors, mentors, and guest speakers. Employing a heritage language learner framework to the entire program of language learning and interpreting/translation will create an environment that will appeal to and attract to deaf-parented interpreters, one in which they are likely to feel that their unique needs as a learner are being met.

As native, heritage language users of American Sign Language with CLB experiences, deaf-parented interpreters bring in-group knowledge and experiences of the deaf community (Compton, 2014; Napier, in press). Second-language users of ASL, who often learn the language and learn about the deaf community through formal educational channels, lack this experience and knowledge (Cokely, 2005). Without a focused effort to ensure that deaf-parented interpreters have supportive and appropriate induction practices, the field of ASL–English interpreting may lose out on the opportunity to develop deaf-parented interpreters who do bring valuable knowledge and experiences to the profession. This research provides foundational data for further study of frameworks and pedagogical approaches that are differentiated for the deaf-parented interpreting student. Defining and understanding the dynamics between and among interpreters of varying backgrounds in addition to implementing curricular adaptations in interpreter training programs may help to meet the needs of deaf-parented students.

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Interpreter Intervention and Participant Roles in Witness Examination

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Abstract

The court interpreter code of ethics in general requires interpreters to restrict their function strictly to interpreting and to refrain from clarifying ambiguity with the speaker, especially with the witness. The code usually suggests that permission be sought from the court if interpreter intervention is unavoidable. Empirical studies show, however, that departure from this ethical code is commonplace. Drawing on an authentic courtroom trial in the High Court of Hong Kong, and using Goffman's (1981) participation framework as the analytical tool, this article aims to illustrate how the court interpreter changes her participant role in the court proceedings by initiating turns with the speaker. It discusses the impact of such interpreter intervention on the co-present court actors and its pedagogical implications for interpreter education.

Keywords: interpreter intervention, interpreter-initiated turns, participant role, court actors.

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Interpreter Intervention and Participant Roles in Witness Examination

1.   Introduction

The view of the court interpreter as a conduit of words, a view the court usually holds (Morris, 1993, 1999) considers an interpreter "a neutral machine through which a message passes untouched apart from the change in language" (Morris, 1999, p. 18). The perception of the court interpreter as a conduit in Australian law was first articulated in *Gaio v. R* (1960) CLR 419, where the interpreter was likened to a mere conduit pipe and a bilingual transmitter (Laster & Taylor, 1994, p. 112). The Australian case had followed an English precedent (*R v. Attard* [1958]) 43 Cr App Rep 90), where interpreters were categorised as a mere cipher. In an American case (People v Guzman 478 NYS 2d 455, 457-8 [1984]), the interpreter was compared to a modem (ibid.)

The notion of the court interpreter as a conduit pipe has, however, been challenged by scholars such as Morris (1995, 1999), Laster & Taylor (1994), Eades (1995, 2000) and Fenton (1997). Morris (1995) argues that interlingual interpretation is a process of communication, and that in order to attain the goal of true communication, interpreters must be allowed the latitude to go beyond the referential use of language rather than restrict themselves to verbatim interpreting. She thus argues that interpreters should be allowed to ask for and make clarifications and identify misunderstanding (1995, p. 32; 1999, p. 18) in an attempt to achieve enhanced accuracy in their performance.

The requirement for interpreters to be unobtrusive and to limit their activities strictly to the practice of interpreting has presumably been developed from the aforesaid conduit model. The *Basic Guidelines for Part-Time Interpreters* issued by Court Language Section of the Judiciary of Hong Kong (Judiciary of Hong Kong, 2003), for example, suggests that a court interpreter should refrain from asking questions to clarify what a witness has said, no matter how incoherent or unintelligible the speech may be. This, the guidelines argue, is to avoid giving an impression to those in court that the interpreter is engaged in a private conversation with the witness. The guidelines suggest that "the interpreter is expected to try his/her utmost to interpret accurately and faithfully what was said in full, regardless of how little sense it may make and leave the task of clarification to counsel or the bench" (Judiciary of Hong Kong, 2003, p. 3).

2.   Empirical Studies on Interpreter Intervention

Empirical studies on court interpreting have proved the conceptualization of the court interpreter as a conduit to be more of a myth than a reality. In an ethnographic and data-based study of the American courts at various levels, Berk-Seligson (1990, 2002) found that interpreters played an active role by interrupting and clarifying with attorneys and witnesses the meaning of their utterances, accounting for the side comments of witnesses and defendants, as well as prompting the witness or defendant to speak or otherwise silencing them; thus, they drew attention to themselves and made themselves highly visible.

Interpreter Intervention and Participant Roles

In her study of interpreter interruptions in the Local Court Hearings in New South Wales, Australia, Hale (2001) too argues that interpreter interruptions bring in the interpreter's own voice, rendering the interpreter more of an active participant than a mouth-piece of the interlocutors. She suggests that since interpreter interruptions are unexpected by counsel, they may interfere with questioning strategies or line of questioning, taking away some of counsel's power and control over the witness.

In a study of asylum hearings in the Federal Asylum Office in Graz, Austria, Pöllabauer (2004) found that interpreters assumed an active role in the hearings by taking the initiative to elicit information they deemed necessary for the outcome of the hearings, and omitting or condensing information they considered irrelevant. Other activities included seeking clarifications from the asylum seekers without asking for the investigating officers' approval, thus taking over the functions of the officers. All these studies and others (e.g., Angelelli, 2004, Fowler, 2003; Jacobsen, 2003; Roy, 2000; & Wadensjö, 1998) demonstrate that interpreters, whether in legal or other community settings, take on a co-participant role in facilitating the talk during an interpreted encounter.

3. Aim of the Study

This study does not focus on the role of the court interpreter per se, or on court interpreters' ethical issues. Drawing on Goffman's (1981) participation framework, this article aims to examine why and how a court interpreter changes the participant role during the course of interpreting and how this may impact on other co-present court actors in the court proceedings. In doing so, this article also seeks to identify how these findings may be implemented in interpreter education, and to address in particular such questions as whether, when, and how interpreters should intervene.

4. Participant Roles in Interpreter-Mediated Court Proceedings

To explore the communicative dynamics in an institutional setting like the courtroom, it is essential that we examine the institutional and participant roles taken up by court actors. This helps demonstrate not only the participation status of individual court actors but also the power relations between them. It will also show how power is maintained and realised in the roles ascribed to or taken on by these actors. In this regard, Goffman's participation framework (1981) provides a useful analytical tool.

One can participate in a communicative act as a speaker or a hearer. In his production format, Goffman (1981) deconstructs the speaker role into that of *animator* (sounding box or talking machine), *author* (the agent who composes or scripts the lines that are uttered) and *principal* (someone whose position or belief is established by the words spoken).

Regarding hearer roles, Goffman (1981) identifies two basic categories: the ratified and the unratified. According to Goffman, *ratified hearers* are official listeners comprising both the addressed recipients, who are being directly spoken to, and the unaddressed recipients, who may or may not be listening. Goffman regards the unratified participants as *bystanders,* whose presence is however considered the rule, not the exception. Those who follow the talk and "catch bits and pieces of it, all without much effort or intent" are categorised as *overhearers*, whereas those who "surreptitiously exploit the accessibility they find they have" will qualify as *eavesdroppers* (p. 132).

In monolingual courtroom examinations, the examining counsel has a speaker role as both animator and author but may or may not be principal, because the counsel's words may not attest to her own position but to that of the client or the prosecution. The witness's speaker role, on the other hand, usually combines animator, author and principal except perhaps in the case where the witness is made to say something which does not attest to his own stance or belief. Both the examining counsel and the witness are by default each other's addressed recipient. The defendant, the judge, the jury (in the case of a jury trial), and the nonexamining counsel can be categorised as the unaddressed recipients. Those in the public gallery as bystanders can be regarded as unratified participants (either

as overhearers or eavesdroppers) because they are as a rule not allowed to directly take part in the talking event, but only to act as silent observers.

4.1.   The Interpreter's Participant Role

It could be argued that, in the conduit model, the interpreter is not considered a participant proper in an interpreted interaction but a transparent presence. Goffman's citation of the provision of "simultaneous translation of a speech" (1981, p. 146) as an example of the speaker animating someone else's speech is contentious, because it is tantamount to confirming the mythical conduit model for the interpreter and the suggestion that interpreting is a mechanical process in which a message can be transferred from one language to another intact, without the interpreter having to input personal knowledge, effort and judgment in creating a new version of the talk. In producing the target language version of the message, the interpreter, as suggested by Wadensjö (1998), necessarily becomes also the author, although not the principal. There are also times when the interpreter goes beyond the strictest sense of relaying or translating, but assumes the role of a coordinator and creates her own talk in the course of coordinating the talk between the interlocutors, thus qualifying also as principal (Wadensjö, 1998).

Wadensjö (1998) suggests that Goffman's analytical distinction of recipientship fails to take into account the different listener roles a participant in an interaction takes or is ascribed. To complement Goffman's production format in his participation framework, Wadensjö (1998) proposes a reception format, which identifies three listener roles: *reporter, recapitulator* and *responder*. She suggests that one may listen as reporter and memorise for repetition words just uttered by another speaker as in a say-after-me language lesson. Alternatively, one can listen as recapitulator and recapitulate what was said by the preceding speaker when he takes over the floor; finally one who listen as responder introduces content of his own or by back-channelling and gazing like a direct addressee.

Applying Goffman's production format and her own reception format to interpreter-mediated encounters, Wadensjö, 1998) suggests that an interpreter taking or being given a reporter's role in the reception format would be expected to speak only in the restricted sense of animator of someone else's speech; by taking or being given a recapitulator's role, an interpreter would be expected to speak as both animator and author of the production format, whereas interpreters taking the role of responder would relate to their talk as animator, author and principal and as the ultimate addressee, as in the case of clarifications with the preceding speaker. Wadensjö suggests that in the course of interpreting, interpreters, with the "mandate and responsibility to compose new versions of utterances", always take the reception role of recapitulator and thus the production role of animator and author. The reception roles and thus the production roles the interpreter takes are represented in Figure 1 below.

Figure 1. Interpreter's relationship between reception format and production format

Reception format (Wadensjö, 1998)	**Production format (Goffman, 1981)**
reporter	animator
recapitulator	animator, author
responder	animator, author, principal

In what follows, I will not be addressing ethical issues, but will merely be presenting the reality. I will show how the interpreter interweaving between a recapitulator and a responder in her listening role speaks not only as animator and author, but also as a principal in coordinating the courtroom talk. I will also discuss its potential impact on the co-present court actors.

5.   The Data

The data in this paper were taken from a High Court murder case in Hong Kong. Court interpreting between English and Cantonese has been an indispensable service in the courtroom of Hong Kong since the onset of British colonial rule in 1842, due to the use of English as the court language and the predominantly Cantonese-speaking local population. Interpreters are therefore needed to bridge the communication gap between English-speaking legal professionals and Cantonese-speaking lay participants appearing in court as witnesses or defendants. The changeover of Hong Kong's sovereignty in 1997 has resulted in an increasing use of Chinese as the court language, especially in the lower courts. A large percentage of criminal cases are, however, still tried in English in the High Court, due to the presence of expatriate judges and/or counsel, because English remains one of Hong Kong's official languages. From the late 1990s onwards, all court proceedings have been audio recorded, thus enabling a bilingual court reporting system. Access to the court recordings of this trial and of eight other criminal trials was granted by the High Court for research purposes. The recordings were transcribed for analysis and the symbols and abbreviations used in the transcripts are set out in Figure 2 below.

Figure 2. Abbreviations and transcription keys used in this study

Abbreviation/Symbol	Meaning
DC	defence counsel
I	interpreter
PC	prosecution counsel
PW	prosecution witness
SL	source language
TL	target language
[	overlapping talk
(2)	the length of a pause in seconds
(words)	possible hearings in the transcript/words added in the English gloss for grammatical reasons
(.)	a brief pause of less than a second
―	a sudden cut-off of the current sound
< >	angle brackets contain transcriber's descriptions rather than transcriptions
CAPITALS	a louder voice relative to the adjacent talk, represented in Chinese by a change in the typeface of the characters

   In this trial, the Cantonese-speaking defendant is charged with one count of murder for killing his landlady's husband, who came over to the leased premises to demand rent arrears, accompanied by his wife, the landlady. The judge, the prosecution counsel and the defence counsel are all English-speaking expatriates, who do not speak Cantonese. The present study focuses on the examination of the first prosecution witness (PW1), the landlady, who testified in Mandarin (as an immigrant from mainland China), through an English–Mandarin interpreter in open court. The examination of PW1 is singled out for analysis because it was found to have the highest number of interpreter-initiated turns (hereafter IITs) among the examinations of all the other witnesses in this case and in the eight other cases I was given access to. In this case, because the defendant speaks Cantonese, a second interpreter had to be used to provide chuchotage from Mandarin/English into Cantonese for the benefit of the defendant, who otherwise would have been excluded from participation in the proceedings. However, because the

Cantonese interpretation was provided in chuchotage, audible only to the defendant, and was not picked up by the recording system, this study focuses on the Mandarin/English interpretation provided consecutively in open court.

6.   Findings and Analysis

Throughout PW1's examination-in-chief and cross-examination, the interpreter was observed to initiate turns with PW1 on many occasions, thus speaking as principal and listening as responder. An examination of the turn exchanges reveals a total of 200 IITs in the examination-in-chief of PW1, representing 13.3% of the total turns, or 28% of the total interpreter turns. Of the 200 IITs, 190 are made with PW1 and 10 with the examining counsel (see Table 1 below).

Table 1. IITs in PW1's examination-in-chief and cross-examination

Type of IITs	In-chief	% of total speaker turns (1506)	% of total interpreter turns (715)	Cross	% of total speaker turns (1908)	% of total interpreter turns (911)
IITs with PW1	190	12.6%	26.6%	102	5.4%	11.2%
IITs with examining counsel	10	0.7%	1.4%	6	0.3%	0.7%
Total	**200**	**13.3%**	**28%**	**108**	**5.7%**	**11.9%**

The cross-examination of PW1 too showed a large number of IITs, although not as numerous as in the examination-in-chief, presumably because the interpreter had been furnished with most of the details of the case and thus the need for clarifications was significantly reduced. In addition, the majority of the questions in cross-examination are confirmation-seeking questions (CSQ) whereas questions in examination-in-chief are mostly information-seeking questions (ISQ; commonly known as WH-questions; see Hale, 2004; Harris, 1984; & Woodbury, 1984 for question categories in witness examination), and the witness's answer is often limited to a choice between an "yes" or a "no", typically in the form of "do you agree with me…" or "is it true that…". The need to clarify with the witness in cross-examination thus diminishes, although the interpreter may sometimes need to clarify with counsel in cases of long and syntactically complicated questions. There were 108 IITs in the entire cross-examination process, representing 5.7% of the total turns or about 12% of the total interpreter turns. Of the 108 IITs, 102 were made with PW1 and 6 with counsel.

6.1.   Typology of IITs

Berk-Seligson (1990, 2002) regards the dialogues initiated by interpreters as "the interpreter's attention-drawing behavior" (p. 65), arising from the need to clarify witnesses'/defendants' answers and attorneys' questions, to account for witnesses'/defendants' side comments, to prompt witnesses/defendants to speak, or to silence them. Hale's (2001) study of the New South Wales courtroom in Australia demonstrates similar findings but suggests that interpreters also interrupt to provide unsolicited information and offer personal opinion.

With Berk-Seligson's and Hale's typologies as a point of reference, I have arrived at a typology of nine categories of the IITs identified and quantified in the examination of PW1 and present them in Table 2 below.

Table 2. IITs in PW1's examination-in-chief and cross-examination

Types of IITs	In-chief	%	Cross	%
1. To seek confirmation	78	39%	33	30.6%
2. To seek clarification	70	35%	57	52.8%
3. To seek further information	15	7.5%	3	2.8%
4. To coach the witness	12	6%		
5. To respond to the witness's question	12	6%	9	8.3%
6. To prompt the witness (especially after interrupting the witness)	11	5.5%		
7. To inform the court of the need to finish an interrupted interpretation	2	1%		
8. To back-channel before rendering the witness's answer			5	4.6%
9. To point out a speaker mistake			1	0.9%
Total	**200**	**100%**	**108**	**100%**

Some of these categories coincide with those of Berk-Seligson's and Hale's typologies, although my findings comprise more categories, some of which, especially the first three, may partially overlap. The reason why they are treated as categories in their own right is that in Category 1, the interpreter simply repeats or rephrases the speaker's utterance to check her understanding without clarifying ambiguity or seeking further information (Example 1), whereas in Category 2, the interpreter takes the initiative to clarify ambiguity either arising from contextual problems (Example 2), or due to linguistic or cultural differences. In Category 3, the interpreter explicitly requests further information from the speaker (Example 3), which results from neither a decoding problem nor ambiguity of any kind. The following examples are drawn from my data to illustrate all these categories.

6.1.1   To seek confirmation

Most of the IITs occurring in the witness's examination-in-chief are checking turns used by the interpreter to check her understanding of the witness's utterance by repeating or rephrasing what is said by the witness—also the second-most-frequent type of IIT in the witness's cross-examination, as demonstrated in Example 1.

Example 1. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PW1	我打他的電話, 他睡覺, [他也	*I called his phone. He was sleeping, [and he*
2.	I	[他睡覺？	*[he was sleeping?*
3.	PW1	他睡覺，電話響他不聽	*He was sleeping, and did not answer the call.*
4.	I	Er電話響他不聽？ Well, I tried to call him, but um he was asleep. He did not answer the call	*Er, he did not answer the call?*

On the surface, the interpreter (I) is making use of these turns (turns 2 and 4) to check her understanding of the speaker meaning, but it may well be the case that the interpreter uses these turns as a stalling tactic to buy her time for better reformulating her interpretation, as shown in turn 4, where the interpreter's turn is immediately followed by her rendition without waiting for PW1's confirmation.

6.1.2   To seek clarification

Apart from seeking confirmation from the witness, the interpreter interrupts the proceedings frequently to clarify the meaning of PW1's utterances. Example 2 is one of this kind.

Example 2 Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PW1	後來W先生也在我前面在走出……走出去的	*Later Mr W walked out...walked out in front of me*
2.	I	W先生，這個租客W先生？	*Mr. W, Mr. W the tenant?*
3.	PW1	不是，我先生，因為我走出來嘛，我…我先生看到我走出來，他在……在前邊走囉	*No, (it's) my husband, because I came out. My...my husband saw me coming out, so he walked out in...in front of me.*

Because both the defendant and the deceased have the same surname, the interpreter is found to clarify on a number of occasions with the witness when she makes references to a Mr. W, as demonstrated in Example 2 above. By clarifying with the witness, the interpreter takes on a primary participant role: a listener role as responder in Turn 1, a speaker role as animator, author and principal in Turn 2, and finally as addressee of the witness's reply in Turn 3.

6.1.3   To seek further information

In Example 3, again extracted from the examination-in-chief of PW1 by the prosecution counsel (PC), the interpreter asks the witness a follow-up question to seek further information before interpreting her utterance, possibly in an attempt to make a more complete and grammatically adequate rendition. I find it ironic that the witness would probably have been able to provide the requested details had she not been interrupted by the interpreter.

Example 3. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PC	What happened next?	
2.	I	然後怎樣？	*What happened then?*
3.	PW1	後來我就問下面有一個老頭，er—	*Then I asked an old man down there er—*
4.	I	um 問他什麼？	*um what (did you) ask him?*

Example 4 below is another example of the interpreter asking the witness for further information before rendering her preceding utterance into English.

Example 4. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PC	When was that?	
2.	I	什麼時候開始的？	*When did that start?*
3.	PW1	E::r八月……七月份。	*Er August…July.*
4.	I	七月份？什麼年份？	*July? Which year?*
5.	PW1	Er零五年七月份	*Er July year 05.*
6.	I	Um er July 2005	

6.1.4   To coach the witness

The examination-in-chief reveals 12 instances of the interpreter coaching the witness. In most of these examples the interpreter tells the witness to speak slowly, as in Example 6 below. The interpreter's coaching turns can be seen as her attempt to control the pace at which the witness testifies and thus the flow of the communication so as to facilitate her work of interpreting. Note that this is also followed by a request for the witness to repeat what she has just said.

Example 5. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PW1	然後我……W先生就說如果你要吵呢er你地……你地死梗啦，我說我不……不會來跟你嘈，是商量—	*Then I...Mr. W said, "if you are here to quarrel (with me), for sure you will be doomed". I said, "I'm not here to quarrel with you, but to negotiate—*
2.	I	慢慢、慢慢、慢慢說，W先……[W先生怎麼說？	*slowly, slowly. Speak slowly. Mr. W, [what did Mr. W say?*

6.1.5   To respond to the witness

The interpreter is also found to repeat, rephrase or elaborate counsel's question when the witness's answer appears to be nonresponsive, thus leaving the witness's utterance uninterpreted as in Example 6. In this case, the interpreter might have held herself responsible for PW1's nonresponsive answer, thinking that the witness must have misheard her, and thus takes the liberty to respond to her. It might as well be the case that the interpreter is worried that reproducing PW1's nonresponsiveness would be face-threatening, because the majority non-Mandarin-speaking participants in court might mistakenly conclude that there is an interpreting problem.

Example 6. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PC	And what did he say?	
2.	I	他說什麼？	*What did he say?*
3.	PW1	我就說—	*I said—*

| 4. | I | 他說什麼？他，W先生說什麼？ | *What did HE say? What did HE, Mr W say?* |

At other times, the interpreter is observed to respond to a witness's question directly, without interpreting it and referring it back to the defence counsel (DC) as in Example 7.

Example 7. Cross-examination

Turn	Speaker	SL utterances/ interpretation	English gloss
1.	DC	Hmm. But this question of being alone at night you see, in fact, did you not tell the police eventually in your first statement that although you're unemployed, you helped your friend to hawk clothes from a hawker's stall in Shum Shui Po, Mong Kok, from time to time.	
2.	I	那你不是曾經跟警方說過，在這…第一份口供裡面說過，就是你不時會幫助你的朋友，在深水埗區er er 當小販，售賣這個衣服，你不是說過嗎？	*Didn't you tell the police in the...your first statement, that you sometimes helped your friend with hawking, selling clothes in the district of Sham Shui Po. Didn't you say that?*
3.	PW1	什麼……什麼小販？我聽不懂。什麼深水埗？	*What...what hawking? I don't understand. Sham Shui Po?*
4.	I	深水埗當小販賣衣服。	*Hawking clothes in Sham Shui Po.*

As the prescribed role of the witness in the judicial process is to answer, not to ask questions, and the legal base of power stipulates counsel's right not only to ask questions, but also to impose sanctions against those refusing to answer (Walker 1987), the interpreter responding to the witness's question without interpreting it and referring it back to the defence counsel in this case has in a way legitimated the witness's right to ask questions and deprived the examining counsel of his right to censure the witness for not answering his question. Had the interpreter interpreted the question rather than responding to it, the defence counsel might have protested against it, as is evidenced in Example 8, in which the interpreter does not respond to but interprets the witness's clarifying question for the defence counsel.

Example 8. Cross-examination

Turn	Speaker	SL utterances/ interpretation	English gloss
1	DC	Have you ever er (2) worked as a part-time real estate agent?	
2	I	那你曾…...有沒有曾經在er地產公司裡面當er做過兼職？	*So have you ever...ever uh worked as a part-timer in a real estate agency?*
3	PW1	地產公司？	*Real estate agency?*
4	I	Real estate agent?	
5	DC	You had my question. Please give us an answer	

6.1.6   To prompt the witness

Prompting mostly occurs after the interpreter has rendered an obviously unfinished utterance by the witness. This can be seen as a repair strategy on the part of the interpreter as in Example 9 below, where the interpreter starts interpreting before the witness is able to finish her turn. After rendering her answer into English, the interpreter recapitulates it in Mandarin for the witness, as a reminder of what the witness has said, before prompting her to carry on with her testimony. The interpreter may have deemed it necessary to prompt the witness to go on with her testimony or else the turn might be taken over by the examining counsel.

Example 9. Examination-in-chief

Turn	Speaker	SL utterances/ interpretation	English gloss
1.	PW1	我站在鐵門—	*I was standing by the iron grille—*
2.	I	Well, I stood by the metal gate 你站在鐵門，[然後呢？	*You stood by the iron grille, [and then?*

6.1.7   To inform the court of the need to finish an interrupted interpretation

Because both the prosecution and the defence counsel in this case are monolingual English-speaking expatriates and thus have no access to the witness's testimony in Mandarin, there are two instances of the prosecution counsel trying to take back his turn to carry on with his questioning, having taken the interpreter's hesitation pause as an end-of-turn pause. As a result, the interpreter has to interrupt the prosecution counsel in order to finish her turn. This would not usually happen with bilingual counsel, who would be able to tell if the interpreter has completed her turn by overhearing the witness's testimony in the source language. In this case, it could be argued that the interpreter intervenes in order to adhere to the ethical code of accuracy and completeness, and the intervention is unavoidable and therefore justifiable. Example 10 below is one of the two examples identified.

Example 10. Examination-in-chief

Turn	Speaker	SL utterance/interpretation	English gloss
1.	PW1	我就跟他說，你要什麼條件，你可以講，只要是合理的不要過份	*I said to him that he could tell me if he had any conditions as long as they were reasonable ones, not too demanding.*
2.	I	Uh-huh. Well um what conditions <throat-clearing sound> do you propose? Just tell me. Um (2)	
3.	PC	You said—	
4.	I	Er um I haven't finished.	

6.1.8   To acknowledge the understanding of the witness's utterance

Example 11 illustrates the interpreter signalling her understanding of PW1's answer by means of back-channelling, which is evidence of the interpreter listening as a responder (Wadensjö, 1998). This might also be taken as the interpreter's strategy to stop PW1 from giving an answer which is too lengthy to be rendered

accurately and completely. Note the overlap of the interpreter's voice with PW1's utterance, which is cut short by the interpreter's back-channelling.

Example 11. Cross-examination

Turn	Speaker	SL utterances/ interpretation	English gloss
1.	PW1	(2)但是，以::以前是這樣，後來他零:六年我見到他，他脾氣就比以前好多了，因此我叫他幾次什麼的，他都勸我說哎呀找政府囉，[我就怕麻煩，因為我覺得他脾氣改了	(2) *But, (he) wa:: was like that before. Then he, in o::6, I met him (again), and he was much better-tempered than before. So when I asked him (to do) something several times, he urged me to seek help from the government. [I didn't want to go through it all, though. Because I found there's a change in his temper.*
2.	I	[嗯嗯嗯，嗯嗯，明白，嗯嗯	*Mhm, mhm, got it, mhm.*

6.1.9   To point out a speaker mistake

In Example 12 below, the defence counsel has made an obvious mistake about the date on which PW1 made her statement to the police. Because the month in question is August, not September, the interpreter is sure that the defence counsel has made a mistake and alerts him to it in a whisper. The interpreter's intervention in this case is presumably to avoid the confusion which might be caused to the witness if the mistake is preserved in the rendition. This might also be regarded as the interpreter's face-saving strategy because any confusion likely to be caused by the reproduction of counsel's mistake might be attributed to an interpreting problem. In any case, it is evident that the interpreter does not see herself as a copying machine (the conduit myth) but one who plays an active role in coordinating talk and facilitating communication, by listening, in this case, as responder and speaking in her own voice as animator, author and principal. Note that in this case, the defence counsel carried on without responding to the interpreter's correction. He might not have heard the interpreter's correction and was not aware of his mistake until the prosecution counsel, who might have been alerted by the interpreter, stepped in.

Example 12. Cross-examination

Turn	Speaker	SL utterances/ interpretation
1.	DC	Er you've just been asked some questions (1) about witness statements you made (.) to the police. In the early morning, the first one in the early morning, I asked (.) of the 17th September
2.	I	<in a whisper> 17th August.
3.	DC	And the second one, later on the same day, 17th September. Do you remember making those two witness statements to the police?=
4.	PC	=<in a whisper> August
5.	DC	I'm sorry. August

7.   Impact of IITs

With the participant roles of court actors in mind and the implications for their participation status and control over the triadic communication, this section will explore the impact of such IITs. In her study of interpreter

interruptions with the examining counsel, Hale (2001) contends that interpreters interrupting counsel will interfere with the latters' questioning strategies or line of questioning, taking away some of their inherent power and thus control over the testimony of the witness. While Hale's study focuses on interpreter interruptions of counsel, my analysis will focus on the impact of IITs on the witness, which account for over 90% of the total number of IITs in both the examination-in-chief and cross-examination of PW1 in this study (see Table 1 above).

7.1.   Participation Status of Co-Present Court Actors and Their Control Over the Interaction

In the examples cited above, the interpreter is seen to take on a primary participant role and assumes much latitude in negotiating meaning with the speaker. In these IITs, the interpreter ceases to be the voice of the key interlocutors, but is speaking in her own voice, combining the roles of animator, author and principal in Goffman's (1981) production format, and as reporter, recapitulator and responder in Wadensjö's (1998) reception format. By initiating talk with the witness, she has also made herself a direct addressee of the witness's response. These interpreter–witness turn exchanges in Mandarin have, however, effectively excluded the participation of not only the monolingual English-speaking counsel and judge, but also the predominantly Cantonese-speaking jury and the audience in the public gallery. The exception is the defendant, who has had whispered Cantonese interpretation provided to him by a second interpreter and thus retains his "ratified unaddressed recipient role" in the participation framework. During these IITs, the monolingual judge and counsel, as Bell (1984, p. 176) puts it, become "uncomprehending hearer[s]" and are thus rendered "non-member[s]" because of the use of a language unintelligible to them. It could thus be argued that having been excluded from these IITs, the monolingual counsel and judge have seen their control over the flow of the testimony compromised or reduced. They are unable to access these interpreter–witness verbal exchanges, let alone intervene in the process. In the above-cited examples, the interpreter could be described to have usurped some of the power of the examining counsel, displaying considerable control over the flow of testimony.

7.2.   Evaluation of Counsel, the Witness and the Interpreter

The IITs may also have an impact on jurors' impression of the examining counsel and the witness whose utterances are interrupted by the interpreter. Berk-Seligson's (1990, 2002) experiment with mock jurors to evaluate the impact of interpreter intrusiveness shows that the attorney interrupted by the interpreter was found by the sample of listeners as a whole to be less competent and by Hispanic listeners as a subgroup to be both less competent and less intelligent. On the other hand, interpreter interruptions of the witness were found to have no impact on the attorney's competence, intelligence or persuasiveness, but Hispanic mock jurors found the witness whose testimony was interrupted by the interpreter to be significantly less convincing and less competent. Berk-Seligson notes that the results suggest that those observing interpreted proceedings make a distinction between an interpreter's interruptions of an examining counsel and of a witness. She suggests that an interpreter's interruptions of an examining counsel "can be perceived as a veiled criticism" (p. 191) of his performance, thus rendering him less competent; an interpreter's interruptions of a witness, however, seem to be seen by mock jurors "partially as a problem of the interpreter's and partially a defectiveness in the witness", but as unconnected to the examining counsel's "professional capabilities" (p. 191).

In the light of Berk-Seligson's findings, it could be argued that the frequent IITs with the witness in the case in this study might render the latter less trustworthy and less competent in the eyes of the jurors, who might perceive her to be evasive and uncooperative. The interpreter herself might also suffer a negative appraisal, judged by others in the courtroom as incompetent and unprofessional.

8.   Pedagogical Implications

As in any monolingual communication, problems of communication such as nonresponsive, ambiguous or unclear answers, do arise from time to time in interpreter-mediated interactions, and thus the need for clarifications is

sometimes unavoidable. It is therefore unrealistic to suggest that interpreters should under no circumstances clarify with the speaker. However, clarifications by the interpreter with primary interlocutors not speaking each other's language can be a very complicated issue. As has been explained above, any intervention by the interpreter, no matter how brief it may be, inevitably excludes the participation of the noncomprehending court actors, who may be left to wonder what is going on between the interpreter and the witness. This may also adversely impact on the evaluation of the competence of the interpreter and the trustworthiness of the witness as noted above. With this in mind, interpreter intervention such as prompting the witness or asking the witness for further information should be avoided where possible. It is therefore essential that student interpreters are taught when and how to intervene, especially when encountering the following situations.

8.1. Ambiguity

Clarifying ambiguity in the courtroom can be a tricky issue. For one thing, counsel may, for a strategic reason, intend questions to be ambiguous in order to confuse the witness. Likewise, evasive witnesses may not want to give a clear answer to a question put to them, especially one that is likely to incriminate them. It is therefore advisable for court interpreters to retain, where possible, the ambiguity in the target language. For example, the Cantonese word *saam1* is notoriously ambiguous, because it can mean either clothing (garment) or a top (upper garment). An interpreter's attempt to disambiguate it or to opt for one meaning over another, as illustrated in a rape case I have written about (Ng, 2012, 2013), may prove problematic and may be challenged by counsel who considers a different interpretation more advantageous to his case. Likewise, pronouns in spoken Chinese are gender-neutral and nouns in Chinese do not have singular or plural markers. Therefore, when rendering a witness's testimony into English, the interpreter might deem this information necessary in order to make a grammatically adequate rendition and want to clarify with the witness. However, instead of initiating clarifications with the witness and excluding other participants in the clarifying process, the interpreter might instead consider retaining the ambiguity by saying, for example, "he or she" or "finger or fingers" and leave the burden of clarification to counsel or the court.

8.2. Questions or Requests From the Witness

Handling questions or requests from the witness is another challenging issue which particularly deserves novice interpreters' attention. In the course of interpreting, a witness may ask for repetition or explanation of an interpreted question, as illustrated in Example 7. It may not always be easy to tell who is to blame for the witness's noncomprehension: the counsel who asked the question, or the interpreter who interpreted it. An interpreter who responds to the request/question without interpreting it and referring the request back to counsel, as the interpreter did in Example 7, may have held herself accountable for the witness's comprehension problem (or simply responded for the sake of efficiency). An interpreter who thinks otherwise or adheres to the ethical code by interpreting everything said in court might interpret the request and refer it back to counsel. It would be considered ethical, and in the best interest of justice, for the interpreter to render everything said by the witness in court into the target language, as is prescribed in most interpreters' codes of ethics or guidelines for professional practices. It is however important that the interpreter does not do this indiscriminately. In a recent preconference visit to a criminal court in Guangzhou, China, many delegates, especially those who speak both Mandarin and English, were amused by the way the interpreter handled the defendant's request for repetition. At some point during our observation in court, the Mandarin-speaking judge asked the English-speaking defendant, through an interpreter, if he agreed to the particulars of the offence he was charged with. The defendant responded with this on two occasions, "You speak very fast, I don't understand. Can you please say that again?" On both occasions, the interpreter immediately rendered the defendant's utterance into Mandarin for the judge to repeat his questions, not realising that it was her own problem, not that of the judge, who was very slow and clear in putting his questions to the defendant. It was the interpreter who was a fast speaker. Presumably the defendant had no access to the judge's utterance in Mandarin or to his speech tempo for that matter, so he could not have targeted the request at the judge. Under such circumstances, the interpreter should inform the court that the defendant requests the interpreter to go slowly and to repeat the rendition.

8.3. *Nonresponsive Utterances*

In the case where a witness's answer is nonresponsive to counsel's question, some interpreters may prompt the witness to be responsive or relevant in her answer by either repeating the interpreted question (as shown in Example 3 above) or responding to the witness by rephrasing or explaining counsel's question, in the belief that the witness may not have adequately heard or understood the interpreted question. The interpreter's intervention in such a case may also be seen as an attempt to protect her own face, or to save the court's time. However, from a pedagogical point of view, intervention of this kind should be discouraged, as this would inevitably deny the access of other court actors, including that of the judge and the jury, first to the witness's nonresponsive answer (which is not interpreted), and to the subsequent intervention by the interpreter. These noncomprehending court actors would have a reason to believe that the interpreter and the defendant are engaged in a private conversation, from which they are excluded.

8.4. *Inaudible or Nonsensical Utterances*

There are cases in which interpreters feel obliged to intervene and such intervention is justifiable. That is, when they cannot hear the speaker or when what the speaker (witness and counsel alike) has said does not make much sense to them. It is fair to say that an interpreter must be able to hear and make sense of what is said before he can render it into the target language. It is therefore unrealistic or unreasonable to expect an interpreter to refrain from clarifying with the witness but to "try his/her utmost to interpret accurately and faithfully what was said in full, regardless of how little sense it may make" in the case where a witness speaks "incoherently or unintelligibly" (Judiciary of Hong Kong, 2003, p. 3). Clarifications under such circumstances seem unavoidable. It is nonetheless advisable for the interpreter to inform the court beforehand. It would, however, be helpful for educators to warn interpreters of the perils of engaging in a lengthy clarifying process comprising multiple exchange turns. Where possible, a witness's response to a clarifying question should first be interpreted before further clarification is sought.

9. Conclusions

The process of interpreting is dynamic, and so are the roles of the interpreter, which can vary from one extreme as a conduit to the other as an advocate. During the course of interpreting, interpreters have to make quick decisions and solve problems. There are, as Mikkelson (2008) suggests, a range of options for interpreter intervention "in the middle of the spectrum between what is deemed by most as unacceptable advocacy for individual clients and what most consider acceptable advocacy for the interpreting process" (p. 87), which has yet to be fully defined. This study corroborates previous research about the role of the interpreter as a co-participant as she constructs or co-constructs the talk between interlocutors not speaking each other's language. Although interpreters, like other interlocutors, should be given the right to clarify ambiguity during the course of interpreting as the need arises, they should be taught how to exercise this right properly and be alerted to the potential impact of their intervention. It is hoped that this study has made a useful contribution to interpreter education in this regard.

Acknowledgments

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Understanding the Work of Designated Healthcare Interpreters

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Abstract

Interpreters who work regularly with a deaf health professional are often referred to, in the U.S., as *designated healthcare interpreters* **(DHIs). To date, there have not been any systematic studies that specifically investigate the work of DHIs, yet the number of deaf people pursuing careers in the health professions continues to grow (Zazove et al., 2016), and the number of qualified DHIs to work with these professionals is insufficient (Gallaudet University, 2011). Before educational programming can be effectively developed, we need to know more about the work of DHIs. Using a job analysis approach (Brannick, Levine, & Morgeson, 2007), we surveyed DHIs, asking them to rate the importance and frequency of their job tasks. The results indicated that the following task categories are relatively more important: fosters positive and professional reputation, impression management; demonstrates openness to unpredictability; and builds and maintains long-term relationships with others. Tasks rated as more frequently performed included: dresses appropriately; decides when and what information to share from the environment; uses healthcare-specific knowledge; and demonstrates interpersonal adaptability. We discuss the results of the importance and frequency of the tasks of DHIs and consider the implications for education and future research.**

Keywords: designated interpreter; deaf healthcare professional; sign language interpreting; interpreter education; job analysis, designated healthcare interpreter

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Understanding the Work of Designated Healthcare Interpreters

1.   Introduction

The physician and signed language interpreter enter the examination room where the patient is waiting to be seen for a persistent cough. Most people would assume that the patient in this scenario is deaf. However, in an increasing number of healthcare settings, the provider is deaf, not the patient. Interpreter education has generally focused on situations where the deaf person is the patient and is accessing services provided by a relatively powerful specialist who can hear. However, this situation is reversed, to a certain extent, when the deaf person is a clinician. How does this rearrangement of the "typical" triadic encounter influence the interpreter's work in the healthcare setting? What is different about interpreting for the person in power? How are decision making and role performance affected? What can we learn about educating interpreters to work with deaf healthcare professionals that will also inform how we educate interpreters to work in the community with deaf people who are not in a position of power?

To date, there have not been any systematic studies that specifically investigate the work of these interpreters, often called *designated healthcare interpreters* (DHIs). Further, the interpreting profession has not yet defined the scope and nature of the DHI's work, and standards of practice have not been determined for this specialty. For our study, we are defining a DHI as an interpreter who works regularly (consistently over a period of time) with a deaf healthcare professional (DHP) or a student pursuing education in healthcare; uses knowledge gained in the setting about content and participants to contribute to the effectiveness of the interpretation; is familiar with the goals of the DHP or student as well as with their communication style and preferences; and develops a level of rapport and trust over time that enhances the overall interpretation.

The purpose of our study was to better understand the work of the DHI, using a job analysis approach. Job analysis is a set of methods and processes "directed toward discovering, understanding, and describing what people do at work" (Brannick, Levine, & Morgeson, 2007, p. 1). Applications of job analysis include developing education and training, as well as describing jobs and conducting job performance appraisals. Given the increase in the number of DHPs, and the importance of full communication access, further understanding of DHIs' work is crucial in order to effectively educate, hire, and evaluate interpreters in this specialized area. Moreover, in order to develop and carry out major initiatives related to educating DHIs, the work of DHIs first needs to be clearly understood, by both practitioners and educators.

Below, we provide a brief overview of the increase in DHPs and the corresponding need for DHIs, followed by a summary of designated interpreting in the workplace, with a focus on the healthcare setting. Next, we consider the role of interpreters, both as conventionally enacted by community interpreters, as well as by designated healthcare interpreters. At the end of this section, the work task domains of healthcare interpreting are introduced as they apply to the current study.

1.1. Deaf Healthcare Professionals

Both legislation mandating equal access and technological advances are fueling an increase in the number of deaf people pursuing education and employment in a variety of health-related specialties (Zazove et al., 2016). Visual

and amplified stethoscopes, real-time captioning, healthcare portals allowing communication via text, telemedicine, see-through surgical masks, video interpreting and a variety of smartphone apps—all are advances that enhance access for DHPs and students in the health professions. This increase is positive for many reasons, one of which is that deaf clinicians appear more likely than the typical healthcare provider to serve deaf people, a medically underserved community (Moreland, Latimore, Sen, Arato, & Zazove, 2013).

However, in examining healthcare career opportunities for people who are deaf, the Task Force on Health Care Careers for the Deaf and Hard-of-Hearing Community (2011) identified the need for a sufficient supply of qualified, available interpreters to meet the demand created by the surge of deaf individuals pursuing careers in healthcare. Deaf physicians' and medical students' satisfaction with accommodations used during their training and practice correlated positively with career satisfaction and their likelihood of recommending medicine as a career to other deaf and hard-of-hearing people (Moreland et al., 2013). Thus, for those who work with interpreters, the quality of their relationships with interpreters, as well as the quality of the interpretation services, may contribute to the deaf physicians' career longevity and thus to the health of the deaf community (Barnett, McKee, Smith, & Pearson, 2011; McKee, Smith, Barnett, & Pearson, 2013).

1.2. Designated Interpreters in the Workplace

There is a small but growing body of research on interpreters in the workplace, although little is directly focused on the healthcare setting. In their seminal work, Hauser, Finch, and Hauser (2008) popularized the term *designated interpreter* (DI) for those interpreters who specifically work with deaf professionals (DPs). They proposed the deaf professional–designated interpreter model as a new interpreting paradigm, based on the collection of designated interpreter–deaf professional pairs that contributed to their edited volume. Themes underlying these DP–DI relationships included mutual trust and respect; the participation of the DI in the DP's environment; specialized knowledge of content, terminology, and social roles; continual training/updating by the DI in the specialized area of the DP; the DI as an active part of the team; divergence from the view of the interpreter as "neutral"; and the DI as integrated into the workplace over time.

In her studies of interpreters in the workplace, Dickinson (2014) identifies that the intense working relationship (that develops over time) between an interpreter and deaf professional inevitably influences the role and boundaries of the interpreter. Miner (2015) investigated the roles, relationships, and responsibilities of DIs. She found that the role of the DI varied immensely depending on who the interpreter worked with, the setting, and the personalities involved. There were some commonalities among the participants in her study, including the importance of facilitating relationships, creating shared understandings, the ability to communicate quickly and easily with each other, and meeting high expectations, with some expectations considered unusual when compared to the more traditional role of the community or conference interpreter.

1.3. Designated Interpreters in the Healthcare Setting

Two DHI–DHP teams have published accounts of their work together (Earhart & Hauser, 2008; Moreland & Agan, 2012). Some aspects of the work they describe apply to any type of interpreting in the healthcare setting, such as patient safety; managing auditory and visual cues in a crowded and noisy room; interacting with members of a healthcare team; comprehending and using medical terminology; and tolerating the sights, sounds and smells of a hospital setting. They also highlight some expectations of the DHI's work, which may differ from those of the community healthcare interpreter, including: interpreting auditory information from medical devices; interpreting urgent PA announcements for staff members (e.g., code blue); long hours reflecting the lengthy shifts often worked by healthcare professionals; understanding and producing a register appropriate for interactions among healthcare providers; and managing a pace that may include running to an emergency situation or navigating a situation that requires quick, precise coordination between healthcare professionals (Earhart & Hauser, 2008; Moreland & Agan, 2012). Although these two accounts are from DHP–DHI teams, deaf professionals work in a variety of healthcare specialties that presumably will include other demands not yet documented in the literature. DHIs also interpret for students at different stages of their professional training and may face different demands depending on the requirements of each deaf student's educational and clinical experiences.

In addition to clinical encounters, DHIs must negotiate a myriad of other situations that occur in offices, hallways, classrooms or conference rooms. Social interactions in the workplace, both formal and informal, are an integral part of the designated interpreter's work, whatever the setting (Dickinson, 2014; Miner, 2015). Unique aspects of the work of DHIs pose interpreting demands beyond those of deaf professionals in the workplace, and these have not yet been fully explored (Swabey & Nicodemus, 2011).

1.4. Role and boundaries

Although some DHI tasks diverge from that of the community interpreter, the available literature suggests that DHIs' work reflects the values and guidelines for professional behavior as described in the Registry of Interpreters for the Deaf (RID) *Code of Professional Conduct* (*CPC,* available at rid.org/ethics/code-of-professional-conduct/). The current *CPC* is more holistic in nature and less prescriptive in terms of specific behaviors than previous iterations (Cokely, 2000; Hoza, 2003), and presents principles as guidelines for interpreting in legal, educational, medical, and social service settings, among others. Further, there is ample evidence in the discourse-based literature that the interpreter is neither neutral nor invisible, but in fact an active participant within an interpreted interaction (Angelelli, 2004; Llewellyn-Jones & Lee, 2014; Metzger, 1999; Wadensjo, 1998; Roy, 2000), which varies depending on the situation and context. Llewellyn-Jones and Lee specifically describe how the interpreter's role may expand or contract in three areas: presentation of self, interaction management, and participation alignment. They dispel the common myth that interpreters who interact in any way beyond relaying messages are "stepping out of role." They argue that interaction management is part of the interpreter's role and that a number of factors about an interaction need to be considered when determining the participation of the interpreter. Thus in the context of the DHI–DHP relationship, the decisions such as those in the following examples are within the guidelines of the *CPC*:

- agreeing, as appropriate, to pass along information from a (hearing) doctor to the (deaf) doctor or vice versa (*CPC,* Tenet 3)

- taking an object from a hearing nurse that needs to be thrown away in a crowded treatment room where the DHP and DHI are working with a team (*CPC,* Tenet 2)

- answering a nonclinical question on behalf of the DHP when she or he is not present, perhaps related to scheduling (*CPC,* Tenet 3).

1.5. Work Task Domains of Healthcare Interpreters

In a previous study, Olson & Swabey (in press) investigated the work task domains of ASL–English interpreters who work in situations where the patient is deaf and the healthcare provider can hear. In an online survey with 339 respondents, healthcare interpreters rated the frequency and importance of job tasks. The top five task categories with the highest average importance ratings were language and interpreting, situation assessment, ethical and professional decision making, managing the discourse, and monitors/manages/coordinates appointments. The task categories with the highest average frequency ratings were dress appropriately, adapt to a variety of physical settings and locations, adapt to working with variety of providers in variety of roles, deal with uncertain and unpredictable work situations, and demonstrate cultural adaptability.

2. Methods

2.1. Participants

One of the challenges of this research is that there is no reliable information regarding the number of designated healthcare interpreters; Because there is no national registry for this speciality, nor even reliable information

regarding the number of DHIs, recruiting participants for this research posed a challenge. We sent e-mails with a link to the survey to a list of healthcare interpreters who had signed up to receive e-mails from a regional and/or national interpreter education center about matters related to healthcare interpreting. We also used a snowball sampling technique; we asked people we contacted to forward the e-mail to other DHIs they knew. Anyone with designated healthcare interpreting experience as invited to participate in this study; this was the key selection criterion. An invitation to participate was also posted on the closed Facebook group Interpreters in Healthcare RID Member Section, a special interest group of RID. A link to the survey was also shared with Association of Medical Professionals with Hearing Loss members, encouraging them to notify DHIs about the survey.

Twenty-two DHIs responded to the survey. See Table 1 for background information on the participants.

Table 1: Background information on participants

Characteristic	n	%
Gender		
Male	1	4.5
Female	21	95.5
Race/ethnicity		
White, Non-Hispanic/Latino	21	95.5
Hispanic/Latino	1	4.5
Age		
26 – 45	11	50.0
46 – 65	11	50.0
Degree		
Associate's or high school degree	5	22.7
Bachelor's	12	54.5
Master's or doctorate	5	22.7
Nationally Recognized Interpreter Certifications		
Registry of Interpreters for the Deaf (RID)	17	77.3
National Association of the Deaf (NAD)	3	13.6
Board for Evaluation of Interpreters (BEI)	2	9.1

2.2. Measure and Procedure

Using job analysis methods (Brannick, Levine, & Moregeson, 2007), the research team (including an experienced DHP–DHI team) identified designated healthcare interpreting work tasks based on previous research on healthcare interpreting (see Olson & Swabey, in press), input from DHIs in the field, and a review of DHI position descriptions. Some of the relevant task domains of healthcare interpreters reflected "adaptive performance," which we believed would also be relevant for DHIs. Dimensions of adaptive performance are "handling emergencies or crisis situations; handling work stress; solving problems creatively; dealing with uncertain and unpredictable work situations; learning work tasks, technologies and procedures; demonstrating interpersonal adaptability; demonstrating cultural adaptability; and demonstrating physically oriented adaptability" (Pulakos, Arad, Donovan, & Plamondon, 2000, p. 617).

From this work, we included additional categories we thought would be relevant to DHIs: adapts to pace and pace changes in work, adapts to variable schedule, and adapts to working with variety of providers in variety of roles. Given the team-based nature of healthcare, we included working as a member of a team. Dimensions of team-member performance used for this study were based on previous research of individual team-member performance (Olson, 2000), with slight modifications: fulfilling team-related task responsibilities; situation awareness, or paying attention to the environment; consideration; monitoring performance; team-relevant problem solving; sharing task information with team members; coordinating tasks; helping team members, as in back-up relief; initiating structure; training team members; and teaching/training others.

From these sources, we created our survey. In the first part of the survey, 35 questions explored the participants' work experience as interpreters (in general) and as DHIs, specific types of work settings in which they had experience as an interpreter and specifically as a DHI, and certification, training, and demographic variables, including gender, race, age, and education. For the purposes of this study, *healthcare* includes physical, mental, and dental health. Settings include hospitals, clinics, home healthcare, and healthcare educational institutions. Response scales for these items varied; they included multiple choice options, check boxes, drop-down options, and open-ended items.

In the second part of the survey, we listed 200 individual work tasks. On the researchers' end, the tasks were organized into 49 categories (see Appendix A); so that the category names (e.g. "interpreting") would not bias participants, these were not included in the survey. For each task, participants were asked to indicate how important the task was to performing their work as DHIs (responses: 1 = *not at all important,* 2 = *somewhat important,* 3 = *important,* 4 = *very important,* 5 = *extremely important,* and *NA*) and how frequently they performed the task in their work as DHIs (responses: 1 = *never,* 2 = *once a year or more but not every month,* 3 = *once a month but not every week,* 4 = *once a week or more but not every day,* 5 = *every day,* and *NA*).

3. Results

3.1. Work-related Experience

Participants had an average of 17.70 (*SD* = 8.80) years of experience interpreting and an average of 13.45 (*SD* = 8.90) years' experience in healthcare interpreting. When asked the number of years they had experience interpreting as a DHI, 10 (45%) reported 1 month–3 years, 9 (41%) reported 4–10 years, 0 reported 11–13 years, and three (14%) reported 14 or more years. Related to the number of DHPs they have worked with, five indicated one DHP, eight reported working with two to three DHPs, four reported working with four to five DHPs, two reported working with six to seven DHPs and two indicated working with more than 10 DHPs. The types of medical professionals for whom these DHIs interpret or have interpreted included 10 medical students (45.5%), 10 psychologists or other mental health professionals (45.5%), nine nurses (40.9%), nine physicians (40.9%), eight resident physicians (36.4%), three nursing students (13.6%), and four "other" (18.2%). In participants' roles as DHIs, 14 (63.6%) indicated full-time status, seven (31.8%) indicated freelance status, and one (4.5%) indicated being on call. Regarding what organizations employed participants as DHIs, 17 (77.3%) reported university or

college, 12 (54.5%) hospital, five (22.7%) clinic, three (13.6%) interpreting agency, three (13.6%) self-employed, and four (18.2%) "other" (e.g., elementary school, athletic team, drama club, home healthcare). Twenty-one (95.5%) of participants indicated that their DHP was not their job supervisor and one (4.5%) indicated s/he was. DHIs reported assuming other administrative duties: scheduling, 12 (54.5%) coordination of services, 10 (45.5%); freelance contracts, 6 (27.3%); technical support, 5 (22.7%); budget, 2 (9.1%); and Deaf education outreach, 2 (9.1%).

3.2. Task Importance

Participants were shown 200 work tasks (e.g., "determines when fingerspelling of terms is appropriate"; "manages turn-taking"). They were asked to rate each task twice, once to indicate how important the task was to performing their work as a DHI and once to indicate how frequently they performed the task. The work tasks were grouped into 49 categories (see Appendix A). We report the results at the category level rather than the individual task statement level.

The participants rated the following task categories as relatively more important: fosters positive and professional reputation, impression management, represents provider; demonstrates openness to unpredictability; and builds and maintains long-term relationships with DHP, other DHIs, and other key people. The mean ratings of importance for each task category are shown in descending order in Table 2.

Table 2: Importance of tasks to performing the job as a DHI

	n	*M*	*SD*
Fosters positive and professional reputation, impression management, represents provider	22	4.86	0.47
Demonstrates openness to unpredictability	20	4.85	0.37
Builds and maintains long-term relationships with DHP, other DHIs, and other key people	22	4.82	0.48
Uses healthcare-specific knowledge (medical knowledge)	22	4.69	0.51
Decides when and what information to share from the environment	22	4.68	0.57
Adapts to variety of physical settings and locations, demonstrates physically oriented adaptability*	21	4.67	0.58
Adapts to pace and pace changes of work*	20	4.67	0.48
Interpreting	22	4.66	0.49
Manages the discourse	22	4.64	0.51
Language	22	4.62	0.48
Demonstrates interpersonal adaptability*	21	4.57	0.68
Uses technology to manage work and communicate with DHP	21	4.57	0.60

Prepares, anticipates needs, and is proactive	22	4.57	0.68
Demonstrates multitasking	20	4.55	0.60
Fulfils team-related task responsibilities**	21	4.51	0.64
Situation awareness–pays attention to the environment**	22	4.51	0.59
Deals with uncertain and unpredictable work situations*	21	4.48	0.85
Consideration**	20	4.45	0.74
Self-Care	21	4.44	0.72
Ethical and professional decision making, understands role	21	4.43	0.58
Takes health-related precautions	21	4.43	0.76
Develops shared mental models	20	4.43	0.89
Dresses appropriately	21	4.40	0.72
Demonstrates cultural adaptability*	21	4.40	0.64
Monitors performance**	19	4.39	0.77
Engages in professional development	21	4.36	0.71
Demonstrates effort	21	4.33	0.80
Team-relevant problem solving**	21	4.33	0.88
Handles work stress*	21	4.28	0.76
Uses knowledge about others	22	4.27	0.94
Shares task information with team members**	20	4.24	0.73
Learns work tasks, technologies, and procedures*	21	4.24	0.70
Develops rapport	22	4.23	0.84
Handles emergencies or crisis situations*	21	4.21	0.87
Coordinates tasks**	20	4.20	0.75
Monitors/manages/coordinates appointments	20	4.15	0.99
Solves problems creatively*	21	4.14	0.91
Team member helping/back-up relief**	20	4.13	0.55
Adapts to variable schedule*	20	4.13	0.76
Initiates structure**	21	4.12	0.89

Trains team members**	20	4.10	0.84
Uses knowledge about healthcare systems, specific hospital, clinic, healthcare (or educational) setting	22	4.06	0.80
Collaborates with others	21	4.05	0.84
Attends meetings	19	4.02	0.77
Business practices–invoices and billing	19	4.00	1.08
Adapts to working with variety of providers in variety of roles*	21	3.89	0.82
Mentors others	18	3.75	0.81
Teaches/trains others**	21	3.54	1.00
Supervises others	14	3.07	1.21

Note: Task importance to job was rated according on a 5-point scale: 1 = *not at all important,* 2 = *somewhat important,* 3 = *important,* 4 = *very important,* 5 = *extremely important,* and NA. One asterisk indicates adaptive performance dimensions; two asterisks indicates individual team-member performance dimension.

3.3. *Task Frequency*

The participants rated the following task categories as relatively more frequently performed: dresses appropriately, decides when and what information to share from the environment, uses healthcare-specific knowledge (medical knowledge), demonstrates interpersonal adaptability, uses technology to manage work and communicate with DHP, demonstrates multitasking, and demonstrates openness to unpredictability. The mean ratings of frequency for each task category are shown in descending order in Table 3.

Table 3: Frequency of tasks to performing the job as a DHI

	n	*M*	*SD*
Dresses appropriately	21	4.90	0.44
Decides when and what information to share from the environment	22	4.89	0.43
Uses healthcare-specific knowledge (medical knowledge)	21	4.83	0.35
Demonstrates interpersonal adaptability*	21	4.83	0.43
Uses technology to manage work and communicate with DHP	22	4.82	0.50
Demonstrates multitasking	21	4.81	0.40
Demonstrates openness to unpredictability	21	4.81	0.51
Adapts to variety of physical settings and locations, demonstrates physically	22	4.77	0.43

oriented adaptability*			
Language	22	4.77	0.24
Adapts to pace and pace changes of work*	21	4.75	0.57
Builds and maintains long-term relationships with DHP, other DHIs, and other key people	22	4.74	0.87
Situation awareness–pays attention to the environment**	22	4.71	0.46
Prepares, anticipates needs, and is proactive	22	4.66	0.42
Fulfills team-related task responsibilities**	21	4.64	0.47
Demonstrates effort	21	4.62	0.59
Fosters positive and professional reputation, impression management, represents provider	22	4.59	1.10
Uses knowledge about others	22	4.55	0.60
Manages the discourse	21	4.54	0.46
Develops shared mental models	21	4.52	0.75
Consideration**	20	4.52	0.59
Deals with uncertain and unpredictable work situations*	21	4.49	0.73
Develops rapport	22	4.48	0.96
Interpreting	22	4.46	0.43
Ethical and professional decision making, understands role	22	4.40	0.39
Trains team members**	20	4.33	0.82
Demonstrates cultural adaptability*	21	4.28	0.50
Team-relevant problem solving**	21	4.26	0.65
Initiates structure**	21	4.24	0.83
Takes health-related precautions	21	4.22	0.65
Monitors performance**	18	4.17	0.79
Handles work stress*	21	4.15	0.55
Team member helping/back-up relief**	20	4.13	0.55
Uses knowledge about healthcare systems, specific hospital, clinic,	22	4.07	0.82

healthcare setting			
Shares task information with team members**	20	4.06	0.85
Monitors/manages/coordinates appointments	22	4.05	1.33
Business practices–invoices and billing	21	3.95	1.06
Self-care	21	3.94	0.87
Coordinates tasks**	21	3.85	0.96
Collaborates with others	22	3.82	1.02
Adapts to variable schedule*	21	3.79	0.58
Adapts to working with variety of providers in variety of roles*	21	3.76	1.01
Solves problems creatively*	21	3.76	1.09
Handles emergencies or crisis situations*	21	3.50	1.01
Learns work tasks, technologies, and procedures*	21	3.48	0.93
Attends meetings	20	3.38	0.89
Engages in professional development	21	2.94	0.60
Supervises others	14	2.71	1.33
Mentors others	19	2.53	1.02
Teaches/trains others**	21	2.42	0.73

Note: Participants rated the frequency with which they performed each task on a 5-point rating scale: 1 = *never,* 2 = *once a year or more but not every month,* 3 = *once a month but not every week,* 4 = *once a week or more but not every day,* 5 = every day, and NA. One asterisk indicates adaptive performance dimensions; two asterisks indicates individual team-member performance dimension.

4. Discussion

As the number of deaf individuals practicing or training in healthcare professions increases, so does the need to understand the scope of practice of the DHIs who work alongside them. Previous exploration of DHIs' professional practice has drawn on experience and anecdote (Hauser et al., 2008). To the best of our knowledge, our study is the first to empirically investigate the day-to-day tasks that comprise the work of DHIs and to report on the perceived relevance (i.e., frequency and importance) of each task they report performing.

Respondents appear fairly new to their roles. Despite a mean of over 13 years interpreting either as generalists or healthcare specialists, nearly half report 3 years or fewer experience as DHIs. These numbers reflect the surge of the recent need for DHIs.

The respondent sample was predominantly female, white, and non-Hispanic/Latino, mirroring the lack of diversity in the interpreting profession with regard to gender and race. Some demographic variables are more

heterogeneous, with ages ranging from the 20s to 60s, and locations ranging across North America. Most respondents have certification and postsecondary education. However, given the complexity of the work, it was surprising to see that 22.7% of respondents had not earned at least a baccalaureate degree. Most reported working in interpreting teams, rather than alone. Like DHPs, the DHIs who responded to this survey work in a variety of educational and clinical settings ranging from academic to home health to dental practices.

4.1. Frequency and Importance of Work Tasks

Our respondents indicated that the work of a DHI involves many and varied tasks. DHIs taking the survey endorsed the need to perform the tasks we asked about—including those related to interpersonal relationships, or "soft skills," and doing so at least weekly. Items ranked high (> = 4.5) in both importance and frequency were those relevant to professional flexibility, relationship-building, use of schema/prior knowledge to construct a stronger interpretation (including healthcare-specific knowledge), linguistic mastery, and working with a team.

All of these items reflect characteristics and/or skills associated with effective and successful interpreting, although they may take on additional importance in maintaining an effective DHP–DHI team dynamic, and thus may contribute to supporting the DHP's role in providing excellent healthcare. Relationship-building has taken on greater importance in the healthcare industry, as seen in the trend toward interprofessional communication (Buring et al., 2009) and seems particularly relevant because DHPs and DHIs work closely together. Linguistic mastery is always important, but it is of paramount importance in jargon-heavy fields such as medicine and nursing, where DHPs must communicate efficiently and clearly not only with patients but also with fellow clinicians (Moreland & Agan, 2012). Just as any physician must be able to switch from lay language (e.g., in describing liver disease to a patient) to a professional register (e.g., requesting consultation by a liver specialist for managing that same disease), DHIs must maintain and build on their own healthcare-related linguistic skills in order to be able to deliver messages effectively in multiple situations and to multiple types of audience. We see working with a team as perhaps most important for those DHIs who work with other interpreters and need to incorporate those interpreters into the team smoothly. When a DHI is able to perform this task skillfully, the DHP can focus primarily on clinical work (or other roles, as the case may be).

Tasks that on average occurred monthly but not weekly were typically administrative in function or implied some additional responsibility beyond interpretation. The lowest scored tasks (occurring less than monthly) were related to supervision or responsibility for others. It is likely that the DHP's specialty and experience directly influence the task demands on the DHI. The demands of interpreting for an attending physician can differ from interpreting for a first-year healthcare student. Additionally, the DHP's field may have some impact as well: a DHI who works with an internal medicine physician will likely encounter a situation that potentially requires the DHP to interact more often with certain colleagues in various areas of the hospital, whereas the DHI who interprets for a surgeon may spend long hours in the operating theater where the verbal interaction to be interpreted may be differently framed. "Self-care" also had a relatively lower frequency (about once per week or more but not every day), with examples in the survey such as managing one's own mental or physical health or managing vicarious trauma.

The tasks given the least importance were nearly identical to those given the least amount of frequency and related to supervision or mentorship responsibility. These tasks were rated 3 out of 5 (*important*), with a mean range of 3.89–3.07 and standard deviation variation of 0.81–1.21. Given the nature of the work of the DHI, supervision and mentoring seem key to DHI training. It may be that currently DHIs have little room in their schedules for the extra responsibilities of mentoring and supervision of interning interpreters. Additionally, the healthcare environment may not often be considered as an internship placement for students in interpreter education programs, who may not yet have the knowledge and skills for this type of specialized, complex, and nuanced work.

4.2. Adaptive performance and team member performance

Results suggest that being adaptive and being a team member are both relevant to the work of DHIs. Of the top one-third most important and most frequently demonstrated task categories, three were categories of adaptive

performance, including demonstrates interpersonal adaptability; demonstrates physically oriented adaptability; and adapts to pace and pace changes of work. This suggests that the ability to adapt is a relevant part of DHI work, especially with regard to people, physical aspects of the work, and pace. Two of the categories in the top one-third most important and most frequently demonstrated were about being a team member and included situation awareness - pays attention to the environment, and fulfills team-related task responsibilities. This suggests that being a team member is relevant to the work of DHIs.

4.3. Limitations and future research

The following limitations of this study need to be considered. We have no clear denominator, because no systematic measure is available to track DHPs, much less DHIs. Although we suspect the number of DHIs is relatively small, we cannot estimate how well the number of respondents represents the total population of DHIs. Moreover, the data reflect the respondents' perceptions. A future study could gather additional data to corroborate, for example, the actual frequency with which given tasks are completed. However, the consistency of the results among the respondents is a positive indicator and provides a strong foundation for future research.

Given our survey's focus, we are unable to explore the DHP perspective on this work task analysis. The deaf clinician's perspective on the DHP–DHI relationship is vital to understanding the work of the DHI. A future study might investigate the DHP's perspective, including ways that the DHP and DHI build an effective team, not only with each other but also with other clinicians, to further optimize healthcare delivery.

The label *designated healthcare interpreter* (DHI) is still relatively new in the field of signed language interpretation, having only come into the professional vernacular in 2008. The definition or conception of what makes an interpreter a DHI" seems to be in flux, as the field has embraced, but still seems to struggle to fully understand, the DHI's role. The term originally carried the implication of long-term commitment and synergy, that the interpreter had committed his or her interpreting practice and career to a single deaf professional and that a relationship had been established over a number of years of working side by side. A DHI was understood to be part of a long-standing relationship, not a job title whose occupant might be, to a certain extent, interchangeable. In considering the development of a DHI curriculum, it may be useful to not only revisit what was and is meant by the term *designated healthcare interpreter,* but to discuss what such a role would include.

In the future, it may be instructive to conduct a comprehensive comparison of the job task analysis of healthcare interpreters (Olson & Swabey, in press) with the current analysis of the work of DHIs. Although the scope of this article only allows a cursory comparison, on the surface the differences are striking. For DHIs, the relatively most important task categories include: fosters positive and professional reputation, impression management; demonstrates openness to unpredictability; and builds and maintains long-term relationships with DHP, other DHIs and other key people. The relatively most important task categories for non-designated healthcare interpreters include language and interpreting, situation assessment, and ethical and professional decision making.

Both DHIs and non-designated healthcare interpreters rated "dresses appropriately" as the most frequent task. Following that, the relatively most frequent tasks for DHIs included decide when and what information to share from the environment; use healthcare-specific knowledge; and demonstrate interpersonal adaptability. For non-designated healthcare interpreters, the relatively most frequent tasks included adapt to a variety of physical settings and locations; adapt to working with a variety of providers in a variety of roles; and deal with uncertain and unpredictable work situations. Given this brief overview, it appears that some of the crucial difference in the importance and frequency of job tasks suggest the need for specific education and training for DHIs.

Although interpreter education is more comprehensive than it was in the early years of the profession, no standard curriculum yet exists for DHIs. This study is a first step in considering the types of work tasks that a curriculum for DHIs might address. Given the growing need for this speciality, it is a type of work that should be introduced to students as a career possibility during their undergraduate education, with specialized training, including observation and supervision, occurring after graduation.

Based on this first systematic analysis of the work of DHIs, we propose that the fields of interpreting and interpreter education have much to gain from a better understanding of this type of work. Our results provide a first step toward the directed teaching of interpreters who specialize, either incidentally or intentionally, as DHIs for deaf clinicians. The complexities of role management that surface in the DHP–DHI work may serve as

examples of interpreting work at its best—a partnership that allows the deaf professional a high degree of access to and control of communication. A shared, evidence-based understanding of the work of DHIs may inform the training and professional practice not only of designated healthcare interpreters, but of community interpreters as well.

Acknowledgments

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Appendix A: Task Categories Measured for Designated Healthcare Interpreters

Adapts to pace and pace changes of work*

Adapts to variable schedule*

Adapts to variety of physical settings and locations, demonstrates physically oriented adaptability*

Adapts to working with variety of providers in variety of roles*

Attends meetings

Builds and maintains long-term relationships with DHP, other DHIs and other key people

Business practices - invoices and billing

Collaborates with others

Consideration**

Coordinates tasks**

Deals with uncertain and unpredictable work situations*

Decides when and what information to share from the environment

Demonstrates cultural adaptability*

Demonstrates effort

Demonstrates interpersonal adaptability*

Demonstrates multi-tasking

Demonstrates openness to unpredictability

Develops rapport

Develops shared mental models

Dresses appropriately

Engages in professional development

Ethical and professional decision making, understands role

Fosters positive and professional reputation, impression management, represents provider

Fulfills team-related task responsibilities**

Handles emergencies or crisis situations*

Handles work stress*

Initiates structure**

Interpreting

Language

Learn work tasks, technologies and procedures*

Manages the discourse

Mentors others

Monitors performance**

Monitors/manages/coordinates appointments

Prepares, anticipates needs, and is proactive

Self-care

Shares task information with team members**

Situation awareness-pays attention to the environment**

Solves problems creatively*

Supervises others

Takes health-related precautions

Teaches/trains others**

Team member helping/back-up relief**

Team-relevant problem solving**

Trains team members**

Uses healthcare-specific knowledge (medical knowledge)

Uses knowledge about healthcare systems, specific hospital, clinic, or healthcare educational setting)

Uses knowledge about others

Uses technology to manage work and communicate with DHP

One asterisk indicates adaptive performance dimensions; two asterisks indicates individual team-member performance dimension.

Interview with Kim de Jong, Interpreting and Translation Service Manager

Delys Magill[1]

New Zealand Sign Language Interpreter

Kim de Jong

Counties Manukau Health Interpreting and Translation Service

Abstract

Kim de Jong is the manager of interpreting booking services for the Counties Manukau District Health Board in Auckland, New Zealand. In this interview she describes the challenges of meeting the needs of a culturally diverse population within the constraints of a large organization. She also shares her observations on the skills and knowledge an interpreter must have before undertaking work in healthcare.

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Interview with Kim de Jong, Interpreting and Translation Service Manager

Delys Magill is a New Zealand Sign Language (NZSL) interpreter with 14 years' experience, currently working in Auckland, New Zealand. She has previously worked at Auckland University of Technology as a lecturer on the NZSL-English interpreting programme. Delys is in the final stages of her MA in Applied Language Studies thesis research, with a focus on healthcare interpreting.

Kim de Jong has been the manager of the Counties Manukau Health Interpreting and Translation Service in New Zealand, where she enjoys the challenge of managing a culturally diverse workforce, since 2012. Currently, Kim is involved with a project that is reviewing interpreting service needs and delivery modes, with the goal of optimizing and designing a modern, efficient and cost efficient service that meets the needs of its community. Prior to joining Counties Manukau Health, Kim spent 20 years in management roles within the private healthcare sector.

Background Information

New Zealand is divided into different District Health Boards (DHBs) which deliver primary and secondary health services to their patient populations.

In 2015 the Counties Manukau Health District population was estimated to be 520,140 people, or 11% of the total New Zealand population. The population is ethnically diverse with 16% Māori (16% of total NZ population are indigenous Māori), 21% Pacific (6% of the total NZ population are Pacific) and 24% Asian (13% of NZ population are Asian). 'New Zealand European and Other' make up 39% of the Counties Manukau Health District population compared with 65% of the total population of New Zealand (Counties Manukau Health, 2016). This cultural diversity brings a range of challenges when providing healthcare services. For example, 'Pacific people' is a representative term used to describe people descended from the Polynesian nations, including the Cook Islands, Tonga, Niue, Samoa, Tuvalu, and Tokelau. Each of these cultural groups has its own language and customs which need to be considered when providing healthcare services (Lemanu, 2010).

Interview

Delys: Thank you, Kim, for allowing me to come in interview you today. It's lovely to meet you.

Kim: Thanks, Delys.

Delys: How many years has Counties Manukau Health Board had its own interpreting service?

Kim: The service was established in 1991. It was formerly known as the Middlemore Interpreting Service and it came about because there was the Cartwright enquiry[2] about cervical cancer research project [see Cartwright, 1988]. That was in the late 1980s. And that was all around the informed consent for women who didn't have English as their first language. The Cartwright [Committee] recommendation led to the pilot interpreting service which was set up in 1991. It became the CMDHB [Counties Manukau District Health Board] Interpreting Service and that is what it is known as today.

Delys: So these services are not centered around Middlemore [Hospital][3], are they? They are centered around here at the Super Cinic[4] and ...?

Kim: So we provide an interpreting service, a free interpreting service, to all Counties District Health Board patients. That means our biggest number of requests for interpreters come from the Manukau Super Clinic which is outpatient based. We are appointments-based and we have a high turnover. And then we do inpatients at Middlemore [Hospital]. So we are doing all the acute care, ward rounds, any services over at Middlemore, and of course we service all Counties DHB localities. This includes services such as community midwives, breast screening, home healthcare visits, community rehab treatment, and contracts the DHB runs like the ophthalmology clinics in the community. Of course also we are funded by the Primary Health Care interpreting [schedule][5]. This covers all GPs and primary health organizations; we offer free interpreter services to them as well. So that includes GP clinics, nongovernment organizations, like Plunket[6], family planning, and retinal screening. There's a whole host.

Those are all the free interpreting services that we offer to the community in the region and we also offer interpreting to external organizations. These are mostly government organizations who pay for our service. So that could be the Police, High Court, [other] courts, Ministry of Social Development, Ministry of Housing,

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[2] The Cartwright Inquiry was held in response to magazine article written in 1987 by Sandra Coney and Phillida Bunkle which made serious allegations about the treatment of women with cervical cancer at National Womens' Hospital in Auckland. The final report by Dame Sylvia Cartwright was released in August 1988 and contained recommendations which were key to setting up a national cervical screening programme for New Zealand women.

[3] Middlemore Hospital is a large hospital run by Counties Manukau District Health Board.

[4] The Manukau Super Clinic provides outpatient services and day-stay procedures to patients resident in the catchment area of Counties Manukau District Health Board; medical staff at the Super Clinic usually also work at Middlemore Hospital.

[5] This provides for interpreting at primary care level, at no cost to the patient or the General Practitioners (GPs/PCPs).

[6] Child health visit services offered to all children aged between 0 and 5, at no cost to the parents.

Immigration, ACC[7], anybody who wants an interpreter that's outside healthcare or that doesn't come under the CMDHB free interpreting umbrella.

Delys: And how much of your workload would come from the paying [clients]?

Kim: 5%. We'd like to increase it because we get revenue from external customers; however, our main focus is healthcare. And because the demands of healthcare interpreting are so high, if we want to satisfy an external agency, something's got to give. We won't be able to satisfy our internal jobs.

Delys: Is CMDHB the biggest District Health Board in New Zealand?

Kim: I don't know. We have probably the most diverse population in New Zealand but I don't know if it's the biggest geographical area. I know for interpreting numbers we are, probably, [although] Auckland [District Health Board] are actually up there too. We are doing about 40,000 to 47,000 interpreting requests a year, about 200 to 240 jobs a day. And I think Auckland do about 160 to 180 jobs a day, so we're almost on a par.

Delys: I had a look at the health website and 11% of the population lives within the catchment area. Quite a significant number of those would have English as a second language.

Kim: And they're all identified in the system. I think as soon as they get into a hospital, they are registered with the DHB through their GP, and they are identified then as needing an interpreter. That's how we know. So they don't need to ring up and say, "I need an interpreter". The system automatically generates a job that they need an interpreter, and we allocate an interpreter to that job.

Delys: Do you have many jobs that you aren't able to cover?

Kim: Not really. We have some languages, of course, that we cannot cover, but we share our interpreting pool with other DHBs. So that's in Auckland, the Waitemata and Auckland [DHB]. So if we don't have that language, for example if we don't have a Rohingya interpreter, we'll contract to another DHB to get one.

We do everything we can do to satisfy the needs of the service, and if the DHB doesn't have what we need we'll go to external agencies, like Language Line[8], or we have even gone to Australia [to find interpreters]. It's very difficult for an urgent 'ad hoc' job, but for a pre-booked job we do everything we can to find an interpreter. Otherwise that patient would have to bring in a family member. We had a recent case where we had a person that spoke [Dialect A[9]], that's a South Sudanese dialect. I could not find a [Dialect A] interpreter anywhere in the country, let alone a qualified one. But there just happened to be a healthcare worker who was South Sudanese and spoke this dialect. She's unqualified but we employed her with an approval letter, saying that we would use her as a nonqualified interpreter whenever that family came in to be seen.

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[7] Accident Compensation Commission, which provides compensation for New Zealand residents or citizens following accidents, in or outside of the workplace.

[8] LanguageLine is a government funded telephone interpreting service.

[9] Potentially identifying dialects and languages (due to very small populations of speakers) have been anonymized.

So, yeah, if we didn't have her, that would have been a case where we couldn't help them. But that's the only one we have ever had that was a bit of a challenge.

Delys: How many languages do you cover?

Kim: We cover… 83 languages and dialects.

Delys: Has the language base changed over the time?

Kim: Yeah, the language numbers have grown, but the general high-demand languages are the same. So, we have our core languages and we are a little bit different from other DHBs: I have 21 permanent employees who are reviewed on an annual basis to make sure we are employing them on the basis of our language utilization. Our main languages in order are: Mandarin and Cantonese, then Hindi, Punjabi and then Samoan, Tongan, Arabic, Vietnamese, Cambodian, and Cook Island language. So quite different from other DHBs. When I first started, we had quite a high number of Korean patients; they have moved out of the area. But [the demand for] Pacific Island languages is still as high as it was and definitely showing an increase, every year we had an increase. In the last four years, requests for Asian languages have increased by 20%; that's Chinese and Indian languages.

Delys: That's quite a significant increase.

Kim: Yes, and I don't have the capacity. . . . I probably need three more full-time Chinese interpreters and three more interpreters of Indian languages, but I don't have the funding to do that, so I have to increase the casual (hourly-paid) pool. That's not cost efficient, but that's the only way I can work to satisfy the needs of the number of jobs.

Delys: What kind of impact does that have?

Kim: It has a big impact, especially when I haven't got funding to employ. I would have to make people redundant [lay people off], but because we have already carefully employed to meet the needs, I maximize. I have 23 permanent staff, but I could do with 30. So I use casuals, but a lot of our casuals for the high-demand languages, which would be Chinese and Indian, are utilized almost full time.

Delys: So, your casual and permanent budget are separated?

Kim: Mixed. Unfortunately not, there's just one pool of money, but it's easy to identify the permanents in the budget. I always run a risk of HR telling me that I'm using casuals like permanents.

It's a difficult thing, so they are employed as permanent employees but are paid quite a different rate. Sometimes I wonder why my salary pool don't up and leave and become casuals. But [then] they obviously wouldn't get the annual leave and they would not be entitled to sick leave.

The ones that have been here for so long are here because they're passionate and enthusiastic and lovely. We're extremely lucky to have such loyal, caring people working as permanent interpreters.

Delys: And I guess because interpreting is such a supply-and-demand job as well, there's always the fact that job security is quite nice.

Kim: Yeah it is. And that's exactly why some of our casuals say "Any opening, can you let me know, because I'll be in". Because of course the casuals are employed on an as-needed basis, so there's no guarantee of jobs.

I obviously follow closely immigration trends so that I'm constantly on the lookout out who's coming in, and I know there's a lot of Syrians coming, so we need to be aware of satisfying the needs of them coming, and are they going to stay in our region? No, often not. But initially they are here at the Refugee Center[10] so we do have to be able to look after them while they are here and before they transition out of the area.

Delys: It's a lot of a juggling.

Kim: Yeah, it's a lot of juggling and a guessing game, too. Often we sort of make do with the numbers we've got and then all of a sudden at the last minute I am running around trying to find somebody for that [language].

Delys: What types of services do you provide?

Kim: Ninety-eight percent of our jobs will be face to face; 2% would be telephone, and we will soon be rolling out video-remote interpreting, which will be a new mode of interpreting. It's new to the services.

Delys: For spoken language interpreters or for both spoken and sign language interpreters?

Kim: It would be for both, spoken and sign.

Delys: So interpreters based here within a call center environment?

Kim: Of course, it would have to be in a call center environment. So we are currently setting up a pilot phase and have identified a small number of clinical end points to trial video remote interpreting. At this initial stage, there will be a purpose-built office which will hold 6 interpreters (in interpreting pods). Currently the booking process is being developed, however what is envisaged is that from the service end, the clinician will click into a shared calendar to locate the interpreting-job reference number. This reference number will identify the patient and the date, time, nature of the appointment. The clinician will then be taken through into the Lync meeting where they will join with their video remote interpreter. This mode of interpreting will be used for both spoken and sign interpreting requests.

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[10] Refugees stay at the Refugee Resettlement Center at Mangere, in the catchment area of the CMDHB for 6 weeks after arriving in New Zealand.

Delys: Which is interesting because I know it's really difficult for sign language users who live outside of main centers to access emergency interpreters.

Kim: So that's where that'll come into play. At the moment, services will need to have Lync capability. Initially video remote interpreting will roll out to a few identified services, and then eventually organization-wide and then in the future this mode of interpreting will enable hospital services to offer home-based support.

Delys: Which is great, really.

Kim: It's long overdue and it will keep our costs down because our costs for travel, for doing face-to-face, are immensely high for us.

Travel costs are high, and even though our schedulers do an amazing job, we only allocate jobs within 1–2 days of that job. This is to ensure we keep our team in the same area. So we are thinking "Delys is going to be doing all of Middlemore today or all the Super Clinic or out in the community." So she's out in Mangere where she can do Mangere Health, Diabetes Clinic at Mangere, and a breast clinic out there. We are trying to keep the travel time low. But of course, the environment of healthcare being as it is, all of a sudden you get factors affecting the job list, such as clinics being rescheduled, clinicians that are sick, or a patient that doesn't turn up and that whole day's roster for that interpreter goes out the window. That's where there are a lot of inefficiencies and costs because we are juggling that whole person's day which can then affect everyone else's day.

Delys: Is there any coordination between the interpreting service and the appointment booking service?

Kim: We are all linked. We do block booking wherever we can. We've got a good arrangement with the referral and appointment center and the call center. Anyone making appointments, we try saying: "You've got four of these patients (of the same language), can we try to make them 9am, 10am, 11am and 1pm". So that we just need one Chinese interpreter who would to do the whole lot. Because we are short staffed in our booking office, it's quite hard to keep on top of that. But within the boundaries and the staff we have got, we manage it well. And then of course, at the clinic, sometimes there are shift changes and so staff aren't aware what's happening and of course that's not ideal. But that's the idea: to have block booking.

Delys: What qualifications do you require your interpreters to have?

Kim: We have a minimum qualification of the "Certificate in Liaison Interpreting" which is offered at Auckland University of Technology and Unitec [Institute of Technology]. That's the minimum qualification. Some have obviously the "graduate diploma" and they are highly qualified, and everybody should be like that. But the minimum qualification is that. If it's like an unusual, really-hard-to-find language and they are not qualified and they are proficient in English and they have other skills that would suit healthcare, we would employ them as well. I have only one unqualified and that's that [Dialect A].

Delys: And do you encourage the [Dialect A] interpreter to go and get a qualification?

Kim: No, not for the number of jobs she does. Because there's only one family. She probably does a job a month; that wouldn't be worth it.

Delys: Do you provide training and professional development opportunities?

Kim: Yeah, we do. In-house we have a learning and development center here and we provide "Culture and Linguistic Diversity," which is a course not only for interpreters but also for service users. And while we don't really have much in-house interpreting training, there are lots of personal and professional development courses that run. We liaise a lot and work with WATIS [Waitemata DHB Translation and Interpreting Service]. We pay our permanents to go [on professional development courses] but we don't offer that to our casual interpreters; there's just no pool of money for that. In terms of professional and personal development for our casual team, it is up to them to upskill.

We also run service-specific workshops. If the service is not getting what they want out of a job with an interpreter, we will look to design a tailor-made workshop specific to that service. I've run one recently, co-jointly with the Speech and Language Service. They [speech therapists] were finding it difficult to extract the information they required from their patients. The interpreters needed time to prepare phrases that were linguistically and culturally appropriate for the patient. So in order to improve the quality of interpreting with the assessment and treatment with culturally and linguistically diverse patients, a workshop was designed for the interpreting team. Out of this interpreting group a 'specialist interpreter' list was developed, so when the SLT team request a Chinese interpreter, we can look up a list and can go "Oh, you know, Joe's done that course, we'll send him, he has done the workshop and is proficient in working with patients with speech and language difficulties".

Delys: That's a huge area, isn't it and really specialized?

Kim: We have what we call our specialists in terminology in each language, so we'll have one interpreter make sure it's their job to upskill and knows all the latest terminology, procedures, treatments. They disseminate the information through the team in their language.

Delys: Is there anything you believe needs to be added to the interpreter education that we have in New Zealand at the moment?

Kim: I have made a little list and that includes feedback from some of my interpreters.

- One thing is to keep upskilling and refreshing medical terminology and awareness. I know that my senior team will do that but some of the interpreters are a little bit lax to get that done. Also with that comes refreshing knowledge of treatments, procedures, new equipment, and medical equipment.

- Upskilling in mental health training. There's not enough people wanting to do mental health training. I cannot push people to do that enough. That's one of our biggest areas where we probably have the highest incident rate. So that shows me that I have to have interpreters trained more in that area.

- Health and safety, being aware that they need to know how to protect themselves from the exposure to illness because they work in health. For example, radiation and X-ray, being aware when they have to put on scrubs and protective clothing and footwear. They shouldn't have to be reminded by the theater team that they need to dress appropriately and put scrubs on when they are going into procedures.

- And obviously the Code of Ethics[11]. I often give them refreshers on the Code of Ethics and reminding them of our visions and values because all DHBs have their own visions and values specific to them.

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[11] See the New Zealand Society of Translators and Interpreters (NZSTI) Code of Ethics at http://www.nzsti.org/about/Publications/

- I think there should be shadowing for new interpreters. My existing interpreters and my senior interpreters said, "They shouldn't be limited [to] what they learn in class. They should do more practical interpreting and they should shadow or be hooked up with a mentor." I know when I get one started here, part of their orientation is to shadow, especially the ones that haven't done healthcare or haven't been in a healthcare setting. Until you actually work in a healthcare setting you are really unaware what it's like and the procedures and policies and the nature and culture of an organization.

- And, ideally I would like them to be evaluated by the person whom is being shadowed. I cannot evaluate and give them feedback, so they need to be critiqued by their mentor.

Delys: Is there any advice that you would give to new graduates?

Kim: It's just the whole shadowing, do as much practicum as you can because it's the key, isn't it?

Delys: What do you think is unique about interpreting in New Zealand?

Kim: The only thing I could think of is we have small communities, and therefore the interpreter is generally known in that community. Take for instance our [Language B] community out here in Counties, the Code of Ethics for interpreters is even more important, because they are in the same church and are also interpreting for them or family members. They are actually their friend because there is no other [Language B] interpreter. We cannot offer you a [Language B] female because we only have a [Language B] male. So we have some problems like this where we cannot meet their total needs.

Obviously we have to assure that person that we know that you are friends, but [our interpreters] are bound by a strict Code of Ethics. That's part of our professionalism. That is okay, they are aware of that. They know that and they are happy with that, I think that's the thing that is unique in Counties because we have small communities, so our interpreters are known out in the Counties and they are often held in high regard. They all know what they do out there is also reflected in what they do in here, because you cannot run around and be irresponsible in the community, when the same people are your clients and patients when you come to work.

Delys: Is there anything you want to add?

Kim: The other thing that's unique in New Zealand is we've got a limited number of interpreters, so we share the database with MBIE, that is the Ministry of Business, Innovation and Environment, and other DHBs. And nationally, we share the same, so the people that work for me could also work for LanguageLine, MBIE, for Auckland DHB, Waitemata DHB, courts, and justice—it's the same interpreter.

And I think, the one thing that I have often wondered about is whether we pay people to get qualifications. That's something I would be quite keen to do if there was a bigger pot of money with my high-demand languages and that's mostly for Pacific languages. I cannot find Samoan male interpreters, I cannot find Tongan interpreters. That's probably because even though I have got people that approach me when I say "There's a course you need to do", they sometimes cannot afford to go. At the moment there's no money; therefore I am not getting interpreters, so I'm still short of Tongan and Samoan interpreters.

Delys: So, even just having scholarships available within the community.

Kim: That's something they have just started[12] but they started off with the unusual and hard-to-find languages where I think they should have been looking at high demand/required languages. I think they did but Samoan and Tongan were not on the list. Also, the criteria was quite hard to meet. For example, someone I suggested apply [wasn't successful]. Maybe her English wasn't good enough for that. She converses very well on the phone and she was recommended through somebody else, but she had difficulty completing the scholarship requirements. That was quite interesting. She would have made a good interpreter.

Delys: That's excellent, thank you Kim.

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[12] In 2016, the three Auckland-based DHBs, the MBIE, and the Auckland University of Technology (AUT) offered 10 scholarships for applicants wishing to undertake a four-course Graduate Certificate in Arts (Interpreting) at AUT. Two of these were awarded to speakers of languages in the smaller Pacific nations; the remainder to speakers of minority refugee languages.

Book Review: The Routledge Handbook of Interpreting

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Mikkelson, H., & Jourdenais, R. (2015). *The Routledge handbook of interpreting*. New York, NY: Routledge.

Open Forum: Book Review

The *Routledge Handbook of Interpreting* is a comprehensive reference book in the field of interpreting. It covers the history and developments of interpreting to the present time, addresses various settings in which interpreters are employed, and concludes with a discussion of issues currently confronting the interpreting field.

Experts in the fields of conference, court, asylum, community, health care, mental health care, education, mass media and conflict zones have contributed to this volume, providing an overview of field-specific requirements. Challenges and potential areas for further research in each interpreting field are also covered. It is commendable that the book includes areas not always recognized as presenting interpreting situations, such as sight translation, transcription, and translation. This emphasises how little attention has been paid to some aspects of the profession to date, and highlights the ample opportunity this field offers for future research. Interpreting is constantly evolving, and in a way, it is coupled to the developments of new technology and the ever-increasing demands and needs of expanding business networks, political relationships, and migration.

The editors, Holly Mikkelson and Renée Jourdenais, both from the Middlebury Institute of International Studies in Monterrey (CA) have divided the *Handbook* into four parts, covering historical perspectives, modes of interpreting, interpreting settings, and issues and debates. Part I starts with a brief history of the interpreting profession by Jesús Balgorrí-Jalóon, followed by chapters on key internal and external players in the development of the interpreting profession (by Julie Boéri and Sofía García-Beyaert, respectively). Franz Pöchhacker concludes this part with an overview of the evolution of interpreting research. Part II covers simultaneous interpreting (Kilian G. Seeber) and consecutive interpreting (Debra Russell and Kayoko Takeda) and includes chapters on signed language interpreting (Karen Bontempo) and a comparison of signed and spoken language interpreting by Jemina Napier. Carmen Valero-Garcés discusses the uses of transcription and translation, because interpreters are often asked to carry out such tasks. Wallace Chen's contribution on sight translation will be discussed in more detail in this review.

A number of authors describe interpreting in specific settings, ranging from conference interpreting (Ebru Diriker) to interpreting in court (Jieun Lee), asylum proceedings (Sonja Pöllabauer), and conflict zones (Barbara Moser-Mercer). Cindy Roat and Ineke Crezee trace developments and issues in healthcare interpreting and Hanneke Bot discusses the role of the interpreter in mental health settings. Marjory Bancroft describes the links between the rise of community interpreting and the quest for social justice (access to public services), one example of which is perhaps interpreting in educational settings as described by Melissa B. Smith. Pedro Castillo provides interesting examples of interpreting in mass media settings. Part III offers an overview of just some of the current issues and debates in interpreting. Uldis Ozolins starts off Part IV with an overview of the literature on ethics and the role of interpreters, which sets the scene for chapters on nonprofessional interpreters (Aída Martínez-Gómez), interpreting and professional identity (Mette Rudvin), quality (Angela Collados Aís and Ollala García Becera), pedagogy (Chuanyun Bao), and assessment (Jean Turner). Justine Ndongo-Keller's chapter on vicarious trauma and stress management discusses an important issue for all in our profession. Sabine Braun discusses issues around remote interpreting, providing examples of its uses in a range of different settings.

Chapter 9 of the Routledge *Handbook,* by Wallace Chen, is dedicated to sight translation, one of the lesser-researched fields in linguistics but one that should be awarded special attention due to its hybridity. Not only is the interpreter required to think simultaneously in two languages, but they are also challenged with reading the text, processing the information and rendering an as-accurate-as-possible version within a very short amount of time. Further, sight translations often occur in situations that are highly dependent on accuracy where the [in]correct wording can change the overall outcome [un]favourably, adding a further component to an already demanding task, especially for new or emerging interpreters.

Chen provides rich historic detail, and highlights situations in which sight translation occurs. He elaborates on the differences of interpreting-only or translation-only situations, while also discussing the overlap between short consecutive interpretation and written translation that sight translation represents. Chen accentuates the fact that not all interpreters/translators have the three essential skills of literacy, writing and linguistic aptitude, and that this may be overlooked more often than not when training translators/interpreters or when using their services. The author holds that it is vital to prepare future interpreters/translators adequately for their profession, because the majority of the general public has only rudimentary and often incorrect knowledge about interpreting and translation.

The book is well-structured, showing consistency throughout the chapters. Each chapter is clearly divided by headings and subheadings, indicating the main topic of a section while also directing the reader's attention to subthemes within a main section. Each chapter also contains an introduction that enables the reader to quickly identify the relevance of a chapter for their needs, and a conclusion reiterating the chapter's main points. Because the book comprises discussions of a range of settings, issues and backgrounds pertaining to various types of interpreting, these elements help keep the reader focused. Each chapter's reference list is extensive and generally includes a number of the authors' own works, which underscores these authors' expertise in their respective areas of interpreting research. The index contains a wealth of key words as main entries, as well as in various contexts—again, helpful to a reader looking for particular information.

However, this volume is probably better suited to an experienced readership, rather than students beginning their training. Experienced interpreters can rely on their familiarity with topic-specific terminology and will already have formed an understanding of the challenges of interpreting and the still existing misconception of this profession in the eye of the general public. Future editions might supply complete reference list at the end of the book, to provide a broader overview of available source literature. This would be especially useful for researchers and students who are not yet quite familiar with the established and most frequently referenced researchers in their area. In addition, whereas experienced students and researchers may be accustomed to abbreviations common to their fields, the less experienced reader—indeed, any reader—may appreciate an overall list of abbreviations/acronyms used throughout the book.

These are only small criticisms. Keen interpreter trainees at their beginning of their studies will find this book and the opportunities it outlines useful and encouraging, not least for its demonstration of the sheer variety of fields the interpreting profession can offer.

Dissertation Abstracts

In this section, we regularly feature abstracts of recently completed doctoral or masters theses. If you have recently completed a master's or PhD thesis in this field and would like it to be included, please send an abstract of 200–300 words to citjournaleditor@gmail.com. For this issue we have opted to include two abstracts submitted by PhD students whose work is nearing completion. We would urge all academic supervisors to encourage their students to submit abstracts of their completed dissertations for inclusion in the next issue of the journal, in order to inform our readers of new research relating to interpreter and translator education.

Intercultural communication: Challenges in interpreter-mediated medical encounters

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Degree: PhD dissertation, University of New South Wales (in progress)

This study set out to examine crosscultural issues that may cause a challenge in interpreter-mediated medical encounters. as well as interpreters' perceptions as to what extent they might be able to offer cultural brokerage in similar contexts. A total of 20 interpreter-mediated medical encounters were observed in a large hospital in Sydney, Australia, followed by semi-structured interviews with five of the interpreters. This hospital was chosen because it serves a large population of migrants from a range of different ethnic backgrounds. Findings suggested that interpreters face challenges relating to end-of-life situations, family involvement, patient autonomy and informed decision making, as well as non-verbal communication. The study also identified institutional barriers resulting in a lack of briefing or debriefing sessions for interpreters. Finally, both medical professionals or patients seemed to entertain unrealistic expectations about the role of the interpreters. The study found that cross-cultural misunderstanding was less of an issue for the interpreters involved than first thought. The study also explores the potential risk of interpreters playing the role of cultural advisors.

Dissertation abstracts

Achieving accuracy in a bilingual courtroom: Pragmalinguistic challenges and the role of specialized legal interpreter training

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Degree: PhD dissertation, University of New South Wales, in progress

This study used a mixed methods approach to examine the most common pragmalinguistic challenges for trainee interpreters in achieving accuracy when interpreting cross-examination questions from English to Chinese, as well as the role of specialized legal interpreter training. In an adversarial courtroom, questions are used strategically by legal professionals to maintain control over witness testimony. In a bilingual courtroom, it is crucial that lawyers' intended questioning strategies be adequately relayed from one language to another. Failure to do so can affect the effectiveness of courtroom questioning and potentially even the outcome of a case. However, achieving such a high level of accuracy is extremely demanding due to the intricacy of courtroom discourse. This thesis consists of two components: a discourse analytical study of trainee interpreters' pragmatic accuracy in a moot court exercise and a quasi-experiment with trainee interpreters from the Master of Interpreting & Translation program at the University of New South Wales in Australia.