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## **Teaching Medical Students to work with Interpreters**

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### **ABSTRACT**

Research into Medical Interpreting seems to indicate that there is little understanding of the role of the interpreter and of the interpreting process among medical practitioners. It has been argued that such a situation can lead to negative consequences for the doctor-patient relationship and therefore affect health outcomes (Cambridge, 1999; Tebble 1999; Davidson, 2000; Bischoff, 2003; Angelelli, 2004; Hale, 2007).

This paper will present the results of a small case study which aimed to ascertain the perceptions held by first year medical students about interpreters and the interpreting process, and test the effectiveness of a three-hour workshop on working with interpreters.

The results indicate that after the workshop students became more aware of the linguistic complexities involved in interpreting, increased their awareness of the need to only work with trained interpreters and improved their understanding of the meaning of accuracy and the role of the interpreter.

### **KEYWORDS**

Medical practitioners, role of the interpreter, meaning of accuracy, pre-service training.

## **1. Introduction**

Medical practitioners in Australia and many other countries with high immigrant populations are often required to treat patients who do not speak the mainstream language. In such situations, medical practitioners may have different options available to them, depending on where they practice. These options may include: asking a bilingual relative or friend or a bilingual health worker or hospital worker to 'help out'; or hiring a professional interpreter to render professional services. Unfortunately, professional interpreters are not always available. However, even in settings where professional health care interpreters are freely available, it has been found that medical practitioners tend to under-utilise their services and often opt for the patient's family or friends to 'translate',<sup>1</sup> unaware of the potential negative consequences of such a choice. It has been found that there is a general lack of awareness among medical practitioners of the need for interpreters to be fully trained and of the complexity of the interpreting process (Hale, 2007). Some medical and health care practitioners have argued that in order to save limited financial resources, more use of volunteer interpreters should be made (Kuo and Fagan, 1999; Lee et al, 2005). Others have seemed to be happy to 'make do' with ad-hoc interpreters (Meyer et al, 2003). A recent survey of Australian medical practitioners also revealed some confusion about the role of the interpreter and of the highly skilled nature of the job (Hale,

2007). These results demonstrate a lack of appreciation for the complexity of the interpreting process and of the consequences of inadequate interpretation on the interaction (Vazquez and Javier, 1991; Wadensjö, 1998; Cambridge, 1999; Tebble, 1999). Such a situation may of course be due to the fact that a vast majority of medical interpreters around the world are untrained, and therefore, there may be little difference between the performance of untrained interpreters and bilingual family members and friends. However, even when a trained interpreter is present at a consultation, differing, and at times, opposing expectations of the interpreter, as well as a lack of understanding of the interpreting process from the different participants, can hamper the work of the interpreter and lead to communication breakdowns. Ozolins and Hale (2009) highlight the need for all participants to assume some of the responsibility for the success of interpreted interactions. They argue that even the best interpreters cannot be expected to function at their optimum levels if they do not receive the support of the other participants and the necessary working conditions. This paper will argue that, although specialist training for medical interpreters is crucial and sorely needed (Candlin & Candlin, 2003), it is not sufficient for interpreters alone to be trained; medical practitioners also need to learn to work with interpreters effectively in order to optimise outcomes in the interpreted medical interview (Tebble, 1998).

## **2. Training medical practitioners to work with interpreters**

Ferguson et al (2002) mention the paucity of formal training programs in medical schools and residencies on how to communicate effectively with ethnic and racial minority patients. The few training projects that have been conducted around the world have indicated a marked improvement in medical practitioners' or students' awareness of bilingual communication issues and of their ability to successfully work with interpreters (see Blackford et al, 1997; Stolk et al, 1998; Lau, Stewart and Fielding, 2001; Bischoff et al., 2003). The majority of the courses only reached a select number of medical practitioners and were of a short duration; and while resources have been published to provide doctors with the opportunity to learn how to work with interpreters, such as Tebble's video kit (Tebble, 1998), it is not possible to ascertain how many physicians avail themselves of these resources.

At present, most medical practitioners receive little, if any, training in working with interpreters. Within the NSW Department of Health, the Health Care Interpreters Service runs regular workshops on how to work with interpreters; but informal conversations with the coordinator of one of these workshops revealed that few medical practitioners attend this training, due to their limited disposable time.

Pre-service training, as part of their medical degree, would be a much more efficient and sure way of reaching medical practitioners before they

start to practice. It is envisaged that providing medical students with some training on the basic aspects of the interpreting process and the role and ethical requirements of the interpreter, will equip them to work more effectively with trained interpreters. Such training will also hopefully raise their awareness of the need to request qualified interpreters for their consultations and to be more willing to pay adequate fees commensurate with the interpreters' qualifications.

### **3. The study**

The Medical school at the University of Western Sydney is a new and innovative school. It is situated in a multicultural region of Sydney, with most of its students speaking a language other than English. It is envisaged that the majority of its graduates will work in the same area, requiring a high use of interpreter services to treat patients from many non English speaking countries. This study was conducted with the first cohort of medical students as part of the first author's Bachelor of Arts (Hons) thesis, in the School of Humanities and Languages, at the same university, under the supervision of the second author. The School of Humanities and Languages at the University of Western Sydney has been offering undergraduate and postgraduate degrees in Interpreting and Translation since 1985.

Considering the very full curriculum in medical programs, the main objective of this project was to assess the effectiveness of a short, three-hour workshop in increasing medical students' knowledge and awareness of interpreting issues, with the view to incorporate a compulsory module on working with interpreters in the medical degree.

#### **3.1 Methodology**

The study adopted a pre-post test method, where medical students were administered a questionnaire about interpreting issues pre and post intervention. The intervention consisted of a three-hour interactive workshop on interpreting issues. The questionnaire's results were quantitatively and qualitatively analysed by the researchers.

##### **3.1.1 The questionnaire**

The purpose of the questionnaire was to gather information about the students' knowledge of interpreting issues and of their perception of interpreters before and after the workshop. The same questionnaire was therefore delivered before and after the presentation of the workshop. Participation in the questionnaire was purely voluntary. Ethics approval was obtained from the Human Ethics Committee of the University. Only those students who completed the pre-intervention questionnaire were allowed to complete the post-intervention questionnaire.

The questionnaire (see Appendix I) was set up on-line using SurveyMonkey. It contained 23 open and closed questions which were divided in the following way:

1. Demographic information: These questions related to place of birth, date of arrival in Australia, languages spoken at home, and place of residence.
2. Perceptions of Interpreting and Interpreters: These questions referred to actual knowledge about interpreting and interpreters, and also asked about previous experience with interpreters, knowledge of the role of the interpreter, views on the profession, and expectations of interpreters.
3. The interpreting process: This section included questions about the nature of language, communication and the interpreting process.

### **3.1.2 The workshop**

The workshop was based on an existing workshop designed and regularly delivered by the second author to train legal practitioners and judicial officers on how to effectively work with interpreters in the legal setting. The workshop was adapted to the medical setting and extended to include role-plays by the students and the authors. The workshop was delivered by the two authors who are both Interpreting academics and practising professional interpreters. The workshop contents included the following sections:

1. An overview of the nature of language and communication.
2. An overview of cross cultural communication issues, including cross cultural pragmatics.
3. An overview of the interpreting profession.
4. An overview of the interpreting process and of the challenges faced by interpreters in attempting to achieve interpreting accuracy.
5. Practical guidelines on how to work effectively with interpreters, including the physician's responsibility in achieving effective communication.
6. Role plays of different scenarios with the authors taking turns at acting as Spanish speaking patient and interpreter, and the medical students as the physicians.
7. Open discussion, questions and debates.

The workshop was interactive and lasted for three hours. It was delivered to two different tutorial groups of approximately 50 students each. The participants were first year medical students of the School of Medicine at the University of Western Sydney<sup>2</sup>. The workshop was timetabled into the students' Spring Semester tutorial times, to ensure participation of all first year medical students.

## **4. Results and Discussion**

The total enrolment for the first year medical degree was 118 students. The questionnaires were placed on-line for a period of 4 weeks each: the first questionnaire was answered by 46 students (40%), but 6 respondents did not complete it so were excluded from the final results. The second questionnaire was answered only by 12 students: one respondent answered the first section only, and two respondents had not answered the first questionnaire, leaving only 9 valid answered questionnaires to compare and analyse. The voluntary nature of research participation often leads to poor results. As we cannot claim representativeness due to the low response rate, this study can only be considered as a small, useful case study.

### **4.1 Comparison of results of both questionnaires**

#### **4.1.1 Characteristics of participants**

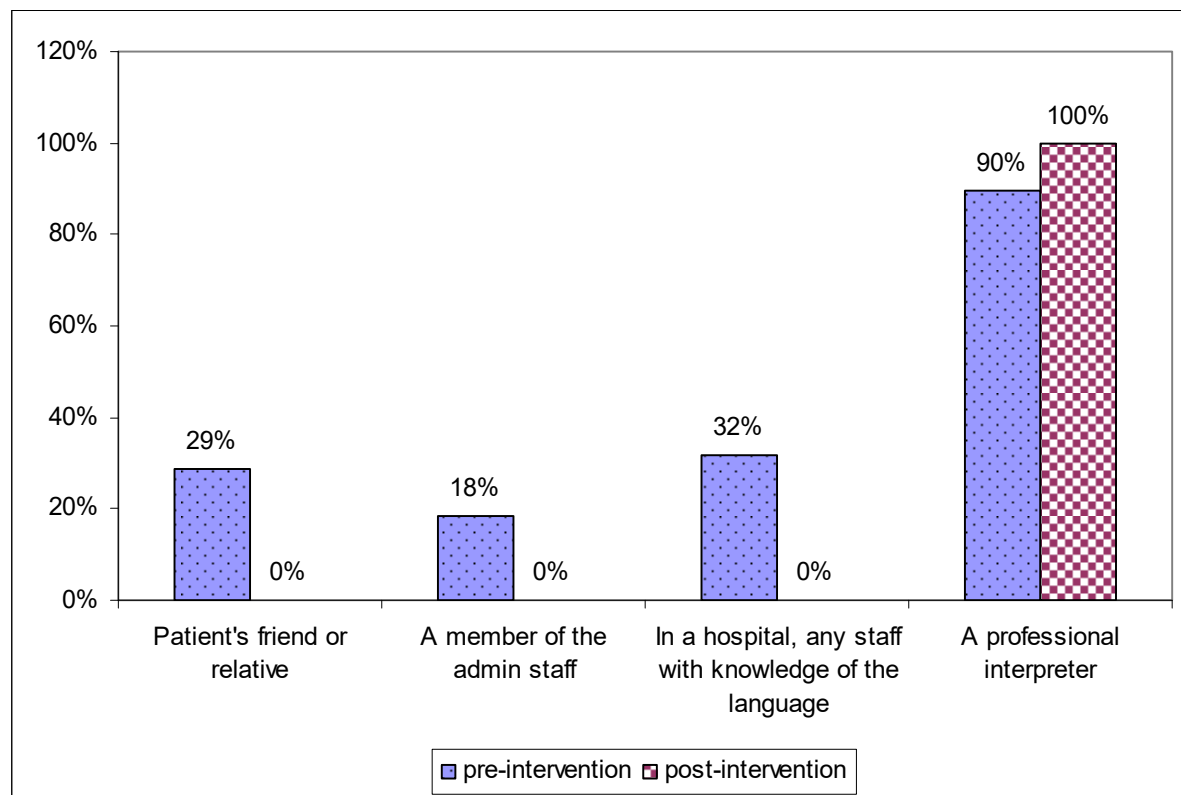
Questions 1 to 7 asked about demographic details of the participants. The responses of only the nine who participated in both questionnaires will be analysed and compared.

Five of the respondents were born in Australia and four were born in another country. Of those born overseas, two came to Australia before the age of 12, one at the age of between 13 and 18 and one after 18. All of the respondents, however, spoke a language other than English. The languages other than English included: Kannada, French, Hindi, Korean, Tamil, Gujrati, Cantonese, Arabic and Vietnamese. Six respondents were female and three male, with 8 respondents aged between 18 and 24 years and one over 36 years of age.

#### **4.1.2 Perceptions of interpreters**

The question "Who would you call to act as interpreter?" was multiple choice and provided the participants with four options. Although the preferred answer was obvious: (a professional interpreter), the aim of this question was to ascertain whether these students perceived the need for a professional interpreter. In the first questionnaire, not everyone did, as 10% chose a different option (see figure 1). After the workshop, however,

all nine participants were convinced that a professional interpreter was the only option.

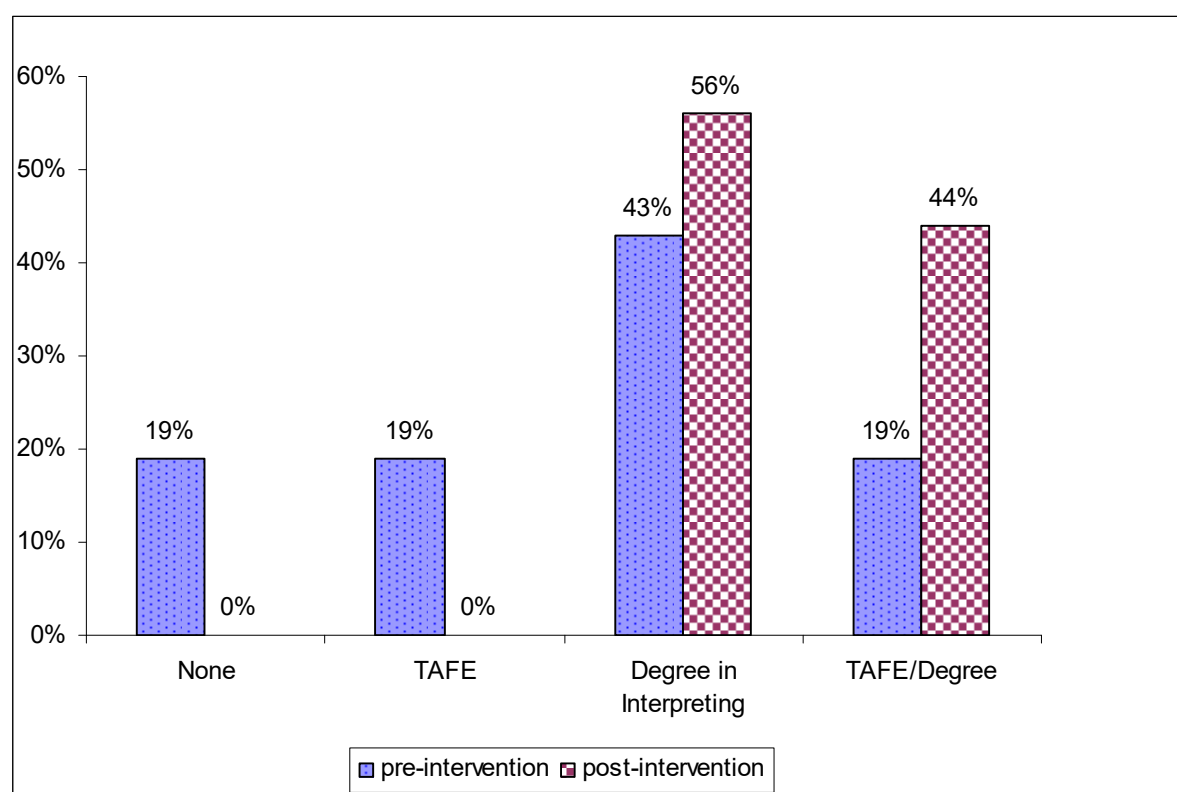


**Figure 1. Who would you call to act as an interpreter? Compared answers.**

The students were then asked about the logistics of hiring an interpreter. During the workshop, they were taught about the best way to book a professional interpreter. In response to the question "How would you book a professional interpreter?" five of the respondents changed their answer from "looking for one in the yellow pages" in the first questionnaire to "looking for one on the Professional Association's website." Four did not change their answers, having initially said that they would contact interpreters by looking at the yellow pages or online and two also mentioned the hospital administration as point of contact.

Further, respondent 14 answered this question in the first questionnaire in the following way: "use someone who is professional in manner and has some experience in the medical field so as not to get bogged down with jargon," but also stated that they would call on family or friends to interpret. In the second questionnaire, this respondent changed his answer to state that he would contact an 'interpreting agency' to book a professional interpreter. This respondent's answers show the greatest change in perception and awareness as a whole.

The next question asked the students about the qualifications they would expect the interpreter to have. They were provided with a number of options as seen in figure 2.

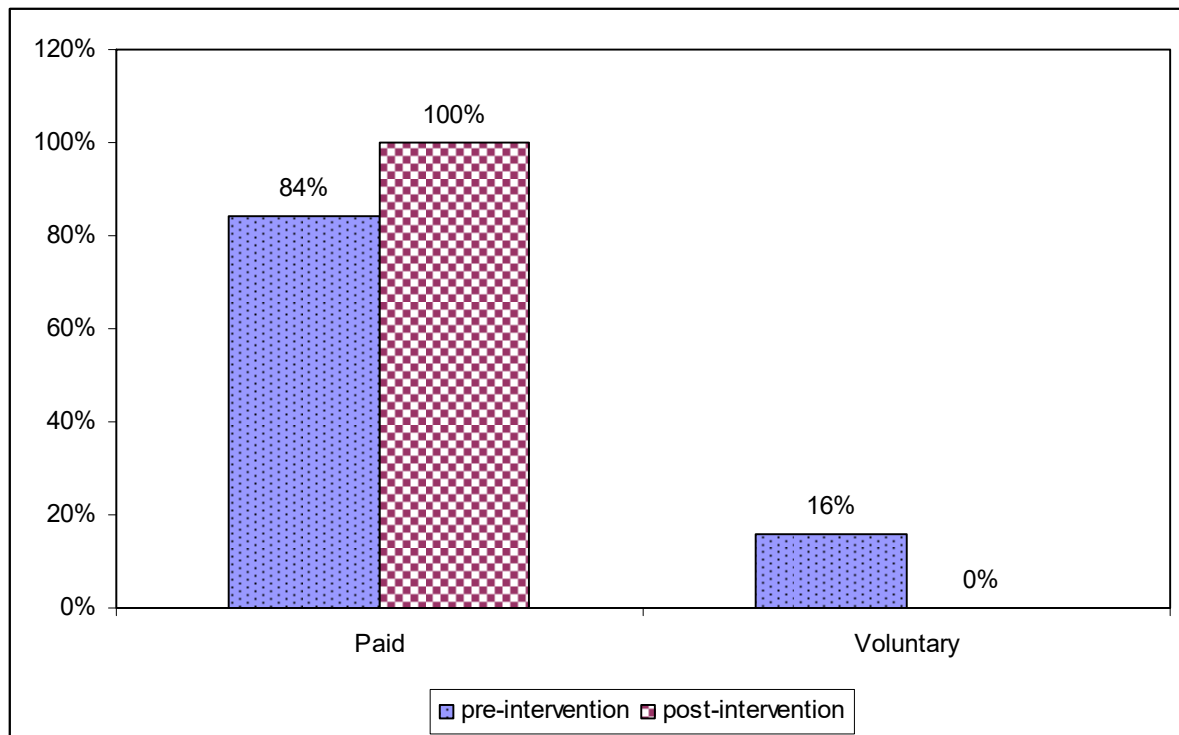


**Figure 2. Qualifications required of interpreters. Compared answers.**

The answers to this question also showed marked improvement. Before the workshop, 19% opted for 'none' and 19% for TAFE.<sup>3</sup> After the workshop, all respondents opted for degree in Interpreting (56%) or a combination of a TAFE diploma and a degree (44%). This indicates that some respondents would ideally only work with university educated interpreters and others would accept interpreters with different levels of education and training. It can therefore be said that the workshop was effective in raising awareness of the complexity of interpreting and the need for formal education.

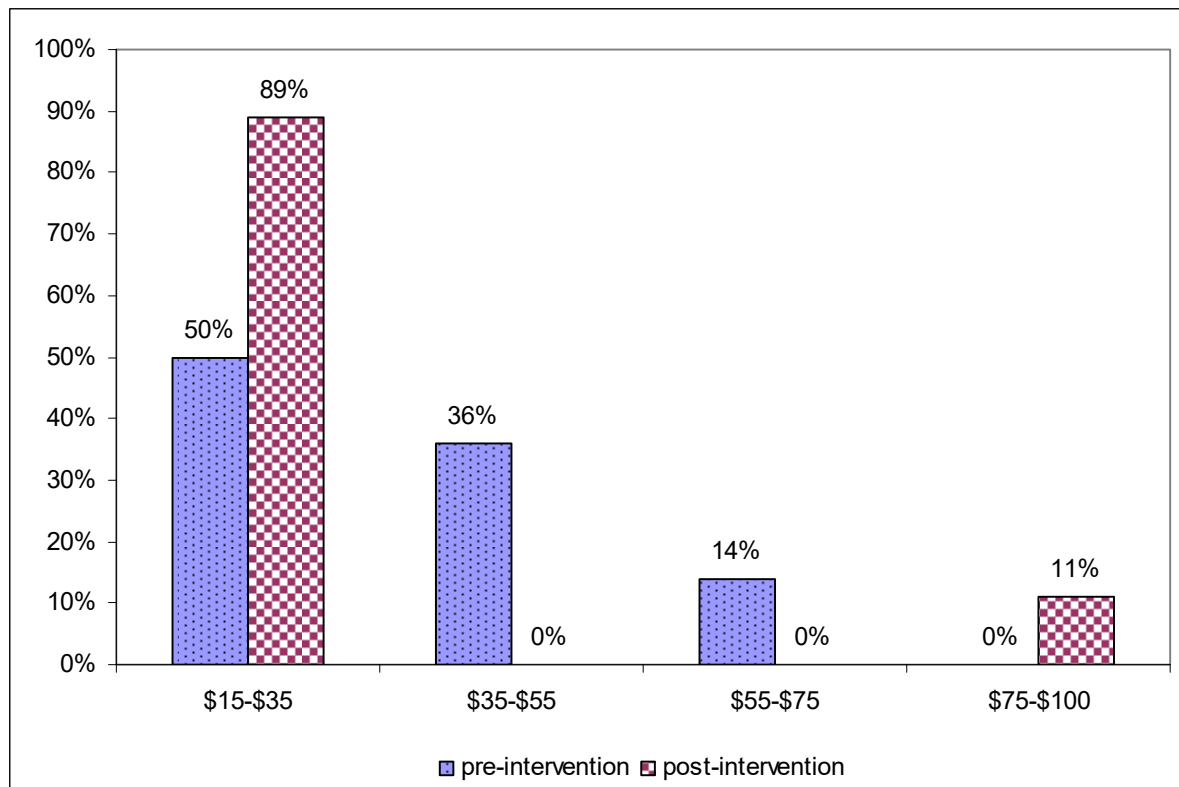
To ascertain how much these medical students valued the work of professional interpreters, they were asked whether in their opinion interpreters should be paid or work on a volunteer basis. It was hoped that once the students participated in the workshop, they would understand that Interpreting is a highly complex task that requires education and training, and therefore should be appropriately remunerated. Whilst the first questionnaire contained a small percentage of answers stating that interpreting should be voluntary, in the second questionnaire all answers stated that it should be paid (Figure 3).





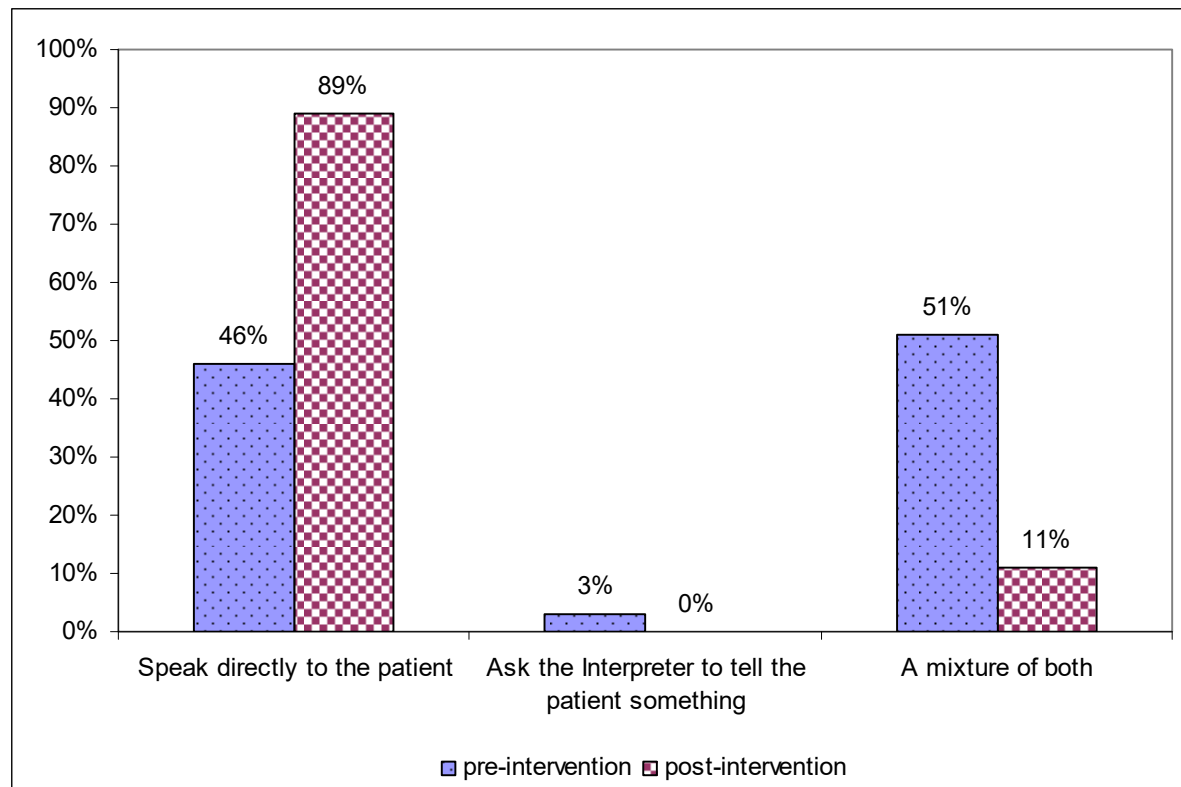
**Figure 3. Should Interpreting be paid or unpaid? Compared answers.**

Linked to the previous question was one on remuneration. The results to this question do not show an improvement after the workshop. The majority of respondents considered that \$15 to \$35 per hour was adequate remuneration for interpreters (see figure 4). This result matches the findings by Hale (2007) of practising medical practitioners' views of adequate remuneration for interpreters. One respondent who had originally answered \$55 to \$75 per hour changed their response to \$35 to \$55 per hour; and one respondent changed from \$35 to \$55 per hour to \$15 to \$35 per hour. It is difficult to speculate on the reason for this change downward, but it may be that when the issue of remuneration is mentioned, people tend to be cautious and reluctant to offer high amounts. At the workshop there were several questions on who is responsible to pay for the interpreter's service. As future private practitioners, these students may be wondering whether they will be able to afford to pay for professional interpreting services.



**Figure 4. Rate of payment per hour. Compared answers.**

The question on how to speak with a patient through an interpreter elicited a marked change, with the majority (89%) stating in the second questionnaire that they would speak directly to the patient (see figure 5).



**Figure 5. Talking to patients. Compared answers.**

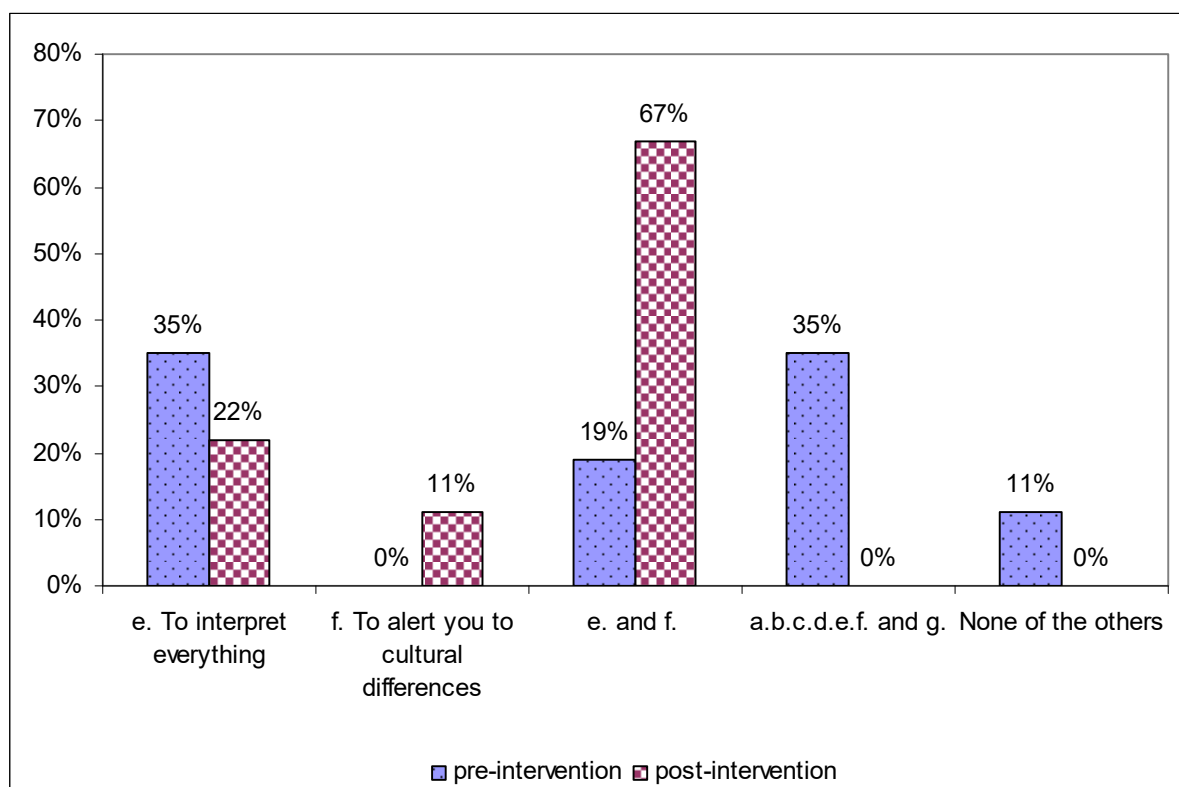
Addressing a patient using the services of an interpreter is a very important aspect of the interpreting process. Speaking in the first person is believed to aid with accuracy and impartiality, and is important in defining the role of the interpreter. In addition, when doctors speak to their patients they are able to establish a rapport with them which would be much more difficult if doctor and patient do not speak directly to each other.

The question on what they expected interpreters to do elicited very similar answers before and after the workshop. The expectation that interpreters be accurate and impartial was expressed by these respondents in both questionnaires. The most significant changes in attitude are exemplified by respondents 30 and 12. Respondent 30 had originally answered that the interpreter is there to “translate for the doctor” and in the second questionnaire stated that the interpreter “has to interpret all,” realising that the patient is as important as the doctor. Respondent 12 had stated that they expected the interpreter “to inform the medical practitioner when the patient is having trouble understanding a specific question/concept.” This respondent wrote in the second questionnaire that they expected accuracy and “no side conversations without informing the other party.” Whereas before the workshop this respondent may have considered it appropriate for the interpreter to hold a private discussion with the patient to ensure they understood without involving the doctor, after the workshop, the respondent understood that the interpreter’s role

is to interpret accurately so that the participants can ask for clarification of each other if needed.

A similar question followed, asking the participants directly, what they considered the interpreter's role to be. This question had a series of multiple choice answers (see figure 6), which included:

- a. Omit the interpretation of swear words or other offensive language
- b. Turn confusing speech into coherent speech
- c. Have side conversations with you or your patient to make sure the question is understood
- d. Clarify and explain difficult concepts and terms to your patient while you do other things
- e. To interpret everything that is said during the consultation and let you and your patient ask questions if clarification is needed
- f. To alert you to and explain cultural differences to you and your patient.
- g. Cultural examples and other comments



**Figure 6. The Interpreter's role. Compared answers.**

The majority of respondents chose e: “to interpret everything that is said during the consultation and let you and your patient ask questions if clarification is needed” and f: “to alert you to and explain cultural differences to you and your patient.” The issue of cultural differences was prominent once again as in the first questionnaire. Cultural differences can usually be resolved by a pragmatic interpretation and while there might be cases where the interpreter may need to explain a cultural factor that is impeding communication, there does not seem to be any research on the subject as to how often this takes place.

Respondent 15 provided the following open answer with regards to this point:

Cultural differences are a real problem. The translator has a big role to play here. Only by explaining cultural differences would both patient and doctor be clear as to the true meaning of something, as it may be misinterpreted in a different culture. However, the use of offensive language must be interpreted e.g. If a patient said that they had pain, and swore immediately after this, the translator **MUST NOT** interpret this as the patient having extremely bad pain—they are not being literal in their translation. The doctor’s role is to interpret this. Speech must be made between doctor and patient. Having side conversations with the translator is not good practice—it breaks the rapport with the patient and makes them less likely to divulge information.

#### 4.1.3 Understanding of the interpreting process

Under this section, the participants were asked what they considered they could do to help with the interpreting process; what they understood by ‘accuracy’; and what they understood was involved in the interpreting process.

In line with the concept of sharing the responsibility for the success of the interaction which was highlighted in the workshop, the participants were asked to openly express what they considered they could do to facilitate communication when speaking through an interpreter. Their open answers can be classified under the following categories, as seen in table 1:

Answers in pre-workshop questionnaire	Answers in post-workshop questionnaire	Respondent
Speak clearly, slowly and basic language (no medical jargon)	No response	4
Some pictures as they can be explained often without too much language. Not use medical jargon and check and clarify things regularly with the interpreter. Be open to	Ensure seating arrangements facilitate conversation with patient and doctor. Ensure patient, doctor and interpreter know how it is going to work. Use a professional	8

questions from both patient and interpreter. Spend longer with patient.	interpreter.	
Set up: you and patient sitting opposite each other with the interpreter in between so he/she can turn between you. Explain/discuss the role of the interpreter with them before the consultation, discuss cultural issues/brief synopsis of patient with the interpreter before the consultation. Explain to the patient the role of the interpreter. Active listening whilst interpreter is speaking to patient.	Seating arrangements – interpreter in between doctor and patient –facing each other directly, explain to interpreter what you wish to happen beforehand, then to patient. At beginning interpreter should let you know of any cultural issues to be aware of beforehand.	9
To speak clearly and slowly to not overburden the interpreter with having to interpret too much information at once, as this might cause them to omit details to the patient	Allow adequate time for the interpreter to process what you said and to figure out how they are going to accurately translate the message. Also prior to the interpreting session inform the interpreter of any bad news or medical terminology that is relevant to the patient	12
Speak as if there was no interpreter, then wait for them to translate	Allow time in between talking to ensure all is interpreted and understood	14
Ask the patient to treat the consultation as though they were talking to someone who could communicate freely, without the language barrier	Explain to the interpreter that their role is to be impartial and to not let their judgement of the situation cloud their vision. I would also ask the interpreter to introduce themselves to the patient as well and explain their role. I would introduce myself to the patient.	15
Do not make the patient feel that they are being	Ensure the seating is appropriate so that the	20

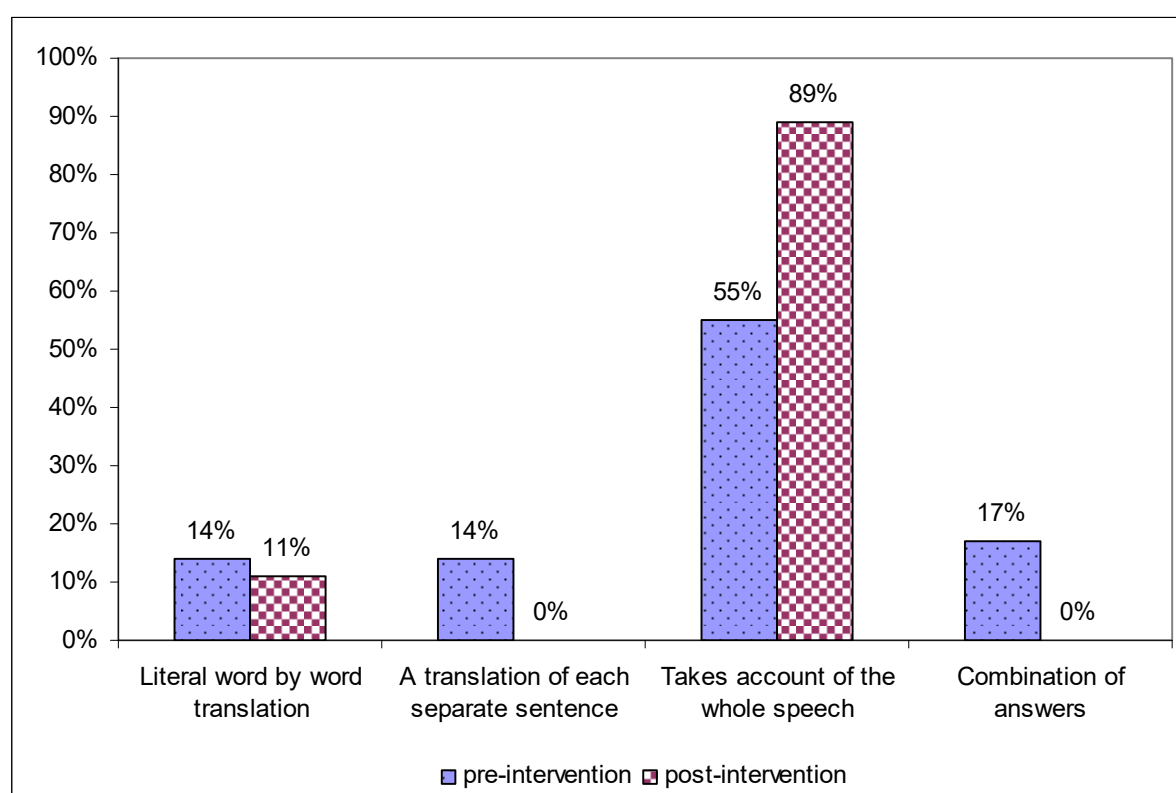
left out but speak to them directly so that they feel they are being understood and listened to. Ask the questions to the patient. Make sure that everyone in the consultation is sitting in appropriate positions for the situation. Give the interpreter a slight idea about what the patient may be explaining if this is a follow up session.	doctor can comfortably face and speak to the patient. Allow the interpreter to clarify things with the patient.	
Ask specific questions or give specific directions, so the interpreter is clear on what to do.	Tell the patient (which would be interpreted by the interpreter to the patient) about how the interpreting will work, as in how the doctor would directly talk to the patient, etc	30
I would be considerate about the communication barrier and cultural differences between me and the patient. Maintain eye contact and try to develop rapport with the patient even if I can't speak the language.	Be open and culturally receptive	44

**Table 1. What to do to facilitate communication through an interpreter?**

All of the respondents had answered in the first questionnaire citing good strategies to facilitate communication. These answers included: no jargon, maintain eye contact with patient, seating arrangements, speaking slowly and clearly without giving too much information at one time, briefing the interpreter, behave as if there was no language barrier. Table 1 quotes verbatim the pre and post workshop answers and shows an awareness of the need for the interpreter's role and the interpreting process to be revealed to the patient at the start of the consultation, which is an optimal response. Although these 9 respondents seem to have had a fairly sophisticated understanding of interpreting before the workshop, the post workshop responses show a refinement of their understanding and perception, manifested in the very clear and coherent responses.

The next question was about their perceptions of accuracy. This is a concept that can often be contentious as evidenced by differing definitions

in current academic debate (Berk-Seligson, 1990; Wadensjö, 1998; Tebble, 1999; Hale, 2004, 2007). It has been argued that at least in the legal context, legal practitioners seem to think that interpreters need to interpret word-for-word. The authors' working definition of 'accuracy' refers to a pragmatic rendition of the message which takes into account the whole speech and reproduces the intention and the impact of the original (Alcaraz, 1996; House, 1977; Hale, 2004). The sample that answered this questionnaire, however, is bilingual, as mentioned above. They would therefore be expected to understand that word-for-word correspondences are very rare across languages. This is reflected in their responses, where only 14% opted for a literal word-for-word translation in the first questionnaire, and 11% in the second questionnaire.



**Figure 7. What is accuracy? Compared answers.**

The workshop included a segment on cross cultural and cross linguistic differences across different cultures and languages and it was expected that by the end of the workshop, participants would have a deeper understanding of the meaning of accuracy, concentrating on the discourse level, rather than the sentence level. Before the workshop, 14% of respondents defined accuracy as a translation of each separate question. After the workshop, none chose this option, with the majority choosing the answer of a translation that takes into account the whole speech. This response increased from 55% in the first questionnaire to 89% in the second. This is a very encouraging response, as it indicates that the



concept of accuracy may not be that difficult to grasp if explained adequately to bilinguals.

The question: “What do you think is involved in the interpreting process?” was open ended. The answers by these 9 respondents can be classified as shown on Table 2:

<b>Answers in pre-workshop questionnaire</b>	<b>Answers in post-workshop questionnaire</b>	<b>Respondent</b>
Good communication. Cooperation between doctor, patient and interpreter (and family members). Each member of the conversation understanding their roles in the consultation process	No response	4
Excellent listening skills. Intelligence and the ability to understand different concepts. Empathy. Patience. Cultural understanding. Exactitude.	Fluency in 2 languages including nuances and idioms, the ability to hold back and not intrude, people skills, intelligence, empathy, punctuality.	8
A person says something, the interpreter (sic) says it in person b’s language, person b replies. The interpreter says it in person’s a’s language	Facilitating communication between two people who speak different languages	9
The interpreter must be able to listen to the person speaking, process the information and seek the relevant words and then communicate this to the other person	Listening to the speaker, thinking of a translation that will make sense in the other language and retain the same intention and impact of the original, and then communicating the message in the other language	12
Listening carefully, and understanding the context and history which fuels the conversation	Relaying the information, without bias, without interpretation, but delivering full meaning and intention.	14
Translation and APPROPRIATE (sic) interpretation	Interpretation is as it says –interpret, not to merely translate. However, there is one distinction to be	15

	made –interpretation is limited to one’s knowledge and application of the language and linguistics itself (sic) –not one’s own interpretations of the meaning itself.	
Relaying information in its entire context including tones and emotions. Giving a precise translation that covers most if not all of the speech. Describing any cultural differences that may be noted in the conversation and explaining this to the doctor. The interpreter should have a good understanding of the culture behind the language.	Understanding the context behind the spoken words. Rephrasing sentences so that they are said with grammatical accuracy in English. Relaying emotions of the patient. Having a substantial memory to be able to store and then deliver the spoken information. Often, having to interpret as the patient is speaking.	20
The doctor communicating to the interpreter something and the interpreter translating in the language that the patient understands	Interpreting information coming from a person who does not speak the language the other person understands.	30
Patience, understanding and time	Listening, understanding and communicating	44

**Table 2. What is involved in the interpreting process?**

The answers to this question did not change significantly possibly due to the fact that the respondents who took part in the study to completion had originally given fairly reflective answers in the first questionnaire. These respondents are also all bilingual and therefore would have a greater understanding of the interpreting process than would monolinguals.

## 5. Conclusion

The study set out to assess the effectiveness of a three-hour workshop delivered to first year medical students at the School of Medicine, University of Western Sydney and also to assess medical students’ understanding and awareness of interpreters and interpreting. The small number of participants in the first questionnaire (46 out of 118 enrolments) and even smaller number for the second questionnaire (9 out

of 46) may indicate medical students' lack of interest in interpreting. The hypothesis was that the provision to medical students of formal training covering some of the basic aspects of the interpreting process, role and ethics of the interpreter, will help them to become better prepared to work with interpreters in their professional practice and to take control of the interview when untrained interpreters attempt to overstep their role. It was also envisaged that they would be better equipped to demand qualified interpreters and complain about incompetent and unethical interpreters. The workshop was designed to give the students some basic understanding of interpreting and interpreters by raising their awareness of the linguistic requirements and complexities of interpreting, and how to best work with a competent, professional interpreter as a team member.

As shown by the results, the aims of the study were met at least with a small number of participants. We cannot tell whether the ones who did not respond learned anything from the workshop or not. It is likely, however, that they would have learned at least some of the aspects presented to them. From this very small case study, we can speculate that exposing students to theoretical and practical aspects of interpreting in tutorial/workshops seems to affect positively their knowledge and perceptions of interpreters and the interpreting process. Comments such as the one by respondent 15 which appears below, give us an indication of the positive affect of workshops such as this one:

Interpreters have an important role to play in the multicultural nation that is Australia. It is a shame that we have bureaucrats managing the system who can only treat patients and staff as commodities and view interpreters as a waste of money. Keep up the good work Interpreters!"

The results of this study are limited due to the small number of participants who answered both questionnaires. However, in light of the positive outcome evidenced by the changes in attitude and knowledge of this small number of respondents, it may be concluded that establishing a compulsory section of study on how to effectively work with interpreters during medical students' undergraduate studies would inform their perceptions and expectations of interpreters, enabling them to work with interpreters as part of a professional team whose common objective is to do their job to the best of their ability, and toward the best possible clinical outcome.

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## Appendix I

Questionnaire (pre- and post-intervention)

### SECTION A—PERSONAL DETAILS

1. Where were you born?

- a. Australia (Go to question 3)
- b. Overseas (Go to question 2)

2. What was your age on arrival in Australia?

- a. Under 12
- b. Between 13 and 18
- c. Over 18

3. Do you speak a language other than English?

- a. No
  - b. Yes
- Please specify language/s

4. What is the main language spoken in your home?

- a. English
  - b. Other
- Please indicate language/s

5. What is your age group?

- a. 18-24
- b. 25-30
- c. 31-35
- d. Over 36

6. What is your gender?

- a. F
- b. M

7. Suburb of your residence

## SECTION B—PERCEPTIONS OF INTERPRETERS

8. Have you had any experience with interpreters in the past?

- a. NO
- b. YES

9. In your opinion, what is an interpreter? Please comment

10. Has your opinion of an interpreter been shaped by your own experience with interpreters?

- a. YES
- b. NO

11. When would you use the services of an interpreter in your future medical practice? Please comment.

12. Who would you call to act as interpreter?

- a. friend or relative of your patient
- b. a member of your administrative staff if you work in a hospital,
- c. any staff with knowledge of the language in question
- d. a professional interpreter

13. How would you book a professional interpreter? Please comment

14. What qualifications, if any, would you expect an interpreter to have?

- a. None
- b. TAFE
- c. Degree in Interpreting
- d. Other (please specify)

15. In your opinion, should Interpreting be

- a. Paid
- b. Voluntary

16. In your opinion, how much should interpreters be paid per hour?

- a. Between \$15 and \$35
- b. Between \$35 and \$55

- c. Between \$55 and \$75
- d. Between \$75 and \$100

17. What do you expect interpreters to do during a medical consultation?  
Please comment

18. How would you expect to talk to your patient with the help of an interpreter?

- a. Speak directly to your patient in the first person, e.g. What brought you here?
- b. Ask the interpreter to ask or tell your patient something, using the third person, e.g. Ask Mr/Mrs. X what brought him/her here today?
- c. A mixture of both.
- d. Other (please specify)

19. What do you think is the role of the Interpreter?

- a. Omit the interpretation of swear words or other offensive language
- b. Turn confusing speech into coherent speech
- c. Have side conversations with you or your patient to make sure the question is understood
- d. Clarify and explain difficult concepts and terms to your patient while you do other things
- e. To interpret everything that is said during the consultation and let you and your patient ask questions if clarification is needed
- f. To alert you to and explain cultural differences to you and your patient.
- g. Cultural examples and other comments

## SECTION C - THE INTERPRETING PROCESS

20. What do you think you could do during the consultation to facilitate communication through an interpreter?

21. What do you understand by 'accurate interpretation'?

- a. A literal word by word translation
- b. A translation of each separate sentence which will remain the same regardless of context
- c. A translation that takes into account the whole speech and reproduces the intention and the impact of the original

22. What do you think is involved in the interpreting process?

23. Other Comments

## Biographies

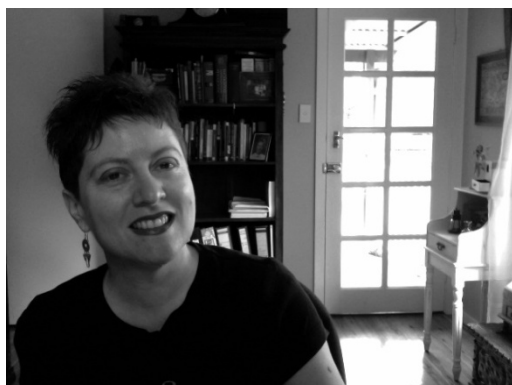
Elizabeth Friedman-Rhodes



Elizabeth is a practicing professional interpreter and translator, educator and researcher. She taught at the University of Western Sydney from 2003 and is currently a Lecturer with the MA in Interpreting and Translation Studies at the University of New South Wales. Her interest is in teaching health service providers how to effectively work with interpreters in order to achieve the best possible clinical outcome for service users who do not speak English. She holds a BA from the University of Sydney, a Grad Dip and MA in Interpreting and Translation from UWS and completed her Honours in Language and Linguistics at UWS.

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<sup>1</sup> Personal communication with Marta Menendez, Snr. Planning and Project Officer at SWAHS (Sydney West Health Area Services), NSW, Australia.

<sup>2</sup> We acknowledge the help and support of Professor Ian Wilson, Professor of medical education, at the UWS Medical School.

<sup>3</sup> TAFE stands for Technical and Further Education colleges which offer certificate and diploma courses only, usually for trades.