

The training of Community Interpreters in healthcare

An Italo/Belgian comparison
between teaching activities
and real interpreter
mediated talk

What this presentation is all about...

It is NOT a list of all I have done so far
(that you may find at <http://www.dailynterpreter.com/my-writings>)

It is:

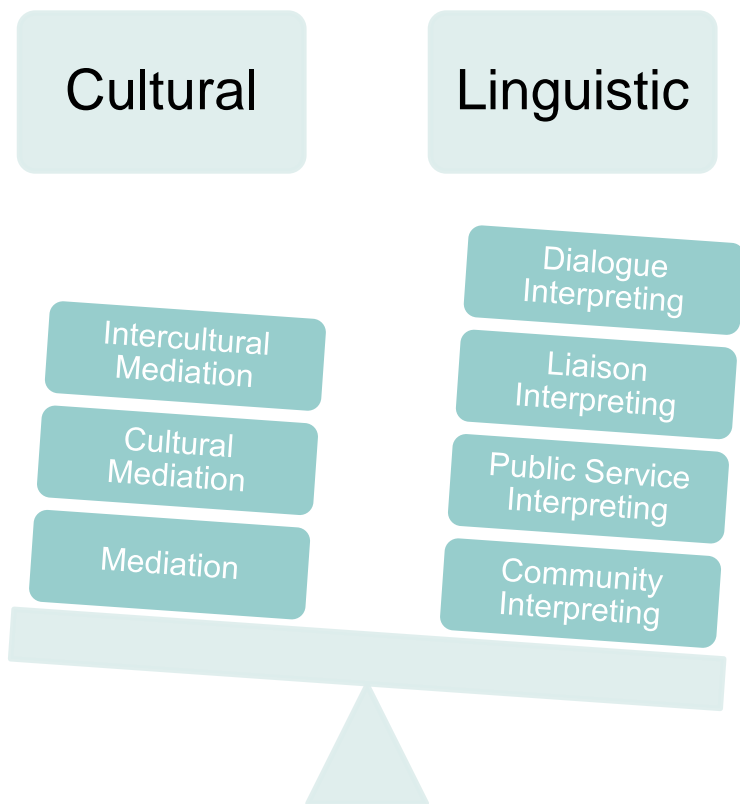
- A general overview on the project
- A reflection on what has changed over the last months with a special emphasis on:
 - What seems unproblematic
 - What is problematic (feedback is needed)

General Overview

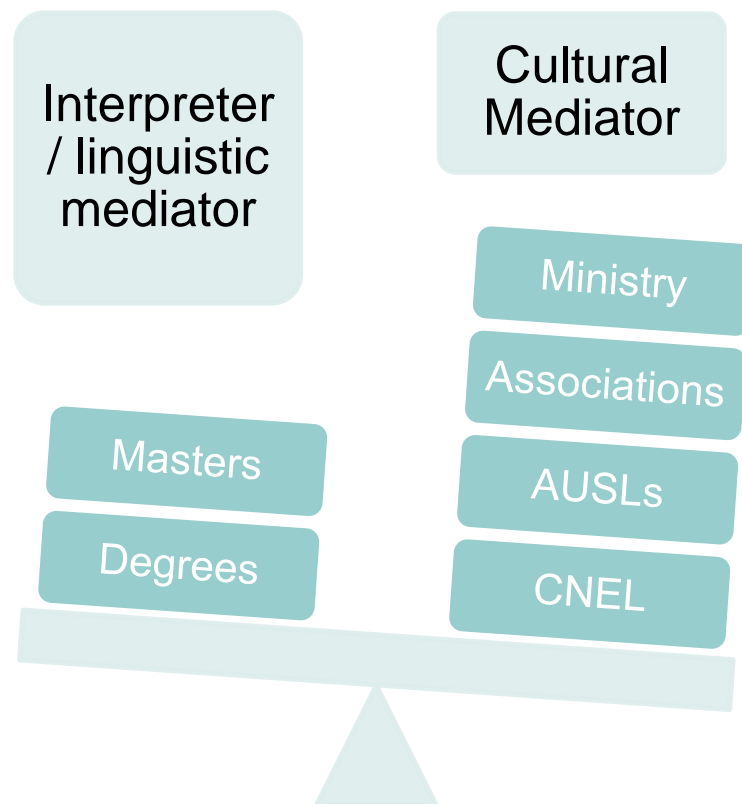
- Growing number of foreign patients
- Growing need for community interpreters
- Real interpreting is different from the guidelines of the profession
- Communicative problems may be better managed through specific training & education
- 1° Research Question: DIDACTIC = REAL?
- 2° Research Question: ITALY = BELGIUM?

Key words 1

Linguistic-cultural mediation

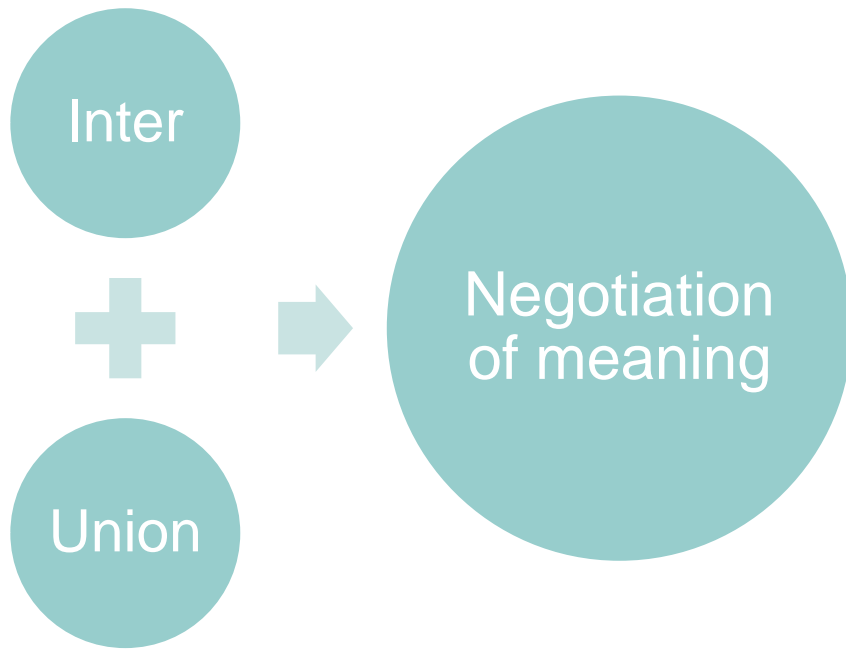


The interpreter-mediator

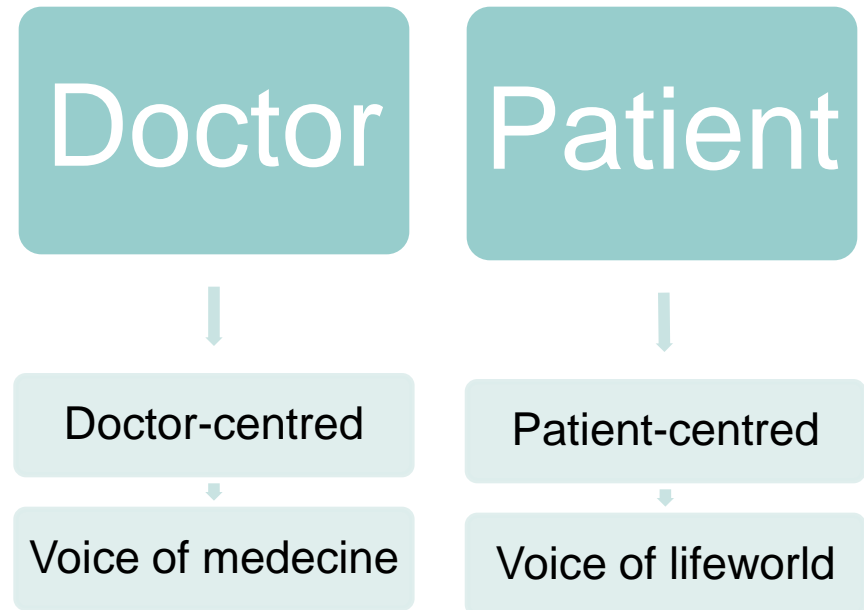


Key words 2

Intercultural Communication



Communication in medical care



What's new? 1

2° Research question: IT = BE ?

Before

Only recordings of didactic data

(437 minutes of didactic medical interpreting + 135 minutes of business/legal)

1° RQ: are there any differences between didactic and real interpretations?

Now

Recordings of real data

(Reggio Emilia: Italian-English & Italian-French + Charleroi: Italian-French)

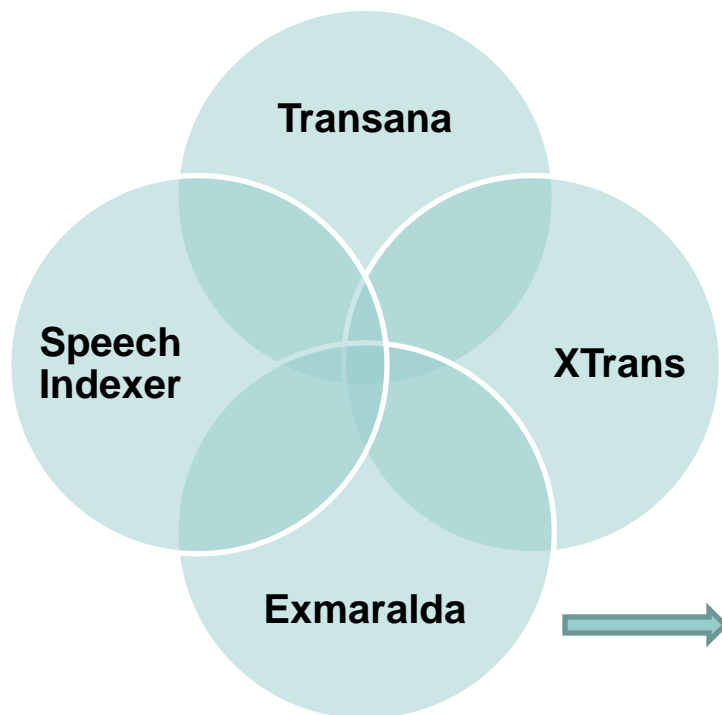
2° RQ: are there any differences between doctor-patient-interpreter interactions in IT and BE?

Why?

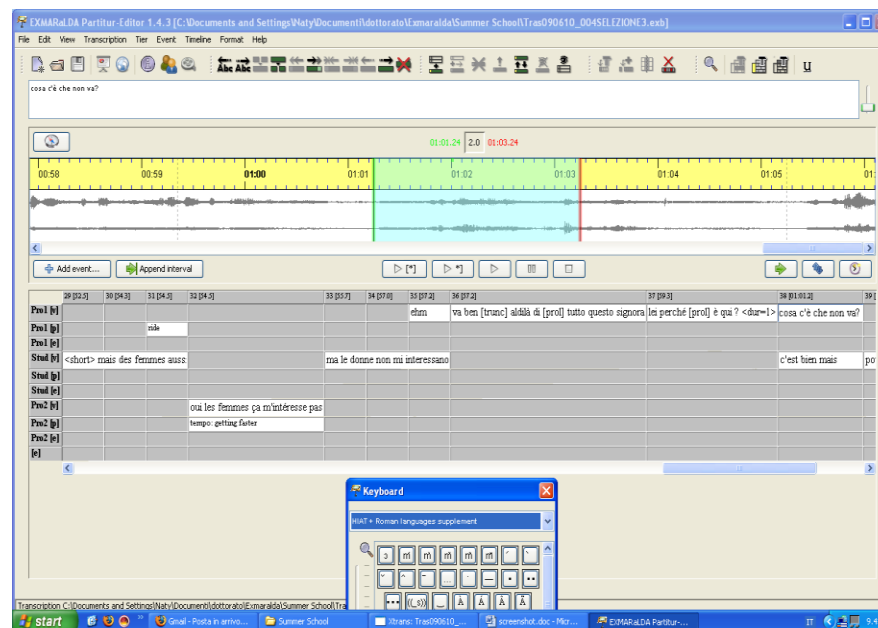
What's new? 2

The question of transcription

Before



Now



Why?

What's new? 3

Literature Review

Before

- Community/PS Interpreting
- Intercultural Communication
- CA
- Medical care (from the point of view of academics)

Now

- Medical care (from the point of view of practitioners):
 - **Bischoff, A.** (2003). *Caring for migrant and minority patients in European Hospitals*
 - **Migrant Friendly Hospitals** programme
 - **Karliner, L et al.** (2007). *Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature*

What's new? 4

Analysis

Before

Quantitative

- Linguistic “**facts**” (Levinson)
- **Footing** changes (Goffman)
- **Skills & Abilities** (Widdowson)

Qualitative

- **Conversation Analysis** (Sacks etc)
- **Interactional Sociolinguistics** (Gumperz)
- **Pragmatics** (Grice, Austin, Brown /Levinson)

Now

- Ethnographic study
- Analysis of interactions
 - Quantitative
 - Qualitative

Objects of enquiry:

- 1) Cognitive & Affective
- 2) Person & “Character” / Professional
- 3) Story-Telling & Narratives

And here are the problems...

1. Representative sample of didactic data?
2. Corpora to compare to answer the first research question?
3. Story-Telling and Narratives as aspect to investigate or as a paradigm of enquiry?

PB 1) Representative sample

Problem

- State of the art of mediation training in Italy is impossible (Time, Non representative sample)

Possible solution

- Questionnaire on the use of Role-Play to distribute in Universities and AUSLs / Associations

Problem of the solution

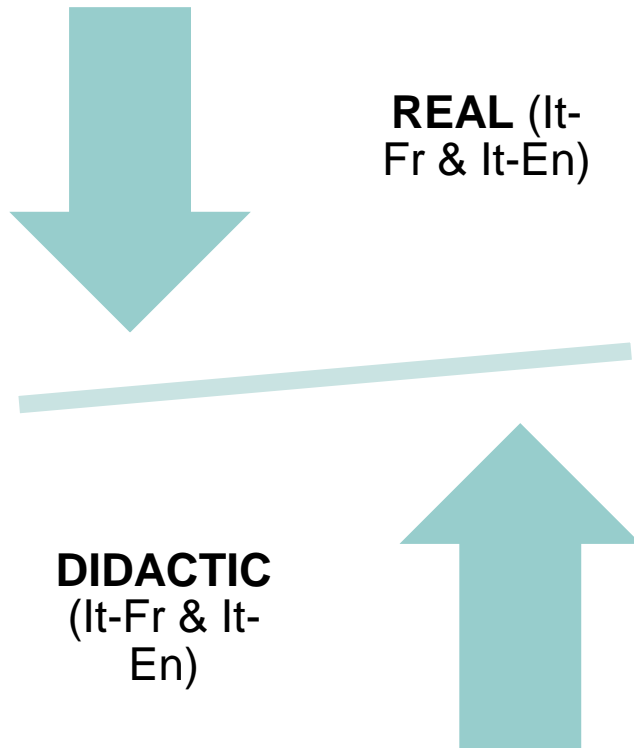
- Not representative
- Results depending more on availability of participants than on soundness of questions
- Supposing that role-play is used systematically

BUT...

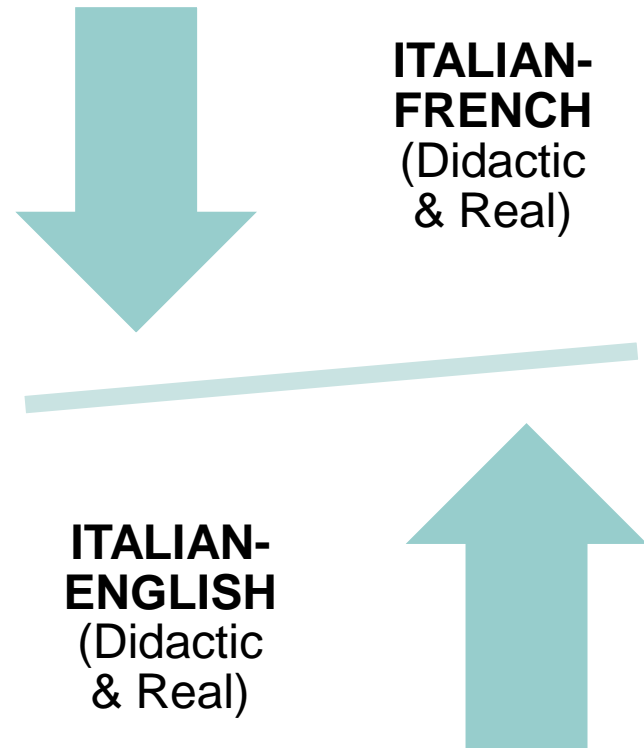
PB 2) Corpora to compare

1° RQ: DIDACTIC = REAL?

Multilingual corpora



Didactic/Real Corpora



PB 3) Objects of Enquiry

Objects of Enquiry:

- 1) Cognitive & affective
- 2) Person & “Character”
- 3) Story-Telling & Narratives

Tested in didactic data
(Critical Link)

Applied to real data
(PhD)

Story-Telling & Narratives

Object of
Enquiry:
story-telling

- Like cognitive-affective
- Like person-character

General
Theory:
Narratives

- Like Goffman's footing

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Visit <http://www.dailynterpreter.com>

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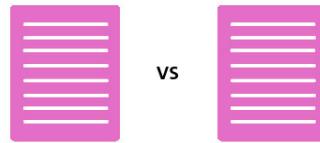
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Any questions / comments?



PB 1



PB 2



PB 3