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# MEDICAL DISCOURSE

BE A BEST PRACTICE MEDICAL INTERPRETER



# OUTLINE FOR TODAY



- Introductions
- The interpreting process
- Practical work (English – Auslan)
- Interpreting medical discourse
- Active and passive voice in communication
- Practical work (Role plays)
- Cultural adjustments/ bridging



# MEDICAL DISCOURSE



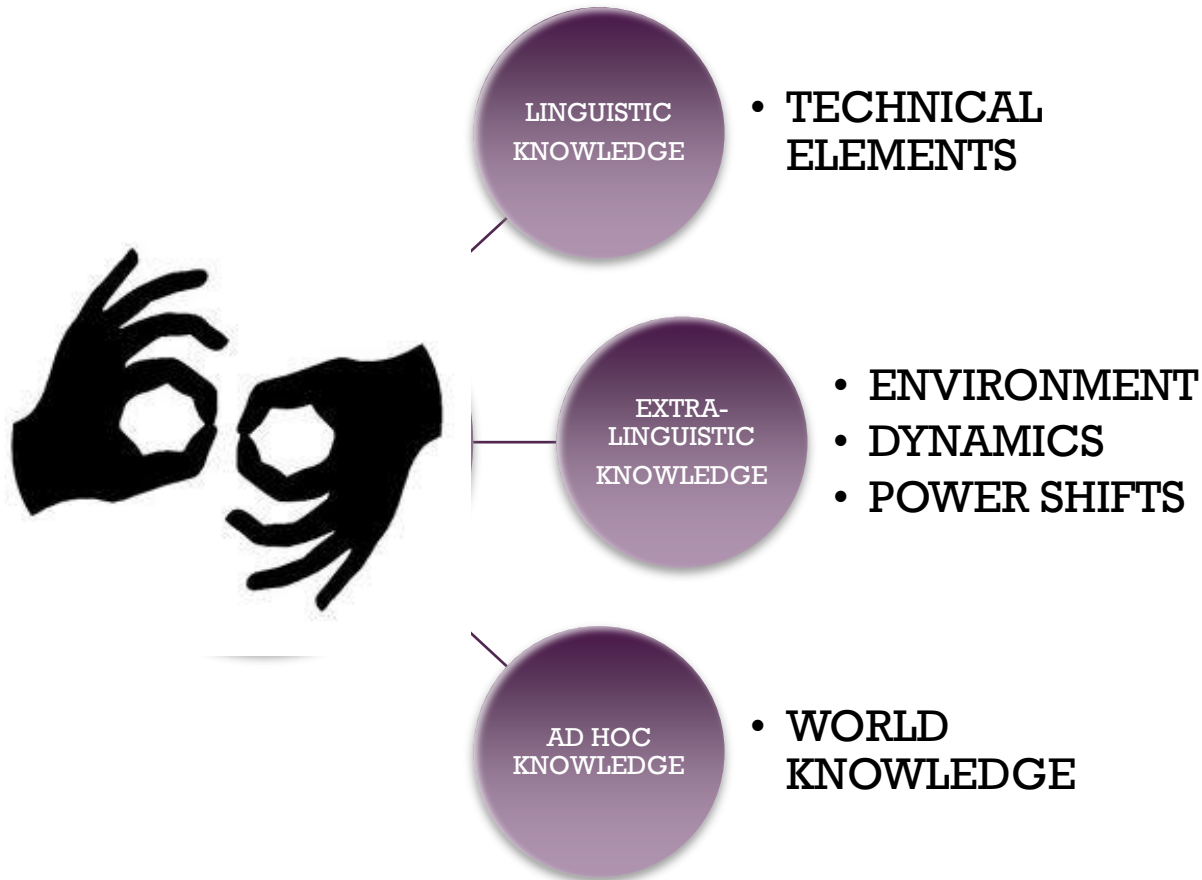
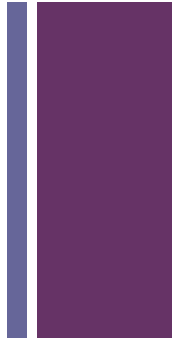
## THE INTERPRETING PROCESS

What do we do?



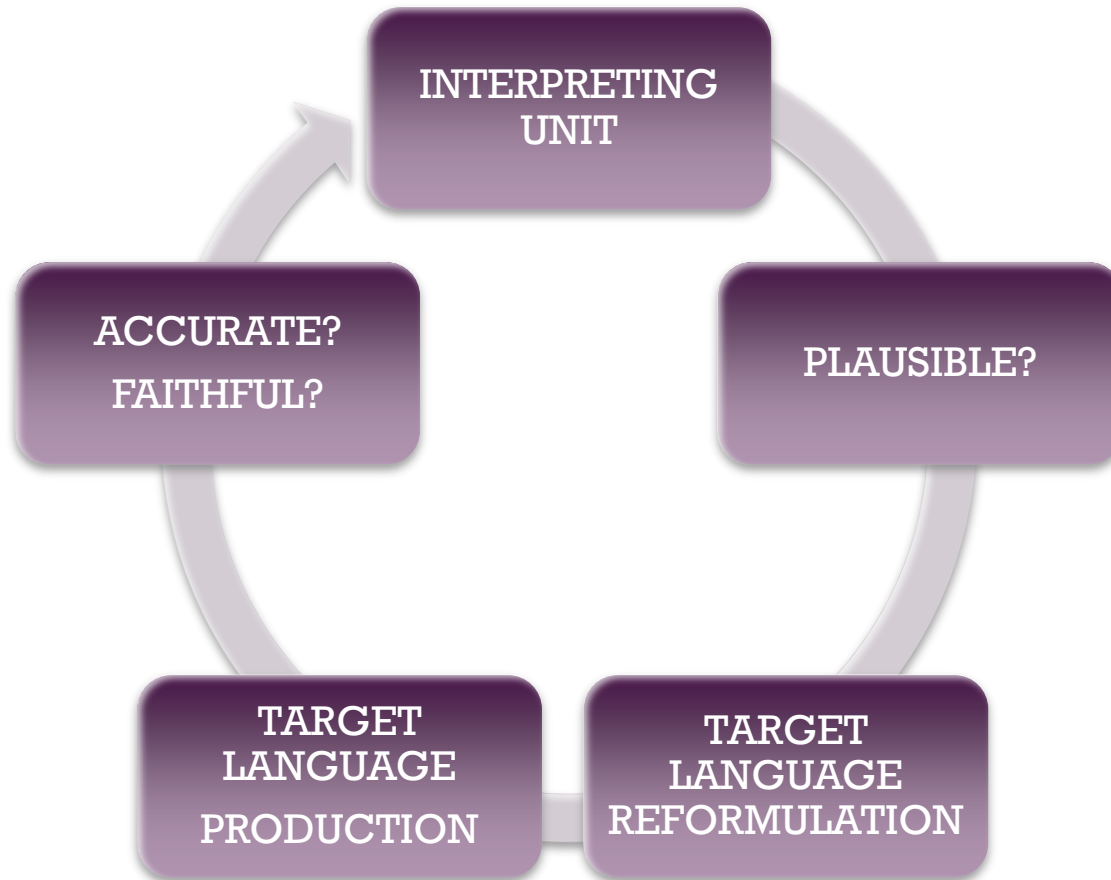
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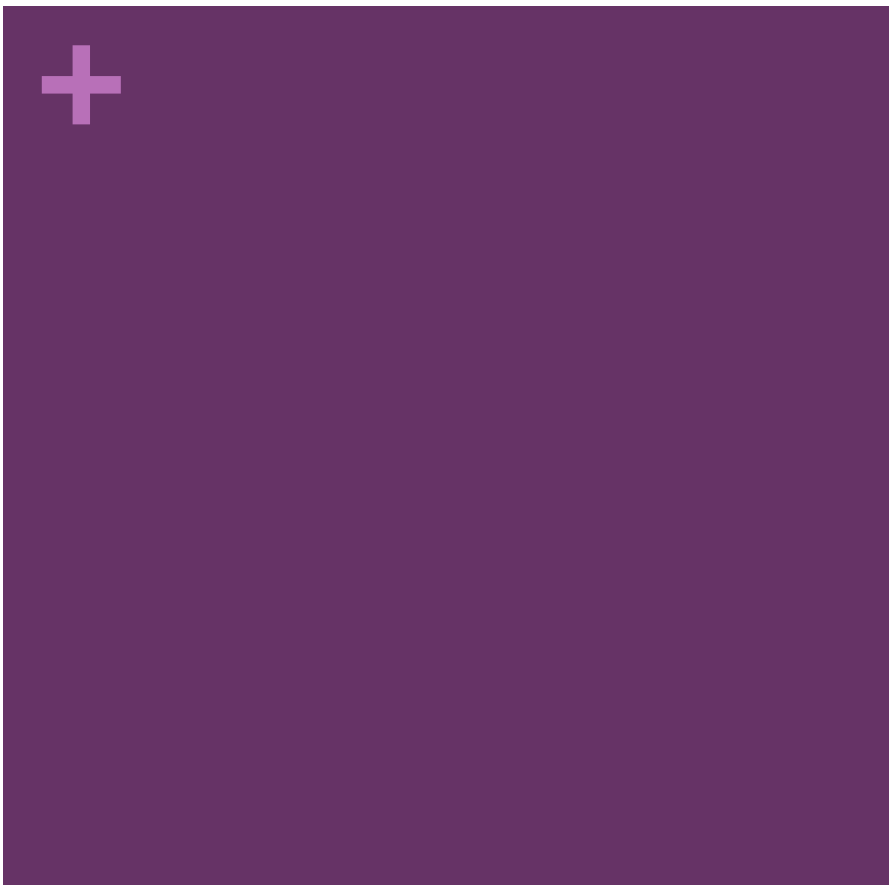
(Basic Concepts & Models for interpreter and translator training. Gile, D, 2009)





# THE INTERPRETING PROCESS

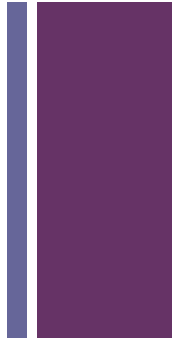




# VISUAL CONCEPTS



# INTERPRETING CONCEPTUALLY



## ■ FREE INTERPRETATION:

Freeing the interpretation from the source language constraints

Producing the meaning behind the words

Using our knowledge of the target language's conceptual frameworks



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## VISUAL CONCEPTS

WHAT ARE THE FEATURES OF AUSLAN??





# INTERPRETING CONCEPTUALLY



## ■ FEATURES OF AUSLAN:

Equivalent concepts

Spatial reference

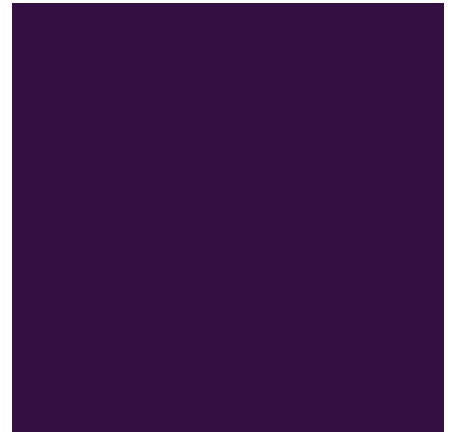
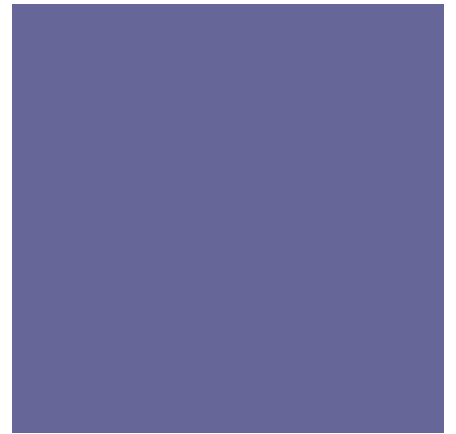
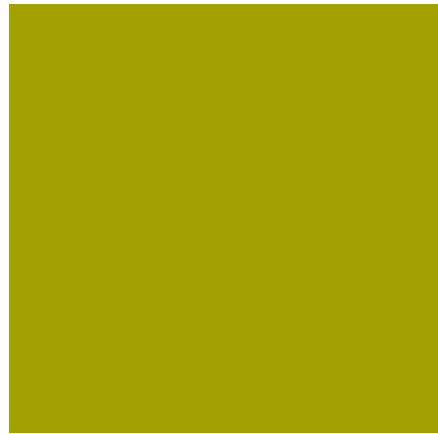
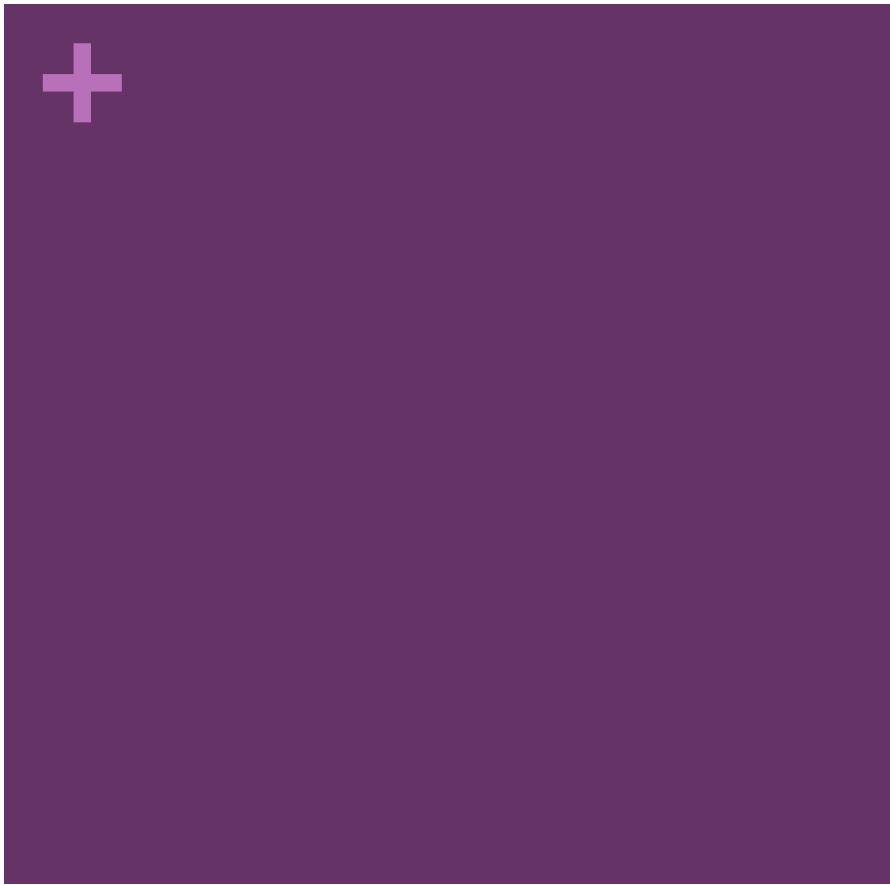
Non manual features

Pauses to show grouping of ideas or change of topic

Addition of information to make concepts explicit

Lip patterns

(In Sign Language Interpreting. Napier, McKee & Goswell, 2010)



# VISUAL CONCEPTS

Activity



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# WHAT IS DISCOURSE?

Activity



# DISCOURSE



## WHAT IS DISCOURSE?

Activity



# WHAT IS DISCOURSE?



“Discourse is the language as it is actually uttered by people engaged in social interaction to accomplish a goal.”

(Roy, C. 2000)

Language beyond the level of grammatical sentences

(Stubbs, 1983)

“Discourse..... has coherent meaning for someone who knows the language.... language in use, and how context determines meaning.”

(Johnston & Schembri, 2007)



# THE FORMAT OF MEDICAL DISCOURSE



**Medical complaint:** Dr elicits a brief description of problem

E.g.: “Hi, how can I help you?”

**Present illness:** More detailed explanation from the patient

Dr. uses open ended questions and clarification techniques. Dr will stop or interrupt the patient if information is seen to be unimportant or taking too much time

**Past history:** General information about past events.

E.g. : hospitalisation, surgery, illness, medications, allergies, smoking drinking, drug use



# THE FORMAT OF MEDICAL DISCOURSE?



**Family history:** Parents, siblings -cancer , heart disease, diabetes

**Social history:** (Not so important) Gives Dr. demographic info. Usually appears in the present illness element

**Systems review:** Questions regarding symptoms.

Truncated by experienced Dr's.

Drawn out if the patient only answers yes or no

(Waitzkin, 1989)



# THE FORMAT OF MEDICAL DISCOURSE



**Physical examination:** May examine the whole body

**Other investigations:** May do other tests, EG: x-rays, lab tests Dr often does tests to be thorough

**Diagnosis:** Complex procedure. Dr needs to categorise information obtained into a medical answer. Contextual information may be important to the patient BUT may not be important to the Dr

**Plan:** Treatment.

Dr's perspective is technical. Patient's perspective is 'life world.'

Voice of medicine wins

(Waitzkin, 1989)





# FEATURES OF MEDICAL DISCOURSE



- BUILDING OF TRUST AND COLLABORATIVE RELATIONSHIP
- INFORMATION EXCHANGE
- CLARIFICATION
- PHYSICAL EXAMINATION
- QUESTIONING
- PERSUASION
- REASSURANCE
- HUMOUR



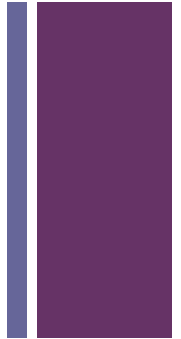
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# MEDICAL DISCOURSE

WHY DO HEALTH PROFESSIONALS ASK QUESTIONS?



# FEATURES OF MEDICAL DISCOURSE



## QUESTIONING TECHNIQUES

Questions asked may lead to further prompt questions to lead to an answer

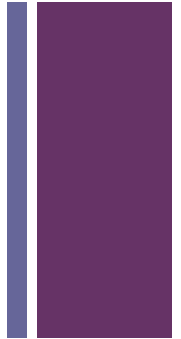
Questions asked to clarify, confirm, empathise and to give positive feedback

Direct questions can lead to the patient feeling powerless

Appropriately asked questions lead to rapport building which enables the patient to talk about the 'real issue.'



# FEATURES OF MEDICAL DISCOURSE



“An accurate interpretation will attempt to render the meaning of the utterance at the discourse level, taking into account the pragmatic dimension of language, transferring the intention behind the utterance and attempting to produce a similar reaction in the listeners in response to such utterance, as the original would have. An accurate rendition will also take into account the lexical , grammatical and syntactic differences across the two languages, as well as the possible cross-cultural differences.”

Hale, S. (2007). P42



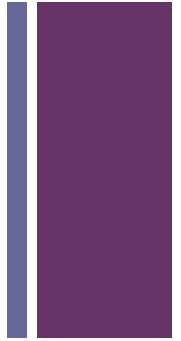
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# ACTIVE AND PASSIVE VOICE IN COMMUNICATION

HOW IS IT USED IN LANGUAGE?



# DISCOURSE STYLES



- ENGLISH – Headline language

“Today I will be talking about ....”

- CHINESE – A ‘topic-comment’ language

(Description of the topic first – giving a spatial and temporal framework)

***How does each language group view the other’s discourse style?***



# DISCOURSE STYLES



- ENGLISH - cold hard facts used to persuade

Data/numbers

- ARABIC – language to exploit emotions used to persuade

Beauty of language important



# DISCOURSE STYLES

WHAT ABOUT AUSLAN?





# AUSLAN

Discourse style?



- Topic- comment language
- Specific to general organisation of thoughts
- Background information important



# AUSLAN



- Narrative style
- Chronological style
- Experiences vs. evidence



# ACTIVE VS. PASSIVE VOICE IN COMMUNICATION



## ■ ACTIVE:

The subject is in front of the verb

“She hates going to work”

“ I love ice-cream”

## ■ PASSIVE:

The subject is after the verb (or not at all)

“The verdict will soon be delivered” (By whom?)

“Three mistakes were made were made by the doctor”



# ACTIVE VS. PASSIVE COMMUNICATION



## ■ ACTIVE COMMUNICATION:

More clarity

Emphasis

Deliberate directness

## ■ PASSIVE COMMUNICATION:

Diffuse hostility

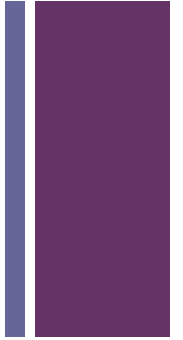
More palatable

Avoid saying who did what

Evade responsibility



# ACTIVE VS. PASSIVE COMMUNICATION



## ■ ENGLISH:

“Excuse me but I disagree/It seems to me/ You may want to consider”

## ■ ISRAELI:

“You are wrong/ this is impractical”

## ■ AUSLAN:

?????



# ACTIVE & PASSIVE COMMUNICATION

ACTIVITY



# ACTIVE VS. PASSIVE COMMUNICATION

## HOW DO YOU INTERPRET THAT?



1. You may want to consider cutting back on your alcohol intake
2. If I were you, I would be giving up smoking
3. You might like to go and talk to him about that
4. Do you practice safe sex?
5. I do have some concerns about your diet, I'm not sure that what you are doing is enough to maintain your health



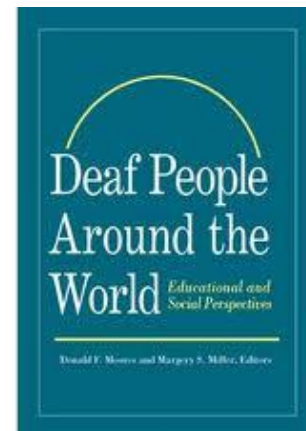
# MEDICAL DISCOURSE

ROLE PLAY ACTIVITY





# CULTURAL ADJUSTMENTS



## MEDICAL DISCOURSE

CULTURAL BRIDGING





# AUSLAN IN CONTEXT



- Auslan is a high context language
- Interpersonal contact is of great importance – the interpreter’s role??
- ‘Life worlds’ – the Deaf experience
- Where do Deaf consumers get their information from?

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# THE INTERPRETER

## PERSPECTIVES

- PROFESSIONAL
- INTEGRITY
- CAREER
- QUALIFICATIONS AND EDUCATION

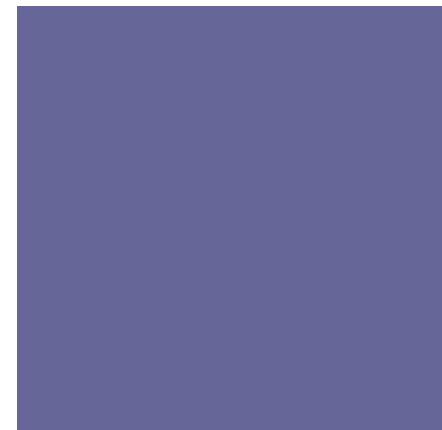


# THE INTERPRETER

## PERSPECTIVES





- GOOD ATTITUDE
- FRIENDLY
- HELPFUL
- FLEXIBLE



# CULTURAL ADJUSTMENTS

ACTIVITY



**The Deaf client notices  
that her dentist has lost a  
lot of weight. She tells him  
so and asks if he has a  
serious illness?**



**What politeness strategies are  
used in Auslan?**



**What do you do when in answer to the Dr's question of "Hi, how are you?," The Deaf client starts a narrative by relating their medical history.**





How do you interpret the audiologist's statement, "I'm sorry I have some bad news. Our test shows that your baby is deaf."



What do you do when the Dr says  
“Ok then” and walks towards the  
door. The Deaf patient says,...”and  
there is a problem with my foot too.”



How do you interpret a comment from the Deaf patient who says, "Well if you can't find the right diagnosis today with that test, then I'll go to another doctor – they will be able to work it out."



**Can interpreters show empathy if the hearing participant does not?**



**Is it an interpreter's responsibility to educate participants about cultural differences?**

**Should interpreters penalise those who don't behave 'appropriately'?**



# CULTURAL ADJUSTMENTS

## POINTS TO CONSIDER



- Is the intention one of rudeness?
- Is the statement organised in a way that will be understood?
- Does the comment have assumptions/implications that need to be made explicit?
- What is the function of the statement?
- Can I use my own reactions as a barometer?

Mindess (1999)



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