Case Study 1:

In this situation, the character we will be focusing on played multiple roles - first as an interpreter and then as a video creator. However, he brought with him the same ethical framework of action.

Part 1:
An older deaf patient had a regular check-up with a family practice doctor. The interpreter for this appointment had interpreted for these appointments before and for this deaf person frequently. While waiting for the doctor to arrive, the patient requested that the interpreter stay in the examination room to talk about unrelated topics. The interpreter agreed to stay. When the examination took place, the doctor discovered that the patient had atrial fibrillation (an irregular heart beat.) In conveying this information, the interpreter both fingerspells the information and conveys it conceptually. The doctor and patient reached an agreement on how they would handle the situation - with the assistance of an interpreter for communication access. The deaf patient made all of the decisions for how to proceed based on the interpretation of the doctor's explanations. After the doctor left, the patient asked the interpreter what he thought. The interpreter responded that the doctor was the one with the medical knowledge and asked if the interpretation was clear so the patient felt he understood what the doctor said. The patient confirmed understanding and went with course of action of taking a conservative approach by just waiting to see if any negative symptoms develop.

Part 2:
This interpreter creates a video for interpreter education focused on interpreting in an emergency room setting. He decides to invite the patient in part 1 to play the role of someone who comes to the emergency room with atrial fibrillation. The goal of the video is for interpreters to see what a patient goes through from intake to discharge in the emergency department. The patient is seen by a nurse, and then is given an EKG to test his heart rhythms. (The video creator/interpreter had not shared with the hospital staff that the actor actually had atrial fibrillation.) When the EKG comes back showing actual a-fib, the doctor who is assisting with the filming becomes concerned and begins treating the actor as an actual patient. The interpreter for the filming fingerspells the information, but conveys it in a different way conceptually than how it was done by the interpreter/video creator. In response, the actor says that nothing is wrong with his heart.

The video creator/interpreter chooses to wait and see what will happen, rather than choosing to clarify with either the patient, doctor, or interpreter.

The medical staff continues with the video scenes, but also is preparing to actually treat the patient. They ask the patient for insurance information since in their mind, they are moving from "mock" scenario to actual treatment and will need to charge the patient for services. Between scenes, they call the actor's primary physician who explains that he is aware of this condition and it is being treated. After this is related, the actor turns to the video creator/ interpreter and says, "Oh, it was that thing that was discussed at my last appointment. We don't have to worry about that."

Case Study #2:

An interpreter is called to interpret for a psychologist who is Deaf and speaks English, uses sign, and is able to communicate dependably in 1-1 situations, but benefits from interpretation in group settings. The psychologist is doing assessments on pre-schoolers with hearing loss to develop a report for the educational team to make a determination about appropriate services. On the first day, the interpreter meets the psychologist and a hearing teacher of the D/HH at a local pre-school center. The first location for assessment is on the playground. The psychologist asks the interpreter to follow the student around the playground and interpret any language or sounds that the student uses - as well as how other students or teachers interact with the student. The student begins to interact with the interpreter - and with a quick glance to the psychologist to make sure it is acceptable - has some direct interaction with the student. The interpreter, in talking with the student, uses both voice and sign. After a few minutes, the teacher of the D/HH joins the play and engages the student in communication. The interpreter shifts back into interpreting what the student and teacher are talking about. The psychologist thanks the interpreter for being willing to engage with the student because it helped elicit better samples of language than the psychologist had been able to see previously.

Later, the psychologist does some direct assessments with the student that does not require interpreting services. The interpreter waits in the lobby and uses his computer to work on other projects while waiting to interpret for a team meeting. During this time, the interpreter and psychologist have a conversation about her experiences with other interpreters and how they function compared to what she experienced on this day. The interpreter explains briefly that there is a shift in paradigm in how interpreters are approaching work in the classroom and he hopes that she will find more interpreters who are working in a way that focuses more on meeting the needs of the student rather than focusing on following a certain role. Once the meeting starts, the interpreter asks the psychologist to introduce him and has to interject occasionally about his timeline related to a prior commitment. Other than that, the interpreter functions to interpret the comments of those involved.

The next day, the interpreter provides services for a team meeting for another student. The interpreter functions in the same way as the previous meeting until the discussion turns to the potential of providing language services for student and whether to advocate for an interpreter or a language facilitator. The psychologist and teacher of the D/HH are explaining to the team that the interpreter role precludes an interpreter from being able to really be a language model, and so it might be better to have a language facilitator used. In this discussion, they seem somewhat unsure of how to explain the distinction. The teacher of the D/HH, who knows that the interpreter also serves as a consultant for interpreter education in educational settings, says that the interpreter could probably clarify it and wonders if it would be okay to ask the him. All eyes turn toward the interpreter who asks the psychologist if she minds his sharing. She welcomes his input, and he explains about the changing paradigm of interpreting in educational settings - as well as some local resources that might be worth considering. For the parent who is in attendance, he shares an email and phone number for someone leading a group for families with deaf children. The interpreter then shifts back into enacting the role of interpreting for the comments of the participants in the meeting until it is concluded.