

# Healthcare interpreting in New Zealand: an evolving journey

Ineke Crezee, PhD, Senior Lecturer in Interpreting and Translation  
Auckland University of Technology



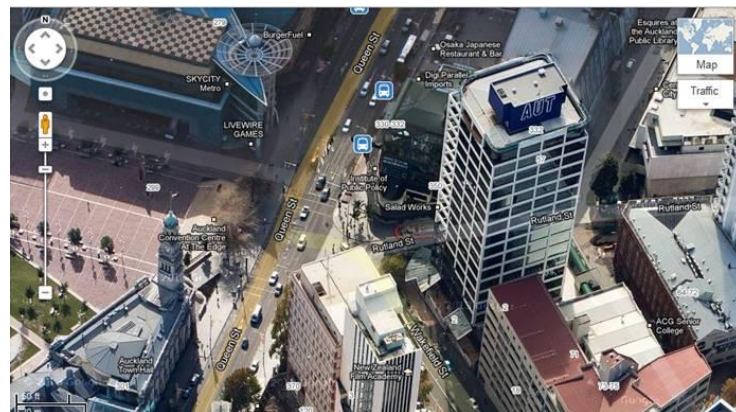
**Historical  
background**

How it all started

# Today

- Acknowledgments: Professor Teruko Asano
  - Dr Michelle Morrone, Professor Shinobu Hattori and Professor Haruka Murai
  - Dr Takayuki Oshimi : reviewed the book – very important contribution
- Some background information about New Zealand
- Health interpreter education
- Establishment of first health interpreting services
- Underpinnings to our pedagogical approaches at Auckland University of Technology (AUT)
- Examples of teaching tools.

# Today



- Migrants and refugees around the world -> need for interpreters in healthcare.
- Good pre-professional training essential (Crezee, 2013).
- Hsieh (2006): disparities in the level of services health providers were able to offer patients of different cultural and linguistic backgrounds. She found that interpreting quality varied from low to moderate- high, depending on the level of training interpreters had received.
- Professor Sandra Hale (2012): need for specialized pre-service training to prepare interpreters for work in settings such as healthcare.
- Countries vary in the level of training provided: here in Japan Professor Asano- Aichi prefecture medical interpreter training programme

# 'The unfortunate experiment'

- 1970s-1980s: cervical cancer research:
  - No interpreters
  - No Informed Consent
  - Women died
- Two journalists wrote about this > shock waves
  - (Bunkle & Coney, 1987; Coney, 1988;
- Cartwright commission of inquiry appointed
  - (Cartwright, 1988a, 1988b; Bryder, 2009)
  - Recommendations: use of trained healthcare interpreter where practicable
  - Informed Consent always used
- Recommendations enshrined in the 1996 Health and Disability Act: the **right to effective communication**



# Auckland Technical Institute

- 1989 first translation course
- 1990 – Certificate in Healthcare
  - Language-neutral course
  - 13 different languages
  - 2 15-week semesters: 3 hours per week
- 1991: onwards – health component taught by Ineke Crezee
- 1995: health interpreter course at Middlemore Hospital
- 1996-1998: courses at Manukau Institute of Technology
- Auckland University of Technology:
  - BA Interpreting; BA Translation; Grad Diploma in Arts (Interpreting); Grad Certificate in Arts (Interpreting



The background of the slide is a decorative pattern of purple triangles. On the left side, there is a dense, overlapping grid of small triangles in various shades of purple. This pattern transitions into a more sparse arrangement of larger, individual triangles that appear to be falling or scattering towards the right side of the slide. The overall effect is a sense of movement and depth.

## **Underpinnings and tools**

# Theoretical underpinnings



- Language neutral approach
  - Cf. Slatyer (2014)
  - downside: feedback to trainees -> either immediate feedback on their performance in the classroom, or less immediate feedback on their recorded interpreted practice (on the Blackboard Learning Management System) from same-language experts
  - Students self-assess performance using the Blackboard Collaborate Learning Management system Voice presentation, now Voice Thread).
- Situated learning approach:
  - trying to recreate this type of learning experience by introducing (semi-)authentic learning experiences wherever possible. This means I try and bring the healthcare setting into the classroom, *simulated situated learning*.
  - Lave & Wenger, 1991; Wenger, 1998, 2000; Crezee and Grant. 2016: exposing student interpreters to real-life situations.
  - Good foundational health literacy (Crezee, 2013; Crezee & Asano, in press), -> good level of 'health literacy'.
- Anatomy, physiology and pathology of main organ systems, as well as familiarizing them with common investigations and procedures.
  - Semester One: cells, neurology, cardiology, orthopedics, the motor system, the sensory system, endocrinology, the digestive system, the renal system (Crezee, 2013; Crezee & Asano (in press for 2016).
  - Semester Two: special health topics such as oncology, neonatology, speech language therapy, pregnancy and (in)fertility; various common forms of mental illness (depression, bipolar disorder, Post Traumatic Stress disorder, etc.).





# Blackboard

- Blackboard Collaborate Learning Management System to help students learn.
- dedicated team of Blackboard specialists in a centre called CfLaT, short for Centre for Learning and Teaching.
- The Centre for Interpreting and Translation has been providing online learning since 2009.
- Up to 2016 Voice Presentation has been used to present students with the opportunity to interpret simulated real life dialogues in both audio and audiovisual format (Crezee, Burn & Gailani, 2015, Crezee & Grant, in press for 2016).
- Students particularly enjoy interpreting to real life ambulance officer-patient interactions and real life courtroom cross-examinations (Crezee, Burn & Gailani, 2015).



# **Ambulance paramedics audiovisual interpreting practice**



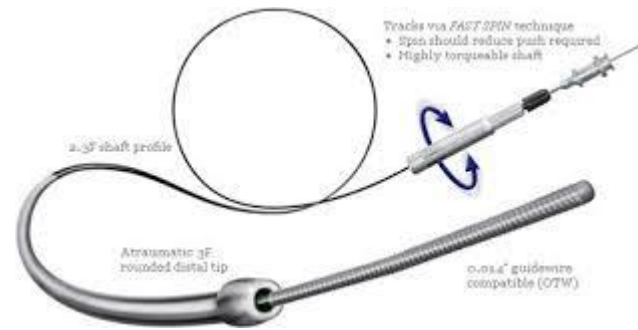
# Audiovisual clips: two purposes

- Audiovisual clips are used for two different purposes:
  - Following explanations in PowerPoint (e.g. asthma below)
  - Interpreting practice

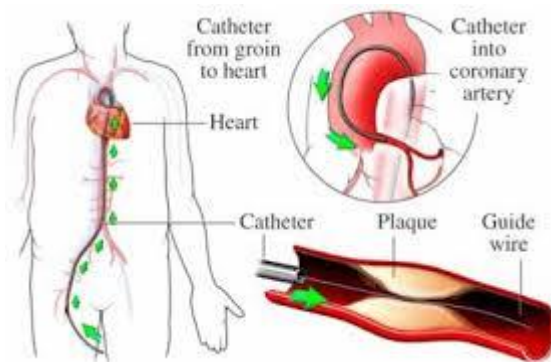
# Observations of real life interpreting in healthcare settings

- The health interpreting observation assignment involves interpreting students observing a qualified healthcare interpreter (who speaks their language) in three different interactions, reflecting on that person's communicative strategies within the framework of the healthcare setting, the patient's sociolinguistic and sociocultural background and the interpreters' Code of Ethics (AUSIT, 2012; NZSTI, 2013)<sup>1</sup>.
- Students must de-identify all information and record their observations in a reflective journal.
- Reflect on observations within the framework of the interpreters' Code of Ethics (NZSTI, 2013); plus assess the performance and actions of the interpreters they observe within the framework of the competencies, knowledge and skills required of health interpreters.
- Journals = confidential ; available only to lecturer

# Authentic realia



- Realia give students a sense of what the words they are interpreting refer to:
  - actual catheters used during balloon angioplasty procedures are passed around the classroom during the session on cardiology (before watching video of patient undergoing angiography);
  - Asthma inhalers, nebuliser masks, peakflow meters and aerochambers and a CPAP mask = passed around during the session on the respiratory system





# Shared pre-professional practice

- Shared pre-professional practice offers valuable semi-authentic learning experiences.
- Off-campus: practice interpreting with Post Graduate Speech Science students (= qualified Speech Language Therapists (SLTs))
  - Purpose-written real-life scenarios, promotes collaborative and interdisciplinary teaching and learning practices (Crezee, 2015)
  - Students take role of interfering parents, interpreters, preschool children with speech problems, or stroke victims.
  - This type of collaborative pre-professional learning is consistent with the models of Interprofessional Education (World Health Organization, 2010).

# Conclusion



- History of health interpreter education and the establishment of the first health interpreter services in New Zealand. I
- Health interpreter education at AUT
- Situated learning underpinning (Gonzalez Davies, 2004) and various tools
- Professor Asano has done groundbreaking work with court professionals. She is a wonderful advocate for interpreters, both in the courts and in the medical settings.
- Thank you

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