# Model project summary for submission to cAIR10

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**MedInt: Developing a curriculum for medical interpreters**

Anita Ertl[1], Uta Wedam[2] and Sonja Pöllabauer[1]
[1]University of Graz, Austria
[2]Zebra – International Center of Counselling and Therapy in Graz
Contact address: anita.ertl@uni-graz.at
Preferred mode of presentation: talk

## Practical background

Interpreting in social service settings, also referred to as *community interpreting*, allows migrants to communicate in their mother tongue on sensitive issues. It promotes integration, intercultural understanding and social cohesion by building mutual trust. It aims to give all cultural groups equal access to community services (Grbic, Pöllabauer, 2008)

In medical contexts, good communication is a prerequisite for a trusting relationship between carers, doctors and patients (Angelelli, 2004). According to international studies, what patients want most is a doctor who will listen and speak to them. Many healthcare facilities use lay interpreters such as family members, hospital staff, friends or acquaintances. That often leads to role conflicts, frustration and demotivation on the part of both patient and doctor. It can also cause expensive or dangerous misunderstandings.

International Patients' Rights law requires that all patients have equal rights and access to medical services. §2.4 of the WHO Declaration on the Promotion of Patients' Rights in Europe states that "Information must be communicated to the patient in a way appropriate to the latter's capacity for understanding, minimizing the use of unfamiliar technical terminology. If the patient does not speak the common language, some form of interpreting should be made available." But no legal text refers specifically to interpreting quality or interpreter qualification.

## Research background

The interpreter's role has been investigated in various studies (e.g., Wadensjö 1998). The interpreter transforms the dyadic doctor-patient interaction into a triadic exchange (Mason 2001). The total cost of diagnosing and treating patients whose mother tongue differs from that of the hospital personnel is reduced when qualified interpreters are employed, even when the total cost of interpretation is taken into account (Hampers & McNulty, 2002)

## Aims

We are developing a model curriculum and training materials for medical interpreters based on an interdisciplinary exchange of ideas and experience among hospital staff, interpreters (both researchers and practitioners), and NGOs. The curriculum will be implemented in a follow-up project that is currently under review. The curriculum will improve the quality of the training situation and – in the long term – the quality of medical interpreting services.

**Main contribution**

The training of medical interpreters will help to guarantee a higher quality of communication and understanding in medical settings and thus contribute to better and fairer service provision (Bahadir, 2007). Service providers will become more aware of the need for adequate interpreting services. Stakeholders include adult training providers, health service providers and relevant politicians. The project will develop new career paths for qualified migrants with multilingual and multicultural expertise as well as for local interpreters. The project will ultimately promote fairness and equal access to medical infrastructures. It will contribute to cultural integration by breaking down intercultural barriers and reducing the incidence of discrimination and conflict.

The master curriculum is being adapted to fit Austrian and European standards. It can be taken either as a whole in the form of a university degree course, or in part as smaller courses offered by NGOs or healthcare centres. The content is the outcome of detailed interactions among diverse shareholders and experts. Quality is ensured by pooling specific areas of expertise of project partners from different EU countries.

A high level of language proficiency will be a prerequisite for students. They will receive lectures on intercultural communication, interpreting training, basic medical knowledge, healthcare systems, and relevant law.

**Implications**

The project will open an alternative path to validate the existing knowledge of migrants (mother tongue and cultural expertise). The implementation of the curriculum, in whatever form, will create new training opportunities. Training will be made available to people who are already integrated into the work force and can only attend training courses in their spare time. Another target group is migrants who have not yet entered the labour market. The course will highlight the value of their native language proficiency, cultural competence and other qualifications and allow them to apply their skills in their new cultural environment.

**Literature**


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Hampers, L. C., & McNulty, J. A. (2002). Professional interpreters and bilingual physicians in a pediatric emerbency department. *Arch Pediatr Adolesc Med, 156,* 1108-1113.

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