

## **A corpus of interpreter-mediated interactions as a tool for interpreter training**

Abstract: The project “Interpreting in hospitals” at the Research Center on Multilingualism investigated how ad-hoc-interpreting in German hospitals changes the content and the structure of doctor-patient-communication. Ad-hoc-interpreting is widely practiced in German hospitals because professional interpreting services are not available. Ad-hoc-interpreters are family members of the patient or bilingual staff members. They are usually not trained or prepared for this specific task. Nevertheless, they play an important institutional role because they facilitate the access of non-native patients to German health institutions.

Between 1999 and 2001, we recorded 45 interactions between German doctors, non-native patients and ad-hoc-interpreters. The data collected covers typical and frequent discourse types, such as medical interviews, briefings for informed consent or briefings on diagnostic findings. The languages involved are German, Turkish, Portuguese and Spanish. About 60 different participants (patients, medical doctors, nurses, ad-hoc-interpreters and other family members) are involved in these interactions.

The data provide insights into how linguistic diversity in German hospitals is handled and managed. Furthermore, it shows how the specific type of multilingual communication, i.e. ad-hoc-interpreting, changes interactions patterns and contents in doctor-patient-communication. Furthermore, we were able to describe differences and similarities in the performances of ad-hoc-interpreters with different institutional backgrounds (i.e. lay persons or nursing staff).

The results and the data lay the foundations for a follow-up project on ad-hoc-interpreter training. The idea of that project is that hospitals should make reflective use of existing linguistic resources, instead of just taking anybody who has some obscure linguistic skills. By selecting and training bilingual nursing staff, we aimed at developing a new additional approach for dealing with linguistic and cultural diversity in hospitals.

The corpus of the project “Interpreting in hospitals” helped us in two ways: Firstly, it allowed us to identify typical pitfalls of ad-hoc-interpreting in hospitals. To give an example: while ad-hoc-interpreters usually complain about their lack of technical language in their family language, we were able to establish that other relatively subtle linguistic means (such as modal expressions and modal particles) are equally problematic. Secondly, the corpus allowed us to connect training contents to the authentic experiences of training participants. While communication trainings are usually based on role-plays and stereotyped descriptions of communicative events, we were able to reproduce authentic situations in the training. Thus, the corpus was used to determine training contents, and it provided us with authentic examples which were used for specific training methods, such as observational tasks or group discussions.

### References

Meyer, B., K. Bührig, O. Kliche & B. Pawlack (in print): Nurses as interpreters. Aspects of interpreter training for bilingual medical employees. In: B. Meyer & B. Apfelbaum (eds.) *Multilingualism at work. From policies to practices in public, medical, and business settings.* Amsterdam: Benjamins, 163-184.