Towards a panorama of current practice in remote medical interpreting (RMI): interviews with healthcare interpreters

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Background & Sample

- **RMI**: healthcare interpreting conducted in remote modalities, i.e., TI (telephone interpreting), VI (video interpreting), only in consecutive modes in our sample
- 16 interviews (subsample of an *international* survey of 47 healthcare interpreters working in RMI); conducted Nov 2020 –– Aug 2021
- Interviewed interpreters habitually work in 9 countries, in 14 working languages in RMI
- Interpreters mostly conduct both TI and VI (12/16)

Objectives & RQs

- To obtain a comprehensive overview of the current practice of RMI from the interpreters' perspectives; outlook for future practice
- RQ1: What is the current status of RMI practice from the interpreters' perspectives?
- RQ2: What are the interpreters' perspectives on recent developments in, and the future of, RMI practice?

Key findings from survey preceding the interviews

- TI/VI shared four normative configurations of interlocutor distribution (**Table.1**)
- TI/VI top 5 medical settings largely similar (**Table 2.**)
- RMI "Concurrent multiple devices" technology configuration, type 1: 1 interpreting+1 real-time vocabulary assistance (**Fig.1**)
- VI was rated more positive than TI overall (**Fig. 2**) & in 6 aspects of RMI practice (interpreting in/output, rapport, concentration, stress, fatigue)
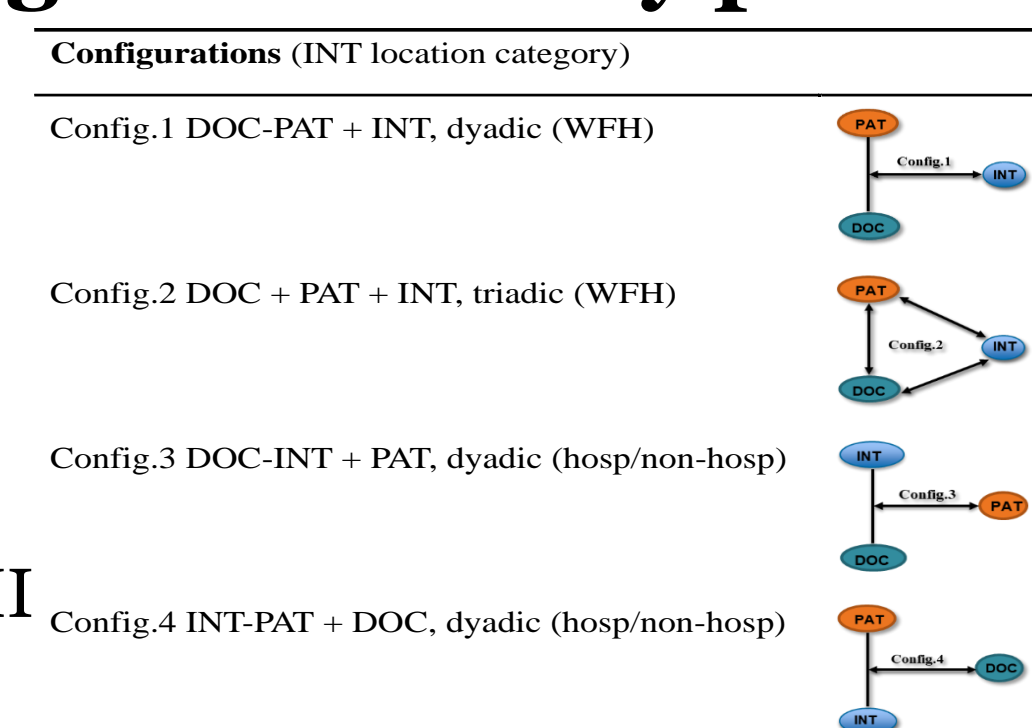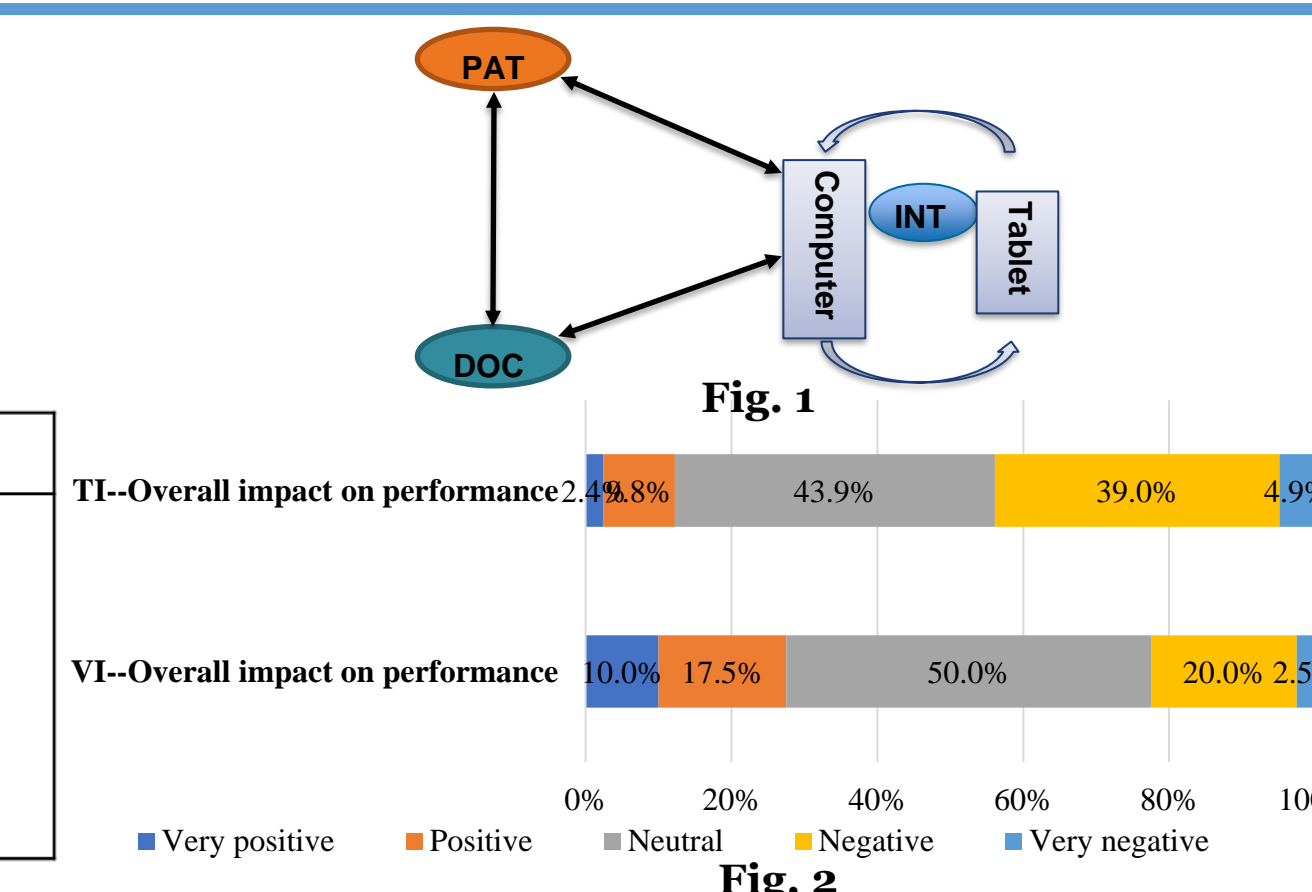

Configurations (INT location category)

Config.1 DOC-PAT + INT, dyadic (WFH)

Config.2 DOC + PAT + INT, triadic (WFH)

Config.3 DOC-INT + PAT, dyadic (hosp/non-hosp)

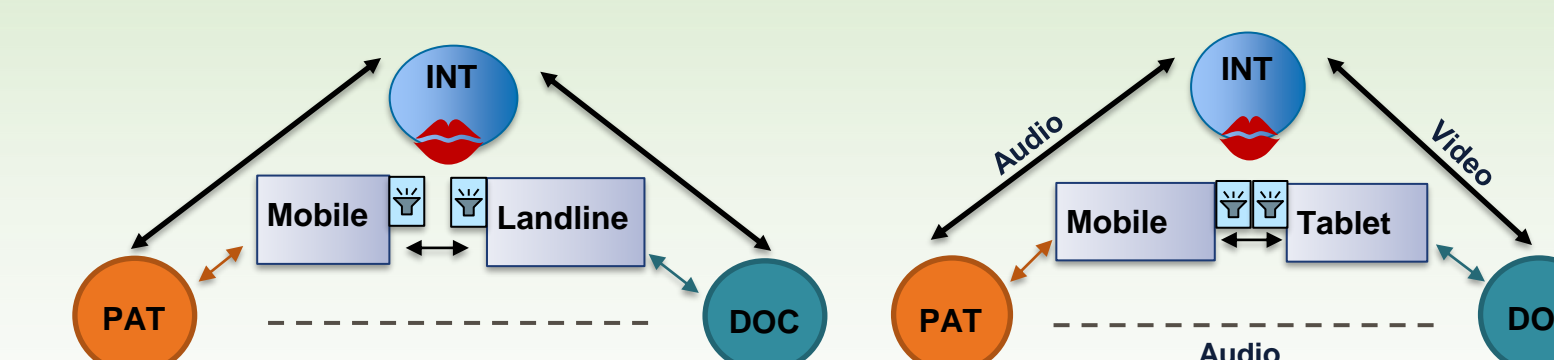Config.4 INT-PAT + DOC, dyadic (hosp/non-hosp)

Table. 1

Settings in descending order of frequency	Most frequent medical (specialty) settings using TI	Most frequent medical (specialty) settings using VI
	① GP	① Mental health
	② Emergency	② Emergency
	③ Paediatrics	③ Paediatrics
	④ Oncology/Cancer	④ Oncology/Cancer
	⑤ Mental health	⑤ GP
	⑥ Midwifery, Antenatal, or Maternity	⑥ Rehabilitation
	⑦ Radiology	⑦ Social services related
	⑧ Rehabilitation	⑧ Operational/surgery
		⑨ Physiotherapy

Table 2.

Fig. 1

TI--Overall impact on performance: 2.4% | 4.8% | 43.9% | 39.0% | 4.9%

VI--Overall impact on performance: 10.0% | 17.5% | 50.0% | 20.0% | 2.5%

0% 20% 40% 60% 80% 100%

■ Very positive ■ Positive ■ Neutral ■ Negative ■ Very negative

Fig. 2

Findings from the interviews: major patterns in 10 themes

- **Challenges > benefits** (7 vs. 1 theme); benefits predominantly in relation to working conditions, rather than the interpreting task
- **TI/VI similarity > difference**, i.e., shared challenges of RMI; (↔vs. survey quantitative results showing more differences)
- **However, TI/VI perceived to suit different medical settings**
- **Overall positive experience of current RMI ↔vs. divided attitudes towards the future** practice of RMI
- Complemented type 2 RMI "Concurrent multiple devices" technology configuration: using two phone devices, or 1 TI+1 VI device

Key themes portraying the current practice of RMI (8 of 10)

Sound quality; Other tech issues;
e.g.
- Multiple speakers
- Only one microphone /problematic use of the speakerphone function
- Mobile devices (poor sound, inappropriate camera positioning)
- Background noise

DOC/PAT lack training
e.g.
- Non-booked assignments lack briefing/ their length underestimated by DOC when booking them
- Inappropriate voice/camera behaviours
- Side conversations
- DOC/PAT sites have poor equipment or unfamiliar with technology use

Challenges of remote work; Emotion & rapport
e.g.
- Losing non-verbal communication or emotional cues
- Difficult to interrupt for turn-taking or clarification
- Comprehension difficulty
- Hearing impairment
- Longer than booked
- Barrier to DOC-PAT rapport/ interpreter adjusting tone of voice (showing empathy)

Working conditions; Logistical issues
e.g.
- Lack of briefing
- Non-booked/on-demand assignments
- Low remuneration
- Interpreter working as ad hoc 'technician'
- LSPs lack training

Benefits
e.g.
- No travel or onsite stresses
- Real-time vocabulary assistance