

Studi Interdisciplinari su Traduzione, Lingue e Culture

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Telephone Interpreting

The Impact of Technology on Dialogue
Interpreting

L'interpretazione telefonica

L'impatto della tecnologia
sull'interpretazione dialogica

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2. TELEPHONE INTERPRETING FOR HEALTHCARE SERVICES: POTENTIAL PROBLEMS AND SOLUTIONS

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Introduction

The name of the SHIFT project, which inspired this work, contains its aim: “*Shaping Interpreters of the Future and of Today*”. It is precisely with this aim in mind that this chapter presents an analysis and discussion of interpreter-mediated healthcare service calls.

Today technology pervades all fields of life, and interpreting is not an exception. In recent years, the use of remote interpreting (hereafter RI) based on computer video links, telephone (and even mobile phones very recently) has increased exponentially.

This is not only the result of technological advances but also of European societies becoming increasingly multilingual and multicultural because of migration flows and governments trying to guarantee access to public services to non-native speakers who live permanently or temporarily in the country but do not speak the language, at the same time also trying to cut costs because of growing budget constraints.

This work focuses on interpreting on the phone (hereafter TI) for health services in Spain and aims at highlighting some potential problems and solutions related to this specific interpreting mode which, as we will see, poses different challenges compared to interpreting in face-to-face (hereafter FtF) encounters (see 2.1.1).

2.1. Interpreting service calls

A service call is generally defined as an interaction where a user/client calls a service/institution to present a request and the call receiver decides if and how to respond to the caller's request (Thüne and Leonardi 2003; Varcasia 2013). Service calls may involve different areas: business, legal, social and healthcare services among others. Often these calls are recorded by the service provider for legal reasons (e.g. stipulating a verbal agreement) or for quality control purposes (e.g. to check the operators' performance). In the case of healthcare services and emergencies there are dedicated phone numbers in many countries: for instance 118 in Italy, 911 in the United States, 112 in Spain. Interpreting on the phone is a form of RI in which one or more participants in an interaction who do not speak the same language and may be or may not be in the same place communicate through an interpreter who can be either in the same place of one of the participants or in a completely different one (basically a two- or three-point configuration). As mentioned above, the growth in this form of interpreting (together with videoconference interpreting) is the natural consequence of technological advances as well as social evolution. In the healthcare sector, remote interpreting derives from specific social phenomena that characterised the 20th century, such as migratory flows, freedom of movement and globalization, which have made our societies more and more multicultural and multi-ethnic; at the same time, the current economic scenario increasingly requires cost cutting in public service provision in many countries and consequently also in the provision of language services.

2.1.1. Advantages and disadvantages of remote interpreting

RI offers some advantages to institutions/service providers and users which include: a) the interpreter's (near) immediate availability (Kelly

2008; Braun 2012); b) savings on travel expenses (*ibidem*); c) finding interpreters of languages of lesser diffusion more easily (*ibidem*); e) more privacy for patients in healthcare (Kelly 2008). There are also some advantages for the interpreters: a) they can find work even if they are based in peripheral or remote areas of a country (Lee 2007); b) working hours are more flexible (*ibidem*) and there is more security and safety, e.g. when questioning aggressive or violent detainees/suspects or in car accident cases, where the interpreter can translate from a safe place (Andres and Falk 2009; Braun 2012, 2014, 2015). But as well as convenience for service users, interpreters, service providers and institutions, there are also disadvantages for all participants in a remotely interpreter-mediated service call: first of all, there is a lack of social “presence” in remote interactions which makes *rapport* building more difficult for speakers in comparison with FtF (Ellis 2004; Ozolins 2011). Secondly, there is a lack of some communication components such as visual, tactile and kinetic (Poyatos 2002), with ensuing communicative “uncertainty” between participants. Some authors (Oviatt and Cohen 1992; Ozolins 2011; Braun 2015) noticed in their studies that speakers in remote interactions tend to rephrase or repeat their utterances because they do not feel sure they have made themselves understood, since they have no access to feedback from other speakers’ gestures or facial expression. Last but not least, there can be communication difficulties caused by poor sound quality (Ellis 2004; Causo 2012).

Interpreters seem to be the most disadvantaged party in a telephone interaction. First of all, they have no access to contextual information or any other input except for the audio, and this generates fatigue as the interaction goes on (Andres and Falk 2009; Braun 2015). Secondly, there is a huge variety of topics that can be at issue in a service call and it is impossible to predict what the object of the call will be: this means that interpreters cannot prepare for each specific telephone call they have to interpret (Rosenberg 2007). Moreover, it is difficult for speakers who do not see each other to organise turn-taking: this results in the interpreter having to coordinate turn-taking (Oviatt and Cohen 1992; Wadensjö 1999). The above-mentioned communicative “uncertainty” was found to have an impact on interpreters too who tend to “do more” than interpreting to ensure successful communi-

cation (Oviatt and Cohen 1992; Ozolins 2011; Braun 2015). Finally, poor sound quality is particularly frustrating for interpreters who are supposed to facilitate communication between people who do not share the same language and culture only on the basis of what they can hear.

Despite all the shortcomings mentioned above, a number of studies agree that with well-functioning equipment, good preparation and a high level of experience on the part of both interpreters and participants most of the disadvantages can be managed and overcome (Andres and Falk 2009; Braun 2012; Iglesias Fernández and Ouellet 2018). It is precisely the specific features of telephone communication, its potential problems and their management by interpreters that we are going to discuss in the following paragraphs on the basis of real data collected in the framework of the SHIFT project.

2.2. Data collection, transcription and analysis method

The set of data presented in this study was provided by SHIFT partner DUALIA Teletraducciones¹, a company based in Mondragón (Basque Country, Spain) which provides telephone interpreting services. It was set up in 2003 to respond to the needs of Spanish companies with increasingly frequent contacts with foreign business partners. From the initial business sector the company expanded and entered the healthcare, tourism and social services sectors. Its activities can be broken down as follows: healthcare 48%, tourism and social services 35% and corporate 17%.

The data set analysed in this study includes: six calls from healthcare service users to set or change a date of an appointment with a doctor or a nurse; five medical emergency calls, one call from a hospital to follow up a patient in palliative care; two calls from an emergency room where doctor and patient are FtF while the interpreter works from another location, and one call from a medical day centre where the doctor and the mother of a paediatric patient are FtF while the interpreter is in another location. When the operator or doctor, the foreign caller and the interpreter are in different places they use a

¹ <http://www.DUALIA.es>.

three-party telephone conversation system that allows all three speakers to hear everything that is said. When the doctor and the patient/user are face-to-face they have one phone that they pass to each other after every exchange, while the interpreter works from another location.

A summary of the service calls studied in this paper is shown in Table 1.

Table 1: *Data set analysed in this paper.*

File name	Topic	Duration	Languages	Participants and their location
Alumno en prácticas Ashley 2013 cita médica	Appointment with doctor	4'43"	Spanish and English	Operator, service user and interpreter all in remote
Alumno en prácticas Ashley 2013 paliativos	Follow up palliative care	6'67"	Spanish and English	Doctor, called party and interpreter all in remote
Cambio de cita para embarazada	Pregnant patient appointment change	5'21"	Spanish and English	Operator, service user and interpreter all in remote
Cita de enfermería	Appointment with nurse	6'48"	Spanish and English	Operator, service user and interpreter all in remote
Cita médica 03	Appointment with doctor	5'15"	Spanish and English	Operator, service user and interpreter all in remote
Cita médica 04	Appointment with doctor no prescription	4'18"	Spanish and English	Operator, service user and interpreter all in remote
Cita médica 05	Appointment with doctor	7'26"	Spanish and English	Operator, service user and interpreter all in remote

File name	Topic	Duration	Languages	Participants and their location
Diabético	Diabetic patient food problem	4'06"	Spanish and English	Operator, service user and interpreter all in remote
Emergencia tras partido de fútbol 2	Emergency Broken leg	3'31"	Spanish and English	Doctor and service user FtF (ER), interpreter in remote
Emergencia tras partido de fútbol	Emergency Broken leg	2'21"	Spanish and English	Doctor and patient FtF (ER), interpreter in remote
Esguince de tobillo	Emergency Sprained ankle	2'30"	Spanish and English	Doctor and patient FtF (ER), interpreter in remote
Solicitud de ambulancia caída de marido	Emergency: Request for an ambulance	5'21"	Spanish and English	Operator, service user and interpreter all in remote
Sotogrande golf	Emergency: request for an ambulance	3'58"	Spanish and English	Operator, service user and interpreter in remote
Vacunas	Vaccination checks and appointment	4'13"	Spanish and English	Doctor and service user FtF, interpreter in remote
Quemadura por aceite cocinado	Accidental burn with oil while cooking	1'57"	Spanish and French	Doctor and patient FtF (ER), interpreter in remote

Each item corresponds to an mp3 audio file and a word file containing the transcription of that recording. All the recordings of the calls were transcribed by either a researcher or one MA interpreting student who

wrote his thesis on this subject and were revised by another researcher² on the basis of transcription conventions jointly defined by the SHIFT project partners³. All the files were shared with all SHIFT project partners.

Data were studied adopting a micro-analytical approach on a turn-by-turn basis but without losing sight of the structure of service calls studied in a monolingual context by different authors (Schegloff 1979, 2002; Zimmerman 1984, 1991, 1992; ten Have 2002; Zorzi and Monzoni 2003; Varcasia 2013).

2.2.1. Participants and interpreting protocols

All the calls are simulations made by DUALIA based on real interpreter-mediated telephone conversations. Two different profiles of interpreters are at work: a) trained professional interpreters who have no experience in TI because they were recently hired by DUALIA at the time of the recordings, and b) interpreting students who had either finished or were about to finish their studies and were attending specific training on TI at DUALIA when the recordings were made. The calling and receiving parties on the phone are actors or interpreters who have experience in this interpreting mode. They play the service user and provider roles and their conversation has the aim of testing and assessing the skills of the novice telephone interpreters who did not know it was a simulation.

² My deeply felt gratitude to Matteo Paoletti for transcribing some of the calls and to María Jesús González Rodríguez whose invaluable experience in active listening was crucial in revising most of the transcriptions.

³ Transcription conventions are derived from conversation analysis (Sacks, Schegloff and Jefferson 1978) and also used by Varcasia (2013) in her book on business and service telephone conversations. ?: a rising vocal pitch or intonation; **Bold**: emphasis; CAPITAL: loud voice, shouting; Lo:ng: stretched sounds; “quiet”: words spoken in a low voice; >speed-up<: increased speed of delivery; <speed-down>: decreased speed of delivery; [talk]: square brackets indicate overlapping talk; =: latching, contiguous utterances or continuation of the same utterance in the next line; (.): micro pause, up to 1 second; (2.0): length of pause in approximate seconds; ((cough)): sound or feature of talk not easily transcribable; xxx: inaudible or doubts about hearing by the transcriber; →: analyst’s signal of a significant line; wor-: truncated word; /: truncated utterance; A: service provider (it can be calling or called party); B: service user (it can be calling or called party); I: interpreter.

All the interpreters who work for DUALIA have to follow specific protocols developed by the company in order to make interpreter-mediated communication more efficient. There are three different protocols specifically tailored for different types of calls. One protocol applies to healthcare routine calls (to make appointments with doctors or other healthcare professionals for a medical examination or prescription), one deals with emergency calls and one specifically refers to support services for victims of abuse.

Let us have a look at the main contents of the protocols. In all types of calls first of all the interpreters must check if the service user has called the interpreter of the right language for the interaction at hand. Interpreters have to speak loud enough, clearly and slowly placing emphasis on key information and inform the other speakers if there are sound problems, especially if they can cause loss of information. Interpreters may not add any information but they can decide to select what to translate, for instance producing a summary of an account or eliminating digressions made by the callers/service users. Interpreters are required to be impartial and refrain from expressing their opinions; they are bound to confidentiality and must be polite and patient with all the speakers, and avoid breaking the communication flow or expressing their view even if they suspect that the caller/service user is lying.

In healthcare routine calls the interpreter is allowed to take initiatives at certain stages. These calls have a recurring series of questions about the caller's name, family and health insurance card number, the name of the hospital or the practitioner who usually follows the healthcare user. After the operator has found out the reason for the call with the help of the interpreter (for instance, a call to make an appointment with a doctor), the latter may proceed to ask for the caller's personal details without waiting for the operator to do so, provided that the interpreter translates all the relevant information accurately to the operator. Basically, the interpreter is given some freedom to act in order to expedite service provision by cooperating with the operator of the healthcare service.

In emergency calls, the interpreter must always bear in mind that the main objective is a fast and effective transmission of the message and therefore s/he has freedom to select what to translate. Interpreters are invited to translate only what is relevant for the purpose of responding

to the emergency in the shortest time possible, omitting irrelevant information or digressions made by the caller. The interpreter can also ask specific questions aimed at obtaining the information needed to provide the emergency service. In the case of a car accident, for instance, the caller may be in a state of confusion/shock or panic and the interpreter is allowed to take the initiative and ask questions like “What is the name of the street you are in?” or “How many injured people are there?” without having to wait for the operator to pose those questions. The interpreter must immediately translate all the information accurately and then go back to the “usual” interpreting mode, that is to say translating every turn after each speaker.

Basically, the protocols contain an implicit request for the interpreter, i.e. to produce a fast and accurate rendering of relevant information, and to avoid repetitions or lengthy formulations. This is a demanding task, especially if we consider that it is not possible to prepare the topic of the call in advance and that the interpreter must be ready to deal with situations involving a lot of emotions and stress. These two reasons alone justify the need for specific training before venturing in the territory of TI.

2.3. Managing openings and agreeing on procedures

As mentioned before, monolingual service calls have been extensively studied and authors generally agree that this particular type of interaction has a specific structure: 1) pre-opening: the phone rings and opens a communication channel; 2) opening/identification/recognition: the institution or service receiving the call answers the phone and self-identifies, the caller acknowledges that s/he has reached the required service or institution; 3) request for a service by the caller (for instance an ambulance in case of an emergency); 4) interview by the operator (of the service or institution) who asks a series of questions in order to understand if and how to respond to the caller’s request; 5) response to the request presented by the caller, and 6) closing⁴: usually expressions of thanks and greetings (Schegloff 1979, 2002; ten Have 2002; Zorzi and Monzoni 2003; Varcasia 2013).

⁴ For a detailed description of each phase see Amato (2017) in San Vicente *et al.*

The data collected during and for the SHIFT project differ from monolingual service calls as there is an additional identification and recognition phase (2) occurring between the operator and the interpreter and not between the operator and the caller. The operator acts as a service user who needs an interpreting service and DUALIA's interpreters are the service providers who self-identify. During the opening stage there is another peculiar activity carried out by the two parties on the phone: checking that the operator has called the interpreter for the right language as shown in examples 1 and 2.

Example 1

1. I: hola buenas tarde me llamo Sam puedo ayudarles?
hello good evening Sam speaking how can I help you?
2. A: buenas tarde:s soy la doctora Perez García
mire:: tengo un paciente: una paciente
norteamericana
good evening doctor Perez García speaking listen:: I have a North American patient: a female patient

Example 2

4. A: **hola** buenas tardes soy Carlos de Salud Responde
(.) tengo un alertante en inglés (.) podría
pasarle con él?
hello good evening my name is Carlos from Salud Responde (.) I have a caller who speaks English (.) can I put him on?
5. I: sí por supuesto
yes sure

In Example 1, after the phone rings the interpreter produces the typical answer of a service provider who is ready to attend a client/user in turn 1. Then the doctor self-identifies and announces to the interpreter that she needs to talk to an English-speaking patient (turn 2). By contrast, in Example 2 the operator self-identifies in turn 4, like in monolingual service calls, and then immediately checks that the interpreter is able to communicate with an English-speaking caller. As we will see, the identification of the caller occurs at a later stage in our data of interpreter-mediated service calls, in contrast to monolingual calls. Before that phase there can be one or more turns containing the caller's request, as it is illustrated in example 3.

Example 3

4. A: **hola** buenas tardes soy Carlos de Salud Responde (.) tengo un alertante en inglés (.) podría pasarle con él?
hello good evening my name is Carlos from Salud Responde (.) I have a caller who speaks English (.) can I put him on?
5. I: sí por supuesto
yes sure
6. A: pues le paso
I put him on
- (3)
7. B: HELLO::
8. I: **hello** (.) hello sir how can I help you?
9. B: hi morning I need to make an appointment please
10. I: hello?
11. B: eh:: I **need to make an appointment** please
12. I: OK ah::: (2) hola compañero?
OK ah::: (2) hello colleague?
13. A: sí dígame=
yes tell me
- 14. I: =sí >el señor quiere concertar una cita< le pido: los datos:: personales no? >el número de tarjeta sanitaria< supongo?
yes >the gentleman would like to make an appointment< shall I ask: him his personal details::? >his health insurance card number< I presume?
- 15. A: sí [por favor]
yes [please]
- 16. I: [y su nombre]
[and his name]
- 17. A: si fuese tan amable
if you would be so kind

Example 3 contains the opening analysed in Example 1, followed by an exchange between the interpreter and the caller who presents the reason for the call in turn 9 and repeats it in turn 11. In turn 12 the interpreter produces an acknowledgment (“OK”) and addresses the operator to signal that she is ready to talk to him and translate what the caller said. In turn 14, after translating into Spanish the reason for the call, she asks the operator to confirm that she can proceed with the usual routine questions aimed at obtaining the caller’s personal details and health insurance card number. The operator confirms that he agrees and shows his appreciation for the interpreter’s initiative with two expressions of politeness in turns 15 (“yes please”) and in turn 17 (“if you would be so kind”).

In this excerpt, one instance of a sound problem can be observed. In turn 9 the caller explains the reason for the call but the interpreter cannot hear and signals this by repeating the word “hello” with a rising tone (turn 10). The caller immediately understands that his previous turn was not received by the interpreter and repeats it with more emphasis in his voice. As mentioned in paragraph 2.1, one of the disadvantages of interpreting on the phone is that there can be acoustic problems and information may be lost. In this case, the interpreter starts a repair and obtains the information she had not heard. As we will see in the following paragraph, comprehension cannot be taken for granted on the phone because of poor quality of the sound, background noises or echo.

2.4. Managing comprehension problems: poor sound quality

The following excerpts illustrate two cases of comprehension problems caused by poor sound quality (and there are several more in our data). If the equipment does not work properly, if it is hard to hear what the other parties say on the phone, if there are background noises, the interpreter’s work can become really exhausting and frustrating. DUALIA’s protocols state that the interpreter must inform the other parties about sound problems (see 2.2.1), but do not say that the interpreter may decide to discontinue the service if the sound quality is too poor. So basically, the problem can be signalled but the interpreter cannot decide to bring the call to a close. The implication is that the interpre-

ter should continue translating unless the other parties decide to close the call because they cannot hear.

Example 4 below shows an instance of bad sound conditions due to a constant echo that makes it difficult to hear what the service user is saying.

Example 4

4. I: I am going to be your interpreter today how can I help you?
5. B: hello I would like to have a flu vaccination appointment for my daughter please ((echoing voice))
- 6. I: what kind of appointment please?
- 7. B: flu vaccination appointment ((echoing voice))
- 8. I: ah ca- can you can you repeat please?
- 9. B: yes I would like to have a flu vaccination appointment for my daughter ((echoing voice))
- 10. I: a vaccination appointment isn't it?
- 11. B: yes ((echoing voice))

In the sequence above it takes seven turns before the reason for the call is at least partially grasped by the interpreter. As a matter of fact, in turn 10 the interpreter shows he has understood that the caller wants a vaccination appointment but we do not know whether the interpreter has heard that the vaccination appointment is for the caller's daughter. This is not due to the interpreter's poor knowledge of English but to a constant echo that makes acoustic conditions really bad and has a negative impact on communication. In an emergency call this type of sound problem may jeopardise a prompt and timely provision of rescue or other emergency service.

Example 5

39. I: eh muy bien (.) eh madam? can you please give me your name?
40. B: it's Susanne Anne Tanne ((very difficult to hear because of echo))
- (1)

-
- 41. I: eh compañero eh lo ha entendido?
eh colleague have you heard?
- 42. A: **no** podría repetírmelo?
no could you repeat it?
- 43. I: madam can you please repeat your name please?
- 44. B: Suzanne Anne Tanne ((echo makes it difficult to hear))
- (2)
- 45. I: eh compañero Susana?
eh colleague Susana?
- (.)
- 46. A: xxx
- 47. I: o algo así suena su apellido
or it sounds like this her surname
- 48. A: cómo? perdone? el apellido cómo?
what? sorry? what is her surname?
- 49. I: Susana su nombre y el apellido eh (1) eh (.) Tan o algo así suena si puede comprobarlo con el número de su tarjeta? (.) bueno es el de la hija claro (.) eh: le voy a decir que me deletree: el apellido espere un segundo por [favor] *Susana is her name and her surname eh (1) eh (.) Tan or it sounds like this can you double-check it with her card number? (.) well it is her daughter's obviously (.) eh: I am going to ask her to spell her surname one second [please]*

Example 5 is taken from the same call as Example 4. Despite the bad sound conditions, the interpreter keeps translating, and when the lady pronounces her name the interpreter's task becomes almost a "mission impossible". After two attempts, the interpreter grasps only the first name of the caller, but he is not sure he has understood it correctly. The fact that the interpreter cannot hear properly seems to affect his self-confidence. Although he has understood the first name correctly he expresses doubts in turn 47 where he says "or it sounds like this her surname". Rather than asking the lady to repeat her family name once again, the interpreter asks the operator to find out the lady's full name on the basis of her health insurance card number. This does not seem

to be a good solution since the health insurance card number provided by the lady is her daughter's. An alternative strategy the interpreter could have adopted from the beginning would have been to ask the caller to spell her name and surname, and indeed in turn 49 the interpreter finally decides to ask for the spelling as a last resort and gets the name right in the following sequence (not included in the above example). As we shall see in the next paragraph (2.4.1), asking to spell a proper name or a place name is a sound strategy: it saves time, interpreter's energy and probably frustration, and it expedites communication. Obviously, the interpreter must have been trained or have gained experience in TI in order to distinguish between his/her own personal weaknesses or limitations and situational difficulties. If sound conditions are poor, an interpreter should not be afraid to ask the other parties to make a little extra effort to communicate successfully. Above all, interpreters should be aware that they will not lose face if adverse external factors prevent them from hearing what is being said.

2.4.1. Managing comprehension problems: names of people, places and drugs

Proper names have been frequently identified as a challenge for interpreters (Gile 1984; Ballard 2001; Viezzi 2004; Amato and Mack 2011). First of all, they are culture-bound elements that often cannot be found in the target language and culture. Secondly, they often must be reproduced exactly as pronounced by the foreign language speaker, without any possibility for the interpreter to process the information at a deep semantic level, find its meaning and a way to render it in another language.

There is no general agreement in the literature about a definition of "culture-bound" terms. Some scholars claim that cultural items mainly refer to extra linguistic fields (names of places, flora, fauna, social institutions), while others argue that they include intralinguistic and pragmatic phenomena (idioms, proverbs, puns). Nor is there a common terminology: «These 'problem triggers', in Gile's (1995) terminology, are 'culture-specific items' in the source text, variously referred to also as 'realia', 'cultural references', 'cultural markers', 'culture-bound references' or 'culture bumps' (Leppihalme 1996), and notoriously hard to define» (Pöchhacker 2007, p. 129).

There is, however, a general consensus on the fact that names are potentially problematic for interpreters. But unlike simultaneous conference interpreting where the interpreter works in a booth, in a dialogue interpreting setting the interpreter often has direct access to the speakers. This situational factor represents a “resource” that can be used for different purposes, like asking for clarifications, repetitions and explanations. Another possible use of this “resource” is asking speakers to spell proper names, to pronounce them slowly and clearly or loudly, as in Example 6 below that shows a good practice/strategy adopted by the interpreter.

Example 6

32. A: de acuerdo y su nombre?
OK and your name?
(.)
- 33. I: sir could you **please** say your name
out loud?
34. B: yeah it`s **John** Smith
(.)
35. A: vale de acuerdo

In turn 33 the interpreter asks the caller to “say his name out loud”. The result is that the name is heard also by the operator (since this is a three-party telephone conversation) and it is not necessary for the interpreter to reproduce it to the operator. In order to be able to take such initiatives, however, the interpreter must not feel in a situation of “communicative uncertainty” (see 2.2.1) and must have self-confidence. Being aware of one’s interpreting skills reduces uncertainty about the ability to manage a difficult acoustic situation and prevents the interpreter from losing confidence in her/his interpreting abilities if s/he cannot get a proper name on the phone the first time it is pronounced by a foreign speaker.

In Example 7 the interpreter is not intimidated by names of drugs (mis)pronounced by the husband of a lady in palliative care. When she hears the first name of a drug, she immediately asks for the spelling to make sure she gets the correct name and she can reproduce it accurately to the doctor.

Example 7

20. A: sí mira eh quiero preguntarle eh:
qué medicación le ha::n: le han::
recetado a su a >su señora esposa<
vale? a ver si:: (.) está
siguiendo el tratamiento
correctamente
*yes listen I would like to ask him eh: what drug they
ha::ve they have:: prescribed to >her wife< OK?
and to find out if: she is adhering to the treatment correctly*
21. I: de acuerdo ah **sir** could you please
tell me (.) the (.) medicine that
your wife has been prescribed?
22. B: they have ah nupaken
(2)
- 23. I: nupaken? [could you]
24. B: [nupaken]
I: could you
please spell that for me?=
25. B: =yes it`s(.) en iu
26. I: en iu
27. B: pi ei
28. I: pi ei
29. B: gi **i en**
30. I: **gii en** [OK]

As mentioned at the beginning of this paragraph, geographical names can be difficult to understand or recognise too. Again, this is a potential problem that can be solved if the interpreter adopts the appropriate discourse initiatives. In the following Example 8 the interpreter's activity is crucial to understand the location of the caller who is asking for an ambulance for the husband.

Example 8

24. A: mm vale (.) eh:: un momentito
(4.2) vale eh: por favor eh:
pregúntele eh:: dónde se encuentra
*mm OK (.) eh:: one minute (4.2) OK eh: please eh: ask
her eh:: where she is*
25. I: eh: buen- madam? eh: where are you?
26. B: OK I'm in::: Dinama- Dinamadina?
- 27. I: Dinamadina?

-
- 28. B: **yes**
- 29. I: OK (1) en Dinamedina? o:: Madina?
(1.2) le dice algo?
*OK (1) in Dinamedina ? or:: madina? (1.2) does it
sound familiar?*
- 30. A: eh: no
- 31. I: eh: madam in what **city** are you?
32. B: in Malaga
33. I: in Málaga [OK]
34. B: [yes]
- (.)
- 35. I: en Málaga
in Malaga
- (1)
- 36. A: eh: pregúntele si podría ser en
Benalmádena
eb: ask her if it could be Benalmádena
37. I: eh: madam might it be Benalmádena?
- 38. B: eh: yes I think it`s the Spanish
eh: (.) "pronunciation" yes

Example 8 is taken from an emergency call. The caller's pronunciation makes it difficult to understand where she is, an essential piece of information for the operator to send an ambulance. In turn 27 the interpreter correctly reproduces the name of the place mentioned by the caller but, apparently, the name does not correspond to any geographical location as shown in turns 29 and 30 where the interpreter asks the operator if he has ever heard of this place and he answers negatively. The interpreter decides to ask the caller to give her the name of the city where she is calling from. This is a successful initiative because having identified the province with the interpreter's help (Málaga), the operator has an intuition about the geographical name the lady wants to communicate and the lady in turn 38 confirms that the right geographical location has been identified by the operator.

These last two paragraphs have illustrated some of the problems that can be caused by the communication medium (the phone) when the sound is poor and/or by the type of information to convey: proper names, names of places and drugs that can be mispronounced but must be accurately conveyed by the interpreter to

the operator/doctor. The analysis of data has shown that there are resources available and accessible to the interpreter to manage and solve these problems, on condition that the interpreter knows them and is self-confident enough to take initiatives and to ask the other participants to help her/him in transmitting information correctly, for instance by asking the caller to speak loud or to spell the name of a drug.

2.5. Managing the object of the call: understanding the service request

Sometimes the opening of a call contains more than just the identification/ recognition/language check mentioned in paragraph 2.3, as it is illustrated in the following example.

Example 9

1. I: hola buenas tarde me llamo Sam
puedo ayudarles?
hello good evening my name is Sam how can I help you?
- 2. A: buenas tarde:s soy la doctora
Perez García mire:: tengo
un paciente: una paciente
norteamericana
*good evening doctor Perez García speaking listen:: I have
a North American patient: a female patient*
3. I: sí
(.)
- 4. A: que:: eh:: que no sé lo que me dice
pero:: me dice que: necesita un
hueso roto y necesita sus
servicios para pode:r comunicarnos
entre:: nosotras
*what:: eh:: what I do not know what she is telling me
but:: she is telling me that: she needs a broken
bone and she needs your service to be able to
communicate between:: the two of us*
5. I: vale (.) de acuerdo ((echo))
OK fine
(.)
6. A: mire:: ahora eh quiero que:: le
pregunte::: (.) que es lo que le

- ha pasado:: a::: a la paciente a
 la señorita que tengo aquí
*listen now I would like you to:: ask::: her (.) what
 happened:: to:: the patient to the young lady here*
7. I: vale (.) hello? ((echo))
OK bello?

Excerpt 9 is taken from the same interaction seen in Example 1. The doctor is in an emergency room with the patient, while the interpreter is on the phone in another location. The doctor informs the interpreter about what she thinks will be the object of the interaction – “a broken bone” – and instructs the interpreter how to proceed, thus making it easier for her to understand what the call is about and to anticipate how the interaction will proceed. It may be interesting to note that talk may contain inconsistent expressions: the doctor literally says “she needs a broken bone” while she obviously means that the person in front of her needs her medical assistance because of a broken bone. Despite this inconsistency, the interpreter understands and does not ask for a repair or a clarification. Conversely, in the following example (Example 10), since the doctor is not able to provide any information to the interpreter, the latter takes the initiative and offers to ask the necessary questions on her behalf. The doctor accepts this offer, and consequently in this case questions will follow a different “flow”: they will not go from the doctor to the interpreter and then to the caller but directly from the interpreter to the caller. This is a good example of cooperation between the doctor and the interpreter who agree about how to conduct the interview; it also shows that the doctor trusts the interpreter – an essential element for the success of interpreter-mediated communication.

Example 10

1. I: Dualia buenas tardes le atiende
 Lidia ((echo))
*Dualia good evening this is Lidia how can I help you?
 ((echo))*
2. A: hola buenas tardes (.)soy la
 doctora (.) Ana Zamora llamo de
 la de urgencias del hospital de
 Córdoba Reina Sofía (.) [ten]

- hello good evening (.) doctor (.) Ana Zamora speaking I am calling from the emergency department at Cordoba Reina Sofia hospital [I ha]*
3. I: [sí]
[yes]
-
- go aquí un señor pero no no soy capaz de entenderlo
ve here a gentleman but I cannot understand him
- 4. I: vale de acuerdo pues (.) si quiere le pasa al teléfono y yo le pregunto por favor
OK all right well if you want you can put him on the phone and I will ask him "please"
- (.)
5. A: vale gracias

And then there is the ideal world as in Example 11 below. This call is made by a doctor who wants to phone a leukemic patient at home to check her health conditions and her compliance with the prescribed palliative care treatment. In this case, the doctor knows everything about the case at hand while the interpreter does not. The following excerpt is the opening sequence.

Example 11

1. I: Dualia buenos dias
Dualia good morning
- 2. A: hola buenos días (.) mira te llamo del hospital Virgen del Rocío (.) de Sevilla (.) soy la doctora Ana Gómez y te llamo desde:: eh la s-e::l departamento de:: oncología (.) mira eh tengo al otro lado de la línea:: a u::na persona (.) bueno vamos a contactar (.) con u:n señor que se llama Robert **Hutson** y le vamos a preguntar por su::: señora esposa ((*telephone interference noise*)) que se llama Margaret porque ella tiene leucemia y::: estamos

- siguiendo: un tratamien- ah bueno estamos siguiendo un sistema de seguimiento paliativo para ver cómo se encuentra la señora vale?
*hello good morning (.) look I am calling from Virgen del Rocio hospital (.) in Seville (.) I am doctor Ana Gómez and I am calling you from:: eh the s- the:: department of oncology (.) look I have o:: person on line:: (.) well we are going to contact (.) a: gentleman whose name is Robert **Hutson** and we are going to ask him about hi::s wife ((telephone interference noise)) whose name is Margaret because she has leukaemia a::nd we are carrying out a palliative care follow-up to see how she is doing OK?*
- (.)
- 3. I: de acuerdo (.) me puede repetir el nombre de la: mujer?
OK (.) can you repeat the name of the lady?
4. A: ella se llama Margaret
her name is Margaret
5. I: Margaret de acuer[do]
Margaret all ri[ght]
- 6. A: [vale?] lo que no sé es si nos cogerá el teléfono:
ella o:: o Robert que es su **marido** (.)vale?
[OK] what I do not know is whether she will answer the phone:: or:: or Robert who is her husband (.) OK?
7. I: de acuerdo
all right
8. A: venga (.) ahora te conecto
fine (.) I put you on now
9. I: OK

In turn 2, the doctor briefs the interpreter thoroughly about the call that is about to start; she tells her the name of the healthcare institution and her own name, she specifies the hospital ward she calls from and informs the interpreter that it is a case of leukaemia. The doctor also gives the interpreter the name of the person who is going to answer the phone (the patient's husband), the name of the patient and the reason for the call.

In turn 3 the interpreter double-checks the patient's name; this could be due to the fact that the doctor's turn contained a lot of information or to the circumstance that the patient and her husband are not present and therefore cannot be seen by the interpreter and it is therefore necessary to double-check who is involved in the phone conversation. In short, the doctor is giving an exhaustive briefing to the interpreter explaining the reason for the call, the type of pathology that will be discussed and specifying even who will answer the phone. This allows the interpreter to anticipate a call that will assess the health conditions of a leukemic patient and will discuss palliative care. She can expect specific medical questions that will contain medical terminology and enquiries about drugs, probably including their names. While the interpreter was completely "unprepared" before the telephone rang, from this point on she can formulate expectations about the content of the conversation and get ready to take down notes, write names of drugs or other relevant information.

2.6. Managing the collection of the caller's personal details and coordinating turn taking

Unlike what happens in a monolingual service call where the identification between caller and receiver occurs in the first phase, in the interpreter-mediated interactions analysed in this study the identification of the healthcare service user or of the patient may occur later on, after the interpreter and operator/doctor identification and recognition and after the reason of the call has been understood by the operator/doctor and the interpreter. Moreover, in monolingual service calls the operator conducts the "interview" by asking questions to obtain all the necessary information to decide how to respond to the caller's request, while in our interpreter-mediated health service calls the series of routine questions to acquire the patient's details may be jointly conducted by the operator/doctor and the interpreter. Like in Example 12 below, the interpreter can take initiatives to obtain the relevant information without waiting for a question to be asked by the operator or the doctor and then report the information to the latter after the end of the dyadic exchange with the caller or the patient.

Example 12

- 9. I: so you have a broken leg is what
you think you can't walk
10. B: yeah I I think I have a broken leg
after (.) you know we were
playing football=
- 11. I: =when did it happen? ((echoing
voice))
12. B: yeah this morning
- 13. I: this morning (.) OK could you
please pass the phone to the
doctor? so I can talk to her?
thank you
14. B: yeah yeah certainly

Example 12 is taken from the same interaction of Example 10 where the doctor in the emergency room needs to talk to an English-speaking patient. The man tells the doctor through the interpreter that he thinks he has broken his leg at the end of a football match. In turn 9, the interpreter summarises the main complaint and receives a confirmation by the patient. In the following turn 11, the interpreter takes the initiative to ask when the accident had happened in order to obtain relevant information to convey to the doctor. In this case, the interpreter is acting with a “mandate” since she had agreed with the doctor to talk directly to the patient. After collecting the necessary information, the interpreter asks the patient to let her talk to the doctor and in the following sequence (not included in the example) the interpreter reports everything to her. If the interpreter had not agreed how to proceed in advance, her behaviour would have excluded the doctor from the exchange, which is a severe protocol infringement. It is interesting to note that in this exchange the interpreter also coordinates turn taking: in turn 13 she signals to the patient that their exchange is over and selects the next speaker by asking the patient to pass the phone to the doctor. As was mentioned in paragraph 2.1, one of the extra tasks that the interpreter has to perform on the phone is coordinating turn taking, because of the absence of visual inputs. This can be seen in the example below.

Example 13

1. I: >hola buenas tardes me llamo xxx
en qué puedo ayudarles?<
> *hello good evening my name is xxx how can I help you?<*
2. A: hola buenas tardes tengo aquí
un usuario que parece que es de
lengua Inglesa
*hello good evening I have here a client who seems to be
English-speaking*
- (.)
3. I: sí de acuerdo
yes all right
- (.)
- 4. A: eh:: necesito saber qué le ha
occurrido: (.)eh::
(.) eh: de donde es la edad y
la dirección por favor
*eh:: I need to know what happened: to him (.) eh::
where he is from (.) eh: his age and his address please*
5. I: vale de acuerdo (2) hello
OK all right (2) hello
- ...
13. I: you are eighty one [and
14. B: [yeah
→ I: and what`s your name?
→ 15. B: my name is Peter
(1)
→ 16. I: Peter what`s the full name sir?
→ 17. B: ah it`s it`s Peter Rufus
→ 18. I: **Rufus** OK hold on for a moment ah
hola compañero? me dice que se
[llama]
***Rufus** OK hold on for a moment ah hello colleague? he
tells me his [name is]*
19. A: [dígame]
- I: Peter Rufus [tie]
Peter Rufus [he]
20. A: [sí]
[yes]
- I: ne ochenta y un años
y ...

Example 13 contains two excerpts and is taken from a call where a patient asks for an ambulance because he believes he has eaten something harmful for him since he is diabetic. In turn 4 the operator asks the interpreter to collect information about what happened, where the caller is from, his age and his address. The interpreter follows the instructions and adds a question of her own initiative to know the caller's full name when the caller answers providing only his first name. The interpreter knows that this is a relevant piece of information for the operator. Thus, the collection of the caller's personal details is conducted through teamwork by the operator and the interpreter who also manages turn allocation. In turn 18 the interpreter asks the caller to hold on a moment and then switches language and addresses the operator in Spanish. This is a recurring pattern in our data: the interpreter signals to one of the speakers in her/his language that she needs to talk to the other speaker and asks her/him to hold on until the exchange with the other speaker has been completed before another exchange can start. Differently from interpreter-mediated FtF encounters, all examples discussed so far include dyadic interactions (Gavioli 2012) rather than triadic ones at least in some points (Mason 2001; Wadensjö 1998): the interpreter talks to one party at a time in one language and then puts that party on hold while she talks to the other translating what has been said.

2.7. Concluding remarks

The analysis of 15 interpreter-mediated healthcare service calls has highlighted some recurring features that make these interactions different from monolingual health service calls. At the beginning of interpreter-mediated calls the identification and recognition phase takes place between the operator and the interpreter, while in monolingual service calls this phase involves the caller/user and the operator. The caller/user's identification occurs at a later stage in our data of interpreter-mediated calls, usually after the presentation of the request or reason for the call by the caller/service user.

In monolingual service calls the operator interviews the caller in order to understand the request and collect relevant information. By contrast, in interpreter-mediated calls analysed in this chapter the interview is often

carried out jointly by the operator and the interpreter who agree about how to proceed and work as a team to achieve the same goal: collecting information as accurately and as quickly as possible. This may generate dyadic exchanges between the caller or the operator/doctor and the interpreter, who does not translate after every turn produced by each speaker but may decide to postpone the translation until the exchange with the caller or the operator is over.

The fact that speakers cannot see each other makes turn allocation more difficult than in FtF interactions and it is often the interpreter who coordinates turn taking putting one speaker on hold while s/he translates/talks to the other or selecting the next speaker by switching language.

Both poor sound conditions and the occurrence of proper names of people, places and drugs represent a challenge for interpreters working via acoustic input only. Our data show that interpreters who are aware of these difficulties and are well trained and self-confident are able to adopt successful strategies and solutions.

Overall, the calls analysed here show that when the operator and the interpreter trust each other and have a clear understanding of their roles, they work together successfully. However, in order to reach this level of synergy, joint training of healthcare professionals and interpreters is essential.

