

Role-play instructions

Preparing for the role play:

Let the class know what the topics are for the role-plays (asthma and acid reflux). Then let them research the topics on the Internet, and come back to discuss what they learned. It is useful to have them discuss these topics in English, and then to discuss them in ASL, so they have vocabulary ready for the actual role-play.

Students will practice interpreting in a medical setting using these role-plays. Divide students into groups of 5 or 6. One of them will play the Deaf patient; one will be the doctor; and one will interpret. The others will observe, keep time, and be prepared to offer feedback after the role-play.

Separate out the instructions for each participant, so that the “patient” only gets the instructions on the “patient” card, the “doctor” only sees the “doctor” card and the “interpreter” sees the “interpreter” card. You may want to allow the patient and interpreter to have a brief meeting prior to the appointment, similar to the kind of conversation that might take place in a waiting room.

Students should be instructed to try to make this as realistic as possible. (For example, the doctor doesn’t need to create more challenges for the interpreter by addressing her directly with questions such as “how long did it take you to learn sign language?”, etc.)

The student playing the doctor should avert their gaze when the patient is signing, so they are actually using the interpretation. The “patient” could use earplugs, to not hear what the doctor is saying.

The role-play should continue for between 12 – 15 minutes. At the end, one of the observers leads the feedback discussion. First, ask the doctor and patient if they got the answers to the questions they asked, and if they felt that the interaction seemed to flow. Then, ask the interpreter first about her own reactions and thoughts. Then let the other observers comment on what they noticed, and wondered about. The feedback should take no more than 10 minutes. Then participants can change roles, and do a second role-play.

Variations:

If you have access to beginning sign language students, or less experienced students, they could role-play the doctor's part. Another possibility would be to enlist the help of nursing students, or other healthcare technicians who are students in the same institution in which you teach.

It's a very effective teaching tool to have Deaf people come in to role-play the patient. If that is the case, it is helpful to meet with the Deaf participants in advance to outline the structure and purpose of the role-play, and to make sure that the information on the card is clear to them.

If using role plays in a class with students who are not yet interpreting, but only learning about ASL and interpreting, several role plays could be presented with outside participants, with students observing these to gain a sense of what an interpreted medical interaction looks like.

Developing further role play cards:

Consult people with a particular medical condition, who can provide you with the typical issues that are raised in a doctor's appointment. They can give you an idea of the kinds of questions that the doctor usually asks, and the kinds of medication and/or treatment that are indicated. Researching the condition yourself will lead to other questions to put on the "doctor" card. It is helpful to have a medical professional review the role play, to ensure accuracy of information.

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