RIT National Technical Institute for the Deaf

How to Work with American Sign Language (ASL) Interpreters & Deaf and Hard of Hearing (D/HH) Patients

DO	DON'T
1. **Speak directly to the D/HH patient,** <u>not</u> the interpreter YES: "Hi, my name is _____." NO: "Can you tell him/her/them that my name is _____?"	**1. Don't say "don't interpret this" to the interpreter** Be respectful of not talking about your D/HH patient in front of them, and leave the room if you need to have a private discussion (<u>including discussions with interns/externs or other healthcare professionals</u>).
2. Check in at the beginning of the appointment: "Are the blinds okay? Is the interpreter setup in a good location?" *ASL is a visual language*: lighting/blinds may need to be adjusted, interpreter may move around the room as needed to improve visibility.	**2. Avoid using the term "hearing impaired"** to refer to a deaf or hard of hearing person, unless referring to a disability category within IDEA, if using a payer term required for reimbursement, or if the individual self-identifies in this way. "Deaf and hard of hearing" represents the collective group with wide range of hearing levels and cultural identities. See ASHA's Terminology Guidance here.
3. Talk normally. No need to talk louder, faster, or over-enunciate your words. If the interpreter or the D/HH individual needs you to adjust your pace, they will communicate this.	**3. Don't forget importance of interpreter location:** **A)** The interpreter will typically sit next to the provider, so the D/HH individual can see both the interpreter and the provider. **B)** Interpreter will typically wait in the hallway when the provider is not in the room/if interpreting is not occurring.
4. Practice one speaker at a time, especially in meetings- it is very difficult for the interpreter to interpret two speakers talking at the same time (*they only have one set of hands, after all!).* **Note that there are cases when two interpreters are needed.*	**4. Don't block the interpreter** i.e. standing in front of them for extended periods. The D/HH person needs to see what is being signed. If you need to move around the room, do this normally- i.e. walking in front of the interpreter briefly is okay.
5. Embrace comfortable pauses: There is a delay between what is said, and when it is interpreted. *Please pause between sentences or after questions to give the D/HH person time to respond*- they may still be waiting on the interpretation to finish. **You may need more time for these appointments.**	**5. Don't assume the interpreter is a volunteer or family friend of the D/HH person.** Interpreters are *paid professionals who adhere to the code of conduct outlined by the Registry of Interpreters for the Deaf.*
6. Limit provider to interpreter conversation- this is the D/HH person's appointment! The interpreter is there to facilitate communication between the provider and the D/HH individual. <u>Exception:</u> Interpreters will typically introduce themselves at the beginning of the appointment, and ***<u>may make clarifications as needed for their interpretation</u>*** **<u>i.e. "Can you spell that? Can you explain what that means?"</u>**	**6. Don't assume that all D/HH people will use an interpreter the same way, or that they will always want an interpreter.** Some D/HH may prefer to speak, some sign, some may do a mix of both. If a D/HH person declines an interpreter, another mode of effective communication must be used. Consider the D/HH individual's preference.

The healthcare provider relies on the ASL interpreter for communication as much as the D/HH patient. Both parties benefit from effective communication.