In the scenario, I am interpreting at a medical practice. The Service Provider (SP) is the GP practice and Service User (SU) is a patient. I arrive at the reception on time, the receptionist waves me in direction of the patient and then she answers a phone call. Then the patient is called into the consultation room. At the consultation room, I try to introduce myself and give my Code of Practice (CoP) to the doctor but he ignores me and asks what the problem with the patient is. I reply to him that he can ask the patient himself and I will interpret for him. Then the doctor ask me to take the patient back to the waiting room so I can interview her, while he sees another patient, then he will call us back. The following things went wrong during my job assignment:

 \* The receptionist behaves unprofessionally because she shouldn’t leave me alone with the patient because this could cause me being partial and unsuitable to do this assignment. \* The doctor ignores my introduction. The Code of Practice (section 5.24) says that Service Provider should “allow to interpreter to introduce him or herself”. Introduction is important because it allows me explain the rules and terms which I am going to follow during assignment. \* The doctor should “address member of the public directly” (Code of Practice section 5.26). It is important that a service provider speaks directly to a service user, because it allows better communication and connection between, in this situation, patient and doctor, and SU doesn’t feel left out. \* The doctor doesn’t want to interview the patient and ask me to leave the consultation room. The Code of Practice defines this problem as follows: “Conduct all of the interview yourself. It may be tempting to ask the interpreter to go off and have chat with your client, and then come back and tell you the relevant points, but the interpreter is not qualified to know what information to look for or...

<http://www.cincinnatichildrens.org/assets/0/78/675/753/755/79cb6d97-a18c-44e5-b3e6-ec8319e43f83.pdf>

Predicament: The patient was rambling, not adhering to conventional western discourse patterns (question > to-the-point answer)

Dilemma: Shall I explain about the patient to the physician?

Predicament: The patient has told me something that may be relevant, but has asked me not to tell the physician

Dilemma: Shall I risk losing the patient’s trust or shall I risk not disclosing the information?

Predicament: The patient makes various derogatory remarks about the physician, and clearly does not trust him.

Dilemma: Shall I let the doctor in on what the patient is saying?

Predicament: I understand the word in the source language, but do not know how to say it in the target language.

Dilemma: shall I ask for time off to check the term, or shall I make do with a more general term or paraphrase (e.g. instead of edema say an accumulation of fluids)

Predicament: The physician has been speaking for a very long time, and I am not going to remember some parts of what he said.

Dilemma: Do I indicate this to the physician and ask him to stop or do I risk forgetting some points, rather than interrupt?