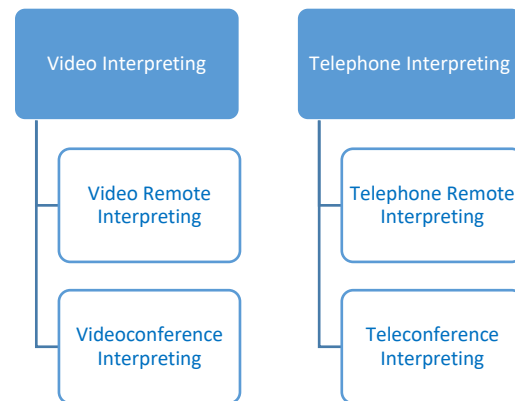


BACKGROUND

- Technology-mediated communication on the rise
- E-health era
- Growing practice of remote interpreting

REMOTE INTERPRETING



LITERATURE

Medical studies (comparison between modalities): RI generates (perceived) positive results



Interpreting Studies (quality assessment): RI leads to (perceived) impact on interpreting quality

METHODOLOGY

Comparative study, consisting of three series of three simulations (face-to-face, by telephone and by video) by three interpreters, one doctor and one simulation patient, based on three different semi-scripted healthcare scenarios.

	Theme 1 (A/B/C)	Theme 2 (A/B/C)	Theme 3 (A/B/C)
Interpreter 1	F2F: 1A	VI: 2B	TI: 3C
Interpreter 2	TI: 1B	F2F: 2C	VI: 3A
Interpreter 3	VI: 1C	TI: 2A	F2F: 3B

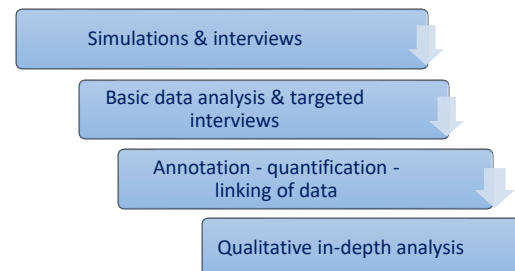
RESEARCH AIM

Identification of possible differences in interpreting quality under remote conditions as compared to face-to-face interpreting

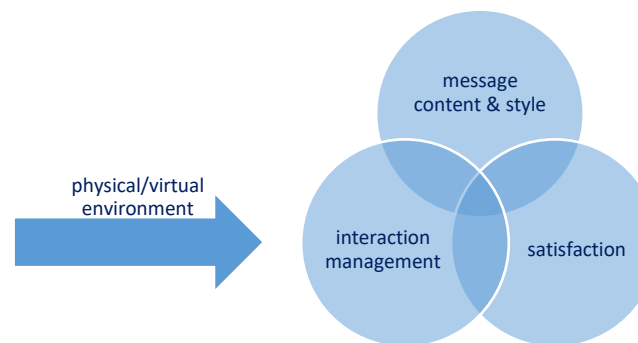
RESEARCH QUESTION

Are there differences in interpreting quality in dialogic doctor-patient settings between face-to-face interpreting, telephone interpreting and video interpreting, and if such differences exist, what is their nature?

DATA COLLECTION & ANALYSIS



QUALITY ASSESSMENT



ANNOTATION CATEGORIES

Message content & style	
Omission	
Addition	
Substitution	
False fluency	
Editorialization	
↕ Interaction management ↕	
Issues	Repair
Overlapping speech	Request for clarification
Reported speech	Correction
Language mixing	Transform reported speech
False start	Renditional formulation
↕ Backchannelling ↕	
Assessment	
Continuer	
Gaze	
Body posture	
Gesture	
Nodding	
Facial Expression	
↑ Environment & Technology ↑	
Operation of equipment	
Image quality	
Sound quality	
Synchronisation image & sound	
Out of shot	
Seating arrangement	
Background noise	
External disturbance	