



Internal Discussions

An Appointment in Gastroenterology

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Independent Study Packet for CEUs:

An Independent Study Packet which can be used for CEUs through RID's ACET/CMP program is being developed and will be available for free download from the web by January 2004. For more information, visit: www.stkate.edu/project.

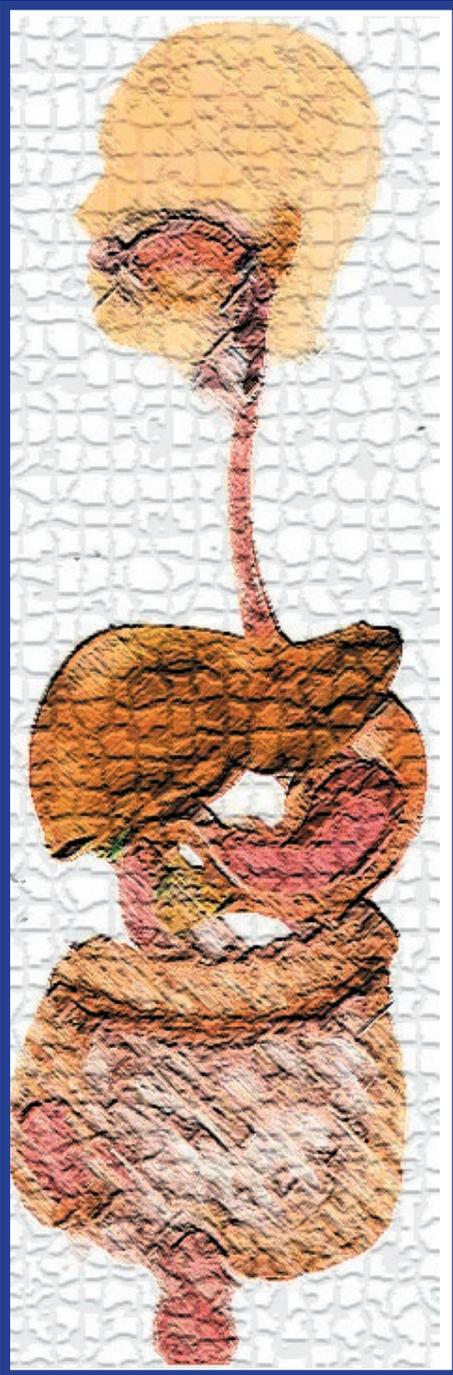
Navigating the CD:

You can move through the information on this CD in a variety of ways:

- ✎ Click on the title of any of pages on the Table of Contents to go to that page.
- ✎ Open Bookmarks by clicking [HERE](#) or on the tab in the upper left corner of this window. Use those links to navigate.
- ✎ Click on [Blue Links](#) on the rest of the pages to take you to specified locations.
- ✎ Click on the arrows at the bottom of the page to go forward or backward.
- ✎ Use the arrows on the toolbar at the top of your screen.

Click Here to Begin





Internal Discussions

An Appointment in Gastroenterology

Featuring:

Mary Jane Harrington
Mary Dykstra

with interpretations by

Nancy Niggley
Cara Barnett

A creation of the

COLLEGE OF ST. CATHERINE
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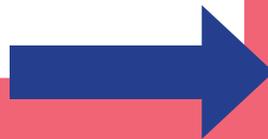
Click anywhere on the page to go on to the Table of Contents.



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click on the title or number.**





Using this CD-ROM

Software Installation

The best configuration is [QuickTime 6](#) and [Acrobat Reader 5.1](#) ([Adobe Reader 6](#) does not yet have as much functionality as version 5.1.) You can click on the name of the software to go to a website for downloading. (QuickTime 5 will play the movies--just not as smoothly.) See *Begin* file for more details.

Printing

To print pages, select the page range which you want in your print dialogue box and set your printer to landscape perspective. Some of the page will be beyond your printer's margin. The information in the margin is only useful for navigation on the computer--not necessary for off screen reading.

Navigating Through This CD

Tips for navigating this CD are given on the [first page](#). Because there is so much on this single CD-ROM, you may want to print out the file *GI.pdf* in its entirety and use it to help find your way.

Video Instructions

Click on the **Title** to see movie. Click on **Large** to play a larger version of the same video file. Click on **Captions** to open captioned version of the video. The captioned video may not play as smoothly as the regular video due to the added track of the captions.

Shortcut Keys:

- ✎ The “*esc*” button in upper left of keyboard closes movie window.
- ✎ Click on Control Bar at the bottom of the Movie Window to move to different locations in the video. (Clicking here moves to halfway point of movie.)



For Acrobat Reader 5.1:

- ✎ Press Space Bar for Pause/Play.
- ✎ Right arrow (→) on keyboard allows you to play video in slow motion. (Mac: Hold button down. Windows users need to repeatedly tap the key to move from frame to frame.)

(Adobe Reader 6 doesn't support these functions, which is why we recommend using Acrobat Reader 5.1)



Troubleshooting

Large link video is same as the Title link.

The video files have a resolution of 480 x 360. By selecting **Large**, it will play that file in the largest multiple of this which fits on your screen. If your monitor is set at 800 x 600, you will not be able to play the larger version. If your monitor is set at 1024 x 768, it will play the movie full screen. See your computer's control panel or system preferences to adjust your monitor's resolution.

Captions failed to load.

You need to upgrade your version of QuickTime. In the installation process, you are given options of *Minimum*, *Recommended*, or *Custom*. Your computer has the *Minimum* installed. Choose instead the *Recommended* option. Go to www.apple.com/quicktime/download/ for the software.

The captions are too small to read.

You can increase the visual size of the captions by adjusting your monitor setting to 800 x 600. The captioned movies are 480 x 460, so it will fill up most of your screen.

Short videos in consecutive format don't play correctly.

It sometimes takes a few seconds for the video to activate. If the clip is only a few seconds long, it may be over by the time the video starts showing. Simply press the play arrow on the control bar to play it again.

Movie links do not work.

Be sure you have at least [Acrobat Reader 5.1](#) installed. Acrobat Reader 5.05 for Mac OS X did not support playing movies in floating windows. You may need to reinstall this program

When I play the captioned version of the movie, it is not smooth.

The captions add another track to the movie file, which may make the actual video less smooth in its delivery. You can print out a copy of the transcript to follow along and watch the video without captions.

Video in consecutive format won't close when I press 'esc.'

Make sure you have Acrobat Reader 5.1 installed. Version 4 will play the video, but won't close with the 'esc' option.

Video stutters or appears blurry.

QuickTime 5 may not play the video as clearly as QuickTime 6. Try upgrading at www.apple.com/quicktime/download/. If this doesn't work, try playing the smaller versions of the video.

Slow Motion and Pause don't work.

Adobe Reader 6 doesn't support playing the video in slow motion by hitting the arrow key or pausing by the space bar. The best option is to install [Acrobat Reader 5.1](#) and use that for playing the files. Open Acrobat Reader 5.1 and then choose File>Open>GI.pdf.



Overview of this Project

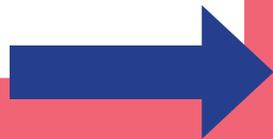
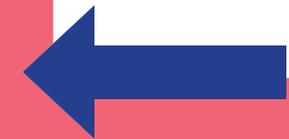
This resource offers a unique opportunity to prepare for interpreting in medical settings, particularly those within a Gastroenterology department. Originally conceived as a companion to “STOMACH THIS! The Digestive System in ASL and English,” this CD allows interpreters to apply the understanding developed in an academic setting to working in a clinical setting.

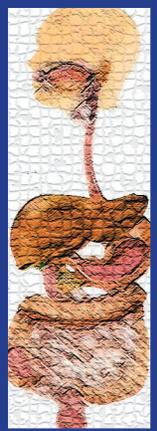
The CD is set up to provide you with an opportunity to both observe an actual interpretation and practice on your own. You can go through the process of preparing for the assignment, handling check-in at the reception desk, meeting the Deaf patient, and then interpreting the appointment. First of all, you then have the opportunity to interpret the appointment in a consecutive manner. In this format, the video is solely from the perspective of the interpreter’s point of view and pauses on the screen after each turn in the interaction. This allows you to produce an interpretation without being limited by the time constraints of the actual interpretation. Following the consecutive interpreting, you can view the actual interpreted event. The video is presented showing camera angles of the doctor/interpreter and the patient simultaneously. There is also a format for analyzing the features of an interaction. This framework, developed by Dr. Melanie Metzger, can be of assistance in helping interpreters notice the particular challenges of interactive situations and the strategies that interpreters use to manage those settings. Finally, Nancy Niggley offers perspectives on her own interpretation so that you can get insight on what factors affected the choices she made in her interpretation and what she might have done differently if she had an opportunity to do it all over again. After you have observed the actual dynamics of the interaction, it is offered in a format that allows you to practice a simultaneous interpretation.

Following the interaction, you can practice interpreting for a video used in patient education. Mary Jane Harrington, who is the lead nurse for the Gastroenterology Department of Health Partners, gives an overview of two diagnostic procedures. She explains the use of an EGD and Colonoscopy—and gives a tour of the actual examination room used. This video might be similar to something used for patients to familiarize them the procedures they will undergo. This video is presented in both consecutive and simultaneous formats, along with an interpretation done by Nancy Niggley. Additionally, Cara Barnett, who served as the ASL language model on “STOMACH THIS!,” offers an interpretation. So, you can see how a Deaf interpreter, versed in the anatomy of the digestive system, handles an interpretation in a more clinical setting.

The hope is that these options, presented in a sequential manner, will provide significant development in your ability to interpret in settings such as these. Good luck as you set off on this journey of learning.

Doug Bowen-Bailey





Internal Discussions

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Suggestions for Working with these Situations

1. Work with “STOMACH THIS!” to develop a better understanding of the digestive system.

Using the “STOMACH THIS!” CD-ROM, develop your understanding of the structure and function of the digestive system. See the Page 9 for details.

2. Do prediction/preparation for interpreting this appointment.

Using resources suggested on page 12, prepare for interpreting this appointment looking at what conditions and procedures might be discussed during a gastroenterology appointment.

3. Practice checking-in for an appointment.

As an interpreter in medical settings, you need to be prepared to handle the check-in in an efficient and effective way. On page 13, there is a video which allows you to practice and some perspective from Nancy Niggley on how she handles the many check-ins that she does throughout the course of her work.

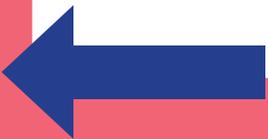
4. Meet the Deaf patient.

There is a very brief introduction by Mary Dykstra who is coming in for the appointment.

5. Interpret the appointment in a consecutive manner.

The first offering of the actual interaction is presented in a format designed for consecutive interpretation. Each turn is offered as a separate movie, allowing you to work on interpreting without the constraints of time.

(continued on next page)





Internal Discussions

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Suggestions for

Working with these Situations

6. Observe/analyze the original interpretation.

The interpretation is also offered as it was actually performed. The video contains a shot of the doctor and interpreter, as well as the Deaf consumers. Using a framework developed by Dr. Melanie Metzger, you can analyze the interpretation to be more effectively prepared for working in actual settings.

7. Interpret the appointment in a simultaneous manner.

After having spent time preparing for the content of the appointment, and analyzing the features which might present a challenge, go ahead and interpret the appointment in a simultaneous manner. This format is offered on page.

8. Practice interpreting video in the context of Patient Education.

Jane Harrington, who is the lead nurse for the Gastroenterology Department at Health Partners gives a description of two common procedures used to diagnose complications with the digestive system. She first explains an EGD and then a colonoscopy. This monologue is a good example of a type of video that might be used in patient education to explain procedures used in gastroenterology. Additionally, Nancy Niggley and Cara Barnett both provide interpretations for this material for you to gather other ideas for how to convey this information in ASL--and give an example of how a Deaf-Hearing team can work together to create an interpretation.

A more detailed packet for integrating this CD-ROM (and obtaining CEUs) is under development and will be available from the RSA Region V Interpreter Education Project website at www.stkate.edu/project.

Go on to “Working with *STOMACH THIS!*” by clicking on right arrow.



Working with “STOMACH THIS!”

1. Obtain a copy of the CD-ROM.

“STOMACH THIS! The Digestive System in ASL and English” was produced in 2002 and is distributed by the Minnesota Region III Low-Incidence Project, the RSA Region V Interpreter Education Project, and the National Clearinghouse of Rehabilitation and Training Materials. You can download a mail order form from: www.digiterp.com/NESC.html or visit www.stkate.edu/project for other ways to order.

2. Work with English Lectures to develop understanding of anatomy and physiology.

Paul Buttenhoff, a professor at the College of St. Catherine, gives two lectures on the digestive system in English. Listen to the lectures to better understand the structures and functions of the system. Use the diagrams on that CD or this one to help identify the spatial relationships between the organs which make up the system. *(Depending on your familiarity with the topic, you may also choose to do either the warm-up or the technical lecture, rather than listen to both.)* For other diagrams of the digestive system, visit [MerckSource on the web by clicking on this link](#).

3. Retell information in spoken English.

Using a diagram of the digestive system as a guide, retell the lecture in spoken English. This is a good test of both comprehension and memory.

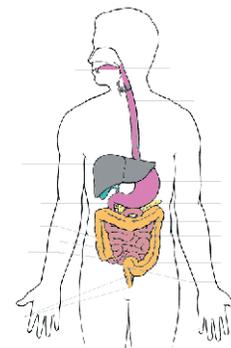
4. Work with ASL lectures to develop understanding of how to convey information in ASL.

After developing a better understanding of the system itself, watch Cara Barnett’s lectures to see how she conveys the same information in ASL. Pay particular attention to her use of space to show how the organs are structured and function in relation to each other. *(Again, you may also choose to do either the warm-up or the technical lecture, rather than listen to both.)*

5. Retell information in ASL.

Similar to step 3, retell the information in ASL.

A more detailed packet for integrating these two CD-ROMs (and obtaining CEUs) is under development and will be available from the RSA Region V Interpreter Education Project website at www.stkate.edu/project.

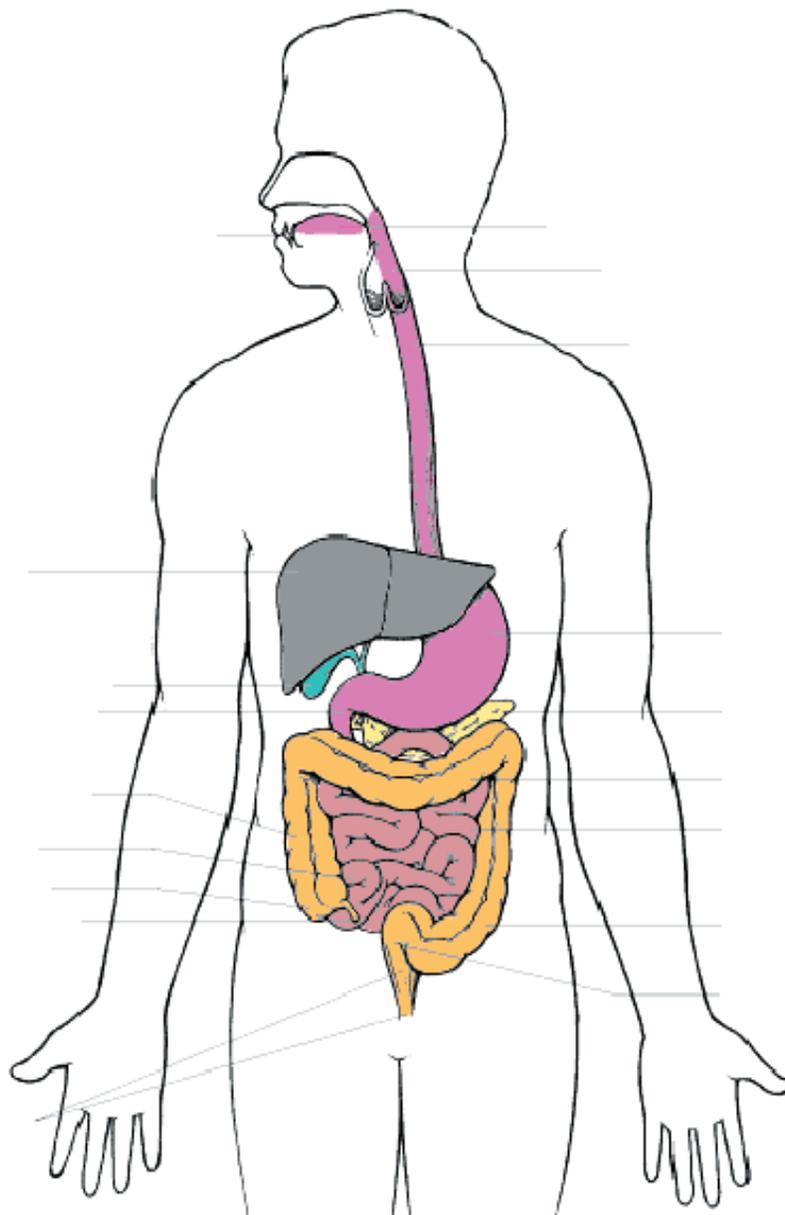


Click on the image for a larger version.



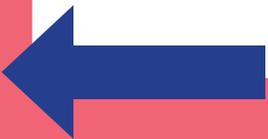
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A Diagram of the Digestive System



Click the left arrow to
return to
“Working with
STOMACH THIS!”

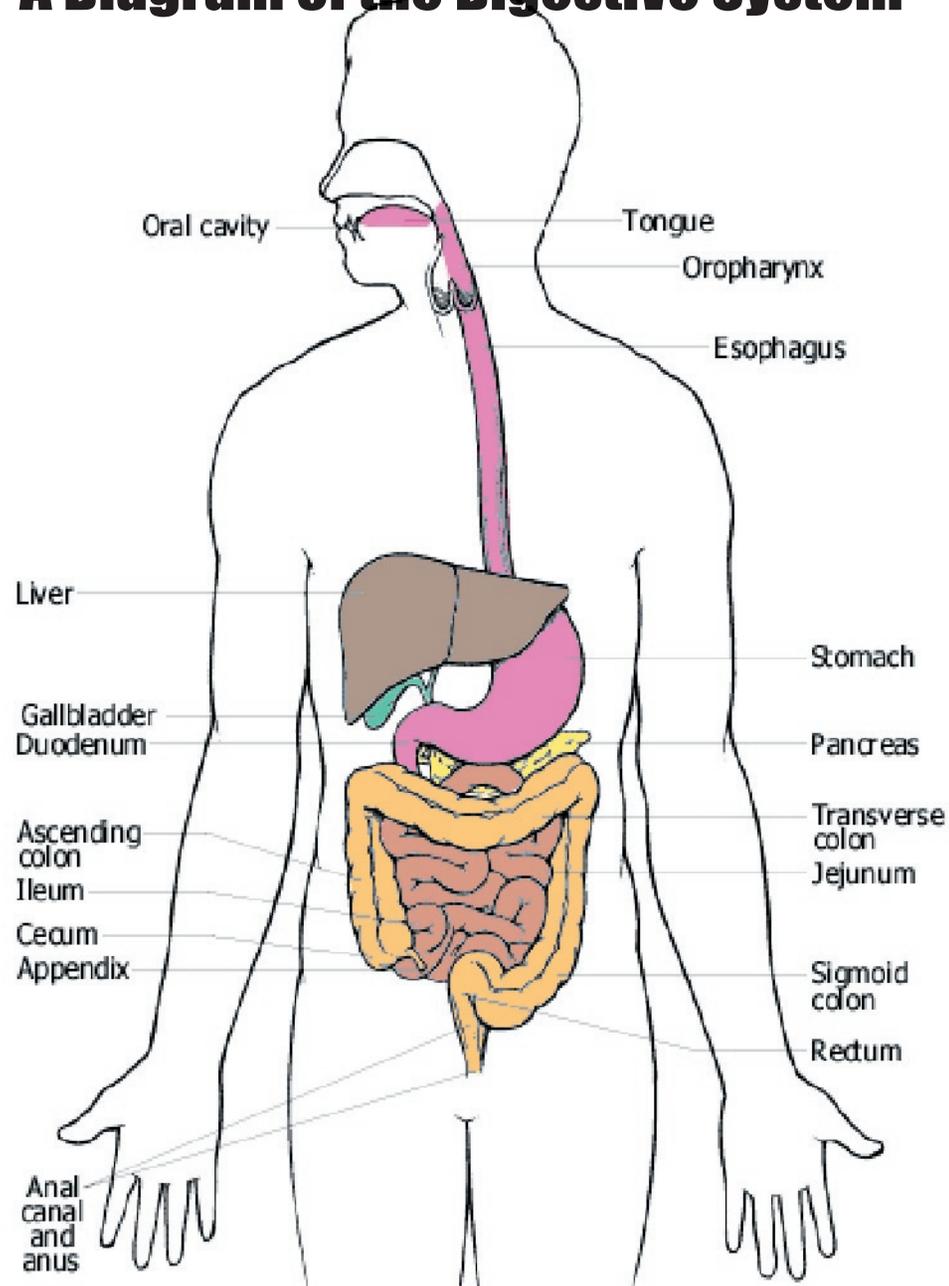
The next page has this di-
agram with all the organs
labeled. You can choose
to do the retelling with
either this diagram or the
one on the next page.



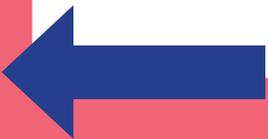


Internal Discussions An Appointment in Gastroenterology

A Diagram of the Digestive System



Click here to return
to
“Working with
STOMACH THIS!”





Internal Discussions

An Appointment in Gastroenterology

Resources for

Preparing for a Gastroenterology Appointment

1. Identify and understand possible conditions.

Looking at the anatomy and physiology in “STOMACH THIS!” focuses on a healthy digestive system. In the midst of doctor appointments, perspectives tend to be looking at how the system is out of balance. Use the following websites to look at some of the conditions and diseases which might be encountered in an appointment. Some of these websites also give further attention to the structure and function of the digestive system.

Some possible conditions you might want to be sure you can define:

Colorectal cancer Ulcer Diverticulitis Gastroesophageal reflux Polyps
Anemia Gastroenteritis

Click on any of these conditions to be taken to the A.D.A.M Health Encyclopedia hosted by Merck Source (www.mercksource.com)

To see actual pictures of parts of the digestive system, including comparisons between healthy and diseased organs, visit: <http://www.vh.org/adult/provider/internalmedicine/GIAtlas/AtlasHome.html>

For more in-depth discussions of GI Disorders: <http://www.colonoscopy.com/disorders.html>

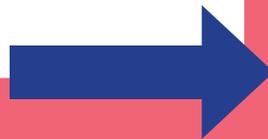
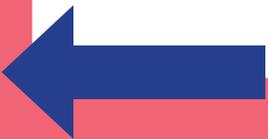
2. Identify and understand possible GI procedures.

The following are procedures commonly used to diagnose problems with the digestive system:

Colonoscopy EGD - esophagogastroduodenoscopy Barium Enema

Click on any of these procedures to be taken to the A.D.A.M Health Encyclopedia hosted by Merck Source (www.mercksource.com)

Other descriptions of a Colonoscopy: <http://www.ontumor.com/colorectal/colonoscopy/> or <http://www.asge.org/gui/patient/colon.asp>





The Relationship of Consecutive and Simultaneous Interpreting

The main situations on this CD-ROM are provided in both its complete version which is designed for practicing simultaneous interpretation and in sections designed to facilitate consecutive interpretations. While it is suggested that you may want to begin in a consecutive format, I think it is important to have a framework for thinking about the relationship of consecutive and simultaneous interpreting.

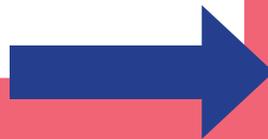
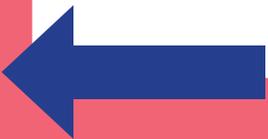
In practicing consecutive interpretation, it is vital to keep in mind that this is a critical skill not only in developing skills which lead to simultaneous interpretation, but also that it is an essential skill in and of itself. Debra Russell, in a study of courtroom interpreting situations, found that in many situations, consecutive interpretation led to significant reduction in the number of errors in an interpretation. Russell's point, backed up by research, is that our profession must see consecutive interpreting as a viable option, not just for beginning interpreters, but for all interpreters in situations where the text "was rich with technical data and contextually or culturally bound information that required greater processing time afforded by consecutive interpreting." (Russell, p.7)

Rather than consecutive interpreting just being a "stepping-stone" to simultaneous interpreting (as Russell suggests it currently is viewed by many) knowing when to shift between consecutive and simultaneous interpreting is an important skill for all interpreters. As you move forward, I hope you will take advantage of the consecutive options to practice this crucial skill.

For Deaf Interpreters

Additionally, consecutive formats allow this resource to be useful for Deaf interpreters. Each of the spoken English segments are provided in captioned formats, so Deaf interpreters can practice translating genuine English discourse into ASL. So, there are model interpretations by a Deaf interpreter for the "Overview of GI Procedures." But Deaf interpreters can work with any of the consecutive segments to practice interpreting from the English.

Reference: Russell, D. "Reconstructing Our Views," in Swabey, ed. (2002) *New Designs in Interpreter Education: The Proceedings of the 14th National Convention of the Conference of Interpreter Trainers.*)





Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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Format for Consecutive Interpreting

The first version of the appointment (which begins on the next page) is presented in a format conducive to consecutive interpreting. That is, each turn is a separate movie which will pause on the screen at the end of the turn. This is your opportunity to produce an interpretation without concern for time constraints.

To make sure you won't get stuck with the video frozen on your screen, practice with this test movie to close the movie window with your ‘esc’ key. If the ‘esc’ key doesn't work, check to make sure you have at least Acrobat Reader 5 installed (and not version 4.)

Click here for Test Movie. (Consecutive)

To close the movie, hit the “esc” key in the upper left corner of your keyboard and then select the next movie in the sequence.

To close movie window, press “esc” button in upper left of keyboard.



Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press **Space Bar** for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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Handling the Check-in

The first step in a medical interaction generally happens at check-in and does not always include the Deaf patient. Most often, you need to check in at the appropriate desk to either locate the patient, or to be prepared to interpret for that patient’s registering. This video offers you the opportunity to practice what you would say for the check in. Nancy Niggley, who provides sample interpretations on this CD, provides some perspective on what strategies she uses in handling these registration situations.

For this setting, you have received the following information from the referral service:

Appointment time: 1:30 PM

Name of Patient: Mary Dykstra

Name of Physician: Dr. Olson, a gastroenterologist

Symptoms: Anemia

Given this information, go ahead and practice your check in with the receptionist at the desk.

Check-In

Large

Captions

Perspectives on Check-In from Nancy Niggley

Large

In this video, Nancy gives her strategy for checking-in at the desk in a way that facilitates getting the information she needs (whether the Deaf patient has checked in or not) by introducing herself in a specific order: “I’m an interpreter, here for appointment with Dr. _____, at (time) with (Patient’s name.)”



Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD](#) for details.

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Interpreting the Appointment (Consecutive)

Meeting the Deaf Patient

Large

This is a brief introduction to Mary Dykstra who is coming to the doctor for an appointment. (0:13)

The Appointment

The Appointment is divided into two sections. In the first segment, the nurse is seeking to gather background information from the patient. The second section is the nurse talking to the patient after the doctor was in to talk to her. (For this project, we did not have an actual doctor, so it is based on an imagined interaction between doctor and patient.) In the second part, the nurse gives descriptions of the two procedures prescribed by the doctor.

To go to the page for either of these parts, simply click on the title of that segment.

Gathering Background Information (Part 1)

In the first part of the appointment, Mary Jane Harrington, the lead nurse for Gastroenterology, meets with Mary Dykstra to gather information on her symptoms. (2:43)

Describing Recommended Procedures (Part 2)

In the second part of the appointment, the nurse gives Mary a description of the two procedures the doctor has determined are necessary to help in diagnosis. These procedures are a colonoscopy and an EGD. (6:51)

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.





Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD for details.](#)

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Interpreting the Appointment (Part 1)

Gathering Background Information

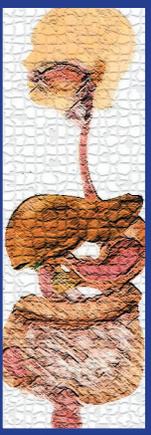
In the first part of the appointment, Mary Jane Harrington, the lead nurse for Gastroenterology, meets with Mary Dykstra to gather information on her symptoms. (2:43)

Nurse

Patient

Part 1	Large	Caption	Part 2	Large
Part 3	Large	Caption	Part 4	Large
Part 5	Large	Caption	Part 6	Large
Part 7	Large	Caption	Part 8	Large
Part 9	Large	Caption	Part 10	Large
Part 11	Large	Caption	Part 12	Large
Part 13	Large	Caption	Part 14	Large
Part 15	Large	Caption	Part 16	Large
Part 17	Large	Caption	Part 18	Large
Part 19	Large	Caption	Part 20	Large
Part 21	Large	Caption	Part 22	Large
Part 23	Large	Caption	Part 24	Large

To close movie window, press “*esc*” button in upper left of keyboard.



The Appointment -- Part 2

Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD](#) for details.

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Describing Recommended Procedures (Part 2)

In the second part of the appointment, the nurse gives Mary a description of the two procedures the doctor has determined are necessary to help in diagnosis. These procedures are a colonoscopy and an EGD. This part of the interview happened after an imagined meeting with Dr. Olson who then left it to the nurse to describe the procedures which he was recommending. (6:51) (The first turn because of its length is divided in two sections.)

	Nurse			Patient	
Part 1	Large	Caption			
Part 1a	Large	Caption			
Part 3	Large	Caption		Part 2	Large
Part 5	Large	Caption		Part 4	Large
Part 7	Large	Caption		Part 6	Large
Part 9	Large	Caption		Part 8	Large
Part 11	Large	Caption		Part 10	Large
Part 13	Large	Caption		Part 12	Large
Part 15	Large	Caption		Part 14	Large

Parts 16 - 31 on next page.

If video does not play correctly at first, use control bar at bottom of window to restart the clip.

To close movie window, press “*esc*” button in upper left of keyboard.



The Appointment -- Part 2 (continued)

Describing Recommended Procedures (Part 2)

In the second part of the appointment, the nurse gives Mary a description of the two procedures the doctor has determined are necessary to help in diagnosis. These procedures are a colonoscopy and an EGD. This part of the interview happened after an imagined meeting with Dr. Olson who then left it to the nurse to describe the procedures which he was recommending. (6:51)

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to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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Nurse

Patient

Part 16	Large	Caption
Part 18	Large	Caption
Part 20	Large	Caption
Part 22	Large	Caption
Part 24	Large	Caption
Part 26	Large	Caption
Part 28	Large	Caption
Part 30	Large	Caption

Part 17	Large
Part 19	Large
Part 21	Large
Part 23	Large
Part 25	Large
Part 27	Large
Part 29	Large
Part 31	Large

If video does not play correctly at first, use control bar at bottom of window to restart the clip.

To close movie window, press “*esc*” button in upper left of keyboard.



A Framework for Observation of Interpreted Interaction

This framework comes from the work of Dr. Melanie Metzger as explained in her chapter on “Interactive Role-Plays as a Teaching Strategy” in *Innovative Practices for Teaching Sign Language Interpreters*. This framework makes it possible to make the most effective use of observation of an actual interpreted event.

Interpreting Strategies for Interactive Discourse

On page 20, you can observe the actual interpretation created during the filming of this project. It is presented in the format similar to the picture at right where you can watch simultaneously all parties in the interaction. In doing so, it is possible to observe features of interactive discourse and recognize the interpreter’s strategies for coping with this discourse.



Metzger separates interpreter’s strategies into two categories: interactional management and relayings. In the first category, she lists: 1. *Introductions*; 2. *Summonses/attention-getting strategies*; 3. *Turn taking and overlap*; and 4. *Responses to questions*. In the “Relaying” category, she lists: 1. *Source Attribution*; 2. *Requests for clarification*; and 3. *Relaying of pronominal reference*. A brief description of these strategies are below. For more in-depth descriptions, see the chapter (and its bibliography) referenced on the next page.

Interactional Management

Introductions: This refers not only to the introduction between the individuals who require the presence of an interpreter, but also the introduction of the interpreter. In this segment, the introduction of the interpreter happened prior to filming. For a resource with this feature, see Dr. Carol Patrie’s series on interpreting in Medical, Legal, and Insurance settings available from Dawn Sign Press. (www.dawnsign.com.)

Summonses/attention-getting devices: This refers to how an interpreter manages getting the attention of participants in an interaction when they may have different formats for getting attention. For instance, a person using spoken English may say a person’s name and assume that the individual will then tune in. However, if a Deaf person isn’t looking, an interpreter needs to have an alternative strategy to simply signing that person’s name.



Internal Discussions

An Appointment in Gastroenterology

A Framework for Observation (continued)

Interactional Management (Continued)

Turn taking and Overlap: In a natural interaction, speakers have to establish the right to take a turn and negotiate giving the floor to others. The signals for turn-taking are different between languages, and so an interpreter needs strategies to guide the turn taking process. Additionally, speakers will often talk over each other or overlap. Given that an interpreter can only interpret one utterance at a time, interpreters have to make choices about how to handle those overlaps.

Responses to questions: Interpreters are often asked questions directly by the Deaf or hearing individuals who are participants in the interaction. Interpreters need to make decisions about how to respond in a way that most effectively ensures that the interaction moves forward in a way respectful of all parties.

Relayings

Source Attribution: Particularly for individuals who have limited experience in working with an interpreter, they may be unsure when they see or hear the interpreter talking if those ideas are generated by the interpreter--or come from someone else. Source attribution refers to the strategies used by interpreters to make the source of an utterance to all the participants.

Requests for Clarification: Given the importance of understanding a message before being able to interpret it, interpreters may at times need to request clarification before being able to proceed. Interpreters need to have strategies for effectively asking for clarification.

Relaying pronominal reference: This refers to how interpreters handle the use of first-person versus third-person address in an interaction. For example, if an individual keeps saying, "Tell her..." does the interpreter maintain that form and allow the Deaf person to make a request to be addressed directly or switch it to the first person to not draw the attention away from the topic of the interaction.

Reference: Metzger, M. "Interactive Role-Plays as a Teaching Strategy," in Roy, ed. (2000) *Innovative Practices for Teaching Sign Language Interpreters*. Washington, DC: Gallaudet University Press. <http://gupress.gallaudet.edu/IPTSLI.html>



Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press **Space Bar** for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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Model Interpretations

With the framework provided, now go ahead and view the interpretations. You may choose to focus on one of the features or strategies which Dr. Metzger suggests are a part of interpreted interactions.

Gathering Background Information

Large Captions

[Transcript](#)

This video shows the actual interpretation of the first segment from when this appointment was filmed. In it, you can see the camera angle focused both on the deaf person and on the nurse and interpreter. (2:43)

Describing Recommended Procedures

Large Captions

[Transcript](#)

This video shows the actual interpretation of the first segment from when this appointment was filmed. In it, you can see the camera angle focused both on the deaf person and on the nurse and interpreter. (6:51)

Technical Note: *In placing all the tracks into one video file, not all of the audio tracks lined up with the video. So, when Nancy and Mary Jane speak, their voices are sometimes not exactly coordinated with their lips. This is a problem with the video itself and not your mind. --DBB*

Perspectives

Meet the Interpreter

Large

[Summary](#)

In this video, Nancy Niggley introduces herself .

On the Interpretation

Large

This video shows reflections by Nancy Niggley, the interpreter shown in the model interpretation. Nancy offers her perspective on what factors influenced her choices in the interpretation.

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.





Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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Interpreting the Appointment (Simultaneous)

The appointment is again presented from the sole camera angle of the interpreter perspective (with all voice interpretations removed) so that you can practice handling the situation yourself. After having worked with the situation in a consecutive manner, and having viewed the actual interpretation created during filming, you should have a good overall sense of the dynamics of the interaction, even though you were not physically present at its creation.

Meeting the Deaf Patient

Large

This is a brief introduction to Mary Dykstra who is coming to the doctor for an appointment. (0:13)

Gathering Background Information

Large

Captions

In the first part of the appointment, Mary Jane Harrington, the lead nurse for Gastroenterology, meets with Mary Dykstra to gather information on her symptoms. (2:43)

Describing Recommended Procedures

Large

Captions

In the second part of the appointment, the nurse gives Mary a description of the two procedures the doctor has determined are necessary to help in diagnosis. These procedures are a colonoscopy and an EGD. This part of the interview happened after an imagined meeting with Dr. Olson who then left it to the nurse to describe the procedures which he was recommending. (6:51)

Parts 1 and 2 Together

Large

The video was edited in such a way to allow you to work with both parts of the interaction without a break (if there is a desire to have a longer segment to work with.) At the 2:43 mark, there is a transition (and the mythical meeting with the Doctor.) With that understanding, it is possible to work with it as a more extended interaction. (9:37)

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.





Interpreting Video in Patient Education

In clinical settings, patients often watch videos describing procedures which they will undergo. In this next movie, Mary Jane Harrington, the lead nurse in the Gastroenterology Department of Health Partners, provides an overview of two commonly used procedures in Gastroenterology: the EGD (esophagogastroduodenoscopy) and the Colonoscopy. This type of video might be similar to that used in educating a patient such as Mary who has these procedures prescribed.

An Overview of GI Procedures (Consecutive)

[Complete Transcript](#)

The first offering of this overview is in a consecutive format. The entire movies lasts 7:49. It is divided into 19 sections of varying lengths. In viewing the sections, the video will freeze on the screen and the window will remain open allowing you to produce an interpretation without time constraints.

Remember to press “esc” to close the video window and then move on to the next section.

Part 1	Large	Caption	(00:14)
Part 2	Large	Caption	(00:10)
Part 3	Large	Caption	(00:09)
Part 4	Large	Caption	(00:15)
Part 5	Large	Caption	(00:22)
Part 6	Large	Caption	(00:25)
Part 7	Large	Caption	(00:32)

Go to the next page for parts 8 - 19.

To enlarge captions, set monitor settings to 800 x 600.

Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Captions

Click on to open captioned version.

“esc” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD for details.](#)

[Table of Contents](#)

To close movie window, press “esc” button in upper left of keyboard.



Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press *Space Bar* for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD](#) for details.

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An Overview of GI Procedures (Consecutive)

Continued from Previous Page

Part 8	Large	Caption	(00:17)
Part 9	Large	Caption	(00:24)
Part 10	Large	Caption	(00:33)
Part 11	Large	Caption	(00:39)
Part 12	Large	Caption	(00:39)
Part 13	Large	Caption	(00:22)
Part 14	Large	Caption	(00:52)
Part 15	Large	Caption	(00:31)
Part 16	Large	Caption	(00:06)
Part 17	Large	Caption	(00:38)
Part 18	Large	Caption	(00:26)
Part 19	Large	Caption	(00:22)

To enlarge captions, set monitor settings to 800 x 600.

[Complete Transcript](#)



Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on **Captions**

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press **Space Bar** for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

[Table of Contents](#)

Interpreting Video in Patient Education

After working with the **GI Overview** in a consecutive manner, now view a sample interpretation created by Nancy Niggley.

A Sample Interpretation

Large

No Sound

In this video, Nancy Niggley interprets the video segment, as if it were being used in patient education to prepare Mary for an EGD and colonoscopy.

Perspectives from Nancy Niggley

Large

Nancy offers some perspectives about her experience interpreting these types of video and how she uses a combination of simultaneous and consecutive interpreting by occasionally pausing the VCR.

The following version of the movie runs without pause, allowing you to interpret in a simultaneous format. If you wish to pause the video as you interpret (as described in Nancy’s perspectives), you can use the Space Bar as your remote control to pause the video and then to start it again.

GI Overview

Large

Captions

[Transcript](#)

In this movie, Mary Jane Harrington, the lead nurse in the Gastroenterology Department of Health Partners, provides an overview of two commonly used procedures in Gastroenterology: the EGD (esophagogastroduodenoscopy) and the Colonoscopy. The entire movies lasts 7:49.

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.





Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on Captions

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press **Space Bar** for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

[See Using this CD for details.](#)

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An Overview of Gastroenterology Procedures

Interpretations from a Deaf and Hearing Team

As this project evolved, we realized we had the opportunity to use the **GI Overview** video as an example of a Deaf and hearing team working to create an interpretation. While the consecutive options might more closely model what turn taking would look with a Deaf Interpreter at a medical appointment, we wanted to offer this interpretation in a simultaneous style. We hope it proves worthwhile for Deaf interpreters to see another Deaf interpreter in action, and to have the opportunity to practice working in a format similar to what might be expected in a conference or workshop setting.

Meet Cara Barnett

Large

[Summary](#)

One relevant detail not mentioned in this introduction is that Cara was the ASL language model for the CD-ROM, “STOMACH THIS!: The Digestive System in ASL and English.”

An Interpretation by Cara Barnett and Nancy Niggley

Large

In this version, Cara’s interpretation is featured, but Nancy’s feed is shown in a box in the upper right corner. This allows you to see the dynamics of what Nancy offered and what Cara did with that original interpretation.

For Deaf Interpreters:

Practice with a Feed from Nancy Niggley

Large

This video represents the feed which Cara received in producing her interpretation. You can use this as a source in creating an ASL interpretation. Because of the dynamics of creating an interpretation, it is important that you are very familiar with the text...since Nancy doesn’t necessary complete all of her ideas because Cara made predictions based on her knowledge of the situation and topic. For a more complete feed, you can use :

Interpretation by Nancy Niggley

Large

(continued)

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.





Playing Movies

Click on **Title** to see movie.

Large

opens larger scale version of movie.

Click on **Captions**

to open captioned version.

“*esc*” button upper left of keyboard closes movie window.

Press **Space Bar** for Pause/Play.

Right arrow (→) allows you to play video in slow motion.

Click on control bar to move to that point in video.

See [Using this CD](#) for details.

[Table of Contents](#)

An Overview of Gastroenterology Procedures

Interpretations from a Deaf and Hearing Team (continued)

This interpretation actually represents the first time that Cara and Nancy have worked together in this fashion. Moreover, Nancy acknowledges that she is a “novice” at this type of teaming. The goal of including this work is not to represent it as the model product, but as a process for others to look at, learn from, and practice. In this light, we offer perspectives from both Cara and Nancy, as well as a short clip of Cara and Nancy’s first effort.

Perspectives from Cara Barnett

Large

Cara offers her perspective on the process of working with Nancy Niggley to create an interpretation.

A Sample from the First Take

Large

Cara, in her perspectives, refers to the fact that the sample interpretation shown was actually the second attempt. She also mentions that in her second attempt, she made a miscue in terms of the spatial description of the large intestine. This clip shows the portion of the first interpretation which demonstrated a more accurate spatial representation of the anatomy of the large intestine. (0:41)

Perspectives from Nancy Niggley

Large

Nancy offers her own perspectives on the process of working together with Cara.

[Credits for this Project](#)

The best software configuration is QuickTime 6 and Acrobat Reader 5.1.

See *Using this CD* for details and software installation instructions.



Transcripts--Gathering Background Information

Note that the transcript represents the ASL to English interpretation, rather than attempting a transcription of the ASL source. A possible activity could be to use the this transcript to compare to the source and see more specifically what choices Nancy used in creating this interpretation.

Nurse: Mary, your primary physician, Dr. Johnson, has recommended that you come to see us for a GI consult with Dr. Olson. I understand that your blood work shows that you had some anemia. What kind of symptoms have you been experiencing?

Interpreter: I take Zolof, a vitamin with calcium, and the doctor wants me to take iron.

Nurse: Have you started your iron yet?

Interpreter: I'm tired... every day.

Interpreter: Just for a few months now.

Nurse: Have you had any shortness of breath?

Nurse: When we do schedule these tests, we'll give you some written instructions. One of the things you will need to do is to stop your iron seven days before your exam.

Interpreter: No, not really. I'm just feeling very sleepy.

Nurse: And have you been able to do your normal activities?

Interpreter: Okay.

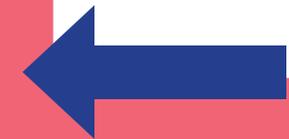
Interpreter: Yes, um, I teach during the day. Um, I try to keep active. It just feels like it's zapping my energy.

Nurse: Have you had any other tests ordered by Dr. Johnson? I have the results of your lab work...your blood work that was drawn. Have you had any other tests?

Nurse: Well, I did notice when I looked at the blood work that the doctor had ordered, your lab work, that you are anemic. That's why we would like you to have these tests. What medications are you on currently, including anything over the counter that you take on a regular basis?

Interpreter: I did have a colonoscopy before, two, three years ago.

Nurse: Okay. What about your family history? Do you have any family history of colon cancer?





Transcripts--Gathering Background Information (cont.)

Interpreter: (overlap) My mother's side. It is colon cancer.

Nurse: And who in the family had colon cancer?

Interpreter: Just my mom

Nurse: Your mother? Okay.

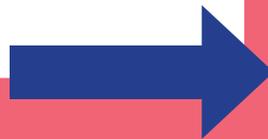
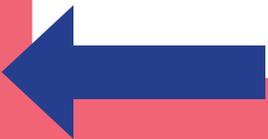
Interpreter: My family has ... uh, polyps.

Nurse: A history of polyps? Did you have polyps at the time?

Interpreter: My brother has had polyps, and I don't know whether I have them or not. That's a good question.

Nurse: All right, well, when you do that test, we'll see if you have any.

Interpreter: Okay.





Transcripts--Describing Recommended Procedures

Note that the transcript represents the ASL to English interpretation, rather than attempting a transcription of the ASL source. A possible activity could be to use the this transcript to compare to the source and see more specifically what choices Nancy used in creating this interpretation.

Nurse: Mary, doctor Olson after reviewing your chart and after visiting with you has decided that you need to have two tests, one of which is a colonoscopy, we'll talk about that one first. I'm going to give you some information about your prep, some very important things to know with both these exams. You will need someone to drive you home because of the sedation you're going to have.

We've scheduled your exam for July 23rd at 12:45. I have a list of instructions here and it's very important that you look through and read these before the exam because there's a lot of prep work you need to do. One of the things for the colonoscopy, you're going to have to get a prep called Fleet's Phosphosoda.

It's a solution that you drink, you're going to need to be on clear liquids the day before the exam.

Interpreter: I have a question. So is that a day, or two? When do I start that? Is it a day before, or two days before?

Nurse: (overlap) The day before.

Interpreter: And then what about food?

Nurse: You're going to be on clear liquids the day before the exam. For two days before that, you want to be on low fiber.

Interpreter: Okay, I'm clear on that.

Nurse: The written directions that we're going to give you to take home and go over will give you very explicit step-by-step instructions as to when you take the Fleet's Phosphosoda., when you can drink.

There's some other things besides that that are very important in the prep. If you take any kind of medication that thins your blood, you need to talk to your primary doctor about stopping it.

If you take any aspirin, you need to stop it. If you take ibuprofen, naproxen sodium, Alleve ...

Interpreter; How long before that do I need to stop for those?

Nurse: One week...If you need to take them regularly ...



Transcripts--Describing Recommended Procedures (cont.)

Interpreter: Tylenol?

Nurse: Tylenol is fine. That's the only over-the-counter pain medication that you may take. It doesn't cause any bleeding.

Interpreter: Hmm. That's interesting. (NURSE OVERLAP)

Nurse: If you're diabetic, you'll need to talk to your doctor about making any adjustments in your diabetic medications. Okay. On the day of your exam, you'll arrive 15 minutes before the exam.

Interpreter: Okay.

Nurse: And you'll meet with a nurse, who will review your medications, answer any questions you might have, and get you ready for the exam. We'll get an IV started. You will get some conscious sedation for this test, which will keep you mellow, relaxed, and comfortable.

Nurse: But you will not be asleep. You will be awake and you will be breathing on your own. (Pause) The doctor also ...

Interpreter: (overlap) So, can you go without the IV?

Nurse: You can choose not to have any sedation if you like, but

we will always put an IV catheter into your vein, just in case there's an emergency situation, so we're prepared for it.

Interpreter: Okay.

Nurse: For your other exam, for your upper exam, where the doctor will take a small scope and look into your esophagus, down into your stomach, you really won't need to prep for this, because you've already prepped for the colonoscopy. It's very important that you have someone here to drive you home. (cough) Excuse me.

Interpreter: Okay. So my husband works ... I'm just not sure how I'm going to manage that. I'll need a ride.

Nurse: Yes, you can take a cab or a bus, if you have someone with you. The reason for that is you're going to have some sedation and a narcotic, and we want to make sure you get home safely. We can schedule this exam around your schedule, your husband's schedule. But we cannot do the exam unless you have someone here to take you home.

Interpreter: Okay.

Nurse: Um, we will schedule an interpreter for you also for the exam.





Transcripts--Describing Recommended Procedures (cont.)

Interpreter: Okay. Thank you.

Nurse: Do you have any questions for me, Mary, about either of the exams? I do have several pages of paperwork for you to look through and read.

Interpreter: Um ... I'm just wondering, if I don't understand, who should I be calling to get more information?

Nurse: That's a very good question. We have some phone numbers on the front for someone to call. (cough) Excuse me. We do not have a TTS, is that what it's called? TTS?

Interpreter: TTY.

Nurse: I'm sorry. We do not at our clinic have a TTY.

Interpreter: That's okay. I will use the relay service. There's a video relay service where I can go online and have an interpreter interpret the conversation.

Nurse: (overlap) Wonderful. And you can call ... there is a 24-hour nurse phone line you can call, which is the last number. And there's a daytime number, where a nurse is available between 8 o'clock and 4:30.

Interpreter: Okay

Nurse: Any other questions for me?

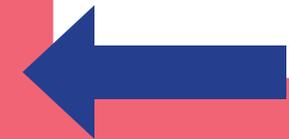
Interpreter: And, can you let the interpreter know to arrive early? Or, excuse me, can you make sure you get the interpreter scheduled early, because sometimes it's hard to find interpreters.

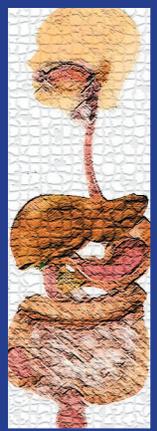
Nurse: Yes, we will not do the exam without an interpreter here, so we will make sure to schedule the ... and the interpreter usually comes a half an hour before the exam. We ask you to be here 15 minutes before so that you'll both be there so we can go over everything and answer all your questions. Okay? Do you have any more questions for me?

Interpreter: No.

Nurse: (overlap) All right Mary, well, I'll see you in a couple weeks.

Interpreter: Okay, all right, a couple weeks, great.





Summaries--Interpreter Introductions

Meet the Interpreter

Nancy Niggley gives her name and then explains that she didn't meet a Deaf person until 1984. After that encounter, she decided to go to school to become an interpreter, and was fortunate enough to get a job specializing in medical settings. She works for a big insurance company which has 25 or 26 buildings. She spends her weekdays interpreting appointments of all types, both medical and dental.

[Return to "Meet the Interpreter"](#)

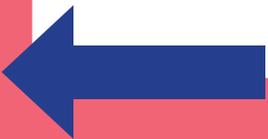
Meet Cara Barnett

She gives her name and then explains you will see her more in later videos.

She grew up in a Deaf family immersed in ASL. She got a BA in ASL Studies from Gallaudet and then moved to Minnesota to teach at the University of Minnesota. She has taught ASL there for 8 years, teaching in the fall and spring. In the summer, she goes to Western Maryland College working on her Master's in Deaf Education. Her focus is teaching ASL to both Deaf children and to adult teachers of ASL.

She has lived in Minnesota for the past 8 years and will for the foreseeable future.

[Return to "Meet Cara Barnett"](#)





Transcript--Overview of GI Procedures

Hi, my name is Mary Jane Harrington, I'm a GI nurse with Health Partners Riverside ... GI stands for gastroenterology. We look at everything that has to do with your digestive tract and your digestive system. We're here today to kind of explain a few things about some of the equipment we use and what to expect when you come in for a couple of tests your doctor might order.

We're going to start with, I want to show you a small diagram, actually, it's to scale, of the digestive tract. And we're going to start with the top. You might have some problems that your doctor wants you to come in and have an exam called an EGD. It stands for esophagoduodenoscopy, which is a little bit of a long name.

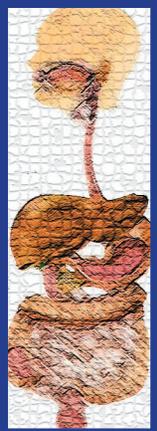
When you come in for this exam, you'll come into a room that looks like this. Your nurse will have you lie down on the bed. You will be hooked up to some monitoring equipment, a blood pressure cuff, because you're going to receive what's called conscious sedation during this exam. Conscious sedation is not putting you to sleep. We'll insert a small catheter in to your vein, which will be the avenue the doctor uses to give you sedation. You will receive two types of sedation for this exam. One of them is the narcotic. The narcotic is called Fentanyl. It's a synthetic narcotic similar to Morphine, but it's shorter-acting and much safer. You will also receive a sedative called Versed. Versed is similar to Valium, but there again it's much shorter-acting and it's much safer.

The reason for these two medications with this EGD exam are not because the exam is painful. It does not hurt. These two

medications combined with the spray we use at the back of the throat (are) to relax your muscles and get rid of your gag reflex. In this examination most people are afraid they're going to choke or gag. This is actually very unusual. The scope the doctor uses is this small. It's smaller than most food you swallow. The diameter of the scope is actually smaller than a Tylenol tablet.

During this procedure, you'll be lying on the left side, on your left side on a bed like this with your head on a pillow. The doctor will be on the side with the instrument and a nurse will be at the head of the bed. The nurse is there to monitor you, watch your vital signs, assist the physician and give you the medications. The doctor is concentrating his efforts on what he is doing with you.

He will have you insert a small bite block into your mouth, which you just gently bite with your teeth. He'll insert the scope through this, across the back of your tongue and he will insert it down, all the way down your esophagus and into your stomach, look all around through your stomach with it. The scope is articulated so the doctor can look in every corner of your stomach. This does not hurt. You need to concentrate on your breathing and think about your breathing to keep you relaxed and keep your muscles relaxed. The exam itself takes between five and 10 minutes. And if the doctor takes any biopsies, if he gets in your esophagus or stomach, sees some irritated areas, or perhaps thinks you may have the bacteria that cause ulcers, they'll take a little tissue sample. You do not feel this at all and this does not cause any problems or distress. It's just a tiny piece of tissue. A person isn't even aware that this is being done at the time.



Transcript--Overview of GI Procedures (cont.)

Another type of test your doctor may send you to for various symptoms is called a colonoscopy. The colonoscopy is done with a video scope similar to the one for the upper, obviously, it's a little bit larger and longer. It's also articulated at the end, it's very soft and very flexible. There's a port in the scope to blow air into the colon, there's a suction port, and there's also a very bright light. There's a video chip on the end of the scope. So the physician is actually watching on a television monitor.

You'll have a nurse on one side of the bed, a physician on the other, the nurse will be giving the conscious sedation which is similar to what is used in the other exam.

During this test, most people experience the feeling of fullness, as if they're going to have a bowel movement. This is from the air that the doctor is putting in. He needs air to expand the colon. He'll enter through the rectum, and as he goes through the colon, he's making his way all the way to the end of the large intestine, where it joins the small intestine. As he's doing this and he's turning the corners in the colon, there's the sensation of fullness and sometimes some cramping, they feel like gas cramps. They don't last very long. They can be intense but they usually last a matter of seconds. When the doctor gets to the end of the colon, those feelings go away and this is when they really get the good look. As he comes out of the colon, he'll be using the scope. The doctor will look at every inch of the colon. It's actually a visualization of the inside. If there are any small growths, which are called polyps -- which are not cancerous, they are just growths, polyps themselves are not a cancerous, they can be a pre-cancerous condition -- at that time, the doctor will remove

them. There's no pain involved in this removal. The colon only has the nerve endings that respond to pressure. That's why any of the sensations in the colon feel like either a gas cramp or air movement.

Ah, if the doctor might see some pockets in the colon, called diverticulitis. . . .

Some patients are very concerned about their privacy and dignity during these exams. We are very cognizant of that and want to keep, we do keep peoples' privacy. During the exam the patient will remove their underwear and their pants in a private changing room. They'll wear a pair of these shorts that are called moon pants because the patient is going to moon the doctor. The flap is facing the physician. The patient is covered up. The nurse is on the opposite side. So it's actually very modest and very private.

If the doctor does remove any tissue during these exams or remove any polyps, which are small non-cancerous growths, you will be told about that before you leave and those pieces of tissue will be sent to the hospital to a pathologist, who will give a reading on them. Then your doctor will let you know within two weeks what the results of those are.

So, that's it from the GI clinic. I hope this has helped relieve some fears people might have and answered some questions that you may have about what to expect with these exams. With these tests that we do, the worst part of it is getting ready for it. The tests themselves are a piece of cake.



Internal Discussions

An Appointment in Gastroenterology

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