

Università degli Studi di Trieste  
Dipartimento di Scienze Giuridiche, del Linguaggio,  
dell'Interpretazione e della Traduzione

# The Interpreters' Newsletter

No. 29  
2024

EUT

n. 29/2024

The *Interpreters' Newsletter* of the Dipartimento di Scienze Giuridiche, del Linguaggio, dell'Interpretazione e della Traduzione, Sezione di Studi in Lingue Moderne per Interpreti e Traduttori (SSLMIT) is an international journal promoting the dissemination and discussion of research in the field of Interpreting Studies.

ISSN 1591-4127 (print)  
ISSN 2421-714X (online)

Euro 30,00





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Dipartimento di Scienze Giuridiche, del Linguaggio, dell'Interpretazione  
e della Traduzione

Sezione di Studi in Lingue Moderne per Interpreti e Traduttori (SSLMIT)

Università degli Studi di Trieste

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ISSN: 1591-4127 (print)

ISSN: 2421-714X (online)

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# Editorial

Issue 29 of *The Interpreters' Newsletter* is a generic issue which brings together authors from different backgrounds and regions with diverse interests in the field of interpreting and Interpreting Studies. Six papers compose this issue and explore various areas of interpreting practice, training and research. Two contributions look at training and learning opportunities in conference interpreting; one describes the outcomes of a project aiming at setting up a simultaneous interpreting service in an academic setting; one focuses on a survey relating to interpreting strategies in the field of Church interpreting; and finally, two papers provide reports on specific perspectives relating to interpreting in healthcare settings and to communication difficulties during medical interactions.

**Beatrice Costabile's** paper investigates the role played by the observation of expert simultaneous interpreters and the impact of such example-based learning in simultaneous interpreting training. Following a comprehensive inventory and discussion of theories on and applications of example-based learning, the author categorises and describes different types of practical activities to be implemented by teachers and students of conference interpreting: teacher demonstrations, guided conference observation, and drills based on online resources and interpreting corpora. Many trainers will certainly be interested in exploring some of the recommendations provided here and add them to their training toolkit.

In **Michela Bertozzi's** article, the focus is on the pilot testing phase of an innovative e-learning platform designed to enhance interpreter training, particularly within the Spanish-Italian language cohort. Through a combination of quantitative and quali-

tative analyses, the study provides evidence of the platform's effectiveness in meeting students' didactic needs and fostering significant pre- and post-training improvement. The research identifies key areas of pedagogical relevance, such as self-assessment, collaborative learning, and structured progress tracking, which were highlighted by the pilot testers. Furthermore, Bertozzi's findings reveal both language-specific and language-independent requirements for effective interpreter training. For instance, while the Spanish-Italian cohort demonstrated unique needs in collaborative training and cross-functional skill development, the broader applicability of the platform's methodologies across other language pairs also emerged. This insight sets the stage for its integration into advanced curricula, such as the "Interpreting and Technologies for Communication" program at the University of Bologna, and for the completion of additional units dedicated to continuous self-learning and collaborative practice.

**Francesco Cecchi's** study expands the discussion by delving into the evolution of spoken-language educational interpreting services at the University of Bologna. Drawing on models established in South African tertiary education, these services adapted with remarkable flexibility to the challenges of the COVID-19 pandemic, transitioning from in-class to remote and hybrid modalities. The paper details how initial scepticism among students and lecturers was replaced by a widespread appreciation of the educational interpreter's role as an active participant in the classroom. The inclusion of interpreters in both academic discussions and logistical planning demonstrated the value of their contributions. Cecchi's analysis also highlights the high rate of service renewal requests, affirming its acceptance and effectiveness. Looking ahead, the paper outlines plans to expand the service across more courses and departments, train additional educational interpreters, and conduct further research into this unique interpreting modality. Moreover, the recorded sessions provide a resource for quality assessment, training material for interpreting students, and the construction of a corpus for studying spoken-language academic interpreting, underscoring the broader academic and professional implications of this initiative.

**Jonathan Downie's** article explores language provision in multiethnic churches and its relationship to church language provision. Through an international, multi-denominational survey, the study investigates how churches align their interpreting services with their identity and priorities, the characteristics of churches offering interpreting, and the impact of these services on satisfaction and future planning. Despite being constrained by the sample size, the study uncovers meaningful trends. Larger, more diverse congregations are more likely to provide interpreting and other language services, reflecting their commitment to multilingual inclusion. Interestingly, a significant number of these churches employ professional interpreters, challenging assumptions in the existing literature. Churches with interpreting services also report higher satisfaction levels and a desire to continue or expand their offerings, linking interpreting provision to both community engagement and institutional aspirations. Downie's findings open important avenues for further research, particularly on the interplay between church identity and language services, and their broader implications for interpreting in community and social settings.

In the fifth contribution, the reader's attention is drawn to the field of healthcare interpreting. In this contribution, **Ineke Crezee, Shirley Jülich and Emiliano Zucchi** focus on the findings from a study about patient and family behaviour affecting the role of professional healthcare interpreters working in Australian settings. The authors

review several codes of ethics where discrepancies about the role of the healthcare interpreter have been noted. The survey findings reveal that patients and their families do not have a correct/realistic view of the role of professional healthcare interpreters, which can lead to rejecting the participation of an interpreter, to questioning the concepts of confidentiality or impartiality, or even to the inability of the interpreter to perform adequately in situations where emotions run high. The authors recommend that more be done by the various T&I stakeholders (researchers, clinicians, professional associations, governments, language service providers, etc.) to raise awareness of this role among patients and families.

The second paper dealing with medical interpreting, and the last of this issue, is co-authored by an interdisciplinary team from KU Leuven, **Mohamed Irfan, Antoon Cox, Marc Sabbe, Heidi Salaets and Birgitte Schoenmakers**. The authors focus on communication difficulties during medical interactions due to language discordance and on subsequent risks affecting patients' care. They present a pilot study aiming at raising awareness (via a simulation) among future clinicians on potential strategies to implement when patients are from a different linguistic and cultural background and interpreters are not available or not requested, with a specific focus on the use of non-verbal communication and English as *lingua franca*. The post-intervention findings suggest a better understanding by trainees of the need and ways to establish common ground, mutual understanding and trust during such medical interactions. Though not primarily about interpreting per se, their study presents some potential interesting relevance for interprofessional education involving interpreting and medicine students and underlines the importance of interdisciplinarity for interpreter education and Interpreting Studies.

We would like to thank the authors of these papers for their submissions and their work during the editing process. Special thanks too to all the reviewers and the proof-reader involved for finding the time to assist us all along.

Paola Gentile and Marc Orlando



# Example-based learning in simultaneous interpreter training

BEATRICE COSTABILE  
Conference interpreter

## Abstract

*The aim of this paper is to investigate the role played by the observation of expert performance in simultaneous interpreter training. Firstly, the research literature on example-based learning in the fields of educational psychology and cognitive science is explored. Theoretical frameworks and practical teaching models, which have been developed and adopted in a wide variety of domains, are described to support the idea that it is highly beneficial to regularly provide graduate students in interpreting with a model of expert performance. Existing proposals for example-based learning by interpreter trainers are then reviewed and their advantages and disadvantages discussed. These proposals drawn from Interpreting Studies literature are examined according to three macro-categories: teacher demonstration, conference observation, and drills based on multimedia resources which provide access to professional performance, including interpreting corpora. The result is an inventory of theoretical insights and practical suggestions useful for both teaching and self-study, with the intention of expanding the toolkit available to trainers and students.*

## Keywords

Interpreter training, interpreting didactics, simultaneous interpreting, example-based learning, expert performance

## Introduction

One of the most widely used and effective methods of learning new skills and tasks has always been to observe and imitate more experienced individuals as they perform them. It is through observational learning that all human beings unconsciously and informally acquire both social skills and their mother tongue from the earliest days of life. At the same time, the example – i.e. a model of expert performance – is the driving force behind learning also at the formal level. In the most diverse cultures and domains, it is an indispensable element for integrating the study of theoretical concepts and deliberate practice. For instance, it is hard to imagine aspiring pianists, tennis players or surgeons who do not devote a large portion of their time to observing experts in their field.

It is therefore surprising that the literature on the didactics of simultaneous interpreting, a complex cognitive skill which is still taught using an apprenticeship model, has not crossed paths with the research on example-based learning. This is all the more surprising since some productive intersections between Interpreting Studies and educational psychology exist, notably with respect to deliberate practice (Motta 2011, 2016) and expertise (Hoffman 1997; Moser-Mercer *et al.* 2000, among others). When it comes to the observation of expert performance, however, things are quite different.

Direct and systematic contact with an expert, whether a teacher in the classroom or a professional interpreter in a real work situation, is sometimes mentioned as a pedagogical asset that can support learning. Some authors have previously stressed the need for teacher demonstration (Thiéry 1986, 1989; Altman 1989; Seleskovitch/Lederer 1995; Setton/Dawrant 2016), conference observation (Chang/Wu 2017), or more recently, suggested working with multimedia resources available online or collected in interpreting corpora in order to access expert performance (Bendazzoli/Sandrelli 2005; Sandrelli 2010; Aston 2018; Russo 2018). In the vast majority of cases, however, these exercises are not seen as an integral part of a teaching approach that is consciously grounded in learning theory or cognitive science. When the interaction with expert performance is suggested in the literature, it appears to be the result of the researcher's own personal intuition. Similarly, the early trainers' spontaneous reliance on classroom demonstration, as in the case of Seleskovitch and Lederer, was often due to the lack of an established didactic framework (Setton/Dawrant 2016: 74).

The aim of this paper is to support the use of modelling in the teaching of simultaneous interpreting on the basis of sound learning theories, most importantly the vast research field on example-based learning. Building on the definition by Collins *et al.* (1989) within the cognitive apprenticeship model (see section 1.3), modelling is understood here as the observation of the expert's advanced skills as they are demonstrated in front of learners. Theoretical frameworks and practical teaching models that have been developed and adopted in a wide variety of fields are firstly described to support the idea that regularly providing Master's students in interpreting with a model of expert performance has significant beneficial effects. The main proposals of example-based learning activities drawn from Interpreting Studies literature are then reviewed and analysed according to three macro-categories: teacher demonstration, conference observation, and drills based on multimedia resources.

## 1. Learning from the best: a brief review

The scientific literature in the field of educational psychology and cognitive science which has focused on example-based learning and developed specific teaching models will now be briefly reviewed with a twofold objective. On the one hand, theoretical insights provide scientific support for the idea that learning by example is a valid strategy for acquiring complex cognitive skills. On the other hand, the cognitive apprenticeship model could, if adapted, find valuable application in the teaching of simultaneous interpreting.

### 1.1 Social learning theory

Bandura, with his social learning theory (1977), is among the scholars who have most strongly emphasised the importance of example within the learning process. Drawing on behaviourist and cognitive learning theories, Bandura underlines how “the capacity to learn by observation enables people to acquire large, integrated patterns of behaviour without having to form them gradually by tedious trial and error.” (*Ibid.*: 12). A central step in observational learning is the creation of a symbolic representation of the observed behaviour, in imaginal or verbal form. This is formed during the exposure to the example and serves as a guide for the subsequent reproduction of the activity. The codification processes of the modelled performance are known as “representational mediators” (Bandura *et al.* 1966) and lend the example its transferability. It is thus important to note that observational learning is not to be considered a pure act of mimicry, but rather a productive and somewhat creative activity involving the modification of learned behaviour to carry out new, never entirely predictable tasks (Bondioli 1995: 434).

### 1.2 Example-based learning

Bandura’s ideas and the cognitive load theory, particularly the worked-example effect (Sweller/Cooper 1985), led to the emergence of a new area of research in the mid-1980s, known as example-based learning. According to proponents of this educational method, simply looking at a single worked example, as is typically presented in mathematics or physics textbooks, is insufficient when learning a new skill. Instead, a significant amount of time should be dedicated to analysing and comparing multiple worked examples after introducing principles, strategies or rules specific to the domain of study (Renkl 2011).

Research on example-based learning has indeed shown that, while they are acquiring a new cognitive skill, students have not yet internalised the domain-specific principles that enable them to problem-solve successfully. Consequently, if asked to autonomously perform a task during the early learning stages, novices will often resort to general and superficial strategies, such as a “copy-and-adapt strategy” (Renkl *et al.* 2009: 68). This generates a so-called “extraneous load” on the working memory, which hampers learning processes, prevents deeper understanding of the subject mat-

ter and can even lead to cognitive overload (*Ibid.*). On the other hand, example-based learning can relieve inexperienced novices of the responsibility of problem-solving and allow them to initially turn their full attention to understanding the methods and principles applied in the example. Valuable cognitive resources are thus freed up, and can be invested in formulating self-explanations (Chi *et al.* 1989).

Since the first general review on example-based learning (Atkinson *et al.* 2000), numerous publications have appeared over the past decades, which continue to attest to the fact that this learning method is more effective than classical problem-solving strategies in facilitating the initial acquisition of cognitive skills (e.g. Barbieri/Booth 2020; van Harsel *et al.* 2020).

### 1.3 Cognitive apprenticeship

A well-known practical application of example-based learning is the cognitive apprenticeship model (Collins *et al.* 1989). Building on the idea that learners need to come into contact with experts, Collins, Brown and Newman retrieved the traditional apprenticeship model, mainly used for the acquisition of vocational skills, and adapted it to the teaching of complex cognitive tasks.

Traditional apprenticeship is defined by Lave as a process of “successive approximation of mature practice” (cited in Collins *et al.* 1989: 455) and begins with an *observation* phase. Similarly, cognitive apprenticeship also requires experts to first carry out a task in front of their students, allowing them to observe and build a conceptual model of the processes that are required to accomplish it (*modelling*). When it comes to cognitive subjects or tasks, however, modelling does not simply involve an expert’s demonstration. It implies the externalisation of internal processes, activities and heuristics that normally remain implicit and invisible to the observer. For example, in modelling reading comprehension, a teacher may alternately read a passage aloud in one voice and then verbalise his or her thought process in another voice (Collins/Smith 1982). Similarly, in order to externalise the problem-solving strategies specific to mathematics, a teacher can think out loud whilst working on a problem chosen by the students, and thus make his or her decision-making process explicit step-by-step and in real time (Schoenfeld 1985).

Here lies a key difference with respect to traditional apprenticeship. The expert’s example is not intended to be imitated and reproduced without variation, but rather it serves as a prototype to illustrate techniques and strategies that can be applied in similar contexts.

After completing the modelling phase, learners move on to *coaching* and *scaffolding*, in which they attempt the new task with the feedback and corrections of the teacher, who will gradually step aside.

While the earliest examples of cognitive apprenticeship were concerned with teaching primary school subjects such as reading, writing and mathematics, in the following decades Collins, Brown and Newman’s model found application at academic level in a wide variety of fields (literature analysis, chemistry, clinical and nursing practice, avionics, psychotherapy and computer science, just to name a few). New technological developments have also enabled innovative applications of the



cognitive apprenticeship model. Audio and video recording, for instance, is a valuable tool for comparing the performance of novices and experts in the reflection phase. Computer technology also makes it possible to create virtual learning environments in which students can receive the tailor-made support of the apprenticeship model without the need to hire a teacher for each small group of learners.

#### 1.4 Expert performance

So why is it so useful to have access to expert performance? And which of its unique features can be a catalyst for learning? Since the very first studies on expertise in the 1960s on chess masters, it has become apparent that “experts do not just know more than novices, they also have a different way of structuring their domain-specific knowledge” (Boshuizen *et al.* 2004: 6). For instance, it has been shown that masters perceive the relationships between chess pieces in the form of “chunks” and are thus able to remember around 100,000 different board configurations, which they can draw on quickly and intuitively (Chase/Simon 1973). In the medical field, it has been demonstrated that systematically questioning and reflecting on the phenomena encountered during work practice induces changes in cognitive structures: declarative knowledge is reorganised into “illness scripts” in which all information relating to a specific pathology is collected (Boshuizen 2004: 75-76). Once a given script has been activated, all the underlying elements will also be activated automatically and immediately. Experts who have developed such scripts through years of practice and reflection have a significant advantage over beginners who can only rely on semantic networks (*Ibid.*). In other words, to cite Hoffman’s operational definition, “the expert is one whose judgments are uncommonly accurate and reliable, whose performance shows consummate skill and economy of effort, and who can deal effectively with rare or tough cases, and who has special skills or knowledge derived from extensive experience with sub-domains” (1997: 199-200).

The hypothesis of better organisation and integration of knowledge in the expert’s mind, together with well-practiced strategies and specific self-regulation processes, has also been confirmed by studies on expertise in the field of simultaneous interpreting (e.g. Liu *et al.* 2004; Liu 2008; Tiselius 2013; Hild 2014). For instance, it has been shown that experienced interpreters can more easily anticipate the end of sentences and the progression of the speaker’s reasoning than students (Le Ny 1978; Chernov 1994, both cited in Hoffman 1997: 202). Experts’ translation choices also draw on the context in which the speech is delivered much more than novices’ do (Moser-Mercer *et al.* 2000). When confronted with a particularly complex and difficult-to-understand passage, experts attempt to deduce its meaning from known information, whereas novices tend to focus on the unknown and thus get stuck. While novices consider the speaker’s propositions as isolated from one another and struggle to establish logical connection between the various passages of speech, experts demonstrate the ability to construct “schemata for different types of speeches, negotiating situations, texts, paragraphs etc. into which they embed individual utterances” (*Ibid.*: 109).

The existence of strategies and thought structures that are not yet accessible to novices suggests that, even when it comes to learning simultaneous interpreting, ex-

posure to expert performance and its underlying mental processes during the training period may prove to be a valuable pedagogical asset.

## 2. Observation of expert performance in simultaneous interpreter training

Making general statements on interpreting didactics is notoriously difficult. From a theoretical point of view, there is no universally accepted model of simultaneous interpreting that is comprehensive enough to serve as a guide for teaching, just as there is no empirical comparative analysis of different teaching methods that highlights their weaknesses and strengths (Setton/Dawrant 2016: 292). Interpreter training is therefore characterised by a certain variability in course length and curricula, as well as differences in methods and approaches (Amato/Mack 2022: 457). The most notorious controversies concern, for instance, the order in which consecutive and simultaneous interpreting are introduced, the type of preparatory exercises for simultaneous interpreting, such as dual task exercises, shadowing, clozing, sight translation, and the decision to include courses on public speaking, stress management, intercultural sensitivity (*Ibid.*: 463).

Such diversity is rooted in the very history of the profession and its teaching. Being firstly initiated post-WWII in response to growing market demand, conference interpreter training was only later supported by research efforts in an attempt to formulate an abstract model of interpreting that would inform pedagogical choices. For several decades, the first generations of lecturers could not rely on any established didactic model and designed their teaching in the way that seemed most natural to them: in the form of apprenticeship. They thus inaugurated the long tradition of what Pöchhacker calls the “apprenticeship approach” and is defined as the “transfer of know-how and professional knowledge from master to student, mainly by exercises modelled on real-life tasks” (2004: 177).

According to Sawyer (2004: 76) and Setton and Dawrant (2016: 50; 74-75; 98-99), conference interpreting is still generally taught under this apprenticeship format, despite the differences in curricula and methods mentioned above. The number of students per teacher is very limited, the interaction with the lecturer face-to-face, the learning activities predominantly practical, and in the classroom, students work on authentic materials inside real interpreting booths. Furthermore, the cognitive operations required in the learning phase are qualitatively the same as those needed in the real working environment. In other words, students are presented with exercises that from an early stage encapsulate, albeit in a simplified form, the essence of interpreting as a professional practice (see “Incremental realism”, Setton/Dawrant 2016: 10). Finally, the interpreting teacher closely assists his or her students with coaching and scaffolding, providing them with regular feedback and guiding their performance.

Coaching and scaffolding are extensively present in interpreter training and discussed in the literature, with several contributions on the most appropriate feedback techniques to support second language acquisition (e.g. Lyster 1998; Mackey *et al.* 2000; Shaw *et al.* 2004; Russell 2009; Lee/Lyster 2016), then adapted to interpreter training (see Setton/Dawrant 2016: 36-39), as well as on preparatory exercises and sub-skills to be acquired before moving on to the full task (e.g. Moser-Mercer 1978;

Lambert 1992; Kalina 1998, 2000; de Groot 2000; Déjean le Féal 2009, Setton/Dawrant 2016: 60-63; 82-89; 290-292).

On the other hand, modelling appears to be mostly neglected, despite being the cornerstone of the cognitive and traditional apprenticeship models. In other words, the teaching of simultaneous interpreting is primarily based on a learning-by-doing approach. Here, students take centre stage in their learning journey and are encouraged to actively engage in a cycle of trial and error, readjustment, and repetition until they master the complex art of interpreting.

Nevertheless, today's learners are certainly less bewildered than they once were, and a lot of progress has been made since the "sink-or-swim" method (Weber 1984: 8, 38) of the early days. This is mainly due to the massive research efforts that have supplemented teaching with models that allow students to understand what is going on in their minds as they interpret. One such example are Gile's effort models (Gile 1995), widely used in the classroom because of their strong explanatory power. Yet, as stated by Setton and Dawrant:

"Trainers can sometimes be too passive, offering only very general, vaguely-worded tips and techniques on a take-it-or-leave-it basis, forgetting how specific techniques and strategies that they have themselves long since internalized so that they now confuse them with natural processes are still new to students, who will be most grateful to have them spelled out and *demonstrated*." (2016: 73, *my emphasis*).

The need for an expert performance model to aspire to has been pointed out by other interpreter trainers as well. Their practical proposals for bringing the example into the interpreting classroom will be presented below, examined according to three macro-categories.

## 2.1 Teacher demonstration

The easiest and most natural way to provide students with a model of correct performance is through teacher (or tutor) demonstration. As early as 1984, Weber advised trainers to provide regular demonstrations of the interpreting technique, which he described as a valuable pedagogical tool that could also boost students' confidence in their teacher (*Ibid.*: 16). In Seleskovitch and Lederer's textbook *Pédagogie raisonnée de l'interprétation* (1989/2002), a cornerstone in interpreting didactics, the pedagogical value of teacher demonstration is highlighted in both the consecutive and simultaneous modes. According to the authors, students find tutor demonstrations particularly informative and enlightening, especially if they have the opportunity to observe the technique of different teachers (*Ibid.*: 86).

Among the authors who most strongly advocate the use of example in interpreting education is Christopher Thiéry, who states that:

"L'interprétation de conférence est un savoir-faire, et pour l'enseigner on procède un peu comme un menuisier qui forme un apprenti: il faut MONTRER, EXPLIQUER, CORRIGER. Il paraîtrait normal de commencer par montrer, et pourtant il semble que la plupart du temps ce premier élément est quasiment absent. Je n'appelle pas "mon-

trer” le fait de faire la correction d’un passage mal rendu par un étudiant: il s’agit pour l’enseignant de faire l’interprétation lui-même, à la place de l’étudiant, dans les mêmes conditions que lui. Inutile de dire que pour cela il faut être interprète de conférence soi-même, mais même lorsque c’est le cas il est bien rare que l’interprète-enseignant utilise systématiquement sa propre prestation en tant qu’outil pédagogique.” (1989: 207; *capitalisation in the original*)<sup>1</sup>

According to the author, it would be advisable to provide an initial demonstration of consecutive and simultaneous techniques at the beginning of the course, so that students get an idea of what they are aiming for, but he also believes that the demonstration should be repeated at regular intervals. As their skills refine, learners will be better able to identify the passages that have given the teacher a hard time and appreciate with growing awareness the way in which he or she has managed “to stay in the saddle, without being thrown off” (*my trans. of Thiéry 1986: 237 : rester en selle, sans se laisser désarçonner*).

Altman notes how the interpreter’s output is not typically intended for general public consumption, but as a service reserved for a specific audience, within a particular context, and sometimes even restricted by confidentiality agreements (Altman 1989: 237). Thus, while translation students easily have access to expert performance and quality standards to aspire to (thanks to countless professional translations that are available to the public), the novice interpreter often lacks contact with the finished product of his or her art (*Ibid.*). Advocating the use of the tutor demonstration, Altman further elaborates on its pedagogical benefits:

- motivation: just as an aspiring pianist feels stimulated and inspired to keep up his or her efforts by listening to the performance of a great artist, the interpreting student will receive a similar encouragement when observing experts at work. And if the expert interpreter’s performance occasionally shows some weaknesses, there is no need to panic. Like Thiéry, Altman believes that the student’s sense of motivation also stems from the realisation that no one is perfect and that even the best make mistakes (*Ibid.*: 238);
- practical illustration of theory: according to Altman, recurring concepts in the interpreting classroom (such as ‘anticipation’ and ‘décalage’) may remain vague if not backed up by practical examples;
- presentation and delivery: teacher demonstration will provide students with a standard of quality to aspire to;
- transmission of strategies, especially ones that are easily applicable in similar contexts: Altman gives the example of one of her classroom demonstrations in which the strategy she applied proved to be pedagogically significant when

1 Conference interpreting is a skill, and to teach it one has to proceed somewhat like a carpenter training an apprentice: one has to DEMONSTRATE, EXPLAIN and CORRECT. It would seem normal to start by demonstrating, yet it seems that most of the time this first element is virtually absent. By “demonstrating” I don’t mean correcting a passage that was poorly interpreted by a student: what the teacher has to do is interpret it himself or herself, instead of the student, under the same conditions. Needless to say, the teacher has to be a conference interpreter in order to do this, but even when this is the case, it is very rare for the interpreter-teacher to systematically use his or her own performance as a pedagogical tool (*my trans.*).

she inverted the order of the elements in the original version (visit to Paris by - function - name) so as to anticipate the proper name and reproduce it phonetically (name - function - visited Paris; *Ibid.*).

Tutor demonstration presents another great advantage: it is the only example-based strategy which is suitable for each stage of the learning process and for any type of exercise. Seleskovitch and Lederer (1995: 148), and then Setton and Dawrant (2016: 43), explicitly invite trainers to model *all* the tasks that students are asked to carry out. This can range from paraphrasing, clozing and sight-translation at the beginning of the course to the full delivery of a speech in consecutive or simultaneous mode.

Teacher demonstration can be carried out in any of the following ways (Thiéry 1986: 239):

- the teacher interprets in the booth alone (and records his or her delivery) while the class listens live. The delivery is then discussed on the basis of the recording and transcription of the source speech, focusing on relevant passages and principles. Demonstrations of this kind are particularly suitable at the beginning of the teaching process;
- the teacher interprets in a booth alongside the students (and records his or her delivery). The delivery is then replayed and commented on together with the learners, who have also been interpreting the same speech, on the basis of the teacher's recording and transcription of the source speech;
- the teacher sits in the booth next to a student and alternates with him or her, as would occur during a real assignment. In this way, the lecturer can not only illustrate the interpreting technique, but also model correct turn-taking and microphone use. This type of demonstration is, however, given for the benefit of a single student and not the whole class.

As Altman (1989: 239) points out, the recording can be listened to in its entirety while the learners note down points to be discussed later, or it can be interrupted whenever the teacher wishes to make a comment. The first option emphasises the overall quality of the performance and allows the learner to 'savour' a smooth, coherent delivery. The second instead focuses on immediately exploring specific elements. In order to reap this dual benefit, the delivery should ideally be played through twice, possibly once during self-study so as not to take too much class time away.

At the end of each demonstration, a discussion with the class is essential. An enormous advantage of this example-based activity is precisely the opportunity to have an exchange with the expert who interpreted the speech, who will attempt to externalise his or her reasoning (cf 1.3 Cognitive apprenticeship). Clearly, tutors will not be able to verbalise their own thinking while interpreting – although the delivery itself may in a way be considered as the verbalisation of the decisions made and strategies applied. Retrospectively, however, by listening back to their performance, teachers may attempt to shed light on the cognitive processes that guided their choices.

It should be noted that classroom demonstration is inevitably limited by the artificiality of the teaching setting, which excludes the real and unforeseen conditions of fieldwork. It also poses a number of challenges. In addition to being perceived with discomfort by some lecturers, this exercise entails laborious material preparation. In order for the teacher to be able to provide a demonstration under student-like conditions, Altman (1989: 239) suggests cooperation between fellow lecturers, who will

either select online or record ex novo for one another a speech that is appropriate for a specific learning stage.

Albeit perhaps the most explored mode of example-based learning in the literature on interpreting didactics, teacher demonstration remains for the most part an isolated and episodic activity and precise indications on how to best structure it are still largely lacking. Even Setton and Dawrant, while reiterating the usefulness of classroom demonstrations and claiming that “students learn more than we think from the opportunity to see the instructor doing the job and ask questions” (2016: 45), do not go so far as to offer the trainer precise and comprehensive guidelines on how to organise a classroom demonstration, but merely list the do’s and don’ts of this teaching method.

## 2.2 (Guided) conference observation

The second instance of example-based learning explored in the literature is the observation of conferences and other multilingual events where simultaneous interpreters are employed. This mode provides the most authentic example. Unlike teacher demonstration, the learner witnesses the performance of a professional in a real working environment and, ideally, for the duration of the whole assignment. Direct observation makes it possible to pick up all paralinguistic speech signals. Moreover, the learner is given the opportunity to become familiar not only with the technique but also with the interpreting setting. This can include noting the layout of the booths, experiencing all the likely mishaps and inconveniences of a typical working day and possibly meeting the users and clients of the interpreting service.

However, learners need a support structure specifically designed by their trainer to accompany them during the observation process, to prevent them from being overwhelmed by an avalanche of stimuli and to ensure that they derive maximum pedagogical benefit from the experience. A remarkable study in this regard was conducted by Chang and Wu (2017). After discussing the pedagogical benefits of cognitive apprenticeship, the authors investigated the use of a special form to guide students in their observation and to help them reflect on the learning experience. During the course of a conference day, students were asked to carry out, among others, the following tasks: listen closely to the interpretations and note down concrete examples of the strategies adopted by the interpreters to overcome specific challenges; choose an interpreter and listen to the delivery alone, as if they were conference attendees; finally, reflect on what they have learnt through observation. Reviewing the opinions of the students who participated in this activity, the authors observed that “the results of the study also validate the use of conference observation as part of interpreting curricula” (*Ibid.*: 312), and that “the guidance provided by the specifically designed form have indeed enhanced students’ conference observation experience and their acquisition of interpreting skills” (*Ibid.*: 310).

Unlike teacher demonstration, conference observation cannot be tailored to the student’s specific needs at a particular learning stage, precisely because it is a purely realist experience. Chang and Wu conducted this study on first semester students of a graduate interpreting programme, suggesting that this example-based activity may also be suitable for the initial stage of the learning process. However, it is perhaps more

appropriate to reserve it for an intermediate or advanced stage, in which students have already acquired sufficient awareness of their weaknesses and the technical difficulties posed by the profession and are able to find answers to their questions in the expert's performance. Moreover, by placing this experience at a later stage in the course, the observation of professionals at work may be combined with dummy-booth practice.

The main disadvantage of this example-based activity is undoubtedly the cost of providing one or more dummy booths and the logistical challenges in organising visits to institutions or international conferences. On-site visits will generally not be recurring more than once or twice during the interpreter training. However, because of the richness and variety of the stimuli offered to the learner, this will be an enlightening experience for students.

### 2.3 Drills based on multimedia resources and interpreting corpora

The rise of digital audio-video recording technologies and the internet has had a huge impact on interpreting didactics and, among various innovations, now allows students to easily observe expert performance remotely. The third example-based learning activity that has been explored in Interpreting Studies is precisely the use of online materials, which can be usually found in multimedia archives, to provide access to professional interpreting in authentic contexts.

On the websites of international organisations that host multilingual meetings where simultaneous interpretation is provided (such as the European Parliament and the United Nations) it is now possible to listen not only to the source speeches but also to the delivery of professional interpreters in all official languages. As Russo (2018) notes, this is a particularly valuable opportunity, as professional interpreting in the private conference market is not usually easily accessible.

The audio/visual recordings available online lend themselves to numerous activities, which, unlike the two previous modes of example-based learning, offer a major advantage in that they can be carried out both in the classroom with teacher guidance and by the student alone during self-study:

- recordings can be analysed by acting as pure listeners of the interpretation (as if attending the event in person), thus focusing more closely on the finished product;
- contrastive work can be carried out, examining the interpreter's performance against the original speech and focusing on the concrete strategies that make up the interpretative process;
- the original speech can be used as the source text for one's own interpretation before listening to the expert. This allows students to compare the professional's delivery to their own in a self-assessment activity.

If the materials are collected in corpora, the pedagogical advantage will be even greater. Thanks to the metadata associated with each speech, it is possible to carry out targeted searches and select the most suitable speeches for practicing at each stage of the course. In addition to audio/visual recordings, transcripts (ideally aligned between source and target speech) will also be available, making contrastive work in search of the interpreters' strategies and solutions much easier. However, interpreting corpora

are still limited in number. Their creation poses a long series of technical difficulties, from data selection, transcription and segmentation processes, to tagging operations, and they still require considerable resources in terms of human labour. Moreover, their pedagogical potential is still largely untapped. There are very few interpreting corpora that can be used for teaching purposes, such as EPIC, the European Parliament Interpreting Corpus, which will be further discussed later. However, such corpora often cover a very limited number of language combinations and are not suitable for all learning stages. Yet some flagship initiatives in the use of corpora in interpreter training have been documented in recent years (Bendazzoli/Sandrelli 2005; Sandrelli 2010; Aston 2018; Russo 2018).

Building on Henriksen's (2007) work, Aston (2018) suggests that students interrogate corpora containing the transcripts of experienced interpreters' deliveries in order to identify concordances and n-grams. This enables them to detect the most frequent formulaic expressions used by seasoned interpreters and, by taking note of them, expand their own phraseological repertoire.

Parallel corpora which allow for the comparison of the original speech with the interpreter's delivery are even more promising from a pedagogical point of view, especially if synchronised and accompanied by audio or video files. For example, the European Parliament Interpreting Corpus (EPIC), has been successfully used for teaching purposes, albeit only in activities reserved for advanced students, due to the speed and technicality of the speeches (Sandrelli 2010: 75).

A prototypical interpreting lesson based on EPIC will be structured as follows. Using the advanced search function, the teacher selects a speech given in Parliament that presents the most suitable speed and subject matter for the learners' level and, ideally, poses some specific translation challenges that are to be illustrated at that particular stage of the training course. The students interpret the speech and record their delivery. Afterwards, the difficulties encountered by the learners are discussed in class, referring to the transcript of the original speech. At this point, the parliament interpreter's output will be played through, giving students the opportunity to identify strategies and 'tricks of the trade', and to observe how the professional has (or has not) solved the particular translation challenges in question (e.g. content density, speed or figures).

At a later stage, in class or during the self-study, students will have the chance to compare their own delivery with the professional interpretation found in the archive, thus becoming aware of their strengths and weaknesses, and receiving valuable indications for future practice (Bendazzoli/Sandrelli 2005: 10).

Contrastive work with the help of a parallel corpus is particularly suitable when students are learning how to interpret into their B language. By listening to the solutions used by experienced native speaker interpreters (who will almost always be working into their own A language at the European Parliament) students will be able to expand their repertoire of useful B-language expressions and internalise automatic ways of solving problems specific to a given language pair (Sandrelli 2010: 77; 84).

Russo (2018) exemplifies the didactic potential of EPIC with a two-stage teaching activity for second-year students of a Master's degree in Interpreting. The learners interpreted into Italian a speech delivered in Spanish at the European Parliament, which was part of the corpus. They then listened back to the recording of their delivery at home, noting the passages in which they detected major problems in their output and



their respective causes (such as lack of appropriate vocabulary or excessive speed of the source speech). They also identified the parts in which their interpretation had proven particularly faithful and adequate, with good lexical solutions and effective strategies. In the second stage, the students were then asked to compare their own performance with that of the expert, focusing mainly on the passages where they had experienced the most difficulties. In addition to the audio, video and transcript of the source speech, they were also provided with the audio and transcript of the interpreter's output. Commenting on the students' considerations at the end of the entire exercise (of which she quotes significant excerpts), Russo reiterates the great pedagogical potential offered by EPIC. She also states that the best catalyst for improving performance is self-assessment and practice with real conference materials that allow students to compare their own performance with that of professional interpreters (*Ibid.*: 1).

Using recordings of expert performance in authentic contexts as teaching material solves many of the problems related to the lack of situationality of teacher demonstrations, as well as the logistical problems associated with organising field trips. However, it is important to consider external variables when analysing deliveries available online, such as the conditions under which the interpretation was performed or what materials the interpreters had at their disposal before and during the assignment, which will hardly be known. Therefore, when listening to a professional performance found on the internet and especially when comparing it to their own, learners must be warned to proceed with great caution. Though subject to artificial conditions, teacher demonstration has in this regard an important advantage over the other example-based learning activities. It ensures that the experts modelling the task have actually had access to the same material as the students observing them, and that it is their expertise alone, without other uncontrollable variables, which sets apart their performance from that of the learners.

## Conclusions

The literature from the field of educational psychology and cognitive science reported in section 1 suggests that systematic interaction with expert performance and its underlying thought process is a valuable pedagogical tool in learning complex cognitive skills. This paper therefore argues that example-based learning can find legitimate application in the teaching of simultaneous interpreting. Observing experts at work and gaining insight into their very personal heuristics and strategies allows learners not only to experience the interpreting profession at first hand (which can often be 'obscure' even for beginner students) but also to acquire specific strategies in the intermediate phase. Finally, it allows students to set a clear goal in terms of accuracy and output quality in the advanced phase.

As illustrated above, the three types of example-based learning activities recommended by interpreter trainers are valuable teaching tools that, with sufficient awareness of their respective limitations, can be combined to meet different needs at different learning stages. Although the focus here has been on simultaneous interpreting, similar techniques could be successfully implemented in teaching other modes of interpreting.

In order to prove the validity of an example-based approach in interpreter training, a further research effort is needed to empirically investigate whether a correlation

between the use of example-based learning techniques and improved learner performance exists. An exploratory study by Hui (2019) at Hong Kong Polytechnic provided initial testing of the effects of interpreter's demonstration videos on students' note taking and consecutive interpreting performance. However, more comprehensive data still seems to be lacking in the field of simultaneous interpreting.

Far from aiming to provide any prescriptive recommendations, this article is intended to be an inventory of theoretical insights and practical suggestions useful for both teaching and self-study, with a view to expanding the toolkit currently available to trainers and students, and to invite both to make the most of what Thiéry calls a "major pedagogical tool: the performance of a good interpreter" (*my trans of 1989: 208 : outil pédagogique majeur: la prestation d'un bon interprète*).

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# Continuous self-learning for conference interpreting trainees: the case of the University of Bologna

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## Abstract

*Interpreting didactics is currently marked by unprecedented changes, emerging needs and new technology-driven challenges. That is why the MA Program in Interpreting of the University of Bologna (Forlì) launched an e-learning platform for conference interpreting trainees' continuous self-practice with a strong emphasis on peer learning, self-assessment and new technologies for collaborative training in interpreting. The project is designed to feature language-independent cross-functional skills for conference interpreting but, at the same time, some interesting language-specific needs emerged, since it was first piloted by a group of Spanish-Italian interpreting students. This chapter investigates the origin of the project, its aims and objectives, the materials and methods used for didactic design, as well as the preliminary results of the pilot testing phase with the Spanish-Italian students' cohort.*

## Keywords

Conference interpreting didactics, self-learning, collaborative learning, interactive e-learning platform, technologies for interpreting, Spanish-Italian

## 1. Introduction

Within the framework of ever-evolving interpreting contexts and settings where new technologies play a crucial role, interpreting didactics cannot afford to lag behind. The MA Program in Interpreting at the University of Bologna (Forlì) has launched an innovative e-learning platform for conference interpreting trainees, emphasizing peer learning, self-assessment, and digital technologies for collaborative training.

This chapter explores the project's origin, aims, and methods, addressing critical research questions thanks to a set of quantitative and qualitative data: was this pedagogical approach successful in meeting the learners' needs? Did students find it relevant for developing interpreting skills? To what extent can digital collaborative platforms enhance interpreter training?

## 2. General overview of the project

The post-doc research project “Design of an online didactic tool for life-long self-training with innovative teaching materials for the MA Program in Interpreting<sup>1</sup>” was launched in 2023 by the Department of Interpreting and Translation (DIT) to create an e-learning platform for technology-driven, collaborative learning in conference interpreting.

Some steps towards innovation in interpreters' training have already been taken. This field has been investigated since the early 2000s, when a group of scholars<sup>2</sup> started to explore the possibilities offered by digital technologies to encourage self and peer-learning in interpreting, paving the way for the so-called CAIT (Computer-Assisted Interpreting Training) research. Over the last decade, this area has been further specializing in the design and validation of innovative self-study materials. These contributions range from the role of e-learning and virtual learning environments in interpreting curricula<sup>3</sup>, up to the recent studies by Rodríguez Melchor *et al.* (2020), Carsten *et al.* (2020), Spinolo (2020) and Mazzei/Ibrahim Aibo (2022). Despite some inevitable drawbacks, such as ethical-related issues or poor interaction between trainer and trainee, these studies did not only confirm the need for but also the perceived usefulness of this new pedagogical approach combining traditional face-to-face teacher-to-student education and online self-study/peer-learning. Student-centered learning supported by collaborative activities has proved to galvanize student's engagement and academic achievements (Yan/Fan 2022).

However, given the speed of change in this field and in this profession, there is still much to be done to explore the understudied area of innovative continuous self-learn-

1 Supervised by prof. Mariachiara Russo, in collaboration with the GRIINT (*Gruppo di Ricerca Interdisciplinare sull'Interpretazione*) research group of the Department of Interpreting and Translation. For more information, see the website: <<https://site.unibo.it/autoapprendimento-interpretazione/en>> [last visited: 29/02/2024].

2 Among the others, see Gran *et al.* (2002), Sandrelli (2002), Sandrelli/Hawkins (2006), de Manuel Jerez (2006), Gorm Hansen/Shlesinger (2007) and Mayor/Ivars (2007).

3 Ibrahim-González (2011), Sahin (2013), Braun/Slater (2014), Setton/Dawrant (2016), Kerremans/Stengers (2017), Fantinuoli (2017) and Castillo (2019).



ing in interpreting. Innovation in didactics has always played a crucial role within the University of Bologna, being one of the main pillars of the 2022-2027 Strategic Plan<sup>4</sup>. That is why innovative projects in this field have been launched throughout the Department of Interpreting and Translation, where other parallel research is currently being conducted also for the MA Program in Specialized Translation<sup>5</sup>.

## 2.1 The MA Program in Interpreting of the University of Bologna

The project presented in this study was designed to address the new training needs of the MA Program in Interpreting, characterized by some distinctive features which have been summarized in six pillars: specialization, limited number of students, close contact with the labor market, new trends in the profession, digitalization and students' mobility<sup>6</sup>.

Based on these distinctive characteristics, the case-study presented in this chapter features some specific didactic needs accordingly. This two-year course is characterized by: a rather high teaching density, with a high number of in-presence teaching hours on a compulsory attendance basis; a high number of courses and lecturers (the program is taught in 5 curricular B and C languages<sup>7</sup> + Italian); the presence of a language-independent common basis of technical skills in conference interpreting; the fundamental role of continuous deliberate self-practice, without it being officially recognized in the didactic plan; the need for more collaborative learning in pairs/working groups of students and for a bigger incentive to practice among peers; finally, by an increasingly active role of technology-based training in the light of the recent developments in the profession.

These specific training needs had to be addressed with an innovative approach, integrating new technologies and collaborative self-study materials, in line with the most recent indications from several scholars in this field<sup>8</sup>. As pointed out by Fantinuoli (2021: 510), over the last few years CAIT tools are becoming increasingly common in interpreter training: they proved valuable in maximizing students' motivation and didactic workflow even in e-learning modality (Mayor/Ivars 2007); put a stronger emphasis on a learner-centered approach (Fantinuoli/Prandi 2018, Stengers *et al.* 2018); improved and encouraged self-study (Sandrelli 2002) allowing access to appropriate training material and distance-monitoring, demonstrated to be suitable for situated learning since they simulate real-life working conditions and encouraged the creation of self-paced independent practice groups<sup>9</sup>. In line with these new trends,

4 <<https://www.unibo.it/en/university/who-we-are/strategic-plan/strategic-plan>> [last visited: 29/02/2024].

5 <<https://dit.unibo.it/it/>> [last visited: 29/02/2024].

6 For more information visit <<https://corsi.unibo.it/2cycle/Interpreting>> [last visited: 29/02/2024].

7 For a detailed categorization of A, B and C languages, see AIIC's webpage <<https://aiic.org/site/world/about/profession/abc>> [last visited 29/02/2024].

8 Ibrahim-González (2011), Valero Garcés/Cedillo Corrochano (2018), Rodríguez Melchor *et al.* (2020), Fantinuoli (2021) and Mazzei/Ibrahim Aido (2022).

9 Deysel/Lesch (2018); Gorm Hansen/Shlesinger (2007).

conference interpreting training has been shifting to the use of ICTs (Information and Communication Technologies) also in an academic context. According to a 2020 survey conducted among 62 trainers from 15 universities (Riccardi *et al.* 2020), more than 80% of the respondents declared to use ICTs in class on a regular basis.

Following these studies and considering the specific characteristics and didactic needs of the MA Program in Interpreting of the University of Bologna, the most suitable solution was the creation of an e-learning self-paced course exploiting the potential of Moodle already in use at DIT<sup>10</sup>, but at the same time integrating it with activities implying the use of other digital resources (both for pc and tablet, browser-based and software applications, either free or on a paid license).

## 2.2 Aims and objectives of the project

The general aim of the project was the creation of a specific research product: an online self-learning course containing innovative materials in terms of teaching modalities addressing the needs of the MA Program in Interpreting of the University of Bologna. In line with Rodríguez Melchor (2020: 63), the basic postulates underlying the philosophy of the whole project were twofold:

[...] to generate ample opportunities for practice and establish a pedagogical progression that would guide the students' skill development and could be easily monitored by the team of trainers [...], to explore a comprehensive approach, involving VLE [virtual learning environments] tools in an attempt to address not only the complex issues of making materials available for self-practice and of communication between trainers and students but also to facilitate that taxing task of supervision and monitoring [...] developing a process-oriented formative set of activities that would fit the students' progress throughout the curriculum.

The course<sup>11</sup> – which is compulsory for students enrolled from academic year 2024/25 onwards – provides a toolbox of language-independent common skills with activities to be carried out individually or in small working groups. The general purposes underlying the whole course are:

- encouraging self-practice and continuous learning in conference interpreting<sup>12</sup> (Gorm Hansen/Shlesinger 2007);
- promoting collaborative work<sup>13</sup> among students through the creation of small

10 The project was first developed in a Moodle 4.2 environment (<<https://moodle.org/>>) and then exported to the Moodle-based Virtuale (<<https://virtuale.unibo.it/?lang=en>>) in use at the University of Bologna.

11 The course “Laboratorio di Autoapprendimento Continuo in Interpretazione” is available on the University of Bologna e-learning environment (Virtuale) for the students of the MA Program in Interpreting.

12 The entire course is designed and aimed at conference interpreting students. However, some skills included in the first unit (active listening and memorization) can also be applied to other interpreting settings such as community or liaison interpreting.

13 In pairs or group activities are designed to be carried out with students actually meeting up together, in person or via video-conferencing system, to complete these activities and then

- working groups from a peer-learning perspective (Mayor/Ivars 2007);
- favoring the actual use of digital technologies for interpreting preparation, practice and post-interpreting phases, with an eye to collaborative activities (Sandrelli 2002);
- creating a common learning environment based on cross-cut interpreting skills;
- obtaining official recognition of deliberate practice (Schafer 2011) during the two-year program and alleviating the traditional in-presence didactic load.

The didactic design phase was characterized by an attempt to comply with the five main principles for the use of virtual learning environments in interpreter training (Rodríguez Melchor 2020: 73):

- 1- adapt to every stage of pedagogical progression; 2- match learning objectives; 3- involve students in their own learning; 4- be easily accessible; and 5- allow for monitoring of students' activities.

In order to achieve these objectives, some specific areas of action were identified to create a common path throughout the two years of the MA Program based on the consolidation of the following common skills:

- active listening, oral production and memorization techniques (Unit 1): these interpreting training basics proved to be essential elements in improving the output quality<sup>14</sup>;
- consecutive (CI) and simultaneous interpreting (SI) preparatory exercises (Units 2 and 3)<sup>15</sup>;
- consolidation of the CI and SI techniques through the use of digital technologies and applications<sup>16</sup> (Units 4 and 5);
- technologies for interpreting supporting the preparatory phase, during the interpretation and after the interpretation<sup>17</sup> (Units 5 and 6);
- distance interpreting, remote interpreting and hybrid modalities<sup>18</sup> (Units 5 and 6).

### 3. Materials and methods

Following the identification of the didactic needs, the methodological principles and the objectives to pursue, the activities focused on two main pillars: finding the most appropriate container available (i.e. the e-learning platform); and dividing these training materials into user-friendly, well-organized, learner-centered teaching units, bearing in mind the learning objectives (Bertozzi 2024), students' involvement in the learning process and pedagogical progression (Rodríguez Melchor 2020).

they are asked to report on the results of their exercises using the platform. That is why the focus is not only on self-study but also on collaborative learning.

14 Zhong (2003), Setton (2010), Kriston (2012), Ma (2013), Bertozzi (2024).

15 Djovčoš (2020); Melicherčikova (2020); Sveda/Poláček (2020), Amato (2021), Mack (2021).

16 Carsten *et al.* (2020), Seeber/Delgado Luchner (2020), Aguirre Fernández Bravo (2020).

17 Mazzei/Ibrahim Aibo (2022).

18 Ziegler/Gigliobianco (2018), Horvath/Seresi (2020).

Regarding the platform choice, the technical requirements to be met were essentially two:

- Accessibility-related: inter-operable platform running seamlessly on multiple devices, already in use within the university (budget-related and usability-related constraints), open source software;
- Training type-related: allowing for a high level of student-trainer interaction, constant monitoring, multimedia support, individual and in-group tasks, as well as systematic progress-tracking with a view to creating a sort of student's portfolio (Djovčoš 2020).

The Moodle Course Management System (CMS) met all the requirements listed above, being open source, already in use at the University of Bologna and constituting the software base for the specifically tailored version used throughout this institution (Virtuale), designed to provide a robust integrated system to create personalized learning environments with multimedia support and traceability. Moreover, this CMS allowed for a good level of interaction between trainer and trainee, which has always been one of the main drawbacks of this type of pedagogical approach<sup>19</sup>. Interaction can be real time, one-to-one or one-to-group, via message form or direct chatbox and the role of the trainer is not limited to simply monitoring the student's progress, since all pedagogical actions are process-oriented and integrated with the feedbacks from the other trainers, thus combining online and in-presence learning tracking<sup>20</sup>.

With regard to the training material organization, six didactic units were identified and further grouped into two levels: initial and advanced level (Fig. 1).

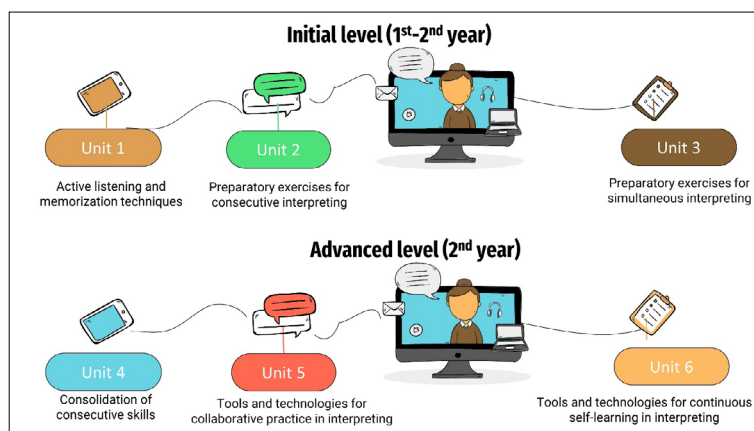


Figure 1. Self-learning course structure

19 Some scholars have started to point out online training-related concerns: among the others, Maček/Zorko (2021) and Liu/Lei (2022) raised awareness of the ethical issue in online interpreter training, including equality of learning outcomes, emotional support, privacy and audio/video data protection, and misconduct behaviors.

20 More research on the trainer's perspective about this online pedagogical model would be interesting. One of the future developments of the current project will also include this variable and new surveys will be conducted among teachers.

This way of grouping the training materials is strongly rooted in the current syllabus of this MA Program, thus providing a common framework of skills accompanying and consolidating the activities carried out in class during face-to-face teaching. It is based on the most recent studies on interpreter training academic curricula<sup>21</sup> and meets the requirements set out by Rodríguez Melchor (2020) in ICT-assisted course design for interpreting trainees.

Each didactic unit is designed to provide an initial video-recorded lesson explaining the main skills, techniques and tools involved in the unit followed by a set of practical tasks to be carried out individually or in working groups, with a final self/peer-assessment form to be filled in (Fig. 2). The entire course is asynchronous and self-paced. Students can complete it at any time from any location. All the tasks (videos to be seen, exercises to complete, audio files to upload) are interdependent. They follow a specific order<sup>22</sup> in pedagogical progression and students can move to the following task only once the previous one is completed. The Moodle e-learning system allows support not only of text files but also of multimedia content both student-side (audio/video files can be viewed in streaming by the trainees) and trainer-side (audio/video files containing the completed tasks can be uploaded to the platform, the trainer is notified and can view, supervise and assess them). At the end of each level, once all tasks are completed, the trainer will monitor the tasks and the self/peer-assessment sheets, and a certain number of ECTS<sup>23</sup> will be recognized.



Figure 2. Sample of task

21 Rodríguez Melchor/Ferguson (2020), Russo (2021), Mazzei/Ibrahim Aibo (2022).

22 The literature on interpreting training is particularly rich in studies recommending addressing common general preparatory exercises such as memorization and active listening first, and then gradually introducing note-taking skills and SI activities; these studies, on which the pedagogical progression presented herein is based, include but are not limited to Gillies (2013), Mack (2021), Russo (2021), Amato/Mack (2022).

23 At the moment the course is available as an optional course and 3 ECTS (credits) are granted upon its completion. From academic year 2024/25, the course will be compulsory for all students enrolled in the MA Program and will be part of the final examination.

All didactic materials have been therefore grouped into six units, and hereunder are some examples of activities:

- **Unit 1, Active Listening and Memorization Techniques:** active listening activities without notes, prioritizing the key contents of the original speech; memorization techniques in practice (i.e., for numbers, proper names, lists, for well-structured or non-structured speeches, for consistent or inconsistent speakers, etc.); intra-linguistic memorization, paraphrasing and recall<sup>24</sup>; analysis of the informative structure of the original speech; memory games in small groups; delivery/memorization of impromptu speeches in pairs;
- **Unit 2, Preparatory Exercises for Consecutive Interpreting:** gradual approach to note-taking<sup>25</sup>, at first with strong constraints to rely more heavily on memory skills (note-taking with non-preferred hand, note-taking only after the end of the original speech); note-taking “compare and contrast” exercise in pairs based on the same original speech; note-taking task in pairs, based on the partner’s CI;
- **Unit 3, Preparatory Exercises for Simultaneous Interpreting:** shadowing, paraphrasing and reformulation tasks<sup>26</sup>; activities aimed at adjusting one’s *décalage* or ear-voice span (SI with a fixed *décalage*); original speech “cleaning” exercises (SI task with a particular focus on eliminating the redundancies and disfluencies in the original speech); sight translation task with a text scrolling system; SI with text;
- **Unit 4, Consolidation of Consecutive Skills:** activities aimed at reinforcing note-taking techniques and CI skills; interactive note-taking tasks<sup>27</sup>; introduction of tablet application to consolidate CI skills (before, during, after the delivery);
- **Unit 5, Tools and Technologies for Collaborative Practice in Interpreting:** activities aimed at practicing how and where to find ready-to-use material for deliberate practice in interpreting (speech repositories, online resources and databases); how to extract their transcript (speech-to-text systems); how to improve remote collaboration for interpreting practice (both general-purpose and specific didactic tools available such as InTrain<sup>28</sup>); digital technologies for remote collaboration in small working groups (simulating the authentic team work to be carried out in professional conference interpreting in *équipes*); how the new AI-based captioning systems can help interpreters in their preparation<sup>29</sup>;
- **Unit 6, Tools and Technologies for Continuous Self-learning in Interpreting:** both general and assignment-specific tools for continuous self-learning<sup>30</sup>; audio/video/text file recording/tracking systems to keep track of one’s progress in interpreting; digital tools for the preparatory phase (collaborative terminol-

24 Kriston (2012), Ma (2013), Bertozzi (2024).

25 Gillies (2013).

26 Mack (2021).

27 Rodríguez Melchor (2020).

28 InTrain is a web-based open-access interpreter training platform developed at the University of Bologna (Department of Interpreting and Translation) allowing students (and trainers) to practice in a remote interpreting virtual environment (<<https://intrain.ditlab.it/>>) [last visited 8/03/2024].

29 Fantinuoli (2021).

30 Mazzei/Ibrahim Aibo (2022).

ogy management, how to exploit the tablet's potential to manage, retrieve and memorize terminology, to study and manage assignment-specific preparatory documents); digital tools to be used during the interpretation (CAI tools, general-purpose videoconferencing tools and RSI<sup>31</sup>-specific software, useful applications for tablet for real time consultation, tools and tips to improve booth collaboration in remote settings); digital tools to be used after the interpretation (archiving notes, documents and material, creation of the interpreter's feedback diary to keep track of one's progress, tools for self/peer assessment, *ex-post* activities to consolidate one's skills).

Each unit is planned to be created, uploaded to the platform and validated by a group of students before being made available online for all trainees. At the moment, the first three units (Initial Level) are fully accessible and operational on the Virtuale e-learning system, since they have been piloted and validated by a group of students from the MA Program having Spanish-Italian as their working languages. Choosing to restrict the initial piloting phase only to this cohort of students had a twofold purpose. Firstly, guaranteeing the maximum level of homogeneity, comparability and also ease of access, control and feedback with a small group of students who had minimum variability in their previous pedagogical approach up to that moment. The students all shared a significant amount of hours of training, lecturers, tutors and they practiced their interpreting skills together on a constant basis. Furthermore, their entry (pre-course) level was already known to the researchers involved in this project since they taught some traditional in-presence courses to them before creating the online platform. Secondly, even if the course is aimed at any language pair, since all activities are specifically designed as language-independent, at the same time isolating the Spanish-Italian students' cohort in this preliminary piloting phase was useful to let some language-specific didactic needs emerge.

#### 4. Pilot testing: preliminary results from the Spanish-Italian students' cohort

The methodological approach used to address the research questions was survey-based. In designing the survey, the methodology suggested by Hale/Napier (2013) for interpreting research was applied. In line with the main indications on educational research data in the field of interpreting (*Ibid.*: 193), the form of data analysis chosen for this research project was influenced by the theoretical framework and the methodological approach selected for this study. More specifically, since the "task" (or "measure", as indicated by these scholars) was students' expectations and reflections on the pedagogy used in this course, the "type of data" was "anonymous survey" (Likert scale) and the "method of analysis" applied was the "quantification of responses, and content/thematic analysis of qualitative statistics" (*Ibid.*: 194). Therefore, before providing access to all trainees, these didactic materials have been tested by groups of students, with a view to promote "greater collaboration among interpreting practitioners, educators and students" (*Ibid.*: 187), as well as "developing strategies for change or innovation that take into account or seek to influence positively the local interpreter educational context".

31 Remote simultaneous interpreting.

With these methodological preconditions in mind and in compliance with the testers' selection criteria described in paragraph 3, the pilot testing phase started with three groups of Spanish-Italian second-year students (5 for Unit 1, 7 for Unit 2 and 5 for Unit 3). Although the sample may seem small, it is actually quite representative of the cohort of students because on average, there are 8-10 students with this language combination enrolled each year in this MA Program. Moreover, the analysis conducted was based on quantitative and qualitative data, therefore, dealing with a smaller group of respondents allowed for a more in-depth review of individual specific didactic needs.

As described in paragraph 3, selecting candidates for pilot testing only within this language combination had a twofold effect on data analysis. Eliminating any language-affected variables within the sample of pilot testers (all of them sharing the same language pair) allowed the collection of more homogeneous and comparable data from the didactic point of view. On analyzing the results of testers with the Spanish-Italian combination, there emerged some interesting language-specific didactic lessons learned.

As shown in the literature, interpreting between cognate languages poses specific challenges and therefore specific didactic needs. The theories based on the "*Théorie du Sens*" have been challenged by many scholars<sup>32</sup> who pointed out that it cannot occur with the same modalities of monolingual communication, with no specificities depending on the language pair. It has been demonstrated that this approach does not take into consideration the differences between language systems and their possible consequences on the cognitive process of interpreting. In particular, syntactic distance between source and target language, as well as the fact that these are synthetic/analytic, or they belong to the same language family may affect interpreting strategies considerably (Gile 2005). In the case of high syntactic distance between source and target language, for example, and therefore, great differences in word order, the interpreter may be forced to adjust their *decalage*. Conversely in the case of SI between cognate languages, term retrieval may be easier to a certain extent, however the risk of interferences could be higher and the use of idiomatic expressions in the source language or, more specifically, a certain dissimilitude of semantic fields between Spanish and Italian may require more cognitive resources (Russo/Rucci 1997, Morelli 2008). Fusco (1990) showed that cognate languages may facilitate understanding but morphological and lexical issues may arise. In particular, within this language combination, the author sets out that "*paronyms, that is Spanish-Italian word pairs that look and/or sound similar, give rise to the highest proportion of clumsy or mistaken translations*" (*Ibid.*: 94). An experimental study conducted by Russo (1990) with a group of professional interpreters provides a list of 108 morphological-syntactic asymmetries between Spanish and Italian. Data analysis shows that, in order to overcome these difficulties, interpreters tend to make use of some specific strategies such as lexical expansion, substitution of a segment and its active storage in working memory. In some cases omissions, semantic errors or loss of cohesion were recorded. These most frequent errors in the Spanish-Italian language pair were categorized by Russo/Rucci (1997) in a study involving interpreting trainees, pointing out many cases of homophones and malapropism requiring in-depth cognitive processing. Simonetto (2002) focuses on calques from Spanish into Italian in her experiment with interpreting students, identifying three main

32 Fusco (1990), Russo/Rucci (1997), Simonetto (2022), Padilla/Abril (2003), Morelli (2008).



categories: lexical, morphosyntactic and ghost calques. The first category includes paronyms, culture-bound calques and calques ascribable to Spanish loanwords in Italian (i.e. “golpe”). In the second one gender-correlation calques are found or others due to morphosyntactic divergence. The last category comprises those calques that are defined as “loan translations of Spanish words or phrases identifiable in the target language (TL) but not present in the source language (SL)” (*Ibid.*: 141). Morelli (2008) in her study on ambiguity in SI and the related strategies in the Spanish-Italian language pair shows that, as far as training is concerned, interpreting between cognate languages may involve combination-specific challenges (*Ibid.*: 67).

In the light of the specificities of interpreting between Spanish and Italian and with a view to highlighting possible specific didactic needs, the questionnaires submitted to the pilot testers for the first three units of the course have been analyzed and divided into three main parts: quantitative analysis of students’ perception of the usefulness of the didactic activities; quantitative analysis of students’ perception of their pre-training and post-training skills improvement; and qualitative analysis of the students’ open questions/answers containing specific considerations and comments (the latter being described in the conclusions).

#### 4.1 Students’ perception of the usefulness of didactic activities

In order to answer the research questions, data regarding students’ perception of the usefulness of the didactic activities proposed in each of the three Units of the e-learning course were considered relevant. For this reason, among the different parts of the survey, the question “To what extent do you consider activity X useful/relevant?” was extracted from the questionnaire submitted to the testers. In particular, this question was asked through a five-point Likert scale from 0 (“Completely useless”) to 5 (“Very useful”). The results for Unit 1 (Active listening and Memorization) are illustrated in Figure 3. (Fig. 3).

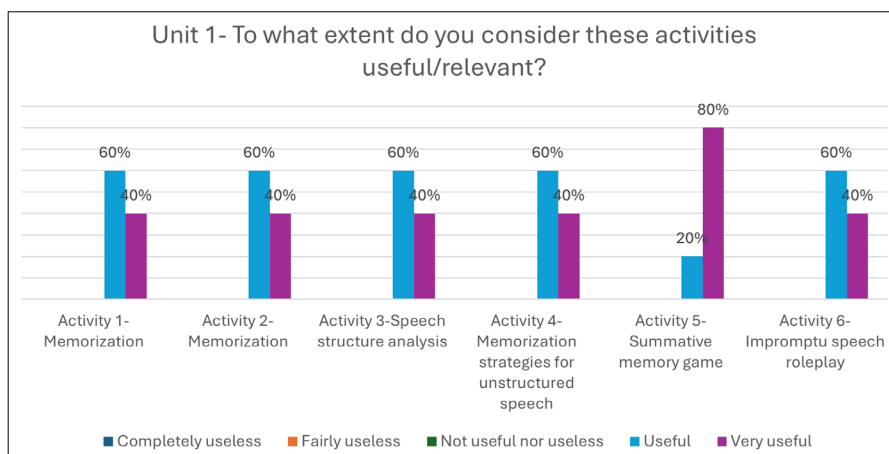


Figure 3. Students’ perception on usefulness of Unit 1

Among the six activities contained in Unit 1, Activity 5 (Summative memory game) totaled the highest percentage of extremely positive answers (“Very useful”, point 5 on the Likert scale); in this activity, students are asked to work in groups and to listen to a four-minute speech sentence by sentence. They listen to the first sentence, stop the recording, one student repeats it, then they listen to the second sentence, another student repeats the whole speech from the beginning, and so on until their memory allows them to continue. The purpose of this activity is to make trainees aware of their personal memorization style. More specifically, they are asked to reflect upon whether it is easier for them to retrieve the portion of speech they have just listened to or easier to retrieve the initial part of the original speech which has been repeated many times by the other students. In any case, the results of the other five activities contained in this Unit are encouraging too (Fig. 3), with an average of 60% positive answers (“Useful”, point 4 on the Likert scale) and 40% extremely positive answers (“Very useful”, point 5 on the Likert scale).

As far as Unit 2 (Preparatory Exercises for Consecutive Interpreting) is concerned, the preliminary results of the pilot testing phase are slightly more diversified (Fig. 4).

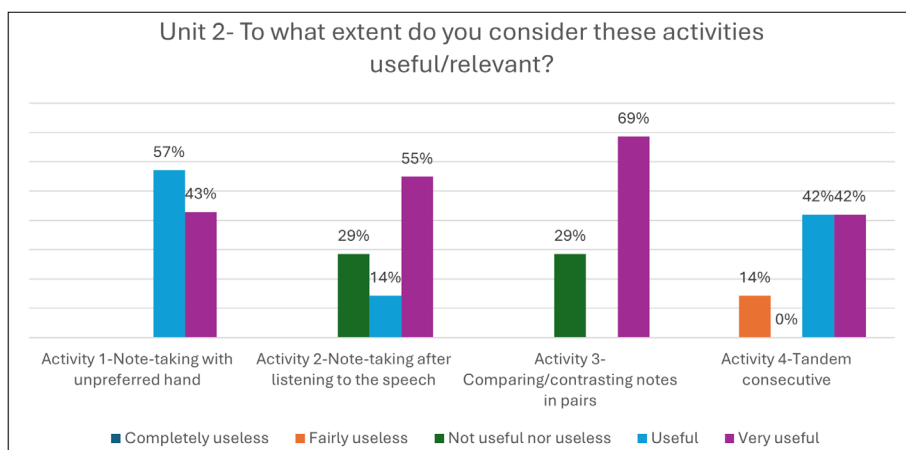


Figure 4. Students’ perception on usefulness of Unit 2

As illustrated in the chart (Fig. 4), three out of four activities received very high percentages of positive answers (from “Useful” to “Very useful” on the Likert scale). These four activities are: note-taking with non-preferred hand (left for right-handed students, and vice versa); note-taking after listening to the speech (students have one minute after the original speech to write down what they want); comparing/contrasting notes in pairs (a traditional CI note-taking exercise followed by a collaborative comparison of the techniques employed and the difficulties encountered by two students); and tandem consecutive (where students are asked to do a CI from the other student’s previous consecutive delivery). In particular, the third exercise totaled the highest percentage of very positive answers in this dataset (69% of students found it very useful). Only one exercise out of the four (activity 4, tandem CI), registered 14% negative answers (one student found it “fairly useless”), nonetheless showing very high percentages of positive/very positive answers (42% found it “useful” and 42% “very useful”). These results suggest that those activities involving strong limitations in the use

of notes (note-taking with non-preferred hand and note-taking after listening to the speech), as well as those exercises implying a comparison of note-taking strategies among trainees, are particularly appreciated by the Spanish-Italian students' cohort.

Regarding Unit 3 (Preparatory Exercises for Simultaneous Interpreting), students' perception results are also rather encouraging, even if with slightly more negative results than in the previous two Units (Fig. 5).

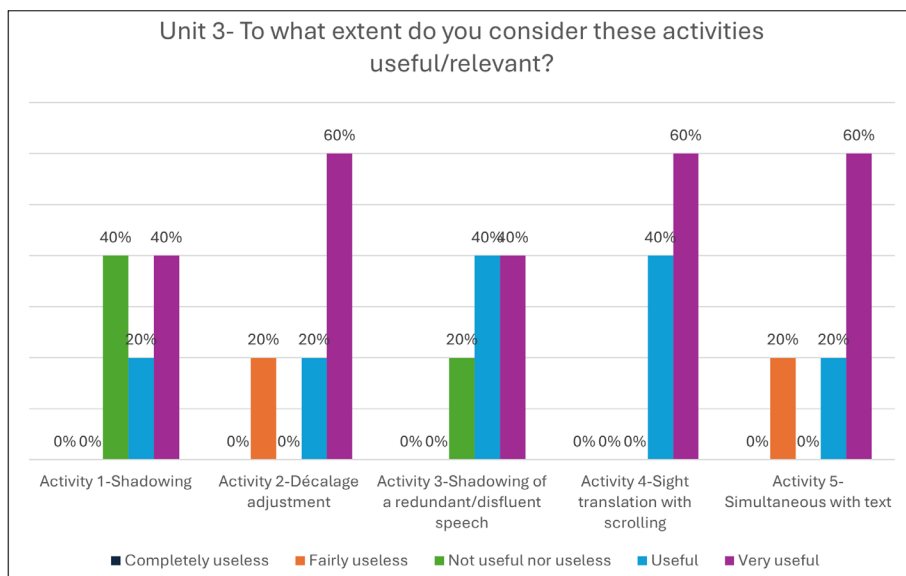


Figure 5. Students' perception on usefulness of Unit 3

On the whole, Unit 3 scored very high percentages of positive answers (from 4 to 5 on the Likert scale, “Useful”, “Very useful”), with 40% and 20% of neutral answers for Activity 1 and Activity 3 respectively, and the only exception of two activities showing a very low percentage of negative scores (20% “Fairly useless” on the Likert scale), namely Activities 2 and 5. However, these latter activities also registered the highest peaks of very positive answers (60% “Very useful”) together with Activity 4. Therefore, in general, the most appreciated were: Activity 2- “*Décalage* adjustment”, where students were asked to perform a shadowing exercise waiting for a fixed timing before speaking; Activity 4- “Sight translation with scrolling”, namely a sight translation from Italian into the students' B language using the DitLab Text Scrolling system<sup>33</sup>; and Activity 5- “SI with text”, where students were asked to perform a SI from Italian into their B language having a rather reliable script of the original speech with them in the booth. The higher incidence of neutral/negative answers for Unit 3 should be investigated more deeply with further surveys and a broader number of testers, which will be one of the future developments of the project as indicated in the conclusion. However, for this initial research phase, these preliminary results should be analyzed in combination with the results of students' perception on pre- and post-training improvement (Table 1). The skills showing the lowest percentages of improvement were mainly those involved in SI, with

33 <<https://ditlab.it/scroll/>> [last visited: 13/03/2024].

the only exception of *décalage*-related abilities scoring 80% positive to very positive improvement rates. These preliminary pieces of data show that more in-depth analysis is needed for Unit 3, which will be carried out in the following phases of the project.

#### 4.2 Students' perception on their pre- and post-training improvement

The second question chosen from the questionnaire for the purposes of this study was, "Compared to your initial level, to what extent do you think the course helped you improve the following skills?" for the three Units. When designing the questionnaire, a set of 19 cross-functional skills<sup>34</sup> was identified considering the purposes of each Unit and activity. These have been grouped by Unit and then sorted in order of rating (skills with the highest percentages of positive/very positive answers from point 4 to 5 on the Likert scale) (Table 1).

Ranking	% positive answers (point 4-5 Likert scale)	Type of skill	Unit
1 <sup>st</sup>	100%	Intra-linguistic memorization and reformulation	1
2 <sup>nd</sup>	85.71%	Identifying strengths/weaknesses in note-taking in comparison with other peers	2
3 <sup>rd</sup>	80%	Active listening and information selection	1
3 <sup>rd</sup>	80%	Memorizing well-structured spontaneous speech	1
3 <sup>rd</sup>	80%	Memorizing unstructured spontaneous speech	1
3 <sup>rd</sup>	80%	Expanding one's immediately available vocabulary also in the A language	3
3 <sup>rd</sup>	80%	Adjusting and managing one's <i>décalage</i>	3
4 <sup>th</sup>	71.43%	Memorization and information prioritization	2
4 <sup>th</sup>	71.43%	Relying on memory rather than only on notes	2
4 <sup>th</sup>	71.43%	Comparing one's own note-taking technique with the others'	2
4 <sup>th</sup>	71.43%	Structuring and organizing notes better	2
5 <sup>th</sup>	60%	Memorizing numbers	1
5 <sup>th</sup>	60%	Memorizing lists	1
5 <sup>th</sup>	60%	Memorizing proper names	1
5 <sup>th</sup>	60%	Cleaning up the original speech from redundancies and disfluencies	3
6 <sup>th</sup>	57.14%	Reviewing note-taking basics	2
7 <sup>th</sup>	40%	Improving the management of multiple concomitant (visual/hearing) inputs	3
7 <sup>th</sup>	40%	Identifying one's strengths/weaknesses in SI skills in comparison with peers	3
8 <sup>th</sup>	20%	Improving concomitant listening/speaking skills	3

Table 1. Students' perception of pre- and post-training skills improvement

<sup>34</sup> These 19 cross-functional skills represent the main sets of sub-skills in which each Unit's goal was divided. They are all based on the studies by Gillies (2013), Mack (2021), Russo (2021) and Amato/Mack (2022).

The skill that was perceived by the students as having improved the most after completing the course was intra-linguistic memorization and reformulation (Table 1). This skill is a common thread throughout the whole of Unit 1 and the six activities contained therein are all aimed at raising awareness on the importance of speech memorization techniques, information selection, active listening and syntactic/lexical reformulation within the same language of the original speech. Analyzing this dataset together with the open answers provided by the students (see paragraph 4.3) shows that, in some cases, a lack of structured teaching for these skills is reported by the trainees, while only fragmented basics of memorization and reformulation techniques are systematically taught.

Another skill that performed particularly well in the survey among students (Table 1) was “being able to identify one’s strengths and weaknesses in note-taking in comparison with other peers”. Again, if we correlate this piece of data with the open comments provided in the questionnaire, it is clear that the students especially appreciate comparing and contrasting their abilities with their peers, in particular when it comes to CI note-taking where a lot can be learnt by imitation of others’ techniques, symbols or abbreviations.

With the third highest percentage of positive/very positive answers (80%) (Table 1), three skills are found from Unit 1 (active listening and information selection, memorizing well-structured spontaneous speech and memorizing unstructured spontaneous speech), and one skill from Unit 3 (adjusting and managing one’s *décalage*). The former set of skills confirms the hypothesis that students reported improvement especially in general, preparatory cross-functional interpreting skills such as listening, speech memorization and intra-linguistic reformulation, while the latter (*décalage* management) substantiates that this skill is particularly important for students to be practiced and adjusted, as shown in the literature (Mack 2021).

### 4.3 Open-ended questions

The final part of the survey (open-ended qualitative questions/answers<sup>35</sup>), provided unexpected and relevant insights into students’ needs, expectations and opinions on the course and on self-learning in general. For a better qualitative analysis, these open questions/answers have been divided by Unit.

Starting with Unit 1, two main groups of comments emerged very clearly, the first being the high demand for more specific training on speech memorization skills, and the second being a set of reasons why the students particularly appreciated this didactic unit. In this last category can be found: the variety of activities contained in Unit 1

35 By way of example, due to space constraints, some excerpts from the open-answer part of the survey will be quoted here: “*the memorization game was entertaining and made me pay more attention to memorizing the speech as a whole, rather than just focusing on some bits*”; “*this exercise was useful to put in practice the interpreting techniques I revised in the previous part, with only limited note-taking to support memory: this made me select the pieces of information to be retained more carefully*”; “*these activities are a good common preparatory ground for interpreting skills, which tend to be underestimated as the MA course progresses, that’s why it was nice to have an all-in-one hub where to find well-structured, systematic exercises for peer-to-peer and self-practice*” [translation by the author].

allowing students to get a closer insight into the topic without losing motivation and interest; the fact that some activities have to be completed in pairs/working groups and that peer-assessment is needed for some of them, encouraging collaboration and positive exchange; the interaction within the platform (multimedia content, possibility to interact with the trainer, file storage/upload system, task division); finally, a particularly appreciated point was the segmentation of interpreting-related cognitive skills into sub-sets of skills/activities, making it easier for students to practice them first separately and then together.

As for Unit 2, the open-ended answers have been divided into two categories: didactic needs; and most appreciated features. In the first group, a rather common lack of confidence in students' CI skills was found, especially in finding the right balance between an effective note-taking technique and being able to rely on memory. The respondents also reported their need to spend more time to reflect upon their own abilities, on the skills acquired and on their weakest points. That is why many of them considered self-training and peer-practice in CI particularly useful. The most appreciated features of Unit 2 were the possibility of sharing one's practice with a group of peers, having a guided self-assessment (a detailed matrix of skills and sub-skills was provided), as well as the fact that many activities were completely new for the respondents, especially those involving note-taking with strong limitations (i.e. note-taking with the non-preferred hand, *ex-post* note-taking, limited number of elements to write down).

Moving to Unit 3, the respondents' comments highlighted specific didactic needs and some interesting insights. As for CI, the students reported the need to break down the complex set of skills involved in SI into sub-sets of skills (listening, speaking, controlling the output, adjusting *décalage*, managing multiple sensory inputs, etc.). They also needed: to take time to identify one's specific weaknesses before planning *ad hoc* future practice; to self-assess (or peer-assess) their performance more frequently in order to have a clearer idea of their weaknesses and be more confident about their strengths; as well as to be provided with more systematic activities through a well-structured comprehensive self-learning platform. The most appreciated features were: the possibility to practice each single sub-set of skills individually, allowing them to improve the output quality and to focus on specific weaknesses; the possibility to track and monitor one's progress in different skills; and the fact that some activities were new and entertaining for them (they reported a lack of time in traditional face-to-face teaching for preparatory exercises such as SI with text, *décalage* adjustment or reformulation activities).

## 5. Conclusions

In the preliminary phase of the project described herein, the quantitative datasets presented above have been cross-checked with the results of the open-ended questions included in the questionnaire submitted to the Spanish-Italian students' cohort of pilot testers to answer the initial research questions: Was this pedagogical approach successful in identifying and meeting the learners' didactic needs?; Did the students find it useful/relevant for their own progress in developing and consolidating interpreting skills?;

To what extent?; Did they find any improvement between pre- and post-course taking?

The preliminary analysis of the e-learning platform pilot testing seems to suggest that, on the whole, this self-learning course achieved its purposes in terms of students' perception on its usefulness and pre/post-training improvement. More specifically, as far as open-ended questions are concerned, the students particularly emphasized the importance of self-assessment, collaborative work and continuous learning in interpreting. As for the quantitative answers to the survey, Unit 1 totaled the highest percentages of positive/very positive answers in terms of usefulness/relevance, followed by Unit 2 and Unit 3 showing some neutral and slightly negative answers. All in all, albeit further research would be needed to isolate the worst performing activities and to identify the reasons underlying these scores, the preliminary results seem to provide positive confirmation of the initial research questions.

Without prejudice towards the language-independent approach adopted in designing the whole course, the fact that the preliminary piloting phase was limited to the Spanish-Italian students' cohort allowed identification of some language-specific didactic needs, which especially emerged from the qualitative data. This students' cohort of testers provided extremely relevant data in some specific didactic areas (higher demand for collaborative training in sub-sets of skills, interaction and peer-assessment in practice groups, guided self-assessment through detailed matrixes provided by the trainer, more focus on cross-functional skills such as speech memorization and active listening, more focus on organized progress-tracking), which will certainly be considered in the following phases of the project. In addition to these language-specific pedagogical needs within the Spanish-Italian students' cohort, the survey also showed several underexplored language-independent requirements (such as the need for an all-in-one comprehensive hub where to find well-organized, systematic materials and methods for interpreting practice, based on language-independent methodological frameworks). This finding suggests that this method can be applied also to other language pairs, since interpreter training at the University of Bologna strongly relies on common cross-cut skills to be developed throughout the MA Program. It is no coincidence that this learning model will soon be adopted within the framework of the new curriculum "Interpreting and Technologies for Communication"<sup>36</sup> featuring English as a common language and a series of European and extra-European language combinations. What is clear as a result of this first research phase is the need to integrate this students' cohort data into the next developments of the e-learning platform, which will soon be completed with the last three Units (Consolidation of CI Skills, Tools and Technologies for Collaborative Practice and Continuous Self-learning in Interpreting) and will be integrated with language-specific didactic materials among the five combinations taught in the MA Program of the University of Bologna, paving the way for future research on CAIT tools.

36 The new curriculum is available at the University of Bologna from academic year 2024/25.

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# From South Africa to Italy: setting up a simultaneous spoken language educational interpreting service at the University of Bologna

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## Abstract

*Drawing inspiration from the long experience and the fruitful collaboration with the Language Center at Stellenbosch University, South Africa, in March 2020 the Department of Interpreting and Translation of the University of Bologna started a pilot project called “Educational Interpreting and Multilingualism: Simultaneous interpretation during university lessons”. The project was aimed at providing an Italian-English simultaneous interpretation service during lectures across the University of Bologna. This paper describes the outcomes of the first two years of the project provided by a team of professional interpreters/tutors specifically trained in Conference and Liaison Interpreting. The first part of this paper looks into the genesis of the project and the experience of Stellenbosch University which served as a basis for the initial stage of the Educational Interpreting Project launched by the Department of Interpreting and Translation of the University of Bologna.*

*The second part describes the organization of the simultaneous interpreting service in an academic setting and the transition from physical attendance to remote teaching and remote simultaneous interpreting. This part also includes the full list of the courses involved in the project.*

*Finally, the last part sums up the experience acquired by the Department and the interpreting staff over the academic years 2019/2020, 2020/2021 and 2021/2022.*

## Keywords

Educational interpreting, academic interpreter, remote simultaneous interpreting, remote learning, spoken-language simultaneous interpreting, university teaching

## 1. Internationalization at the University of Bologna

Data from the 2021 Social Responsibility Report<sup>1</sup> show that over the 2019-2021 three-year period the number of international degree programs (delivered in English) rose from 62 to 79, while incoming and outgoing student mobility figures almost halved due to the Covid-19 pandemic (3,099 incoming and 3,290 outgoing students in 2019, against 1,480 and 1,927 respectively in 2021). The number of foreign students enrolled in the degree programs of the University of Bologna grew over the last three years and amounts to 6,706, 7.5% of the total student community. The share of foreign PhD students is even higher, reaching 18.2% at the beginning of the last cycle.

Furthermore, the new 2022-2027 Strategic Plan of the University of Bologna<sup>2</sup> stipulates under Objective 19 the “Promotion of the international character of didactic activities” setting several targets in terms of internationalization of didactic activities. Among those is the objective to raise the share of courses delivered in a foreign language from 21.6% in 2021/22 to 23.3% in 2023/24 and even further from 2024 onwards. At the same time, the University has been increasing the number of double and joint degree programs with other Universities at a global scale, from 36 in 2019/2020 to 40 in 2021/2022, aiming at reaching 45 in 2024.

The global attractiveness of the oldest University in the Western world, the strategic drive towards internationalization, the growing number of international degree programs and foreign enrolled students and the high number of incoming students, generated a strong push towards a more inclusive university where, in some contexts, Italian is no longer the most frequently spoken language among the participants. Although no formal language policy has been adopted in the University of Bologna, multilingualism is also considered to be an essential pillar of this university and it is often mentioned in the aforementioned Strategic Plan. Multilingualism is aimed at making sure that all students can fully understand the contents delivered by the lecturers in class and express themselves in their language of choice in order to receive any clarification needed. Conversely, lecturers should be able to deliver the contents of their lectures in their language of choice to preserve the specificity of the technical language and the contents of their own subjects.

The strong push towards multilingualism led to the implementation of an academic educational interpreting service to guarantee the provision of university lectures in, at least, Italian and English. This study presents some outcomes of the provision of said service over the 2020-2023 period.

## 2. The South African experience in spoken-language educational interpreting in tertiary education

Much of the work carried out at the University of Bologna on spoken language educational interpreting drew inspiration from the experience of some universities in South

1 <[https://www.unibo.it/en/university/who-we-are/Social-Responsibility-Report/copy\\_of\\_social-Responsibility-report](https://www.unibo.it/en/university/who-we-are/Social-Responsibility-Report/copy_of_social-Responsibility-report) [last visit: 24/07/2024]

2 <<https://www.unibo.it/en/university/who-we-are/strategic-plan-1/strategic-plan>> [last visit: 24/07/2024]

Africa. The very diverse cultural and linguistic landscape of the country led the policymakers of the African country to include 11 official languages in the 1996 Constitution which then recently increased to 12 with the introduction of South African Sign Language (SASL). However, as pointed out by Brewis (2022), mainly English and, to a much smaller extent, Afrikaans and some of the indigenous languages are used in the education field, exposing large sections of the student population to the necessity of learning through a second or a foreign language. Ten years before, Pienaar (2012: 27) provided an initial description of the context at that time:

Historically, Afrikaans-medium universities, especially, have been affected by pressure to re-evaluate their policies and to provide teaching in English. It must however be stated that more than politics had a role to play. South African universities also have to be pragmatic. For the former Rand Afrikaans University (RAU), now the University of Johannesburg, that meant acknowledging that the Afrikaans market was not big enough to justify the existence of yet another Afrikaans-only university. Consequently, parallel-medium teaching was introduced in 1998, whereby all undergraduate classes were to be presented twice, once in English and once in Afrikaans.

The same author reported that the duplication of lectures, however, caused serious constraints to research outputs (since lecturers were under the pressure of an increased lecturing load), even though the number of students increased dramatically, covering the extra financial burden. However, other problems arose with regards to the appointment of lecturers who were not proficient both in English and Afrikaans, leading to the dilemma of whether to appoint a more experienced candidate with limited or no mastery of one of the two languages (and appointing another lecturer to cover the other language, although the two courses would become unavoidably different), or to appoint a less qualified bilingual lecturer.

## 2.1 The Potchefstroom experiment

Following the experience acquired by the South African University system on the backdrop of their multilingual context and policies, in 2004 the Potchefstroom Campus of Northwest University launched a pilot experiment on the use of whispered simultaneous interpretation from Afrikaans into English in some selected classes. The experiment, detailed by van Rooy (2005), involved a Pharmacy course for non-Pharmacy undergraduate students. These students were divided into four groups based on their mother tongue and the availability of interpreting services. There was also a control group of Afrikaans-speaking students who attended lectures in Afrikaans. Van Rooy's main research objective was to assess whether any African-language speakers would benefit from English-medium tuition either by means of simultaneous interpreting or by the direct use of English as a medium for teaching/learning. At the same time, the experiment sought to establish whether Afrikaans-speaking students would be disadvantaged by the use of English as teaching/learning language. Van Rooy (2005:86) comments the experiment as follows:

As far as the straight-forward comparisons between Afrikaans and English as media of instruction are concerned, it is clear that Afrikaans learners perform much

better in Afrikaans classes than in English classes, while Black learners perform much better in English classes than in Afrikaans classes.

Based on these results, simultaneous interpretation from Afrikaans into English was recommended to be implemented at the Potchefstroom campus, Afrikaans to be used as medium of instruction for Afrikaans-speaking students, and further research to be undertaken into the feasibility of rendering a simultaneous interpreting service from English into Afrikaans. The Northwest University educational interpreting program has been expanding ever since, however, unlike Stellenbosch and University of Johannesburg, interpretation is provided from Afrikaans into English only (Verhoef/Du Plessis 2008).

The interpretation service at the Potchefstroom Campus of the Northwest University has been developing ever since, with a weekly demand of 700 interpreted lectures across 12 different courses in 2009 (Clausen, 2011: 89) and it is still used for the current didactic activities.

## 2.2. The experience of the University of Johannesburg (former RAU)

Pienaar (2012) reports that, since a 4:1 ratio of students preferred to have tuition in English and to have more non-Afrikaans speaking lecturers, in 2003-2004 the former Rand Afrikaans University (RAU) decided to use simultaneous interpreting in university boards, senate meetings, faculty boards and institutional meetings to make it possible for board members who did not understand Afrikaans to follow the proceedings, but also to allow Afrikaans-speaking members to express their views in their language of choice. The growing visibility and popularity of the simultaneous interpreting service led to a request to interpret a series of lectures where the lecturer was an esteemed scholar who could not duplicate his lectures in Afrikaans. Instead of depriving students of the opportunity to benefit from this lecturer's knowledge, the university decided to interpret this particular series of second-year-level lectures in Development Studies into Afrikaans. In addition, it was noted that English-medium courses had a much more heterogeneous group of students compared to the Afrikaans-language ones. Consequently, the debate was a lot livelier in English-speaking classes. For this reason, simultaneous interpreting during lectures was also adopted to generate further integration between English and Afrikaans-speaking students (overcoming a *de facto* segregation) without breaching the multilingualism principle in place within the country and the university (as already mentioned in §1, courses were doubled and delivered separately in English and Afrikaans).

In her study, Pienaar (2012) reports on the positive outcomes of the experiment carried out during the aforementioned series of lectures in Development Studies delivered by an exclusively-English-speaking professor to a mixed audience of English and Afrikaans-speaking students. The interpretation service was provided by a team of three interpreters with a sound experience in lecturing in Afrikaans and a broad knowledge of Development Studies. The feedback provided by students, the lecturer and the interpreters on the experience was generally good, although with some remarks. For example, students noted an increased difficulty in focusing on the lecturer while listening to the interpretation, as well as the fact that headphones became



uncomfortable to wear for a long time. In addition, as the course progressed, fewer students used the headphones due to a sort of sense of stigma, although some were struggling to follow the lecture in English. On the other hand,

[the interpreters] noted they were aware of the fact that they mediated to a larger extent than what they would have in other contexts by, for instance, repeating things the lecturer had emphasized. The fact that all interpreters are university lecturers might partially explain this. However, it is more likely that this particular setting and mode are more closely linked to liaison interpreting than originally envisaged.  
(Pienaar 2012:36)

This aspect opens a very interesting point on the specificity of tertiary education spoken-language interpreting, making it more similar to the traditional concept of liaison interpreting (Russo/Mack 2005) rather than to conference interpreting (Falbo *et al.* 1998) and also paves the way to the need of defining the role of the interpreter (Roy 2002) in an academic educational setting, as well as the specific training required for this new professional figure (Lesch 2019; Cecchi 2021). As a matter of fact, regardless of the apparent conference-type provision of the simultaneous interpreting service, the on-field experience showed that many aspects of liaison interpreting are present since the interpreters are an actively involved part in the interaction and since students can engage in two-way conversations with the lecturers to ask for clarifications or to ask the lecturer to repeat some concepts.

### 2.3 The Language Center at Stellenbosch University

Founded in 1918, Stellenbosch University, which bears the name of the town where it is located in the province of the Western Cape, South Africa, is one of oldest and largest universities of the country with more than 30,000 students enrolled in various degree programs spread across five campuses.

According to Brewis (2022)<sup>3</sup>, out of the 33,078 students enrolled in 2021, 3,148 of them were foreign nationals, 2,377 of which came from the African continent. South African students came from more than 700 towns across the nine provinces of the country, many of which are remote and rural villages with little or no educational institutions, thus generating a massive flow of rural to urban migration. Brewis (2022) reports that, although the 1996 South African Constitution included 11 official languages, only English and Afrikaans to a much lesser extent are used as language of education. Given these extremely diverse backgrounds, large groups of students have neither of these languages as their mother tongue, having therefore to learn through their second or a foreign language.

In this context, the Stellenbosch University language policy, first published in 2002, has been amended several times to meet the demand of the students (Bressan 2022). In the first version of the language policy, the teacher holds their lectures using both English and Afrikaans by delivering the contents, stimulating debates and providing written materials in both languages. However, there is no repetition of the

3 The most updated source in literature at the time of this paper.

aforementioned contents in both languages, meaning that some students may be left out from significant parts of the lectures. The 2014 revision of the language policy<sup>4</sup> mentions the use of an educational interpreting service under paragraph 7 (Policy provisions), section (c), while the 2016 revision<sup>5</sup> reported, under paragraph 7, a thorough description on the cases in which simultaneous spoken language educational interpreting may be implemented. The policy was further revised in 2021<sup>6</sup> with no changes as regards to spoken language educational interpreting. The educational interpreting solution was tested at first through two pilot studies by Clausen (2011) at the Department of Arts and Sciences and Brewis (2012) in a course of Private Law. These pilot studies were further corroborated by a 2013 study of the Language Center (De Stadler *et al.* 2013) and by Booyen (2015).

The outcomes of these studies encouraged the Language Center of the Stellenbosch University to introduce educational interpreting among the services provided by the institution. Although fluctuating in recent years due to a cost-reduction strategy adopted by the university, the number of lectures served by the educational interpreting staff has increased dramatically over the years, with a consequent expansion of the number of people involved in the provision of the service. According to the data published by Lesch (2019), 365 lectures were interpreted each week in 2014. The current number of full-time educational interpreters amounts to 22, with the addition of a variable number of freelance interpreters appointed by the Language Center to cover the demand of the different departments. However, after the 2016 revision of the language policy and the advent of remote interpreting, the number of interpreted lectures and full-time interpreters has declined steadily to around 12.

### 3. The “*Educational Interpreting and Multilingualism*” project at the University of Bologna

#### 3.1 Introduction

In March 2020, the Department of Interpreting and Translation (DIT) of the University of Bologna, in partnership with the Rectorate, the Department of Social and Political Science and the Department of Business Science, launched a pilot research project titled “*Educational Interpreting and Multilingualism*”<sup>7</sup> aiming at providing an IT-EN and EN-IT spoken-language simultaneous interpreting service for academic lectures

4 Language Policy of Stellenbosch University (2014): <<https://www.sun.ac.za/english/Documents/Language/Language%20Policy%202014%20Final%2012%20Dec%202014.pdf>> [last visit: 24/07/2024]

5 Language Policy of Stellenbosch University (2016): <<https://www.sun.ac.za/english/Documents/Language/Final%20Language%20Policy%20June%202016.pdf>> [last visit: 24/07/2024]

6 Language Policy of Stellenbosch University (2021): <[https://www.sun.ac.za/english/Documents/Language/English%20Language%20Policy\\_final\\_2Dec2021.pdf](https://www.sun.ac.za/english/Documents/Language/English%20Language%20Policy_final_2Dec2021.pdf)> [last visit: 24/07/2024]

7 <<https://site.unibo.it/educationalinterpreting>> official website of the project [last visit: 24/07/2024]

at the University of Bologna. The project, proposed by prof. Mariachiara Russo from DIT, draws inspiration from the long track record of the Language Centre at Stellenbosch University, South Africa which collaborated with DIT during the startup phase. The project was also included in the Alma 2021<sup>8</sup> development strategy by the former Rector of the University of Bologna in the Multilingualism and Inclusivity sections.

The opening phase of the project (second semester of the 2019/2020 academic year) involved three professional conference interpreters working as interpreters/tutors<sup>9</sup> over two courses (History of Eastern Europe and Financial Analysis). Over the 2020/2021 academic year, the Department of Cultural Heritage and the Department of Civil, Environmental and Materials Engineering joined the project, leading to the expansion of the interpreting team (from three to five professional interpreters/tutors) and the number of courses (from two to seven). The project consolidated in 2021/2022 by keeping the same number of interpreters and courses (five and seven, respectively), the application of the Department of Industrial Engineering for the 2022/2023 academic year, the Department of History, Culture and Civilization in 2023/2024 and the Department of Interpreting and Translation for the 2024/2025 academic year, bringing the courses up to eleven and reopening the recruitment phase to strengthen the interpreters' pool.

### 3.2 The project kick-off

As mentioned above, the Educational Interpreting and Multilingualism project started in the second semester of the 2019/2020 academic year. The Department of Interpreting and Translation surveyed the other Departments of the Forlì Campus at the University of Bologna to decide which courses would have been the most suitable to start with the pilot project. After holding meetings and focus groups with the lecturers, program directors and deans of Departments, the scientific coordinator, prof. Mariachiara Russo, chose the two following courses for the reasons that will be expressed hereunder:

- Financial Analysis: a 45-hour course belonging to the Bachelor's degree in Economics and Trade, Department of Business Science, taught in English.
- History of Eastern Europe: a 60-hour course belonging to the Bachelor's degree in International and Diplomatic Science, Department of Social and Political Science, taught in Italian.

The course in Financial Analysis was chosen for the English to Italian interpreting service since, among its around 300 enrolled students, the vast majority came from Industrial Technical Institutes and Trade and Surveyors Schools with a proficiency level in English equal or below Level B1 of the Common European Framework of Reference. Therefore, the level of knowledge and exposure to the English language together with the technicalities of the language used in financial accounting and re-

8 <<https://web.archive.org/web/20180706123836/http://alma2021.unibo.it/it>> [last visit: 24/07/2024]

9 The term interpreters/tutors is used in the context of the University of Bologna since educational interpreters are hired on a tutorship-contract base for each course they work in.

porting and the standards used at an international level (such as International Accounting Standards – IAS and International Financial Reporting Standards – IFRS), which differ from the Italian national ones (OIC principles), caused additional difficulties to the majority of the students involved in this course. For this reason, an English to Italian simultaneous interpreting service was activated to facilitate understanding for those students who, due to the language barrier and the technicality of the course, would struggle to grasp the contents of the lecture.

The course in History of Eastern Europe is considered to be one of the flagship courses of the Bachelor's Degree program in International and Diplomatic Science and, given its particular topic, attracts many international students (both enrolled in the university and on exchange programs) from Central and Eastern European countries, the Balkans and Asia. On average, 45 students attended the lectures and the native to non-native Italian language speaker ratio was very close to 1:1. In addition, nearly all non-native Italian speakers did not have a sufficient understanding and proficiency in Italian to be able to follow and grasp the contents from a course taught in Italian. As far as the language proficiency in English is concerned, the situation is very diverse since just 1 student was an English native speaker; however, all the other students had at least a B1 certificate in English. For this course, the lecturer's language of choice was Italian, however all materials, videos and reference books were in English, allowing all students to be exposed to both languages, regardless of the Italian into English educational interpreting service.

### 3.2.1 The recruitment phase

After identifying the courses involved in the pilot project, the Department of Interpreting and Translation moved on to the recruitment of interpreters/tutors to provide the educational interpreting service. After a thorough selection process, the 3-person interpreting team was made of:

- A research fellow as interpreter/tutor and coordinator of the educational interpreting service, full member of Assointerpreti (Italian Association of Professional Conference Interpreters) with a 10+ year experience in conference interpreting and the following language profile: A – Italian, B – English, Spanish.<sup>10</sup>
- An interpreter/tutor, member of Tradinfo (Italian Association of Professional Interpreters and Translators) with a 6-year experience in conference interpreting and the following language profile: A – Italian, B – English, French, C – Spanish.
- An interpreter/tutor, member of Tradinfo (Italian Association of Professional Interpreters and Translators) and junior member of AITI (Italian Association of Interpreters and Translators) with a 4-year experience in conference interpreting and the following language profile: A – Italian, B – English, Spanish.

10 The *AIIC A-B-C* universal working languages classification system is used as a reference herein. For more information see: <<https://aiic.org/site/world/about/profession/abc>> (Last visited: 19/12/2022)

The recruitment process consisted in the publication of a public call for the appointment of teaching tutors that would be assigned to a specific course. The profile sought after in the call was the one of a professional interpreter having English as a B language, preferably graduated in the Master's Degree in Interpreting at the Department of Interpreting and Translation of the University of Bologna and with teaching experience in a university setting. Unlike the University of Stellenbosch and other institutions, the University of Bologna decided to employ professional conference interpreters to guarantee higher quality standards and, to some extent, reassure teachers and students who are not used to interpreter-mediated interactions (on quality assessment in interpreting, see, among others, Russo 2020). The university teaching experience has been considered among the preferential credentials in order to recruit interpreters who are already knowledgeable about the Italian university education system and the dynamics of a university lecture in Italy (for more information on this, see Desideri/Tessuto 2011).

### 3.2.2 The preparatory phase

Once the recruitment was completed, the three interpreters/tutors met with the Project Coordinator and the lecturers of the chosen courses to exchange contacts and to lay out the organization of the service. The service coordinator then held separate meetings with the lecturers to obtain a comprehensive summary, additional information, as well as useful materials (such as reference books, handouts, and presentations) related to the content of the two courses.

The preparatory phase also included online meetings with some representatives of the Language Center of Stellenbosch University in which best practices were exchanged and the spatial logistics of simultaneous interpreting within a university classroom were discussed. Among the topics of discussion was also the particular role of the academic interpreter<sup>11</sup> and their hybrid role within a classroom (Vorster/Zerwick 2013).

A virtual space (at first on *Microsoft Teams*, then *Discord*) was set up for the exchange of information, reference materials, books and presentations, as well as to draft collaborative glossaries and share terminology resources among the interpreters-tutors. In addition, in order to assess the interpreters' physical positioning and the acoustics of the spaces, the service coordinator carried out a survey of the classrooms in which the lectures were scheduled to be carried out, therefore optimizing the correct incoming and outgoing flows of information.

### 3.3 From in-presence interpreting to remote interpreting

After the introductory meetings and the initial preparatory phase, the project soon moved to its operational phase: the provision of the IT<>EN simultaneous interpret-

11 The term "academic interpreting/interpreter" has been used at the University of Bologna and by the Department of Interpreting and Translation to disambiguate the role of the interpreter in a university educational setting from the role of the interpreter in other educational settings.

ing service of the university lectures. Originally, the service was supposed to be provided in-class by two interpreters-tutors who should have been sitting between the lecturer and the students, providing a visual reference for both interacting parties and being able to interact directly with the lecturer and the students (Brewis 2019), and using either a tour-guide system (microphone and headsets) or a Remote Simultaneous Interpreting platform in *BYOD* (Bring your own device) mode<sup>12</sup>.

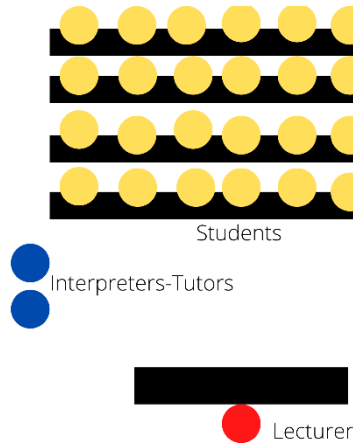


Figure 1. Layout of in-class interpreted lectures

The first introductory lecture in Financial Analysis (which also served as a test and benchmark for the service provision) was carried out in presence with around 300 students. Given the high number of attendees, the interpretation service was provided through the *Voiceboxer* Remote Simultaneous Interpreting (RSI) platform in *BYOD* mode. All participants placed themselves as in Figure 1, with the lecturer delivering the contents in English and the interpreters-tutors translating them into Italian for the around 100 students who asked for the provision of the service.

Since that was the only chance in which the service was fully provided in class before the 2020 Covid-19 pandemic outbreak, no significant data can be obtained from this experience; however, the in-class spatial organization caused some minor trouble to all parties mostly due to the following two reasons:

- The lecturer was not used to work with interpreters and reported to have felt uncomfortable at the beginning of the lecture having other people whispering the Italian translation of what he was saying.
- The Internet Wi-Fi Access Point in the classroom was undersized for the combined bandwidth demand of two computers (lecturer's and interpreters') and around 100 mobile phones and other personal devices (students'), leading to some connectivity issues and drop-outs.

12 *BYOD* mode: participants use their own devices (smartphones, tablets, computers, etc.) to listen to the provided interpretation service.

However, despite the technical issues, a very large share of students appreciated the interpreting service, claiming that it helped them with the terminology and with the general sense of the lecture.

Due to the Covid-19 outbreak in Italy in March 2020, all the remaining lectures for the 2019-2020 academic year were carried out online using the *Voiceboxer* RSI platform. In both the Financial Analysis and History of Eastern Europe courses, the interpreters and the lecturers delivered the lecture and related interpretation from the same classroom. This was done in an effort to maintain interaction between the lecturer and interpreter and to provide technical support. Soon after, however, the University decided to further limit the use of its premises, leading everyone to work from their own homes or offices.

In a very short time the interpreting team, the lecturers and the students had to adapt to this new situation where everybody connected to the *Voiceboxer* platform separately with very little chance to interact (as of 2020, *Voiceboxer* only allowed attendees to use a text-based chat to ask questions, make remarks and interact in general). As much as this solution “saved” both the educational interpreting project and the provision of multilingual lectures, the following remarks were made by the lecturers and the students:

- Both lecturers felt somehow “alienated” by having to talk into a microphone and a screen without being able to see anything else than themselves and some strings of text popping up from the chat.
- Some students complained about the very limited chance to interact with the lecturer and the interpreters.

### 3.4 The expansion of the educational interpreting service

At the end of the 2019-20 academic year, the educational interpreting service experience was reported to the Rector and the deans of the 31 Departments of the University of Bologna. The presentations raised the interest of all parties, leading to more requests and follow-up meetings. In particular, the Department of Cultural Heritage at the Ravenna Campus was especially interested in this project, specifically with regard to the International Master’s Degree on International Cooperation on Human Rights and Intercultural Heritage, requesting the provision of the educational interpreting service for five courses:

- **Geography of the Euro-Mediterranean Region**
  - Hours: 60
  - Directionality: IT to EN
  - Students: around 40
- **An Introduction to the Archaeology in Pre-Islamic Iran**
  - Hours: 30
  - Directionality: IT to EN
  - Students: 5
- **Biodynamics of the Human Population**
  - Hours: 30
  - Directionality: IT to EN
  - Students: 5

- **Global Justice**
  - Hours: 30
  - Directionality: IT to EN
  - Students: around 30
- **Geography of Cultural and Intercultural Heritage**
  - Hours: 30
  - Directionality: IT to EN
  - Students: 5

In addition, the Department of Civil, Environmental and Material Engineering at the Bologna Campus reached out to the Department of Interpreting and Translation to request the educational interpreting service from English to Italian for a course in *soft skills*<sup>13</sup>:

- **Science of Climate Change and Climate Actions**
  - Hours: 24
  - Directionality: EN to IT
  - Students: around 250

Finally, since the lecturer of the course in History of Eastern Europe and the Department of Social and Political Science at the Forlì Campus was very satisfied with the provision of the educational interpreting service and its outcomes, the course was confirmed for the following year:

- **History of Eastern Europe**
  - Hours: 60
  - Directionality: IT to EN
  - Students: 35

#### 3.4.1 The expansion of the interpreting team

The expansion from two to seven courses over the 2020/21 academic year required the interpreting team to expand accordingly to be able to cover all the lectures requesting the interpreting service. For this reason, a selection process started to recruit two trained, professional and experienced conference interpreters with a sound knowledge of the University of Bologna didactic system. At the end of this process, the following profiles were selected:

- An interpreter/tutor, junior member of *Assointerpreti* (Italian Association of Professional Conference Interpreters) with a 7-year experience in conference interpreting and the following language profile: A – Italian, B – English, German.
- An interpreter/tutor, member of *Tradinfo* (Italian Association of Interpreters and Translators) and junior member of *AITI* (Italian Association of Interpreters and Translators) with a 5-year experience in conference interpreting and the following language profile: A – Italian, B – English, C – German.

13 A set of general-interest courses organized by the Departments of the University of Bologna which do not belong to any degree program but can be added as optional credits to any student's career.



The two new interpreters-tutors were included in the interpreting team and were informed and trained by the service coordinator on the procedures adopted during the first year of the provision of the service, bearing in mind the specific characteristics of this type of interpretation and the South African best practices in selecting, maintaining and training a pool of educational interpreters (Blaauw 2008; Lesch 2019).

With the further expansion of the courses to be interpreted in the academic year 2024/2025, the appointment of two more freelance interpreters has been planned and it is currently ongoing.

### 3.5 From remote to hybrid learning and interpreting

Over the 2020/21 academic year, the Italian Government and universities started to ease Covid-related restrictions trying to reach a “new-normal” phase. The widely adopted approach was to guarantee a “hybrid” attendance mode to students where they could sign up for each lecture up to a maximum capacity of 50% of the seats originally envisaged in a classroom. Those left out or unwilling to attend in presence could still attend online via *Microsoft Teams* (which, however, did not support simultaneous interpreting)<sup>14</sup>.

At the same time, the educational interpreting team was faced with a new challenge: the number of courses increased more than threefold (from two to seven) and these were located in three different cities across the Emilia-Romagna region. Some of the lectures overlapped in the timetable, making it impossible for the interpreters to move from one campus to another in time for the beginning of the following lecture. In addition, the low degree of interaction allowed by *Voiceboxer* paired with some server-side issues was negatively commented by the lecturers and the students involved in the two courses of the first-year pilot project.

The interpreting team contacted the Rectorate and the Departments involved in providing the service to find a solution. The goal was to ensure high-quality service for all parties involved in a multilingual lecture, while addressing the logistical challenge of moving between campuses that are 40 to 80 kilometers apart. Since the University of Bologna already subscribed an agreement with *Zoom* as an alternative platform for conferences and lectures and since the Department of Interpreting and Translation already used it for interpreters’ training courses in the Master’s degree in Conference Interpreting during the pandemic, the interpreting team, the Departments and the lecturers involved in the courses decided to adopt it and to use it in a hybrid mode as follows:

- Lecturers would deliver the course from the classroom desk using a PC with webcam and microphone connected to the *Zoom* session. They would interact with the students in class as usual and via the audio/video *Zoom* feed with the interpreters and the students attending remotely.

14 Unlike other general videoconferencing platforms such as *Zoom* and *Webex*, *Microsoft Teams* did not have a Simultaneous Interpreting function without using external plug-ins or workarounds. An interesting workaround was found at Stellenbosch University with the use of two parallel *Teams* sessions.

- Interpreters would work from their homes/offices using ISO-compliant equipment for Remote Simultaneous Interpreting (as for AIIC guidelines<sup>15</sup>). In order to overcome technical limitations on boothmate cooperation, a technical workaround was devised with the use of *Voicemeeter* and *Discord*<sup>16</sup>. Unlike other *Zoom* interpreted events, the interpreters' team would keep the webcam switched on to provide a visual reference to the students listening to the interpretation and to provide visual cues to the lecturer, preserving (or at least trying to), the interactive facets of educational interpreting (Latour 2005; Brewis 2017; Brewis 2022).
- In-class students needing the educational interpreting service would connect to the *Zoom* session through their personal devices with earplugs or headphones; they could also decide whether to see the interpreters or not through the classroom projector/screen or through their personal devices. After the first-year experience and strategic investments from the university, the WiFi Access Points were improved to fulfill the increased bandwidth demand.
- Remote students would be able to attend the lectures and, if they needed, listen to the simultaneous interpreting provided by the educational interpreting team. They could interact with the lecturer, the interpreters and their classmates through the text chat or (when allowed) through their webcam and microphone. In addition, they could see both the interpreters and the lecturer on screen and decide where to focus their visual attention.
- The service coordinator would record all the lectures as a single video with two separated audio tracks (floor and interpreted versions) for several purposes such as: data gathering for the future building of a specific Educational Interpreting Corpus; service quality monitoring and assessing (Foster 2014; Foster/Cupido 2017); gathering training material for new potential educational interpreters (Lesch 2019); and a course lecture archive for the lecturer and the students.

#### 4. Preliminary results

As of December 2022, the University of Bologna Educational Interpreting Team is made of five professional interpreters from renowned national interpreters' associations also having a sound experience in university teaching/learning mechanisms. This team has been meeting the requests from five departments located in three different university campuses (Bologna, Ravenna, Forlì). The number of interpreted lectures served, amounts to 265 for a grand total of 580 hours. The students involved in these lectures, amount to approximately a total of 700, of which around 230 made use of the educational interpreting service.

All parties involved in interpreted lectures were asked to fill in surveys at the end of the courses to express their own satisfaction (or lack thereof) regarding the service. The survey (publication forthcoming) tries at first to frame the students' mix in the

15 For further reference, see: <<https://aiic.ch/wp-content/uploads/2020/05/aiic-ch-reference-guide-to-rsi.pdf>> (Last visited: 23/12/2022)

16 For a detailed description of the technical means employed to allow boothmate cooperation on *Zoom*, see Cecchi (2021).

classroom (native language, language proficiency in Italian and English, attendance data, use of the educational interpreting service). The second part is related to users' satisfaction and problem reporting. Preliminary data from the following question ("Do you agree with the following sentence: This service is very useful and necessary for University lectures with a multilingual audience") show that 85% of the 65 respondents replied "Strongly agree" or "agree" out of the 5 options available (the others being "Strongly disagree", "Disagree" and "Neutral"). Here is a collection of some comments made by students on the service:

- *Given my English level, I preferred to listen to the interpretation into Italian. This way, I was able to grasp more contents than I would have done if I listened to English.*
- *The interpreters did a good job, however, since I am an Italian native speaker, of course it was easier for me to listen to the professor. However, I've listened to the English version sometimes because the reference material was all in English and it sounded good.*
- *It is a good service that doesn't need any improvement*
- *Worked well, therefore no objections. At the beginning there was a double-voice problem, meaning one could hear the professor with the same volume as the interpreter. That issue was solved quickly and classes continued smoothly.*

The lecturers also provided their own opinions on the educational interpreting service with a generally positive outcome; among the comments the interpreting team received are:

- *It felt a bit uncomfortable at first since I was not used to working with interpreters, but then, being able to speak my language of choice allowed me to deliver more contents and to go much more into detail with less effort.*
- *I found this service very useful. It was about time that different University Departments came together to improve the quality of teaching for both lecturers and students.*

Data on exam-pass rates are currently being gathered, aggregated and processed to have statistically significant results; some preliminary data show a slight increase in the pass rate for the students using the educational interpreting service, however, the figures are still too limited to draw conclusions as of July 2024. However, over the next few years, the dataset should become sufficiently large to produce statistically significant results.

## 5. Conclusions

In this paper the evolution of the educational interpreting service at the University of Bologna was described after outlining the origins and the history of this new interpreting mode in South African tertiary education institutions. This service, linked to the Educational Interpreting and Multilingualism Research Project, showed great flexibility during and after the Covid-19 pandemic since it changed its service provision mode from in-class to remote interpreting, hitherto an unprecedented modality even vs South African universities where the service was first introduced, and then into

hybrid interpreting with all the consequences that Remote Simultaneous Interpreting brings about in terms of user expectations and trust (Edwards *et al.* 2005; Moser-Mercer 2005).

During the experience at the University of Bologna, the initial general skepticism among lecturers and students who were not used to participating in multilingual events where spoken-language simultaneous interpreting is provided was soon replaced by a general appreciation from both parties who acknowledged the role of the educational interpreter as an actual third active party in the classroom event. This is proven by the fact that, in both in-class and off-class communication, students and lecturers actively involve the educational interpreters when questions or clarifications about the contents and the organization of the course arise. Furthermore, the preliminary data shown in §4 point to a general acceptance and appreciation of this service both as far as students and lecturers are concerned, with a very high rate of service provision confirmation requests from one year to the other.

As for future developments, the number of departments and courses in which the educational interpreting service will be provided is expected to grow over time, with the potential involvement of a higher number of educational interpreters/tutors. The potential increase in the demand may also pave the way to specific training modules on spoken-language academic educational interpreting for the students of the MA in Interpreting at the Department of Interpreting and Translation (Cecchi 2021), to increase the number of educational interpreters involved in the provision of the service and to promote further research on this topic. In addition, since all interpreted classes are recorded in an .mkv video format having two audio tracks, this material can be used for several purposes:

- Interpreting service quality monitoring and assessment (together with students and lecturers' surveys).
- Training material for students in the Interpreting MA program at the Department of Interpreting and Translation.
- Construction of a purpose-specific spoken language academic educational interpreting corpus to promote further research on the specificity of this setting.

In a nutshell, thanks to the South African experience and the international collaboration on Spoken Language Educational Interpreting in a university setting, this fairly new research area might prove to be very interesting for the creation of a new professional profile (the 'Academic Interpreter') and the development of new didactic tools for university lecturing in a multilingual setting.

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# Church Interpreting as a Deliberately Chosen Language Strategy: an exploratory survey

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## Abstract

*This article presents findings of a snowball survey of the language provision offered by churches and how these churches view themselves in terms of cultural and linguistic diversity. Within this, the characteristics of churches with interpreting are compared to those of churches offering weekend services in only one language. While definitive findings are not possible due to small sample sizes, the survey found a complex relationship between churches' views of their diversity and the language provision they offer, as well as a strong link between the use of interpreting and satisfaction with language provision. A high proportion of churches also reported using professionals, in direct contradiction to much of the available literature. Yet an even higher proportion report they favoured the use of interpreters from within the church, in line with prior research. The importance of these results for research on church interpreting and multilingual church is discussed, especially regarding the need to contextualise research within the churches in which language provision is offered.*

## Keywords

Church interpreting, multiethnic church, interpreting and diversity, sociology of religion

As the linguistic and cultural diversity of many towns and cities continues to increase, churches are faced with the question of how best to meet the linguistic needs of their communities. The last two decades have seen considerable efforts to understand the responses of churches to cultural and linguistic difference, as shown by increasing research interest in the topic within Interpreting Studies and Sociology of Religion. Each of these disciplines has historically tended to concentrate on the solution that most fits within its own theoretical frameworks. Sociologists of religion have tended to either minimise attention to language issues or to view bilingual liturgies and holding monolingual services in different languages as the only answers. Meanwhile, scholars of interpreting have largely ignored any solution that does not involve the use of human interpreters.

This article seeks to unite these approaches by presenting descriptive data from an international snowball survey of churches with at least some interest in issues around language differences. It will answer the following three, closely related research questions:

1. How does the language provision offered by churches relate to the church's view of its own linguistic and cultural diversity and to the importance given to language provision?
2. What are the characteristics of churches choosing to offer interpreting and how do these relate to common claims about church interpreting found in the literature?
3. How does language provision relate to a church's satisfaction with its current service to those who speak different languages and its future plans?

In answering these questions, church interpreting will be viewed as a deliberately chosen language provision strategy, both in terms of its existence at all and the fact that it is employed in places where other strategies are possible. This type of comparative analysis offers theoretical insights that have implications beyond church interpreting and even beyond churches. It is important to first explore how existing research has understood church interpreting and its alternatives. Following standard practice in church interpreting research (e.g. Downie 2016; Hokkanen 2016; Youssef 2023 etc), the precise definition of a "church" is not discussed in this article. That being said, the fact that this article reports on a snowball survey means that the churches which responded were largely Protestant churches. Of the 122 valid responses 7 came from Roman Catholic churches and 1 from a Unitarian church.

### 1. Background and literature review

Understanding the characteristics of churches that manage to create space for people who do not share a linguistic background has been a focus of research in Interpreting Studies, via research on church interpreting. Likewise, researchers in Sociology of Religion have sought to understand how churches accommodate people of diverse cultural and racial backgrounds. Yet, despite substantial overlap in the object of study, research in both disciplines has gone on with little interaction between them. Research on church interpreting has largely concentrated on the interpreters themselves and



mostly turned to contextual and organisational factors only as explanatory theories. Likewise, research in Sociology of Religion has tended to focus on the churches themselves, and occasionally their leaders, with little to no focus on anyone else involved in the work.

It would seem helpful to combine both approaches to create a holistic view of how churches deal with linguistic and cultural differences. For the purpose of this study, the focus is on why churches choose interpreting, here assumed to be human interpreting unless otherwise specified, among other options and how this is then realised. It is important to note that language differences often parallel cultural, ethnic, or even racial differences. For that reason, the analysis of the relevant literature will begin with a discussion of the key arguments and methods used in the study of multiethnic and multiracial churches in Sociology of Religion. These areas are especially pertinent to this study as findings from such research formed the basis of the survey design. The impact of the literature from each area on the final survey design is therefore clarified throughout.

### 1.1 Multiethnic Church

The recent surge of research on multiethnic churches can be dated back to the appearance of manuals for such churches in the 1990s. It would be some time, however, before such literature discussed language difference. Indeed, in one of the earliest manuals, Ortiz stated that “the multiethnic church includes culturally diverse people who meet together as one congregation, utilizing one language, usually English” (1996: 86).

The assumption of linguistic unity, either in the church as a whole or at least within each individual church service, has become common in research on multiethnic church. Thus, for Garces-Foley, a multilingual church is “a single entity that manages its diversity by holding separate services for the main language groups” (2007: 156). Especially in the USA, scholars have tended to assume that race or ethnicity, rather than language, is the important variable (e.g. Christerson and Emerson 2003; Edwards 2008; Marti 2010). This is not to say that linguistic difference has been entirely excluded from debate. Based on a large, nationwide survey of Roman Catholic parishes in the USA, Reynolds and Reynolds (2018) concluded that the presence of bilingual liturgical services and the interactions between different language groups predicted the integration of such parishes. Likewise, in a doctoral thesis on an attempt to build trust in a multilingual leadership team of a church in California holding services in Spanish and English, Perez (2019) has written about the difficulties of building such trust, with the researcher blaming the failure of the project on differences in philosophy of leadership.

Yet it remains true that interpreting has not appeared on the agenda of scholarship on multiethnic church, even if popular accounts (DeYmaz and Li 2013; Patten 2016) have mentioned translation and interpreting. The research on multiethnic church does suggest, however, that there are a range of methods for delivering multilingual church that do not include interpreting. Of specific interest in this case is the choice to offer different monolingual services in different languages, as discussed by Garces-Foley

(2007: 156) in her appendix on different modalities of multiethnic church and Reynolds and Reynolds (2018: 358) in their survey. Exploring the factors affecting the choice of different forms of language provision is a key aim of this survey.

Findings from research on multiethnic church have impacted the survey design in two main ways. The first is that the focus on monolingual multiethnic churches in this area led to the development of a scale to measure the diversity of the church, irrespective of its use of interpreting. The second impact was that the research on multiethnic church that did include multilingual churches (Garces Foley 2007; Reynolds and Reynolds 2018) demonstrated that churches can hold services in different languages, rather than using interpreting. This showed that there was a need to explicitly uncover the range of language provision that churches can offer. Specific questions with regard to this were included in the survey, with the intention of understanding the factors behind such decisions.

## 1.2 Church interpreting as a specific context

Compared with research on multiethnic and multiracial churches, church interpreting research has concentrated far more on interpreters. From the earliest pedagogical manuals for sign language church interpreters (Bearden 1975; Sampley 1990) to some of the most recent investigations into the use of interpreting in bilingual churches (Hokkanen 2022; Valero-Garcés 2022), expectations of interpreters and elements of their performance have served as recurring questions. Alongside the continued tendency towards evaluations of church interpreting (Mwinuka *et al.* 2022; Adebayo/Zulu 2023), there is also a stream of research that has linked the existence and performance of church interpreting with specific contextual factors, related to the needs, theology, and values of the churches themselves (Giannoutsou 2014; Balci Tison 2016). The relationship between these two streams has been thoroughly discussed in two recent publications (Downie 2023; Downie 2024). Given space limitations in this paper, coverage of church interpreting research is limited to patterns common across many different studies. A critical review of extant literature can be found in Downie (2024). Likewise, introductions to church interpreting research can be found in Hild (2015), Tipton/Furmanek (2016: 237-277) and Furmanek (2022).

Church interpreting research has involved a wide range of research methods from experimental testing (Franke 2014) to historical studies using documentary (Sarmiento Pérez 2018) and oral (Harkness 2017) sources, and from autoethnography (Hokkanen 2016) to surveys (Shin 2013; Peremota 2017). Several key findings have become common, with their strength varying according to the methodology used. This paper will first examine the most common findings from qualitative field research and interviews, before asking whether support for these can be found in wider survey research.

### 1.2.1 Common findings from qualitative research and interviews

Across much qualitative research on church interpreting, a common picture emerges of the people who deliver the service, their professional status, and their personal

commitment to church life. The claim that the majority, if not the entirety, of church interpreters are volunteers permeates research. It can be found in the very earliest examples of researchers visiting churches, such as the work of Jennifer Rayman (2007) on work of an ASL interpreter at a church building dedication or the work of Jill Karlik (2010) on interpreting in churches in the Gambia. In the former case, the interpreter gained their position due to the trust they formed with both the hearing and deaf church and their personal commitment to uniting both congregations. In the latter case, the interpreters were professionals from the teaching field, who gained their position due to kinship links and being known by the communities.

Thus, the view that churches with interpreting tended to use volunteers became a key plank of the argument in favour of a proposed “professionalisation” of church interpreting in evaluation research. Thus, Mlundi, despite remarking that church interpreters in Tanzania shared almost identical quality criteria with those found in the professional literature (2021: 309), concludes that professional training is required (*Ibid.*: 310). Similarly, Salawu (2010) concluded, on the basis of answers to 50 yes/no questions, which are not detailed in the study, that churches should swap to exclusively using interpreters who were professionally trained.

It is important to note here that it is still quite common for researchers to cite lack of professional training is deemed to create a need for such training, irrespective of the performance level or self-reflection of interpreters or the needs of the churches. Indeed, when a team led by Andrew Tan interviewed and observed six untrained church interpreters in Malaysia, they found their practices and self-reflection to be similar to that of professionals (De Tan *et al.* 2021).

While volunteering does not preclude the interpreters from being professionally trained (see Hokkanen 2012), it is still common for researchers to equate church interpreting with “non-professional” interpreting (see Hild 2017; De Tan *et al.* 2021). This is despite indications of the use of professionals in the literature, such as Downie (2016: 9), who states his position as a researcher-practitioner in the area and in the work of Kinnamon (2018: 30), where church interpreting was found to commonly be a step towards professional training and something professional interpreters still did.

The equation of volunteering with non-professional interpreting parallels the assumption that those interpreting in church do so because of personal commitment. While the first indication of such commitment was found in the description of the interpreter given by Rayman (2007: 85), reflections of this can be found in the common, but not universal, preference found for interpreters to be recruited from within the church, rather than from outside (Karlik 2010: 166-167; Balci Tison 2016: 120-122; Kotzé 2018: 7). Given the complexity of results from survey methods (see section 2.2.3), this result will be examined in this article.

Finally, there have been, broadly speaking, two competing claims about the purpose and aims of church interpreting. In evaluation research, it is largely assumed that the interpreting is something of an afterthought, despite its spiritual significance. Interpreters are said to take a “casual approach to interpreting quality” (Alvarenga 2018: 55) or called “careless” (Biamah 2013: 155). Researchers can therefore call for leaders to have a “prise de conscience” [realisation] (Salawu 2010: 133) that would make them use professionals. The overarching view in such research is that the use of volunteers is a sign that the churches do not take interpreting seriously.

Set against this is the view that church interpreting is “defined and experienced through the lens of organisational values” (Downie 2016: 172). In this view, interpreting is something that churches use to display and enable their vision for the future such as in Vigouroux (2010), where a church used interpreting as part of a wider vision to reach people across Africa and to fit into their local South African context. Similarly, Balci Tison (2016) reported on how a church in Turkey used the move from interpreting into Turkish from English to interpreting from Turkish to English as a reflection of their move from being a church planted by American missionaries to being a truly Turkish church. Youssef (2023) also argued that bilingual preaching, involving interpreting between Spanish and English also formed part of the identity of the bilingual church he leads. On a more practical note, Duve (2014) on the interpreting of evangelism in American Sign Language and Harkness (2017) on English to Korean interpreting at evangelical crusades, both view interpreting as a way of allowing people to access the content and emotions of a service that from which they would otherwise be excluded. The multiplicity of purposes in this view may be helpfully summarised in the hypothesis that there is a link between the way a church sees itself, including its priorities, and its use of interpreting.

This overview provides three key claims that have become common in qualitative research, despite the differences in languages and scope. The first of these is that church interpreting is mostly delivered by volunteers. The second is that churches will tend towards using people from within the church. The third is that there will be a link between the language provision offered by churches and the way a church views itself, in terms of its linguistic diversity. The third claim is based on the research of Balci Tison (2016) and Downie (2016) who found a tendency for views of interpreting to be consistent across actors within a specific church. More recent studies, such as those by Parish (2018) and Alvarenga (2018) have found similar consistency using different methods. Thus, while it is correct to view churches as complex organisations, it does seem feasible to treat a church with established language provision as having a dominant view. All three claims led to the creation of questions within the survey. Before exploring what the limited data in this survey suggests about these claims, it is important to examine existing survey research in church interpreting, which has already offered nuanced answers to these questions.

### 1.2.2 Surveys of church interpreting

While most research on church interpreting has taken the form of case studies or theoretical explorations, there have been three multi-church surveys. Of these three surveys, two are language-specific, covering interpreting involving American Sign Language (Kinnamon 2018) and Russian (Peremota 2017). The third, while not explicitly language-specific, is country specific, covering only interpreting in South Korea (Shin 2013).

Returning to the common findings highlighted above, these three surveys offer far more nuanced views of the purported status of church interpreters than is found in qualitative research. Shin (2013) reported that, while churches mostly used untrained lay interpreters, audience members marked faith and spirituality as the most important

criteria, with interpreting skills and language competence receiving similar marks.

The work of Peremota was far more equivocal with spirituality only being mentioned as a requirement in responses to open questions by 34.5% of respondents (2017: 48) and being generally rated as “important” (*Ibid.*: 50). This can be compared to 57% of respondents who mentioned linguistic competence in open questions (*Ibid.*: 30) and its rating of “important” to “vitaly important” (*Ibid.*: 32). In addition, the researcher found that 34.9% of respondents mentioned a need for some measure of professionalism in their answers to open questions, with 2.3% calling for professional qualifications and an additional 9.8% looking for prior experience in interpreting (*Ibid.*: 59).

The research of Kinnamon (2018) looked at the career trajectories of ASL interpreters working in church. Of the 99 interpreters who responded to that question, 77% were certified at the time of the study (*Ibid.*: 42). Among those who pursued certification, interactions with Deaf people in church and seeing the interpreting these Deaf people received was the top reason for doing so (*Ibid.*: 33). Three quarters of the interpreters in her study were currently affiliated with the church in which they interpreted, which led to “the majority” (*Ibid.*: 50) not seeking financial compensation and only taking it when offered.

Qualitative and survey research therefore show different trends in their findings. Surveys of church interpreting paint a picture of a service which, while strikingly different to interpreting in more well-studied contexts, often requires solid language and interpreting competence. These surveys also suggest that interpreters who work in church are far more varied than some researchers have surmised. While this present article cannot entirely resolve any apparent contradictions between survey and qualitative data, by presenting more data on the relationship between individual churches and the language services they offer, it can reveal variables that may be useful for further study.

## 2. Data

The data for this study come from an international snowball survey, carried out by the author. This survey went through the SocArXiv pre-registration process, which details all data handling and ethics declarations. These are found here: <https://osf.io/zjm3h>. This includes the entire survey tool. Full data can be found here: <https://osf.io/p5xf6>. The author is an active church interpreter and prepares training materials for churches and interpreters, as a consultant in the field, in addition to being a church interpreting researcher. Its purpose, aims, structure and administration are described below.

### 2.1 Aims and objectives of the survey

The survey had a single aim: to provide an initial international, multid denominational exploration of language provision in Christian churches. While the original aim was that this exploration would take in several levels of analysis, the number of valid returns meant that only an initial impression could be given. Achieving this involved three objectives, the first two are of direct relevance to this article.

Objective O1 is to provide an exploratory account of the language provision offered by churches and how this relates to factors such as how the church views itself, the importance given to reaching people who speak different languages, and the church's current satisfaction with language provision.

Objective O2 is to explore the factors that lead churches to adopt interpreting, rather than other solutions to linguistic difference, such as holding services in different languages, or simply expecting attendees to share a common *lingua franca*.

Objective O3, which will not be explored in this study, is to provide a test of Downie's (2016: 171-172) matrix of organisational expectations of interpreting, and specifically how this relates to expectations of interpreters and the position of interpreters in the church.

## 2.2 Survey structure

To attain these objectives, the survey was split into five sections. After a clear informed consent section, the first response section gathered basic geographic and biographical data about the respondents and the churches they represent. Given the possibility of the information entered into this section becoming "personal information" under the United Kingdom General Data Protection Regulations, it is reported in aggregate and will not be publicly available. Respondents were informed that their data was stored anonymously and thus that withdrawal after submission was not possible. This section also sought information as to how the respondent viewed their church in terms of its multiculturalism, multilingualism, and diversity. These questions were tied to Objective O1 and provided some data to cover the factors that Objective O2 sought to uncover.

The second section sought to gather information on the language provision offered by churches. At the end of this section, the survey split according to the specific language provision offered. The section covered Objective O2 and was based on the language provision options demonstrated in research on multiethnic church and church interpreting.

The third section was for churches offering services in both languages. It covered the languages offered and the engagement of the respondent with these different language groups. Engagement with the different language groups was shown to be an important factor in the future of multilingual churches by Perez (2019) and Reynolds/Reynolds (2018). The section therefore relates to Objectives O1 and O2.

The fourth section of the survey was for churches offering interpreting. This section was concerned with who was interpreting, the interpreting modes offered, the languages interpreted, and questions designed to fulfil Objective O3.

The fifth section was sent to all respondents and asked questions about satisfaction with current provision and future development plans. Measuring satisfaction with a service or product has a long history in marketing research (Danaher/Haddrell 1996). In the case of research on church interpreting, measuring satisfaction is vital for attaining objective O1 and provides important insight into the factors that are important when churches choose how they will offer language provision.

Any account of language provision that is only based on short-term case studies, as has been the case in church interpreting, can provide only a snapshot of views of

the phenomenon. Thus, Vigouroux's (2010) observations of the relationship between a preacher and his interpreter in Glory Gospel Church reflects only the practices used while the researcher was there. Likewise, Harkness (2017) explores interpreting at a single crusade, while Mlundi (2021) draws conclusions about training needs from a small number of church services.

Measuring satisfaction and future plans therefore extends the work of Balci Tison (2016: 108-110), who placed the choice to offer interpreting within the larger historical context of the church and its future plans. Measuring such intentions across a number of churches therefore offers the opportunity to explore the factors affecting church language provision, helping to fulfil objective O3.

### 2.3 Administration

As the researcher is an independent researcher, institutional ethical approval was not available. The survey was therefore pre-registered with SocArXiv and no respondents were recruited until preregistration was completed and approved by OSF Registries, the entity managing SocArXiv. Preregistration is available from <<https://osf.io/zjm3h>>. Preregistration includes the final draft of survey questions and the entire informed consent section.

To the best efforts of the researcher, all respondents were informed that the survey used a Google form. Respondents were recruited directly by direct contact, through a dedicated WhatsApp group for interpreters, groups for multicultural churches, the ChurchInterpreting.com website and newsletter, and through carefully selected social media routes. In the last case, Christian social media influencers with over 5,000 followers and at least one traditionally published book were asked to send the survey privately to their contacts, with public posting on algorithmically driven social media, such as Twitter, Facebook and LinkedIn discouraged. The author did, however, post the survey several times on Mastodon, as this channel is driven purely by contacts and simply shows the posts of people followed and people on the same instance in reverse chronological order.

### 2.4 Data cleaning and standardisation procedures

The data were cleaned to remove any obvious false responses, such as impossible attendance figures. Ranges given by respondents were anchored to the midpoint, except where the wording of the question clearly indicated that the aim was to provide a maximum. Names of countries were standardised to a single form for each country.

### 2.5 Demographic breakdown of respondents

The 122 valid responses came from 36 countries, and from churches ranging in attendance from 4,800 to 10, with a mean attendance of 245.7, a mode of 200 and a standard deviation of 506.9. This suggests that attendance was very heterogeneous,

weighted towards smaller churches. Aside from one respondent, who gave the number of services held by their entire denomination each week, respondents reported holding an average of slightly more than 2 and a mode of 1 service per weekend. The table below gives the breakdown of the continents represented in the sample.

<b>Continent</b>	<b>Count</b>	<b>Percentage of total</b>
Africa	7	5.7
Asia	10	8.2
Central America	6	5
Europe	52	42.6
North America	38	31.1
Oceania	6	4.9
South America	3	2.5
<b>Total</b>	<b>122</b>	<b>100</b>

Table 1: Continental breakdown of survey responses

### 3 Methods

As the volume of responses did not justify the statistical methods envisioned in the pre-registration, the methods used here are descriptive. The survey logic automatically divided responses from churches adopting different language solutions to be separated into sub-groups, with some different questions for each. Responses from the two largest sub-groups were then compared.

### 4 Results

While offering main weekend services in a single language was the most common solution (55 responses), respondents reported offering a mixture of other solutions. Interpreting was the next most common solution (32 responses), followed by using interpreting and different services in different languages (12). A much smaller group was the one consisting of churches offering different services in different languages (5 responses). Another 9 responses indicated that their church offered different solutions, ranging from very occasionally offering interpreting for visiting speakers to mixtures of machine and human translation. Five respondents reported that their church offered a single multilingual service. One respondent reported the use of interpreting within a single multilingual service, one each reported the exclusive use of machine interpreting or machine translation, while one final respondent reported machine interpreting being used alongside different services in different languages.



#### 4.1 Comparing churches with interpreting and those with only one language

A useful point of comparison is to look at the attendance of churches with interpreting and those offering services in only one language, as these are the largest subgroups (45 and 55 respectively). Churches with interpreting in this survey had an average attendance of more than twice that of churches with weekend services in only one language (400.2 vs 158.9). The same difference was observed between the median attendance (200 vs 100). Part of this may be attributable to a smaller number of larger churches with interpreting in the survey, given the difference in standard deviations (776.8 vs 151.2).

Given the aim of the survey, a comparison was made between the reported overall diversity of their church and the language provision offered. These views were discovered through three questions, which asked if the respondent viewed the church as, in turn, multi-cultural, diverse, and multilingual. Respondents were offered three choices: “yes,” “no,” “I don’t know”, with these each being turned into numerical dummy variables as 1, -1 and 0 and the scores combined to give a single aggregate score. This aggregate score is referred to as the Overall Diversity Score in this article. The charts below compare the overall diversity scores of churches offering interpreting on its own or alongside any other solution and those offering weekend services in only one language.

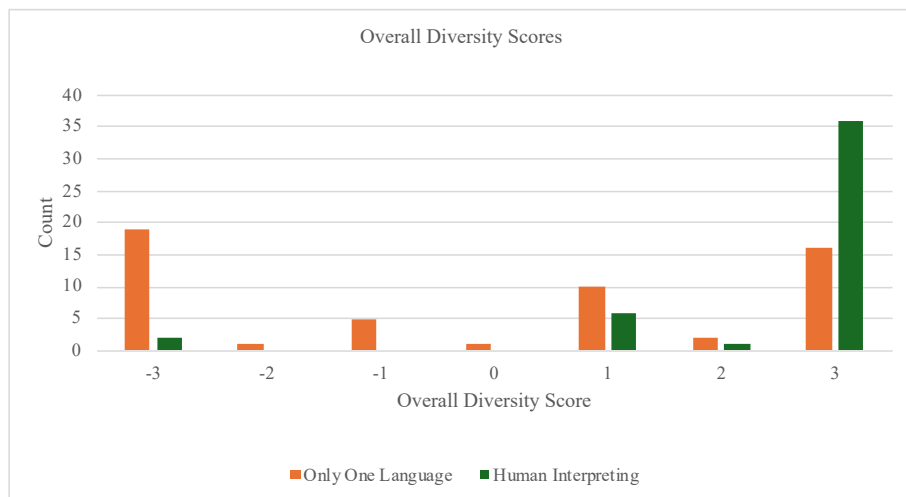


Figure 1: Comparison of Overall Diversity Scores

While the Overall Diversity Scores of churches with only one language span the entire range of possible values, there are slightly more respondents with positive (28) than negative (25) scores. Among churches using interpreting, the trend is much more pronounced. In this group, 43 respondents report positive overall diversity scores, compared with 2 reporting negative ones.

In terms of other facilities for speakers of different languages, 51.1% (23 respondents) of churches offering interpreting for weekend services also reported having Bible study or small groups for speakers of different languages. This compares to 9%

(5 respondents) reporting the same among churches with services in only one language. Similarly, 68.9% (31 respondents) of those reporting interpreting at weekend services stated that the church offered written materials in other languages. Among respondents from churches where weekend services were in only one language, the same figure was 24% (13 respondents).

These results may suggest that, overall, providing for those who speak different languages is a higher priority in churches with interpreting than for those who offer services in only one language. Yet the results of the question that asked respondents to rate how much of a priority this is for their church, on a range from 1 (not important at all) to 5 (of vital importance), presents a more complicated picture. This is illustrated in the following chart.

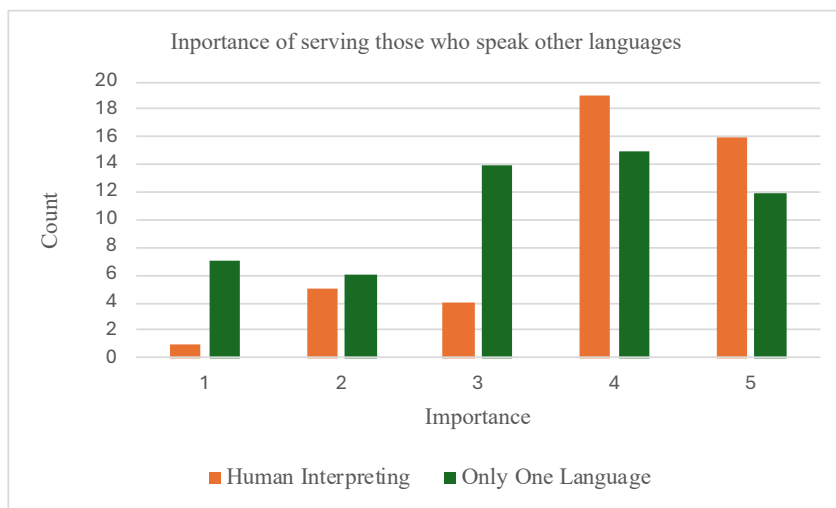


Figure 2: Importance of serving those who speak different languages

While both groups have responses across the entire scale, churches with only one language in their weekend services show a slightly more even spread of ratings. Churches with interpreting tend to cluster around the higher ratings of 4 and 5. The trend can more obviously be seen in the table below.

Importance	Interpreting Count (percentage)	Only One Language Count (percentage)
1	1 (2.2%)	7 (13%)
2	5 (11.1%)	6 (11.1%)
3	4 (8.9%)	14 (25.9%)
4	19(42.2%)	15 (27.8%)
5	16 (35.6%)	12 (22.2%)

Table 2: Reported importance of serving those who speak other languages

The more even response among churches who only use one language explains why the average response among such churches was 3.35, while the average among churches with interpreting was 3.98. It is safe to say, therefore, that churches with human interpreting in this sample tended to place a slightly higher value on serving those who speak different languages.

Having contrasted churches with interpreting to churches offering weekend services in only one language, analysis can now move on to exploring precisely how and by whom interpreting is offered. In the next section, this article will explore the assumed preference for volunteers and for those from within the church, rather than from the outside.

#### 4.2 Who interprets in church, how and for whom?

Contrary to what might have been expected given some claims in the literature, 20 respondents (50% of those who answered the question) reported professional interpreters working in their church. It must be noted that, following the problems with researcher definitions of professionalism being used in such a way as to cause possible reputational harm to churches (Downie 2023), in this survey, no definition of “professional” or “volunteer” was given. Thus, responses reflect churches’ views on the meaning of these terms. In every case, these were professionals from within the church. In 13 out of those 20 responses, those professionals worked alongside those from within the church who were not professionals. One respondent among those 13 also reported the use of volunteers from outside the church working alongside those professionals and non-professional interpreters from within the church.

A further 20 respondents reported the exclusive use of interpreters who were not professionals. In 19 of those 20 cases, these non-professional interpreters were used exclusively, with volunteers from outside of the church used alongside them in the final case. There were five blank responses to this question. It is worth noting that these results mean that in 38 of the 40 responses, churches exclusively relied on interpreters from within the church. In only two cases were outsiders used. Both cases had them working alongside insiders.

In terms of interpreting mode, simultaneous interpreting using equipment predominated with 21 responses, followed by short consecutive with 16 and whispered interpreting with 3. Once again, five responses were left blank. This spread of interpreting can be usefully combined with a strong reported preference for in-person interpreting. Of the 40 responses to the relevant question, 38 respondents reported the interpreters were in the same room or building while 2 reported the use of in-person and remote interpreting. No respondents reported the exclusive use of remote interpreting.

Results on the intended audience of interpreting show a strong lean towards interpreting that serves the needs of those already within the church. Respondents were presented with two questions, one that asked them how far they agreed with the view that the interpreting they offered was primarily for those inside of the church. The other asked for their agreement with the statement that the interpreting was primarily for those outside of the church. There were 40 responses to the first question and 39 to the second. Responses are shown below.

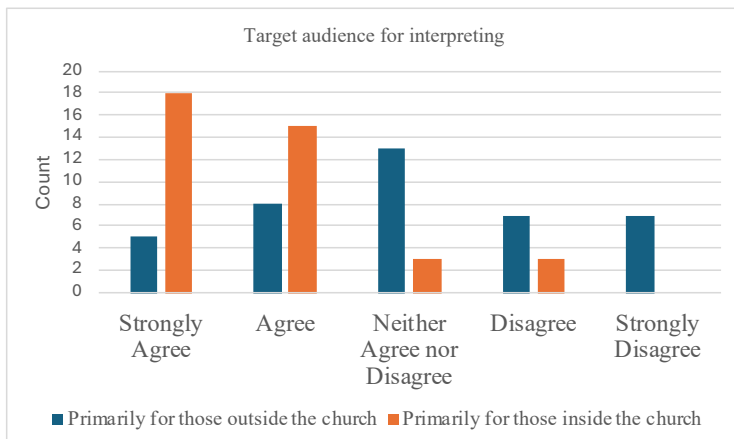


Figure 3: Target audience for interpreting

While the responses are not exactly opposite, as would be expected for reverse-coded Likert-style items, their differences are notable. While there seems to be broad agreement with the idea that the interpreting is for those already within the church, the spread of results for the reverse question favours the middle option. It would seem plausible to conclude that, among these respondents, interpreting tends to be aimed at those already within the church, with some awareness of its utility for those outside.

#### 4.3 Current satisfaction and future plans

As the chart below shows, there was a clear difference in satisfaction between churches using interpreting during Sunday services and those who only offered services in a single language.



Figure 4: Satisfaction with language provision

In this case, most respondents who reported that their church only offered weekend services were either dissatisfied to some degree (24 respondents, 43.6%) or neutral (24 respondents, 43.6%). This left only 6 (10.1%) who were satisfied and 1 who did not respond. Among those reporting the use of interpreting for weekend services, 34 (75.6%) reported some level of satisfaction, with 6 (13.3%) neutral and 5 (11.1%) dissatisfied. While these samples are too small to permit statistical analysis, the purely descriptive picture offered by these results is that, in this sample, there is a strong trend that using interpreting is linked with far greater satisfaction with language provision.

It might be expected that these results for satisfaction would lead to clear patterns in future plans. Yet this is not the case. As the table below shows, churches with weekend services in only one language tended to be happy to stay that way. Churches with interpreting tended to be happier to keep that interpreting or do even more

	Interpreting		Only one language	
<b>Future plans</b>	<b>Count</b>	<b>Percentage</b>	<b>Count</b>	<b>Percentage</b>
We plan to do more to reach people who speak different languages	18	40	12	21.8
We plan to do about the same for people who speak different languages	17	37.8	10	18.2
We plan to do less for people who speak different languages	2	4.4	0	0
We have no plan to reach those who speak different languages	7	15.6	32	58.2
Blank	1	2.2	1	1.8

Table 3: Future language provision plans

## 5. Discussion

It should be stressed at the outset that the small sample size, alongside the use of purposive, snowball sampling mean that these results should be read as preliminary and exploratory, rather than representative or definitive. That being said, the range of language provision recorded in the survey, the use of combinations of approaches, and the complexity of results all suggest that language provision in churches might be more complex and nuanced than suggested in any discipline that has investigated it. Even this initial survey suggests a pressing need for interdisciplinary research. Existing theories may also need to be revisited. In this light, it makes sense to discuss how these results compare with common claims found in the literature.

## 5.1 Reassessing common claims about church interpreting

The first claim was that church interpreting is mostly delivered by volunteers, a claim that is often associated with calls for this form of interpreting to change somehow. While this survey did not ask about the financial compensation of church interpreters, it did generate results on the use of professionals. It is striking that, even in this small sample, 50% of churches used professional interpreters. It is not possible to generalise this result. It is, however, safe to say that any claim that church interpreting is the sole preserve of untrained interpreters now must be called into question. It may also be time to reassess whether church interpreting can still be unproblematically labelled as “non-professional interpreting” (as in De Tan *et al.* 2021 cited above and Hild 2017). Indeed, it may be time to reflect on whether “non-professional” interpreting is a distinct category.

Indeed, the complexity of characterising church interpreting as “non-professional” found in this present study reflects the pattern of church interpreting being both a route towards professionalism and an activity performed by professionals, found in Kinnamon (2018). Extant claims about the professionalism of church interpreters or of church interpreting as a whole therefore need to be reviewed, given the mounting evidence of a far more complex and nuanced relationship.

What further complicates any such discussions is that, in most cases where professionals were used in this sample, they worked alongside volunteers. Among the churches who responded, it seems that the interpreting pool is rather mixed, with other criteria being given more importance. One such criterion appears to be having a prior relationship with the church. With 95% of those who responded stating that their church exclusively relied on the interpreting services of those within the church, the survey offered support for a link between church interpreting and personal commitment.

This link between church interpreting and personal commitment is line with the research of Shin (2013), who found similar expectations in churches in South Korea and in contradiction to the survey research of Peremota (2017) on churches with Russian.

This preference may simply mean that in this case churches use interpreting to serve their internal needs and therefore look for people who understand the organisation to deliver it. If this were true, these delivery preferences would be similar to those around “designated” interpreters in sign language interpreting (see De Meulder *et al.* 2018). Whether such arrangements are deliberately sought by churches or simply a result of the nature of the task will require further research. The literature, especially the work of Karlik (2010), Balci-Tison (2016), Hild (2017) and Parish (2018), strongly favours the idea that churches deliberately choose interpreters from within the organisation. The key variable therefore may be trust, rather than professionalism, however it is defined.

This in turn explains why calls for church interpreting to be performed exclusively by professionals would miss the mark for respondents to this survey. Not only would such calls run into satisfaction with current arrangements, but they would also have to ignore the literature explaining why such preferences exist.

## 5.2 Characterising churches with interpreting

Comparison with churches with only one language and sub-group specific questions revealed several interesting characteristics of the churches with interpreting which responded to this survey. The survey offered qualified, limited, and nuanced support for a purported link between church identity and language provision. Overall, such churches tend to have greater attendance and be more diverse. This may be linked to them placing some more importance on reaching those which use other languages. This latter difference was, however, somewhat weaker in the survey. The survey did not permit the direction of association to be determined. Thus, it is not clear whether interpreting is a product of bigger, more diverse churches that place more importance on reaching those who speak different languages or that using interpreting makes churches bigger and more diverse.

Churches with interpreting in this survey during weekend services also tended to offer other forms of language provision. It seems that interpreting at weekend services therefore signalled a wider willingness to engage with the needs of those who use other languages, even if this was not always deemed important. For respondents to this survey, it seems that interpreting is part of a wider language provision strategy. If this result is in any way generalised, it would have important theoretical ramifications.

Linking the use of interpreting at weekend services with other forms of language provision may also explain why churches with interpreting during weekend services in this sample also tended to be more satisfied with their efforts and more likely to wish to maintain or expand them. Taken together, these results are more clearly suggestive of a link between church identity and language provision.

It seems that unpicking the relationship between church identity and language provision will require more work. This may not be a binary relationship, with identity determining whether provision is offered, but instead more of a multi-variable matrix, with different variables combining to affect the choice of language provision between several options.

## 5.3 Bridges towards theoretical development

While this survey is indicative, rather than definitive, it does offer some theoretical insights, as well as posing some problems. The most important theoretical contribution of this survey is that it strengthens the case for church to be viewed in terms of its relationship with the wider church. As such, it offers qualified support for research that seeks to describe interpreting within specific contexts. It also suggests that it would be useful to further explore which factors define churches with interpreting, as opposed to those who use other strategies.

Any such work would likely have to grapple with the tricky, and now seemingly multi-faceted question of how church interpreting relates to church identity. While this question has been the subject of research before (see Balci Tison 2016; Downie 2016), the limited results of this survey suggest that tackling this question on a much larger scale will be of theoretical importance.

This leads on naturally to questions around the identity of church interpreters. Once again, the sample size and nature of this survey does not permit any general-

isation. Yet, it is hard to ignore its general agreement with studies by Hild (2017), Kinnamon (2018), Kotzé (2018) and De Tan *et al.* (2021), that found that any distinction between church interpreters and professional interpreters is likely fuzzy. Indeed, perhaps the strongest criticism of calls for church interpreting to professionalise is that professional interpreting is rarely defined and when it is defined, there is often contradictory evidence in favour of the view that church interpreters act unprofessionally (Downie 2023: 145, 153-154). Resolving questions around the identity and work of church interpreters will require further research.

#### 5.4 Contributions

Considering the limited sample size, all the contributions of this article are preliminary in nature but still worth noting. The first is that, on the conceptual level, this survey is the first to combine research on Sociology of Religion and Interpreting Studies. The different foci of these fields, multiethnic yet monolingual churches in the former case and churches with interpreting in the latter, have meant that the two fields have rarely been brought together. For Sociology of Religion, this combination suggests that paying further attention to churches with interpreting would be helpful. For Interpreting Studies, these preliminary results suggest that it would be useful to view interpreting as an intentional choice among many possible ones.

The second contribution is that the claim that church interpreting is solely or largely the preserve of non-professional volunteers needs to be reviewed. While no strict definition of “professionals” was given in this survey, half of all respondents with interpreting reported professionals working in their church, always alongside volunteers from the church. The fact that these are self-reports is important in itself as it suggests that churches have a view on what they see as the difference between volunteers and professionals. This distinction will need to be teased out in later research.

Purported links between church language strategies and how a church views itself were also pursued for the first time in a multi-church survey. Churches with interpreting reported higher diversity, higher importance being given to serving those who speak other languages, higher satisfaction, and a higher likelihood of extending language services. These suggest that the provision of interpreting can become formative for both the church’s view of itself and its future plans. Once again, it is important to bear in mind that these initial results will need to be further researched before they can be seen as firm.

#### 5.5 Limitations and further research

The requirement for further research is a common theme in any discussion of the results of this survey given its limitations. Foremost among these is the relatively small size of the sample, despite its global reach and wider scope than previous surveys. Indeed, the decision to allow for a comparison between interpreting and other forms of language provision means that sub-groups were even smaller. While such comparisons are theoretically important, their size here made it impossible to reach firm conclusions. All findings must therefore be treated as indicative and interim. Fur-



ther research will need to be done to collate a larger sample that is more reflective of individual sub-populations. This will require a trade-off between the coverage of the entire survey and the homogeneity of the sample.

Likewise, the use of purposive, snowball sampling means that these results are likely not representative in the same way as a random sampling survey would be. It is very unlikely, for example that the proportion of churches around the globe with interpreting is anything like the proportion in this sample. Similarly, it is possible that, since the researcher is a professional interpreter with contacts in that world, it is more likely that respondents contacted using the methods in this article would themselves include professional interpreters. It is therefore not possible to say anything definitive about the overall proportion of churches using professional interpreting in their weekend services. This is why such claims do not appear in this paper and references are made to “this sample”. Future, larger-scale randomly sampled surveys will help to alleviate these issues. While this will require substantial research funding, it will provide clearer results.

These limitations lead directly to the need for a repetition of this study using a larger sample. It would also be useful to increase the sensitivity of certain items, most notably, the Overall Diversity Score, to allow more fine-grained results.

Finally, this is now the fourth multi-church survey to examine church interpreting and the fourth change in scope, items, and analytical approach. If anything approaching definitive results are to be reached, some kind of standardisation will be needed to allow direct comparability and longitudinal validity.

## 6. Conclusion

This article discussed the results of an international, multi-denominational survey of church language provision and its relationship to church identity. It sought to answer the following three questions.

1. How does the language provision offered by churches relate to the church’s identity and priorities?
2. What are the characteristics of churches choosing to offer interpreting and how do these relate to common claims about church interpreting found in the literature?
3. How does language provision relate to a church’s satisfaction with its current service to those who speak different languages and its future plans?

The small size of the sample did not permit definitive answers, yet some initial patterns did emerge. The choice of church interpreting was associated with larger, more diverse churches, who generally place more emphasis on reaching those who speak other languages. On the second question, a far greater proportion of churches in this sample relied on the services of professional interpreters than was assumed in the literature. In this sample, churches offering interpreting also tended to offer other forms of language provision more commonly than churches with services in one language. As far as the third question was concerned, churches with interpreting were also more satisfied with their provision and tended to wish to do more or at least to continue with their current arrangements. While these results are necessarily limited in scope to this

specific sample, their interaction with existing literature on multiethnic church and church interpreting suggests important avenues for further research and theoretical development, especially regarding the relationship between church identity and the language provision offered.

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# Interpreter Reports on Patient and Family Behaviour Impacting on the Healthcare Interpreter Role

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## Abstract

*This paper focuses on interpreter reports regarding behaviour of family and their relatives in the healthcare interpreting setting in Australia and how this impacted on them and their ability to carry out their role. These reports were part of a broader study in which professional community interpreters participated in a nationwide survey about the expectations of the health interpreter role. Three main themes emerged in this respect. Firstly, interpreters reported on the difficulty of dealing with situations where patients or relatives declined the need for an interpreter. Secondly, they reported experiencing issues where patients or relatives did not want the interpreter to behave impartially. Lastly, interpreters reported the impact of working in situations where emotions were running high for a range of reasons and described how this impacted on their ability to carry out the assignment. This paper will discuss examples of all three, before concluding with some suggestions of ways interpreters, interpreter educators, professional bodies, health organisations and the government could address this lack of understanding of the interpreter role.*

## Keywords

Health interpreter role, patient expectations of interpreter role, family expectations of interpreter role, briefing, interpreter role explanations.

## 1. Introduction and Background

Healthcare interpreting has been the subject of research in many countries, and researchers have focused on different aspects of healthcare interpreting, ranging from qualitative analysis of interactions (Tiselius/Sneed 2020; Klammer/Pöchhacker 2021; de Boe *et al.* 2024), to education (Crezee 2015, 2022; Niemants/Stokoe 2017; Krystallidou *et al.* 2018; Sultanić 2020; Hlavac *et al.* 2022;), interaction management (Lan *et al.* 2022), intercultural awareness (Mahdavi 2020; Gao 2021; Ra 2022), interpreter role more in general (Roy, 1993; Wadensjö, 1993) and healthcare interpreter role (Angelelli 2004, 2024). Research has addressed discrepancies in the role of the interpreter as determined by different codes of conduct (de Boe *et al.* 2021). To date scant studies have looked at the impact of patient and family behaviour on the healthcare interpreter role, and yet this is important since previous research has shown that misunderstandings about the role of the interpreter may have a negative impact on interpreter-mediated interactions (Crezee *et al.* 2020), including aspects of the Calgary Cambridge framework of health communication (Kurtz *et al.* 2003), shared decision-making and patient-centred care.

Healthcare interpreting takes place in a setting where both patients and their loved ones may be worried about the patient's health, and the outcome of any diagnostic studies. This may lead to interactions where emotions may be running high, requiring interpreters to address such interpersonal and intrapersonal challenges (Ulaş 2022; Hancox *et al.* 2023). Dean and Pollard describe such interpersonal demands as those that “usually pertain to elements of the interaction between consumers and/or the interpreter” (2011:164). It may also take place in specialised healthcare contexts such as speech pathology (NSW HCIS 2014) and the mental health setting (NSW HCIS 2014; Hlavac 2017). The findings presented in the current paper is based on a survey of the interpreter role involving Australian interpreters working in the healthcare setting (Crezee *et al.* 2020) who commented on patients and relatives not understanding their role. The paper will start by defining healthcare interpreting as a form of public service interpreting (Hale 2011b; Setton/Dawrant 2016; Crezee/Burn 2022), before reviewing the field of healthcare interpreting studies in general, different professional codes and guidelines for practice (de Boe *et al.* 2021), the healthcare interpreter role within the context of patient-centred care and shared decision-making, before moving to studies which explore different perspectives of the healthcare interpreter role.

This paper supports on a survey conducted in Australia, where the engagement of trained interpreters is government-subsidised and, generally speaking, free to patients in both primary healthcare and hospital settings. Australia introduced a national accreditation system for interpreters and translators in 1977 (Hlavac *et al.* 2018) when the National Accreditation Authority for Translators and Interpreters (NAATI) was first established. The NAATI accreditation system underwent changes following recommendations in a comprehensive report prepared by Professor Sandra Hale and colleagues (Hale *et al.* 2012). Under the new NAATI credentialing system, interpreters can either hold certification as a Provisional Certified Interpreter, Certified Interpreter or Certified Specialist Health Interpreter. Those interpreters for whom certification tests are not (yet) available may hold a Recognised Practising credential<sup>1</sup>. The find-

1 <<https://www.naati.com.au/certification/>>

ings reported on here resulted from an Australian survey involving interpreter survey respondents, all of whom reported being NAATI accredited/certified.

## 2. Literature Review

This literature review will look first at Public Service Interpreting (PSI) in general, since many authors consider healthcare interpreting to be a form of PSI. This will include a discussion of the different contexts and codes governing public service interpreting. Next, we will provide a definition of healthcare interpreting and a brief discussion of the influence of context (de Boe *et al.* 2021) on healthcare interpreter role, and this in turn is followed by an overview of previous studies on healthcare interpreter role.

### 2.1 Public service interpreting

According to a number of authors, including Setton and Dawrant (2016), Sultanić (2020) and Crezee and Burn (2022), healthcare interpreting falls under the umbrella of public service interpreting (Corsellis 2008; Hale 2011b; Balounová 2021), which is also referred to as community interpreting (Hale 2007; Eser 2020; de Boe *et al.* 2021). According to Setton and Dawrant, both community-based interpreting and public service interpreting are “interpreting services to facilitate communication between public service personnel (medical and social services, law enforcement, etc.) and members of linguistic minorities in the community” (2016: 23). Public service interpreting is the most common form of interpreting in many countries, especially those that receive significant numbers of migrants, refugees and asylum seekers, such as many European Union membership states (Bischoff 2020), but also countries such as Australia and New Zealand.

### 2.2 Healthcare interpreting

Healthcare interpreting is a form of public service interpreting (e.g. Hale 2011b), where the interpreter ensures that health professionals can elicit important information from patients as part of history taking, diagnosis, prognosis and proposed treatment (Tebble 2012). The role of the healthcare interpreter varies significantly from one geographical area to another one country or state to the next (Roat/Crezee 2015; Angelelli 2020; Crezee *et al.* 2022). Healthcare interpreters also ensure that patients, in turn, can ask questions about diagnosis and treatment. This requires significant medical and healthcare system knowledge on the part of the interpreter to ensure accuracy (Crezee *et al.* 2022). Indeed, Hale summarised the interpreter’s role in the medical setting as follows: “The interpreter renders each turn accurately from one speaker to another, leaving the decision making to the authors of the utterances” (2011b: 43). This requires that the interpreter maintains both accuracy and impartiality and does not yield to pressure on the part of family members of the patient to censor or omit important information.

Bischoff (2020: 3) comments that “30 years ago, medical interpreting was more commonly used, as if the use of interpreters was only relevant for physicians or in the

world of medicine”. The National Council on Interpreting in Health Care (NCIHC) standards for practice define healthcare interpreting as follows:

Interpreting that takes place in health care settings of any sort, including doctor’s offices, clinics, hospitals, home health visits, mental health clinics, and public health presentations. Typically, the interpretation occurs during an interview or encounter between a health care provider (doctor, nurse, lab technician) and a patient (or the patient and one or more family members) (NCIHC 2005:11).

Roat and Crezee define healthcare interpreting as “interpreting that takes place during interactions related to health care” adding that “healthcare interpreting is a later term recognising that the field covers interactions that are not strictly medical in nature, such as rehabilitation and mental health” (2015: 237). Healthcare interpreting can take place face-to-face or remotely, and the remote mode impacts on the interaction between all parties involved (de Boe 2021, 2024a, 2024b). The survey reported on in this paper was based on interpreters reporting their experiences in face-to-face interpreting encounters (de Boe 2021).

### 2.3 Professional codes and interpreter role

When reviewing previous studies on public service interpreting and healthcare interpreting, it is important to consider the different contexts in which such encounters took place. De Boe and colleagues (De Boe *et al.* 2021) have led the way in providing a detailed discussion of the geographical, socio-situational and interactional context affecting interpreter practice and interpreting studies. The socio-institutional context is important as it impacts on the “norms governing the interpreter’s role as prescribed by professional codes” (*Ibid.*: 9). These roles may not only be impacted by Codes of Ethics and Codes of Conduct (NCIHC 2004; AUSIT 2012a, 2012b; New Zealand Society of Translators & Interpreters [NZSTI] 2013), but also by Standards of Practice and Guidelines for Practice (e.g. NCIHC 2005; NSW HCIS 2014; NSW Health 2017). Setton and Dawrant (2016) refer to the debate about the public service interpreter’s role to either be about someone who “should restrict their role to transferring the meaning of messages” or “also give advice and opinion”, “be impartial” or “be on the side of the other-language speaker and act as advocates of their cause” (2016: 23). And indeed, the overview of professional codes provided by Duman (2021) shows that these generally cover different forms of public service interpreting, without being specific to healthcare interpreting. Sleptsova and colleagues (2014) looked at different models of healthcare interpreting in terms of roles and expectations found that out of the 34 articles only two recommended strict adherence to a conduit model (Crezee 2022).

With regard to Australia, Nevado Llopis and colleagues (2021:27) write that “[a]ll certified interpreters must follow the code of ethics of the Australian Institute for Interpreters and Translators (AUSIT 2012a) which is endorsed by NAATI and many other organisations”. The 2012 AUSIT Code of Ethics and Code of Conduct (2012a, 2012b) is a general code, and this applies for professional codes in many geographical areas. More detailed guidelines for practice may also apply and Ra (2022) describes the very clear guidelines provided by the New South Wales Ministry of Health (NSW



Health) for staff working with healthcare interpreters (NSW Health 2017). While having clear ethical principles and guidelines for interpreters is useful, Cox (2015) showed that interpreters may interpret those guidelines differently. The same applies to teleological approaches applied by interpreters, such as the context-based ethical reasoning as set out in Demand-Control Schema (Dean/Pollard 2011).

## 2.4 Interpreter training and accreditation

Countries obviously differ in terms of training, codes of ethics and guidelines for practice (e.g. Bancroft 2005; Cox 2015; NCIHC 2021; Nevado Llopis *et al.* 2021), and this has implications for the interpreter role. Crezee comments that Interpreting Studies scholars “often omit to mention whether the interpreters they describe in their studies were trained/educated, and if so what type of interpreter education they received” (2022: 149). Training usually precedes accreditation and will include a discussion of professional codes of ethics and the impact they have on the interpreter role.

Accreditation often involves interpreters following professional codes and guidelines for practice such as those referred to above (Hlavac 2015; Nevado Llopis *et al.* 2021). Nevado Llopis and Foulquié Rubio (2024) draw a connection between the lack of healthcare interpreter training programmes and the use of ad hoc healthcare interpreters, which leads them to emphasise the need for accreditation of medical interpreters. They write “the use of ad hoc medical interpreters is to a large extent related to a lack of medical interpreting training programmes and certification and accreditation processes of medical interpreters” (*Ibid.*: 2).

However, healthcare interpreter specific accreditation does not seem to be widespread. Sultančić (2020) comments that there is a lack of accreditation specific to medical interpreters, despite the increased demand. She comments that countries “such as Spain, Belgium, Italy, and Switzerland, all have interpreter training programs, be it for community, legal, or conference interpreting” but that “no current certification programs for interpreting in healthcare exist” (*Ibid.*: 369). In Australia, interpreters working in healthcare may hold a range of NAATI credentials, from Certified Provisional Interpreter, through Certified Interpreter to Certified Specialist Health Interpreter<sup>2</sup> and there are certification programs for Certified Specialist Health Interpreter and preparatory courses run by RMIT University and Monash University. Different accreditation systems across different countries may add to the difficulty of comparing the findings of studies on healthcare interpreter role.

## 2.5 Interpreter role boundaries

Interpreter role boundaries are strongly tied in with interpreter training and with different professional codes and guidelines for practice and this can again make it difficult to compare findings about interpreter role in general. Studies by (Angelelli 2004,

2 See here for a more detailed description of the competencies and skills of a Specialist Health Interpreter as distinct from a Certified Interpreter: <<https://www.naati.com.au/certification/cshi/>>

2019, 2024) and Hsieh (2010) have focused on the role of interpreters in the United States, where role boundaries may differ from those in other geographical areas, such as Canada and Australia (Hlavac 2013) or countries in the European Union (Hofer 2020). Hale (2011b) comments that trained interpreters are generally agreed on their role, which is very relevant here, and this will again depend on the context (Hsieh 2010; Angelelli 2019; 2021; de Boe *et al.* 2021). Spoken language interpreters in Australia are expected to abide by the AUSIT (2012a) Code of Ethics which outlines a number of precepts, namely Professional Conduct, Confidentiality, Competence, Impartiality, Accuracy, Clarity of Role Boundaries, Maintaining professional relationships, Professional Development, and Professional Solidarity. The Code (AUSIT 2012a, 2012b) provides examples of how these principles might influence the conduct of interpreters and translators in particular situations.

There is one important addition to the AUSIT Code under the heading of ‘Special institutional settings of interpreting work’:

In specific institutional settings where duty of care or security rules regulate the behaviour of all participants, such as in health care or high security settings, interpreters follow the relevant policies and procedures combining them with their interpreting code of ethics (AUSIT 2012a:15).

This may for instance apply if a pregnant woman discloses to the interpreter in the waiting room (i.e. before the assignment has commenced) that her partner is violent towards her. In such an instance, duty of care applies but also the fact that reporting of child abuse (in this case affecting the unborn child) is mandatory (Kenny 2024).

## 2.6 Interpreter role and patient-centred care

The objective of health professional-patient interactions is “to achieve the best health outcome for the patient (NSW HCIS 2014: 7). Healthcare interpreters play an essential role in facilitating effective and direct communication between the former and the latter and in what Angelelli (2004: 29) refers to as “patient-centered, sensitive healthcare”. The Calgary-Cambridge guide (Kurtz *et al.* 2003) reflects the approaches healthcare professionals in many Western countries use to build rapport with patients and to involve them in shared decision-making. However, not all patients are familiar with healthcare systems where there is a focus on patient-centred care, shared decision-making and patient agency. Such intercultural issues may be reflected in patients’ relatives not being happy with sensitive information or bad news being conveyed to their loved ones by interpreters (Gao 2021). In terms of accuracy, anecdotal evidence from interpreters in New Zealand Gao (*Ibid.*) suggests that family members may ask interpreters to not interpret bad news to patients, such as a diagnosis of cancer. This will often be based on relatives fearing the negative impact of bad news on patients’ mental and physical health. However, according to Hagerty *et al.* (2005:1006): “Most patients want information about the chances of a cure and the extent of disease spread and possible side-effects of treatment. Many patients want to discuss life expectancy and the effect of cancer on their life”. In addition, any censoring or omitting of information in such instances will impact on central concepts of patient-centred care and

shared decision-making (Iversen *et al.* 2021). Healthcare interpreters must maintain impartiality, since they are present for patients and clinicians in equal measure.

## 2.7 Healthcare interpreter role as seen by other interlocutors/participants

Interpreter-mediated interactions are more successful if all parties in the interaction – health professionals, interpreters and patients and their families – have the same understanding of the interpreter role (Hale 2011b). Swabey and Mickelson note that:

Conflict may occur when one or both of the consumers do not understand the interpreting process or the interpreter’s function in that setting, when the consumers’ and interpreter’s expectations are incongruent, or when the interpreter does not have a clear understanding of his or her primary function in that setting (2008: 52).

The latter can occur in settings such as the speech and language therapy interaction, where interpreters may be asked to also provide metalinguistic commentary (NSW HCIS 2014; Crezee/Marianacci 2022) and also when interpreting in forensic psychiatry (Burn/Wong Soon 2020) or other mental health contexts. This paper’s aims focus on interpreter reports of either patients or their relatives denying the need for an interpreter or wanting the interpreter to not act impartially; or where high emotions such as anger and aggression had a potential impact on the interpreter role.

Hale notes that “[t]ypically, the participants of interpreted interactions, including the interpreter, are completely ignorant of each other’s needs, roles, or goals, and have conflicting ideas of which each party should be doing” (2011b: 348). She adds that “trained interpreters are generally agreed on their role, which consists of interpreting as accurately and impartially as humanly possible, with all the inherent complexities those two mandates imply” (*Ibid.*: 351). Problems may arise when other parties in the interpreter interaction do not - or sometimes do not appear to want to - understand the need for interpreters to convey information accurately and impartially.

Sturman *et al.* (2018) conducted focus discussion group interviews with general practitioners, interpreters and representatives of culturally and linguistically diverse (CALD) communities in Australia and identified some confusion around the interpreter role in all three of their participant groups, including patients. Indeed, previous studies (Cox 2015; Tang 2017; Gao 2021; Marianacci 2022; Cannard 2024) have shown that patients may view the interpreter as a support person and patient advocate, regardless of whether the professional code of ethics in a particular geographical area allows interpreters to step outside their role boundaries. Patients may prefer family members to interpret for them, because they trust them. Some authors have argued that there is a place for non-professional interpreters in the healthcare setting in some instances, with interesting examples being discussed by de Boe and colleagues (2021) while others, such as Butow argue that this is “highly problematic” (2015: 251). Butow argues against the use of untrained interpreters such as family members, saying that it “can be highly problematic” (*Ibid.*: 251). She explains that:

[u]ntrained interpreters may have an emotional investment in the communication (such as protecting the patient from distressing news), a relationship which precludes dis-

cussion of certain topics (such as sexuality), a lack of linguistic skills in one or other of the languages being used, and a diffidence in questioning the doctor if they do not understand words or concepts (*Ibid.*).

In her study, Hale (2011a) reported on perceptions attributed by interpreters to their non-English-speaking clients. According to Hale (*Ibid.*: 241), 19.3% of her interpreter respondents thought that their non-English speakers perceived them as “compatriots who were there to help out”, in other words as an advocate, rather than an interpreter. This aligns with findings by Tang (2017) some of whose interviewees mentioned interpreter-mediated interactions with their responses showing a lack of understanding of the interpreter role. One of Tang’s interviewees said he felt aggrieved that the interpreter had not explained his cardiology results to him, when that was in fact the doctor’s role, not that of the interpreter (Tang 2017).

For his doctoral study, Britz (2017) explored the experiences of interpreters and mental health professionals working with interpreters in refugee settings in New Zealand, stating that “clinicians and interpreters bring different concerns and notions to the experience of interpreting and that these may be hidden from each other” (i). This seems to suggest that the interpreters in Britz’s doctoral study did not explain their role to either the mental health professional or the refugee clients. Ideally, the interpreter takes the floor to explain his or her role to the patient, health professionals and any relatives who may be present at the interview during the introduction stage of the interview (Tebble 2014). Interpreters should include the fact that everything that is said during the interaction will be kept confidential and add that *everything* said will be interpreted.

There appears to be limited research on interpreter reports of patient and family behaviour and how this impacts on the interpreter role, with Sturman and colleagues maintaining that there is “very little existing literature about patient perspectives” (2018: 234).

### 3. Methods

#### 3.1 Data Collection Methods

Using surveys to elicit interpreters’ views on professional practice (Wang 2014; Cheng 2015; Magill 2017; Korpala/Mellinger 2024) is a cost-effective method of collecting data from large groups, particularly when surveys are posted online (Field 2020). The authors conducted two anonymous surveys among Australian-based healthcare interpreters. First, a pilot survey was disseminated as a Word document to in-house interpreters in a large public hospital (Northern Health). Next, the survey link was posted on both the website of the National Accreditation Authority for Translators and Interpreters (NAATI n.d.) as well as on the website of the Australian Institute of Interpreters and Translators (AUSIT n.d.).

#### 3.2 Participants

Survey participants consisted of 233 qualified interpreters who responded to an Australian-wide online survey on healthcare interpreter role expectation. This equates to

some 5% of the approximately 4,500 interpreters working in Australia at that time (personal communication with an executive of a major language service provider, July 2019). All (n=233) nationwide interpreter survey respondents reported living in Australia and being NAATI accredited/certified and were thus familiar with the AUSIT Code of Ethics (AUSIT 2012a). In other words, the interpreter respondents may all be assumed to have had a clear professional understanding of the interpreter role, and their reports may be seen in this light.

An overwhelming majority (93%) of respondents said they regularly worked in the healthcare setting. A majority (60%) had more than 10 years' experience working as professional interpreters, while another 19% of respondents had between 5 and 10 years of experience. Almost all respondents (85%) said they worked in the healthcare setting, which included hospital wards, outpatient clinics, primary healthcare and mental health settings. Just under half (45%) of the respondents said they were frequently assigned agency work in the healthcare setting, while 26% of interpreters were occasionally assigned agency work in the healthcare setting. One fifth (20%) of respondents were employed on a casual basis in the healthcare setting, while only 8% of respondents were permanently employed in the healthcare setting on a full-time or part-time basis.

Just under a quarter of respondents (23%) reported working between 6 and 10 hours per week, while 14% said they worked between 10 and 15 hours per week, and 16% said they worked more than 15 hours per week. Just under half of the respondents (47%) reported working less than 6 hours per week. A large majority (80%) of respondents said that they had completed more than 100 assignments in their career. It is notable that some 33% of those who engaged with the survey found themselves in awkward situations. It is these experiences that we profile here. See Table 1 below for a summary of this data.

Table 1: Healthcare interpreter respondents' anonymous online questionnaire.

	Nationwide survey
Number of interpreter respondents	233
NAATI accredited	233
Working in healthcare setting	93%
Work experience	Over 10 years: 60% 5-10 years: 20%
Healthcare settings worked in include	wards, clinics, primary healthcare, mental health
Frequency of work in healthcare setting through an agency	Frequently: 45% Occasionally: 26%
More than 100 assignments completed	80%
Permanent employment as full- or part-time healthcare interpreters	9%
Employed in health setting on casual basis	20%
Hours worked per week	< 6 hours: 47% 6-10 hours: 23% 10-15 hours: 14% >15 hours: 16%

### 3.3 Analysis

Qualitative responses relating to family member and patient expectations of the healthcare interpreter role were collected. Some 233 interpreter responses in the on-line surveys, 163 (70%) commented on the expectations of patients and family members as part of their additional comments to a range of questions. A thematic analysis was conducted according to Braun and Clarke's (2022) six phases of thematic analysis. This included the second author familiarising herself with the data, and manually generating provisional codes, which allowed for themes to emerge as the codes were refined and reduced. The first and third authors, independent of each other, manually checked the initial coding as they developed and reviewed the emergent themes. They continued by refining the themes ensuring that each of the themes accurately represented the data. The three most salient themes are the focus of this article: 1. Patients or relatives saying there is no need for an interpreter and/or trying to interact with the healthcare professionals on their own; 2. Patients or relatives asking the interpreter to refrain from acting impartially; 3. The interpreter role being affected when tensions or emotions run high on the part of patients or their families.

## 4. Main Findings

The main themes that emerged involved patients or relatives denying the need for an interpreter, or asking interpreters to take sides, and the interpreter role being impacted when emotions run high. Respondent comments have been reproduced as they were, in that grammatical or typographical errors have been left as they were in the original respondent comments.

### 4.1 Patients or relatives insisting interpreters are not needed.

Just under one fifth of respondents (18%) reported a number of instances where behaviour by patients or their relatives had impacted on their interpreter role. The most frequently recurring comment involved patients or their relatives reportedly insisting that an interpreter was not needed:

Sometimes the consumer totally ignores the interpreter and tries to communicate with the HCP [healthcare professional] on their own. At times they even say that they did not ask for an interpreter and do not need one. It is very embarrassing if the HCP asks the interpreter to leave. In such instances, the HCP should explain the role and necessity of the interpreter and stress that the interpreter be present and assist only if necessary. (Respondent 14)

This would obviously not be an issue if the patient was in fact proficient in English to be able to effectively advocate for their own healthcare decisions in that language, however this was seldom reported to be the case.

Patient insisting that they didn't need an interpreter while their command of English was problematic. (Respondent 69)

Something that happens relatively often, is when the family or the patients themselves maintain that they did not ask for and do not need an interpreter. Then you hear them speaking their own language at some stage, and you realise that, in case of the family, they do not have the language skills to interpret to the patient or, in case of the patients, that they do not have such great comprehension of the English language especially in a medical environment (Respondent 50).

Sometimes patients reportedly ask their relatives or other trusted persons to interpret, and this was brought up by several respondents, with one saying: “Patient asking relatives to interpret instead of interpreter”. Respondents also mentioned relatives wanting to act as the interpreter, with one stating: “[t]he patient’s daughter kept interfering with my interpreting”, and another reporting that “[t]he patients’ relatives often interfere and talk over me” and a third stating that “[p]artners interfere and want to be the interpreters”

This is obviously a matter of concern, since family members may either misunderstand and incorrectly convey medical information or censor questions or information they deem inappropriate (NSW Health 2017). In addition, health consumers may not respond to questions honestly because they do not want relatives to be aware of their health history, especially in relation to more intimate health issues.

When patients or their relatives insist that interpreters are not needed this is impactful on a number of different fronts. Firstly, accuracy and impartiality may be impacted when a family member interprets. Secondly, when information is not conveyed accurately, patient-centred care and shared decision-making are affected, as patients who are not accurately informed cannot make informed decisions about treatment. Thirdly, if healthcare professionals in turn do not insist that a professional interpreter should be used, this might perpetuate the issue, as is clear from the example below:

Once, when I went to one of the hospitals in Melbourne CBD, the elderly lady had brought her English-speaking relative to the appointment. I introduced myself to the healthcare consumer and the professional. When I started interpreting, the relative kept interrupting by trying to interpret for the lady. The doctor said: “One of you interpret”,

In situations such as these, healthcare professionals should be clear as to why they would allow a family member rather than a professional interpreter to do the interpreting in view of both accuracy and impartiality, as will be discussed in the next section.

#### 4.2 Patients or relatives asking interpreters to take sides

Respondents reported different instances of an apparent misunderstanding around the need for interpreters to remain impartial, either by taking their side or by omitting information when interpreting. Some of our survey respondents added comments about family members trying to direct the way the interpreter was to convey information, with one respondent commenting that “Family members request not to interpret the whole message.”

Another interpreter reported a similar instance, stating:

Family members insist not to tell their parent of their actual impairment and condition.

Another respondent speculated on the reasons family members or patients might see the interpreter as their ally:

Family members or the healthcare consumer may expect the interpreter to be ‘on their side’ ... ‘because we come from the same background’ ... and they expect interpreter to be hostile towards the professional, or they tell the interpreter ‘details’ but they don’t want the details to be translated ... which requires special actions by the interpreter, e.g. telling the professional what is going on or reminding the consumer of your role ... It can become very tricky!

In the above example, the interpreter might have prevented this misunderstanding of their role if they had introduced themselves clearly at the start, and if they had then interpreted everything that is said, also if it is said in an aside. Another two instances of patients expecting interpreters to take their side appeared to involve the ethical principle of duty of care, which may apply in cases where there is potentially a high risk to the patient or to others. Two interpreter respondents reported instances where patients had confided information to the interpreter that they then kept from the healthcare professional. In the first example, the respondent saw the situation as one that invoked the ethical precept of duty of care and acted accordingly.

...was in a situation where healthcare consumer was not telling the truth regarding taking his medication. He told me that he does not take the medication but throws them down the toilet. He was a mentally ill person. As I could not approach the Doctor, because he was with other patients, I did report it to my Supervisor at the Hospital interpreting team. Nothing was done. Within 3-4 weeks the same patient tried to murder his family, fortunately, he did not succeed.

In the second example, the respondent does not provide information as to what they did, and whether they considered it their duty of care to report what the patient had said based a potential threat to life.

Health professional leaving the room and leaving me with the patient. Then the patient starts telling me important details about their health condition.

However, deciding when to exercise this duty of care is not always straightforward. In the first example above, it would appear that the patient may have been flushing antipsychotics down the toilet, thereby potentially increasing the risk of being a harm to themselves or others. The interpreter reported this to his supervisor, and it would seem this was the best course of action since he or she was unable to talk to the medical professional at that point in time – even though it appears the supervisor took no action. The second example leaves more room for questions, as the respondent does not state whether the health professional returned and what the respondent said or did when the health professional returned. The AUSIT Code of Ethics states quite clearly that interpreters must disclose information when mandated by law, for instance where a pregnant woman discloses to the interpreter that her partner is being violent towards her. In that instance, reporting is mandatory because violence towards a pregnant woman is considered a form of child abuse (AUSIT 2024).



In other instances, interpreters reported relatives asking them to step outside their role boundaries by not interpreting bad news. One respondent reported:

I was asked by daughters not to mention the word “cancer” even if it was the doctor’s diagnosis. Daughters were happy that “Oncology” signs were up, as they were sure their mother did not know what that mean, so she wouldn’t know which Department she was in.

Another respondent reported similar experiences and brought up the patient-centred approach preferred by the healthcare professionals as being in contrast with the family’s wishes to not tell the patient about their diagnosis:

I have been in a situation a few times where family members think that the patient should not be told everything as this will affect them mentally but the healthcare professionals’ perception on this is often the opposite.

Interpreters reported dealing with this differently, with another respondent reporting:

Once in Palliative care a cancer patient’s wife kept disrupting the conversation to twist the meaning of what’s been said. At the end I had to talk to the doctor behind a closed door of what had happened & what the wife did made the job impossible to carry out.

Again, healthcare professionals need to be aware of the risks of allowing family members to act as interpreters, not only because both accuracy and impartiality might be at risk, but also because any censoring by family members might fly in the face of health professionals trying to achieve shared decision-making and trying to follow the concept of patient-centred care.

The next section will look at situations where interpreters felt affected by emotions of fear due to behaviour by patients or their relatives.

#### 4.3 Interpreter role being affected when tensions run high

Several respondents reported on situations where patients or their relatives had been aggressive towards the interpreter or the professional, resulting in intrapersonal or interpersonal challenges (Dean/Pollard 2011). Where interpreters have to work with clients who are in a panic or angry and aggressive, this requires interpreters to come up with appropriate controls. For one respondent, this consisted in moving into whispered interpreting mode:

In the Emergency Ward the mother of the ill child was panicky and could not speak coherently, nor give me the chance to interpret, so I had to do it in the chuchotage mode.

One respondent simply stated that “[s]ome clients (...) tend to be very angry when their request is not granted” without elucidating how this had affected them in their professional role. Others reported situations where patients had been aggressive towards the health professional, merely stating that it had made them feel a bit “uncomfortable” without specifying the impact on them in terms of carrying on with the interpreting:

I have been a participant as an interpreter in an assignment where the non-English speakers became upset and rather aggressive with the healthcare professionals. This was a bit uncomfortable.

Interpreters are taught to explain their role at the outset of the interpreted interaction, so that when interlocutors communicate in an angry fashion, it is clear that the interpreter is merely conveying what is said, as well as the illocutionary force (Morris 1999). In the next example, the interpreter had explained that their role was to interpret everything said, exactly as it was said, but even so, the healthcare professional mistakenly thought that the interpreter was the one who was being aggressive.

The Deaf client was abusive and swearing. The professional thought it was me being aggressive even though I had explained my role.

Several interpreters reported on situations where they had experienced clients being angry in the mental health setting, and with some reporting feeling frightened, and one even removing themselves from the situation:

The consumer had mental health issues, started to verbally abuse the interpreter. The interpreter removed themselves from the job.

In this case it was clear that the interpreter had felt unable to continue the interpreting assignment in the view of this aggressive behaviour. In other situations, respondents reported that they had calmly continued interpreting even when being seated very close to clearly confused and aggressive clients:

During a mental health tribunal hearing at a high-security mental hospital, the Cantonese-speaking health care consumer was under police custody. When the tribunal members asked him did he know why he was brought to the hearing, he got upset and talked faster. I have to catch up but I did speak at a moderate pace to facilitate the recording. He then blamed everyone in the room of putting him under custody in a mental hospital. I kept my calm and interpreted accurately. Then he shouted the 4-letter foul language in English while rising from his seat and wave his fist in the air. I was sitting next to him and I felt a bit intimidated, concerned for my own safety. However, I continued my calm interpreting while the security staff went over to restrain him. Seeing the customer was emotionally unstable, the tribunal hearing concluded that the customer has to remain under mental health treatment for another 6 weeks. I continued the interpreting till the tribunal called off the meeting. When it was over, one of the tribunal members showed her concern about me. I replied I was fine because a nurse gave me a good briefing in the beginning, and I was prepared. The tribunal member also complimented me on my calm posture.

The respondent said that after returning to the office and debriefing with their line manager, they had recommended that should similar cases arise in future, the healthcare interpreter service staff should “advise the booking party to have someone ready to brief our interpreters upon our arrival at the hearing.” This is very good advice and should be part of the guidelines for practice for healthcare professionals working with interpreters, especially in the mental health setting.

It seems clear that it is very important for healthcare professionals to brief interpreters working with patients who may be mentally unstable and to look after their safety. One respondent reported:

I have felt extremely uncomfortable when a professional left me alone in a consultation room for a rather long period of time after letting me know that the patient has severe mental health issues.

Healthcare professionals need to ensure that interpreters know what to expect, while also making sure that they remain safe in situations such as the one reported here.

## 5. Discussion

The findings presented here were based on comments made by NAATI accredited/certified Australian-based interpreters who responded to a healthcare interpreter role expectation survey and commented on conduct by patients and/or their relatives which impacted on their ability to carry out their role as healthcare interpreters. An analysis of the comments yielded three main themes: patients and their relatives denying the need for an interpreter; patients or their relatives expecting interpreters to take their side; and the impact on interpreters when emotions or tensions run high.

Where family members or patients insist that an interpreter is not needed, interpreters need to interpret this and leave the decision up to the healthcare professional as to whether they want to use the services of the professional interpreter. However, it is imperative that healthcare professionals learn about interpreter role and the importance of accurate and direct health professional patient communication, mediated by professional interpreters. This might enhance their ability to decide when they might be able to engage with patients or clients directly and when it might be imperative that an interpreter is utilised. This is even more important in the light of reported instances of interpreters being asked to not act impartially. Respondents in this study relayed instances of patients telling professionals that they did not need an interpreter and of families asking them to leave out certain information when interpreting. This appears to support Craig's (2018) findings that it is not unusual for different cultural and ethnic groups to find it difficult to talk about some topics such as mental health, substance abuse, health issues relating to sexual or domestic violence and the like or for females to share gynaecological histories with male health professionals (*Ibid.*). Health professionals cannot treat effectively on the basis of incomplete information, and this is likely to be exacerbated when family members or informal interpreters interpret for health consumers. Duty of care may be compromised if a family member is used to interpret rather than engaging a professional interpreter.

## 6. Conclusions

### 6.1 Main Findings

Interpreter reports on instances where patient and family behaviour impacted on their ability to carry out their role in the healthcare setting align with recommendations by

Sturman and colleagues (2018) regarding professional development and special training for professionals working with interpreters, however, it is imperative that members of culturally and linguistically diverse communities are also aware of what to expect from an accredited, professional interpreter who is bound by a professional code of ethics. However, there may be additional reasons for patients and relatives to insist that they wish family members to interpret for them, or to interfere with the interpreting. Patients may continue to insist on using family members because they do not trust that what is said will be kept in confidence by the interpreter. In this case, there would appear to be a lack of awareness that interpreters are professionals bound to interpret everything that is said accurately and impartially. In some cases, relatives may insist that they can interpret - or may try and interfere with the interpreting - precisely because they understand that the interpreter is bound to interpret everything that is said, and relatives may not want this to happen for a number of reasons. Interestingly, feedback from oncology patients in Australia on interpreters' accuracy was very good (Hyatt *et al.* 2017). The majority of respondents felt that they were confident with the accuracy of their interpreter (89-92%) and explanations of medical terminologies (86-93%) and felt comfortable with the interpreter (85%-91%) (*Ibid.*: 889). While family members may assume they are protecting their relatives from bad news, the latter may in fact want to be aware of their outlook and make decisions accordingly.

If clinicians bow to the patient's wishes and accept family members as ad hoc interpreters, there could be several negative consequences: incorrect understanding of medical information could result in incorrect interpreting; censoring important information by family members, patients not wishing to answer sensitive questions in front of and 'through' relatives increases the risk of adverse health outcomes. Patients may spend more time in hospital or may be discharged with incomplete knowledge of the discharge instructions, resulting in preventable readmissions. Interpreters may invariably face assignments where tensions run high. This may result in a range of response, from interpreters merely feeling "a bit uncomfortable", to feeling threatened and feeling the need to remove themselves from the assignment. Obviously, briefings would help interpreters to mentally prepare themselves, however previous research has shown that briefings are rare (Martin *et al.* 2022).

## 6.2 Limitations

One of the limitations of the study is that the data consist of reports by interpreter survey respondents, in a survey that sampled approximately 6% of interpreters in Australia. Respondent comments revealed the need for wider research into patient and family conduct in the interpreting setting, as well as the need to ask respondents separately about face-to-face interpreting or remote interpreting. Interpreter comments about aggressive behaviour in interpreter-mediated interactions suggest that research should focus on this occurring in the general health setting as opposed to the mental health-specific context.

### 6.3 Further research

While the surveys yielded some interesting findings, it would have been advantageous to supplement these with findings from focus group discussions involving clinicians, healthcare interpreters and representatives of communities whose members regularly need interpreting services in the healthcare setting. This will allow researchers to probe more deeply into the nature of relevant findings and would have allowed participants to provide their own perspectives in more detail. Further research could involve focus discussion groups with patients from different migrant communities, to explore their perspectives on the interpreter role and their experiences with interpreter-mediated interactions.

A number of respondents commented on feeling unsafe interpreting for patients with mental health issues who were either “very taken with them” or aggressive. Further research should involve separate surveys focusing on interpreting in the general healthcare setting and the mental health setting.

### 6.4 Recommendations

The incidental survey findings reported on here reflect the need to ensure that patients and their families are more aware of the interpreter role. This can be achieved if the health interpreter clearly explains his or her role in both the health professional’s and the patient’s language, and if healthcare professionals insist on using the services of the interpreter assigned. The latter means that healthcare professionals must allow time for interpreters to introduce themselves and their role, and that they understand the risks of family members potentially censoring information, which would impact on professionals achieving shared decision-making and patient-centred care

In terms of working in settings where tensions and emotions may run high, the authors recommend that interpreters are prepared for the possibility of working with aggressive patients or relatives in general, during training and subsequent professional development sessions. Interpreting in the mental health setting may involve working with patients who are confused or upset due to their mental health condition or due to the challenges of detoxing. Briefings by healthcare professionals are essential, for interpreters to be prepared for aggressive behaviour to some extent and safety measures should also be put in place. The guidelines set out by Hlavac (2017) are particularly useful for interpreters working in mental health settings. Work has been undertaken and continues to be progressed in this area to assist clinicians. The 2019 Guide for Clinicians Working with Interpreters in Healthcare Settings was developed as an adjunct to the Competency Standards Framework for Clinicians (Migrant and Refugee Women’s Health Partnership 2019 a, b). The Guide for Clinicians identified that some patients might prefer the same interpreter throughout their care. They advise that the interpreter should be informed prior to highly specialised consultations, such as mental health consults among others. Further, they note that debriefing and feedback may be necessary between the clinician and the interpreter to acknowledge the complexity of the consultation.

The authors acknowledge there are roles here for universities, government departments and professional bodies in raising awareness about the role of professional

interpreters. This could be done by a media campaign, posters in hospitals and health-care centres in both English and community languages. Information on the interpreter role could also be disseminated in different migrant communities through community translation. Obviously, patients and relatives may still deny the need for an interpreter or wish to take over from the interpreter for a variety of reasons, even if they are aware of the interpreter role, but education would be an important first step.

At the same time, interpreters and clinicians themselves have to do more in terms of Principle 9 of the AUSIT (2012a, 2012b) Code of Ethics, i.e., respect and support their fellow professionals and uphold the reputation and trustworthiness of the profession. This can be done relatively easily if all interpreters introduced themselves and their role to patients upon each assignment. Tebble (2012) explained the different stages of the interpreter-mediated medical interview, including the stage where the interpreter explains his or her role. Interpreter educators could ensure that trainee interpreters practice explaining their role to both patients and professionals in role-play scenarios. Interpreters sometimes report that they are not given the opportunity to introduce themselves. The potentially adverse effects of not introducing themselves and their role means that interpreters need to insist. Clinicians need to ensure that interpreters are briefed before interactions where emotions may potentially run high. They also play a role in explaining the role of the healthcare interpreter to patients *and* their families, repeating this if necessary, thereby maximising the potential for effective patient-centred communication.

## Acknowledgements

We want to thank all of our respondents for their input and time. Heartfelt thanks to Hoy Neng Wong Soon for ensuring all the references were correct in *EndNote*.

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# Trying to convey my message: A pre/post observational study in a medical encounter

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## Abstract

*Difficulties encountered in medical interaction during communication due to language discordance may pose risks that can affect patient's care, and their outcomes. This may necessitate the need for translation or interpretation to provide appropriate medical care. This study aims to assess the impact of an intervention and on how to achieve common ground in a simulated medical interaction when communication occurs through lingua franca and non-verbal support. In this pilot study, participants were shown both a simulation video and an intervention video. The simulation video depicted the first consultation between a patient and a doctor. The intervention video, of a practicing healthcare professional who provides participants with relevant information applicable to such interactions, was subsequently explored in the survey through participant responses. The changes in survey responses before and after the intervention were analyzed using the chi-square test. 37 participants participated in the survey. For the question on provisional diagnosis, the calculated test statistic was less than the observed crucial value ( $6.9 < 7.815$ ), thereby signifying impact of the in-*

*tervention. From this study, it can be seen that the communication trainer's intervention, which focused on building the conversation, recognizing non-verbal cues, and identifying common language, would be beneficial for the study participants (medical students) in their future clinical practice. This creates awareness that simulated interactions similar to the one used in this study can be used as a training and educational tool for achieving common ground.*

## Keywords

Healthcare, communication, lingua franca, non-verbal gestures, vignette study.

## Introduction and rationale of the present study

“The single biggest problem in communication is the illusion that it has taken place”  
(George B. Shaw)

On a day-to-day basis, an increasing number of people report to hospitals and primary health care centers to avail themselves of medical treatment or services, be it a consultation or follow up appointment with a doctor, or for blood testing or radiological services. Provider-patient interactions follow the principle of common ground, which is the knowledge shared between the parties, or the participants involved, to allow for communication between them (Kuziemsky/Varpio 2010). This communication allows for a conversation and interaction between a patient and a healthcare professional, wherein the ultimate objective is to improve the patient's health and medical care (Ha/Longnecker 2010). Good communication between the doctor and the patient allows patients to share vital information essential for an accurate diagnosis of their problems and thereby enables the doctor to gain a better understanding of the patient's needs (Dorr Goold/Lipkin 1999). Ineffective communication has been linked to causing dramatic consequences for the quality of healthcare services undertaken by the patient and for the safety of the patients (Tweedie/Johnson 2022).

Reports from studies conducted within primary care suggest that communication skills are especially important for improving patients' outcomes, including adherence to physicians or general practice centers personnel advice, patient satisfaction and improved health outcomes (Safran *et al.* 1998; Beck *et al.* 2002). Communication in healthcare, particularly the interactions between patients and healthcare professionals who share the same language, often rely on strategies such as establishing common ground and using nonverbal communication to facilitate effective consultations and ensure smooth communication. Here, we want to also look at *the use of a third language as a lingua franca*, which may be employed in situations and interactions where a language barrier exists.

That is why the present study was mainly directed towards students and trainees in medicine and general practice. As a part of their teaching curriculum, they are taught the communication model which contains six phases during an interaction between a patient and a doctor. But what if the patient does not speak the language of the doctor?

What if a *lingua franca* is a possible solution, in one way or another, to convert and relay information? An intervention by the communication trainer in the present study also speaks in detail about these six phases, and how they proceed. The purpose of the intervention was to inform and advise the participants to take the first step, in order to form a common ground for communication in similar situations where the patient does not necessarily communicate in the language of the doctor and which the participants could encounter in their future practice.

The aim of our study was to learn about the effect of an instructional video, when presented as an intervention in a vignette study model and how to achieve a common ground for communication in cases where *lingua franca* and non-verbal support are used. The study objective was to investigate how an intervention influences participants' observation (perception) of a simulated interaction between a patient and a doctor using English as a *lingua franca*. The research question formulated was “*what is the impact of the trainer intervention on the participants (students) perception of the observed simulated interaction between a patient and a doctor during a first medical consultation; where lingua franca and/or non-verbal support (hand gestures) are used?*”.

## 1. Definitions and concepts following key literature

In what follows, we briefly wish to define different concepts following the most significant literature, starting with the definition of a *medical consultation*, followed by the concept of *common ground* to be reached in communication in general, and subsequently in clinical communication. We will then develop the concept of *language barrier* as used in health communication literature and then proceed towards the description of *non-verbal communication* and *lingua franca* to reach the aforementioned *common ground*.

### 1.1 Common ground in clinical communication

Sociologists Heritage/Maynard (2006) described medical consultation as an interactive communicative process in which the doctor and patient take turns formulating and allowing for the interaction's construction. Information exchange between the patient and the healthcare professional is the dominant communication model, with current approaches including patient-centered communication or shared decision-making (Landmark *et al.* 2017). This communication allows for a basic conversation which involves interaction between a patient and a healthcare professional, wherein the ultimate objective is to improve the patient's health and medical care (Ha/Longnecker 2010).

The notion of common ground was first developed in discourse psychology and refers to the shared knowledge, language, and beliefs necessary for communication to occur (Clark/Brennan 1991). Communication is a multifaceted construct that involves the appropriate application of certain core transferable skills and strategies, which is determined by the purpose of the communication, the participants, and the context (Links *et al.* 2020). In their article on describing clinical communication space through the model of common ground, Kuziemyk/Varpio, argued that common

ground is the basis for an interoperable person; thereby being a dynamic process that forms over a period, with trust being the single largest factor in its ongoing formulation (2010: 409).

In another study with 2<sup>nd</sup> and 3<sup>rd</sup> year General Practice vocational trainees in Flanders, Van Nuland *et al.* (2010) explored their views on communication with the patients and their own training but also the learning of these skills. The distinct phases of the clinical encounter encompassed together (table 1), form the principle of *Common Ground*. The different tasks following these phases in healthcare communication under the umbrella term common ground include: i) building the relationship, ii) open the discussion, iii) gather information, iv) understand the patient’s perspective, v) share information, vi) reach agreement on the problem; and lastly vii) close the session (Van Nuland *et al.* 2010).

Phases	Tasks
Initiating session	Build relationship
Gathering information	Open the discussion
Building the relationship	Gather information
Explanation and planning	Understand patient’s perspective
Closing the session	Share information
	Reach agreement on problems and plans
	Provide closure

Table 1. Phases and tasks during a medical consultation (Source: Van Nuland *et al.* 2010: 66)

Clinical communication can be relatively quick if there is a common language between the patient and the health care personnel. If there is not, then a language barrier develops.

### 1.2 Language barriers, non-verbal communication, and *lingua franca* in healthcare communication

The term ‘*language barriers*’ is widely used in healthcare communication literature to bring to the fore communication difficulties which can lead to miscommunication or communication failure (Tweedie/Johnson 2022). Through research studies, it has been shown that perceived language barriers, can lead to negative outcomes, like: i) inhibit understanding, dosage and use of medications as advised by the physician or the pharmacist (Wilson *et al.* 2005); ii) cause longer duration of hospital stays (both inpatient care and emergency) (John-Baptiste *et al.* 2004); iii) increase the risk of hospital readmission (Karliner *et al.* 2010); iv) result in critical communication inaccuracies and omissions (Flores *et al.* 2003); and v) increase the risk of serious medical events (Cohen *et al.* 2005).

Despite the challenges posed by perceived language barriers, there is limited knowledge about the specific communicative strategies that physicians employ to ensure understanding on a micro, turn-by-turn level, particularly in the absence of a shared language. Furthermore, there is even less insight into how understanding



is achieved in scenarios where both the patient and the healthcare professional are communicating in a non-native language (Harmsen *et al.* 2005; Roberts *et al.* 2005). Cox/Maryns (2021), through their case-specific study approach, investigated the use of multilingual resources and strategies in the absence of professional interpreters. This included ad-hoc communicative strategies like use of *lingua franca*, non-verbal communication, use of medical translation software and language mediation/communication through a person accompanying the patient or allied medical staff. Their findings from the two cases that they chose, highlighted *false fluency* and that ad hoc multilingual solutions need additional language support strategies to avoid diagnostic insecurity (Cox/Maryns 2021: 75).

In language discordant medical consultations, *non-verbal communication* becomes particularly important given the constraints to verbal communication imposed by the participants' lack of skills in each other's language. Even in the presence of a common language that could be shared by the participants, the addition of gestures to the speech assists in deciphering, judging and repeating what has been conveyed. Conversational hand gestures are "generally recognized as being linked to the activity of speaking and are often regarded as part of the speaker's total expression" (Kendon 1980: 207). Nonverbal communication through body-oriented gestures when accompanied by oral speech, portray information about location and strength of pain sensations, as well as information about pain intensity, duration, and awareness (Rowbotham *et al.* 2012). Gestures tend to supply information about the topic of conversation while speech not only conveys valuable information about that topic, but it also often clarifies or makes clear the meaning of the gesture (Gerwing/Landmark Dalby 2014). Research has shown that speakers can also use gestures to depict features, such as size and shape, or location (*Ibid.*). Patients use gestures to demonstrate the position, scale, and character of their suffering, to provide the sense and significance of the illness and symptoms (Heath 2002). On the contrary, healthcare professionals use gestures to convey specific or unique content which may be missing from speech but could be vague without being amalgamated with the supplementing speech (Gerwing/Landmark Dalby 2014).

Subsequently, a *lingua franca* can be seen often as a solution and was indeed already coined in the higher Middle Ages. It was defined as any language used for communication between people or groups of people who do not have any other common language between them (Mathews 1997: 207). Or in the way as proposed by Meiekord, *lingua franca* is the language habitually used by people who have varied and uncommon mother tongues (2006: 163). The use of *lingua franca* follows the same pattern of allowing for conversation building, information transfer, understanding and interaction between the participants. The use of *any language as lingua franca* becomes a positive factor in the healthcare setting when there are encounters between patients and healthcare professionals without a common native language. Though interpreters would be the ideal choice for communication between parties involved to overcome language, culture, and knowledge barriers, they are not always used or available when the parties have some proficiency in a second language, *lingua franca* (Harmsen *et al.* 2005; Roberts *et al.* 2005). The use of *lingua franca* is far from uncommon in contemporary multilingual societies, where immigrants partake in the health care work force (Mullan 2005).

For communication in healthcare between patients and healthcare professionals, strategies such as employing use of a third language as a *lingua franca* or non-verbal gestures are common during consultations and interactions to establish mutual understanding and common ground. The two-way communication between the patient and the doctor allows for collaborative communication, by being reciprocal, and dynamic (Feudtner 2007). These communication modalities allow for the interaction to proceed and communication to take place. As was observed in the study by Cox/Maryns, where the patients used a range of ad hoc multilingual strategies (non-verbal communication, *lingua franca*, companion as ad hoc interpreter), these could be seen as mutually supporting and supplementing each other in uncovering how the speakers communicated with each other (2021).

To bring these concepts and strategies of communication together and to understand and learn from the multifaceted interaction between patient and caregiver in primary care, we studied a simulated consultation and offered an intervention to improve interaction.

The aim of our study was to learn about the effect of an instructional video, when presented as an intervention in a vignette study model on how to achieve a common ground for communication in cases where *lingua franca* and non-verbal support are used. The study objective was to investigate how an intervention influences participants' observation (perception) of a simulated interaction between a patient and a doctor using English as a *lingua franca*. The research question formulated was “*what is the impact of the trainer intervention on the participants' (students) perception of the observed simulated interaction between a patient and a doctor during a first medical consultation; where lingua franca and/or non-verbal support (hand gestures) are used?*”.

## 2. Methodology of the study

### 2.1 Participants

Since this study was developed by using a vignette (a simulated interaction) as a teaching exercise, the target population primarily consisted of medical students. This focus was chosen because, in their future practice, they were likely to encounter similar communication challenges arising from language differences. The population approached for accessing the study and filling in the questionnaire were primarily: i) students in Phase 3 of their Master in Medicine; or ii) GP residents, who are under training at a general practice clinic; or iii) students posted or undergoing training in the various departments of the university hospital (example emergency department, intensive care, cardiology, nephrology, etc.)<sup>1</sup>. Information to enroll and participate in the survey was via announcements published in newsletters, where research participation opportunities are communicated. Participants excluded from participating in the study were bachelor students and master students in phase 1 and phase 2 of their study program in medicine. This is primarily as the students studying medicine start interacting with patients in phase 3 of their master, as part of their internship and training.

1 The Belgian medical training consists of 3 years of bachelor training, followed by three years of master training, wherein the student can choose their field of medicine for specialization

## 2.2 Vignette study design

The conceptual framework of this study is a vignette study with an exploratory pilot survey, in which a simulated video (a vignette, explained in section 1.2.1) is shown to the participants to elicit their responses to the survey (Atzmüller/Steiner 2010). The dual involvement of classical experiments and the survey methodology in a vignette study allows to counterbalance the weakness of individual approaches. Vignettes are short descriptions of a person or a social scenarios/situations which contain precise references to what are thought to be the most key factors in the decision-making processes of respondents (Alexander/Becker 1978). The vignette here is a simulated medical first consultation (simulation) recorded between two participants (actors), one acting as the patient and the other acting as the doctor.

### 2.2.1 Simulation

For the simulation, two individuals were approached to participate as actors. The actors were given a situation they were free to enact in their own way. The two actors did not know each other beforehand and met for the first time on the scheduled date for the simulation recording. They were informed that the interaction would be video recorded for the purpose of the study.

The person acting as the patient is a Ukrainian national who has been living in Belgium for the last 2 years. She is a native speaker of Ukrainian, Polish, and Russian. She has just started learning Dutch (level 1.2, CEFR level A2) but is not comfortable in speaking it fluently. English is for her a language of convenience as she uses it to communicate with her colleagues at work and in daily life.

The person portraying the role of the HAIO <sup>2</sup> (Huisarts in Opleiding, which in English translates to general practitioner in training), is a Belgian national who has studied Medicine in Flanders. She is bilingual, being fluent in Dutch and French. The interaction was recorded as her shift had begun on the planned date. The HAIO speaks English for communication with patients who are not fluent in Dutch or French.

### 2.2.2 Intervention

The intervention consists of an instructional video by the communication trainer who gives a short description and summary to the participants of the simulation. The communication trainer is a practicing health-care professional who has experience in understanding such interactions where both verbal and non-verbal hand gestures are used for information relay and understanding in a multi-diverse population. The trainer explains the interaction during the simulation by means of *common ground* (Kuziemyky/Varpio 2010; Van Nuland *et al.* 2010), stresses on the importance of non-verbal hand gestures (of both patient and the doctor) and provides feedback on the same. The trainer further on provides information on the hand gestures used by both the patient and the doctor to correlate their verbal comments and dialogues with gestures of shape, size, unrest, and location.

2 < <https://www.domusmedica.be/expertisedomein/praktijkorganisatie/opleiding-haio>>

### 2.2.3 Design

The participants accessing the study through a web-link or QR-code first observe a simulation video of the simulated encounter. The simulation encounter they observe is part of a learning process of situations they may experience in future clinical practice. After observing the simulation video, the participants proceed to fill in the questionnaire for the first time (pre-intervention). The questions address the conversation flow, construct, complaints, and the body language of the two actors. To comprehend their perception of the observed simulation, the study participants are next asked for a provisional diagnosis of the patient's condition, and her reason for reporting to the practice center.

After completing the questionnaire, the participants observe the instructional video (intervention). The language used by the communication trainer is Dutch as the participants who participated in the study and the survey are native in the Dutch language. The communication trainer, then details on the 6 phases of the communication skills model of Nuland *et al.* (2010). These 6 phases, which occur sequentially in the simulation from the start till the end of the interaction between the patient and the doctor, were correlated by the trainer to the observations by Van Nuland and his colleagues (2010: 69). In this scenario, the trainer directs her talk to focus on the search for a common language, as there is a possibility of a language barrier, as was observed at the beginning of the interaction (Image 1, lines 11-33).

```
1 00:00:00:22 - 00:00:10:10
2 Doctor:
3 Hi.
4 Kom binnen
5 Zet u.
6 Ik ben *****.
7 Ik ben de huisarts.
8
9 00:00:11:08 - 00:00:18:21
10 Patient:
11 Hello. ummm. *****.
12 Spreek jij Ukrainian
13
14 00:00:19:13 - 00:00:21:05
15 Doctor:
16 Nee.
17 Ik spreek Nederlands.
18
19 00:00:21:22 - 00:00:22:06
20 Patient:
21 Polish.
22
23 00:00:22:10 - 00:00:25:05
24 Doctor:
25 No, no English French. Um.
26
27 00:00:25:21 - 00:00:26:23
28 Patient:
29 A little bit English.
30
31 00:00:27:01 - 00:00:30:00
32 Doctor:
33 Okay. Okay. I will try my best in English. That's good.
34
```

Image 1: First contact and initial interaction between the patient and doctor in the simulation (translations provided at the end in the annex)

As observed by the doctor in the simulation that the enacting patient did not answer in Dutch to her first greetings, the doctor self-corrected herself to find a common language, English in this case, which acted as the lingua franca (lines 25 to 29, image1).

After the intervention video, students observe the simulation video for a second time. With the added information that they received from the intervention by the communication trainer, they can concentrate and observe the simulation more intently. Lastly, the participants then proceed to complete the same questionnaire for the second time (post-intervention). With the additional information from the intervention, the participants fill in their responses, which may or may not be similar to the responses that they filled prior to the trainer's intervention.

### 2.3 Survey

We administered the survey with *Qualtrics XM*, because of its user friendliness and the ease of incorporating the two videos in a sequential manner as per the flow of the study. The small-scale pilot survey, published in Dutch, consisted of 36 questions, which were divided into three segments as explained below (Annex 3). Segment 1 (questions 1-4) were general questions which the participants answer before observing the simulated consultation video. Questions numbered 5-20 (segment 2) were answered by the participants after observing the simulated interaction, and questions numbered 21-36 (segment 3) were answered after observing the video of the communication trainer. Segments 2 and 3 consisted of: the same 16 questions which included 5 closed-ended questions with a single answer; 4 yes-or-no questions; 6 closed-ended questions with multiple answers possible; and lastly, a final closed-ended question to ask for a tentative differential diagnosis as per the observed interaction and the responses they filled in. The responses to this closed-ended question, of the provisional diagnosis was pivotal, as this would be analyzed to check for the effect of the trainer's intervention.

The survey link, along with information about the study, was published in the newsletters for residents and for the students, through which they could directly access the survey. No personal information in any form was recorded from the participants in the study. The link to the study was online from the 15<sup>th</sup> of September 2023 for 8 weeks. This allowed for the participants to fill in the survey at their own ease and convenience. After 8 weeks, the survey was closed to analyze the responses by the participants.

### 2.4 Analysis plan

In the first segment of questions (Segment 1), we categorized the participants and identified whether they had personally experienced any communication difficulties with patients due to language barriers. Subsequently, we examined and compared responses to the same set of questions (Annex II) regarding the simulated interaction, both before and after the trainer's intervention. Specifically, the questions addressed the patient's complaints, symptoms, the interaction between the doctor and the pa-

tient, and a final question concerning the provisional diagnosis, based on the participants' perceptions of the interaction.

Through the trainer's intervention, we examined whether instructions emphasizing the importance of paying attention to hand gestures, body language, speech, and actions led to changes in participants' responses. This was done by analyzing the responses to a questionnaire administered before and after the intervention, allowing us to assess any shifts in participants' awareness and reactions. Due to the nature of the collected responses by the participants on symptoms and the interactional dynamics, the questionnaire responses are identified as categorical data. This is because the response answers by the participants cannot be ordered or numbered in any way, as some questions allow for a single answer (for example, the chief complaint of the patient, yes or no answers), while some questions ask for multiple answers (interaction dynamics, body gestures). Since the analysis is intended for respected measures under the same conditions, a *non-parametric t test* would be ideal. The drawback here being that *t tests* employ ordinal data, led us to use a *chi-squared test*, the statistical test preferred for the use of categorical data. Under the null hypothesis for the *chi-squared test*, it would mean that the intervention had no effect and so the responses by the participants pre and post intervention would result the same.

### 3 Results

Thirty-seven participants participated in the study, of which 20 were GP residents and 17 were last year medical students in phase 3. On the question of any previous experiences, 31 (83%) of the total participants agreed to have had interactions or consultations with patients where they encountered communication difficulties due to a language barrier (Table 2). Of these, 75 % of the respondents (n=22) stated that the frequency was rather often, translating to at least 1-2 patients every week.

Number of Participants		
Education level	HAIOs	20 (54%)
	3 <sup>rd</sup> Master	17 (46%)
Difficulty in conversation	Yes	31(83%)
	No	6 (17%)
Frequency of difficult conversation	Often	4 (12.5%)
	Rather often	22 (75%)
	Not so often	4 (12.5%)

Table 2: General questions of the survey, Segment 1

On which alternatives they used to overcome the communication deficit due to a language barrier, almost 50% (n=18) preferred the use of apps and translation devices while 29% (n=11) preferred the use of translation websites and 5 people asked for a translator or interpreter (Table 3).

Alternatives used in case of a language barrier	
Apps	18 (49%)
Website	11 (29%)
Pictures	3 (9%)
Translator/Interpreter	5 (13%)

Table 3: Alternatives used to overcome language barriers during consultation

### 3.1 Segments 2 and 3 of the questionnaire

In segments 2 and 3 of the questionnaire, responses were asked of the participants after they had observed the simulation video (segment 2) and the video by the communication trainer, meaning the intervention (segment 3). Since the questions in both segments 2 and 3 are the same; tables 4, 5 and 6 display the answers to these questions side by side (before and after the intervention video).

		Responses after Simulation Segment 2	Responses after Intervention Segment 3
Consultation Flow	Good understanding	12	12
	Sufficient understanding,	11	14
	Very little understanding	9	0
	No understanding at all	0	0
	No answer	12	18
Interaction	Understand each other	2	5
	Few clarifications	26	21
	Major clarifications	4	0
	No understanding	0	0
	No answer	12	18
Chief complaint	Frequent bowel movement	2	2
	Bloated stomach	8	8
	Stress due to bowel movement	22	16
	Abdominal pain	0	0
	No answer	12	18
Symptoms clear	Gestures to stomach	32	25

	Holding of head	0	0
	Vomiting	0	0
	Agitation	0	1
	All of the above	0	0
	No answer	12	18
Chief complaint	Abdominal discomfort	29	26
	Headache	0	0
	Bowel complaints	2	0
	Excessive alcohol	0	0
	Constipation	1	0
	No answer	12	18

Table 4: Responses to questions 5 – 9 and 21 – 25

		Responses after Simulation Segment 2	Responses after Intervention Segment 3
c/o constipation or diarrhoea	Yes	23	20
	No	6	6
	Not in video	1	0
	No answer	14	18
c/o waking from sleep	Yes	2	0
	No	11	11
	Not in video	17	15
	No answer	14	18
c/o weight loss	Yes	2	3
	No	24	23
	Not in video	4	0
	No answer	14	18
c/o stress eating publicly	Yes	6	18
	No	0	0
	Not in video	14	8
	No answer	14	18

Table 5: Responses to question numbers 10 – 13 and 26 – 29



Patient abdominal complaints	Hand on abdomen	22	20
	Hand gestures	20	20
	Fatigue or tired	0	0
	Thirst and hunger	0	1
Doctor understands patient	Nodding and agreeing	27	23
	Thumbs up	14	14
	Hand gestures	19	19
	Making notes	15	12
Patients understand doctors	Nodding and agreeing	22	15
	Thumbs up	12	15
	Hand gestures	21	19
	Making notes	0	0
Doctors' behavior	Open posture or attitude	22	20
	Pause while talking	22	20
	Body posture	6	12
	Voice tone	28	25
Patients body language	Smiling	13	14
	Arms not crossed	6	8
	Searching eye contact	22	16
	Sitting relaxed	21	18
Word helps in diagnosis	Frequent bowel movements	25	21
	Blood in stool	22	23
	Watery stool	4	1
	Hard stool	7	8
	Feeling bloated	15	13

Table 6: Responses to questions 14 – 19 and 30 – 35 (multiple answers possible)

### 3.2 Data Analysis

The goal of this segment was to assess the impact of the intervention video on the answers of the respondents. For analysis, we performed the *chi-squared test* wherein responses before the intervention were considered as *expected responses* (questions 14-19) and responses post the intervention (questions 30-35) were considered *observed responses*. We performed the *chi-squared test* for the different responses of

the probable diagnosis questions (questions 20 and 36) as can be seen in the table below.

Final Diagnosis	After Simulation	After Intervention
Diarrhea	19	11
Constipation	4	5
IBS	7	10
Food intolerance	1	1
Hangover	0	0

Table 7: Responses to questions 20 and 36

Using the *chi-squared test* to analyze the question of probable diagnosis, we obtained a test statistic (chi-square value) of 6.9 (p-value). The critical value for the chi-square distribution with 3 degrees of freedom is 7.815, with a p-value that indicates the result is not statistically significant. This means that we cannot reject the hypothesis that the answers given before and after watching the intervention video are the same.

We used the chi-squared test to analyze the probable diagnosis. The test gave us a chi-square value of 6.9 (p-value). For 3 degrees of freedom, the critical value is 7.815. This means our result is not statistically significant because 6.9 is less than 7.815. Therefore, we cannot reject the null hypothesis, that there is no difference between the responses provided before and after viewing the intervention video based on the responses pre and post the trainer intervention.

#### 4. Discussion

We examined the impact of the intervention (an instructional video, delivered by a communication trainer), on students' ability to observe and interpret a simulated initial medical consultation between a patient and a doctor using a *lingua franca* and non-verbal hand gestures. Assessing comprehension of such interactions, particularly from a third-person perspective where no common language is present, poses significant challenges. We tested the understanding by comparing the responses to the questions before and after the intervention to see how much variance resulted for the same questions after the intervention instructions.

The results of the survey indicate a measurable impact of the intervention on the participants, as evidenced by significant changes in their responses to the survey questions. The interventional details given by the trainer on being attentive to not just the verbal speech, but also to the non-verbal gestures of both the doctor and the patient, could be responsible for the changes. This increased attention resulted in altered responses when participants completed the questionnaire again after viewing the intervention video. These findings suggest that the new insights provided by the video on establishing common ground in such interactions may have influenced the partici-

pants' responses, potentially leading to a significant shift in their diagnostic opinions compared to their pre-intervention responses.

The primary take-away point from the intervention is that establishing common ground is essential for communication exchange, comprehension, mutual understanding, and trust between the people involved. Even in language discordance, non-verbal gestures employed by the patient and doctor facilitate mutual understanding. The points of actively listening (point 3) and gathering information (point 4) from the intervention, correlate to the doctors' active use of techniques of repetition and reformulation. This pre-empting strategy of listening *is done by* both the patient and the doctor *in turns by responding to each other*, through the questions asked. While listening intently to the verbal output of the patient, the doctor also pays attention to the non-verbal hand gestures which the patient used to relay size, shape, location, and other metaphorical correlations (Image 2, lines 54 and 55 as said by the patient). These gestures correlate to findings as described by Heath (2002: 615), who presented how gestures are used to indicate, display, and enact medical problems and sufferings (Image 3 lines 137-140 as said by the doctor, while repeating complaints using hand gestures).

35 00:00:30:08 - 00:00:34:20  
36 Patient:  
37 Okay. Um, my. Stomach.  
38  
39 00:00:35:05 - 00:00:35:19  
40 Doctor:  
41 Yeah.  
42  
43 00:00:35:19 - 00:00:42:13  
44 Patient:  
45 So very weird, um. Yeah, It's a pain in my stomach. Mm.  
46  
47 00:00:43:18 - 00:00:50:20  
48 Doctor:  
49 Okay. So you've pain in your stomach? Yeah. Yeah, that's right.  
50 Yeah. Okay. Okay. And.  
51  
52 00:00:52:07 - 00:01:12:21  
53 Patient:  
54 Um, this, um, very heavy. Mhm. And. Yeah, but then after I eat or  
55 drink. Mhm. Um, and get tight. Tight like a balloon. Um. Mhm.  
56  
57 00:01:14:22 - 00:01:18:03  
58 Doctor:

Image 2: Patient relaying her complaint with gestures

134  
135 00:02:25:11 - 00:02:44:12  
136 Doctor:  
137 Yeah. Okay. Okay. So I will repeat if I understand. While you are having  
138 some stomach troubles, you feel like if you eat, your stomach is getting  
139 big, and when you go to the toilet, you have a lot of stool and it's  
140 always red. Is that correct?  
141  
142 00:02:45:01 - 00:02:56:01  
143 Patient:  
144 Yes. Yes. And, um, today is five days, day number five.  
145  
146 00:02:56:06 - 00:03:12:19  
147 Doctor:: Okay. Okay. So it's for now. If you had had it since Monday.  
148 Yeah. Okay. For five days. Okay. And before normal. Yeah, everything was  
149 normal.  
150 Patient:: Yeah.  
151 Doctor:: Okay. Okay. And?  
152  
153 00:03:13:02 - 00:03:15:18  
154 Patient:  
155 Yeah. And hard food is difficult.  
156  
157 00:03:16:02 - 00:03:17:07  
158 Doctor:  
159 Okay.  
160  
161 00:03:17:07 - 00:03:22:02  
162 Patient:  
163 After eating stomach pain. Oh, yeah.  
164  
165 00:03:22:18 - 00:03:26:23  
166 Doctor:  
167 Okay, so the symptoms are worse when you eat hard food.  
168  
169 00:03:27:06 - 00:03:38:18  
170 Patient:  
171 Yeah. And, um, and and, uh. I. It's, um. Yes, I eat less And. Yeah, Um  
172 slow.  
173  
174 00:03:39:07 - 00:03:46:08

Image 3: Closing of the interaction by summarizing the complaint

The integration of gestures into speech enhances the ability to interpret, assess, and reiterate communicated messages (Gerwing/Landmark Dalby 2014). In this study, the patient used non-verbal hand gestures, including body positioning and facial expressions, to convey pain, discomfort, and specific locations of concern, and to make metaphorical comparisons to physical objects. The physician, in turn, employed gestures to mirror and reinforce the patient's complaints. This reciprocal use of gestures by the doctor facilitated the identification of the patient's concerns and associated symptoms. As noted by Gerwing/Landmark Dalby (2014), healthcare professionals often combine gestures with verbal language to contextualize and clarify communication (2014: 313). The iterative use of gestures enabled the patient and doctor to follow and understand each other effectively, with verbal communication. The combination of various communicative methods, including the use of a *lingua franca* and non-verbal gestures, supported the processes of conveying the chief complaint, active listening, reformulating, and reiterating information. These strategies collectively facilitated the summary of the patient's information (complaints and body gestures), enabling the

physician to formulate a provisional diagnosis, which constituted an integral aspect of the simulation observed by the students. The provisional diagnosis formed, followed the responses that the patient gave to the questions of the doctor, wherein the doctor used direct questions to confirm information about symptoms (Image 3, lines 147-149, and lines 167-168). The students completing the questionnaire were also asked to provide their opinions of the provisional diagnosis both pre and post the intervention video. This followed the communication trainer's intervention based on Van Nuland and colleagues' (2010) phase of gathering information and planning.

## 5. Limitations of the study

While the results of the study do describe the impact of the intervention, there are a few limitations that we should discuss. Firstly, the observational vignette study we conducted with medical students and trainee doctors received a limited response. Out of 37 participants who accessed the survey, 32 completed the questionnaire once, while 26 completed it twice. The variation in responses likely stems from the additional information provided by the intervention (trainer video). We speculate that some participants chose not to complete the questionnaire a second time because they had already gained sufficient insight from the trainer's intervention on managing such types of interactions, which they may encounter in the future.

Secondly, a follow-up discussion could have been conducted with the enacting patient and doctor as they observed their performance in the simulation. This would have provided an opportunity to gather their reflections on the experience of enacting the simulation. Lastly, the statistical test employed, the *chi-squared test*, can help in establishing relationships but cannot determine causation. Although the test measures the number of responses for each answer, it may overlook respondents who changed their answers in the opposite direction. This limitation represents a potential drawback of using the *chi-squared test*.

## 6. Conclusion

From this study we learned of the impact of the intervention correlating to a simulation interaction between a patient and a doctor, who communicated using English as a *lingua franca* and non-verbal gestures. The intervention, an instruction video by a healthcare professional on how to overcome such situations and enable for communication, was found to be effective due to the varied responses that were found in the questionnaire which were filled by the participants. The responses to the questionnaire by the participants highlighted their perception and understanding of the simulated interaction. The change in the responses to the same questionnaire being filled in twice, were highlighted by the *chi-squared test* which rejected the hypothesis that the responses were the same before and after the intervention. Since the responses to the questionnaire were limited, the results from our survey cannot be applied as a representative sample. Despite limitations in the study design as an exploratory survey study, our investigations are of significant importance. Even with the small sample size, the intervention by the communication trainer was effective in making the par-

ticipants change their responses. The added information on how communication and common ground can be formed in similar situations was a key take-back-home-message for the participants. Thus, simulation videos in such manner can be used as an educational training model and for achieving common ground.

For further research, as a next step, the simulated interaction could be shown to the respondents (students or trainees) live during training on communication techniques, after which they could be asked to respond to questions on the interaction flow and construct and on the importance of the non-verbal gestures portrayed. Another added aspect of recruiting some participants on how they would have approached the scenario themselves is by asking questions either through semi-structured interviews or by conducting focus groups. This could then be analyzed qualitatively to identify commonality and differences in themes that the respondents would share. Likewise, this could involve those respondents who have had such experiences. They could be interviewed on the information and tips that they learnt from the trainer's intervention and how they would include them in their clinical practice.

## DECLARATIONS

*Funding/Support:* None

### *Ethical approval:*

This study was submitted and reviewed by the ethics committee of the University Ziekenhuis Gasthuisberg, Leuven. After approval, the study was accorded study number S-67879. For distribution of the study, the study number was published on all means of communication.

*Conflict of interest:* None

### *Privacy:*

The participants who enacted the patient and doctor's roles were both recruited voluntarily (the simulated consultation interaction). Both the actors were informed that their interaction will be video recorded for the study and used for educational purposes. Personal data which could have been a part of the study was modified by pseudonymization to protect their identity.

### *Data availability*

The dataset used for this study is available upon reasonable time of request from the first author.

### *Authors' contribution*

Idea and concept: MI, BS

Data processing: MI

Data Analysis: MI, BS

Writing of the manuscript: MI

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## Annexes:

### Annex I: Full Text of Simulation:

00:00:00:22 - 00:00:10:10

Doctor: Hi.

Kom binnen (*Come inside*)

Zet u. (*Seat yourself*)

Ik ben \*\*\*\*\*. (*I am \*\*\*\*\**)

Ik ben de huisarts. (*I am the general physician*)

00:00:11:08 - 00:00:18:21

Patient: Hello. ummm. \*\*\*\*\*.

Spreek jij Ukrainian (*do you speak Ukrainian*)

00:00:19:13 - 00:00:21:05

Doctor: Nee. (*No*)

Ik spreek Nederlands. (*I speak Dutch*)

00:00:21:22 - 00:00:22:06

Patient: Polish?

00:00:22:10 - 00:00:25:05

Doctor: No, no English? French?

00:00:25:21 - 00:00:26:23

Patient: A little bit English.

00:00:27:01 - 00:00:30:00

Doctor: Okay. Okay. I will try my best in English. That's good.

00:00:30:08 - 00:00:34:20

Patient: Okay. Um, my. Stomach.

00:00:35:05 - 00:00:35:19

Doctor: Yeah.

00:00:35:19 - 00:00:42:13

Patient: So very weird, um. Yeah, it's a pain in my stomach. Mm.

00:00:43:18 - 00:00:50:20

Doctor: Okay. So you've pain in your stomach? Yeah. Yeah, that's right. Yeah. Okay. Okay. And.

00:00:52:07 - 00:01:12:21

Patient: Um, this, um, very heavy. Mhm. And. Yeah, but then after I eat or drink. Mhm. Um, and get tight. Tight like a balloon. Um. Mhm.

00:01:14:22 - 00:01:18:03

Doctor: Ahh. Yeah. Okay.

00:01:21:09 - 00:01:28:18

Doctor: Okay. So you, you mean that your stomach is very bloating like big. Um.

00:01:29:07 - 00:01:30:08

Patient: Yeah, like.

00:01:30:14 - 00:01:36:05

Doctor: Yeah, yeah, yeah. Okay. Okay. And what about going to the toilet?

00:01:37:00 - 00:01:38:09

Patient: Yeah. Also, yeah. Pain.

00:01:38:12 - 00:01:40:02

Doctor: Painful?

00:01:40:07 - 00:01:41:09

Patient: Yeah, very much.

00:01:41:10 - 00:01:42:14

Doctor: Ahh okay.

00:01:43:02 - 00:01:47:18

Patient: And, um, many times I have.

00:01:47:18 - 00:01:48:01

Doctor: Ahh yeah. And.

00:01:48:20 - 00:01:50:10

Patient: Um, 4 to 5.

00:01:51:06 - 00:01:52:04

Doctor: In one day.

00:01:52:20 - 00:01:55:02

Patient: Uh, it. But yeah. Today 4 to 5 times.

00:01:55:12 - 00:02:05:10

Doctor: Yeah. Okay. And if you go is it much or a smaller portion. Okay.

00:02:05:12 - 00:02:08:13

Patient: Ahh. Big. Yeah. And pain and water.

00:02:08:22 - 00:02:09:15

Doctor: And. Always.

00:02:09:17 - 00:02:10:19

Patient: Okay. Yeah. Yeah.

00:02:12:00 - 00:02:13:21

Doctor: And the color. Which colour?

00:02:13:21 - 00:02:25:06

Patient: Color. So, um. Yeah, colour ook. um, but, um, red....um dark red.

Doctor: Okay dark red.

Patient: Yeah. And, um, very much pain.

00:02:25:11 - 00:02:44:12

Doctor: Yeah. Okay. Okay. So I will repeat if I understand, while you are having some stomach troubles, you feel like if you eat, your stomach is getting big, and when you go to the toilet, you have a lot of stool and it's always red. Is that correct?

00:02:45:01 - 00:02:56:01

Patient: Yes. Yes. And, um, today is five days, day number five.

00:02:56:06 - 00:03:12:19

Doctor: Okay. Okay. So it's for now. If you had had it since Monday. Yeah. Okay. For five days. Okay. And before normal. Yeah, everything was normal.

Patient: Yeah.

Doctor: Okay. Okay. And?

00:03:13:02 - 00:03:15:18

Patient: Yeah. And. Hard food is difficult.

00:03:16:02 - 00:03:17:07

Doctor: Okay.

00:03:17:07 - 00:03:22:02

Patient: After eating stomach pain. Oh, yeah.

00:03:22:18 - 00:03:26:23

Doctor: Okay, so the symptoms are worse when you eat hard food.

00:03:27:06 - 00:03:38:18

Patient: Yeah. And, um, and and, uh, I. It's, um. Yes, I eat less. And. Yeah, Um slow.

00:03:39:07 - 00:03:46:08

Doctor: So. Okay. Okay. If you eat less, did you lose weight?

00:03:46:09 - 00:03:53:04

Patient: Um, that is, um. I see. Every day is like. It's the same.

00:03:53:14 - 00:04:05:10

Doctor: It's the same. Okay. Yeah. Good, good. Okay. And what do you mean by hard food?

00:04:05:17 - 00:04:08:17

Patient: Um. Apple. And else...

00:04:08:17 - 00:04:12:19

Doctor: Ahh yeah okay. Okay. And apple is difficult to eat for you.

00:04:13:02 - 00:04:17:11

Patient: Yeah. Um, you know, not... can't finish.

00:04:17:16 - 00:04:32:06

Doctor: Oh, okay. Okay. Okay. No. Okay. Is there anything else about your stomach that you would like to say to me? Um.

00:04:32:06 - 00:04:40:01

Patient: Um. Yeah. Like, um, very much painful.

00:04:40:01 - 00:04:40:12

Doctor: Yeah.

00:04:41:01 - 00:04:43:08

Patient: Yeah. And, um. Yeah.

00:04:43:14 - 00:05:02:01

Doctor: Okay. So it's been five days. It was somach is painful. It's big. Your stool is a lot and also red and it's difficult to eat fast and it's difficult to eat hard things. Yeah, is that all correct.

Patient: Uhh, hmm.

Doctor: Okay. Very good. Then we have a look at it.

## Annex II a - Survey Questionnaire: (Dutch)

### A) Algemeen

1. In welk opleidingsniveau zit je?
  - a. HAIO
  - b. 3<sup>e</sup> master
2. Heb je moeilijkheden ervaren in gesprekken met patiënten door een taalbarrière?
  - a. Ja
  - b. Nee
3. Indien ja, hoe vaak is dit voorgekomen?
  - i Vaak
  - ii Eerder vaak
  - iii Eerder niet
  - iv Niet
4. Als je situaties hebt meegemaakt, hoe ging je ermee om:
  - a. Apps gebruiken
  - b. Vertaalwebsites
  - c. Afbeeldingen
  - d. Vragen voor vertaling

### B) Na de videos (voor en na de trainer informatie video)

5. Hoe heb je deze consultatie ervaren?
  - a. Ik snapte het gesprek goed en kon het goed volgen
  - b. Ik snapte het gesprek goed en kon het goed genoeg volgen, maar ik moest de video c. wel pauzeren om te zien wat er gebeurde
  - c. Sommige dingen kon ik goed begrijpen, maar het volledige gesprek kon ik niet volgen
  - d. Ik snapte het gesprek helemaal niet en kon het ook niet volgen
6. Hoe zou je de interactie tussen de arts en de patiënt beoordelen?
  - a. Het gesprek verliep soepel en beide personen begrepen elkaar
  - b. Het gesprek verliep soepel, maar er was wel enige opheldering nodig
  - c. Ik onderbrak het gesprek regelmatig omdat veel opheldering nodig was om de inhoud te begrijpen
  - d. Het gesprek verliep totaal niet soepel aangezien beide personen elkaar niet begrepen
7. Wat was de hoofdvraag waarmee de patiënt naar de arts kwam?
  - a. Vaak naar het toilet moeten gaan
  - b. Opgeblazen buik
  - c. Stress geassocieerd met darmklachten
  - d. Buikpijn

8. Op welke manieren maakte de patiënt zijn symptomen duidelijk?
  - a. Naar de buik wijzen
  - b. Handen naar het hoofd
  - c. Overgeven
  - d. Geagiteerd gedrag
  - e. Alle bovenstaande
  - f. Geen van bovenstaande
  
9. Wat was de hoofdklacht volgens de arts?
  - a. Abdominaal ongemak
  - b. Hoofdpijn
  - c. Darmklachten
  - d. Na-weeën van overmatig alcoholconsumptie
  - e. Constipatie
  
10. Geeft de patiënt aan dat hij constipatie en diarree heeft
  - a. Ja
  - b. Nee
  - c. Komt niet aan bod
  
11. Heeft de pijn de patiënt ooit wakker gemaakt uit zijn slaap?
  - a. Ja
  - b. Nee
  - c. Komt niet aan bod
  
12. Heeft de patiënt de afgelopen maanden afgevallen?
  - a. Ja
  - b. Nee
  - c. Komt niet aan bod
  
13. Krijg de patiënt stress van eten in publiek of van eten voor andere mensen?
  - a. Ja
  - b. Nee
  - c. Komt niet aan bod
  
14. Op welke manier(en) maakte de patiënt duidelijk dat hij darmklachten heeft? (meerdere antwoorden mogelijk)
  - a. Handen op de buik leggen
  - b. Handgebaren die aangeven dat alles wat erin gaat snel weer wordt uitgescheiden
  - c. Gebaren van vermoeidheid
  - d. Aangeven veel dorst en honger te hebben
  
15. Hoe maakte de arts duidelijk dat deze de patiënt begreep? (meerdere antwoorden mogelijk)
  - a. Non-verbaal luistergedrag, bewegingen; bv. knikken in overeenstemming
  - b. Non-verbaal luistergedrag, bewegingen; bv. duim omhoog, of OK-teken

- c. Non-verbaal luistergedrag, bewegingen; bv. handgebaren of andere bewegingen van de patiënt nadoen
  - d. Notities maken
16. Hoe maakte de patiënt duidelijk dat deze de arts begreep? (meerdere antwoorden mogelijk)
- a. Non-verbaal luistergedrag, bewegingen; bv. knikken in overeenstemming
  - b. Non-verbaal luistergedrag, bewegingen; bv. duim omhoog, of OK-teken
  - c. Non-verbaal luistergedrag, bewegingen; bv. handgebaren of andere bewegingen van de patiënt nadoen
  - d. Notities maken
17. Hoe gedroeg de arts zich zodat de patiënt vrijuit kon communiceren? (meerdere antwoorden mogelijk)
- a. Open houding
  - b. Spreekpauzes; frequent stiltes laten vallen
  - c. Overnemen van de lichaamshouding van de patiënt
  - d. Stemgeluid; bv. hummen, ja,...
18. Door welke lichaamshouding(en) van de patiënt was het voor de arts duidelijk dat de patiënt niet meer gestresseerd was? (meerdere antwoorden mogelijk)
- a. Glimlachen tijdens het antwoorden
  - b. Armen niet meer kruisen
  - c. Oogcontact zoeken
  - d. Rustig achterover zitten in de stoel
19. Welke woorden/uitleg van de patiënt hielpen de arts om de diagnose te stellen? (meerdere antwoorden mogelijk)
- a. Vaak naar het toilet gaan
  - b. Bloed in de stoelgang
  - c. Waterige stoelgang
  - d. Harde stoelgang
  - e. Opgeblazen gevoel
20. Wat denk jij dat de finale diagnose was volgens de arts?
- a. Diarree
  - b. Constipatie
  - c. IBS
  - d. Voedselintolerantie
  - e. Kater die leidde tot uitdroging



## Annex II b - Survey Questionnaire: (English)

### A) General

1. What level of education are you in?
  - a. HAIO
  - b. 3rd master
  
2. Have you experienced difficulties in conversations with patients due to a language barrier?
  - a. Yes
  - b. No
  
3. If so, how often has this occurred?
  - i. Often
  - ii. Rather often
  - iii. Not before
  - iv. Not
  
4. If you've been through situations, how did you deal with them:
  - a. Using translation apps
  - b. Translation websites
  - c. Images
  - d. Questions for translation

### B) After the videos (before and after the trainer information video)

- 2) How did you experience this consultation?
  - a. I understood the conversation well and was able to follow it well
  - b. I understood the conversation well and was able to follow it well enough, but I had to pause the video to see what was happening
  - c. I could understand some things well, but I couldn't follow the entire conversation
  - d. I didn't understand the conversation at all and couldn't follow it
  
- 3) How would you rate the interaction between the doctor and the patient?
  - a. The conversation went smoothly and both people understood each other
  - b. The conversation went smoothly, but some clarification was needed
  - c. I frequently paused the conversation because a lot of clarification was needed to understand the content
  - d. The conversation did not go smoothly at all as both people did not understand each other
  
- 4) What was the main question with which the patient came to the doctor?
  - a. Having to go to the toilet often
  - b. Bloating belly
  - c. Stress associated with bowel problems
  - d. Stomach ache

- 5) In what ways did the patient express his symptoms?
- Pointing to the abdomen
  - Hands to the head
  - Vomit
  - Agitated behaviour
  - All of the above
  - None of the above
- 6) What was the main complaint according to the doctor?
- Abdominal discomfort
  - Headache
  - Bowel complaints
  - After-effects of excessive alcohol consumption
  - Constipation
- 7) Does the patient indicate that they have constipation and diarrhea?
- Yes
  - No
  - Not mentioned
- 8) Has the pain ever woken the patient up from their sleep?
- Yes
  - No
  - Not mentioned
- 9) Has the patient lost weight in the last few months?
- Yes
  - No
  - Not mentioned
- 10) Does the patient get stressed from eating in public or from eating in front of other people?
- Yes
  - No
  - Not mentioned
- 11) In what way(s) did the patient make it clear that he has intestinal complaints?  
(multiple answers possible)
- Putting hands on the stomach
  - Hand gestures that indicate that everything that goes in is quickly excreted
  - Gestures of fatigue
  - Reporting being very thirsty and hungry

- 12) How did the doctor make it clear that he understood the patient? (multiple answers possible)
- Non-verbal listening behaviour, movements; e.g. nodding in accordance
  - Non-verbal listening behaviour, movements; e.g. thumbs up, or OK sign
  - Non-verbal listening behaviour, movements; e.g. imitating hand gestures or other movements of the patient
  - Taking notes
- 13) How did the patient make it clear that he understood the doctor? (multiple answers possible)
- Non-verbal listening behaviour, movements; e.g. nodding in accordance
  - Non-verbal listening behaviour, movements; e.g. thumbs up, or OK sign
  - Non-verbal listening behaviour, movements; e.g. imitating hand gestures or other movements of the patient
  - Taking notes
- 14) How did the doctor behave so that the patient could communicate freely? (multiple answers possible)
- Open attitude
  - Speaking breaks; frequent pauses
  - Adopting the patient's posture
  - Voice; e.g. humming, yes,...
- 15) Which body position(s) of the patient made it clear to the doctor that the patient was no longer stressed? (multiple answers possible)
- Smiling while replying
  - No more arm crossing
  - Seeking eye contact
  - Sitting back in the chair
- 16) What words/explanations from the patient helped the doctor to make the diagnosis? (multiple answers possible)
- Going to the toilet often
  - Blood in the stool
  - Watery bowel movements
  - Hard Stool
  - Bloating
- 17) What do you think the final diagnosis was according to the doctor?
- Diarrhoea
  - Constipation
  - IBS
  - Food intolerance
  - Hangover that led to dehydration

### **Annex III: Video Links**

Consultation Video (Simulation)

<Hello.....Ummm..... - KU Leuven (kaltura.com) >

Trainer Video Intervention <[https://kuleuven.mediaspace.kaltura.com/media/Pred-oc+TRAINER+Final+24th+August/1\\_7ss0as67](https://kuleuven.mediaspace.kaltura.com/media/Pred-oc+TRAINER+Final+24th+August/1_7ss0as67)>

# Contributors

MICHELA BERTOZZI Post-doc research fellow at the Department of Interpreting and Translation of the University of Bologna (Forlì), Michela holds a PhD in Interpreting and Translation Studies and an MA in Conference Interpreting from the same university. She has 12+ year experience as a lecturer in Conference and Dialogue Interpreting between Spanish and Italian both within the BA and the Ma Programs in Interpreting and Translation at the University of Bologna. She is part of the Inter-disciplinary Research Group on Interpreting (GRIINT) of the same Department, member of the Erasmus Plus project “Shift in Orality” and member of AISPI (Associazione Ispanisti Italiani) since 2012.

In addition to her academic activity, Michela has 12+ year experience as conference interpreter and translator between English, Spanish and Italian.

FRANCESCO CECCHI After earning his Master’s Degree in Conference Interpreting in 2011 and his Bachelor’s Degree in 2008 from the Department of Interpretation and Translation (DIT), Francesco began his career as a conference interpreter working with English, Italian, and Spanish, becoming a member of *Assointerpreti* (Italian Association of Interpreters).

In addition to his professional practice, he has taught interpretation between English and Italian at DIT since 2012. Since 2020, he has served as a research fellow for the *Educational Interpreting and Multilingualism* project (<https://site.unibo.it/educationalinterpreting/it>), coordinating and providing simultaneous Italian↔English interpretation services for academic lectures across participating university departments.

His primary research interests include **academic interpreting, interpreting technologies, institutional communication, and sports interpreting.**

BEATRICE COSTABILE is a conference interpreter and translator, holding a Master's degree with highest honors from the University of Bologna (DIT Forlì). After three years of freelance work in the private sector, she now serves as an interpreter and translator at the Chamber of Deputies of the Italian Republic. With previous experience in foreign language instruction, her professional journey is complemented by a strong interest in educational psychology, cognitive science and their intersection with Interpreting Studies.

ANTOON COX is a professor at KU Leuven, where he coordinates the Master of Interpreting program and leads the Interpreting Studies Research Group. He also serves as a part-time professor in Multilingual and Intercultural Communication at Vrije Universiteit Brussel (VUB) and is a visiting scholar at King's College London. Antoon Cox's research focuses on interpersonal communication in stressful multilingual settings, such as emergency departments and asylum reception centers. Additionally, he is a research fellow at VUB and serves as co-chair of the Special Interest Group on 'Language and Cultural Discordance in Healthcare Communication' at the International Association for Communication in Healthcare.

INEKE CREZEE, PhD, is Aotearoa New Zealand's first Professor in Interpreting and Translation. After arriving in New Zealand in 1989 she became involved in developing health interpreting courses on the heels of a large-scale cervical cancer inquiry. Ineke has published extensively on interpreter and translator education including her books on healthcare for interpreters and translators, and continues to work as a translator, interpreter and educator.

JONATHAN DOWNIE is a consultant interpreter and interpreting researcher with a specialism in church interpreting and multilingual church. He has published three books, *Being a Successful Interpreter: Adding value and delivering excellence* (Routledge, 2016), *Interpreters vs Machines: Can interpreters survive in an AI-dominated world?* (Routledge, 2019) and *Multilingual Church: Strategies for making disciples in all languages* (William Carey, 2024). He edits *ChurchInterpreting.com*, co-edits the *Bibliography of Interpreting in Church Settings (BICS)*, runs two YouTube channels and co-hosts *The Church Interpreting Podcast* with Lauryn Albizu.

MOHAMED IRFAN is a dental professional with experience in India and East Africa, including Kenya, Tanzania, and Rwanda. He has obtained his advanced master's degree from KU Leuven in the field of Forensic Odontology and Criminology. He is currently pursuing a PhD in the Department of Public Health and Primary Care at the Faculty of Biomedical Sciences, KU Leuven.

His research, MaLBUC (Managing Language Barriers in Unplanned Care), is an interdisciplinary project exploring the complexities of language barriers in unplanned healthcare settings. The study examines these challenges from the perspectives of both patients and healthcare professionals. Irfan's focus is on the medical aspect—

specifically, the communication difficulties faced by healthcare professionals when interacting with patients who speak a different language. In this PhD project, Mohamed Irfan is working under the supervision of Prof Birgitte Schoenmakers, Prof Heidi Salaets, Prof Antoon Cox and Prof Marc Sabbe.

SHIRLEY JÜLICH, PhD, is an Associate Professor in the School of Social Work, Massey University, Aotearoa New Zealand. She teaches social policy to social work student. Prior to this she taught social policy to business students at the Auckland University of Technology. Shirley's research focuses on inequality, justice and sexual violence.

MARC SABBE is full professor at the Faculty of Medicine at KU Leuven. Within the department of Public Health and Primary Care, he is associated with the research unit Emergency Medicine. Marc Sabbe has been a professor of Emergency Medicine for over 25 years. From 2002-2020 he was head of the research unit Emergency Medicine. Additionally, he co-developed the Reverse Triage Tool of Leuven (RTTL), an IT application designed to guide clinical decision-making during mass casualty incidents by identifying hospitalized patients eligible for early discharge. His research interests also encompass managing language barriers in unplanned medical care, as evidenced by his involvement in the MaLBUC project.

HEIDI SALAETS is an associate professor at KU Leuven's Faculty of Arts and serves as the head of the Interpreting Studies Research Group. At the Antwerp campus, she teaches courses in interpreting studies, ethics, professional conduct, and various interpreting techniques, including Italian-Dutch dialogue interpreting. Her research primarily focuses on legal and healthcare interpreting, with an emphasis on reducing language barriers in these critical sectors.

BIRGITTE SCHOENMAKERS is a professor, general practitioner, director of the Academic Centre of General Practice and head of the Academy Teaching Practice. She is affiliated with the KU Leuven, Department of Public Health and Primary Care and program director of the interuniversity Advanced Master in General Practice. She is coordinator of the Postgraduate Training in General Practice. Under her leadership, the ACHG continues to train 140 to 180 new general practitioners annually and emphasizes participative leadership within its community. Her research areas are situated within the organization of primary care, elderly care, informal care, practice management, diversity in care, patient involvement and medical education.

EMILIANO ZUCCHI is the CEO of VITS LanguageLoop. In the past he was the CEO of the Ethnic Communities' Council of Victoria, and previously the Director of the Transcultural & Language Services department and the Narrun Wilip-giin Aboriginal Support Unit at Northern Health.

Emiliano also has 10 years' experience as a university lecturer and holds the position of Adjunct Research Fellow at Monash University. His research focuses on cultural competence in the health context.

Emiliano sits on the Multicultural Arts Victoria, and the Australasian Association of Language Companies boards.