Public Service Interpreting for Conference Interpreting students: evaluation of a training module

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Abstract

This paper sets to present the conclusion of a training experience involving first- and second-year conference interpreting (CI) students who attended a 12-hour module on public service interpreting (PSI) and medical interpreting. The questions we endeavour to answer are: what extra skills should be taught to this category of students to prepare them for the particular context of PSI? What information should be provided? What would be the ideal duration and content of an extracurricular module for students who already have the basis in CI? A comparison between the interpreting performance by trained master's students and untrained undergraduate students gave us important clues as to the best answers.

Keywords

Public service interpreting, medical interpreting, conference interpreting, training evaluation.

Introduction

During the first semester of the 2018-2019 academic year, a trainer from San Jorge University in Zaragoza (Spain), co-author of the present paper, delivered a four-step module in public service interpreting (PSI) for conference interpreting (CI)

students at Babeș-Bolyai University in Cluj-Napoca (Romania). Students attended these extra-curricular classes (here referred to as workshops and/or the training module) as part of their training for a local market that still does not always make a clear distinction between the various professions and activities involving the passage from one language-culture to another. Although MA programmes in translation and conference interpreting have existed for many years, it is not unusual for BA students of philology or applied modern language departments to work as both translators and interpreters. Romanian legislation allows it, as it does not distinguish thoroughly between the various translation-related professions.

The group was made up of six first-year students (who attended classes of consecutive interpreting without notes in the same semester as the first step in their CI training) and six second-year students (who had just started their simultaneous interpreting training). All attendees were native speakers of Romanian, 11 had English as a C language, seven had French, and six had Spanish. The only student who did not have English in her combination had a sufficient understanding to attend and was also helped by colleagues who translated for her in *chuchotage* mode when necessary. Classes were delivered in English while training exercises mainly involved the English-Spanish combination, and, less frequently, the Spanish-Romanian. Whenever needed, explanations were provided to those who did not have Spanish in their language combination. Linguistic diversity within the group proved an asset for the training, as students with Spanish had to play the role of interpreters for their classmates, who, in turn, had an authentic *pure customer* experience.

The trainer had multiple years of experience as a teacher and researcher of English-Spanish public service interpreting in general, with a strong focus on medical interpreting.

The module comprised four sessions combining theory and practice and ensured a progression from general to particular:

Public Service Interpreting (two hours): an introduction to the peculiarities of the context of public services (healthcare, courts, and other related settings) and of PSI as a profession in comparison to other interpreting contexts (especially conference interpreting), as well as the need for specialised training, current training opportunities, the status of interpreters in different countries (Australia, Canada, Spain, United States and United Kingdom), and the needed elements for PSI professionalization (e.g. clear and universal definition, certification and accreditation processes, codes of ethics, etc.);

Interpreting Techniques and Exercises (two hours): breathing, relaxing, and voice-training techniques; short-term memory and two-way interpreting exercises; court interpreting assignment consisting of a questioning of a Spanish-speaking defendant by an English-speaking prosecutor during a trial followed by a collective brainstorming based on a series of questions (e.g. What was the most difficult aspect during interpreting? How did you solve interpreting problems? What knowledge and skills do you think you need to be a court interpreter?)

Ethics in PSI (four hours): the importance of codes of ethics, as well as their limitations and main principles (accuracy, confidentiality, impartiality), and their practical implementation; video analyses, case studies, and role-plays involving situations with potential ethical dilemmas;

PSI in Specific Settings: Medical Interpreting (four hours): the definition of medical interpreting, the role of medical interpreters and their required competences, preparation and documentation exercises for medical interpreting assignments, and medical interpreting practices consisting in case studies and role-plays.

To test the efficiency and relevance of the training module, two Romanian trainers drafted pedagogical reports (see 2.1), participating students answered a questionnaire (see 2.2), and eight simulated interpreted medical consultations were recorded and analysed (see 2.3). In what follows, we will present the results of this experience and draw conclusions which are relevant for organizing training in similar contexts.

1.   Description and assessment of the experience

1.1   Trainers' observations about the module

Two local CI trainers with professional experience as conference interpreters and public service interpreters, one of whom co-authored the present paper, attended all the training sessions as observers and discussed their observations with the module trainer. They examined the actual training content as well as the group dynamics. In particular, they looked at the degree to which the objectives were met, the effectiveness of the different activities and whether CI students were an appropriate audience for such a module (see Srivastava *et al.* 2018). A peer review model was used (see Gosling 2002), as we considered this the most constructive way of sharing opinions, know-how and knowledge.

According to the observers, the main assets of the module are the following:

- it provides a progression from general to particular and from theory to practice, which proved indispensable, as students had had no previous contact with PSI and were not necessarily aware of the difference between CI and PSI (see the module design above and the students' answers to the questionnaire below);
- it provides a balanced approach to both theory and practice, the two being evenly distributed throughout the module (all workshops included, to different extents, theoretical information and practical activities);
- it offers training content which is relevant to the reality of a PSI professional by presenting situations and scenarios similar to real life (mainly scripted dialogues and recordings designed for PSI training were used);
- it provides a great variety of materials and interactive exercises; more specifically, it combines various types of training resources and methods (PowerPoint presentations, printed documents, video analysis, Q&A, case studies, role-plays, etc.), which ensure students' attention and participation throughout each workshop;
- furthermore, students are provided with training material and bibliographic references for further use, and the trainer constantly promotes their active involvement thanks to a dynamic and empathic approach.

The observers also provided the following improvement suggestions:

– a more thorough analysis of the topic at hand could introduce actual training activities to raise awareness on the relevance of PSI skills in today's labour market;
– practical exercises could be intensified in order to give students the opportunity to practice interpreting techniques that are less used in their conference interpreting training (whispering and dialogue interpreting in particular);
– students' passive attitudes at the very beginning of the module could indicate the need for activities promoting their participation from the start;
– further developments could include more language combinations and focus on PSI-specific skills and difficulties, such as bidirectionality, endurance, and emotional resilience. This would require, of course, a linguistically homogeneous group and/or more time.

1.2   Trainees' questionnaire

In what follows, we will note the answers to the questionnaire administered to the students, focusing on what they learned during the training module that they would not have found in their regular training (inspiration was drawn from the Kirkpatrick Model as described by Srivastava *et al.* 2018, as well as from the more refined training assessment proposed by Kraiger *et al.* 1993).

The questionnaires were distributed in written form at the end of the last session and respondents gave them back anonymously to one of the observers within a week. Of the twelve students who took part in the training, one refused to answer the questionnaire.

It was written in English and consisted of six questions, two of them being yes-no questions with the possibility to add further comments, while others contained a list with items to evaluate or open wh-questions (see full questionnaire in Annex 1).

Q1 addresses the usefulness of the module directly: "Have these workshops helped you develop extra skills that will contribute to your development as a future interpreter? No/Yes (Please, name a few)".

Nine trainees answered "yes" to the question, one answered "no", and one did not provide any answer. The follow-up question offered respondents the opportunity to answer freely. Our subsequent analysis allowed us to group their answers in the following categories: *ethics* (five answers), *information on PSI*[1] (three), *voice-training techniques* (two), *relaxing and reaction control techniques* (two), *conflict mediation* (one), *development of further skills*[2] (one), *enhancement of background knowledge* (one), *awareness of the importance of interpreting* (one), *awareness of the importance of one's B language* (one).

1   Those who gave this answer stressed that it was all new to them.
2   Unfortunately, the student did not give details about the actual skills s/he considers to have acquired. We can assume, s/he refers to skills not stressed upon in CI training.

The student who answered negatively indicated that pragmatic information was acquired instead. The other respondents did not seem to distinguish between "skills" (e.g. relaxation and voice-training techniques, attention to the client's needs, conflict mediation techniques, stress management, ability to react to conflict situations) and "pragmatic information"[3] (e.g. codes of ethics, impartiality, specificities of PSI, ethical issues), as their answers mention both, with just five exceptions. This may suggest that the module was perceived as having mainly an introductory function and that students felt more time should be devoted to activities promoting acquisition of PSI-specific skills.

Q2 addresses the module's contents: "Which have been the most and the least useful activities and theoretical aspects addressed in the workshops?". Students were provided with a list of 18 items that they had to order according to their usefulness, from 1 (the most useful) to 18 (the least useful)[4], with the possibility of assigning the same grade to aspects they considered equally useful. The number assigned to each item was considered as a score, so that the total number of points would indicate each item's grade – with the best possible grade corresponding to 11 points and the worst to 198 points. The final point count resulted in the following ranking:

1. Medical Interpreting Role-Plays - 35 points
2. Case Studies about Ethical Dilemmas - 39 points
3. Video Analysis Exercises - 40 points
4. Role-Plays with Ethical Dilemmas - 41 points
5a. Briefing/Introduction in Public Service Interpreting - 46 points
5b. Two-Way Interpreting Exercises - 46 points
6. Medical Interpreting Case Studies - 51 points
7. The Main Principles: Accuracy, Impartiality and Confidentiality - 52 points
8a. Activities for the Development of Short-Term Memory - 53 points
8b. Useful Links and Resources for Medical Interpreters - 53 points
9. Court Interpreting Role-Plays - 58 points
10. Public Service Interpreter's Role and Codes of Ethics - 65 points
11. Preparation and Documentation for Medical Interpreting Assignments - 67 points
12. Public Service Interpreting Definition and Characterisation - 70 points
13. Definition of Medical Interpreting - 75 points
14. The Role of the Medical Interpreter - 80 points
15. Breathing, Relaxing and Voice-Training Techniques - 89 points
16. State-of-the-Art of Public Service Interpreting (research, training and profession) - 92 points

The list indicates a clear preference for practical exercises posing specific challenges (see positions 1-9, with the exception of 5a, 7 and 8b). Respondents also show a genuine curiosity about PSI (5a and 8b), while they seem less interested

3   Actually, the question was quite general and did not ask for such a distinction.
4   Rank definition: 1-3 = very useful; 4-7 = useful; 8-12 = possibly useful; 13-18 = the least useful.

in theoretical knowledge (10 to 16, with the exception of 15). The fact that "Medical Interpreting Case Studies" (6) ranks higher than "Court Interpreting Role-Plays" (9) is likely due to the particular emphasis put on medical interpreting during the module (with a session entirely dedicated to it), and not to a lack of interest by students.

The mere number of points assigned to an item, however, is not enough to acquire a full picture of the participants' views. For this reason, we also considered the number of times each item ranked in the first positions (from 1 to 3). Data (see Table 1 below) show that every single item was considered "the most useful" (1) at least once. Moreover, "Briefing/Introduction in Public Service Interpreting", "Main Principles: Accuracy, Impartiality and Confidentiality" and "Useful Links and Resources for Medical Interpreters" were considered "very useful" by the majority of respondents, ranking 5a, 7 and 8b respectively.

Item / grade	1	2	3
Medical Interpreting Role-Plays	2 times	3 times	1 time
Case Studies about Ethical Dilemmas	4 times	3 times	
Video Analysis Exercises	4 times	2 times	1 time
Role-Plays with Ethical Dilemmas	4 times	2 times	1 time
Briefing/Introduction in Public Service Interpreting	5 times		1 time
Two-Way Interpreting Exercises	3 times		1 time
Medical Interpreting Case Studies	4 times	1 time	1 time
The Main Principles: Accuracy, Impartiality and Confidentiality	5 times	1 time	1 time
Activities for the Development of Short-Term Memory	1 time	3 times	1 time
Useful Links and Resources for Medical Interpreters	5 times	1 time	1 time
Court Interpreting Role-Plays	1 time	3 times	2 times
Public Service Interpreter's Role and Codes of Ethics	4 times		1 time
Preparation and Documentation for Medical Interpreting Assignments	2 times		2 times
Public Service Interpreting Definition and Characterisation	2 times	3 times	
Definition of Medical Interpreting	2 times	1 time	1 time
The Role of the Medical Interpreter	2 times		
Breathing, Relaxing and Voice Techniques	2 times	1 time	
State-of-the-Art of Public Service Interpreting	1 time	1 time	1 time

Table 1: Distribution of top-ranked positions (1-3) allocated to the items of Q2

This indicates that no item was considered useless and that, even in such a small group, expectations and needs are quite diverse. The greatest challenge, in this context, is for the trainer to accommodate as many as possible. One way to achieve that would be to outline a profile of the group beforehand and plan activity distribution within the module accordingly. A profile outline, however, would require trainees' awareness of their own strengths and weaknesses, as well as of each activity's aim and function – knowledge that beginners rarely possess.

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When designing a module for trainees with no experience in PSI, therefore, flexibility is most likely the best approach, with trainers adjusting the module online, during the actual teaching activity.

These conclusions are largely supported by the answers to Q3: "What are the activities or theoretical aspects that should have been tackled in more detail in the workshops?". A heavier focus on practical exercises and less theory seems to be the key to successful training, according to most students. Only one respondent explicitly stated the opposite,[5] namely "analysis + understanding exercises, foundational exercises + theory regarding PSI, *fewer practical exercises*; foundational exercises + theory regarding PSI; *more theory*, analysis, understanding of context, people, skills, etc.; understanding + use of different registers, context; *more 'how to do it' + 'how it's already done' than 'let's do it ourselves'*". In our view, responding to both kinds of requests/expectations is a matter of class preparation (having a variety of materials at hand and at least two possible lesson scripts) and of trainers' ability of perception and reaction in class. If the trainer is sensitive to a given group's spontaneous reactions, s/he can adapt each task while still keeping to the overall learning outcomes. In general, however, we believe that effective practical exercises require a solid basis of theory and research.

Overall, the perceived effect of the training was positive. To Q4 ("Would you be interested in participating in an extracurricular module on Public Service Interpreting as a supplement to your conference interpreting training?"), ten respondents answered "yes", and only one (the person who expressed her/his preference for more theory) stated that s/he would not, unless "the aforementioned points were considered".

For a better grasp of the trainees' needs and expectations, the last two questions focused on possible changes and additions to the module. The suggestions made for Q5 ("What other activities / theoretical aspects should such a module comprise?") are quite helpful and realistic in most cases. Once more, we condense the differently formulated suggestions in a set of comprehensive categories: terminological activities (including anatomy lessons – basic level), vocabulary and collocation exercises, use of parallel texts, more role-plays resembling real-life situations, the opportunity to practice in real-life situations, psycho-physiological stress-reducing activities so as to be able to better interact with interpreting users/customers in stressful situations, pragmatic/professional details (contracts, administrative details in general), more training resources. These answers point to the importance trainees attach to familiarizing with and being prepared for real-life situations, thus confirming conclusions of previous research (Angelelli 2008; Creeze 2015; Krystallidou *et al.* 2018)

Finally, Q6, which asked respondents to make additional suggestions and comments, confirmed the usefulness of the experience and stressed participants' appreciation for the positive attitude of the trainer, the general atmosphere, and the interesting topics dealt with throughout the module. As regards trainees' suggestions, they mainly concerned practical details: the languages involved in the exercises should be known to all the participants (easy to achieve with small-

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5   We highlighted the elements we consider the most relevant for our study in *italics*.

er and more homogeneous groups), and more stress should be put on Romanian PSI and the differences with respect to other countries. This latter aspect is indeed crucial for students, as PSI training ought to be also country-specific, without losing sight of the importance of a general overview of PSI – its development and professionalisation, national standards and differences in nomenclature. Unfortunately, to this day research on PSI in Romania is still lacking and there is no specialised training offered by Romanian universities, which further highlights the benefits of our PSI training module.

1.3 Comparing trained to untrained students

The third method we used to evaluate the effectiveness of the training consisted in the recording and analysis of two series of Romanian-Spanish simulated interpreted medical consultations, for a total of eight recorded interactions. The interpreted consultations took place out of class some days after the training sessions. Simulations were organised as follows:

Dialogues 1 and 2 were scripted and rehearsed beforehand by the interpreting trainers playing the roles of doctor and patient, who were instructed, however, to adapt their turns to what the interpreter did and said. Patient and doctor were native speakers of Spanish and Romanian, respectively.

Dialogues 3 and 4 (see Annex 2) were unscripted. The doctor was played by an actual doctor and the patient was played by a native Spanish interpreting trainer. General guidelines (e.g. avoid pausing too often for the interpreter; instead, allow the interpreter to manage the flow of the conversation) that could be useful for role-playing were given beforehand to the native doctor and patient (see Annex 2).

Each dialogue was performed twice and was interpreted first by a trained student (a CI master's student who attended the workshops) and then by an untrained student (a third-year undergraduate student who had not attended the workshops, but had been attending a two-month course on consecutive interpreting without notes). The four students were presented with the topics that would be covered in the dialogues some days before the recordings, so that they had time to prepare. All participants (students and native speakers) signed an informed consent agreeing to be video recorded. The same four students interpreted in both sessions, so that useful data that emerged from dialogues 1 or 2 could be used the next week for dialogues 3 or 4. Last but not least: in order to make both experiences as realistic as possible, no feedback from the assisting trainers (the Spanish trainer who taught the module and one of the Romanian trainers who observed the training) was provided after the first session, even if the students were eager to receive it.

Assessment of trainees' interpreting performances focused not so much on linguistic aspects as on pragmatic issues, such as their observance of the standards of practice, understanding of the medical interpreter's role, and solutions given to specific passages presenting ethical dilemmas. Comparing the performance of the trained students with that of the untrained students allowed us to stress the need of specialised training and to identify those aspects that actually need reinforcing in future training activities.

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Similarities between the student-interpreters' performances, albeit few, were indicative of their professional potential: they all prepared for the assignment by reading about the topic in both languages and used to various extents the experience gained in the first session to deliver a better performance in their second sessions.

Differences, on the other hand, were numerous and highlighted the added value of the PSI training module. In discussing them, we should nevertheless keep in mind the difference of age (two years) and that the master's students (those who attended the PSI training module) had more than one year of experience in CI training (consecutive with and without notes, in particular).

Master's students prepared for the introductory part of the dialogue. They brought their class notes to make sure they took care of the aspects that were stressed as relevant during the module, as for example the importance of providing a short briefing in both languages before interpreting (explaining the interpreter's role, the "rules" of an interpreter-mediated conversation, etc.). The effect of these formal details cannot be overstressed: indeed, not only do they raise awareness on the fact that there is an interpreter and that special communication rules apply, but the interpreter herself is in better control of her "in-between" position. This became even more evident when undergraduates interpreted: they were easily attracted into dyadic sequences with one of the parties, sometimes used the third person to refer to the doctor or patient, and kindly accepted to get more personally involved in the consultation, apparently without awareness of the existing risks. A relevant example is the students' reactions when, at the end of the interpreted consultation, the patient asks them to help her find a taxi:

> (Dialogue 3. 1st recording)
> Undergraduate student 1: Yo ahora tengo que preguntar si me puedo ir y, después, voy a darle una respuesta. [Now I have to ask if I can leave, and then I will give you an answer]
>
> (Dialogue 3. 2nd recording)
> Master's student 1: Lo siento, pero, como intérprete, yo no puedo acompañar a los clientes. Mi trabajo termina aquí. Lo siento mucho. [I am sorry but, as an interpreter, I am not allowed to accompany the clients. My work finishes here. I am really sorry]

Preparation for the assignment also differed. While specific terminology was a concern for both groups, the questions addressed to the Romanian trainer before the actual assignments indicated that master's students had a clearer idea of what they needed to better understand the context. More specifically, they asked about the medical situation because they had used the two or three lines provided by the trainer to investigate the topic and discover there were multiple possible options (see Annexes 1 and 2). Furthermore, they did not focus exclusively on terminological aspects, but tried to understand the processes and correlations behind technical terms. This is indeed visible when one master's student does not understand a term the doctor uses and asks twice for explanations:

> (Dialogue 3. 2nd recording)
> Doctor: Durerea este pulsatilă sau este continuă? [Is the pain pulsatile or continuous?]
> Master's student 1: Interpretul își cere scuze: pulsatilă... adică în ce sens? [The interpreter apologises: what do you mean by *pulsatile*?]

> Doctor: Pulsatilă, adică simte că e ca și cum i-ar bate inima în zona respectivă. Sau este o durere continuă și iradiază? [*Pulsatile* means she felt her heart beating in that area. Or is it an irradiating continuous pain?]
>
> Master's student 1: Îmi cer scuze, nu înțeleg exact... [I apologise, I don't quite understand...]

After the second explanation, once she understood the concept, the interpreter could interpret properly. Asking for explanations rather than trying to use a Spanish word she was not sure of may be seen as an indication of good professional reflexes.

The two groups also differed in terms of promptness: Master's students were in general faster to react, even in front of ethical dilemmas, although sometimes they also showed hesitation. When undergraduates found themselves "trapped", master's students strived to adopt the right attitude by taking a few seconds before saying anything. Their body language (surprise when hearing some questions or answers especially during the non-scripted dialogues, embarrassment when the doctor explicitly asked the interpreter to make sure she renders her exact words or when the patient made side comments asking her not to tell the doctor, hesitation and embarrassment when faced with terminological problems) suggests they were assessing each potentially dangerous situation with the implications of one reaction or another, so they took a couple of seconds, possibly trying to remember what advice the PSI trainer had given in similar cases. This is evident in the different students' reactions when the patient asks them their opinion regarding the number of tests suggested by the doctor:

> (Dialogue 1. 1st recording)
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> Patient: (Talking to the interpreter) ¿A usted no le parece que son muchos análisis? ¿No estaré peor de lo que dice la doctora? [Don't you think that these are too many tests? Am I worse than the doctor says?]
>
> Undergraduate student 2: Eeeeeeeeh... Yo creo que no, que es importante hacer esos análisis para saber de qué se trata y así estamos seguros. [Hmmmm... I think that having those tests done is important in order to know what is going on, so we can be sure]
>
> (Dialogue 1. 2nd recording)
>
> Patient: (Talking to the interpreter) ¿No cree que son muchos análisis? ¿No estaré peor de lo que dice la doctora? [Don't you think that these are too many tests? Am I worse than the doctor says?]
>
> Master's student 2: (After some seconds of hesitation) Como intérprete, yo no puedo responder a esta pregunta, pero se la puedo transmitir a la doctora. [As the interpreter, I cannot answer this question, but I can ask the doctor]

In our opinion, their hesitation and even the doubts they sometimes seemed to have are good indicators of professionalism: Once trained, they are likely to turn such doubts into the ability to "take a reflective stance toward the principles of accuracy, completeness and impartiality and start developing the attitude of 'lifelong, reflective practitioners'" (Winston 2005, quoted in Krystallidou *et al.* 2018: 138). With appropriate practice and perhaps more consolidation-oriented training, the visible signs of the interpreter's opinions and feelings would eventually disappear.

As mentioned above, the students' performances showed improvement from one session to the other, even if the second, more realistic setting posed many

more difficulties. For example, while (quite surprisingly in the case of master's students) nobody considered taking notes during the first session, the second time, master's students came with a notebook which they used occasionally. In the second recording session, trainees showed more confidence, as this time they were aware that ethical dilemmas could emerge, and were not caught unprepared. Master's students were again faster to respond, but the undergraduates' reactions also seemed somehow prompter the second time round, even if, overall, the difficulties encountered were more evident in their case. For example, at the beginning of the second unscripted dialogue, the following ethical dilemma is presented to the interpreting students:

(Dialogue 4. 1st recording)
Patient: Mire, no entiendo por qué está usted aquí. Yo he venido a esta clínica otras veces y había una intérprete que lo hacía muy bien y no sé si la podríamos llamar. [Look, I do not understand why you are here. I have come to this clinic several times and there was another interpreter who did her job well, so I wonder if we could call her]
Undergraduate student 1: Hoy voy a estar yo aquí y espero que no sea ningún problema. Voy a tratar de solucionar los problemas que tenga usted. Voy a hacerlo igual de bien (que la otra intérprete). [Today it's me who's going to be here and I hope this is not a problem. I will try to solve your problems. I will do my work as well (as the other interpreter)]

(Dialogue 4. 2nd recording)
Patient: Perdone, es que yo he venido otras veces a ver a la doctora y he tenido otra intérprete, que lo hacía muy bien, y no entiendo por qué esta vez tenemos que cambiar de intérprete. [Sorry, I have visited the doctor many times before and I had another interpreter, who did her job well, so I do not understand why we have to change the interpreter today]
Master's student 1: Yo fui llamada aquí para interpretar. Y le aseguro que lo voy a hacer igual de bien que la otra intérprete. Se puede fiar de mí. [I have been called here to interpret. And I assure you that I will work just as well as the other interpreter. You can trust me]

Finally, we present here a number of observations on the difference between scripted and spontaneous dialogues. Firstly, the spontaneous dialogue was, beyond any doubt, more authentic and hence more relevant than the scripted one: conversation unfolded naturally, both patient's and doctor's reactions being directly determined by the actual situation (including the interpreter's performance), with no pre-established script. As a result, even ethical dilemmas seemed less artificial and were dealt with more naturally. Overall, interpreters were visibly under more pressure in the spontaneous dialogue and, of course, this was no surprise because the interventions of the real doctor were more challenging than those of the doctor in the scripted dialogues. Once again, master's students were better equipped to deal with difficulties: They kept to the general rules (briefing, first person singular, etc.), but also prepared more thoroughly because they expected the doctor's interventions to be more challenging this time around.

2.   Conclusions: towards an extracurricular PSI module for CI students

Based on the training experience described above, the trainers' observations, the feedback from trainees, and the analysis of the simulated interpreted medical consultations, we are inclined to believe that even a short-term module on PSI for CI students is relevant as preparation for real-life challenges. This group (with the second-year students being, of course, more advanced than the first-year one) now has a clear idea about the purpose of interpreting, good (and tested) linguistic and communication skills, experience in consecutive interpreting without notes, motivation, and preparation and documentation skills. A PSI optional module, especially if time is limited, should therefore focus on the differences between CI and PSI, while also building on the similarities and the common set of skills required.

Several elements from our training module proved particularly useful. First and foremost, having analysed during the module the importance of ethical aspects through theory, case studies and role-plays yielded significant results. Undergraduate students were confronted from the very first moments with the difficulties caused by the fact that they had failed to clarify the situation beforehand – i.e. the limits of the interpreter's role or the main ethical principles s/he should apply, as well as the use of the first person singular and direct address. Not having taken these steps before the beginning of the consultation not only paved the way for unexpected turns during the interaction, but resulted also in an increased cognitive load, requiring greater efforts to manage communication, leaving less energy for output-related processes. Moreover, having been exposed to potential ethical dilemmas proved a very valuable experience for master's students. Even if they were slightly taken aback by unforeseen difficulties, their reactions were quite prompt and, more often than not, "correct" from an ethical point of view. It should be mentioned here that, while progress from one exercise to another was obvious in all cases, students with CI training seemed to find it easier to adapt to the particular demands of the medical interpreting exercises.

Secondly, having been made aware of the importance of preparation, while all four students read about the topics announced, anticipation was more efficient in master's students, who felt the need to have a more thorough understanding of the medical context and participants, and not just of the terminology the doctor might use.

Thirdly, it came as no surprise that having a background in CI helps, which makes us believe that a module in PSI is likely to be more effective if offered to students – whether undergraduates or master's students – who have at least one semester of consecutive interpreting training (with or without notes) behind them: listening and processing skills acquired, as well as speaking and rendition experience, all increase the efficiency of training for the particular context of PSI. As stated by de Pedro Ricoy (2010: 102), "training in translation and interpreting techniques and strategies [...] provided in accordance with the learning objectives for other generic modules or course components can be leveraged [...] for its application to specific public service settings".

Fourthly, PSI training programmes and courses should promote the collaboration between public service providers and institutions (Ertl/Pöllabauer 2010;

Tomassini 2012; Rudvin 2014; Kristallidou *et al.* 2018), and that is what we tried to do when involving a doctor in our experiment. Involving public service providers in training can bring interpreting practices closer to reality, prepare students for future working environments, and, finally, be a first step in raising awareness among public service institutions of the use of trained professional interpreters.

Our study also indicated some improvements that could be made in order to yield the best possible results with a limited number of training hours. Without playing down theoretical, research-based content, more time should be devoted to individual practical exercises, so that each student can try both simulations at least once, namely interpreting a scripted dialogue and also a spontaneous conversation, preferably in different training sessions. This way problems encountered the first time can inspire useful considerations on the right – or at least better – solutions to be applied. Along the same lines, working with smaller groups would allow greater, more active participation in every training session. Regarding language distribution during simulations, we suggest that trainers should bear in mind that the following "characters" are needed for each practical exercise: a native pure customer (possibly a trainee) for each of the two languages in the dialogue to play the role of interlocutors who do not understand each other; at least one experienced observer who understands both languages and can also assess the interpreting performance; and two or three trainees with the same language combination as the interpreter, who will be actively asked to peer-review and comment their peer's performance and learn first-hand from the experience. If face-to-face lessons are combined with distance learning sessions, independent learning, self-monitoring and, whenever possible, peer assessment, such scenarios can become regular practice without much effort (de Pedro Ricoy 2010; D'Hayer 2012).

To conclude, organizing an extracurricular PSI module for CI students is useful and highly recommended, especially in today's context of an ever-changing labour-market. It can be conceived as complementary training and, if well scheduled, can lead to the acquisition of new skills as well as to the development and consolidation of previously acquired skills.

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Your opinion as a participant in the PSI workshops is very valuable for us. For that reason, we would really appreciate if you could answer the following questions. Your contribution will be voluntary and anonymous. Thank you in advance!

1. Have these workshops helped you develop extra skills that will contribute to your development as a future interpreter?

    Yes (Please, name a few):

    No

2. Which have been the most and the least useful activities and theoretical aspects addressed in the workshops? (Please order the following activities and theoretical aspects <u>from the most useful to the least useful</u> by assigning them numbers from 1 –most useful– to 18 –least useful. In case you consider that two or more activities or theoretical aspects have been equally useful, assign them the same number.)

    Public Service Interpreting Definition and Characterisation

    State-of-the-Art of Public Service Interpreting

    Breathing, Relaxing and Voice Techniques

    Activities for the Development of Short-Term Memory

    Two-Way Interpreting Exercises

    Court Interpreting Role-Plays

    Public Service Interpreter's Role and Codes of Ethics

    The Main Principles: Accuracy, Impartiality and Confidentiality

    Briefing/Introduction in Public Service Interpreting

    Video Analysis Exercises

    Case Studies about Ethical Dilemmas

    Role-Plays with Ethical Dilemmas

    Definition of Medical Interpreting

    The Role of the Medical Interpreter

    Useful Links and Resources for Medical Interpreters

    Preparation and Documentation for Medical Interpreting Assignments

    Medical Interpreting Case Studies

    Medical Interpreting Role-Plays

3. What are the activities or theoretical aspects that should have been tackled in more detail in the workshops? (Please select <u>as many activities and theoretical aspects</u> as you want from the list provided above)

4. Would you be interested in participating in an extra module on Public Service Interpreting as a supplement to your conference interpreting training?

    Yes

    No

5. What other activities / theoretical aspects should such a module comprise?

6. Please add here any suggestions and comments you might have with respect to these workshops.

6 This is the original version of the questionnaire distributed to students, not reviewed by a native speaker as no publication of the results was envisaged at that time.

First of all, we would like to thank you for participating in these simulated inter-preted interactions and for your permission to record them.

In this document, we provide you with some general guidelines that may help you during the role-play.

1. The dialogues in which you will participate will deal with the following topics:

DIALOGUE 3. A Spanish woman staying in Cluj-Napoca for a week in a business trip has been suffering from sharp pain in her gums for several days. On the fourth day, she gets up with her right cheek very inflamed and it seems she has gotten a gumboil. So she goes immediately to the dentist.

DIALOGUE 4. A Spanish woman who arrived in Cluj-Napoca several months ago is having some symptoms that may be related with the beginning of menopause (known as perimenopause), such as irregular periods, night sweats, sleep prob-lems, mood changes, etc. She visits her general practitioner to discuss possible natural remedies that may help her cope with these symptoms.

2. At the beginning of the conversation, the interpreter may or may not (depend-ing on her training and/or experience) introduce herself and explain her role and what is expected from you.

3. While role-playing, participants who play the doctor and the patient should:

· act out the scenario as realistically as possible. Inject emotion! Keep it real!

· not help the interpreter. Never assist the person who plays the interpreter role by supplying a term when the interpreter gets "stuck". (Remember: In real life, most of the time no one is there to help the interpreter!)

· avoid speaking one sentence at a time. Don't "spoon-feed" the interpreter.

· avoid pausing too often for the interpreter: Instead, allow the interpreter to manage the flow of the conversation.

· keep talking. Do not interrupt the dialogue to critique the interpreter, discuss a term or for any other reason but an emergency. Wait until the end, in case you would like to share comments.

4. Specific guidelines for the doctor

While role-playing you may ask yourself the following questions:

Does the message of the interpreter make complete sense? Does it fit with the medical history and/or the patient's profile? If not, ask the interpreter to repeat and, in case you cannot properly understand the message, ask the interpreter for further explanations.

Are you unsure about your understanding of anything said during the con-versation? Check with the interpreter before continuing.

Is the interpreted message much shorter than the patient's message? Check the completeness of the interpreted message with the interpreter and, if needed, also with the patient.