

**Each One, Teach One: A Case for Metalinguistic Interpreter Education**

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## MASTER'S DEGREE FINAL EVALUATION REPORT

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- ✓ Degree should be awarded

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*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment  
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*Alone we can do so little. Together we can do so much.”*

– Helen Keller <sup>2</sup>

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## ABSTRACT

### **Each One, Teach One: A Case for Metalinguistic Interpreter Education**

by

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Many interpreter training programs focus on the information-sharing aspects of communication, prioritizing these over communication-related elements of interpreting. This action research project explores communicative elements of an interpreted encounter, metalinguistic capacities required for competent interpreting and facilitation of communication between speakers of different languages. Specifically, this project explores *which* metalinguistic TASKS (Talents, Attitude, Skills, Knowledge, Style) are important to teach interpreters and *how* to best teach these skills, regardless of the languages the interpreters are being trained to work between.

#### ***Keywords***

health care interpreter; interpreter education; interpreting; metalinguistic communication; sign language interpreting; spoken language interpreting





## Chapter One: Revolutionizing Interpreter Education

*“Humans live on three levels, physical, emotional and spiritual. It’s good to keep that in mind.”*

– S. Sebastian, personal communication, January 27, 2024).

The first idea that stuck in my brain from my first term in graduate school was Claude Namy’s term **thought-worlds**:

In relation to communication, one’s **thought-world** lies behind what a person is trying to convey...their intention as well as their specific word or sign choices. Bear in mind that people first experience thoughts (and sometimes feelings) before they begin to encode those thoughts into language. Thus, language is secondary to thought. You first formulate something you want to convey in your mind and, after that, you encode that thought into language (Dean & Pollard, 2013, p. 7).

I was curious to know more about Namy and the context in which he articulated this idea.

I discovered a magical book that heavily influenced my research: the compiled published papers presented at the multi-disciplinary NATO Symposium *Language Interpretation and Communication* held in the fall in Venice, Italy in 1978 (Gerver and Sinaiko, p. v). The topic of the symposium was signed and spoken language conference interpreting and many contributors offer insight into interpreter education, including necessary competencies for interpreting.

Namy was a presenter and participant at the symposium. I read his paper *Training of Simultaneous Interpreters* first, and found a kindred spirit and like-minded philosopher:

Envisaged from the point of view of the interpreter, language is not an end in itself but the means to an end which is the communication of ideas, facts, experiences and emotions. But language being to a large extent the reflections of the speaker's 'thought-world' the interpreter must transcend language in order to apprehend the message in its plenitude. Interpreting, therefore, is not merely transposing from one language to another. It is, rather, throwing a semantic bridge between two different cultures, two different 'thought-worlds' (p. 25).

As Namy's words eloquently illustrate, it is simplistic to reduce the idea of communication (the medium of an interpreter) to an exchange of words, sounds, and gestures. Interpreting must be considered more broadly; it belongs in the realm of communication studies.

At about the same time Namy piqued my curiosity, I read a book my mom (a former teacher) highly recommended, *The Reason I Jump: The Inner Voice of a Thirteen-Year-Old Boy with Autism*. The following sentence leapt out at me: "Of course, it's good that academics are researching the field, but often the gap between the theory and what's unraveling [in front of you] is too wide to bridge"<sup>3</sup> (Higashida, 2013, p xi). The author was referring to autism but could have been describing the theory-practice chasm for any discipline. The relevance to my professional and educational experiences as a Spanish/English interpreter struck me immediately and deeply. I had an involuntary physical reaction: I burst into a huge smile and yelled "YES!" accompanied by a fist pump.

### **Statement of the Problem**

*[Interpreting]<sup>4</sup> research and [interpreter] training have been impeded by the prevalence of linguistics-oriented approaches that offer a truncated view of the empirical data they collect.*

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<sup>3</sup> ORIGINAL QUOTE: "Of course it's good that academics are researching the field, but often the gap between the theory and what's unraveling on your kitchen floor is too wide to bridge."

<sup>4</sup> The discipline of interpreting studies often relies on research in translations studies. To emphasize the relevance of Venuti's statement, I have made these replacements: interpreting for translation, and interpreter for translator.

*Research thus becomes scientific, claiming to be objective or value-free, ignoring the fact that [interpreting], like any cultural practice, entails the creative reproduction of values.*

– Venuti, 1998, pp. 8.

This project explores limitations and possibilities for interpreter training and education. This section highlights some limitations. For example, interpreter training programs focused exclusively on information-sharing aspects of communication do not meet the needs of the profession nor individual interpreters. Some of the resulting issues include:

- interpreters do not understand the profession as rooted in communication; they equate making-meaning to selecting an appropriate word or phrase, and undervalue context, communication goals, and other interpersonal dynamics that impact communication;
- limited opportunities for practice and receiving feedback, including in professional development settings;
- rules-based (deontological) decision-making dominates;
- lack of recognition and consideration of the impact of power dynamics in an interpreted encounter, such as those that exist between practitioners (interpreters), direct beneficiaries of services (**interlocutors**) and decision-makers (interpreter agencies, institutions);
- failure to recognize and consider the impact of bias and “isms” (ableism, ageism, audism, racism, nationalism, etc.).

A second issue with many interpreter training programs is an overreliance and dependence on high English language literacy to access information and materials and demonstrate knowledge and skills. These programs do not support interpreter students who do not read and write English well, no matter how fluent they are in all their working languages. Therefore, in addition to

considering *which* metalinguistic competencies are important to incorporate into interpreter education, it is also important to examine *how* to best teach students with disparate skills, knowledge and abilities.

A third problem is that interpreting is not understood to be a profession, not by the general public, nor those who set reimbursement standards and working conditions, and sometimes not even by interpreters themselves. This is evidenced by:

- frequent use of “interpreter/interpreting” as synonymous with “translator/translation” (Yes, there IS a difference!) by everyone including interpreters;
- prevalent references to the interpreting industry (and not profession of interpreting).

Example: An accepted and widely employed term for the participants in an interpreted interaction is *end-user*, as evidenced by its inclusion in the recently published *Interpreting SAFE AI Task Force Guidance on AI and Interpreting Services* (2024). This word choice emphasizes the transactional nature of receiving a service and masks the nature of the social relationship that exists between interpreters and interlocutors.

### **My Place in the Research**

*“Our beliefs are influenced by assumptions, values, and ethics, which are all personal postulates. It is impossible not to have preconceived notions, even if they are very general in nature. Due to this, your fundamental beliefs affect how you will examine and explore research...In this vein, it is important to reflect on your own worldview and way of conceptualizing problems.”*

– Grant & Osanloo, 2014, p. 19.

I am white Oregonian woman, a non-Hispanic speaker of Spanish as a second language. I am a proud graduate of Jefferson High School (c/o 9D2!), a noncompetitive soccer player for 45 years,

and a lifelong learner. For most of my adult life, I have shared my home with people who do not speak English fluently; we usually speak Spanish at home.

I have been a freelance English/Spanish interpreter (simultaneous/consecutive, remote/in-person/telephonic) for almost two decades in the Portland (OR) area. I worked as a bilingual social worker for about 15 years and came to interpreting by way of social work: I enrolled in the 60-hour Health Care Interpreter Training at Portland Community College in 2007 after being told I was expected to interpret at my job. I have since been certified nationally and in Oregon as a medical interpreter. For about 10 years I have been a community educator, and have taught interpreters, interlocutors, allies and partners.

I am connected to my local interpreter community in other ways:

- I served one term (2019-2022) on the Oregon Council for Health Care Interpreters (OCHCI), the advisory board to the Oregon Health Authority (OHA)<sup>5</sup>. I was the Co-Chair for OCHCI's Education Committee during most of my tenure on the council.
- I am a founding member of Oregon Interpreters in Action, the local health care interpreter union.
- I regularly create and teach professional development classes and workshops for interpreters.

Others view me as a seasoned interpreter who can be relied upon to collaborate with colleagues and mentor newer interpreters. I have been described as a strong advocate for interpreters and the communities we serve, and a champion of meaningful language access. I make every effort to use my power and privilege to “make good trouble, necessary trouble,” per the late great US Congressman and Civil Rights Activist John Lewis.

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<sup>5</sup> The Oregon Health Authority (OHA) is the entity responsible for credentialing health care interpreters in Oregon.

Finally and crucially, I am both researcher and participant in this work, as I am a member of the population being considered in this project: a healthcare and community interpreter. More on this later...

## **Purpose of Research**

Namy contended that in order to produce critical-thinking competent interpreters, interpreter education must be multi-faceted, even designed to “deliberately play...down the language aspect of interpreting” (1978, p. 28). This project considers which communication-related interpreting talents, attitudes, skills, knowledge and styles are essential for professional interpreters. In other words, what might a program designed to “deliberately play down” the language aspects of interpreting *look* like? AND, specifically what should be “played up?”

I explored these ideas with colleagues, friends and family over several months, conversations that were instrumental in identifying exactly *what* I wanted to research. These collaborations led me to understand and articulate the following:

- ⇒ communication is about information-sharing *and* relationships;
- ⇒ my research is a response to interpreter education focused almost exclusively on capabilities related to information-sharing (terminology, message-equivalency focused on language, context = setting, etc.); and
- ⇒ I want to explore *relational* interpreter competencies such as attention, empathy, intuition, social skills, and historical (and other) contextual environments.

## **Theoretical Frameworks**

### ***Participatory Action Research***

*“[This approach] offers a critique of, and challenge to, dominant positivist social science research as the only legitimate and valid source of knowledge.”*

– Maguire, 1987, p. 10.

Most academic papers are written to share research activities and conclusions. This participatory action research does not follow such a linear model and is not necessarily complete prior to publication. There are four stages in this approach to research: planning, action, observation and reflection. They are iterative, repeated throughout the course of the research. The process itself informs the research.

The heart of participatory action research is:

collective, self-reflective inquiry that researchers and participants undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves. The reflective process is directly linked to action, influenced by understanding of history, culture, and local context and embedded in social relationships (Baum, MacDougall, & Smith, 2006, p. 854).

The participatory action approach to research recognizes as legitimate my dual roles as researcher and participant because “it involves people who are concerned about or affected by an issue taking a leading role in producing and using knowledge about it” (Pain et al., n. d., p. 2). I am a member of the group that is the subject of the study. I have expertise that is pertinent to the research, and the results will directly inform my work as an interpreter and teacher.

This is a collaborative style of research in which education and action are put towards social change. As Pain et al.’s *Participatory Action Toolkit* explains, you use this kind of research “to gather and use information so that benefits come to the people it directly affects” (p. 2).

Because it acknowledges the unavoidable influence of bias and power and invites collaboration, participatory action research pairs naturally with another framework that shapes this paper: Cultural Humility.



### ***Cultural Humility***

*“Only the patient is uniquely qualified to help the physician understand the intersection of race, ethnicity, religion, class, and so on in forming his (the patient's) identity and to clarify the relevance and impact of this intersection on the present illness or wellness experience...Humility is a prerequisite in this process, as the physician relinquishes the role of expert to the patient.”*

– Tervalon & Murray-Garcia, 1998, p. 121.

In 1998, Drs. Melanie Tervalon and Jan Murray-Garcia created the concept of **cultural humility** as an alternative to the concept of cultural competency for addressing health disparities and institutional inequities in medicine. Their work has since been expanded to be applied in contexts outside of healthcare.

To start off, let's be clear about why Drs. Melanie Tervalon and Jann Murray-Garica felt the need to articulate an alternative to **cultural competency**. Both doctors were interviewed in Vivian Chavez' documentary *Cultural Humility: People, Principles and Practices* and spoke about the discomfort with the word “competency” and its implications of being “all-knowing” (2012). In their article, *Cultural Humility: A Proposed Model for a Continuing Professional Development Program*, Cox and Simpson (2020) eloquently elaborated on this idea:

[M]any models of cultural competence entail little or no acknowledgement of the fluidity or subjectivity of culture, nor of the power differential in any relationship between a healthcare provider and patient/client. Much of the contemporary cultural competence training is developed on the basis of differences between “our” culture and “theirs”, a focus on mastery of “other” cultures/prevailing cultural belief systems. This can result in a “recipe book” approach to cultural interactions, an approach which is potentially based on stereotypes or generalisations [*sic*] and thus may be neither applicable nor appropriate to many people.

Whilst it may be easy to consider one has “achieved” cultural competence, it must be remembered that cultures are dynamic and “that every culture is heterogeneous<sup>6</sup>...” (p. 3).

In other words, Drs. Tervalon and Murray-Garcia voiced an *approach* to guide individuals working with a variety of people (***cultural humility***), in contrast to the idea that one could learn *finite, specific information and skills* to work with people from other cultures (***cultural competency***). The foundation of their approach is the recognition that learning and relationship-building are ongoing processes, not something mastered once and for all. Their articulation of *how* to meet the needs of *everyone* emphasizes a responsibility and commitment to:

- lifelong learning and critical self-reflection;
- redress inherent power imbalances in communication;<sup>7</sup>
- develop mutually beneficial and non-paternalistic relationships with communities at individual *and* institutional levels (Tervalon & Murray-Garcia, 1998).

### ***Communication***

*“The single biggest problem in communication is the illusion that it has taken place.”*

– George Bernard Shaw

As previously stated, this research places interpreting in the context of communication (as opposed to linguistics). Katherine Hampsten’s animated (short!) video *How Miscommunication Happens (and How to Avoid it)* clearly explores and explains the nature of communication: “The fact is, even when face-to-face with another person, in the very same room, and speaking the same language, human communication is incredibly complex.” She compares communication to playing

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<sup>6</sup> *Heterogeneous* – consisting of parts or things that are very different from each other.  
<https://dictionary.cambridge.org/dictionary/english/heterogeneous>

<sup>7</sup> Drs. Tervalon and Murray-Garcia’ originally specified inherent power imbalances in the “physician-patient dynamic.” Their framework has since been applied more broadly.

catch with a lump of clay: as the message is passed back and forth, each person that touches it can't help but mold it in some way. It may resemble the shape in which it left the other person, or it may be completely different. We don't know exactly *how* the message (clay) will arrive, we only know that its shape *will* be impacted (2016).

### **Limitations of Research**

My experience as an interpreter/interpreter educator is in the realm of healthcare and community (educational, social services) interpreting and therefore this exploration is seated in those areas, specifically in the greater Portland (Oregon, USA) metropolitan area. This might be considered a limitation, though given the similarity of interpreter competencies in any interpreting discipline, it is reasonable to conclude that a metalinguistic approach to educating interpreters could benefit interpreters working in other realms (e.g. legal, conference, other countries, etc.).

The nature of participatory action research could also be a limitation; it is possible that conclusions change with subsequent cycles of planning, action, observation and reflection.

A third limitation applies more broadly to research and is best articulated by Lawrence Venuti in *The Scandals of Translation: Towards an Ethics of Difference*:

[Interpreting]<sup>8</sup> studies get reduced to the formulation of general theories and the description of textual features and strategies. These lines of research are not only limited in their explanatory power, but directed primarily to other academic specialists in linguistics, instead of [interpreters] or [interlocutors] or even specialists in other humanistic disciplines. In the end, [interpreting] suffers from an institutional isolation, divorced from the contemporary cultural developments and debates that invest it with significance (1998, pp. 8 – 9).

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<sup>8</sup> I have made the following replacements, interpreting for translation; interpreters for translators; and interlocutor for 'readers of translations,' to emphasize the relevance of Venuti's statement to interpreting.

This serves as support of and motivation for alternative approaches to research such as this professional project, and as a reminder to evaluate assumptions and conclusions for biases in my own work and that of others.

### Key Terms

- **INTERLOCUTOR** – Any communicator with whom the interpreter works including deaf/hard of hearing or non-English-proficient individuals and English speakers. I use *interlocutor* in place of *consumer*, common in the sign language community, because it more accurately acknowledges the nature of the relationship between interpreters and those we work with.
- An **INTERPRETER** facilitates *signed* or *spoken* communication in real time between individuals who do not have a language in common, maintaining the spirit and content of the original messages. Interpretation happens in real-time; the intended message recipients are present.
- **INTERPRETING** is a complex process.
  - It begins with taking in (*listening/watching/sensing*) a message in the **source language**, the language in which the message originates. Then, an interpreter must:
  - *understand* and *analyze* (e.g. identify meaning and speaker intent);
  - *reformulate* (create a cultural and linguistic equivalent, maintaining content and spirit of the original message); and finally,
  - *deliver* the message in the **target language**, the language into which the message is interpreted (T. Soneoulay-Gillespie, personal communication, May 2015).

- **METALINGUISTIC** – Claude Namy used this word to describe interpreter competencies not related to linguistics (1978, p. 28). In this paper, it is used interchangeably with **communicative**.
- A **PRACTICE PROFESSION** is characterized by several key features: specialized knowledge gained through advanced education and experience, expertise that is difficult for those outside the field to replicate, a body of theoretical knowledge that evolves with new discoveries, regulation by a governing organization, adherence to a code of ethics, and credentialing that necessitates ongoing education (Dean & Pollard, 2005; Rogers Drewek, 2023).
- **TASKS** – An acronym referring to six categories of capabilities for interpreter education:
  - **{Talents}** natural gifts and strengths;
  - **{Attitudes}** ways of seeing and being;
  - **{Skills}** what we can do well;
  - **{Knowledge}** learning, insight, understanding, awareness; and
  - **{Style}** individual approach and personality (Covey & Merrill, 2006, p. 94).
- A **TRANSLATOR** begins with a source language text or dictation and creates an equivalent message in the target language; the intended message recipients are not present and may not be known to the translator.<sup>9</sup>

Words that appear in *italics* indicate my emphasis, unless otherwise noted.

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<sup>9</sup> Many people use the words *translator* and *interpreter* interchangeably. In the context of their respective professions, they are distinct. It is for that reason that I have included the definition of *translator*, even though the focus of this research is interpreting.

## Organization of the Study

Chapter 1 includes several housekeepingesque sections: statement of the problem, purpose of research, theoretical framework, limitations of research, key terms, and organization of the study [★ you are here]. Chapter 2 of this project is a literature review including teaching metalinguistic skills, a review of Oregon and national healthcare interpreter education guidance for inclusion of metalinguistic TASKS in their requirements. Chapter 3 pulls back the curtain to reveal the method to my madness. Chapter 4 uses the core values and the principles from National Council on Interpreting in Health Care (NCIHC)'s *Code of Ethics* to explore which communicative capacities (TASKS) ought to be included in interpreter education. Chapter 5 summarizes a few approaches to teaching that lend themselves well to the education of health care interpreters. Chapter 6 is a call to action!

## **Chapter Two: Literature Review**

*“[T]he enemy is always lack of information. The solution is always to learn and be curious.”*

– Lichtmen, 2025.

Once I decided to follow Namy’s lead and explore how to play down linguistic elements of interpreting, I looked for support for this idea. Not surprisingly, I found it with Namy’s contemporaries and colleague presenters at the 1977 NATO Symposium on *Language Interpretation and Communication*. Reflecting on the papers as a collective, Flores d’Arcais wrote: “Most [training] programs [described in the symposium] include techniques to teach pupils to improve comprehension for stories, summarize, and repeat verbal material, to improve speech comprehension, to train social skills, empathy, self-confidence” (1978, p. 395).

I also found support for emphasizing the communicative elements of interpreting in the work of well-known interpreter scholars such as Franz Pöchhacker, Professor of Interpreting Studies at the University of Vienna, who cited Kade’s observation that since interpreting is part of communicative interaction, it is necessarily a social phenomenon, influenced by social factors and contributing to social objectives (2006, p. 219). Pöchhacker contributed his own ideas, stating “the concept of “interpreting” can easily be shown to lie on a continuum which extends from...international to...community spheres of interaction” (p. 120). His words illuminate the complexities of social interaction and its influences on interpreting.

It is not only academics who recognize the importance of metalinguistic elements of interpreting. In his book *Basic Concepts and Models for Interpreter and Translator Training*, Daniel

Gile acknowledges existing community knowledge of the importance of communicative TASKS as related to interpreting, as well as the absence of research on the subject:

Beyond translation competence, interpreters and translators need to meet some intellectual criteria<sup>10</sup> and apparently to have some personality features<sup>11</sup>. These have been listed and discussed intuitively by translator and interpreter trainers..., but have not yet been determined scientifically, notwithstanding a small number of research endeavors.... They are sometimes seen as prerequisites for admission into Translation schools, but are not directly addressed by training, although training should improve the subjects' capacity to use them more fully (2009, pp. 10-11).

In addition to the recognition of the importance of communicative capabilities to interpreting, there is an abundance of research documenting that interpreter training programs do not adequately prepare students for the work of a professional interpreter. Better researchers than I have acknowledged that limited time and restraints on curriculum make it impossible to address all the knowledge, skills and attitudes an interpreter must have in order to be compassionate, effective interpreters (Dean & Pollard, 2005; Garcés & Martin, 2008; Rogers Drewek, 2023; Ruiz, 2013; Smith & Maroney, 2018; Smith, Cancel, & Maroney 2012).

What's more, even if studies had deemed standards for training programs sufficient, ample documentation exists that interpreters want more from their interpreter training programs (Dean and Pollard, 2018; Rehkopf, 2018; Wilbeck, 2017; Witter-Merrithew & Johnson, 2005). I found support that interlocutors too recognize the importance of non-linguistic interpreter capacities. For example, Nani Jakins Park and Sarah Holloway's 2014 *Language Equity Project* considered limited English

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<sup>10</sup> "Intellectual Criteria" = {Knowledge} {Skills}

<sup>11</sup> "Personality Features" = {Talents} {Style}



proficient client experiences accessing services by one mental health service provider in Portland, Oregon. Their study includes client experiences with and attitudes about interpreters. Their findings, state:

It is interesting to note that even while participants in both [community] forums spoke to concerns related to interpreters' language proficiencies...when asked to name the characteristics of a 'good interpreter' participants identified personal qualities – such as being 'respectful' and 'polite' and 'nice' – as being just as important as being able to interpret clearly and accurately. Similarly, when speaking of positive experiences with interpreters, a sense of interpersonal connection was cited as important (p. 6).

Also, the findings of the recently published research out of Melbourne, Australia *What Do(n't) Hospital Patients Like about Using Professional Interpreting Services?* include benefits of working with interpreters identified by study participants. Their feedback includes linguistic features and interpretation accuracy, and those of a situational, intra-familial or socio-psychological nature (Zucchi, Hlavac, & Hu, 2024).

As these citations indicate, the literature reflects a recognition of the importance of metalinguistic interpreter TASKS (Talents, Attitudes, Skills, Knowledge, and Styles) to many stakeholders. My personal experience both as an interpreter and educator with formal interpreter training programs aligns with this perspective.

Because I came to the profession of interpreting with several years' experience working as a social worker, I had the advantage of being trained in a well-established practice profession. For this project, I thoughtfully considered my experience with this new insight, and revisited NCIHC's *National Standards for Healthcare Interpreter Training Programs*.

## ***NCIHC National Standards for Healthcare Interpreter Training Programs***

Published by the National Council on Interpreting in Health Care (NCIHC), this is the document I have most frequently used for guidance as an interpreter educator, and I was curious to read it through this new lens.

A review of the document confirmed a linguistics-oriented approach to healthcare interpreter education: “The principal goal of a competent interpreter is always the same: bridging the *linguistic barrier* [emphasis added] in the service of communication between provider and patient. All healthcare interpreter training programs must keep this goal in mind” (2011, p. 7). The inclusion of communicative capacities is limited to cultural brokering and decision-making (see *Appendix A: NCIHC Healthcare Interpreter Training Program Self-Assessment*). There is a long list of subjects “to be covered in specialized workshops” that include demographic and socio-historical information regarding patients’ country of origin, as well as migration history and settlement patterns of particular linguistic groups (p. 8), so there is an acknowledgement of the pertinence of these topics to interpreting, they just aren’t prioritized.

The authors hope for “both a set of unifying standards for the present and a point of departure for future discussions in this field” (p. 8). The future is now! – this research is offered in the spirit of initiating these discussions.

The NCIHC standards address both program content and instructional methods.<sup>12</sup> Specific insights relevant to interpreter training programs include:

- adult learners have knowledge and life experiences that “affect how they understand health and health care, culture, and the work of interpreting;”

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<sup>12</sup> The standards also address programmatic standards that were not reviewed as they fall outside the scope of this research.

- building on that knowledge gives students a way to incorporate new ideas and skills;
- misconceptions or assumptions may need to be corrected;
- “In situations where literacy is not widespread in the culture...teaching methods requiring the use of the written word may be ineffective;”
- ideally training programs would include a practicum, “an opportunity for student interpreters to observe professional interpreters in the workplace and provide real-life interpreting services while being observed themselves (p. 16).”

### **Oregon Healthcare Interpreter (HCI) Credentialing Requirements**

I hyper-focused the scope of the next portion of my literature review on the healthcare interpreter credentialing process for the state of Oregon, overseen by the Oregon Health Authority (OHA). (If a paradigm-shift is only necessary within my grain-of-sand sized sphere of influence, does that make it less worthy of research?)

For either Qualification or Certification, interpreters are required to take an OHA-approved 60-hour interpreter education course. I reviewed the published minimum competencies for healthcare interpreter education programs<sup>13</sup>. My review concentrated on the education requirement. (See *Appendix B: Current Required Core Content for OHA-Approved Health Care Interpreter Training Programs* for a complete list of OHA requirements.) I found:

- Current requirements include knowledge and skill capabilities for interpreters, limited to linguist elements of communication.
- Current criteria lack clarity and minimum requirements for skills practice, feedback or *demonstration* of knowledge/skills acquired through interpreter education courses.

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<sup>13</sup> Sign language interpreters in Oregon lobbied successfully to pass a bill last year (2024) to set up a separate licensure system for ASL interpreters, which may impact interpreter training program requirements. Currently sign language interpreters are required to take the same approved training program as spoken language interpreters.

- All 60-hour training programs approved by the Oregon Health Authority for credentialing for health care interpreters require high English literacy skills: lessons are taught in English, written materials are only available in English, and final evaluations require reading/writing skills exclusively in English.

OHA's approved criteria for interpreter education appear to align with national assessments of healthcare interpreters.

### **CCHI Interpreting Exam Specifications**

In Oregon, the certification credential requires an interpreter to pass a national assessment. The Certification Commission for Healthcare Interpreters (CCHI) is one of the national organizations that credentials health care interpreters. The CCHI Interpreting Exam Specifications provides a list of core linguistic knowledge, skills and abilities that are applicable to interpreting contexts other than healthcare as well. (See *Appendix C: CCHI English-to-English (ETOE) Interpreting Exam Specifications*.)

- Assessed knowledge and skills are limited to linguistically-related knowledge and skills.
- Reading comprehension is a required skill for taking the test, so it necessitates a certain level of literacy in English. Interpreters who are fluent in English but are not *literate* in English do not have a way to adequately demonstrate their knowledge and skills.

My review of the literature to date supports the importance of metalinguistic capabilities for interpreting, and a desire for interpreters with these capabilities among stakeholders, as well as a significant absence of attention to these competencies in interpreter education programs and assessments.

### **Chapter Three: Method[ology] to My Madness<sup>14</sup>**

*“Key in much of bell hooks’ work is her own biography, experiences and observations...which she broadens out to the experiences of people in general.”*

– Whelan, 2025, p. 95.

My data sources for this research were the national standards from the National Council on Interpreting in Health Care (NCIHC), Oregon Health Authority (OHA)’s program requirements for health care interpreter education programs, and the Certification Commission for Healthcare Interpreters (CCHI)’s *English-to-English Interpreting Exam Specifications*. I analyzed these resources, looking for inclusion of interpreter capacities beyond linguistic elements. I also surveyed the literature for support of inclusion of metalinguistic interpreter capacities in interpreter education. I reviewed academic and non-academic research, giving them equal weight.

Personal communication from subject matter experts, opinions and ideas of working interpreters and teachers via informal interviews and conversations is incorporated in this project.

I used the core values and the principles from *NCIHC Code of Ethics* as a natural structure for ensuring suggested communicative interpreter capacities (TASKS) are pertinent to interpreting practice. In *Chapter 4: WHAT to Teach*, I identify specific metalinguistic TASKS as important to include in interpreter training programs. I have underlined each suggested competency and identify the related TASKS categories {in brackets}; related ethical principles are labeled (*core ethical*

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<sup>14</sup> “There is method my madness” means I have a good reason for what I do , even if it might seem crazy or absurd to another person. <https://dictionary.cambridge.org/dictionary/english/there-s-a-method-to-madness> & [https://www.merriam-webster.com/dictionary/\(a\)%20method%20in/to%20one's%20madness](https://www.merriam-webster.com/dictionary/(a)%20method%20in/to%20one's%20madness)

*principle*). (See *Appendix D: Tasks to Teach Interpreters* for a complete list of metalinguistic competencies identified to date.)

I used the cultural humility framework as a basis to explore interpreter competencies (TASKS) one might “play up” in training programs because participatory action research is cultural humility applied:

- it legitimizes experience as a source of knowledge, and identifies experiential learning can influences practice (*lifelong learning and critical self-reflection*);
- it explicitly recognizes that knowledge can (and often does) represent the interests of those in power, perpetuating their positions in society; (*identify and mitigate inherent power imbalances*); and
- it invites community members to lead to action for change (*institutional accountability*) (Baum, MacDougall, and Smith, 2006).

Finally, I have inserted my expertise into this project; my contributions and influence are made obvious. Reflection is a key component of the iterative process of participatory action research. In order to illustrate how reflection influenced this project, I have included a summary of my reflections when it was significant enough to impact the research. These are always preceded by the word “Reflection.”

## **Chapter Four: WHAT to Teach**

*“The demands on the interpreter are enormous: we psychologists know from our own research that witnesses to the most simple situations are embarrassingly unreliable and personal in what they think they saw and heard. And yet we expect exactitude across languages from the interpreter. My hunch is that certain interpreters do stand out as special because they become out-of-the ordinary listeners and witnesses and thus out-of-the-ordinary people.”*

– W.E. Lambert (1978) p. 131.

One challenge I faced with this project was how to prioritize *which* metalinguistic skills to play up in interpreter education. As a strategy for focusing this research on a few metalinguistic tasks to “play up,” I decided to play with the core values and principles of the *NCIHC Code of Ethics*.

I did a deep dive into each of the core values. This exploration revealed key TASKS and related ethical principles. I used the three values as an organizational framework; any of the TASKS introduced in relation to a specific core value are also relevant to other values.

**Core Values.** The *National Code of Ethics for Health Care Interpreters* is grounded in...**beneficence, fidelity** and **respect for the importance of culture**. These core values form an overarching set of ideals that infuse the work of the health care interpreter and embody what interpreters care about in their relationships with the patient and the provider (2004, p. 8).

**Ethics Principles (in alphabetical order):** Accuracy, Advocacy, Confidentiality, Cultural Awareness, Impartiality, Professional Development, Professionalism, Respect, and Role Boundaries.

## Core Value: Beneficence

Dean and Pollard (2013) point out the idea of beneficence (“doing no harm”) inherently “expresses the centrality of the consequences of one’s work” (p. 86). In other words, the very nature of our work requires us to consider the consequences of the decisions we make and the resulting actions we take by asking: does the action we take cause harm? A related question: are the decisions we make *effective* and *ethical*?

**Consequence-Based vs. Rules-Based Ethics {Knowledge}**. The *NCIHC Code of Ethics* clearly conveys complex ideas to interpreters and has been an invaluable resource for my professional growth as an interpreter; I have consulted it many times over the almost two decades I have worked as a freelance interpreter. And yet, I have often found the guidance limited. My exposure to theories and ideas through my graduate studies enlightened me as to why: *NCIHC Code of Ethics* is written from a rules-based (**deontological**) decision-making paradigm with lots of “don’t do that” guidance, whereas I make decisions considering the consequences of my actions, a **teleological** decision-making framework (Dean & Pollard, 2013).

Once I understood the difference between the two ethical decision-making frameworks, I discovered that applying an outcomes-based framework to the core values and principles of the *NCIHC Code of Ethics* naturally lends itself to highlighting communicative elements of interpreting and is a starting place for identifying specific TASKS to teach interpreters. Simultaneously, it is an exploration of how to transform the current rules-based (deontological) ethical-reasoning bias into outcome-based (teleological) ethical decision-making.

Reflection: Learning this new concept and applying it to my work supported critical thinking, deepened my understanding of interpreting, and my practice as interpreter and teacher.



**Critical Thinking Skills** {Skills}. As evidenced by the previous paragraph, I agree with Merriam & Bierema that “learners actively (albeit unconsciously) try to make sense of their experiences and learning as opposed to just acquiring new information” (2014, p. 36). This involves critical thinking, skills that require practice and guidance in the learning process. Chin et al.’s definition nicely synthesizes the concept, incorporating the work of others:

Critical thinking is defined as the ability to analyse [*sic*] a problem in order to make objective judgements and involves the application of prior learning to current context (Pintrich, Smith, Garcia, & McKeachie, 1991). It is the metacognitive ability to ask critical questions, to test assumptions and evidence in order to facilitate decision-making, consider new perspectives, and explore possible alternative solutions (Miller et al., 2014) (Chin et al., 2020, p. 102).

A survey emailed to Western Oregon University (WOU) students this past year asked about our learning experiences and included a list of specific critical thinking skills, which included abilities to:

- solve complex problems not encountered before;
- use information from a variety of sources in order to draw conclusions;
- think independently;
- consider problems from multiple perspectives (WOU, personal communication, 2025).

Given the nature of critical thinking skills, they may even be more important to learn than knowledge and understanding, as Suskie (2009) argues.

### **Core Value: Fidelity**

*“The interpreter should never hesitate to depart – even considerably – from the original if in doing so he makes the message more clear.”*

– Namy, 1978, p. 27.

**Prioritize Equivalent Meaning** {Attitude} {Skills}. According to the *NCIHC Code of Ethics*, the application of faithfulness is interpreting “without adding to, omitting from, or distorting the original message” from the interlocutor and should “describe the quality of the interpreter’s work and the attitude with which interpreters should approach their work” (2004, p. 8). This necessitates a focus on *meaning* rather than *words*, a concept that ought to be emphasized in interpreter education. My go-to example to illustrate this point: “It’s raining cats and dogs.” Knowing the equivalent words in another language would not convey the meaning of this phrase. And, if you do not know that this is an **idiomatic expression**<sup>15</sup>, it won’t make sense to you, even if you know the meaning of every word in English.

**Humility** {Attitude} {Skills} {Knowledge} {Style}. I am grateful to Dr. Frederic Reamer’s 2022 article *Ethical Humility in Social Work* for his insight into the different ways humility can be understood: some individuals understand it to be “the quality of being meek, deferential, self-deprecating, and overly modest” (Bibus & Koh, 2021, p. 19); other people understand humility “from a strengths perspective, which is widely embraced by social workers, [and] has more positive connotations” (p. 126). Drs. Tervalon and Murray-Garcia clearly have a positive association with humility and offer their theory as a contrast to the “know-it-all” implications of competency.

This ethical humility is critical to trust-building, as a colleague of mine recently stated superbly:

In a cross-cultural context, [trust] really takes openness and humility and a willingness to learn and immerse yourself in the experiences of others. And valuing, appreciating and caring for the values that are established within the culture that you're navigating...meeting

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<sup>15</sup> An **idiomatic expression** is a phrase whose meaning can’t be understood by knowing the individual meaning of each word. <https://www.english-grammar-revolution.com/idiomatic-expressions.html>

[people] in their experiences, and being humble and open and curious to fully understand their stories, their experience, what they value. And using that to help kind of direct [where] you go in terms of trust-building (S. Underwood, personal communication, May 2025).

Reamer's article gives examples of what this (positive) humility looks like. I combined his list with *The Speed of Trust* authors Covey and Merrills' exploration of the same and selected those pertinent to my profession. In the context of interpreting, humility looks like:

- **being honest** {Style} about one's own skills and abilities (Reamer 2022);
- having a willingness and ability to **acknowledge one's mistakes** {Attitude} {Skills} (Reamer);
- **being open** {Attitude} to new ideas, contradictory information, and advice (Reamer);
- **being concerned about what is right** {Style} and not about *being* right (Covey & Merrill);
- **being non-defensive** {Attitude} (Reamer);
- keeping one's self in perspective, with limited **self-centeredness** {Attitude} (Reamer); AND
- clarity as to the fact that you "do not stand alone, but rather on the shoulders of those who have gone before, and that [you] move upward only with the help of others" {Attitude} (Covey & Merrill, p. 64).

These relate to *accuracy, professional development, professionalism and respect (core ethical principles)*.

**Active Listening** {Skills}. In her book *Peak Mind: Find Your Focus, Own Your Attention, Invest 12 Minutes a Day*, neuroscientist Amishi Jha shares:

Over the course of my years as a brain scientist, I've seen certain universal patterns in the way that *all* of our brains function – both how powerfully they can focus, and how

extraordinarily vulnerable they are to distraction – no matter who you are or what you do” (2021, p. 2).

While the field of neuroscience is beyond this project’s disciplinary focus, its insights on attention offer a compelling lens for interpreter training. I share here a quick-and-dirty version of the concept of **attention** {Skills}, and how it directly relates to interpreter education and *accuracy, advocacy, professional development, professionalism and respect* (core ethical principles).

Jha’s book elaborates the ways in which attention deserves our consideration. She writes that attention determines:

- what you perceive, learn, and remember;
- how steady or how reactive you feel;
- which decisions you make and actions you take;
- how you interact with others; and
- ultimately, your sense of fulfillment and accomplishment” (p. 4).

While making an argument for us to turn our attention to attention, Jha is clear: “You cannot simply decide to pay better ‘attention’...*it simply will not work*...Instead, we need to train our brains to work differently” (p. 11). Fortunately, Jha also offers a way to do this.

**Mindfulness** {Skills}. According to Jha, **mindful meditation** (or **mindfulness**) means paying attention in real time to the experience as it is happening without conceptual elaboration (working it over in your brain) or emotional reactivity (letting your emotions take over) (p. 13).

Jha makes a great argument for putting time and energy towards this brain maintenance: “We tend to accept that, to improve our physical health, we need to engage in physical exercise. Somehow, we just don’t think the same way about psychological health or cognitive capacity. But we should!” (p. 15). The brain is the main interpreter “tool” – we need to take care of it!

In addition to dedicating time to the practice of mindfulness, there are specific skills that interpreters can hone. In one of our conversations about this project, a friend and colleague mentioned **presence**, **lactive] listening** and **observance** in response to my question about essential skills for interpreters (T. Soneulay-Gillespie, personal communication, April 20, 2025). Journalist and author Celeste Headlee puts in plain language why we should practice active listening: “It’s highly unlikely you will retain what you’ve just heard unless you’re focused” (2017, p. 95) and observes that it is a skill that must be practiced. She notes that non-verbal communication is crucial to effective listening, as well as to *accuracy, cultural awareness, professional development, and professionalism (core ethical principles)*.

Reflection: I had been exposed pre-pandemic<sup>16</sup> to the idea of mindfulness to improve my skills. Years later I read *Peak Mind*. Reading an expert neuroscientist elaborating on the benefits of mindful meditation was the push I needed to commit seriously to this *professional development (core ethical principle)* opportunity.

### **Core Value: Respect for the Importance of Culture and Cultural Differences**

*“People vary by cultural background but also by gender, by age, by life stage, by concurrent morbidities/chronic diseases, by birth status or as a refugee or migrant in a foreign nation. Each of these factors can impact [inherent] power imbalances.”*

– Cox & Simpson, 2020, p. 3.

**Cultural Awareness {Knowledge} {Style}**. Culture may be one of the hardest concepts to describe in the English language. I appreciate this definition from Crash Course’s 2008 video, *Symbols, Values & Norms*: “The way that non-material objects – like thoughts, actions, language, & values – come together with material objects to form a way of life.”

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<sup>16</sup> Prior to the worldwide COVID-19 pandemic which significantly impacted the US in March of 2021.

Culture influences every aspect of life, and frames the way we interpret the world, our experiences in it, and our relationships. As Namy wrote, any individual message is “both a product and an expression of an individual’s culture which is itself a certain vision of the universe around us, in other words a certain way of thinking” (1978, p. 26); language serves as an expression of a thought-world, the ways in which a culture organizes reality.

We may not even notice how culture influences our thoughts and actions because it just seems “normal.” This is particularly true for people who belong to a cultural group that is in the majority. It often takes having an experience in relation with a culture framework different from your own to reveal elements of your own culture.

A starting point for teaching the concept to students is to ask learners to “think consciously about their own, often ill-defined and multidimensional cultural identities and backgrounds” (Tervalon & Murray Garcia, 1998, p. 120).<sup>17</sup> In other words, teach students *self-awareness*. One entry into the idea of culture is to explore values, which:

- Guide our behaviors and decisions;
- Are deeply linked to identity;
- Underlie our ideas about what is right / wrong, desirable / undesirable, normal / abnormal, proper / improper, etc;
- Are not always obvious.

In addition to exploring one’s own cultural identities, background and values, considering the cultural values and history of the US health care system can support interpreters to better understand this thought-world. Intentional exploration of multiple cultures facilitates recognition and

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<sup>17</sup> This is an extremely simplified definition of culture, narrowly focused for the purpose of this paper. A more thorough exploration of the concept would be the expectation for interpreter education.

anticipation of potential communication barriers, facilitating **professional development** (*core ethical principle*) and **cultural awareness** (*core ethical principle*).

**Power Dynamics and Trust** {Knowledge} {Skills}. As the *NCIHC Code of Ethics* points out, respect for the importance of culture and cultural differences is a value shared with other health care providers. But:

until such time as all health care professionals are fully prepared to address cultural differences in their practice, it falls upon the health care interpreter to be cognizant of and able to alert both the patient and the provider to the impact of culture in the health care encounter (2004, p. 9).

The reasons for this are directly related to power dynamics, which offer a way to explore this with interpreters.<sup>18</sup>

First to be clear, “power is a word that has a number of negative connotations, but its use in social psychology simply refers to the influence one person has over another” (1978, p. 208).

Richard Brislin, a contemporary of Claude Namy at the 1977 NATO Symposium, offered this straight-forward and apolitical definition of power. His *Contributions of Cross-Cultural Orientation Programs and Power Analysis to Translation/Interpretation* includes five forms of social power applied to interpreting in the context of cross-cultural communication: attraction, expert, reward, coercive, and legitimate.

I integrate the concept of **trust** as explored by Feltman and Covey and Merrill with Brislin’s power dimensions to illuminate communicative elements of interpreter education. After all, “[B]uilding trust is a competency, a set of skills that can be leaned, improved and practiced”

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<sup>18</sup> It is beyond the scope of this project to explore in depth the complex power dynamics at play in interpreted communication, though it is worthy of consideration and attention in interpreter education.

(Feltman, 2021, p. 5)! Among other TASKS, understanding the complexities of trust acknowledges that individual *talents* and *styles* are integral components of our work as interpreters.

***Attraction Power.*** Brislin argues that some interlocutors prefer to work with the same interpreters due to a “strong affective feeling (‘liking’)” (1978, p. 208). The *NCIHC Code of Ethics* acknowledges an extension of this idea:

In fact, good rapport between the interpreter and the patient can contribute to the development of a therapeutic relationship between the patient and the provider. If the patient feels comfortable with the interpreter, it is likely that the patient will transfer this feeling to the provider (2004, p. 24).

In their 2006 book, *The Speed of Trust: The One Thing that Changes Everything*, Stephen Covey and Rebecca Merrill describe trust as comprised of character and competence, while Charles Feltman’s *The Thin Book of Trust: An Essential Primer for Building Trust at Work* breaks the concept of trust into separate categories: care, sincerity, reliability, and competence, stating: trust is “fundamental to our sense of safety, autonomy and dignity as human beings” (Feltman, 2021, p. 14). Brislin’s attraction power involves the *character* component of trust and Feltman’s idea of *care*, which he describes as taking into account the other person’s interests as well as your own when making decisions/taking action and *reliability*, keeping commitments and following through on promises (Feltman 2021).

***Expert Power.*** Brislin (1978) describes this as superior knowledge of languages and communicative (cultural) elements relevant to the encounter. He identifies it as the most common power for interpreters. Covey and Merrill and Feltman label this *competence*: “[T]he other person believes you have the requisite capacity, skill, knowledge, and resources to do a particular task or job”



(Feltman, 2021, p. 45); it relates directly to **accuracy** (*core ethical principle*) and **professionalism** (*core ethical principle*).

**Reward Power.** “Wise communicators sometimes ask interpreters for guidance on the best way of presenting a certain message so that the best results will be obtained” (Brislin, 1978, p. 208). The interpreter’s power in this domain is related to their *competence* in identifying the goals of the interlocutors in an interpreting encounter, which are interpersonal dynamics of communication (Dean & Pollard, 2013) and speaks to **cultural awareness** (*core ethical principle*) and **role boundaries** (*core ethical principle*)<sup>19</sup>.

**Coercive Power.** This is the term Brislin (1978) uses to describe the power of the interpreter to interfere with communication and can have serious consequences for communication and relationships. The *NCIHC Code of Ethics* elaborates on this point:

Unlike practitioners of many other professions in which the performance of the duties are, at least to some extent, transparent to the recipient of the services, health care interpreters are often the only ones present in the encounter between the patient and the provider who are fully aware of what is going on. For the most part, the interpreter is the only one who understands what each of the parties is saying to the other. This places the health care interpreter in a tremendous position of power...Therefore, ‘It is the function of a code of ethics to guide the interpreter on how to wield that power (Edwards, 1988, p. 22)’ (2004, p. 8).

Feltman (2021) describes this as *sincerity*, that element of trust that speaks to being honest and acting with integrity. He makes it a point to distinguish two parts of sincerity: “being honest

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<sup>19</sup> It has been my experience that **role boundaries** is almost exclusively framed by what not to do, what is outside appropriate boundaries. My reframe emphasizing what is appropriate is intentional.

with yourself, checking your intentions, making sure you believe and are committed to what you are saying” and “being honest and straightforward with others” (p. 26). This relates directly to *impartiality, role boundaries, professionalism, and respect (core ethical principles)*.

**Legitimate Power.** This interpreter power results from a combination of trust factors related to both *character* and *competency*: care, sincerity, reliability and competence. An example of this power is when interlocutors feel the interpreter has a right to **mediate**<sup>20</sup> in communication such as when “situations in which communication across culture is impeded to the extent that the interpreter has to take the drastic and emotion-arousing step of stopping a meeting” (Brislin, 1978, p. 209).

**Reflective Practice {Skills}.** One way to support development of the complex skill of cultural brokering is through reflective practice: “talking about one’s work with colleagues, in a structured manner, for the purposes of growth and improvement” (Dean & Pollard, 2013, p. 140). This is common and accepted practice in other practice professions such as social work and teaching. Core ethical tenants related to legitimate power include *advocacy (core ethical principle), role boundaries (core ethical principle), and professionalism (core ethical principle)*.

In 2024 I attended a webinar given by Robyn Dean, *Case Analysis and the Normative Aspect of Professional Development*, in which she described reflective practice as a legitimate way to support interpreter development, and connected this idea directly to *confidentiality (core ethical principle)* by framing the concept as “extending the cloak of confidentiality” to others, confiding in them for the purposes of doing better work.

Reflection: There are two ways that I rely on to incorporate new information to further develop skills. The first is to connect new information with prior knowledge and *reflect* on those

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<sup>20</sup> In this context, the term **mediate** refers to actions or utterances that the interpreter makes with the intention of addressing communication barriers between individuals who do not share a common language, such as clarifying or providing context (Bancroft, et. al., 2015).

connections. Since “learners must perceive and value reflection as important to the learning process in order for it to be effective,” (Chin et al., 2020, p. 98) this underscores that it is a skill that needs to be taught.

Reflection, continued: The second way I learn is **practice** which requires discipline and **independent study skills** to evaluate my work, identify issues, and implement strategies to improve; my ***professional development*** (*core ethical principle*) is largely my responsibility.

There are many examples of important skills interpreters ought to practice, but one stands out as particularly relevant: **practice saying “I don’t know.”** As Celeste Headlee points out: saying “‘I don’t know’ builds trust” (2017, p. 171). No matter how prepared an interpreter is, there will be a time in which it is necessary to gracefully acknowledge the limits of your competencies. Practicing how to do so respectfully and how to address the knowledge gap is ***respectful, professional, and ethical*** (*core ethical principles*).

In *Creating Significant Learning Experiences: An Integrated Approach to Designing College Courses*, Fink (2013) describes “learning how to inquire and construct knowledge on a specific subject, and learning how to become a self-directing learner” as “**studenting skills**” (p. 280). This term resonates with me: most interpreter students I have worked with in more than 10 years of teaching are adult learners *not* fresh out of college. For people who come to the profession after working in other fields, often not related to interpreting, or who haven’t had access to formal education, learning *how to learn* – an integral component of ***professionalism*** (*core ethical principle*) – may need to be part of the curriculum.

I have emphasized teaching interpreter skills for their ongoing self-directed studies and have that the attitude of life-long learning is an interpreter competency, but of course, “Both interpreter

education and the experience of putting that education into practice are vital for future interpreters while they are still students” (Ruiz, 2013, p. 3).

## **Chapter Five: HOW to Teach**

*“There may not exist a single final methodology to train translators, but there are approaches to teaching which enable the students to become more involved in what they are doing and, thus, understand better the whole learning process.”*

– González Davies, 2005, p. 94.

Before getting into the specific strategies and frameworks I identify as most conducive to interpreter education, let’s begin with a few assumptions regarding interpreter education:

- Interpreting should be taught by interpreters.

When one bears in mind...the delicate interaction of all those elements that result in the overall quality of...performance, most of them the antithesis of theory and of anything that one could learn from a book or acquire through a “system”, one understands why...It is granted that [teachers] should moreover have a gift for training and be familiarized with modern teaching methods (Keiser, 1977, p. 14).

- Students shall enter the interpreter education program fluent in their **working languages**, the languages into and from which they interpret.
- Curriculum development must necessarily include explicit consideration of the diversity of interpreter students/human beings, and the complexities and diverse arenas in which practicing professionals work, by *explicitly providing opportunities for learning* that take into account a diversity of learners (Merriam & Bierema, 2014).

- Recognizing that some student interpreters learned English in non-academic settings, have little/no prior formal education, or do not read and write English proficiently, it is important to design curricula that is accessible to these students.<sup>21</sup>

## Teacher Perspective

*“[T]he teaching style, assumptions...and priorities as to what should be included in the syllabus will certainly shape the learning process as much as age, personality, motivation to teach, and the professional and academic background of the teacher.”*

– González Davies, 2005, p. 99.

The lens through which I approach teaching sees the “whole person including body, mind, and spirit, and the potential of humans for growth and development” (Merriam & Bierema, 2013, pg. 29) which is appropriately labeled the **humanist orientation**. Since learning does not happen outside of the context of people’s lives, teachers need to consider and facilitate the development of the whole person. Abraham Maslow’s ‘Hierarchy of Needs’ model offers a concrete application of this idea.

Maslow originally articulated five levels of need: physiological (food, water, shelter), safety (security, health, well-being), love and belonging needs (intimacy, human connection), esteem (recognition, freedom), and self-actualization (acceptance, creativity, purpose). His principal contention is “needs lower down in the hierarchy must be satisfied before individuals can attend to needs higher up” (McLeod 2025). The theory has been expanded upon and critiqued; for example, additional levels have been added and there have been legitimate observations that Maslow’s prioritization of needs reflects his cultural biases. The relevance here is this theory offers a way to

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<sup>21</sup> It may be true that an interpreter has not learned *any* of their working languages in a formal way. My point is that interpreters training programs that rely on a student literacy, a student’s ability to read and write in a language (usually English in the US), is not an accurate nor just way to teach and assess interpreter competencies.

keep in mind the importance of what else is going on with students that may impact their ability to learn (as well as what may interfere with our ability to teach).

In addition to teaching “the whole human,” other core teaching strategies relevant to interpreter education include:

- Considering the potential for growth and learning for any given individual at any given time in any given learning situation, Vygotsky’s **zone of proximal development** (Kiraly 2014, p. 40);
- Providing guidance as students engage with environments in order to facilitate meaningful connections (Merriam & Bierema, 2014);
- Determining and building on what students come into class knowing (Merriam & Bierema, 2014);

It is logical to infer that individual student learning styles, theories about interpreting, priorities, age, personality, expectations, motivations, emotions and backgrounds will significantly influence acquisition of new skills, knowledge, and abilities. Ideally, a training program designed to teach interpreters with a diversity of learning styles and educational needs would “improve interpreting quality & raise the status of interpreters” (Williams & Chesterman, 2011, p. 3). Universal Learning Design is such a program.

### *Universal Learning Design*

This framework for this program is threefold:

- use varied methods to present information, and to provide support;
- allow learners to demonstrate what they know and to be successful in a variety of ways;

- engage learners’ interests by offering choices of content and tools and offering adjustable levels of challenge (TEAL<sup>22</sup>, p. 1).

Universal Learning Design is learner-centered; it allows individual students to direct their learning, taking the teacher out of the “expert” role in which they are often seen, and inviting individuals to take charge of their own learning, a key skill for professional interpreters.

### **Student Perspective**

*“[G]ive students practice at moral problem-solving, and provide students with the opportunity to react to each other’s ideas, make critiques, probe assumptions, suggest alternative solutions, etc.”*

– Rest, 1984, p. 25.

### ***Centering Learner Experience***

I agree wholeheartedly with Lindeman that “the resource of highest value in adult education is the learner’s experience (1961, p. 6)” (as cited by Merrian & Bierema, 2013, pp. 106-107) given that students make meaning from their experiences. The authors of *The Practice of Adaptive Leadership*, another practice profession, put it this way: “you are an integral part of the process: who you are and what you decide to do all influence the outcomes (Heifetz, Grashow, & Linsky, 2009, p. 23).”

It is the responsibility of a teacher to create spaces in which students recognize their own expertise and their classmates’ expertise and learn from each other. This project relies on the ideas of two prominent voices in the field of education, Paulo Freire and David Kolb, to explore how to do this.

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<sup>22</sup> TEAL: Teaching Excellence in Adult Literacy



***Paulo Freire***

Paulo Freire's pedagogical approach to education is comprised of several key concepts, three of which are particularly relevant to placing the learner at the center of their education experience. The Freire Institute's (n. d.) definitions of these concepts explicitly reference several metalinguistic interpreter competencies identified in the previous section (see underlined below), further evidence of the broad applications and importance of these skills:

- *Praxis (Action/Reaction)* – “People...must act together upon their environment in order to critically reflect upon their reality and so transform it through further action and critical reflection.”
- *Dialogue* – “Participants...must trust the others; there must be mutual respect and love...Each one must question what he or she knows and realize that through dialogue existing thoughts will change and new knowledge will be created.”
- *Conscientization* – “The process of developing a critical awareness of one's social reality through reflection and action. Action is fundamental because it is the process of changing the reality...We all acquire social myths which have a dominant tendency, and so learning is a critical process which depends upon uncovering real problems and actual needs.” David Kolb created a framework for structuring classes to support student engagement through experiential learning.

***Kolb's Experiential Learning Cycle***

Experiential learning is a process in which a learner integrates new information into their existing knowledge through experience. It is learner-centered because it is individualized for every person; the learning is a result of a unique combination of individual knowledge, experience, and other individual characteristics specific to that individual. The stages of Kolb's cycle are:

- concrete experience (experience),
- reflective observation (reflection),
- abstract conceptualization (thinking) and
- active experimentation (practice).

Kolb's framework is a great fit for interpreter education because it embeds key metalinguistic skills into the learning process: critical thinking, reflection and practice.

Merrian and Bierema articulated a critical “additional stage” that many students must go through is unlearning previous learning (2013, p. 106). This is particularly relevant for students who actively work as interpreters, for those who have received relatively little training, and those who have been interpreting for a long time.<sup>23</sup> Transformative learning is a way to facilitate this unlearning.

### *Transformative Learning*

One way to change patterns of thinking is through **transformative learning**, discovering new ways of seeing the world and unlearning previously held ideas (Le Pertel et al., 2020). Transformative learning can occur in many ways, but **individuals' self-awareness {Skills}** and **attentional focus {Skills}** on what is happening in the *present moment* are the most important factors needed for it to occur. Together, these two factors can create the “optimal state of awareness for learning in action and learning from experience” (Le Pertel et al., 2020, p. 811); both of these were identified as important metalinguistic interpreter skills in the course of this project.

Teaching students to consider their experience as a source for learning is natural because “humans create knowledge through the interaction between their experiences and ideas” (Brau,

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<sup>23</sup> These are not mutually exclusive.

2020). Interpreter students have the advantage of relying on experiences and ideas through the lens of more than one thought-world.

### *Translanguaging*

Vygotsky emphasized the role that language and culture play in cognitive development (Kiraly, 2014). I appreciated this connection even more fully when I was introduced to the concept of **translanguaging** “the process of making meaning, shaping experiences, gaining understanding and knowledge through the use of two languages” (Baker, 2011, p. 288, as cited by Creese & Blackledge, 2015, 2015 p. 26).

Reflection: I have long appreciated Kristin Wong’s essay *How Untranslatable Words Have Connected Me to My Mother* for its articulation of a concept I know in my gut but couldn’t adequately describe before I read it. She writes:

Something is always lost in translation because words are more than their literal meanings.

They carry history, tradition, experience, and identity. Lomas explains, “Even if languages seem to have roughly equivalent words—*amour* as the French counterpart to *love*, for instance—translators have long argued that something precious is always ‘lost in the act of translation.’ Kind of like a breakup song: You may understand the words, but you feel them in an entirely different way when you experience heartbreak for the first time.

Translanguaging is the complement to this loss: it is what’s created when two (or more) languages combine in the mind of an individual. Teaching interpreters to rely on all of their languages to create meaning out of their experience seems revolutionary and oh so right!

## Chapter Six: Reflections & Recommendations for Future Research

*“Who dares to teach must never cease to learn.”*

—carved above the entrance to the Instructional Technology Center

Western Oregon University, Monmouth, Oregon

It could be argued that this participatory action research project began more than ten years ago when I first began teaching interpreters. Throughout the years I have cyclically created classes (planning stage), taught courses (action stage), assessed student learning and relevance of content (observation stage), and considered student, colleague, and self-assessment feedback and data (reflection stage). Then two years ago I radically changed the design when I entered the Master of Arts in Interpreting Studies (MAIS) Program. I have now cycled back to the reflection stage, considering what is next. One thing I know for sure, we need more collaboration!

### **Spoken and Sign Language Interpreter Collaboration**

*“#9: Determin[e]...areas of overlapping or mutual interest between [spoken and sign language] interpreters, with an eye to establishing collaborative research.”*

—From *Appendix A: “Some Ideas for Further Research*

*NATO Symposium on Language interpretation and communication.*

— Gerver and Sinaiko, 1978, p. 403.

Despite similarities in the actual work of interpreting, working conditions, and history of ostracism and discrimination suffered by our respective communities, cooperation between signed

and spoken language interpreters has not been common. We need to make it the norm; our communities need each other. We need to rise up *together*. Now.

It might be the right time:

- In an interpreting studies program dominated by sign language interpreters there has been reciprocal interest in engaging with each other.
- In a 2024 NCIHC webinar for interpreter trainers, spoken-language panelist Eileen Forestal, commented on parallels in spoken and sign language communities such as low health literacy and experience of oppression.
- In response to Eileen Forestal's comment, participant V. Costa posted this group chat:

There is so much the spoken language interpreting field today can learn from the evolution of the signed language interpreting field. Involving patients and 'end user' communities in the co-design of interpreter standards, interpreter training curricula, and healthcare language access programs is essential to producing a service that is more meaningful, beneficial, and welcome by all and that can truly advance health equity in immigrant communities (personal communication, January, 27, 2024).

A comparison of the history, theories, leaders, educational programs, and cultural norms of signed and spoken language interpreters would be fantastic! **What is *your* next project?**

### **WHO ELSE to Teach**

*"I would like to see short orientation programs established for communicators who frequently have the need for interpreters."*

*– Brislin, 1978, p. 208.*

Interpreters do not work in a vacuum. Interpreting is relational, and fruitful communication through interpreters depends on common understanding of how best to work together. We need to offer training for providers and community members including information on interlocutor rights related to interpreting and how to have high-quality communication when working with interpreters.

We don't have to wait for someone to organize a class. **What class are *you* going to teach?**

### **Each One, Teach One.**

My personal and professional growth has manifested in different ways over the last two years. One example is that I have embraced my responsibility as a seasoned interpreter with some visibility in a small interpreter community to step into a leadership role. I have focused on relationship-building and put my time and talents, and power and privilege in service of our communities.

*Each one, teach one* is an African-American proverb that originated in America when enslaving people was legal. People who were enslaved were denied access to formal education. When one person who was enslaved learned to read or write, it became his/her duty to teach someone else (Our History, 2001). The message that I take from this concept is that we are all responsible for everyone, and individual efforts can have an exponential impact. **Who will *you* teach?**

## REFERENCES

- Bancroft, M. A., Garcia-Beyaert, S., Allen, K., Carriero-Contreras, G., & Socarrás-Estrada, D. (2015). *The community interpreter: An international textbook: [medical, educational and social services interpreting]*. Culture and Language Press.
- Baum, F., MacDougall, C., & Smith, D. (2006, October 1). Participatory action research. *Journal of epidemiology and community health*, 60(10), 854–857.  
<https://doi.org/10.1136/jech.2004.028662>
- Bibus, A. A., & Koh, B. D. (2019). Intercultural humility in social work education. *Journal of Social Work Education*, 57(1), 16–27. <https://doi.org/10.1080/10437797.2019.1661925>
- Brau, B. (2020). Constructivism. In R. Kimmons & S. Caskurlu (Eds.), *The students' guide to learning design and research*. EdTech Books.  
<https://edtechbooks.org/studentguide/constructivism>
- Brislin, R. W. (1978). Contributions of cross-cultural orientation programs and power analysis to translation/interpretation. In D. Gerver and H. W. Sinaiko (Eds.), *Language interpretation and communication*. (pp. 131-143). Plenum Press: New York and London.
- Certification Commission for Healthcare Interpreters (CCHI). (2023.) *ETOE (English-to-English) interpreting exam specifications*. Washington DC.
- Certification Commission for Healthcare Interpreters (CCHI). (2018). *Assessing healthcare interpreting performance skills in an English-to-English format: Summary of the national*

*healthcare interpreting experts' focus group discussions held by CCHI in the fall of 2017.*

Washington DC.

Chavez, V. (2012). *Cultural humility: People, principles and practices - part 1 of 4.*

[https://www.youtube.com/watch?v=\\_Mbu8bvKb\\_U](https://www.youtube.com/watch?v=_Mbu8bvKb_U)

Chin, D., Phillips, Y., Woo M. T., Clemans, A., & Yeong P. K. (2020). Key components that contribute to professional identity development in internships for Singapore's tertiary institutions: A systematic review. In *Asian Journal of the Scholarship of Teaching and Learning*, 10(1). 89-113.

Covey, S. M. R. & Merrill, R. R. (2006). *The speed of trust: The one thing that changes everything.* Free Press.

Cox, J. L., & Simpson, M. D. (2020). Cultural humility: A proposed model for a continuing professional development program. *Pharmacy*, 8(4), 214. <https://www.mdpi.com/2226-4787/8/4/214>

Crash Course. (2017, May 15). *Symbols, values & norms: Crash course sociology #10.* (video) [https://www.youtube.com/watch?v=kGrVhM\\_Gi8k](https://www.youtube.com/watch?v=kGrVhM_Gi8k)

Creese, A., & Blackledge, A. (2015). Translanguaging and identity in educational settings. *Annual Review of Applied Linguistics*, 35, 20-35.

Dean, R. (2024, October 17). *Case analysis and the normative aspect of professional development* [Webinar]. National Council on Interpreting in Health Care. <https://www.ncihc.org/trainerswebinars>

Dean, R. K., & Pollard, R. Q. (2018). Promoting the use of normative ethics in the practice profession of community interpreting. In L. Roberson & S. Shaw (Eds), *Signed language*



*interpreting in the 21st century: An overview of the profession*, pp. 37-64). Galludet

University Press: Washington DC. DOI:10.2307/j.ctv2rh28gg.6

Dean, R. & Pollard, R. Q. (2013). *The demand control schema: Interpreting as a practice profession*. CreateSpace Independent Publishing.

Dean, R., & Pollard, R. Q. (2005). Consumers and service effectiveness in interpreting work: A practice profession perspective. In M. Marschark, R. Peterson, & E. A. 41 Winston (Eds.), *Perspectives on deafness. Sign language interpreting and interpreter education: Directions for research and practice* (pp. 259-282). New York, NY: Oxford University Press.  
doi:10.1093/acprof/9780195176940.003.0011

Feltman. C. (2021). *The thin book of trust: An essential primer for building trust at work. 2nd edition*. Thin Book Publishing Co.

Fink, L. D. (2013). *Creating significant learning experiences: An integrated approach to designing college courses*. John Wiley & Sons, Incorporated.

Flores d'Arcais, G. B. (1978). The contribution of cognitive psychology to the study of interpretation. In D. Gerver and H. W. Sinaiko (Eds.), *Language interpretation and communication*. (pp. 386-402). Plenum Press: New York and London.

Freire Institute. (n. d.). *Concepts used by Paolo Freire*. University of Central Lancashire, United Kingdom. Accessed on December 6, 2023 from <https://freire.org/concepts-used-by-paulo-freire>

Garcés, C. V., & Martin, A. (2008). *Crossing borders in community interpreting: Definitions and dilemmas*. Amsterdam: John Benjamins Publishing.

Gerver, D. & Sinaiko, H.W. (1978). *Language interpretation and communication*. Plenum Press: New York and London.

- Gile, D. (2009). *Basic concepts and models for interpreter and translator training: Revised edition*. John Benjamins Publishing Company.
- González Davies, M. (2005.) Minding the process, improving the product: Alternatives to traditional translator training. In M. Tennyson (Ed.), *Training for the new millennium: Pedagogies for translation and interpreting*, (pp. 67 – 82). John Benjamins Publishing Company.
- Grant, C., & Osanloo, A. (2014). Understanding, selecting, and integrating a theoretical framework in dissertation research: Creating the blueprint for your “house.” *Administrative Issues Journal*, 4(2), 4. Retrieved from <https://files.eric.ed.gov/fulltext/EJ1058505.pdf>
- Headlee, C. (2017) *We need to talk: How to have conversations that matter*. Harper Wave.
- Heifetz, R, Grashow, A. and Linsky, M. (2009.) *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Harvard Business Press: Boston, MA.
- Higashida, N. (2013). *The reason I jump: The inner voice of a thirteen-year-old boy with autism*. (K. Yoshida & D. Mitchell, Trans.). Random House: New York. (Original work published in 2007).
- Jakins Park, N. and Holloway, S. (November 2014.) Language equity project: Final report Morrison Child and Family Services. Portland, Oregon.
- Jha, A. P. (2021). *Peak Mind: Find your focus, own your attention, invest 12 minutes a day*. HarperOne.
- Keiser, W. (1977). Selection and training of conference interpreters. In D. Gerver and H. W. Sinaiko (Eds.), *Language interpretation and communication*. (pp. 131-143). Plenum Press: New York and London.
- Kiraly, D. (2000). *A social constructivist approach to translator education: Empowerment from theory to practice*. Taylor & Francis Group.

- Kolb, A. Y. & Kolb, D. A. (2019). *8 Things to know about the experiential learning cycle (FULL)*[Video]. Experience Based Learning Systems LLC  
<https://www.youtube.com/watch?v=v74nRbWSNqk>
- Hampsten, K. (2016, February 22). *How miscommunication happens (and how to avoid it)*. [Video]. Ted-Ed. <https://www.youtube.com/watch?v=gCfzeONu3Mo>
- Interpreting SAFE AI Task Force (SAIF-AI). (2024). *Guidance on AI and interpreting services*. Stakeholders Advocating for Fair and Ethical AI in Interpreting (SAIFAI).  
<https://safeaitf.org/guidance/>
- Lambert, W. E. (1978). Psychological approaches to bilingualism, translation and interpretation. In D. Gerver and H. W. Sinaiko (Eds.), *Language interpretation and communication*. (pp. 131-143). Plenum Press: New York and London.
- Le Pertel, N., Fisher, J., & van Dam, N. (2020). Neuroscience of embodied reflection: Somatic/mindbody/contemplative practices, health, and transformative learning. *Reflective Practice*, 21(6), 803–818. <https://doi.org/10.1080/14623943.2020.1827492>
- Lichtmen, F. (Host). (2025, April 18). A blind inventor’s life of advocacy and innovation. [Audio podcast episode segment transcript]. In *Science Friday*. NPR.  
<https://www.sciencefriday.com/segments/josh-miele-connecting-dots-blind-inventor/>
- Maguire, P. (1987). *Doing participatory action research: A feminist approach*. Massachusetts: University of Massachusetts Press.
- McLeod S. (2025, March 14). *Maslow’s hierarchy of needs*. Simply Psychology.  
<https://www.simplypsychology.org/maslow.html>.
- Merriam, S. and Bierema, L. (2013). *Adult learning: Linking theory and practice*, John Wiley & Sons, Incorporated.

- Namy, C. (1978). Reflections on the training of simultaneous interpreters: A metalinguistic approach. In D. Gerver and H. W. Sinaiko (Eds.), *Language interpretation and communication* (pp. 25 - 34). Plenum Press: New York and London.
- National Council on Interpreting in Health Care (NCIHC). (2011). *The national standards for healthcare interpreter training programs*.
- National Council on Interpreting in Health Care (NCIHC). (2004). *A national code of ethics for interpreters in health care*. The National Council on Interpreting in Health Care Working Papers Series.
- Oregon Health Authority. (n/d). *Training Program Application*. Under “Become an OHA approved training program/renewal application.” Equity and Inclusion Division.  
<https://www.oregon.gov/oha/EI/Pages/HCI-training.aspx>
- Our History. (2001, January 1) *What’s the meaning of each one teach one?*  
<https://www.ourhistory.org.uk/whats-the-meaning-of-each-one-teach-one/>
- Pain, R., Whitman, G., Milledge, D, & Lune Rivers Trust. (n. d.). *Participatory action research toolkit: An introduction to using PAR as an approach to earning, research and action*.  
Department of Geography, Durham University, South Road, Durham.  
<https://www.dur.ac.uk/media/durham-university/research-/research-centres/social-justice-amp-community-action-centre-for/documents/toolkits-guides-and-case-studies/Participatory-Action-Research-Toolkit.pdf>
- Pöchhacker, F. (2006). “Going social?” On pathways and paradigms in interpreting studies. In A. Pym, *Sociocultural aspects of translating and interpreting*. John Benjamins Publishing Company.

- Reamer, F. G. (2022). Ethical Humility in Social Work. *International Journal of Social Work Values and Ethics*, 19(3), 153-178.
- Rehkopf, A. J. (2018). The business of interpreting: The ins and outs of independent contracting as a freelance interpreter. (Master's thesis). Western Oregon University, Monmouth, OR. Retrieved from <https://wou.omeka.net/s/repository/item/4545>
- Rest, J. R. (1984). Research on moral development: Implications for training counseling psychologists. *The Counseling Psychologist*, 12(3), 19–29.
- Rogers Drewek, A. H. (2023). *A case study of a formal mentorship program: Uncovering an ontological framework for supporting ASL-English interpreters along a meaningful path to self-efficacy*. ProQuest Dissertations & Theses.
- Ruiz, M. J. (2013). *Curriculum development: Experiential learning in interpreter education programs*. (Professional project). Western Oregon University, Monmouth, OR. Retrieved from <https://wou.omeka.net/s/repository/item/4461>
- Smith, A. R., & Maroney, E. M. (2018). Revisiting: Defining the nature of the “gap” between interpreter education, certification and readiness-to-work. *RID Views*, 35(1), 15.
- Smith, A. R., Cancel, P. D., & Maroney, E. M. (2012). Creating innovative opportunities for interpreter education program graduates: Transitioning to the professional world. In L. Robinson, & S. Shaw (Eds.), *iCore: Innovative and creative opportunities for research education*. Proceedings of the 19th National Convention of Interpreter Trainers (pp. 35-54), Charlotte, NC. Retrieved from <https://citsl.org/creating-innovative-opportunities-for-interpreter-education-program-graduates-transitioning-to-the-professional-world/>
- Suskie, L. (2009). *Assessing student learning: A common sense guide*. John Wiley & Sons.

- Swabey, L. (Moderator), Alkashef, Y., Beltrán Avery, M. P., Forestal, E., Parker, J., & Roat, C. E. (2024, January 26–27). *Moderated roundtable: Reflecting on the past, present, and future of interpreter training* [Conference session]. National Council on Interpreting in Health Care, *Sharpening Our Tools: A Symposium for Interpreter Trainers* (virtual).
- Teaching Excellence in Adult Literacy (TEAL). (n.d.). *TEAL Center fact sheet no. 2: Universal design for learning*. U.S. Department of Education, Office of Career, Technical, and Adult Education. [https://lincs.ed.gov/sites/default/files/2\\_TEAL\\_UDL.pdf](https://lincs.ed.gov/sites/default/files/2_TEAL_UDL.pdf)
- Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.  
<https://doi.org/10.1353/hpu.2010.0233>
- Venuti, L. (1998). *The scandals of translation: Towards an ethics of difference*. Taylor & Francis Group.
- Wilbeck, D. K. (2017). *An investigation of student perception how to better prepare signed language/English interpreters for the real world* (Master's thesis). Western Oregon University, Monmouth, OR. Retrieved from <https://wou.omeka.net/s/repository/item/4191>
- Williams, J. and Chesterman, A. (2013) *The map: A beginner's guide to doing research in translation studies*. Routledge.
- Witter-Merithew, A., & Johnson, L. J. (2005). *Toward competent practice: Conversations with stakeholders*. Alexandria, VA: Registry of Interpreters for the Deaf.
- Wong K. (2022, May 4.) How Untranslatable Words Have Connected Me to My Mother *Catapult*.  
<https://catapult.co/stories/how-untranslatable-words-have-connected-me-to-my-mother-cantonese-language-translation-kristin-wong>

Zucchi, E., Hlavac, J., & Hu, Y. (2025). Patients with non-English language preference: Data from an Australian healthcare facility on reported use of professional interpreting services. *The International Journal of Translation and Interpreting Research*, 17(1), 1–21.

<https://doi.org/10.12807/ti.117201.2025.a01>

## Appendix A: NCIHC Healthcare Interpreter Training Program Self-Assessment

### Healthcare Interpreter Training Program Self-assessment based on the National Standards for Healthcare Interpreter Training Programs

#### I. Program of Study Content Standards

**A. Knowledge:** The basic program of study exposes the student to the essential body of knowledge that serves as the context of the profession of healthcare interpreting.

Standard	NOT COVERED No knowledge/ skills	INTRODUCED Some knowledge /skill	COVERED FULLY Basic competency
<b>TRAINER/PROGRAM FOCUS</b> <b>Interpreter focus</b>			
<b>A.1. The profession of healthcare interpreting:</b> A basic program of study provides the student with an introduction of healthcare interpreting as a profession.			
1. The definition of interpreting as contrasted with bilingualism and translation			
2. Fields of interpreting (e.g., diplomatic interpreting, liaison interpreting, business interpreting, and community interpreting, including judicial, healthcare, social service, law enforcement, and educational interpreting)			
3. Ways in which interpreters are employed (dedicated vs. dual-role interpreters, contract or freelance interpreters)			
4. Overview of the history of healthcare interpreting in the United States			
5. The purpose and functions/responsibilities of the healthcare interpreter			
6. Modes of interpreting in health care (consecutive, simultaneous, and sight translation)			
7. Media of interpreting (e.g., face to face, remote [telephonic or video])			
8. Laws, standards, and regulations relevant to healthcare interpreting (e.g., Title VI of the 1964 Civil Rights Act [Section 601], Department of Health and Human Services [DHHS] Standards for Culturally and Linguistically Appropriate Services [CLAS], The Health Insurance Portability and Accountability Act of 1996 [HIPAA], The Joint Commission, the Americans with Disability Act, and relevant state laws and local policies)			
9. Liability insurance (e.g., Errors and Omissions)			
10. Availability, purpose, and limitations of certification			
<b>A.2. Language and communication:</b> A basic program of study introduces the student to different aspects of language and communication dynamics as they impact interpreting			
1. Language elements (e.g., regional and social dialects, style, register, and discourse; literal and figurative language; use of idioms and frozen language; literalness vs. meaning accuracy; paraphrasing; and conversation vs. interviewing)			



Standard	NOT COVERED No knowledge/ skills	INTRODUCED Some knowledge /skill	COVERED FULLY Basic competency
<b>TRAINER/PROGRAM FOCUS</b> <b>Interpreter focus</b>			
2. Communication elements (e.g., power dynamics; negotiation of meaning)			
3. Cultural elements of language (e.g. forms of address; politeness markers; turn-taking and interruptions; body language)			
<b>A.3. Ethical principles and standards of practice:</b> <i>A basic program of study introduces the student to ethics in the healthcare profession as well as the ethical principles and standards of professional interpreter practice.</i>			
1. The general concept of ethics and its application to interpreting in health care			
2. Ethical principles and standards of practice consistent with the National Code of Ethics and National Standards of Practice for Interpreters in Health Care			
3. Self-care (including physical safety and emotional well-being and preparing for high-stress situations)			
<b>A.4 Health system:</b> <i>A basic program of study introduces the student to the key concepts, beliefs, and common terms relevant to the U.S. healthcare system.</i>			
1. Overview of the U.S. healthcare system (e.g., venues, insurance, primary and specialty care, types of hospital services, categories of healthcare workers, legal concepts and terms)			
2. Concepts and relevant terminology in biomedicine (e.g., anatomy and physiology, symptoms, common diseases, diagnostic procedures, common medications, treatments, and apparatus)			
3. Overview of common healthcare interview routines and medical decision-making (e.g., the medical interview, the process of diagnosis, referral process, and physical exam)			
<b>A.5 Culture:</b> <i>A basic program of study introduces the student to culture and its impact on health and health care.</i>			
1. Overview of culture: what it is and how it impacts health / health care.			
2. Concepts and relevant terminology from the patient's perspective (e.g., understanding of the human body and its functioning, descriptions of symptoms, common diseases and treatments, expectations around insurance, origins of illness, complementary and alternative medicine)			
3. The culture of biomedicine (e.g., the biomedical view of origins of illness, doctor- patient relationships, hierarchies, and decision-making)			
4. Cultural awareness and sensitivity			
<b>A.6 Resources:</b> <i>A basic program of study introduces the student to where to find and how to manage resources for further study for both knowledge and skill areas.</i>			

**B. Interpreting Skills: A basic program of study provides the student with models of and opportunities for practice in the foundational skills of healthcare interpreting.**

<p style="text-align: center;"><b>Standard</b></p> <p><b>TRAINER/PROGRAM FOCUS</b> <b>Interpreter focus</b></p>	<p><b>NOT COVERED</b> No knowledge/ skills</p>	<p><b>INTRODUCED</b> Some knowledge /skill</p>	<p><b>COVERED FULLY</b> Basic competency</p>
<p><b>B.1 Message conversion:</b> A basic program of study gives the student opportunities to practice converting messages accurately and completely from a source language to a target language and includes the following components.</p>			
1. Active listening			
2. Message (discourse) analysis			
3. Target language equivalence (e.g. figurative language, expletives, idiomatic speech, colloquialisms)			
4. Managing regional dialects			
5. Maintaining / changing register			
6. Memory skills (e.g., chunking, prediction, visualization, note-taking)			
7. Self-monitoring and self-assessment			
<p><b>B.2 Modes of interpreting:</b> A basic program of study demonstrates and gives the student practice in the various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in healthcare interpreting.</p>			
1. Consecutive			
2. Simultaneous (exposure to)			
3. Sight translation			
<p><b>B.3 Interpreting Protocols:</b> A basic program of study demonstrates and gives the student practice in interpreting protocols based on understanding the rationale for these protocols and their appropriate use.</p>			
1. Introducing and explaining the role of the interpreter			
2. Use of the first person			
3. Positioning, including the dynamics of different positions			
4. Conducting a pre-session or session introduction and post-session			
5. Intervention techniques (e.g. speaking as the interpreter in the third person and maintaining transparency)			
6. Managing the flow of communication			
7. Monitoring comprehension among listeners			
8. Interpreting for groups (e.g., team and family conferences, and teaching sessions)			
9. Interpersonal skills (e.g., how to work with healthcare professionals; dealing with disrespectful providers or difficult patients; de-escalating conflict)			

<b>Standard</b>  <b>TRAINER/PROGRAM FOCUS</b> <b>Interpreter focus</b>	<b>NOT COVERED</b> <b>No knowledge/ skills</b>	<b>INTRODUCED</b> <b>Some knowledge /skill</b>	<b>COVERED FULLY</b> <b>Basic competency</b>
<b>B.4 Cultural brokering:</b> <i>A basic program of study demonstrates and gives the student opportunities to develop skills for mediating cultural differences.</i>			
1. Recognition and management of cultural misunderstandings			
2. Ability to recognize the interpreter’s own cultural biases and maintain objectivity in the interpreting encounter.			
<b>B.5 Decision-making:</b> <i>A basic program of study gives the student opportunities to explore ethical and other professional dilemmas and situations</i>			
1. Ethical decision-making – Ability to think through an ethical dilemma and make an informed choice based on the National Code of Ethics for Interpreters in Health Care.			
2. Critical thinking – The ability to think through a situation and make an informed choice about the best course of action to take and to justify this action.			
<b>B.6 Translation in the interpreting context:</b> <i>A basic program of study teaches the student basic skills in on-the-spot translation and transcription of simple oral and written instructions.</i>			
1. Ability to decide when on-the-spot translation or transcription is appropriate.			
2. Ability to respond to requests for translations/transcriptions ethically and professionally			

## II. Instructional Methods Standards

Standard			
TRAINER/PROGRAM FOCUS	NOT COVERED	INTRODUCED	COVERED FULLY
<b>A. Interactive methods:</b> Instruction is based on interactive techniques that engage students in ways that challenge them to internalize the content and develop the skills required of an interpreter.			
<b>B. Guided practice:</b> Instruction includes a significant proportion of time dedicated to guided practice, provides students with directed feedback and monitors their skill development (especially in message conversion).			
<b>C. Student learning needs:</b> Instructional methods accommodate different learning styles and the knowledge and skills students bring with them.			
<b>D. Varied teaching methods:</b> A variety of appropriate teaching methods are used, including the following:			
<b>D1. Presentation methods Examples:</b> <ul style="list-style-type: none"> <li>a. Lectures using visual aids and opportunities for interaction</li> <li>b. Readings, references, and links to resources</li> <li>c. Guest presenters, such as practitioners and working interpreters</li> <li>d. Student presentations</li> <li>e. Instructor modeling of effective practice</li> <li>f. Video, film, and vignettes to demonstrate real practice.</li> <li>g. Storytelling providing real world situations</li> </ul>			
<b>D2. Skill building exercises (for conversion accuracy)</b> Examples <ul style="list-style-type: none"> <li>a. Parroting in the same language (for close listening)</li> <li>b. Paraphrasing (in the same language)</li> <li>c. Message analysis exercises (based on the source utterance)</li> <li>d. Message conversion exercises (unidirectional and bidirectional consecutive interpreting)</li> <li>e. Error analysis</li> <li>f. Prediction skills</li> <li>g. Memory exercises</li> <li>h. Note-taking exercises</li> <li>i. Terminology building exercises</li> </ul>			
<b>D3. Guided practice of consecutive dialogue interpreting</b> Examples <ul style="list-style-type: none"> <li>a. Behavior rehearsal through</li> <li>b. Simulations with invited practitioners or standardized patients</li> <li>c. Supervised practicum (also referred to as internship)</li> <li>d. Video/audio self-recording (pairs and/or individuals) and review</li> </ul>			

<b>Standard</b>  <b>TRAINER/PROGRAM FOCUS</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<b>D4. Critical thinking analysis for decision-making</b> Examples a. Case studies b. Application of code of ethics to ethical dilemmas/scenarios c. Guided discussions d. Sharing of experiences brought by students			
<b>D5. Structured feedback</b> Examples a. Instructor to trainee: in class or practicum b. Peer to peer c. Self-evaluation (self-reflective evaluation process, journaling, or audio recording with transcription and error analysis) d. Coaching (in-person or remotely) both by the instructor and an interpreting coach who speaks the students' language pairs. e. Back interpreting or use of a language coach for languages for which there is no interpreting coach f. Formative and final assessment			
<b>D6. Self-directed study</b> Examples a. Development of personal glossaries b. Language conversion practice c. Homework assignments i. report on self critique of performance ii. observational reports			
<b>D7. Observation followed by discussion</b> Examples a. Videos b. Audio recordings c. Shadowing d. Field trips, such as a visit to a hospital			
<b>D8. Practicum</b> a. A supervised practicum is highly recommended to be an integral part of the program of study. The experience will provide the student with the opportunity to observe working interpreters, be observed, and receive feedback from a supervisor/mentor while carrying out professional responsibilities under appropriate supervision. b. To ensure that academic concepts continue to be applied, the practicum will be completed shortly after completing the training program. The time frame for completing a practicum may be longer for speakers of languages of lesser diffusion.			

<b>Standard</b>  <b>TRAINER/PROGRAM FOCUS</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
c. The practicum will be conducted in settings where principles learned in the program of study and appropriate to the learning needs of the student can be applied.			

### III. Programmatic Standards

#### A. Operational Policies: Programs operate in an open and transparent manner.

Standard	NOT COVERED	INTRODUCED	COVERED FULLY
<b>TRAINER/PROGRAM FOCUS</b>			
<i><b>A1. A program's descriptions, publications, announcements, and advertising accurately reflect the program of study offered, including information on the following:</b></i>			
a. Application process			
b. Admission requirements and methods of assessment			
c. Training or course syllabi			
d. Criteria for successful completion and methods of assessment			
e. Type of certificate or other credential provided			
f. Tuition and fees			
g. Withdrawal and refund policies			
h. Other policies covering such areas as retakes of the final assessment, and test-out options for specific content areas			
i. Instructor/teaching team qualifications			
j. Organizational affiliation			
<i><b>A2. A program provides opportunities for prospective students to find out about the program through direct communication (e.g., orientation sessions and pre-program communications).</b></i>			
<i><b>A3. A program maintains records that are accessible to students for a minimum period of three years, including the following:</b></i>			
a. Attendance and enrollment status			
b. Grades and assessments			
c. Type of certificate or credential received.			
<i><b>A4. A program has an ongoing system for evaluating the effectiveness of its program of study and making improvements based on the evaluation results (e.g., assessment results, student feedback, teaching team debriefs, and feedback from employers of the program's "graduates").</b></i>			

**B. Program Design: Programs have an explicit and documented course of study.**

<b>Standard</b>  <b>TRAINER/PROGRAM FOCUS</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<b><i>B1. The program design:</i></b>			
a. identifies the goals and learning objectives that the program of study covers, consistent with the knowledge and skills outlined in “Section II Program Content Standards,” and the National Code of Ethics and Standards of Practice for Interpreters in Health Care;			
b. provides a scope and sequence of instruction that will meet the program’s goals and learning objects;			
c. integrates background knowledge, theory, skill development, and assessment;			
d. provides a student-to-teacher ratio that will facilitate the achievement of the stated program goals and learning objectives;			
e. provides students with ready access to course materials; and			
f. is based on sound pedagogy and research on the acquisition of the required knowledge and skills.			
<b><i>B2. Each course or training in the program of study has a written description that includes:</i></b>			
a. learning objectives;			
b. content covered;			
c. instructional methods used;			
d. training materials;			
e. expectations of students (e.g., attendance and assignments outside training or course time);			
f. assessment criteria (language proficiency, knowledge, and skills);			
g. resources for further study for both knowledge and skill areas.			
<b><i>B3. Practice and reference materials are available in the working languages of the students where feasible.</i></b>			
<b><i>B4. Whenever possible, a program of study includes a practicum/internship. When a practicum is provided, it</i></b>			
a. is supervised by qualified personnel;			
b. is scheduled and completed within a timeframe that ensures the transfer of “classroom” learning to application in the field/real world;			
c. is conducted in settings conducive to applying the principles learned through the program of study;			
d. is appropriate to each student’s learning needs and level of proficiency;			
e. provides a formal evaluation documented by the practicum supervisor and shared with the student.			



- C. Entry Requirements / Screening:** Programs screen applicants prior to admission to maximize the likelihood that they will be able to successfully complete the program. Entry requirements include the following:

<b>Standard</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<b>TRAINER/PROGRAM FOCUS</b>			
<i>C1. Students are at least 18 years of age.</i>			
<i>C2. Students have, at a minimum, a high school diploma, GED, or country-of origin high school equivalent.</i>			
<i>C3. Students demonstrate a level of oral proficiency in their working languages that enables them to develop linguistic conversion skills that maintain the meaning of the message accurately and completely (equivalent to ILR Level 3 or ACTFL scale Advanced High).</i>			
<i>C4. Students are literate in their working languages, with the exception of those languages in which the written form is not in common use.</i>			
<i>C5. Students have life experiences in countries and/or cultural communities in which they communicated regularly in their working languages.</i>			

- D. Instructor Qualifications:** Individual instructors or teaching teams collectively have the academic and experiential qualifications and professional background needed to meet program goals and objectives.

<b>Standard</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<b>TRAINER/PROGRAM FOCUS</b>			
<i>D1. At least one member of the teaching team, preferably the lead instructor, is an experienced interpreter who is able to bring relevant, real-life examples into the training.</i>			
<i>D2. At least one member of the teaching team is competent in adult education techniques, either through study or proven track record, and is able to apply this knowledge to instruction, assessment, and classroom management.</i>			
<i>D3. All members of the teaching team have the knowledge, skills and attitudes needed to work effectively in cross-cultural settings and to teach to diverse learning and communication styles.</i>			

<b>Standard</b>			
<b>TRAINER/PROGRAM FOCUS</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<i>D4. At least one member of the teaching team has a degree or equivalent.</i>			
<i>D5. The lead instructor will remain up-to-date on developments in adult pedagogy, classroom management, techniques in interpreting pedagogy and the field of healthcare interpreting, (e.g. Code of Ethics revisions, Standards of Practice revisions, legislative changes, and national certification).</i>			
<i>D6. The lead instructor will work with guest subject matter experts (speakers brought in to speak on specific topics, such as anatomy or culture) to ensure the effectiveness of their presentations (e.g., the knowledge imparted is at a level appropriate to the learning objective, the appropriate register is used, the content presented is relevant to the role of the healthcare interpreter, and effective instructional methods are used).</i>			

**E. Assessment of Students: The program provides an ongoing system of assessments consistent with stated goals of the course of study.**

<b>Standard</b>			
<b>TRAINER/PROGRAM FOCUS</b>	<b>NOT COVERED</b>	<b>INTRODUCED</b>	<b>COVERED FULLY</b>
<i>E1. At least one member of the teaching team, preferably the lead instructor, is an experienced interpreter who is able to bring relevant, real-life examples into the training.</i>			
<i>E2. At least one member of the teaching team is competent in adult education techniques, either through study or proven track record, and is able to apply this knowledge to instruction, assessment, and classroom management.</i>			

**Appendix B: Current Required Core Content for OHA-Approved Health Care Interpreter  
Training Programs**

- Anatomy and physiology
- Medical Terminology in English
- Medical Terminology in non-English language
- Introductory HCI concepts – A basic program of study gives the student opportunities to practice converting messages accurately and completely from a source language to a target language and includes all of the following components.
  - Message Conversion skills and discourse analysis
  - Clear and understandable speech delivery
  - Target language equivalence (e.g. expletives, idioms, and colloquialisms)
  - Ability to identify differences in meaning due to regional dialects
  - Ability to maintain and change voice register at varying levels of formality
  - Memory skills (e.g. chunking, prediction, visualization, note-taking and active listening)
  - Self-monitoring and self-assessment
- Modes of Interpreting – A basic program of study demonstrates and gives the student practice in various modes of interpreting. It focuses on developing consecutive interpreting skills as the default mode used in health care interpreting. (Must include all modes of interpreting.)
  - Consecutive
  - Simultaneous (exposure to)
  - Sight translation

- Basic written translation
- Cultural Competency – what culture is and how it affects health and health care
- HCI certification/qualification process overview
- HCI Ethics (must include applicable laws on privacy in medical settings)

60 hours <sup>24</sup> total.

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<sup>24</sup> The only guidance on number of hours per subject is 2 hours are required on HCI certification/qualification process overview and 8 hours are required for HCI Ethics.

**Appendix C: CCHI English-to-English (ETOE) Interpreting Exam Specifications**

***Knowledge common to all activities***

- Terminology, idioms, usage, and cultural significance
- Structure and grammar of working languages

***Skills common to all activities***

- Retaining and recalling information in short-term memory
- Taking notes to aid interpreting
- Communicating fluently in English
- Maintaining accuracy
- Maintaining the register within target language parameters
- Articulating clearly in English to promote comprehension
- Self-monitoring for accuracy

**1. Listening Comprehension (audio input to audio output) .....14%**

- Active listening
- Anticipatory listening in English
- Discerning dialects

**2. Shadowing (audio-to-audio) .....13%**

- Listening to English, processing, and speaking simultaneously
- Active listening
- Anticipatory listening in English
- Discerning dialects

**3. Memory Capacity (audio-to-audio).....24%**

- Active listening

- Anticipatory listening in English
- Discerning dialects

**4. Restate the Meaning (audio-to-audio)..... 21%**

- Active listening
- Anticipatory listening in English
- Discerning dialects

**5. Equivalence of Meaning (text-to-audio) .....19%**

- Sight translation protocols
- Reading and comprehending written text in English
- Anticipatory reading in English

**6. Reading Comprehension (text-to-audio) .....9%**

- Sight translation protocols
- Reading and comprehending written text in English
- Anticipatory reading in English

**7. Speaking Skills in Language Other Than English (LOTE) (image-to-audio)**

- Physical quality of speech in LOTE (e.g., pronunciation, intonation, and prosody, clarity of signing, etc.)
- Communicating fluently in LOTE
- Articulating in LOTE clearly to promote comprehension

## **APPENDIX D: TASKS to Teach Interpreters**

*“It may be that [an interpreter’s] bilinguality, a prerequisite for membership in the profession, has the effect of providing them with special forms of intelligence, sensitivity and skills, at teasing out what is meant and what is left half said.”*

– W. E. Lambert, *Psychological approaches to bilingualism, translation and interpretation*

1977 Language Interpretation and Communication NATO Symposium

This TASKS list is a compilation of metalinguistic interpreter competencies that came up in the course of working on this project, presented in alphabetical order. TASKS may appear in more than one category; those mentioned in this research are underlined.

TASKS = Talents, Attitudes, Skills, Knowledge, Style

### **Talents: *natural gifts and strengths***

- [fill in the blank]
- Thought-Worlds

### **Attitudes: *ways of seeing and being***

- |                             |   |
|-----------------------------|---|
| ▪ <u>Caring</u>             | ▪ <u>Lifelong Learning (Growth Mindset)</u> |
| ▪ <u>Critical Thinking</u>  | ▪ <u>Mindfulness (Mindful Meditation)</u>   |
| ▪ <u>Cultural Awareness</u> | ▪ <u>Prioritize Equivalent Meaning</u>      |
| ▪ Empathy                   | ▪ <u>Self-Awareness</u>                     |
| ▪ <u>Humility</u>           | ▪ Trauma-Informed                           |

### **Skills: *what we can do well***

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| ▪ <u>Active Listening</u>         | ▪ <u>Cross-Cultural Communication</u> |
| ▪ <u>Critical Thinking Skills</u> | ▪ Empathy                             |

- Flexibility
- “Good nerves”
- Humility
- Improvisation
- Mindfulness (Mindful Meditation)
- Mind Mapping
- Observance
- Pre-Conference Session
- Communication
- Preparation before sessions
- Presence
- Prioritizing Meaning Equivalency
- Public Speaking
- “Studenting” Skills
- Supervision
- Teaming (working in a team with another interpreter)
- Trauma-Informed
- Translanguaging

**Knowledge: *learning, insight, understanding, awareness***

- Ableism
- Ageism
- Cross-Cultural Communication
- Cultural Awareness
- Ethical Decision-Making
- Health Literacy
- Historical Context
- History of Interpreting
- Implicit Bias
- Positional Misunderstanding
- Racism
- Thought-Worlds
- Translanguaging

**Style: *individual approach and personality***

- Curiosity
- Diplomacy
- Intellect
- Tact