

New and Emerging African Language Healthcare Interpreting Orientation Program

St. Vincent's and The Royal Women's Hospital



The New and Emerging African Language Healthcare Interpreting Orientation Program was funded by the Victorian Government Department of Human Services' Statewide Quality Branch.

Written by: Karella de Jongh, Manager, Language Services, The Royal Women's Hospital and Lyn Bongiovanni, Chief Interpreter, St. Vincent's Hospital

The HIOP was also designed and conducted by Karella de Jongh and Lyn Bongiovanni.

Edited by: Cara Brough

Acknowledgments

The Language Services Departments of The Royal Women's and St. Vincent's hospitals would like to thank the Department of Human Services (DHS) for the opportunity to develop and conduct the Healthcare Interpreting Orientation Program (HIOP).

We are grateful to Ismail Akinci, General Manager, and Angie Anastopoulos, Interpreter's Desk Team Leader, from All Graduates Interpreting and Translating Services for their support of the HIOP and commitment to the provision of professional language services.

We would also like to thank Lidia Horvat, Program Advisor, Cultural & Linguistic Diversity, Statewide Quality Branch, Department of Human Services, for her support of this project.

Contents

Glossary	4
Executive Summary	5
Recommendations	6
Program specific recommendations	6
Aims of the HIOP	8
Background to the HIOP	9
Impetus for the HIOP	9
Context of the HIOP	10
African language focus of the HIOP	11
The HIOP model	12
About the HIOP	12
Recruitment of participants	15
Evaluation	16
Participants' Perspectives	16
Program coordinators perspectives	19
Learnings	20
English and LOTE skills of participants	20
Knowledge of Anatomy and medical concepts	22
Hospital systems and the physical layout of the hospitals	22
Professional boundaries and code of conduct	23
Gender	24
Learning environment	25
Priority Booking and post-program skills assessment	25
HIOP as stepping stone to Tertiary interpreter training and NAATI accreditation	26
Attachment 1. HIOP Outline	27
Day One	28
Day Two	29
Day Three	30
Day Four	32
Day Five	33
Attachment 2 – Final Course Evaluation	
HIOP Evaluation Questionnaire	34
Evaluation Summary	36

Glossary

'Adhoc' Interpreter	Families or friends who act as an interpreter
AUSIT	Australian Institute of Interpreters and Translators
DHS	Department of Human Services
HIOP	Healthcare Interpreting Orientation Program
LOTE	Language Other Than English
NAATI	National Accreditation Authority for Interpreters and Translators
RMIT	Royal Melbourne Institute of Technology
VMC	Victorian Multicultural Commission

Executive Summary

In 2007 the language services departments at St. Vincent's¹ and The Royal Women's Hospitals² joined forces to design and deliver the New and Emerging African Language Healthcare Interpreting Orientation Program (HIOP)³. The HIOP was funded by the Department of Human Service's (DHS) Statewide Quality Branch.

The HIOP was an intensive orientation program that aimed to improve the interpreting skills of unaccredited agency interpreters who were, at the time, working at St Vincent's and The Royal Women's Hospitals. The HIOP aimed to provide these unaccredited interpreters with an introduction to the key competencies needed to interpret in an acute medical setting, as well as the general skills and professional conduct required to deliver high quality, accurate interpreting services. It was hoped that the HIOP would encourage participants to further develop the complex skills required to interpret in a medical setting through future studies in tertiary courses such as the Diploma of Interpreting and the Advanced Diploma in Interpreting and Translating. It was also hoped that the HIOP would motivate participants to undergo NAATI⁴ accreditation.

The HIOP was conducted from 7-12 November, 2007 and targeted unaccredited interpreters in new and emerging African languages, including: Oromo, Dinka, Nuer, Amharic, Tigrinya, Sudanese Arabic and Swahili.

The HIOP is an innovative new model for introducing unaccredited interpreters to the healthcare interpreting field, improving language services for new and emerging immigrant and refugee communities and reducing the risk that unaccredited interpreters may pose to quality health outcomes for patients⁵. This report outlines the aims of the HIOP, the background to its development, the key components of the model, the HIOP program content, a summary of the participants' evaluation of the HIOP, and the key learnings developed through conducting the HIOP. The report also makes some recommendations for the continuation and further development of the HIOP.

1 An acute care tertiary hospital in Melbourne

2 A women's tertiary hospital in Melbourne

3 The HIOP was originally known as the Rare and Emerging African Language Interpreter Training project

4 National Accreditation Authority for Interpreters and Translators

5 While the HIOP model is an innovation of the Royal Women's and St Vincent's Hospitals, the theory section of the program is based on the course content in the Healthcare Interpretation Network's (2004) *A Handbook for Trainers: Language Interpreting in the Healthcare Sector*. Toronto, Canada. The HIOP program structure was also derived from *The Connecting Worlds: curriculum for trainers of healthcare interpreting*, USA

Recommendations

It is recommended that:

1. The Department of Human Services work with the Victorian Multicultural Commission to explore funding opportunities for the Healthcare Interpreting Orientation Program (HIOP) to be further developed (see recommendations 6-13) and conducted several times a year for unaccredited interpreters who work in hospitals.
2. The HIOP continue to be run in partnership between health service language service departments and interpreter agencies.
3. Health services continue to aim to work with level 3 interpreters exclusively. However, if accredited interpreters are not available and hospitals have to work with unaccredited interpreters, health services should prioritise unaccredited interpreters who have satisfactorily completed the HIOP.
4. The Department of Human Services work with the Victorian Multicultural Commission and other relevant bodies to ensure that there is an adequate supply of NAATI-accredited (level 3) interpreters in new and emerging languages to work in hospitals.

Program specific recommendations

Selection

5. The HIOP selection criteria be amended to ensure:
 - i. participants have a minimum standard of English proficiency so that they are able to effectively participate in the program
 - ii. participants intend to gain NAATI accreditation (when available) and tertiary qualifications in interpreting after program completion.

Assessment

6. A program assessment process be developed so that:
 - i. only those participants who have gained the requisite skills and knowledge are recommended for priority booking
 - ii. participants are given detailed feedback on their assessment and the opportunity to be reassessed if they are not recommended for priority booking.

Priority Booking

7. An effective priority booking system be developed that gives those HIOP participants who have gained the requisite skills and knowledge priority booking over other unaccredited interpreters. NAATI-accredited interpreters should still maintain priority booking over all unaccredited interpreters, whether or not they have completed the HIOP.
8. The conditions and limits to the priority booking system should be explained clearly to potential participants.

Mentoring

9. That an individual mentoring component be developed where project coordinators meet with participants 3 and 6 months after program completion to:
 - i. assist participants with any technical or ethical problems that have arisen in participants' interpreting assignments since program completion
 - ii. give participants feedback on the post-program clinician feedback surveys
 - iii. encourage participants to complete NAATI accreditation (when available) and tertiary qualifications in interpreting.

Program facilitation

10. That the program continue to be run by language service coordinators who are experienced, professionally (level 3) accredited interpreters.

Program content

11. The program content be amended to include:
 - i. an exploration of the ways in which different cultural perspectives of health and wellbeing may affect interpreting and communication skills
 - ii. the involvement of bilingual health professionals, who share a language with participants, to assist in finding equivalent terms or phrases, in participants' LOTEs, for medical terms.

Aims of the HIOP

The HIOP aimed to improve patient health outcomes by improving the quality and professional standard of communication that occurs between healthcare professionals and patients via unaccredited interpreters in new and emerging African languages.

The HIOP objectives were to:

- provide a professional development program for unaccredited interpreters currently working as health interpreters in new and emerging African languages to:
 - improve their interpreting skills and learn new interpreting techniques
 - gain basic contextual medical knowledge
 - build a vocabulary (in English and in LOTE⁶) of medical terminology
 - improve understanding and practice of professional ethics
 - gain a practical knowledge of the way in which a large hospital is structured and run
- provide a hands-on introduction to healthcare interpreting for participants who intend to go on to do a Diploma or Advanced Diploma in interpreting, followed by the NAATI accreditation
- motivate HIOP participants to undertake further study in interpreting skills and gain accreditation. The HIOP was intended to function as a first step in a pathway to NAATI accreditation in relevant new and emerging African languages⁷
- provide an orientation model for healthcare providers and interpreting agencies who employ unaccredited interpreters.

6 Languages Other Than English

7 NAATI cannot accredit interpreters in some of the new and emerging African languages as they do not have assessors available in these languages. Participants working as interpreters in these languages were encouraged to undertake a Diploma course in interpreting and gain NAATI accreditation when and if accreditation became available.

Background to the HIOP

Impetus for the HIOP

The HIOP was initially designed as:

- a quality improvement initiative to improve the effectiveness of communication in health consultations involving clients from new and emerging migrant and refugee communities

and

- a risk management strategy to reduce the risk that the use of unaccredited interpreters can potentially pose to quality patient outcomes.

The HIOP was a response to a number of incidents that occurred at both The Royal Women's and St. Vincent's Hospitals in 2005 and 2006 involving unaccredited interpreters. These incidents raised concerns that some unaccredited, external agency interpreters were potentially compromising communication in medical consultations by not interpreting accurately, as well as actively interfering in consultations, causing distress to patients and health professionals. These incidents also raised concern amongst health professionals and patients from recently arrived refugee and immigrant communities about the confidentiality of information disclosed in a consultation with an interpreter present, especially if the interpreter and patient knew one another. These incidents, as well as other anecdotal evidence, suggested that some unaccredited interpreters did not have the necessary skills and knowledge to interpret the complex language communicated in a medical setting or the professional boundaries required and expected of their profession. It became apparent to the language services departments at the Royal Women's and St Vincent's hospitals, that utilising unaccredited interpreters represented an unreliable communication strategy that could possibly result in less than optimal healthcare outcomes for patients and, at worst, potentially compromise patient safety. Further, as stated in the Victorian Government Department of Human Service's Language services policy, the use of unaccredited interpreters could expose the hospital to legal liability.⁸

The HIOP aimed to provide some basic skills to unaccredited interpreters and to encourage interpreters to gain appropriate qualifications and accreditation. In so doing, the HIOP aimed to improve the quality of language services being delivered to new and emerging communities in the hospital setting and lessen the risk posed by unaccredited interpreters to quality patient outcomes. The HIOP was intended as a short-term strategy that fits within the more long-term objective of ensuring that, in accordance with Victorian

⁸ *Language services policy*, Policy and Strategic Projects Division, Victorian Government Department of Human Services, Melbourne Victoria, March 2005

Government Department of Human Service's Language services policy, only NAATI accredited, professional interpreters are used in a hospital setting. The Victorian Government Department of Human Service's Language services policy states that a person who cannot communicate in English is entitled to the language assistance of an appropriately qualified professional at critical juncture points in their care. The Language services policy specifies NAATI accreditation at a professional level (level 3) as the minimum professional qualification needed for effective healthcare interpreting.

Context of the HIOP

St Vincent's and the Royal Women's hospitals employ a highly skilled team of NAATI accredited hospital staff interpreters working in many languages. Both hospitals also source highly skilled, NAATI accredited interpreters through a number of external interpreter agencies. However, hospitals are often not able to employ or source NAATI accredited interpreters in new and emerging languages, as there is a shortage of NAATI accredited interpreters in these languages. In some new and emerging languages there are no NAATI qualified interpreters available at all. This shortage extends to the availability of both onsite and telephone interpreters. Due to this shortage, and the high demand for interpreting services from recently arrived refugee and migrant communities, hospitals are often forced to rely on unaccredited agency interpreters. In practice, this leaves unaccredited interpreters struggling to interpret with rudimentary interpreting skills, limited understanding of the expected professional boundaries and code of conduct, and limited contextual knowledge of the subject matter in which they are assisting communication. Complaints to the external interpreting agency about unaccredited interpreters usually has the effect that the interpreter is withdrawn from assignments at the hospital, diminishing even further the number of interpreters available in the language pool for the hospital's patients. To cease using unaccredited interpreters would mean that patients without English would be given no communication assistance at all except by family members, often children, who have very limited skills in English and/or the LOTE that the patient speaks. The shortage of professional interpreters to assist with communication for new and emerging migrant and refugee communities compounds the already complex health and settlement issues for people in these communities.

The use of unaccredited interpreters in a hospital setting also places a great deal of pressure on the unaccredited interpreters, many of whom are dedicated professionals who chose to work as interpreters so they could serve their communities. It is particularly stressful when they are required to interpret at a level that is beyond their interpreting skills and language competency as well as beyond most lay persons knowledge of medical terminology.

It is important to note that not all unaccredited interpreters are unskilled. Some unaccredited interpreters have excellent interpreting skills but have not undergone accreditation and/or tertiary level training for a number of reasons, including: other work and/or family commitments; subsidised courses being unavailable⁹; NAATI accreditation not being available in their/a particular language. However, anecdotal evidence suggests that a significant number of unaccredited interpreters are not sufficiently competent in either English and/or their LOTE to be able to work effectively as interpreters in a medical setting.

African language focus of the HIOP

St. Vincent's and the Royal Women's hospitals targeted African languages through the HIOP because there was a relatively high demand for interpreters in these languages, few accredited interpreters in these languages and the incidents mentioned above mainly concerned unaccredited interpreters from these languages. The issues surrounding unaccredited interpreters working in healthcare, are not limited to African languages but remain common to most new and emerging language groups. In recent times similar issues have arisen with unaccredited interpreters interpreting in languages from the Indian sub-continent. Very few interpreters are accredited in Hindi, Punjabi, Urdu, Sinhalese or Tamil.

9 The paraprofessional interpreting (diploma) training courses at RMIT are sometimes cancelled due to a lack of numbers

The HIOP model

About the HIOP

The language services departments at St. Vincent's and The Royal Women's hospitals joined forces to develop and conduct the HIOP. The HIOP aimed to introduce participants to interpreting as a profession and possible career. The program developed was a unique combination of theory and observation, in which interpreting theory was taught in the morning and reinforced in afternoon sessions during which the participants observed the hospitals' highly skilled, NAATI accredited staff interpreters at work. The HIOP focused on developing essential interpreting skills and building knowledge of health specialisations and aspects of the Australian healthcare system relevant to the assignments a healthcare interpreter would normally be given by a commercial interpreting agency.

While the practical observation component of the program was an innovation of the HIOP, much of the theory component of the HIOP curriculum was adapted from the Healthcare Interpretation Network's *A Handbook for Trainers: Language Interpreting in the Healthcare Sector*.¹⁰ The HIOP also drew on the Healthcare Interpretation Network manual for their selection questionnaire. The HIOP program structure was also derived from The Connecting Worlds resource.¹¹

The HIOP ran for five consecutive days. Each day consisted of a theory session that focused on a number of different topics, including:

- interpreting skills and techniques (memory development, paraphrasing, creation of bilingual glossaries, strategies for dealing with unknown words that come up in a consultation)
- ethical issues and dilemmas, and practical strategies for navigating the complex ethical field of healthcare interpreting
- anatomy of the human body and common health issues dealt with by each hospital
- medical specialisations, common procedures and related terminology

A program outline can be found in attachment 1.

Given the time limitations of the program, each of the above-mentioned topics were introductory in nature. Participants were encouraged to further develop their interpreting skills and techniques by undertaking tertiary study after the completion of the program. With regard to medical terminology and other medical knowledge, participants were encouraged to continue

10 Healthcare Interpretation Network (2004) *A Handbook for Trainers: Language Interpreting in the Healthcare Sector*. Toronto, Canada

11 *The Connecting Worlds: curriculum for trainers of healthcare interpreting*, USA

to develop bilingual glossaries and their medical vocabulary through reference books, dictionaries, and by asking for clarification during future interpreting assignments.

Each theory segment of the program was followed by an observation session with the hospitals' NAATI-accredited staff interpreters. Each participant 'shadowed' a staff interpreter during their afternoon's interpreting assignments. Participants were asked to record their observations and discuss them during the following morning's session. Participants were asked to specifically observe how an interpreter managed an assignment, including how the interpreter managed her/his: professional boundaries; interactions with clinicians (asking clinicians for clarification, or requesting that clinicians slow down); seating arrangements; and use of terminology.

The short and simple structure of the program model did not include assessment of a participant's interpreting skills in their LOTE nor were they required to interpret under supervision as would usually be required during an RMIT Diploma or Advanced Diploma in an interpreting practicum. It was believed that it would be more valuable for the participants to focus on observing professional and experienced interpreters in other LOTEs using techniques and skills which could later be applied to their own LOTE interpreting.

The HIOP model also included post-program skills assessment component during which interpreters who completed the program were assessed during an assignment at the hospital at 3 and 6 month intervals after program completion. The assessment was aimed at assessing the program's effectiveness. Assessment included a checklist to record whether an interpreter was punctual, reported to the right location, and appeared to know the relevant terminology. The assessment also included feedback from clinicians regarding conduct in the consultation.

The post-program skills assessment component of the HIOP model did not go ahead for a number of reasons, including:

- that the Language Service Coordinators (in both hospitals) changed jobs during the period that the post-program skills assessment was to take place
- a reduction in the number of program participants working at St Vincent's and The Royal Women's Hospital after the completion of the program. This was due to the interpreter agency giving priority to a number of newly, NAATI accredited interpreters, in African languages joining the agency
- The logistic complexity of coordinating clinicians and booking staff to fill out the post-program skills assessment survey.

As an incentive to completing the program, participants were offered a priority booking with All Graduates Interpreting and Translating Services.

As HIOP participants were forfeiting freelance interpreting work to participate in the program, they were compensated for loss of earnings. Participants were expected to attend the full five day program. Only medical certificates were accepted as legitimate reasons for an absence, and then only for one day of the program.

Participant numbers were limited to eight as the observation sessions could only accommodate one participant to accompany a hospital staff interpreter during a consultation with a patient and clinician.

The HIOP was developed and conducted by the language service coordinators at St Vincent's and the Royal Women's Hospitals. The HIOP coordinators brought to the program extensive, hands-on knowledge of the technically and ethically complex field of health interpreting. Both coordinators:

- are NAATI accredited professional (level 3) interpreters
- have a degree in interpreting and translating and/or a degree in linguistics and teaching English as a second language
- coordinate language services for a tertiary hospital
- are active in policy and quality initiatives in the interpreting field
- have worked extensively with interpreters and patients from new and emerging communities.

The learning environment was informal and discussion-based. As each interpreting topic was covered, ample opportunity was given for discussions which aimed to tap into and broaden the participants' current interpreting knowledge and level of experience.

Recruitment of participants

Participants were recruited through All Graduates Interpreting and Translating. All Graduates sent letters to over 110 unaccredited interpreters in the target group requesting expressions of interest in an interpreting program. Those who responded were invited to a paid information session at St. Vincent's. The aim of the program and conditions for recruitment and attendance were explained to the 13 potential participants who attended the information session. Participants were informed that DHS funding was available for eight fully subsidised places. Entry/pre-training questionnaires were sent to all interested candidates to gauge their suitability for the program. Of 13 questionnaires, 10 were returned and eight participants were selected (four men and four women).

The participants were selected according to:

- their capacity to participate in the program
- relevant educational background
- language combination
- existing knowledge of interpreting practice and ethics
- motivation and interest in improving their interpreting skills.

Participants were expected to have basic English language proficiency and basic knowledge of interpreting practice and ethics.

All of the participants selected were working in languages in which they were unaccredited. However, some participants did have NAATI accreditation in other languages. NAATI accreditation was not available for some of the languages in which participants were interpreting. Two of the participants had completed the RMIT Diploma in Interpreting. The languages spoken by selected participants were: Swahili, Sudanese Arabic, Dinka, Amharic, Tigrinya, Oromo, and Harare.

Evaluation

The HIOP was evaluated from the perspective of the program participants and the HIOP coordinators. Participant feedback was gathered through an evaluation survey conducted at the end of the program (see attachment 2) and a focus group conducted 12 months after the program was completed. An evaluation of the impact of the program on participants' skills and conduct was planned through the post-program skills assessment at 3 and 6 month intervals following the completion of the program. As mentioned above, the post-program skills assessment did not take place.

The focus group was not part of the original project plan. The focus group was conducted 12 months after the HIOP was completed so that the HIOP coordinators and DHS could get a better sense of what participants had learnt from the program, how participants had incorporated their learnings from the HIOP into their practice and whether the HIOP had encouraged and inspired participants to complete tertiary qualifications or gain NAATI accreditation. The focus group was conducted by an independent facilitator. Of the program participants, six out of the eight attended the focus group.

Participants' Perspectives

Feedback received in both the post-program evaluation survey and the focus group was enthusiastic and positive about the theory, discussion and observation components of the HIOP. Participants reported that the HIOP had taught them valuable practical skills that had improved their interpreting practice. In focus group discussions participants said that they had implemented many of the skills and practices taught during the HIOP. Participants reported that the HIOP had also given them both confidence and practical strategies to better negotiate the professional boundaries and codes of conduct expected of their profession. One participant had gained NAATI (level 2) accreditation after completing the program, and two others intended to complete the Advanced Diploma in interpreting and translating at RMIT and gain level three accreditation in 2009. The following section discusses key areas of participant feedback.

Observation component of the program

The aspect of the HIOP participants most valued was the observation component. Participants said they learnt an enormous amount from watching experienced interpreters at work. Of particular benefit to participants was observing the ways in which experienced interpreters negotiated the differing expectations of clinicians and clients to ensure that they offered high quality

interpreting services. Participants enjoyed observing how professional interpreters balanced politeness and warmth with professional distance. HIOP participants also particularly valued observing the way in which the interpreter worked with clinicians, asking them for clarification when he or she didn't understand a particular word or phrase, and insisting that the clinician slow down if he or she was speaking too fast to allow for effective interpreting. Participants said that watching the experienced interpreters interact with clinicians in this way gave them the confidence to incorporate these practices into their own practice.

As one participant described it: *“The program gave me confidence to say when I don't know. There is no equivalent to the word 'iron' in my language. If I used the most equivalent word people would think I was speaking about a building material. I now ask the doctor to explain what iron is to the client and I interpret the explanation”*

Participants also said that they felt validated when they observed experienced interpreters adopting practices similar to their own.

Orientation to the hospital departments and physical environment

Participants said that the orientation to the hospital's departments and physical environment was very useful, because it provided information about where different departments were located and where different procedures were conducted. This information gave participants important contextual and practical information essential to performing their roles.

Professional boundaries and codes of conduct

Participants said that they learnt a lot about professional boundaries and the interpreter's code of conduct. Participants said that the real-life scenarios and anecdotes used by the program coordinators gave participants an understanding of both the rationale behind the code of conduct and the potential consequences of not following it. One participant described the value of this aspect of the program in this way: *“We always knew what we were supposed to do but not why and how we were supposed to do it”*. Other participants said the program gave them additional information about the limits to their role that they hadn't previously known about. For example, some participants said they didn't know that they were not supposed to interpret written information (such as, forms or documents). Participants also said that they valued the strategies they were taught for dealing with situations in which a client's expectations were in conflict with the professional code of conduct of interpreters. Participants said that they found their work as interpreters particularly fraught when cultural expectations on social discourse clashed

with the expected professional distance of an interpreter. Participants said that in these situations clients often thought professional interpreters rude and arrogant. This was particularly problematic when the interpreter knew the patient outside the professional setting. One participant gave an example of how they found the discussions about mediating cultural expectations useful: *“We are not supposed to chat with clients before they go into their appointment. This is because they might tell all the things they are supposed to tell the doctor to us. They then won’t talk in the consultation, expecting us to tell the doctor what was previously said. Also they might tell us things and then say they don’t want us to repeat it to the doctor. This puts us in a difficult situation. It is particularly difficult when there is not a separate room for us to wait in. The client thinks we are rude if we don’t talk with them. Sometimes the receptionist doesn’t help and introduces us to the client in the waiting room. It was really useful having other experienced interpreters give us strategies for dealing with this situation, like saying hello and then finding a way to excuse ourselves.”*

Interpreters teaching interpreters

Participants said that one of the reasons that the program was so relevant and valuable was that it was taught by coordinators who were themselves experienced interpreters. Participants very much valued the practical and hands-on insights and strategies they gained from experienced interpreters in both the theory and observation components of the HIOP.

Peer support and learning

Participants also enjoyed discussing common dilemmas and frustrations, as well as ideas and strategies, with each other. Participants said they felt supported and learnt from other members of the program. This was a particularly important aspect of the program because participants experienced interpreting as a very isolating profession.

Interpreting skills

Participants said the interpreting skills taught in the program were useful and had improved their practice as interpreters. Participants said that the memory and paraphrasing exercises were particularly useful. Some focus group participants said that they had continued to develop their bilingual glossaries of new English words and medical terms and their equivalent words or phrases in their LOTE.

The HIOP as stepping stone to formal training and accreditation.

One participant had gained NAATI (level 2) accreditation after completing the program, and two others intended to complete the Advanced Diploma in interpreting and translating at RMIT and gain level three accreditation in 2009. Two other participants said they would gain accreditation when it became available in their language. Two participants said they would not attempt to gain NAATI accreditation as they had both sat for the NAATI test in the past and had narrowly failed. These participants expressed concern that the NAATI test tested a dialect of their language different from their own. All focus group participants said they would continue to participate in professional development seminars and courses. When asked what would encourage them to complete a tertiary course and/or NAATI accreditation participants said that:

- the VMC scholarships should be maintained as they would greatly assist participants in completing tertiary courses
- they would be more likely to complete tertiary studies if the tertiary courses were organised into intensive blocks
- they would benefit from a course that helped them to prepare for their NAATI accreditation.

Priority Booking

Participants' only criticism of the HIOP was that they (5 out of 6 focus group members) had had less work at St Vincent's and The Royal Women's hospitals since they had completed the program. Participants were puzzled by this as they were informed at the beginning of the program that they receive a booking priority if they completed the program. Participants said they had received no explanation for this drop-off in work from either the program coordinators or from the interpreting agencies. Participants said they were still getting work through other agencies at other sites. This issue is discussed further in the learnings section.

Program coordinators perspectives

The program coordinators' perspectives on the value and effectiveness of the program are incorporated into the learnings section below.

Learnings

The following section is written from the perspective of HIOP coordinators. The learnings and assertions below are based on the program coordinators' observations and reflections during and after the HIOP was conducted.

English and LOTE skills of participants

Findings: English interpreting skills development

1. As participants' English language skills varied considerably, it was essential to use simply-structured, idiom-free language in program instruction and discussion to maximise participant learning.
2. The basic English language skills of some participants reinforced concerns that some unaccredited interpreters did not have the language proficiency to effectively deliver interpreting services.
3. Participants needed to have a basic English skill level in order to fully benefit from the interpreting techniques and the explanations of medical concepts, procedures and terminology taught in the program. Not all participants had this skill level.
4. Basic English comprehension skills could affect the quality of communication in a health consultation whether or not specific medical terminology was being used.

Discussion

The participants' English language communication skills (oral, reading and writing skills) varied considerably. Those whose general English communication skills were fair to good still had limited knowledge and understanding of English medical and anatomical terminology and concepts. These participants benefited enormously from the strategies and skills taught in the program such as developing a terminology glossary, and ways to ask a health professional for clarification and paraphrasing. These participants also expanded their vocabularies and contextual knowledge from the discussion and instruction on medical concepts, medical terms and procedures. Those participants who had basic English communication skills were unable to fully participate in class discussion and appeared confused by the explanation of medical techniques and related terminology. The basic language skills of these participants reinforced concerns that some unaccredited interpreters currently working in hospitals did not have the basic skill level needed to interpret in a health setting, whether or not medical terminology was used.

Some participants had only rudimentary English literacy. This raised concerns about how low literacy levels would affect a participant's note-taking skills and reading comprehension of brochures, fact sheets or textbooks. Simply-structured, idiom-free language was used during the program to enable participants with rudimentary English skills to participate in the discussion. It was important that these participants be given the opportunity to learn as much as possible from discussion, even though they may not have had the skill level to implement some of the interpreting strategies and techniques taught in the program. This approach appears to have worked well as all of the participants who attended the evaluation focus group (6 of the 8 participants) said they learnt a great deal from the program. However, it was impossible to tell the extent of participant learning as no skills assessment was conducted prior to commencing or following completion of the program. If the program was to be conducted again it may be useful to change the recruitment process so that participants are required to have a minimum level of English. A different program could be developed for those participants who have basic English language skills.

Findings: LOTE interpreting skill development

1. Participants often did not know the words, in their LOTE, for English medical concepts, technology or terminology. In some instances this was because the participant did not know the word but in other instances because the word did not exist in their LOTE.
2. Participants benefited from learning how to paraphrase to convey a message accurately in order to overcome a lack of equivalent words.

Discussion

Although participants' LOTE skills were not assessed by the program it became clear that their skills varied considerably. Although all participants were probably conversationally proficient and fluent in their LOTEs, participants often did not know the words in their LOTE for English medical concepts, technology or terminology. This was not always due to a lack of knowledge. In some cases the equivalent words for medical concepts, technology or terminology did not exist in a participant's LOTE. Participants were taught how to:

- source equivalent terminology on the internet, from dictionaries (although this proved difficult for some LOTEs due to lack of available dictionaries in LOTE both in Australia and in the country of origin), or from health professionals working in Australia who spoke their LOTE

- paraphrase to convey a message accurately in order to overcome lack of equivalents between languages, and to record these phrases in their glossaries for reference
- ask a clinician to explain an unknown word or concept.

Without being able to test a participant's LOTE skill development, it is impossible to establish what kind of impact the program had on participants' interpreting skills and their competency as interpreters. If the program was run in the future it would be useful to test a participant's LOTE capability before and after the program.

Knowledge of Anatomy and medical concepts

Findings

1. There was little knowledge among participants of the anatomy of the human body, related common illnesses and diseases, and medical procedures in general.

Discussion

The lack of anatomical knowledge, related common illnesses and diseases, and medical procedures in general, was concerning as these participants were regularly assigned by the interpreting agencies to interpret for clients in hospitals and community health centres. The participants were each provided with a medical textbook on anatomy and physiology, *The Human Body*, which covered common diseases and illnesses and introduced them to medical terminology in context. Participants were also given information on common medical procedures.

Hospital systems and the physical layout of the hospitals

Findings

1. Participants did not know their way around the hospital and had very little knowledge about the location or function of hospital departments. Hospital tours proved to be an effective strategy to orient participants to the hospital and its departments.
2. The lack of punctuality of the participants in meeting appointments was a problem. This was in part due to participants being unaware of how the public hospital appointment system and the Outpatient clinic structure works, and the impact on the system if appointments are delayed.

Discussion

One of the motivating factors for initiating the HIOP was that many interpreters from new and emerging African languages appeared not to understand directions or instructions when arriving at the hospital interpreter booking office, which could be a result of unfamiliarity with a new environment. Tours of the hospital were conducted in order to familiarise participants with the different departments and the procedures that are conducted there. As discussed in the evaluation, participants found this a particularly valuable aspect of the program.

Prior to the beginning of the HIOP there was a perception in the community interpreting field that interpreters from new and emerging language communities were rarely punctual, either arriving late for their assignments or not at all. In order to help participants understand the impact of lateness, a session was conducted about the public hospital appointment system and the Outpatient clinic structure which opened up a discussion about the impact of arriving late for an assignment (or cancelling at late notice) and the flow-on effect it had on medical services for other clients, those on waiting lists for treatment, and on the hospital interpreter service. Participants found this session very useful. In focus group discussions, however, participants also talked about other factors that influence their punctuality such as being overbooked or prior appointments running overtime.

Professional boundaries and code of conduct

Findings

1. Many participants belong to communities in which the experience of trained interpreters, as opposed to 'ad hoc' interpreters like family and friends, is still so new that their role is not yet well understood. Many new and emerging communities expect interpreters to be advocates and to give advice.
2. Assisting participants to find a culturally acceptable way to create professional distance was essential.

Discussion

Many participants felt torn between the expectations of their communities and the need to maintain the professional boundaries expected of an interpreter. This was particularly difficult for participants who came from very small communities and often knew the people they were interpreting for. The participants said they felt a responsibility towards their clients and were seen as an advocate for their community and sometimes expected to give advice as

well as interpret. Many participants belong to communities in which experience of trained interpreters (as opposed to 'ad hoc' interpreters like family and friends) is still so new that their role is not yet well understood. Through classroom discussion and instruction participants talked through the potential implications of overstepping their professional role as an interpreter. Conflicts of interest were discussed in relation to maintaining boundaries and ways in which to apply the code of ethics in a real situation where the interpreter is torn between the client's expectations and their expected professional behaviour. Ethical dilemmas were widely discussed during the HIOP with many alternative solutions suggested to each specific problem so that participants would learn to apply their ethics in a practical way.

As discussed in the evaluation session, participants found this a very valuable aspect of the program, saying that they had not truly understood the reason for professional boundaries before. Participants found it particularly useful when they were given strategies to balance cultural expectations of social interaction and the professional distance expected of an interpreter. Should the program be run again it would be useful to expand this section by involving other accredited interpreters and health professionals who share a culture with the participants, to lead discussion on how to negotiate boundaries in a culturally acceptable manner.

Gender

Findings

1. It was important that both observation sessions and class discussions were respectful of the gender sensitivities of both participants and interpreters.

Discussion

Many clients from new and emerging language groups prefer same-gender interpreters, either for religious or cultural reasons. For this reason, the observation sessions at each hospital separated the male and female participants. The female participants focused on familiarising themselves with women's health terminology and observing interpreting of women's health issues since most clients from new and emerging African communities prefer to have a female interpreter. The male interpreters spent their observation sessions at St. Vincent's in the general medical Outpatient clinics. On the last day of the program, all interpreters were taken on a tour of St. Vincent's to familiarise them with the layout of the hospital and clinics. The participants were also invited to spend some time in future at the hospital interpreters' department for further observation sessions if they wished to improve their knowledge of an area they were particularly interested in.

It was important to show respect and understanding for the gender sensitivities of the participants during class discussions and instruction. When the topic of interpreting obscenities and sexual terminology was covered in Active Listening practice, the participant pairs were of the same gender to avoid any embarrassment caused by using unfamiliar taboo language.

Learning environment

Findings

1. The small group format combined with the lecture–discussion–observation format of each day created a supportive and dynamic learning environment.
2. The interpreter led aspect of the program was essential to the program’s success.

Discussion

The small group format was an effective way to engage the participants in a supportive and positive learning environment. The information was taught in lecture-style with an invitation to the group to discuss any aspect of the subject at hand from their own experience after the theory had been taught. This led to structured discussions in which the participants built on each other’s information, and which the trainers tactfully and carefully supplemented. The participants were very respectful of each person’s contribution to every discussion.

The interpreter led aspect of the program was essential to the program’s success. Participants responded well to practical, experience based scenarios, dilemmas and strategies that came from experienced interpreters personal experience.

Priority Booking and post-program skills assessment

Findings

1. Should the program be conducted again:
 - The priority booking system needs to be developed and its limitations and scope explained clearly to participants
 - The post-program skills assessment needs to be restructured to manage some of the logistic problems associated with coordinating clinician feedback with interpreter bookings.

Discussion

Priority bookings were given to HIOP participants over other unaccredited interpreters for several months after the HIOP was completed. However, not long after the HIOP was completed several new NAATI accredited interpreters in some African languages joined the interpreter agency. Booking priority was then given to these interpreters. This could explain the drop off in work that some interpreters experienced after the HIOP was completed. The focus group revealed that participants did not seem to understand that priority would be given over unaccredited interpreters but not NAATI accredited interpreters. It also appears that the priority booking system was not functioning well 12 months after the HIOP was completed. The reasons for this are unclear. Should the program be conducted again the priority booking system needs to be developed and its limitations and scope explained clearly to participants.

The post-program skills assessment would have been a useful mechanism to test the program's effectiveness. If the program is conducted in the future, the post-program skills assessment would need to be restructured to manage some of the logistical problems associated with coordinating clinician feedback with interpreter bookings.

HIOP as stepping stone to Tertiary interpreter training and NAATI accreditation

Findings

1. Should the program be conducted again, a post-program mentoring component should be developed to increase the uptake of tertiary qualifications in interpreting and NAATI accreditation.

Discussion

The program coordinators had hoped that a higher proportion of participants would complete tertiary qualifications in interpreting and gain NAATI accreditation after completing the HIOP. Perhaps a post-program mentoring component would have increased the uptake of tertiary qualifications in interpreting and NAATI accreditation. Should the HIOP be conducted in the future a post program mentoring component could be developed to give participants one-on-one support and information to develop career pathways in the interpreting profession.

Attachment 1. HIOP Outline

Many of the activities for the HIOP theory sessions were based on the activities in the Healthcare Interpretation Network's (HIN) (2004) *A Handbook for Trainers: Language Interpreting in the Healthcare Sector*,¹² Toronto, Canada. *The Connecting Worlds*¹³ resource was also used as a reference manual when developing the HIOP.

The HIOP learning objectives were:

- to define the role and responsibilities of an interpreter within the Australian and Victorian healthcare system
- to understand AUSIT's code of ethics and its practical application
- to introduce and familiarise participants with some key elements of the Australian and Victorian healthcare system
- to familiarise students with the role and function of the clinics at the Royal Women's Hospital
- to give participants an understanding of the key tasks of interpreting and the guidelines for interruption
- to explore the dynamics that can effect an interpreter's capacity to deliver effective services
- to familiarise participants with medical specialisations
- to introduce participants to preparatory strategies for interpreting in the context of a medical specialisation
- to ensure that participants understand the safety implications of inaccurate healthcare interpreting
- to build participant's skills in active listening, accurate repetition, memory retention, and note taking for interpreting
- to build participant's skills in understanding and repeating medical terminology, idiom and jargon
- to build participant's skills in, and explore cultural and personal attitudes toward, interpreting obscenities and sexual terminology
- to build participant's skills in developing and researching bilingual glossaries
- to develop interpreter's skills and awareness in negotiating the complex ethical terrain of interpreting and to give participants practical strategies for negotiating some of the more common ethical situations that confront interpreters.

12 Healthcare Interpretation Network, op.cit.

13 *Connecting Worlds*, op.cit.

Day One

Learning Objectives:

- to define the role and responsibilities of an interpreter within the Australian and Victorian healthcare system
- to understand AUSIT's code of ethics and its practical application
- to introduce and familiarise participants with some key elements of the Australian and Victorian healthcare system
- to familiarise students with the role and function of the clinics at the Royal Women's Hospital.

TIME	ACTIVITY	RESOURCES
AM	<p>Warm-up and Introductory exercise</p> <p>Ask participants to find a partner and interview them, then introduce them to the rest of the class.</p>	<p>Handouts: Housekeeping /Course outline Goals and Objectives</p>
AM	<p>Instruction and Discussion</p> <p>The roles and responsibilities of the interpreter</p> <ul style="list-style-type: none"> • definition and role¹⁴ <p>Modes of interpreting:</p> <ul style="list-style-type: none"> • consecutive, simultaneous, whispered consecutive and simultaneous, sight translation and the aim of note-taking¹⁵ <p>Code of Ethics: AUSIT</p> <ul style="list-style-type: none"> • ethical decision making based on code of ethics. 	<p>Handout: Code of Ethics: AUSIT</p>
Break		
AM	<p>DVD and discussion</p> <p>Show DHS training DVD <i>Making the Connection</i>:</p> <p>No. 5 It's not personal: on using a relative as an interpreter</p> <p>No. 2 Sound performance: ideal interpreting situation</p> <p>Ask participants to compare and contrast the role the interpreter plays in segments 5 and 2.¹⁶</p> <p>Discussion: What did participants notice? What would they do differently?</p>	<p>DVD: DHS training DVD <i>Making the Connection</i></p>
AM	<p>Instruction and Discussion</p> <p>Overview of the Australian Healthcare system and Victorian DHS system</p> <ul style="list-style-type: none"> • Medicare • health specialisations <p>Introduction to the Royal Women's Hospital Clinics.</p>	<p>Handout: The Royal Women's Hospital Clinics</p>
Lunch		
PM	<p>Observation</p> <p>Participants to observe hospital staff professional interpreters at work at St Vincent's or the Royal Women's Hospital.</p> <p>Ask participants to write down their observations of the skills and techniques used by the hospital staff professional interpreters during their work.</p>	

14 Healthcare Interpretation Network op.cit., p.92-94

15 ibid, p.92-94

16

Day Two

Learning Objectives:

- to give participants an understanding of the key tasks of interpreting and the guidelines for interruption
- to explore the dynamics that can effect an interpreter's capacity to deliver effective services
- to familiarise participants with medical specialisations
- to introduce participants to preparatory strategies for interpreting in the context of a medical specialisation
- to familiarise students with the role and function of the clinics at the Royal Women's Hospital
- to build participant's skills in active listening and accurate repetition.

TIME	ACTIVITY	RESOURCES
AM	<p>Observation feedback and discussion</p> <p>Ask each participant to share their observations from the previous day's observation sessions.</p> <p>Discuss:</p> <ul style="list-style-type: none"> • Key features of the observed sessions: introductions, seating, techniques • How the AUSIT Code of Ethics relates to participant's observations. 	
AM	<p>Instruction and discussion</p> <p>Principals of Practice: The elements of clarification</p> <p>Constituent Tasks on Interpreting¹⁷</p> <p>Guidelines for interruption¹⁸</p>	<p>Handouts:</p> <p>Constituent Tasks on Interpreting¹⁹</p> <p>Guidelines for interruption²⁰</p>
AM	<p>Instruction and Discussion</p> <p>Dynamics that influence an interpreter's capacity to deliver effective services²¹</p> <ul style="list-style-type: none"> • attitudes of healthcare providers • emotional demands of interpreting. <p>Discuss each of these dynamics and explore strategies/solutions for each.</p> <p>Activity</p> <p>Ask participants to complete activity sheets on each of the dynamics above.</p>	<p>Activity Sheets:</p> <p>Attitudes of healthcare providers²²</p> <p>Emotional demands of Interpreting²³</p>
Break		
AM	<p>Instruction and Discussion</p> <p>Health Specialisation (continued from day 1)</p> <p>Role of Doctors, Nurses, Midwives</p> <p>Overview of clinics of the Royal Women's and St Vincent's Hospitals</p> <p>Definitions of medical specialisations and how to prepare for a specific assignment.</p> <p>Activity</p> <p>Active Listening Skills: Graded activities for memory development and interpreting accuracy²⁴</p> <ul style="list-style-type: none"> • Facilitators to check on accuracy of listening and provide feedback to participants. 	<p>Activity Sheet:</p> <p>Instruction sheet for Active Listening²⁵</p>
Lunch		
PM	<p>Observation</p> <p>Participants to observe hospital staff professional interpreters at work at St Vincent's or the Royal Women's Hospital.</p> <p>Ask participants to write down their observations of the skills and techniques used by the hospital staff professional interpreters during their work.</p>	

17 ibid, p.100

18 ibid, p.119

19 ibid, p.100

20 ibid, p.119

21 ibid, p.124-6

22 ibid, p.124

23 ibid, p.125

24 ibid, p.134

25 ibid

Day Three

Learning Objectives:

- to ensure that participants understand the safety implications of inaccurate healthcare interpreting
- to develop participants skills in active listening and memory retention for interpreting
- to develop participants skills in understanding and repeating medical terminology, idioms and jargon
- to explore the dynamics that can effect an interpreters capacity to deliver effective services
- to develop interpreter's skills in, and explore cultural and personal attitudes toward, interpreting obscenities and sexual terminology
- to build participant's skills in developing and researching bilingual glossaries.

TIME	ACTIVITY	RESOURCES
AM	<p>Observation feedback and discussion</p> <p>Ask each participant to share their observations from the previous day's observation sessions. Discuss:</p> <ul style="list-style-type: none"> • medical context and terminology used in observed sessions • ethical issues arising from observed session • interpreting techniques observed. 	
	<p>Instruction and Discussion</p> <p>Introduction to Anatomy</p> <ul style="list-style-type: none"> • Distribute the Human Body text book • Give participants an overview of the Human Body text book and how to use it. <p>Medical terminology</p> <ul style="list-style-type: none"> • Importance of accurate medical terminology and how to prepare for situations where language specific terminology does not exist-emphasis on importance of contextual knowledge for paraphrasing. <p>Introduction to glossary creation:</p> <ul style="list-style-type: none"> • Practical demonstration of glossaries. Provide participants with information on how to source dictionaries in new and emerging languages in Australia. 	The Human Body textbook
Break		
	<p>Instruction and Discussion</p> <p>Dynamics that influence an interpreter's capacity to deliver effective services²⁶ (continued from day 2)</p> <ul style="list-style-type: none"> • family dynamics. <p>Discuss family dynamics and explore strategies /solutions ethical and practical dilemmas that arise from discussion.</p> <p>Activity</p> <p>Ask participants to complete the activity sheet on family dynamics.</p>	Activity Sheets: Family Dynamics ²⁷
	<p>Instruction and Discussion</p> <p>Obscenities and Sexual terminology:</p> <ul style="list-style-type: none"> • Introduce participants to the role of the interpreter when obscenities and/or sexual terminology arises in a consultation • Explore cultural norms and values around obscenities and sexual terminology and how these may impact on the interpreter, client and communication. 	
	<p>Instruction and Discussion</p> <p>Strategies for working with idiom and jargon.</p>	Handout: Note taking and memory retention ²⁸

26 ibid, p.124-6

27 ibid, p.126

28 ibid, p.156

TIME	ACTIVITY	RESOURCES
	<p>Activity</p> <p>Active listening skills practice Activity: Dilation and curettage²⁹ Activity: Concussion³⁰</p> <p>Activities give participants the opportunity to put the theory of day three into practice.</p>	<p>Activity Sheets:</p> <p>Dilation and curettage³¹ Concussion³²</p>
Lunch		
PM	<p>Observation</p> <p>Participants to observe hospital staff professional interpreters at work at St Vincent's or the Royal Women's Hospital.</p> <p>Activity</p> <p>Ask participants to write down their observations of the skills and techniques used by the hospital staff professional interpreters during their work.</p>	

29 *ibid*, p.140-141

30 *ibid*, p.143-144

31 *ibid*, p.140-141

32 *ibid*, p.143-144

Day Four

Learning Objectives:

- to develop participants skills in active listening and note taking for interpreting
- to explore the dynamics that can effect an interpreters capacity to deliver effective services
- to develop interpreter’s skills in, and explore cultural and personal attitudes toward, interpreting obscenities and sexual terminology.

TIME	ACTIVITY	RESOURCES
AM	<p>Observation feedback and discussion</p> <p>Ask each participant to share their observations from the previous day’s observation sessions. Discuss:</p> <ul style="list-style-type: none"> • medical context and terminology used in observed sessions • ethical issues arising from observed session • interpreting techniques observed. 	
AM	<p>Instruction and Discussion</p> <p>Obscenities and Sexual terminology (continued from Day 3):</p> <ul style="list-style-type: none"> • Explore cultural norms and values around obscenities and sexual terminology and how these may impact on the interpreter, client and communication • Introduce participants to the common situations where obscenities and sexual terminology may arise in a health setting. 	
AM	<p>Instruction and Discussion</p> <p>Translating Documents</p> <ul style="list-style-type: none"> • Roles and boundaries of interpreters in relation to translating documents. 	
Break	<p>Instruction and Discussion</p> <p>Note Taking</p> <ul style="list-style-type: none"> • Introduce participants to the key skills for note taking for interpreting. 	
	<p>Activity</p> <p>Active Listening Practice and Note Taking</p> <ul style="list-style-type: none"> • Activity on note taking of numbers, names and dates.³³ 	<p>Activity Sheet</p> <p>Note Taking Numbers and Dates³⁴</p>
	<p>Activity</p> <p>Active Listening Practice – accuracy activity.³⁵</p>	<p>Activity Sheet</p> <p>Paolo in Emergency³⁶</p>
Lunch	<p>Observation</p> <p>Participants to observe hospital staff professional interpreters at work at St Vincent’s or the Royal Women’s Hospital.</p> <p>Activity</p> <p>Ask participants to write down their observations of the skills and techniques used by the hospital staff professional interpreters during their work.</p>	

33 ibid, p.178-179

34 ibid, p.178-179

35 ibid, p.-149

36 ibid, p.148-149

Day Five

Learning Objectives:

- to develop participants skills in active listening
- to explore the dynamics that can effect an interpreters capacity to deliver effective services
- to develop interpreter’s skills and awareness in negotiating the complex ethical terrain of interpreting and to give participants practical strategies for negotiating some of the more common ethical situations that confront interpreters.

TIME	ACTIVITY	RESOURCES
AM	<p>Observation</p> <p>Participants to observe hospital staff professional interpreters at work at St Vincent’s or the Royal Women’s Hospital.</p> <p>Activity</p> <p>Ask participants to write down their observations of the skills and techniques used by the hospital staff professional interpreters during their work.</p>	
Lunch		
	<p>Observation feedback and discussion</p> <p>Ask each participant to share their observations from the morning’s (and previous day’s) observation sessions. Discuss:</p> <ul style="list-style-type: none"> • medical context and terminology used in observed sessions • ethical issues arising from observed session • interpreting techniques observed. 	
	<p>Activity and Discussion</p> <p>Cultural norms, expectations and sensitivities around gender</p> <ul style="list-style-type: none"> • Active listening activities using gender sensitive topics. • Participants to be in pairs of the same gender and assigned gender specific activities. 	<p>Activity Sheet</p> <p>Prostate Cancer³⁷</p> <p>Gonorrhoea³⁸</p>
	<p>Activity and Discussion</p> <p>Activity using scenarios that raise ethical dilemmas for the interpreter.</p>	<p>Activity Sheet</p> <p>Ethical Dilemmas</p>
	<p>Instruction</p> <p>Instruction on how to conduct internet research for medical and language specific terminology for interpreting assignments.</p> <p>Other strategies for self study and skill development.</p>	<p>Handout</p> <p>Strategies for self study and skill development³⁹</p>
	<p>Course Evaluation</p> <p>Ask participants to fill out the course evaluation form.</p>	<p>Handout</p> <p>Course Evaluation Form</p>
Break		
	Presentation of Course Completion Certificates for Participants.	

37 ibid, p.144

38 ibid, p.208

39 ibid, p.231

Attachment 2 – Final Course Evaluation Questionnaire and Summary– November 2007

HIOP Evaluation Questionnaire

Now that we have reached the end of the training program, your comments would help us to improve future training programs.

1. Please put a cross (X) in the box where you agree:

AIM	DEFINITELY AGREE	AGREE	NOT SURE	DO NOT AGREE	DEFINITELY DO NOT AGREE
I have a basic understanding of the skills required to be an interpreter in the healthcare area					
I have a basic understanding of the role and responsibilities and Code of Ethics of interpreters in the healthcare area					
I had an opportunity to practice some of the skills necessary for interpreting					
I had an introduction to the vocabulary necessary for interpreting in the healthcare area					

2. The most important thing I learned at this training program was:

3. Please fill in the chart with a cross (X) for each section covered in the training:

	EXTREMELY USEFUL	VERY USEFUL	A LITTLE USEFUL	NOT USEFUL AT ALL
What is interpreting?				
What does an interpreter do?				
Active listening exercises: English to English				
Role and Responsibilities of an interpreter in the healthcare area				
Code of Ethics				
Introductions at an assignment				
Role conflict and ethical dilemmas				
Introduction to note taking and sight translation				
Guidelines to interruption				

4. Are there any other topics that you think should have been included?

5. I would like to suggest the following changes to the next training program:

6. The amount of information presented in this training program was:

_____ not enough _____ just right _____ too much

7. The length of the training program was:

_____ too short _____ just right _____ too long

8. Would you like to make any comments about the training program?

Thank you for participating in the training program and for providing this information.

Evaluation Summary

Question 1.

All respondents agreed that they had acquired a basic understanding of the skills required to be an interpreter in the health area. (7/8 definitely agreed, 1/8 agreed).

All respondents definitely agreed that they had acquired a basic understanding of the health interpreter's role and responsibilities and Code of Ethics. (7/8 definitely agreed, 1/8 agreed).

Almost all respondents agreed that they had had an opportunity to practise some of the skills necessary for interpreting. (7/8 definitely agreed, 1/8 did not reply).

All respondents agreed that they had received an introduction to the vocabulary necessary for interpreting in the health area. (5/8 definitely agreed, 3/8 agreed).

Question 2.

"The most important thing I learned at this program was":

35% - 3/8- did not reply to this question

- I can say all skills that the interpreter need. It covers all areas I waited for long time to gain
- Understand the role of the health interpreter and learned new terminology in the medical area
- How important is to develop my standard in the profession
- How to interpret accurately and what is my role as interpreter and how to avoid myself from getting into trouble
- "The Human Body" textbook.

Question 3.

How useful were particular areas covered in this training:

What is interpreting?

- All participants found this topic useful
- 65% (5/8) responded that this was extremely useful, 35% (3/8) found it very useful.

What does an interpreter do?

- All participants 100% (8/8) found it extremely useful.

Active Listening exercises:

- Almost all participants found this useful
- 65% (5/8) found it extremely useful, 25% (2/8) very useful, one student did not reply.

Role and responsibilities of an interpreter in the healthcare area:

- All participants found this section useful
- 90% (7/8) found it extremely useful, 10% (1/8) very useful.

Code of Ethics: All participants found this section useful

- 75% (6/8) found it extremely useful, 25% (2/8) very useful.

Introductions at an assignment:

- All participants found this section useful
- 75% (6/8) found it extremely useful, 25% (2/8) very useful.

Role conflict and ethical dilemmas:

- All participants found this section useful
- 75% (6/8) found it extremely useful, 25% (2/8) very useful.

Introduction to note taking and sight translation:

- All participants found this section useful
- 75% (6/8) found it extremely useful, 25% (2/8) very useful.

Guidelines to interruption:

- Most participants found this section useful
- 65% (5/8) found it extremely useful, 35% (3/8) not useful at all.

Question 4.

Are there any topics that you think should have been included?

- May be to get someone who speaks our language and to give us some vocabulary and hint
- Youth education
- How to deal with clients
- If more time was available an expansion of the same topics covered would be great
- No reply
- I think the course covered the main medical areas
- No
- Not really but just only to emphasize more on the current or medical clinics or terms.

Question 5

I would like to suggest the following changes to the next program:

- Long program period
- More time should be given for the program
- More examples of dilemmas and role playing of how to address them
- This was useful but it need more days
- 35% (3/8) replied that no changes were required
- Trainee interpreters to be given assignments while being supervised.

Question 6.

The amount of information presented in this program was:

- 75% (6/8) said the information presented was just right
- 25% (2/8) said that the information presented was not enough.

Question 7.

The length of the program was:

- 65% (5/8) responded that the length of the program was just right
- 35% (3/8) responded that it was too short.

Question 8.

Would you like to make any comments about the program?

- No
- It would be great to have a refresher course to follow up on how we are doing and how we have been able to use the invaluable information provided to us during the course
- I think this program is very useful, need to be repeated again for other interpreters which who have no chance. I would like to thank all of you who organised this program. Thank you very much
- It was nice if it was given longer period of time so as to have a chance to repeat and revise and fix it practically
- The program is very important and it gave us very much knowledge and it is good
- I would like to thank Lyn and Karella
- Increasing vocabulary/medical
- The program absolutely okay and therefore I hope it will be update next times because how it was the first time for and of course you can build a house in a day. The program was helpful to the interpreters, it open the mind on awareness of some medical that would not had.

