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Healthcare Interpreting

A concise guide for new interpreters.

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[1] The guide is updated periodically. This is the **2nd edition**, last updated and published on **August 11, 2026**.
[2] Links to various online profiles belonging to Devin Gilbert: UVU profile | LinkedIn profile | personal website

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Interpreting Terminology

The Basics

- **Translation**: refers to written translation.
    - **Translator**: refers to the person doing the written translation.
- **Interpreting**: refers to spoken translation.
    - **Interpreter**: refers to the person doing the spoken interpreting.
    - The term **"interpreting"** is used when referring to the field or activity of interpreting.
        - *Example*: Will interpreting be provided at the meeting?
    - The term **"interpretation"** is used when referring to the product or the rendition given by the interpreter.
        - *Example*: Fernando's interpretation was correct.
- **Mode**: refers to the *manner* of interpreting (consecutive, simultaneous, whispered, etc.).
- **Place**: refers to *where* interpreting is taking place (conference, school, hospital, courtroom, etc.).

Broad Categories

Simultaneous vs. Consecutive

Perhaps the largest differentiating factor between interpreting **modes** is whether or not the speaker pauses to allow the interpreter to interpret.

- **Simultaneous**: the speaker does **not** stop
- **Consecutive**: the speaker does stop

This video from Wired shows the difference between these two main modes of interpreting.

For **simultaneous** interpreting, the interpreter either needs equipment (microphone and transmitter) or they need to speak quietly enough to still hear what is being said (and they position themselves close to the listener).

For **consecutive** interpreting, everyone needs to take turns, speak one at a time (not that they don't need to do this for simultaneous), and allow the interpreter time to interpret. When **consecutive** is used, all parties involved need to take a deep breath and realize the encounter will take 30–50% longer.

Conference vs. Community

Another major distinction often made between types of interpreting has more to do with the general **place** where interpreting occurs.

- **Conference Interpreting**: this type of interpreting tends to enjoy greater prestige because it is performed at government meetings (think, for example, the UN), international conferences, large events, etc.
- **Community Interpreting**: known by a variety of terms, this type of interpreting tends to receive less recognition and occurs in settings such as doctors' offices, courthouses, schools, and so on.

Where Does Healthcare Interpreting Fit In?

There are many different terms used to describe different modes and types of interpreting, which you can feel free to explore (see Appendix A: Interpreting Terms). For the purposes of this chapter, however, we can keep it simple:

> *Healthcare interpreting is a type of community interpreting and most often uses the consecutive mode.*

There are, of course, cases where simultaneous is used in healthcare interpreting.

> *For example: When a provider is speaking while performing a physical examination, it makes sense to use simultaneous because what they are saying relates to what they are doing in the moment.*
>
> *Another example: In mental health interpreting, it can be detrimental to the health outcomes of a therapy session to interrupt the patient, so simultaneous can used to ensure the patient can continue expressing themselves uninterrupted.*

Conclusion

Understanding terms that relate to concepts that are central to interpreting will help you clearly and competently communicate with colleagues. You are encouraged to review the more in-depth list of interpreting terminology included in this guide: Appendix A: Interpreting Terms.

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Norms and Best Practices

Professional and Ethical Values

Professional and ethical values govern how we strive to work as interpreters in order to carry out our work competently, effectively, and with integrity. They include values such as...

- transparency
- communicative autonomy + interpreter impartiality
- respect

These values, among others, in turn influence how we behave as interpreters by guiding certain best practices in the profession. This chapter does not cover ethics in depth because it is covered later on in Ethics in Interpreting.

Best Practices

We will examine what interpreters should do *before* the interpreted encounter, *during* the interpreted encounter, and *after* the interpreted encounter. **As you look at each best practice, ask yourself what professional or ethical value it aligns with.**

Before the Interpreted Encounter

Before the interpreted encounter, it is good to **introduce yourself** to all participants, and as part of this introduction, which is often referred to as a **pre-session**, you should (at a minimum):

- **introduce** yourself by name
- declare that you will be the **interpreter**

- address participants using "**usted**" for Spanish or other appropriate forms of address for other languages

Additionally, as part of your **pre-session**, you *should*:

- state that you will **interpret *everything*** that is said
- state that you will maintain everything **confidential**

Additionally, as part of your **pre-session**, you *can*:

- ask participants to **look at each other** (instead of at you, the interpreter) when speaking
- tell patients that you are **happy to interpret any questions** they have (this can encourage patients to ask questions, and it makes it clear that you yourself won't be answering their questions)
- include other information
    - Many interpreters tweak their pre-sessions over time to prevent common issues they find themselves encountering. A good pre-session requires extremely clear communicating, and you need to balance concision with completeness.

During the Interpreted Encounter

During the interpreted encounter, you should:

- address participants using "**usted**" for Spanish or other appropriate forms of address for other languages
- **Never be alone** with patients
    - If all providers leave the room, then you should politely excuse yourself and leave the room as well.
- Speak in the **first person** when interpreting (as if you were the person you are interpreting for)
    - Don't say things like "She says…" or "he said that…"
    - The provider says "I need x-rays"

        - Your interpretation…
            - ✅ “I need x-rays”
            - ❌ “he needs x-rays”
            - ❌ “she needs x-rays”
            - ❌ “he says he needs x-rays”
- **Never interpret something you do not understand**
    - As the saying goes, “do no harm.” If you do not understand, **intervene** to ask the patient or provider for clarification before attempting to interpret.
- **Indicate you are speaking for yourself** if you need to **intervene** (to ask for clarification, to ask someone to repeat themselves, to explain something)
    - This can be done by saying “Interpreter speaking, could you repeat what you said?”
        - **Pro tip**: If your working language is **Spanish**, say
            - “Habla el/la intérprete”
                - more natural
        - and **not**
            - “Intérprete hablando”
                - sounds really unnatural
    - You can also do this by speaking in the third person by saying “The interpreter would like to request a repetition.”
- **Let the other party know** what you are doing before intervening with someone
    - e.g., if you don’t hear what the Spanish speaker said, first tell the English speaker “Interpreter speaking, I need them to repeat what they said,” and *then* tell the Spanish speaker (in Spanish, of course) “Interpreter speaking, could you repeat what you said after...”

After the Interpreted Encounter

- Avoid discussing the meeting with participants without all parties present. Make sure to follow proper HIPAA protocols and maintain confidentiality.
- Shred and dispose of your notes in front of the patient to assure them their information is safe.
- Refrain from giving patients follow-up advice unless it is simply logistical advice (e.g., how to get somewhere) or unless you have a hybrid role that permits it (e.g., patient navigator).

Info to Share with Providers

- International Medical Interpreters Association (**IMIA**)
  - IMIA Guide on Working with Medical Interpreters
- National Council on Interpreting in Health Care (**NCIHC**)
  - Guide for Partnering with an Interpreter (NCIHC)

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The Pre-session

When interpreters use the term "pre-session," they're referring to an introduction they make with each party in an interpreted encounter before it begins. During a pre-session, the interpreter speaks as themselves, clarifies their role, and sets expectations.

A good pre-session should properly prepare participants as to what the ground rules are, and it can be a challenge to do this sufficiently while also not taking too much time. A good pre-session, therefore, is also concise.

R.E.F.

Over time, you will likely develop your own pre-session(s) based on the experiences you have, but I like to use the initialism **R.E.F.** to remember the basics:

Role

"R" stands for "**role**." You should introduce yourself, clearly state you are an interpreter, and state your working language or language pair.

Example: "Hi, my name is Devin. I'll be your Spanish interpreter."

You may also add details that clarify your role, such as impartiality and confidentiality: *"I will keep everything confidential and will remain impartial."*

Everything

"E" stands for "**everything**." It is very important to remind everyone that you will interpret *everything*, which can avoid some tricky situations.

Example: "Just a reminder: I will interpret everything that is said in the presence of the patient."

Flow

"F" stands for "**flow**." Not everyone has worked with an interpreter before. It can be hard to get used to all the turn-taking that is not typical of non-interpreted conversations, so having it explained a bit beforehand can go a long way.

Example: "When I interpret, I will speak in first person. If I need to speak as myself to ask for clarification, I will say 'interpreter speaking' before intervening. Please make sure to look at and speak directly to the patient. Most of the time I will start interpreting only once you and the patient finish talking, so please keep things in manageable chunks. Sometimes, I might interpret at the same time you or the patient is speaking, for example, during physical examinations."

If you haven't already done a pre-session with the patient, then you might add, *"When we go into the patient, is it okay if I explain all of these same things to them before we begin?"*

Pre-session Examples

Beginners' pre-sessions tend to be a bit aimless and a bit too long, with a lot of uncertainty, lots of ums, and little organization. To combat these tendencies, it can be really helpful for beginners to memorize a pre-constructed pre-session and then practice delivering it in a human way that doesn't come off as too canned.

Example of an **R.E.F.** Pre-session

Let's piece together the examples from the previous section:

> *Hello, I'm Devin, the Spanish interpreter. Is it okay if I explain how I work really quick? … [provider responds]. Just a reminder that I will interpret <u>everything</u> that is*

> *said in the presence of the patient. When I interpret, I'll speak in first person, and if I need to ask for clarification, I'll say "interpreter speaking" before intervening. Please make sure to look at and speak directly to the patient, rather than to me. Most of the time, I'll only start interpreting once you or the patient finish talking, so please if you could keep things in manageable chunks, I'd really appreciate it. Sometimes, I might interpret at the same you or the patient are speaking, for example, during physical examinations.* **If needed:** *When we go in, is it okay if I explain all of this to the patient before we begin?*

An Example of a Very Quick Pre-session

The R.E.F. example of a pre-session can be a bit idealistic. Sometimes you simply don't have the time for a longer pre-session, so you sort of slip in a shorter version:

> *Hello, I'm Devin, the Spanish interpreter. Just a quick reminder that I'll interpret <u>everything</u> said in the presence of the patient.*

Pre-session for the Patient

So far, we've only addressed the topic of a pre-session from the perspective of speaking with a provider, but **pre-sessions are equally important with the patient as well as the patient's family members and loved ones.** Think about what would need to change when doing a pre-session with a patient.

Here is an example in Spanish with a translation into English:

Buenos días, me llamo Devin y seré su intérprete hoy. Habla español, ¿verdad? … [el/la paciente responde]. Excelente. ¿Me permite explicar cómo trabajo como intérprete? … [el/la paciente responde]. Genial. Para que sepa, interpretaré todo lo que se diga en su presencia. Además, tenga por seguro que mantendré total imparcialidad y confidencialidad. Ahora bien, cuando estoy interpretando, voy a hablar como si fuera el/la médico/a, en primera persona. Si necesito aclarar algo, entonces diré «habla el intérprete» antes de hacer mi pregunta. Asegúrese de dirigir todo lo que vaya a decir al médico/a en vez de a mí, que cualquier duda o comentario que usted tenga, yo se lo interpretaré. No soy médico entonces no le puedo dar consejos. Por último, interpreto cuando hay una pausa, entonces por favor use frases menos largas. A veces, por ejemplo, cuando el/la médico/a da instrucciones, puede que interprete mientras hable para que usted pueda entender lo que dice sin demora. ¿Tiene preguntas?

Good morning. My name's Devin, and I'll your interpreter today. You speak Spanish, right? … [patient responds]. Great. Can I explain to you how I work as an interpreter? … [patient responds]. Wonderful. Just so you know, I will interpret everything that is said in your presence. Also, rest assured that I'll be completely impartial and will keep everything confidential. When I'm interpreting, I'll speak in first person, as if I were the doctor. If I need to clarify something, I'll say "interpreter speaking" before asking my question. Make sure to speak directly to the doctor instead of to me, since I'll interpret whatever question or comment you have. I'm not a doctor, so I can't give any medical advice. Finally, I'll interpret when there's a pause, so please keep things in manageable chunks. Sometimes, for example when the doctor is giving directions, I'll interpret while they are still speaking so you can understand without any delay. Any questions?

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Info to Share with Providers

These resources were already shared in Norms and Best Practices, but I'm including them again because they can be a great way to share best practices with providers so they can review it after an appointment when they aren't so busy.

- International Medical Interpreters Association (**IMIA**)
  - IMIA Guide on Working with Medical Interpreters
- National Council on Interpreting in Health Care (**NCIHC**)
  - Guide for Partnering with an Interpreter (NCIHC)

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Ethics in Interpreting

In order to avoid "rewriting the book," this chapter will simply link you to industry-standard **codes of ethics**, **standards of practice**, and other resources that have been created by reputable organizations.

> *While a **code of ethics** is a set of prescriptive rules, **standards of practice** are detailed, more descriptive examples of how ethical principles can be applied.*

Codes of Ethics and Standards of Practice

- National Council on Interpreting in Health Care (**NCIHC**)
  - A National Code of Ethics for Interpreters in Health Care
  - National Standards of Practice for Interpreters in Health Care
- International Medical Interpreters Association (**IMIA**)
  - IMIA Code of Ethics
  - Medical Interpreting Standards of Practice

Additional Resources

- National Council on Interpreting in Health Care (**NCIHC**)
  - Sight Translation and Written Translation: Guidelines for Healthcare Interpreters
  - Guidance for Healthcare Organizations Evaluating the Potential Use of AI-generated Interpreting
  - **NCIHC**-related organization: Certification Commission for Healthcare Interpreters (CCHI):
    - Handbook for Becoming a Certified Healthcare Interpreter with CCHI
- **IMIA**-related organization: National Board of Certification for Medical Interpreters (**NBCMI**)
  - Handbook for Becoming a Certified Medical Interpreter with NBCMI
- **Devin Gilbert**:
  - Healthcare Interpreting in Utah: What the Law Says (video)
  - Ethical Dilemmas in Interpreting (blog)
  - Ethical Dilemmas in Interpreting, part 2 (blog)

Interpreter Roles

This chapter will mostly link to external resources created by reputable organizations, but it will first introduce the general discussion in the field surrounding interpreter roles.

The Spectrum of Roles

Perhaps the most common paradigm for thinking about interpreter roles in healthcare is a spectrum with the **conduit** role on one end, the role of **(cultural) clarifier** in the middle, and **advocate** on the other end:

Table a: Spectrum of Interpreter Roles

conduit	(cultural) clarifier	advocate
Just faithfully interpret what each party is saying, as they say it. Never intervene. Try to be "invisible."	Faithfully interpret, but also intervene to clarify confusion resulting from miscommunication or cultural misunderstandings.	Faithfully interpret, intervening when necessary, but also actively advocate for the patient's dignity, culture, and wellbeing.

The discussion surrounding this spectrum is complex, but most agree that ethical principles dictate that interpreters need to move around in this spectrum depending on the situation. A one-size-fits-all-situations approach tends to not be useful. It is undeniable that situations often present *conflicts* between different ethical principles and values that create **role conflict** for interpreters.

When **role conflict** occurs, interpreters need to use **ethical principles** and their own **judgment** to make a decision and resolve the conflict.

*What should never be in doubt is that interpreters **should <u>never</u> give medical advice to patients** (or any advice for that matter). Interpreters should remain **impartial** and **direct patients' questions to the medical providers**.*

Resources

- National Council on Interpreting in Health Care (**NCIHC**)
  - The Role of the Healthcare Interpreter: An Evolving Dialogue
  - Interpreter Advocacy in Healthcare Encounters: A Closer Look

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Interpreter Positioning

In order to avoid "rewriting the book," this chapter will simply link you to industry-standard guides (as well as a couple of academic articles) on **interpreter positioning**, which refers to where an interpreter should physically stand or sit in healthcare contexts.

One thing I will say here though is that **I've never agreed with advice to "avert your gaze" while interpreting**. A fairly common thing to hear while being trained as an interpreter is to look at the ground or a wall and avoid looking at the patient or provider in an effort to passively encourage them to look at each other. I personally find this dehumanizing, and I think it runs contrary to good manners. I prefer three simple guidelines instead:

- Look at whoever is speaking
- Look at who you are speaking to
- Encourage everyone to look at who they are *actually* speaking to (not the interpreter)

Resources

- National Council on Interpreting in Health Care (**NCIHC**)
  - Guide to Interpreter Positioning in Health Care Settings
- Academic Articles
  - Typology of Healthcare Interpreter Positionings as applied to family medicine
    - 2023; François René de Cotret and Yvan Leanza, *Patient Education and Counseling*, Vol. 113
  - Spatial positioning and seating arrangements in healthcare interpreting
    - 2017; Nike K. Pokorn, *Translation and Interpreting Studies*, Vol. 12, Issue 3, pages 383–404

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Memory Techniques for Interpreters

One of the first things that frustrates newer interpreters is when someone speaks for longer than we're used to, and we can't remember everything they said. This guide is a quick primer (by no means exhaustive) on how to deal with this challenge.

Practical Tips

Be Assertive

Sometimes, the best way to deal with memory issues is by having to remember less in the first place. Good interpreters often just jump in and start interpreting when a speaker pauses to take a breath (a **pragmatic interruption**). It is also okay to **intervene transparently** by saying, "Interpreter speaking, would you be able to break up what you're saying into shorter chunks. I don't want to miss anything."

Of course, **this is a balancing act**, interpreters should strive to handle larger utterances, and we should be aware of when our interruptions to start interpreting might discourage a patient or a parent from speaking as much as they would like to. At the same time, good interpreters know their limits and work within them because there isn't much point to someone saying something if the other party won't hear it in your interpretation.

Be ~~a Good~~ an Excellent Listener

The most common mistake of novice interpreters is to think about how they are going to interpret something while someone is still talking. If you don't focus on fully understanding what someone is saying, then your mind isn't able to build a mental model for you to remember in the first place.

- It is **imperative that you listen very attentively** to what a speaker has to say.
- **Avoid the temptation to wonder what *you* are going to say while *they* are still talking**.

Excellent listening can often lead to a sort of Zen-like flow state where remembering what people say comes easily and naturally.

Notetaking

Many interpreters find it helpful to take notes as they listen to aid their memory later on. While the topic of notetaking is too hefty for the scope of this brief guide, there are a couple key principles that are good to keep in mind:

- **Notes cannot replace your memory**. They are simply a memory aid.
    - As soon as taking notes gets in the way of you listening carefully to what the speaker is saying, they are counter-productive.
- **You will never have enough time to write down everything a speaker says**.
    - Instead, effective notes for interpreting take the form of a personal shorthand that only you will be able to understand.
    - This personal shorthand system has to be based on units of meaning, not words. It can take interpreters a long time to hone their notetaking system to the point it is effective.
- **If notetaking causes pauses** between when a speaker stops and you start interpreting, **then it is likely being done ineffectively**.
    - Notes should not be allowed to slow down the interaction.

Three Memory Techniques

The following are considered solid mnemonic techniques that are backed by cognitive science. However, given how brief this guide is, you should consider it a quick starter kit. You will need to try out each technique, and practice them, to see what works best for you.

1) Chunking

Psychological research has shown that **ideas are easier to remember if we group them**, or **chunk them**, **together**. A simple illustration of this fact is that it is easier to remember (801) 621-5904 than it is to remember 8016215904.

The current state of the art suggests **interpreters should aim for 3–4 high level concept clusters**. You can have more than one idea in each concept cluster, but you shouldn't try to exceed three or four of these clusters. Let's look at this with an example. Let's say you're interpreting for a disciplinary meeting, and the principal says,

"We have zero tolerance for bullying, and we have suspended the 9th grader for a week. But Teresa's behavior is very concerning to us, and we must take remedial action now."

Divide this information into three or four concept clusters or chunks. You'll probably end up with three chunks, with each chunk's "nucleus" being:

1. Bullying ☹
2. 9th grader
3. Teresa's behavior

Now, the details will be nested within each chunk:

1. Bullying ☹
    a. our policy = zero tolerance

2. 9th grader
    a. suspended
    b. 1 week
3. Teresa's behavior
    a. worries us a lot
    b. so…
    c. must take corrective action now

You can see that it's not that we need to reduce the amount of detail in what the principal said. Rather, **we need to organize the details under three or four core ideas**.

2) Visualization

Visualization involves creating pictures or movies in your mind to associate with what you are hearing and need to remember. The nice thing about visualization is that it can be used in conjunction with chunking (you can create three or four composite mental images/movies). The main trick here is to not focus so much on creating images that you don't listen properly to what the person is saying (the exact same risk interpreters run when they take notes).

3) Memory Palace

Also known as memory journey, the memory palace technique involves **mentally walking through a place you know intimately well** (usually a path through your house) **and placing concept clusters** (often in the form of images) **in specific places along that path**. Then, when you need to remember, you replay the path in your mind and pick up your concept clusters.

This technique works best if you define a set sequence of spots to associate concept clusters with (if you forget your sequence of spots along the path, this technique is counter-productive) and if you convert the concept clusters into

vividly memorable images. This technique is not always intuitive, and it takes practice to make it effective.

Conclusion

- **Chunking!**
    - In the end, whether you're relying on visualization or memory palaces, **chunking is key to recalling information reliably**.
- **Listen excellently! Then use your memory :)**
    - No matter what, **you can't let anything get in the way of listening or in the way of your own memory**.
- **Manage the flow of communication**
    - If you find yourself interpreting and unable to remember everything someone just said,
        - **consider deftly butting in**
        - **or asking them to speak in more manageable chunks.**
        - **You can always just ask them to repeat something they said too**.

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Deliberate Practice

Background

Deliberate practice is a concept that can greatly aid interpreters as they seek to achieve expertise in their field. Expertise studies from cognitive science have shown that simply acquiring more and more hours of experience is not enough to achieve true expertise, which is defined as "consistently superior performance" on domain-specific tasks (Ericsson and Charness, 1997; cited in Shreve, 2006, p. 28).

Expertise only develops if individuals practice while meeting several requirements: working on a properly defined task with appropriate difficulty, receiving constructive feedback, and repeating and correcting errors (Ericsson, 1996; cited in Shreve, 2006).

Principles

1) Properly Defined Task

There are two aspects to the principle of a properly defined task:

1. **Expertise Applicability:** The task must be something for which expertise is actually attainable for deliberate practice to even apply in the first place.
2. **Micro Goals:** Expertise is achieved as we break down the overall activity into smaller components so we can focus on manageable micro goals during specific practice sessions.

Expertise Applicability

Nobody can become an expert at slot machines because there aren't things we can do differently to consistently win (the outcome is completely unpredictable). Similarly, evidence strongly suggests nobody can become an expert at stock speculation because index funds consistently beat actively managed funds in the long run (barring insider trading or other shenanigans). Long-term economic or political forecasting is also "un-expertable" because there are simply too many variables.

The bottom line is that when there is a lack of control, or when an environment is too noisy or chaotic, expertise is unattainable. **Lucky for us, interpreting in healthcare settings is an activity for which expertise is attainable**.

Micro Goals

Just as a basketball player might focus on jump shots one day and on free throws another, when we practice interpreting, we need to zero in on different areas during different practice sessions:

- memory
- usage (naturalness of expression in either language)
- a grammar issue you've found out you have a hard time with
- terminology (cardiology, medications, anatomy, etc.)
- agility (how quickly and promptly you interpret)
- register (appropriately formal or casual language depending on context)
- following protocols (interpreting in 3rd person, maintaining transparency when intervening, using properly formal way to address others, etc.)
- etc.

2) Appropriate Difficulty

When starting out, maybe you shouldn't be interpreting quasi-legal disciplinary hearings or intensely term-dense special education meetings. Of course, you'll have to start interpreting in those kinds of situations at some point, and you won't grow if you don't encounter new challenges.

We grow best when we practice just beyond where we feel comfortable.

3) Constructive Feedback

This is a **crucial requirement** for the journey to expertise via deliberate practice. If there is no mechanism for feedback, you will stagnate in your growth.

Basketball players receive feedback in very immediate and obvious ways: the ball either goes in the hoop or it doesn't. As interpreters, there are certain immediate ways we receive feedback too. For example, we can typically see on someone's face whether they understand what we are saying. We can sense in someone's body language if they are impatient because we are not interpreting quickly enough.

However, just as basketball players grow by watching film and taking a coach's or a teammate's advice, we need additional mechanisms for feedback if we are to grow more robustly.

Self-given Feedback

Personal Training

When we practice with assignments for a class or when we practice on our own as part of a personal training regiment, **it is imperative that we**

- **record ourselves,**
- **spend as much time listening to ourselves as we do interpreting.**

As we observe ourselves, it is helpful to have ways to scaffold our analysis. Some common tools for evaluating interpreting performance are

- rubrics (for more holistic analysis)
- error categorization systems (for more fine-grained analysis)

On the Job

To a certain extent, we can evaluate how sure we are about what we are interpreting during an assignment, and afterwards we can research terms or phrases we were unsure of. Our interpreting assignments should quickly scream out to us where we are lacking.

While recording ourselves is a great way to analyze our own performance, it's by-and-large not appropriate during a real assignment (extreme exceptions may apply, such as studies for which participants have given their consent).

Peer Feedback

It is very hard to become an expert alone. Isolation is bad. Community is good.

> ***Interpreter training*** *is an activity of "****self-regulated learners****—that is, members of the [interpreting] community who have the* ***tools to improve their own and their team members' performances*** *throughout their entire professional careers."*
>
> (Ericsson, 2015, p. 1471)

Our interpreting buddies can and should use the same aforementioned tools for evaluating interpreting performance when giving us feedback.

Group Training

When practicing with colleagues, classmates, or an instructor, peer feedback is an extremely valuable tool. They will likely be able to see past our blind spots, helping us to overcome difficulties associated with our inability to recognize

what we are simply unaware of (i.e., **they will help us overcome "ya don't know what ya don't know" problems**).

On the Job

We need to normalize interpreters observing other interpreters during assignments. The feedback born of these sorts of encounters is rooted in authenticity and endowed with contextualized richness.

4) Repetition to Correct Errors

This is the final principle of deliberate practice. If we don't have a chance to encounter the same challenges, we won't have a chance to implement any new knowledge we've gained or skills we've been working on.

Repetition will naturally occur as we interpret many parent-teacher conferences, being confronted time and time again with the word "baseline," as well as the litanies of acronyms so entrenched in educators' vernaculars. We will invariably get better (as long as we have micro goals and mechanisms for feedback) at interpreting for IEP meetings (oops, individualized educational program meetings) as we interpret for more of them.

When training on our own or in groups outside of real assignments, **we should always repeat a roleplay**, so we have more immediate opportunities for correcting our errors. Think Tom Cruise in Edge of Tomorrow.

Conclusion

In sum, **to become an expert interpreter** in healthcare settings, each time you interpret (whether on-the-job or during personal or group training), **you need**

1. **Micro Goals** (areas you want to focus on to improve)
2. an **Appropriate Difficulty** level for your abilities

3. some mechanism for **Constructive Feedback** (whether self or peer)
4. opportunities to **Repeat and Correct Errors**

Training Resources

- **Mock Dialogues** (for roleplays or individual practice)
  - **Terp** (https://terp.app)
    - This website has a large collection of different practice dialogues (with full audio, including example interpretations), and it makes it easy to use principles of deliberate practice to train on your own or with others.
    - write to Devin Gilbert (DevinG@uvu.edu) to request access (all UVU students and Bingham Family Clinic volunteers can get free access)
  - *Introducción a la interpretación médica*, Vicente Iranzo y Misty Allen
    - This resource doesn't come with audio, but it is a great open educational resource (free access).
    - It does include example interpretations.
  - *The Interpreter's Rx: A Training Program for Spanish-English Medical Interpreting*
    - This is a book that comes with audio on a USB drive to practice with. It does not include example interpretations though.
    - Two copies are available at UVU's Fulton Library on course reserve (filed under Devin Gilbert and SPAN 4110).
    - Can also be purchased from the publisher ACEBO
- **Terminology**
  - CCHI's Mini Glossaries for Interpreters (generally available for English, Arabic, Mandarin, Portuguese, Russian, and Spanish)
  - English-Spanish Dictionary of Health-Related Terms (UC Berkeley)
  - Trilingual (English, Spanish, Mandarin) Medical Terminology Reference Manual (Kaiser Permanente)

References

Ericsson, K. A. (1996). "The Acquisition of Expert Performance: An Introduction to Some of the Issues." In K. A. Ericsson (ed.) The Road to Excellence: The Acquisition of Expert

Performance in the Arts and Sciences, Sports and Games. Mahwah, NJ: Lawrence Erlbaum Associates, 1–50.

Ericsson, K. A. and Charness, N. (1997). “Cognitive and Developmental Factors in Expert Performance.” In P. Feltovich. K. M. Ford and R. R. Hoffman (eds.) Expertise in Context: Human and Machine. Cambridge, MA: MIT Press, 3–41.

Ericsson, K. A. (2015). “Acquisition and maintenance of medical expertise: a perspective from the expert-performance approach with deliberate practice.” Academic Medicine, 90(11), 1471-1486. – https://ve42.co/anderson2

Shreve, G. M. (2006). “The Deliberate Practice: Translation and Expertise.” Journal of Translation Studies 9(1). 27–42.

Appendix A: Interpreting Terms

Below is a list of interpreting terminology in both English and Spanish. Terms that refer to the same activity appear in the same cells, although they often have quite different connotations.

Where not provided, try to figure out the definition and the connotations of terms, and also consider whether the term has more to do with the **mode** of interpreting or the **place** where interpreting is taking place.

English	Spanish
dialogue interpreting **liaison** interpreting **bilateral** interpreting **(short) consecutive** interpreting **triad** interpreting **discourse** interpreting	interpretación de diálogos interpretación de enlace interpretación bilateral
Dialogue interpreting is the type of short consecutive interpreting that is common in hospitals, courtrooms, schools, and social services meetings. Its focus is helping two or more parties communicate back and forth, essentially enabling normal conversations.	
community interpreting **public service** interpreting **intercultural** interpreting	interpretación comunitaria interpretación de los servicios públicos
Community interpreting is one of the broad categories defined in Broad Categories (Interpreting Terminology section).	

English	Spanish
simultaneous interpreting	interpretación simultánea

Simultaneous interpreting is one of the broad categories defined above. It can typically be done one of two ways:

1. **With equipment**: the interpreter has headphones with an audio feed from the speaker and a microphone that is hooked up to any device that will broadcast their interpretation to those needing interpreting. This allows the interpreter to reach many listeners and speak in a normal volume (if they are in a separate room or a soundproof interpreting booth; otherwise they sit somewhere inconspicuous and speak in a lower volume into their mic), all while not interfering with the meeting.
2. **Without equipment**: the interpreter positions themselves close to the listener(s) (only possible with single listeners or very small groups of people) and whispers a simultaneous interpretation into their ears. "**Whispered interpreting**" or the French term "**chuchotage**," which means *whispering*, is commonly used to refer to this type of interpreting.

long consecutive interpreting	interpretación consecutiva (de larga duración)

Long consecutive interpreting involves taking strategic notes while someone speaks uninterrupted for 2–10 minutes, after which the interpreter will use their memory (with the aid of their notes) to give an interpreted version of the speech in another language. While this type of interpreting is most common in conference/diplomatic interpreting, it can be useful in other scenarios, such as mental health interpreting (to limit interruptions to the patient).

conference interpreting	interpretación de conferencias

Conference interpreting is one of the broad categories defined in Broad Categories (Interpreting Terminology section).

sight translation	traducción a la vista

Sight Translation, despite its name, is actually a type of interpreting, and is a type of simultaneous interpreting. The interpreter reads a document and gives a fluid oral rendition of it in the other language as they read it mentally.

English	Spanish
escort interpreting	interpretación de acompañamiento

Escort interpreting is common in diplomatic and educational settings. The interpreter follows their client wherever they go, providing interpreting as they need it.

chuchotage **whispered** interpreting	interpretación susurrada

Chuchotage (**whispered interpreting**) is defined above where **simultaneous interpreting without equipment** is defined.

medical interpreting **healthcare** interpreting	interpretación médica interpretación en los servicios sanitarios
court interpreting **legal** interpreting	interpretación jurídica interpretación judicial
educational interpreting interpreting **in educational settings**	interpretación en escuelas
relay interpreting	interpretación de relé

Relay interpreting is used when there is no single interpreter proficient in both the source and target language. For example, if a child speaks K'iche' (an indigenous language from Guatemala), and no K'iche'-English interpreter is available, one interpreter can interpret for K'iche' and Spanish, and another interpreter can interpret for Spanish and English.

ad hoc interpreting	interpretación ad hoc

Ad hoc interpreting is when the interpreter is not a professional, trained interpreter, for example, children and bilingual employees whose official job duties do not include interpreting. The modern consensus is that children should not be used as interpreters.

remote interpreting	interpretación a distancia interpretación remota

Remote interpreting is any type of interpreting where the interpreter is not physically present with the other parties.

English	Spanish
video remote interpreting (**VRI**)	interpretación remota por video interpretación a distancia por video
over-the-phone interpreting (**OPI**) **telephonic** interpreting	interpretación telefónica