



Digital Resources for Medical Interpreting Training: A New Role for Trainers?

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Abstract

In today's dynamic world, countries with large immigrant population have to accelerate the curricular reform of the degrees in Translation and Interpreting to ensure that public service interpreting is carried out by qualified professionals. This premise inspired us to start a joint project with the primary aim of creating training materials for public service interpreters—in particular medical interpreters—with active Romanian and Spanish in their combination together with other European languages. As a first step, we (i) studied and compared the state of medical interpreter training in Romania and Spain and (ii) gathered and analysed good practices regarding medical interpreter training. This paper aims to present the characteristics of a relevant corpus of digital resources for medical interpreting training and underline their potential consequences for the trainer's role. The selection is based on the country of origin and on the usefulness of the content. We classify, describe and analyse the materials systematically and suggest possible improvements.

Keywords: Medical interpreting, Digital resources, Training, Good practices, Assessment

Resumen

Recursos digitales para la formación de intérpretes en ámbito sanitario: ¿un nuevo papel para los formadores?

En el actual mundo dinámico, los países que acogen a un gran número de inmigrantes deben acelerar la reforma curricular de los grados en Traducción e Interpretación con el fin de garantizar que la interpretación en los servicios públicos es llevada a cabo por profesionales cualificados. Esta premisa nos impulsó a desarrollar un proyecto conjunto con el objetivo principal de diseñar materiales para la formación de intérpretes en los servicios públicos —principalmente, intérpretes en ámbito sanitario— cuyas combinaciones lingüísticas incluyan español, rumano y otras lenguas europeas. En la primera etapa, a) estudiamos y comparamos la situación de la formación de intérpretes en ámbito sanitario en Rumanía y España, y b) seleccionamos y analizamos buenas prácticas en cuanto a la formación de intérpretes en ámbito sanitario. Este artículo se propone presentar las características de un corpus relevante de recursos digitales para la formación de intérpretes en ámbito sanitario y poner de manifiesto las posibles consecuencias sobre el papel del formador. La selección se basa en el país de origen y la utilidad del contenido. Además, clasificamos, describimos y analizamos sistemáticamente los materiales y sugerimos posibles mejoras.

Palabras clave: interpretación sanitaria, recursos digitales, formación, buenas prácticas, evaluación

1. Preliminaries: Digital Skills – A Must in Today’s World

Many library websites warn us that “not everything is on the Internet”. Nevertheless, few can deny that the Internet is virtually everywhere and connects users to a seemingly limitless knowledge base. Consequently, under no circumstances can knowledge providers such as trainers work without it in the modern world. Hence, the core questions of our paper: What digital resources are available for training interpreters in health care settings? Whom do they address? What language combinations do they cover most frequently? What type of information do they provide?

Far from being an insignificant matter, digital resources and their properties have been scrutinised from the earliest stages of their global journey. Almost two decades ago, Burbules (2001: 442-444) highlighted the caveats of surfing the web in order to gather information without taking into account three potential dangers: the overwhelming volume of the web, the fact that it is “a self-sustaining reference system” and the speed of its expansion. They can all impinge upon the credibility of the information the Internet provides, and we should therefore resort to carefully chosen criteria to help us sort out the essential from the irrelevant or downright misleading items. Among the potential solutions suggested by this author (2001: 445-447), we can mention the identification of “markers or ‘proxies’ of credibility”, an attitude of healthy skepticism which means searching for indicators of credibility which come from other sources, resorting to judgments made by more experienced assessors and, closely related to this, being part of a community of people whose interests are similar to ours. Burbules’ advice was only natural in a world in which the classical definition of literacy was progressively adapted to suit modern technology realities. From the initial definition provided by Gilster (quoted in Pool 1997: 6) for digital literacy as “the ability to understand and use information in multiple formats from a wide variety of sources when it is presented via computers”, this concept has been enlarged and nuanced. Eshet-Alkalai (2004: 94) proposes a five-fold approach which includes photovisual, reproduction, information, branching and socio-emotional literacy, whereas Hague and Payton (2010: 2) posit that a person with good digital skills is both a user of the latest technology and a good assessor of information, taking into account context and cultural peculiarities. In their view, being digitally literate means:

to have access to a broad range of practices and cultural resources that you are able to apply to digital tools. It is the ability to make and share meaning in different modes and formats; to create, collaborate and communicate effectively and to understand how and when digital technologies can best be used to support these processes.

Slowly but surely, due to digital learning resources, the image of students as passive consumers of information is replaced by that of “active co-producers of content” (Dabbagh & Kitsantas, 2012: 3). It comes as a logical consequence that the American Library Association (2013: 2) also focuses in its definition on a subset of concrete

actions a person with good digital skills is supposed to perform, namely “the ability to use information and communication technologies to find, understand, evaluate, create, and communicate digital information, an ability that requires both cognitive and technical skills”. In fact, as Ng (2012) rightly points out, there is a wide range of terms relating to the so-called new literacies: ICT literacy, media literacy, net literacy, online literacy, information technology literacy, etc. In Ng’s view (2012: 1066) digital literacy is more comprehensive given that it “embraces technical, cognitive and social-emotional perspectives of learning with digital technologies, both online and offline.”¹

Given that the digital world is unavoidable in today’s interpreter training (as in any other training), we aim to provide an overview of the existent types of resources available for medical interpreting training, their usefulness and their potential pitfalls. We will also underline the trainer’s crucial role in providing adequate assessment criteria to enable students to add a digital literacy dimension to their professional competence.

2. Context of the Research

Taking into account our countries of origin, we will present the status quo of public service interpreter training in Spain and in Romania and outline the potential for collaboration. In the last 10 years, public service interpreting (hereinafter PSI) in Spain has made a qualitative leap regarding its professionalization, in particular, in relation to public service interpreters training in Spanish universities. However, most required languages, as in the case of Romanian, are not usually present in the curriculum of undergraduate and master degrees in Translation and Interpreting, despite the presence of large immigrant populations in Spain (669.434)² In fact, in the academic year 2019-2020, only two Spanish Translation and Interpreting university degrees offer Romanian language or Romanian-Spanish cultural mediation: the undergraduate degree at UAB³ and the Master at ULL.⁴

Concerning Romania, in recent years—especially since it joined EU in 2007—there has been a considerable increase in the amount of foreigners coming to the country. Thousands of foreign students have chosen to come to different universities in Romania, be it for the entire duration of their studies or for one or two semesters. With the arrival of increasing numbers of immigrants to the country, the need for professional PSI should have consequently grown, but the two universities offering high-level training in conference interpreting (Babeş-Bolyai University in Cluj-Napoca and the University of Bucharest) have not started to train public service interpreters yet. Nevertheless, as far as language combinations are concerned, Spanish-Romanian is one of the possibilities included in the curriculum of Romanian university degrees in translation and interpreting, so the human and linguistic potential such a degree requires is there.

In our opinion, the differences between these two countries, instead of being obstacles, represent an opportunity to complement each other and improve their situa-

tions together. This is the context in which we decided to collaborate and implement the Erasmus+ project ReACTMe,⁵ whose main aim is creating training materials and programmes for public service interpreters, particularly medical interpreters, with Romanian and Spanish in their language combination.

More specifically, our objectives are:

- to study and compare the state of medical interpreter training in the participating countries,
- to gather and analyse good practices regarding digital resources for medical interpreter training,
- to develop materials and resources for training medical interpreters working with the language combination of Spanish-Romanian / Romanian-Spanish (and Italian-Romanian / Romanian – Italian),
- to organise and give training to medical interpreting trainers and higher education learners.

This paper presents answers to the second objective in this list⁶ with a special emphasis on the trainers' role when using these digital resources.

3. Corpus selection and analysis criteria

For the purpose of gathering and analysing good practices in medical interpreting training, we assembled a corpus of 75 digital resources taking into account two main criteria:

- country of origin: only resources coming from the most advanced countries in public service and/or medical interpreting training were considered (i.e. U.S., Canada, U.K., Australia, Belgium and France), in addition to resources from the two countries focused on by our project, Spain and Romania;
- content: only resources likely to help medical interpreting students or professionals develop the necessary knowledge, abilities, skills and attitudes were selected.

The resources included in the corpus were classified and stored in an Excel Database (see Annex 1) and were described using a template of what we call an Info Card (see Annex 2) containing basic information and an assessment of the specific resource.

After their selection, resources were classified and analysed according to several assessment criteria. In the literature regarding the evaluation of this type of resources, different assessment grids have been put forward. Metzger (2005: 3-4) provides an overview of the criteria used up to that moment to decide whether a web source is credible or not: “accuracy, authority, objectivity, currency, and coverage or scope”, each accompanied by the corresponding definitions. For El Mhouti, Nasseh & Er-radi (2013: 28-29), there are four sections which need to be taken into account: (i)

academic quality (including information reliability and information relevance), (ii) pedagogical quality (based on the criteria of pedagogical formulation, pedagogical construction, pedagogical strategies, and assessment methods), (iii) didactic quality (divided into veracity of learning activities and the content of the tool) and (iv) technical quality (made up of design, browsing, and technological ingenuity). Shah et al. (2015) take as a point of reference the two key elements indicated by Fogg & Tseng (1999) for the assessment of web resources, namely trustworthiness and expertise, and synthesize an updated perspective on the components of credibility, which, according to Shah et al. (2015: 2),

[...] can consist of multiple concepts such as trust, reliability, accuracy, reputation, quality, authority and competence, where each concept may add up to trustworthiness or expertise: reputation, reliability and trust add up to trustworthiness, while quality, accuracy, authority and competence add up to expertise.

Given the nature and aims of our research, the criteria we selected were reliability, accessibility, currentness, user-friendliness and language availability, so that we could determine the usefulness of the resources for medical interpreting training and suggest potential improvements.

Finally, in order to ensure a rigorous and credible assessment, the analysis made of each resource was peer-reviewed by a different researcher participating in the project.

4. Results of the analysis

4.1. Quantitative considerations

Not surprisingly, most of the 75 resources we identified in this first stage of our project originated in the countries with the most experience in tackling immigrant issues and are available in “big” languages. More precisely: about 26% were from the U.K., 23% from the U.S., 15% from Australia, 12% from Canada, 10% from Spain, 7% from France or Belgium and 1% from Romania. A further 4% were international resources. Even if these figures do not represent the actual distribution of resources in these languages—since our collection is by no means exhaustive—it is still indicative of the situation, in the sense that it gives an idea of the most accessible materials (the ones that can be easily found using the most straightforward keywords in the three languages). As expected, it also shows a clear correlation exists between the acknowledged concern for PSI in a country and the amount of resources available. The language distribution is no surprise: $\frac{3}{4}$ of the resources are available in English with, nevertheless, some cases in which English is accompanied by versions in other languages. For example, most Canadian resources have a French version, some American resources include Spanish and several British resources include bilingual tools in which English is coupled with other languages (including Romanian) for which there

is a high demand of PSI. As far as resources created in Romania are concerned, only one was selected, since, despite the exhaustive search, apart from regular terminological resources (dictionaries, glossaries, information meant to all kinds of public), we could not find written or video materials directly linked to interpreting in health care settings. The profession is mentioned here and there, but as an aside, never to actually put PSI forward. The lack of training materials for medical interpreters with Romanian is obvious, making it very useful to start projects for the creation of training materials with this language.

4.2. Qualitative considerations

We divided the resources in different categories, based on several criteria relevant for our training-related purposes.

From the point of view of their addressees, there are five types:

- for trainees – whether already interpreters or would-be interpreters (webinars, Evi-vo, glossaries, phrasebooks, explanations about medical systems, processes for certification and accreditation, activities for the development of the different skills and abilities needed, guidance about ethical issues, etc.),
- for health care providers (practical information for working with interpreters: administrative and communication details, multilingual glossaries and phrasebooks, tips for detecting patient language, guidance about the importance of effective provider-patient communication in health care settings and negative consequences of ineffective communication, procedures to hire/ask for a medical interpreter or medical interpreting services available, forms translated into different languages, etc.),
- for patients and their families (guidelines about how to find an interpreter, why to work with an interpreter, why to avoid asking a non-professional interpreter –especially a family member or a child– to interpret, etc.)
- for working interpreters and trainers who need to stay up-to-date (more specialised webinars, glossary management tools, recent research, course descriptions from universities, etc.),
- for the general public (materials promoting the profession or raising awareness about the existence and role of interpreters).

Availability is problematic to a certain extent. While most resources are free as they are offered by various organisations using interpreting services, there are series of webinars and online courses (often offered by interpreting and translation agencies) that one has to pay for. Webinars usually deal with very specific topics (understanding ECG terminology, for example: <https://www.ecpdwebinars.co.uk/downloads/the-ecg-made-easy-for-medical-language-professionals/>), while online training courses have a solid curriculum, dealing with all the competences required and offering written

support, feedback and testing (<http://www.cisoc.net/en/training/online/community>). In other words, as it is often the case, good training requires a certain financial investment, which is yet another argument in favour of fair pay for public service interpreters (a related matter that will be not discussed here).

Somehow paradoxically, availability is also limited by language. Sometimes, providing information to patients in English is simply useless. There are notable exceptions, like the *Good Practice Guide to Interpreting* offered by Migrants Organise in five languages (Arabic, Bengali, Chinese, English, Somali) (<http://www.migrantsorganise.org/?p=21539>).

From the point of authorship, we distinguished several providers/emitters:

- interpreting agencies and associations working with migrants are by far the most active in providing online training materials and online training opportunities,
- public institutions such as hospitals and NGOs frequently provide information on how to work with professional interpreters and why the latter are essential participants in the communication between public servants and foreign citizens,
- researchers who provide overviews of the situation in a certain area or country, usually under the umbrella of a public institution, university, professional association or organisation (with *Critical Link* being one of the most prestigious examples).

Content is another very important criterion in assessing these resources. We worked with eight categories, taking the PACTE translation competence model (2017) as a reference and adapting it to the different competences that medical interpreters should acquire and develop: medical terminology/basic vocabulary (1), medical discourse and language (2), health care system (3), health and culture (4), interpreting techniques (5), ethical issues (6), psycho-emotional difficulties (7) and resources for medical interpreters (8).

Although our research has not exhausted all the materials available, a quantitative overview is, in our view, a good indicator of the status quo: 34 “resources for medical interpreters”, 10 resources in the category of “medical terminology/basic vocabulary”, nine resources for “ethical issues”, seven for “health and culture”, eight for “interpreting techniques”, three for “medical discourse and language”, three for “psycho-emotional difficulties”, and one for “health care system”.⁷ Of course, the best-represented category is also the most comprehensive, partially covering at times the field of others, but it is still relevant to highlight that relatively little attention is paid to the last five categories in the above list. While general materials concerning the respective topics can be found, there appears to be a lack of specific training materials for medical interpreters. Hence, we consider that a further step in this area would be to adapt the former to the needs of PSI training.

In the following, we will provide a sample description for each of the eight categories we took into consideration.

(1) Medical terminology / Basic vocabulary

To ensure emergency communication, a basic multilingual list of most common questions and answers can be life-saving. The phrasebook produced by the British Red Cross with the support of the National Health Service is available in 36 languages on the website of the National Archives: http://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230. For would-be interpreters – especially those working with languages for which specialized interpreting resources are scarce – this material is a good starting point in acquiring medical phraseology and terminology. Trainers and trainees might also use this model to create richer and/or more specialized phrasebooks that could be used in more advanced stages of the preparation for the interpreting assignments.

(2) Medical discourse and language

Developing a mastery of specialised terminology is indispensable for any interpreter. In the video “Medical Terminology Lesson 1”, available at https://www.youtube.com/watch?v=W-y_5yOzIag, a voiceover explains how to identify and combine roots, suffixes, prefixes in order to understand the meaning of unknown medical terms. Different rules for combining forms that make up many medical terms and their definition are also introduced. At the end, there is a quiz consisting of questions that follow a series of slides to check the rules presented; the answer for each question is provided in the following slide. This resource may be useful to improve the linguistic competence in the medical field in one of the medical interpreter’s working language. Additionally, some clues for deducing the meaning of unknown terms are provided (with positive consequences regarding the development of the strategic competence). However, the voiceover, most of the times, simply reads the information provided in the slides at such a fast pace that it is rather difficult to assimilate information. The lack of context might prevent an efficient processing and memorising of information. More interaction with the listener would be needed both in the initial presentation and in the final quiz. Last but not least, not much is known about the owner of the site, apart from her name. This aspect concerning the selection of the material and the reliability of the source could be easily improved.

(3) Health care system

Health care systems have country-specific rules and ways of organizing the activity of the health care providers. Being aware of these peculiarities allows the interpreter to contextualize the information and anticipate the patient’s expectations. The site of the Spanish Ministry of Health, Consumer Affairs and Social Welfare divides information into different categories, out of which health, consumer affairs, and social services could be interesting both for native and allophone patients and health care providers: <https://www.mscbs.gob.es/>. The basic information regarding the structure of the site is available in different languages: Spanish, English, French, Catalan, Va-

lencian, Euskara, but the content under each of the sections of the site is still linguistically hybrid, with the heading in English and the content in Spanish. More precise information regarding the patients' rights and a clear explanation regarding the access to health care would be relevant both for patients and medical interpreters.

(4) *Health and culture*

Ideas and behaviours about health are strongly influenced by culture. The British informative webpage *Cultural Awareness in Healthcare*, created by Ethnicity Online, and available at <http://www.ethnicityonline.net/>, can prove useful to health care providers, allophone patients, and medical interpreters. It provides a comprehensive overview of the beliefs and customs of different religious groups (Buddhist, Catholics, Hindus, Jews, Muslims, etc.) and some key sensitive areas including patients' dietary guidelines, attitudes towards birth and death, and medication, among others. Special attention is also paid to potential problems of the staff members belonging to the above mentioned religious groups, such as examining patients of the opposite gender, prayer schedule or wearing a uniform. Given the wealth of information available, a summary of the main points is also provided. The "Patient information" section clarifies issues such as registering with a doctor, finding a dentist and accessing interpretation services. According to the presentation of the site, this section used to have versions in Bengali/Sylheti, Farsi, Mandarin Chinese, Portuguese and Urdu, but unfortunately those translations are no longer available. A separate section is dedicated to guidelines on how to work with translators and interpreters, putting a welcome emphasis on the importance of checking their qualifications. The site also provides detailed advice on intercultural communication, tackling language barriers, as well as verbal and non-verbal features of the messages exchanged. Nevertheless, a final cautionary remark should be made regarding the currentness and reliability of the webpage, given that it seems that the site has not been updated for a long time and very little is known about its authors. The only information provided is: "Ethnicity Online website, created between May 2003 and September 2005, to address the need for a better understanding of ethnic differences in healthcare".

(5) *Interpreting techniques*

Linkterpreting (linkterpreting.uvigo.es) is a site for liaison interpreting developed by the University of Vigo (Spain), designed for a wide array of addressees: professional and would-be interpreters, trainers, public servants, etc. It contains two menus: a menu on the left-hand side which provides theoretical information and preliminary interpreting exercises, as well as links to blogs, organizations, institutions, and documentation resources; an upper menu with theoretical information, role-plays and documents relating to the main fields of Public Service Interpreting: social, medical, legal, police, and business interpreting. The preliminary exercises include a variety of mental agility, closing, split attention, numeric contextualization or memory-boosting activities which serve as a welcome reminder of the complexity of an interpreter's training stages. The medical interpreting section of the site provides 15

role-play audio files relating to different medical conditions and involves patients coming from different areas of the world, who describe their symptoms in English. The role-play files are useful for practicing various areas of medical vocabulary, dealing with replies of different lengths and becoming familiar with non-native accents in English, which sometimes implies deciphering barely intelligible words. They are therefore a good illustration of the linguistic problems posed by non-native speakers. Moreover, some of the role-plays tackle the differences between different health care regulations in Europe and the doubts arising from this. As a suggestion for improvement, the links to blogs section of this site should be revised and updated, given that some blogs are no longer accessible.

(6) *Ethical issues*

Interpreting in health care settings is never devoid of ethical challenges. The brochure called *NCIHC –National Standards of Practice for Interpreters in Health Care*, National Council on Interpreting in Health Care, published in the United States in 2005 and available at <https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf>, was preceded by the publication of the *National Code of Ethics for Interpreters in Health Care*. It could therefore establish clear relationships between various ethical requirements and the guidelines meant to streamline the interpreters' performance. The authors focused on 32 standards grouped under specific headings: accuracy, confidentiality, impartiality, respect, cultural awareness, role boundaries, professionalism, professional development, and advocacy. The document is user-friendly, due to its structure and layout. Each general heading is accompanied by an objective, standards are numbered and followed by relevant examples. A brief glossary providing definitions of key terms for the interpreting profession is included at the end. The potential addressees of this document are medical interpreting trainers, trainees and professionals who can use it in order to know what is expected of them and what constitutes good practice. Knowing these standards and reflecting upon them could help detect and solve ethical dilemmas medical interpreters may have to face. It is worth underlining however, that, as suggested in the document itself, "having these documents does not eliminate the need for training and education." Being familiar with the standards does not guarantee either the fulfillment of the ethical principles or good practice. Reflection, experience and common sense are also needed, so maybe, when used in medical interpreting training, this document should be accompanied by other exercises (case studies, role-plays, etc.). As a suggestion for improvement, the document could have been provided in other languages.

(7) *Psycho-emotional difficulties*

The variety of emotional difficulties in an interpreter's professional life is almost endless, but learning from others' experiences can be a great tool for reducing pres-

sure, deciding fast about the best response and coping with the consequences of emotional distress. The interpreters sharing their experience in the anthology available at <http://www.mothertongue.org.uk/cms/uploads/inotherwords.pdf> focus on the dilemmas they are often faced with. These genuine texts about risks and potential errors are also lessons. Not so much in interpreting proper, but in something essential to the profession: emotional resilience. This less conventional way of introducing ethical dilemmas to trainees so as to prepare them for emotionally difficult situations can be an efficient way to raise trainees' awareness about what an interpreting assignment might have in store for them. Unfortunately, this website – available when our list was created – is no longer available in November 2019. We decided to keep the description nevertheless due to the originality of the resource.

(8) *Resources for medical interpreters*

One important challenge in medical interpreting is to explain clearly and efficiently what the interpreter's role and job are to customers. In this context, it is very useful for interpreters to rely on complete and ready-to-use information they can present or give the interlocutors to read. One example in this respect is the section *L'interprétariat en milieu social* nested in the website of a French association, ISM Interprétariat, specialized in providing interpreting services to immigrants: <http://www.ism-interprete.fr/interprete-fr/interprete-fr-en-milieu-social/>. The material can be used as such before an assignment by professional interpreters or a selection with the details most relevant for the particular situation can be made. Also, professionals may use it to complete or improve their existing approach. The information is divided into very relevant categories, so the website is easy to use by anyone concerned, especially end-users. Thus, one can find out very quickly about what interpreting for social purposes is, interpreting modes and the specificities of working with interpreters. Moreover, the website allows interpreters and customers to get in touch. ISM Interprétariat is a relevant website model for promoting the profession and helping interpreters to support and improve their work and relation with customers. Videos to illustrate the written text would nevertheless be a most useful addition in today's digital world. Explanations might become clearer and more efficient if in video format.

Another very important aspect we took into account is whether or not these resources are directly usable by a trainee (even without a trainer) or requiring guidance from a trainer. We noticed that, in most cases, resources are only indirectly related to training. Few are meant for trainees only, and fewer still are available for free, which, as stated by Recker et al. (2004: 98), may discourage trainers (and consequently trainees). The fact of charging a fee, after all, may prove to be a positive thing if it indicates more control on medical interpreter training. An encouraging observation we made is that resources adaptable to training purposes are numerous, but how useful they actually are depends largely on the trainer.

To sum our considerations up, digital resources for medical interpreting training currently available are very numerous and quite diverse, so a trainee may have a hard

time choosing how and when to use them and assessing their usefulness. Classifying and analysing materials according to the knowledge, abilities, skills and attitudes envisaged—as we did—could potentially help organise training while, at the same time, provide trainees with tools to use in their future professional lives.

4.3. Improvement suggestions

So far, the analysis of the resources has driven us to suggest some improvements for the future development of digital training materials for medical interpreting:

- as the medical interpreting trainees may work with different language combinations, it is important to ensure the information provided in the resources is available in multiple languages,
- efforts should be made to make PSI training (or medical interpreting training, in our case) widely available, so access to training resources should be granted,
- the nearer to reality the resources are, the better preparation trainees will receive to professionally perform interpreting,
- in this digital era, videos and audios are usually more efficient than text and images, so they should be more widely used when designing training materials,
- interactivity with trainers and other trainees would clearly improve the teaching and learning processes, for example, by allowing trainees to ask questions, share experiences or make suggestions,
- and finally, since resources cannot contain an infinite amount of content, it is very useful when they provide links to other reliable, updated and functional sites.

In short, we agree with the idea that

In the end, it is imperative that digital libraries and tools be easy to use, save users time, have demonstrable value, and fit into existing contexts, while not adding complications to teachers' already busy lives and their heavy workload. (Swaim & Swaim, 1999, quoted in Recker et al. 2004: 102)

5. Conclusions – a trainers' perspective

What is, in the context of so many digital resources, the role of university trainers? For sure, there is no way trainers will disappear any time soon, but indeed their role has changed considerably. As Grand Clement et al. (2017) put it, we are witnessing a “role reversal” in which young learners can grasp certain features of new media more quickly than their teachers. However, because there are so many resources, it is essential for there to be someone who can properly select and use materials in a logical succession, following the steps of a complete training course. Moreover, sometimes

materials are not actually meant for trainees, but, when properly used by an experienced trainer with clear objectives and learning outcomes in mind, they could be even more relevant than online materials for self-study. A significant issue here is feedback, which can never be as good online as it is when there is a real connection between trainer and trainees, simply because quantitative and qualitative assessment (together) can only be done by trainers. Last but not least, adaptation to trainees' characteristics and development is only possible when there is a trainer.

While it is true that not everything is on the Internet, future training cannot ignore the wealth of information that is there. Going deeper, training cannot ignore the human factor, either. Trainers are here to stay, to steer the pedagogical process, to select or design modern and attractive training materials and... to adapt to ever-changing working conditions.

After all, as Wole Soyinka, Nobel Prize Winner in Literature in 1986, published on several social networks (including Twitter and Facebook) on July 2018, "Nothing will ever replace human contact between learner and teacher".

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Notes

1. For more detailed perspectives on digital literacies, see Jones & Hafner 2012, Summey 2013, and Ortlieb, Cheek & Semingson 2018.
2. According to the data provided by the Spanish National Institute for Statistics, reference date: January 1st 2019.
3. For more information, see *Plan de estudios del Grado en Traducción e Interpretación*, Universitat Autònoma de Barcelona [<https://www.uab.cat/web/estudiar/listado-de-grados/plan-de-estudios/guias-docentes/traduccion-e-interpretacion-1345467893062.html?param1=1228291018508>].
4. For more information, see *Máster Propio en Interpretación de Conferencias. Descripción del título*, Universidad de La Laguna [<https://www.ull.es/estudios-docencia/titulospropios/master-universitario-interpretacion-conferencias/>].
5. Research & Action and Training in Medical Interpreting (2019-1-ES01-KA203-064439) was initially born as a Romanian-Spanish project. Nevertheless, during its planning, two Italian universities joined. It was approved by the European Union in the summer of 2019 and it will last for three years.
6. The selection and evaluation of digital resources for medical interpreting was done by Romanian and Spanish researchers from October 2018 to January 2019, months before applying for the mentioned Erasmus+ project. That is why Italian resources are not included in this selection.
7. Some resources might qualify for more than one category, depending on the assessor's focus at a certain training stage.

Annex 1

DIGITAL RESOURCES FOR MEDICAL INTERPRETERS DATABASE

NAME	Contents	URL	COUNTRY
A Word in Your Ear	Resources For Medical Interpreters	https://www.lourdesderioja.com/ ; https://www.youtube.com/channel/UCmaf1_IEFHRu3X-_yUmF5qA	SPAIN
Access to Auslan Interpreters in the Hospital	Resources For Medical Interpreters	https://www.youtube.com/watch?v=JukOf7_bUVI	AUS
ATA - Ethical Dilemmas for Interpreters in Healthcare	Ethical Issues	http://www.atanet.org/webinars/ataWebinar97_interpreter_ethics.php	USA
ATA - Interpreting Bad News	Psycoemotional Difficulties	http://www.atanet.org/chronicle-online/wp-content/uploads/3808_12_laura_espondaburu.pdf	USA
ATA - Webinar Medical Translator's Guide to Navigating Clinical Trials	Basic Vocabulary	http://www.atanet.org/webinars/ataWebinar112_clinical.php	USA
BRISBANE _Working with patients	Resources For Medical Interpreters	http://www.refugeehealthnetworkqld.org.au/wp-content/uploads/2016/11/BSPHN-Interpreters-Guide-15-jun-2017.pdf	AUS
CA_Cultural_Compentence	Health & Culture	http://www.sickkids.ca/tclhinculturalcompetence/index.html	CAN
CA_Culture_E_Learning	Health & Culture	http://www.sickkids.ca/tclhinculturalcompetence/index.html	CAN
CA_Culture_Health	Health & Culture	https://www.kidsnewtocanada.ca/culture/influence	CAN
CA_Culture_Interpreter	Resources For Medical Interpreters	https://www.kidsnewtocanada.ca/care/interpreters/	CAN
Charte de l'interprétariat médical et social professionnel en France	Resources For Medical Interpreters	https://www.unaf.fr/IMG/pdf/charte-signee-scan19-12-2012.pdf	FRANCE
CHIA - California Healthcare Interpreting Association	Resources For Medical Interpreters	http://www.chiaonline.org/	USA
CHIA - California Standards for Healthcare Interpreters	Ethical Issues	http://www.chiaonline.org/CHIA-Standards	USA
CISOC Community Interpreter Training	Interpreting Techniques	http://www.cisoc.net/en/training/online/community	CAN

NAME	Contents	URL	COUNTRY
CISOC Medical Knowledge and Terminology Certification Training	Basic Vocabulary	http://www.cisoc.net/fr/training/online/medical	CAN
Cultural and linguistic diversity and hospital	Resources For Medical Interpreters	https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/cultural-and-linguistic-diversity-and-hospital?viewAsPdf=true	AUS
De la Mora Interpreting	Resources For Medical Interpreters	https://interpreter-training.com/about-us/	USA
DPSI – Online preparatory course for English Health exams	Interpreting Techniques	https://dpsionline.co.uk/courses/dpsi-health/	UK
eCPD Webinar - Blood tests made easy for medical language professionals	Basic Vocabulary	https://www.ecpdwebinars.co.uk/downloads/blood-tests-made-easy-for-medical-language-professionals/	UK
eCPD Webinar - Diabetes, cholesterol and triglycerides for medical language professionals	Basic Vocabulary	https://www.ecpdwebinars.co.uk/downloads/diabetes-cholesterol-and-triglycerides-for-medical-language-professionals/	UK
eCPD Webinar - The ECG made easy for medical language professionals	Basic Vocabulary	https://www.ecpdwebinars.co.uk/downloads/the-ecg-made-easy-for-medical-language-professionals/	UK
eCPD Webinar - Understanding cancer for medical language professionals	Basic Vocabulary	https://www.ecpdwebinars.co.uk/downloads/understanding-cancer-for-medical-language-professionals/	UK
Emergency Phrasebooks	Basic Vocabulary	http://webarchive.nationalarchives.gov.uk/20130105192116/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230	UK
Ethnicity Online - Cultural Awareness in Healthcare	Health & Culture	http://www.ethnicityonline.net/	UK
ethnoMED	Health & Culture	http://ethnomed.org/	USA
Facilitating Communication for Medical Histories	Medical Discourse And Language	https://voicesacademy.com/facilitating-communication-for-medical-histories/	USA
Formation Déontologie et Normes de Pratique Professionnelle	Ethical Issues	https://ottiaq.org/en/becoming-a-member/brouillon-auto/	CAN
Fragile Moments - Interpreting for Families in the NICU	Psycoemotional Difficulties	https://voicesacademy.com/interpreting-for-parents-in-the-nicu/	USA

NAME	Contents	URL	COUNTRY
GOOD PRACTICE GUIDE TO INTERPRETING	Resources For Medical Interpreters	http://www.migrantsorganise.org/?p=21539	UK
Guidance for commissioners	Resources For Medical Interpreters	https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf	UK
HCIS DVD “Working with Interpreters in the Healthcare Setting”	Interpreting Techniques	https://www.youtube.com/watch?v=GmNGX0EWpfY	AUS
IMIA - Ethics & Standards of Practice	Ethical Issues	http://www.imiaweb.org/code/default.asp ; http://www.imiaweb.org/standards/standards.asp	USA
IMIA - International Medical Interpreters Association	Resources For Medical Interpreters	http://www.imiaweb.org/default.asp	USA
Immigrant Health Service	Resources For Medical Interpreters	https://www.rch.org.au/immigranthealth/clinical/Working_with_interpreters/	AUS
INFO CARD_ Queensland Health Interpreter Service - guidelines and resources	Resources For Medical Interpreters	https://www.health.qld.gov.au/multicultural/interpreters/qhis_guide_res	AUS
INFO_training	Resources For Medical Interpreters	http://www.minkowska.com/agenda/formation/communication-interculturelle-interpr%C3%A9tariat-et-m%C3%A9diation	FRANCE
Interpreters' Help	Resources For Medical Interpreters	https://interpretershelp.com/	OTHER
Interpreting Acronyms	Interpreting Techniques	https://www.youtube.com/watch?v=U-us_UZimlo	USA
InterpreTips	Ethical Issues	https://www.youtube.com/channel/UcNjL_WcM4BIBw1L0X_Is63Q/videos	USA
ISM - L'interprétariat au milieu social	Resources For Medical Interpreters	http://www.ism-interpretariat.fr/interpretariat-en-milieu-social/	FRANCE
L'interprète médical et social, porte-parole des maux	Resources For Medical Interpreters	https://emploi.directions.fr/article_fm/2035508W/l-interprete-medical-et-social-porte-parole-des-maux	FRANCE
Linkinterpreting	Interpreting Techniques	linkinterpreting.uvigo.es	SPAIN
Livret de présentation de l'interprétariat médical et social	Resources For Medical Interpreters	https://www.migrationsante.org/wp-content/uploads/2016/08/livret_profes_140916-LS.pdf	FRANCE
Medical Language: Terminology in Context	Interpreting Techniques	https://gauchatranslations.com/wp-content/uploads/2017/12/Medical-Language-Dialogues-Transcribed.pdf	USA

NAME	Contents	URL	COUNTRY
MOTHERTONGUE - In Other Words (interpreter's story)	Psychoemotional Difficulties	http://www.movertongue.org.uk/cms/uploads/inotherwords.pdf	UK
MOTHERTONGUE - Psychotherapy across Languages	Resources For Medical Interpreters	http://www.movertongue.org.uk/cms/uploads/costadewaele-(2012).pdf	UK
MOTHERTONGUE - Selection of Videos	Ethical Issues	http://www.movertongue.org.uk/video/video.php	UK
MOTHERTONGUE - The Multilingual Outlook for children in care	Resources For Medical Interpreters	http://www.movertongue.org.uk/cms/uploads/my-languages-matter-final-25-2-15.pdf	UK
MTL - Systems & Organs	Basic Vocabulary	https://www.youtube.com/watch?v=NltaC2nSV1Q	USA
MTL - Word Structure & Combining Forms	Medical Discourse And Language	https://www.youtube.com/watch?v=W-y_5yOzlag	USA
NAATI	Resources For Medical Interpreters	https://www.naati.com.au/	AUS
National Council on Interpreting in Healthcare	Resources For Medical Interpreters	https://www.ncihc.org/	USA
NCIHC - Standards of Practice	Ethical Issues	https://www.ncihc.org/assets/documents/publications/NCIHC%20National%20Standards%20of%20Practice.pdf	USA
New and Emerging African Language	Resources For Medical Interpreters	http://www.health.vic.gov.au/_data/assets/pdf_file/0020/353081/hiop.pdf	AUS
NHS - Principles for high quality interpreting and translation services	Resources For Medical Interpreters	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/it_principles.pdf	UK
One clinic, hundreds of languages	Resources For Medical Interpreters	https://www.cbc.ca/radio/whitecoat/the-doctor-speaks-english-the-patient-doesn-t-know-what-1.3876378/one-clinic-hundreds-of-languages-here-s-how-it-works-1.3878606	UK
ORCIT – Resources Shelf	Resources For Medical Interpreters	https://orcit.eu/resources-shelf-en/story.html	OTHER
Picture Communication Tool	Interpreting Techniques	http://www.picturecommunicationtool.com/	UK
Problem Solving for Spanish Interpreters	Health & Culture	https://voicesacademy.com/interpreting-for-spanish-speakers/	USA
PSI_Presentation	Resources For Medical Interpreters	http://www.nationalnetworkforinterpreting.ac.uk/psi_health/	UK
PSI_Presentation	Interpreting Techniques	http://www.nationalnetworkforinterpreting.ac.uk/psi-interpreting-barbara-everett-interview/	UK

NAME	Contents	URL	COUNTRY
Red COMUNICA	Resources For Medical Interpreters	https://red-comunica.blogspot.com/	SPAIN
RO_DICTIONAR_En_RO	Medical Discourse And Language	https://www.scribd.com/document/337846251/DICTIONAR-MEDICAL-ENGLEZ-ROMAN-pdf	ROU
RO_Interview_dr	Resources For Medical Interpreters	https://adevarul.ro/news/eveniment/interviu-exclusiv-dr-camelia-doruspecialist-imigranti-nu-vin-boli-exotice-asa-cred-unii-medicuromani-1_55e96a91f5eaafab2c3f1e42/index.html	ROU
RO_PSI_Handbook	Ethical Issues	on paper	ROU
RO_PSI_Healthcare	Resources For Medical Interpreters	http://studia.ubbcluj.ro/download/pdf/574.pdf	ROU
Salud y Cultura	Health & Culture	http://www.saludycultura.uji.es/	SPAIN
Spanish Ministry of Health, Consumer Affairs and Social Welfare	Health Care System	https://www.mscbs.gob.es/en/directoa/home.htm	SPAIN
Standard Procedures for Working with Health Care Interpreters	Resources For Medical Interpreters	https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_044.pdf	AUS
TERMIUN Plus	Basic Vocabulary	http://www.btb.termiunplus.gc.ca/tpv2alpha/alpha-eng.html?lang=eng	CAN
TREMÉDICA	Resources For Medical Interpreters	http://www.tremedica.org/	SPAIN
UK_Video_Courses	Resources For Medical Interpreters	https://www.ecpdwebinars.co.uk/downloads/category/interpreting/	UK
Universal Doctor	Basic Vocabulary	http://www.universaldocor.com/	SPAIN
VIDEOCONFERENCE_ exemple hospital	Resources For Medical Interpreters	https://www.youtube.com/watch?v=CcDFPsn4VHY	OTHER
When Providers Insist You Fill Out Forms	Ethical Issues	https://www.youtube.com/watch?v=JHa361jazDQ&=&feature=youtu.be	USA

Annex 2

INFO CARD

DESCRIPTION & ASSESSMENT OF DIGITAL RESOURCES FOR MEDICAL INTERPRETERS

NAME:
CONTENTS:
TYPE OF RESOURCE:
URL/RETRIEVED FROM:
COUNTRY OF ORIGIN (If known):
AUTHOR / SOURCE (If known):
LANGUAGE/S:
ADDRESSEES (If known):
DESCRIPTION:
USEFULNESS:
SUGGESTIONS FOR IMPROVEMENT: