

General Overview

The project

With an increasing spreading of foreign patients (migrants or otherwise) in need of receiving services from community healthcare structures, community interpreters translating talk between patients and healthcare assistants or doctors are becoming more and more important.

A number of studies have recently looked into the mediating activity of translators. These studies rely on real data, that is recordings of talk including doctors, patients and interpreters which are transcribed and analysed to observe both translation and communicative practices. These studies have shown that the practice of interpreting has often nothing to do with guiding principles, and that some communicative problems may arise because of poor training and experience. They suggest that it may be necessary to raise the interpreters awareness on their complex role and on the responsibilities linked to intercultural communication.

It seems similarly necessary to identify the skills and notions involved in community interpreting, and to develop teaching methods that foster the acquisition of those skills in would be and already working interpreters, paying special attention to the needs of patients who are becoming more and more central in medical care (current shift from a doctor-centred to a patient-centred communication).

This project aims at giving my own contribution to the training of Community Interpreters by understanding and studying interpreters' training needs. What we here call "interpreters" for the sake of simplicity may in fact be a great variety of workers, ranging from professional interpreters to people simply speaking the foreign language required. Labels such as mediator, interpreter, facilitator or cultural bridge, and the different roles they underpin, change considerably with respect to the country, the region and the health facility in which the interaction takes place.

My objective is therefore to collect "real" interpretations done by professionals, whatever their label may be, in different hospitals across Europe, so as to account for national and local differences, and to compare them with "didactic" interpretations done as an exercise in training courses in Italy.

Both "real" and "didactic" interpretations will be recorded (with a small mp3 recorder), transcribed omitting sensitive personal data (which will be treated in such a way as to ensure security and confidentiality), codified in two corpora (Italian-French & Italian-English), and analysed using a specific software (combining quantitative and qualitative approaches).

On the basis of the comparison between the two sets of data, I should be able to conclude whether what is taught in courses is what is actually needed in working settings, or whether the latter require some notions and skills which are currently not passed to trainees. I will finally sketch a didactic method allowing the transfer of the skills which proved to be the most frequent and the most useful in real data, and pave the way to further research.

Whatever the scenario, and although to a limited extent, this project seems to be able to provide useful information on *how interpreting is carried out* (descriptive approach) rather than on *how it should be carried out* (prescriptive approach), potentially helping professors, professionals and students to better teach and do Community Interpreting.

The researcher

Natacha Niemants graduated at the Advanced School for Interpreters and Translators of Forlì (University of Bologna), obtaining a BA in Translation and Community Interpreting and a MA in Conference Interpreting. While still working as a self-employed interpreter, she carries out this 3 year PhD project at the University of Modena and Reggio Emilia. Her working languages are Italian (mother tongue), French (mother tongue) and English (quasi-mother tongue), which are also the languages involved in her PhD project.

Not only is Natacha doing research on her own, but she is also taking part in the studies on translation, mediation, and intercultural communication that the University of Modena and Reggio Emilia, together with a number of other universities and institutions, has been fostering for years. As such, and despite her main interest in the three above-mentioned languages, she is also open to intercultural interpretations involving Spanish, German, Chinese and Arabic, which may be shared with the wider network of scholars collecting data in a number of towns in Italy and abroad.

Given that recordings, transcriptions and analysis are so time- and skill-demanding, it is only by sharing research and responsibilities that we can raise our awareness on intercultural communication, and contribute to the enhancement of training courses and syllabuses.

Some more details

State of the Art

Community Interpreting has not been as widely studied as Conference Interpreting. Only over the last few years, has Community Interpreting gathered momentum, causing a rethinking of roles and norms of Conference Interpreting which were uncritically applied to Community Interpreting.

It is widely acknowledged now that some of the norms which were theorized for Conference settings are not possible in Community ones. But a lot still has to be done to identify the norms, the roles and the skills involved in Community Interpreting, and to develop teaching methods that foster the improvement of those skills in students.

Scientific Objectives

As mentioned above, this project aims at giving my own contribution to the training of Community Interpreters.

My objective is to build two corpora of "didactic" and "real" interpretations, codified following the norms of the Text Encoding Initiative and indexed using the software Xaira, and to test the null hypothesis that there are no linguistic differences between students' interpretations at courses and professionals' interpretations at work.

By transcribing oral data in a machine-friendly and reader-friendly format, I should meet the requirement of real data, which are often lacking.

By doing a quantitative analysis, I may identify recurrent linguistic phenomena and provide an objective base for a subsequent qualitative analysis.

By doing a qualitative analysis, I could observe most noticeable "linguistic facts" and provide their "significant functional explanations".

Assuming that teaching and learning Community Interpreting amounts to teaching and learning a wide range of notions and skills, I first aim at inferring some of these skills from real data, by analysing and interpreting certain linguistic facts and their frequencies.

On the basis of these data, I will then test my null hypothesis:

$$\textit{Didactic Interpretations} = \textit{Real Interpretations}$$

that is

$$\textit{Skills used in Didactic Interpretations} = \textit{Skills used in Real Interpretation}$$

And I will finally work out a didactic method to allow the transfer of the skills which proved to be the most frequent and the most useful in real settings.

Whatever the results may be, this project could be used for 4 different purposes: 1) to understand what students should be able to do after their training courses, when they enter the job market; 2) to have real, and already transcribed, material to be used for role-plays in class; 3) to analyse language and promote linguistic awareness; 4) to "spy" the medical discourse community and understand its world vision.

Methods

Recordings: AudioRecordings of "didactic" and "real" interpretations;

Transcriptions: Transcriptions in TEI-XML, indexed using the software Xaira;

Variables: List of variables (such as discourse markers, pronouns, hesitations, fillers) to compare "didactic" and "real" interpretations.

Comparison: I will draw a comparison between English "didactic" and "real" interpretations, and between French "didactic" and "real" interpretations. A comparison between English and French results is also possible.

Expected Results

I expect two possible scenarios:

1) Frequencies for the variables chosen may be equal in "didactic" and "real" interpretations, hence confirming the null hypothesis and proving that skills developed in courses are those used in real settings. In this case my project would provide a scientific justification of courses that are currently taught and of the teaching methods that are used.

2) (most likely) Frequencies for the same variables may differ in "didactic" and "real" settings, hence disconfirming the null hypothesis and showing that some skills needed in real settings are not taught in medical interpreting courses.