

## **Teaching interpreting online**

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## TEACHING INTERPRETING ONLINE

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### **Summary:**

The demand for quality community interpreting training is growing in our increasingly multicultural Western societies. However, many who need the education cannot make time available when the trainings are scheduled. To meet this demand, the Translation Center at the University of Massachusetts offers an **online course on Medical Interpreting** through the Division of Continuing Education. The course is available to students of all ages located in different parts of the United States and overseas working in virtually any language combination. Our first two courses have been remarkably successful, overcoming the potential technological problems and the challenge of teaching such an eminently oral and practical skill through a nonverbal medium. In this article, we introduce the course, reflect on our experience of teaching interpreting online, and provide tips for successful e-learning training. Based on student feedback from anonymous questionnaires, a case is made for e-learning as an effective educational system that offers flexibility, independence, and productivity for both instructors and students.

### **Introduction**

The Translation Center at the University of Massachusetts Amherst offers its medical interpreting course **online** since 2003. A similar course had been taught onsite in 1997 and via video satellite in 1998-2000. The onsite course was taught as an undergraduate comparative literature course, and enrollment was not high. The students at UMass had little interest in such a pragmatic, non-literary skill. The Translation Center then retooled the course and made it available at two locations via video distance learning.

While online delivery may not be the best choice for a field that relies so heavily on human contact and practical skills, many of those who need training do not have time to sit in a class or live in areas where courses are offered. With those people in mind, our team strove to

construct the best course possible. Indeed, e-learning offered flexibility, independence, and productivity for the instructors and the students, and we felt we could achieve satisfactory results in medical interpreting instruction. Thus, our online medical interpreting course was born.

The results have been highly satisfactory. In our estimation, the students taking the course online learned more than either the students in the classroom or the students taking the course via video satellite. The online course was made deliberately more rigorous, with more terminology, reading material, and assignments being required than in the earlier versions. Thus, it is a **graduate-level** class. On average, students devote 10 hours of work each week for the 15 weeks of the course, or 150 hours total. The online students are better able to keep up with the course material (significantly larger in the online version) and are **more diligent in terms of completing assignments**. Despite the increased rigor of the course, a majority of students have received grades of A or AB, based upon participation, their performance in the different assignments, and the results of the tests. In the earlier classroom and video versions of the course, the students would come to class with varying degrees of preparedness, slowing the progress of the group as a whole. Final grades reflected the mixed preparation and exam scores. We find that the online course allows each student to work and develop his/her own potential individually.

Initially, we expected some technological glitches, but the system functions well. We have lost only one day because of system problems. Because the field of interpretation is an oral profession, and because some students might be less than computer-literate, we were worried that these individuals might fall behind or drop out because of the new online medium. We are happy to say that none of the students fell behind because of technology problems. All got used gradually to the technology. We did devote the entire first week to explaining the technology, and the instructor is well versed in the program and responds quickly to all questions or calls for assistance. In sum, the course is a success and the student evaluations have so far been very positive.

### **The Students**

Through an initial questionnaire, we collect personal information about our students. Their ages range from 18 to 60. Usually, only about one-third is in Massachusetts; the rest are located in

different states. As an anecdote, a student did half of the semester being away, in Costa Rica, for professional reasons. (The instructor himself taught the second edition fully from Greece.) On average, half of our students are not born in the United States. English-Spanish is the language combination chosen by about two-thirds of our enrolments, but many have worked in other languages, such as Russian, French, Italian, Portuguese, Japanese, Indonesian, Haitian Creole, and even American Sign Language.

Among our students we have had everything (in the same “class”): from beginners to experienced interpreters and even medical interpreting trainers. Interestingly enough, several of our students were working telephone interpreters. We give students leeway to develop their own potential and further their personal interests. When correcting their assignments, we bear their backgrounds in mind.

As for the students’ computer literacy, two-thirds believe themselves to be intermediate users, only very few have advanced computer skills, and a significant number possess only basic skills; they eventually admit that they get used to the technology and that the course helps them to learn how to use diverse types of software. About one-third of the class members just have slow, dial-up connections. Computer literacy or fast connections are *not* requirements for the course, and we make sure that all students have the technical support they need to complete the course.

## **Course Structure**

Medical Interpreting Online is 100% online. Working together with our Division of Continuing Education, we built the course in Prometheus, a learning management system designed for asynchronous delivery of learning content. Prometheus gives us a flexible platform. All learning activities take place and are managed within the Prometheus interface and through e-mail. The website contains absolutely all the coursework, and it is upon the students to decide what to work on and when, worrying just about meeting the deadlines for submission of assignments. The instructor is constantly available for guidance, support, and feedback.

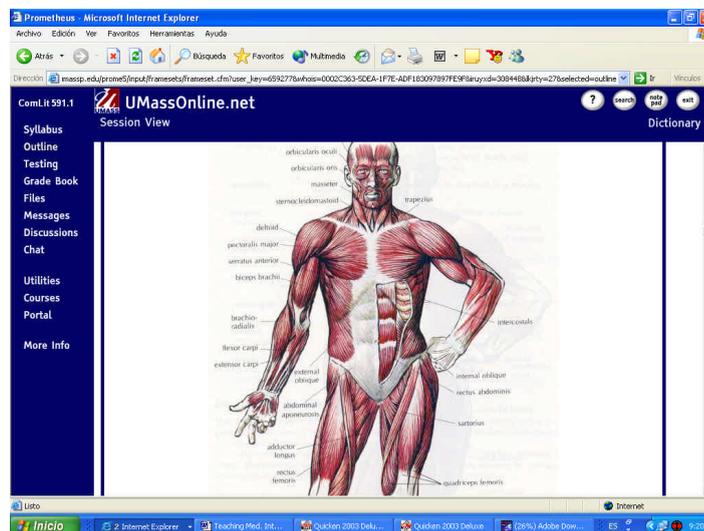


The Course Front Page

When students are granted access, they find an introductory “Unit 0,” which prepares them for the online environment and the technology to be used: getting familiarized with Prometheus, the course policies, the grading system, the schedule, receiving advice on dictionaries and recommended readings, learning how to obtain the necessary software (all freeware), and how each section works. Also, in Unit 0, the students “meet” the instructor, submit a background questionnaire and self-introductions that are forwarded to the other class members. This allows students to attain a level of comfort and familiarity with the system and with each other, along with a better understanding of each other’s discussion postings, knowing their backgrounds.

The main body of the course is divided into eight units. Each week, the students are granted access to a new unit, while the old units are closed. After every two units, students are given a “catch-up week”, during which time the last two units remain open, and a quiz. On average, students need 10 hours of work/study per week, though this varies considerably depending on the individual’s experience and aptitude. The catch-up week allows students to complete assignments and revise for the quiz. Each unit focuses on a system of the human body and includes independent sections:

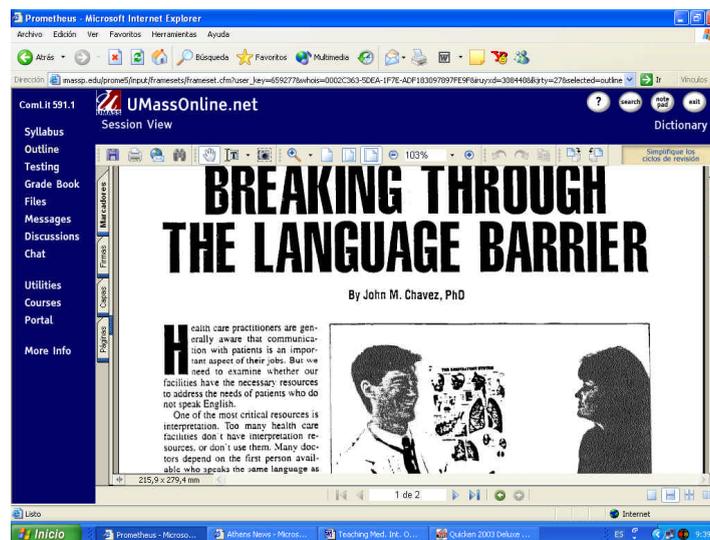
- 1) **Featured body system.**
- 2) **Terminology** (anatomy and physiology; cardiovascular; respiratory; digestive; reproductive; nervous; endocrine system; skeleton and muscles; and drugs). We are working on adding new subject-specific units. Students are required to translate a selection of 70 subject-related words into their working language. The assignments are corrected by experienced medical interpreters selected from our pool. The UMass Amherst Translation Center has provided interpreting services to healthcare institutions in Western Massachusetts for many years and has developed a pool of medical interpreters in dozens of languages. Students eventually complete a bilingual glossary of over **700 words**.



Terminology Section

- 3) **Latin and Greek roots.**
- 4) **Medical Interpreting Standards of Practice.** This section is based on the nationally-acclaimed standards of the Massachusetts Medical Interpreters Association, but we also inform students about the California Health Interpreters Association standards. The **MMIA** and **CHIA** standards are the best-known medical interpreting standards in the US.
- 5) **Interpreting modes:** theoretical aspects of sight-translation, consecutive, simultaneous, and telephone interpreting.

- 6) **Interpreting Practice**, including: a) common medical expressions; b) sight-translation exercises; and c) consecutive interpreting exercises of basic/intermediate difficulty. These are recorded, simulated medical encounters presented in MP3 format. The students learn how to download the audio files and record a rendition in their working language in MP3 format, which they must submit for feedback.
- 7) **Reading assignments** dealing with cross-cultural, legal, and medical topics.



Reading Assignment

- 8) **“The Tip”**: selected online resources.
- 9) **Threaded discussions**: two discussions in each unit. One typically presents a practical problem and the other concerns theoretical issues. This is one of the most popular sections, as the debates tend to be quite stimulating. Toward the end, students are given the chance to propose topics.
- 10) **Personal assignments**: the students are asked to write essays on a number of proposed issues, but we give them leeway to propose ideas that match their own interests and backgrounds. Last year the students were asked to read subject-specific books, subscribe to interpreting-related mailing lists, write about diverging health care attitudes, cross-cultural competency, foreign health care systems, and others.

The goal of many of these sections is to **cover as many topics as possible** (by assigning different subjects or reading materials to individual students) and to **promote interactivity and exchange** through group projects, small group discussions, and individual presentations. We have noticed that online students in this relatively young profession are eager to “meet” others and exchange ideas with them. While e-learning may appear to be a cold, top-down learning environment, the more bottom-up activities that can be offered to students, the higher student satisfaction with the course is.

The most intriguing instructor’s tool offered by the Prometheus program is one that quickly became known as “**Big Brother.**” Prometheus enables the instructor to see exactly how much time each student has spent doing the quizzes and reading the materials, or even which documents individual students have downloaded; in short, giving them the ability to “spy” on the students. We were surprised to learn that many students logged on for hours to do one assignment or to surf the web exploring our suggested online resources. Many worked way more than the 150 hours anticipated, out of a thirst for knowledge or for pure enjoyment. Indeed, the website has come to host a vast amount of reading materials and web links. The grading system works on an earned-credit basis. Students earn points by submitting the different assignments. In our first two classes, almost everyone completed at least 85% of the assignments successfully.

### **Student Evaluations**

At the end of the course, students fill out a lengthy course evaluation questionnaire. This gives us great input on how we may revise the course in terms of structure and contents. So far, the evaluations have been highly positive. The students have emphasized that the course allowed them to work on their own schedule, at their own pace, and to attend courses that are not offered where they reside. Some students even wrote that they liked the online experience *better* than an onsite class. One student wrote, “The good thing is I can take a longer course without giving up my workload.” Another affirmed, “I would have never had the chance to do this course if I actually had to attend.”

Most students seemed quite comfortable interacting with the class through a computer. The discussion threads proved very productive (we had to limit the number of allowed postings).

Over 85% of the class believed that actual interaction did happen, and 80% thought the instructor's availability was more than adequate. One student claimed, "I think I had every possible problem that a student could have and the instructor was kind, patient, and understanding," and, "What I liked best is that you can actually develop a good rapport with the instructor by e-mail and from the feedback." The student evaluations reveal **a surprising lack of serious technical problems**. Over 70% of the class thought the technology was *not* challenging. Some have encountered problems uploading/downloading files, opening downloaded files, or recording the interpreting renditions. All these problems have been easily solved. Often the problem came down to failing to read Unit 0 carefully enough. That is why we included a Unit 0 quiz.

In terms of **overall evaluation** of the course, 85% thought it was "good" or "very good" and 90% say they would recommend it to other aspiring medical interpreters. When asked what significant learning took place for them, one student wrote, "A lot: general medical knowledge, a better understanding of my role as an interpreter, my limits, my rights, the tools with which to learn even better interpreting skills." Another emphasized, "We didn't just learn to interpret, but also what medical interpreting *should be*." When asked which sections they liked best, each highlighted different parts. We find that each student experiences the course in a different manner and comes to it with different expectations and ideas about the profession. A slight preference could be seen for the terminology section. One student said, "It was work, but I learned a lot and I seem to be retaining what I learned...My medical terminology has improved greatly." Other students favorably regarded the threaded discussions and found in them "the chance to read what others thought about controversial issues" and to learn from the more experienced ones. Other well-received sections were the MMIA Standards ("very illuminating and helpful as a guide"), the Latin/Greek roots ("it was like a game for me"), and the online resources.



Online Resource at “The Tip”

## Benefits and Challenges of Online Learning

Our initial findings are that **the e-learning environment cannot only be as good, but even better than the classroom experience**. Students need not worry about commuting, missing class for conflicts, or taking accurate notes, because everything is on the course website. E-learning allows students to better concentrate on understanding, memorizing, doing assignments properly, and practicing whenever they feel ready. For the instructors, e-learning can be more convenient than the classroom (e.g., they free themselves from constantly repeating information and instructions). Also, there can be no misunderstandings as to deadlines, grading, or ways to present assignments. **Everyone knows upfront what is expected of them and when.**

We believe that e-learning tends to enhance the communicative ability of students who may not normally participate in onsite classes. With e-learning, the teachers must communicate with each student individually, and students need to participate in every activity in order to earn credit. In addition, in a truly interactive online course, students are motivated differently, because

their audience is not the teacher alone, but rather their fellow students. Distance can bring teachers and students closer.

However, reconfirming what other online instructors have discovered, **online instruction is more time-consuming than face-to-face instruction**. Putting materials online is a never-ending task; one simply loses track of time. The online instructor actually fills three roles:

1. **Lecturer.** Instructors must plan the course, develop materials, write the lectures, and design the layout for their presentation several months in advance. By the time the course starts, everything should be self-explanatory.
2. **Webmaster/Graphic Designer.** Instructors must know some basic web design and how to administer the contents in the e-learning platform. Online learning also allows for a very creative use of visual materials.
3. **Facilitator.** Once the course actually starts, the instructor must play the role of the leader in the different activities, promoting interactivity and giving feedback; the role of the advisor; and the role of the consultant, clarifying any confusing instructions and putting out fires on the technical front. The instructor must also request student feedback in order to understand their backgrounds, to assess where they are in terms of understanding the course materials, and to effectively gauge what works for them and what does not.

One of the advantages of online teaching is the possibility of giving individualized attention. Some administrators may be tempted to accept as many students as possible, since there are no physical limitations of space. However, the more students enrolled, the more demands placed upon the teachers, thus diminishing their ability to give personalized feedback. In our course we admit a maximum of 20 students.

### **What we have learned about e-learning**

From our experience, **two fundamental conditions for success in an online course are extensive preparation and lots of interactivity** (the latter is achieved by the former). Considerable work at the design level is required in order to create a sense of community, as well as to anticipate potential problems. Maintaining a dynamic and communicative environment

online is fundamental so that students do not feel that the class is based solely on downloading required materials and working alone. Interactivity is key to student satisfaction.

E-learning is said to have a high attrition rate. In our course, we have had about 15% dropouts. Causes include **underestimating the workload and the weekly commitment required** (most of our students have jobs and families) and the fact that, working in relative isolated conditions, online learning definitely requires self-motivation, resolution, and discipline.

Students have **different learning paces**. For example, two class participants complained that the catch-up weeks and date-dependent access to units kept them from moving on, while others were grateful they had the opportunity to follow a pattern and keep up with everyone else. While indeed the online environment does give students the freedom to organize their coursework as they prefer, instructors need to *limit* that freedom. It is fundamental to organize and clearly articulate the objectives and contents of the course. Everything must be made explicit in a strict calendar that includes specific dates for submitting assignments, completing activities, and even penalization for late work. Otherwise students may fall behind and be unable to catch up. In addition, giving feedback, providing help, and maintaining constant and timely communication is essential in order to compensate for the lack of visual contact. Students need to see that their participation is valued, that their work is being checked regularly, and that their time is worth the effort.

Another pedagogic consideration is that students have **different learning styles** and different feelings about working in a fully electronic mode. It is important to incorporate various types of activities to give as many students an opportunity to “respond.” Some ways to design a given activity include: lectures; problem-solving and simulation exercises; small-group projects; writing activities; complementary reference materials; individual work; audio/video features; charts and diagrams; and debates.

When weighing the workload of any particular course, instructors need to make allowances for the **technological frustration and added effort** involved in working in the electronic medium. Students must figure how things work, format files, download/upload materials, send e-mails, and solve unexpected technical errors. Many students may be less computer literate than others or may have slow Internet connections. Also, teaching interpreting

online is quite different from teaching translation online. While translators deal with the written word and work in an electronic medium as an essential part of their profession, this is not necessarily the case with interpreters. Some medical interpreting students may be more orally oriented and may not be accustomed to using the software and putting what they know in writing. We have also learned that even information considered to be minimally important needs to be made mandatory and graded if students are going to learn it. For example, in our first edition we included several “optional” or “complementary” activities - about half the class did not complete them.

Finally, our students’ diversity in terms of computer literacy and knowledge of the subject matter offers another challenge. It is hard to satisfy everyone’s needs. If, in order to satisfy the more experienced interpreters and computer-savvy students, the goals and demands of the class are correspondingly ambitiously constructed, then the less experienced and less computer-savvy ones will feel frustrated, and vice versa. Providing precise technical instructions can compensate for the lack of computer literacy, but may discourage the instructor from using certain “advanced-user” features of the course.

Clearly, prospective students of medical interpreting are well aware of the level of their skills and are desperately seeking quality educational programs. The motivation is high for those entering and for those working in the profession to improve both their knowledge of all aspects of the medical interpreting field and to enhance their computer literacy. Thus, online medical interpreting training combines the best of both worlds, indicating a bright future for using the electronic medium to deliver training in this interdisciplinary field.

Medical Interpreting Online (ComLit 591M) is offered every spring semester. Successful students receive a certificate and either three continuing education units (CEUs) or three hours of academic credit. Contact: Division of Continuing Education at the University of Massachusetts Amherst, (413) 545-3653 / [www.umass.edu/contined](http://www.umass.edu/contined). Information: the instructor or the Translation Center at UMass Amherst at (413) 545-2203 / [transcen@hfa.umass.edu](mailto:transcen@hfa.umass.edu).