Using the conversation analytic role-play method in healthcare interpreter education

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Using the Conversation Analytic Role-Play Method in healthcare interpreter education

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This chapter focuses on the teaching of communication and interaction skills to learners who have already had the chance to acquire the basics of dialogue interpreting (DI) and to practice it through role-playing. It argues that traditional simulated scenarios should be complemented by alternative techniques using authentic data, and research findings about them, and suggests how this can be done with students at undergraduate and especially graduate level, as they learn to adapt their skills to particular interactional contingencies and to make judgments about particular situations. The technique developed by Stokoe (2011a) – the Conversation Analytic Role-play Method (CARM) – will be exemplified using authentic French-Italian interpreter-mediated healthcare data. However, CARM can readily be adapted to fit other languages and/or domains, provided that the teacher has a collection of audio- and/or video-recorded interpreter-mediated interactions available and a thorough understanding of conversation analysis.

Keywords: Conversation Analysis, CARM, healthcare, interpreter-mediated interaction, French/Italian
1. CARM and interpreter education: An introduction

Developed by Stokoe (2011a) to train professionals for work in any talk-based institution (e.g. hospitals, courts, schools), the Conversation Analytic Role-Play Method (henceforth CARM) comprises progressively presenting anonymized recordings and transcripts of real, recorded conversations in which a particular interactional problem arises, and in which a successful outcome is or is not achieved. Having seen and heard a sequence of one or more turns of talk whose transcripts are synchronised with the audio/video recording, learners are asked to discuss possible difficulties which may be present in the interaction, and to formulate candidate next turns. The next turn of the real conversation is then presented, and learners discuss its interactional implications for what follows (see www.carmtraining.org for more details).

Stokoe reports that even learners with professional experience in the domain often have problems in predicting their colleagues’ responses to preceding turns: they “cannot articulate their tacit knowledge of their own practices, despite the fact that ‘they can do it’ in real situations” (2011b, 5). This finding is relevant to the use of role-play (henceforth RP) in interpreter training, since if learners cannot predict what will happen in real interactions, how can they hope to simulate them reliably?

As various authors have pointed out (e.g. Nunan 1989a; Widdowson 1998), authenticity is not simply a feature of talk in real settings, but is above all a feature of the use being made of that talk. As Widdowson (2003, 98) has succinctly put it, “reality does not travel with the text”. Thus the fact that a recording or transcript re-present an interaction that has actually taken place in another context does not guarantee the
authenticity of classroom activities based on that interaction. We will argue that it can only be so if it requires learners to respond to the interactional contingencies of talk in ways that may depart from simply translating the words just said, and which are relevant to them in the here-and-now-ness of the classroom interaction.

This chapter draws on comparative analyses of real and role-played interactions in police interrogations (Stokoe 2013) and healthcare settings (Niemants 2015), on our experience of DI practice and teaching in Italian universities over the best part of a decade, as well as on the outcomes of five piloting workshops held at the universities of Modena and Reggio Emilia (2011–2012), Bologna (2013-2014), Macerata (2013–2014 and 2014–2015) and Trieste (2015–2016). It aims to illustrate how CARM may be successfully applied to the education of dialogue interpreters, allowing them to engage authentically with contexts of their future professional practice. We use the term education insofar as the chapter will have less to do with “training in linguistic skills and communicative abilities” (Widdowson 1978, 68) and more with personal and professional growth (Corsellis 2008, 65), along with a capacity to adapt skills and abilities and to make judgments about particular situations (Gentile et al. 1996, 71). It is thus an education in the full sense of the Latin educere (bring out, lead forth), which aims at bringing learners out of the idealisations and simplifications of some university teaching, towards the complexity of the profession as it is practised. In contrast to traditional RP exercises, which presume that learners already understand the interpreting process sufficiently to simulate interpreter-mediated encounters, CARM uses research-derived materials to help learners observe and respond to the interactional contingencies of such encounters. The method is intended for learners who have already used RPs at undergraduate and/or graduate level and is introduced here in three sections.
Section 2 outlines what may be missing in traditional RP of interpreting scenarios, generally considered “the key method for developing interpreting and discourse management skills” (Pöchhacker 2004, 187), which may serve learners for the complexity of the “real world”. In such simulations, learners are generally expected to translate the primary speakers’ prior turns (often produced by two teachers who speak different languages and pretend not to understand each other). In real encounters, on the other hand, interpreters respond both by translating and by coordinating the interaction as it unfolds (see Wadensjö 1998, 106–110). As translators, they produce recipient-designed versions of one or more original utterance(s); as coordinators, they perform a wide range of other actions intended to negotiate their own understanding (e.g. asking clarifications, commenting on translations) and facilitate the primary speakers’ participation in the dialogue (e.g. inviting to start or continue talking, requesting solicited but not yet provided information).

Section 3 describes how audio-visual technology and presentation software (e.g. Power Point) can be combined with conversation-analytic research to train learners to observe participants’ behaviour, and consider the interpreter’s possible(re)actions, both by translating and coordinating the interaction. The basic process of CARM is revisited to fit into DI teaching in universities, where learners need to get acquainted with a profession they may have never experienced before.

Finally, section 4 provides some examples of how CARM could be used in a workshop (lasting between three and six hours or, if needed, in two separate sessions) on DI in healthcare. While the excerpts chosen are taken from Italian-French interpreted-mediated medical encounters, nothing prevents teachers from using CARM
with other encounter types and language pairs, following the rationale presented in
Section 2 and the general indications provided in Section 3.

Overall, the chapter challenges traditional role-play as a technique for teaching interpreting in the interaction. While providing learners with opportunities to perform simulations related to translating texts orally, from an interactional point of view, traditional role-playing may be doubly inauthentic. Not only are the learners often not using the same interactional strategies as real interpreters, but the simulation itself is also often based on the premise that “good” communication is one where participants immediately understand one another, so that in “good” DI the interpreter can immediately relay primary speakers’ turns without negotiating their meaning (Niemants 2014). As many analyses of interpreter-mediated interaction have shown (see Baraldi and Gavioli 2012; Dal Fovo and Niemants 2015 for recent collections), this is hardly the case in real contexts. To say it with Turner and Merrison (2016, 138), “Interpreting is about nothing if it is not about doing understanding, or if it assumes that understanding takes place by the simple expedient of having users of a common language produce and perceive one another’s talk.” We share their view that “the most fundamental issue […] is how the prototypical triad of participants inter-acts to reach outcomes it considers acceptable and suitable.” (ibid.) A teaching method that is grounded in the identification of effective and less effective practice, based on the observation of actual data, paves the way to a complex profession where “interpreters interpret for a reason, because there is some communicative or social goal that needs to be met” (Davidson 2000, 380; emphasis in original).

The leap from the university classroom to the healthcare (or other) setting is however far from straightforward. The necessary condition is, we believe, to take
learners seriously and meet them where they actually are in their learning journey, instead of treating them as ‘becomings’ who ‘learn for later’ (see Mason and Fattore 2005 and especially Holdsworth 2005). What follows is therefore anchored in dialogic pedagogy and problem-based learning principles (see Angelelli, this volume), where dialogue – and dialogue interpreting – is seen as involving a set of problems and choices, and where teachers and learners jointly engage in observing and responding to interactional and professional dilemmas which can occur in real life and in the classroom, and which may accept a variety of solutions (on dilemmas of practice and variable solutions see also Skaaden this volume and Kadrić this volume).

2. Bridging the distance between research findings and classroom activities

DI teaching is highly dependent on descriptive findings from interpreting studies and related fields, but the question remains of how such findings can best inform teaching practices (Colina and Angelelli 2016, 108). While according to some, this problem is best left to teachers, in our view, responsibility should be shared with applied linguistics researchers. This chapter reflects our own endeavour to “trial and review the pedagogical potential of new descriptive findings” (Carter 1998, 55), where these findings concern role-played simulations and actual interpreter-mediated encounters, both of these being interactions between three or more participants who perform activities tied categorically to their roles. There are however some important differences which teachers and learners should be aware of, and which we will try to summarize before we discuss the use of authentic materials in class, in order to prepare the ground for a methodology that also ensures a more authentic classroom activity.
2.1 Comparing role-played and actual encounters

The RP is a training activity where participants simulate another activity type (Linell and Thunqvist 2003). According to Levinson (1992), each “activity type” limits what participants can legitimately do and how what they do can be interpreted. For instance, what is said by a doctor in a doctor-patient interaction is interpreted according to what is expected to occur in that activity type.¹

The complexity of RP is given by its two relevant contexts: the “framing activity”, that is the simulation involving a series of actors (typically teachers and learners) who are pretending to be different characters; and the “framed activity”, that is the simulated activity involving the characters being acted, for example, a doctor, a patient and an interpreter. Since each of these activity types implicates some “activity roles or identities” (Linell and Thunqvist 2003, 412), in an RP there are two layers, which Francis (1989) calls “identities within the game” (characters) and “game-context identities” (actors). Because of this double layer, participants have “two normative frameworks to which they are required to orient” (ibid., 58). To put it simply, they are required not only to play their roles in the game, but also to pay attention to the context in which it is framed, for instance that of a lesson or an examination.

Teaching materials typically work with “normative reconstructions of everyday practice” (Hepburn et al. 2014, 240) and participants generally play their simulated

¹ The notion of “activity type” is therefore close to that of “frame”, as introduced by Bateson (1972) and subsequently developed by Goffman (1974). In both cases, the context is analysed from the participants’ point of view and the relevant frame depends on what participants are doing at a certain moment in the interaction.
roles by invoking “what we all know” about such identities (see Francis 1989, 59), carrying out what Sacks (1972) termed “category-bound activities”. For instance, when playing the role of a doctor they perform activities that are associated with doctors (e.g. asking questions and prescribing treatments); when playing a patient they perform activities associated with patients (e.g. describing symptoms). And when playing an interpreter they do what is associated with interpreters (e.g. translating a primary speaker’s previous turn).

But empirical studies of authentic (interpreter-mediated) interactions have undermined many of the conventional arguments about these category-bound activities, showing that (a) we cannot trust common-sense intuitions since they tend to caricature what really happens (as also pointed out by Schegloff 1996, 166—169 and Speer 2005, 54); (b) translations are not necessarily provided on a turn-by-turn basis as “conversation unfolds through turn-taking, with options at each point” (Hepburn et al. 2014, 248), and interpreters may choose to negotiate their own understanding of the talk as well as that of others before attempting to translate (Wadensjö 1998; Bolden 2000; Davidson 2000, 2002; Baraldi and Gavioli 2012); (c) interpreters do not only respond to primary speakers’ actions but also make autonomous interventions – what Davitti and Pasquandrea (2014b) call “sequence-initiating actions” – and do so at particular – sometimes problematic – “choice points” (Hepburn et al. 2014, 248). Researchers have started to pay much closer attention to “how people actually talk (and respond) when interpreting and being interpreted” (Turner and Merrison 2016, 138), using the lens, in particular, of Conversation Analysis (henceforth CA). While recognising that “[A]wareness of the complexity of DI and of the necessity for interpreters to take – at least in certain contexts – an active role in interaction does not entail refusing or
dismissing codes of conduct”, codes which generally view such autonomous actions as ‘bad practice’ (Davitti and Pasquandrea 2014b, 393), we believe that observing how interpreters design their contributions for other participants may be of help when considering debated issues such as those concerning “the opportunity and even the legitimacy of the (occasional) engagement of interpreters in monolingual talk with one of the participants” (Gavioli 2014, 38). More precisely, such descriptive studies can help us review traditional distinctions between ‘good’ and ‘bad’, highlighting ways in which apparently ‘imperfect’ practices (such as breaches of tenets of faithfulness and neutrality) can have effects on the coordination of the interaction (Baraldi 2012, 323). As shown by Stokoe et al. (forthcoming) and Shaw et al. (2016), sometimes ‘best practice’, as identified by CA research, contradicts existing guidance for practitioners. The implication is that when people turn guidance into talk, it might not work, and that over-riding objectives may create unpredictable contingencies of interaction (i.e. professional dilemmas or choice points) which call for situated responses (see also Cox 2015 on the discrepancy between two Belgian code of ethics for interpreters and how they embody principles in professional practice).

DI teaching cannot, however, be simply based on descriptive facts. We agree with Widdowson (1991 in Seidlhofer 2003, 80), who argues that factors like the above should not be uncritically incorporated into teaching prescriptions. They need to be introduced at appropriate stages (see Ravazzolo et al. 2015, 84–85 on the risk of overburdening learners with authentic materials), and their relevance to those learners must also be a matter of empirical enquiry.

2.2. Authentic data and authentic activities
The use of “authentic” data in class has been gaining growing consensus in foreign and second language teaching, as it is believed to reduce the gap between the classroom and the “real” world (for a general overview see Seidlhofer 2003, 77–123, and Boulton and Tyne 2014). But reducing the issue of authenticity to that of naturally-occurring data is limitative insofar as one also needs to consider the question: authentic for whom? As Prodromou argues, “displaced discourse may not be concocted but it can hardly be presented to students as real and authentic, at least for them” (1996, 372). Learners may not belong to the community for whom such discourse has been produced and may not (yet) be qualified to participate in the discourse process. A number of studies have thus been carried out to better explore “authenticity” and to see how it may be achieved in training activities such as RPs (see Guariento and Morley 2001 for a brief overview).

In our view, authenticity lies more in the learner’s reaction than in the perfect reproduction of a real world activity (see Widdowson 1978, 90), and to make our position clearer, we will briefly recall a few points which Gavioli and Aston (2001) make about corpora and which appear relevant to authentic material in general. According to them, “[t]here is […] no reason to assume that the materials we present to learners should constitute models for imitation” (ibid., 240); “the question is whether their use can create conditions that will enable learners to engage in real discourse, authenticating it on their terms – and whether this engagement can lead to language learning” (ibid.). Gavioli and Aston (2001) also claim that participating in the discourse process may not be the only way to authenticate materials, but that learners may also do so by adopting the role of observers (Aston 1988). “[W]hile the participant interacts with the text as an intended recipient, the observer views this interaction from the outside, adopting a critical analytic perspective. Observer as well as participant roles
can allow learning: observation allows strategies of interaction to be noticed, while participation allows such strategies to be tested” (Gavioli and Aston 2001, 241). As we will see, the CARM method enables learners to observe authentic interactions as they unfold as well as to participate by responding to the participants’ ongoing talk, thereby providing two manners of authenticating the materials used. It is, therefore, a viable solution to cope with some of the shortcomings of traditional RP, where the learner’s reaction, if it is merely a translation, could appear inauthentic from both a participant and an observer perspective.

A first level of inauthenticity may be due to the fact that, as is generally the case in simulated RP, interpreters tend to orient more to the framing than to the framed activity (see de la Croix and Skelton 2009 and above). Analyses of simulated encounters have shown that “it is hard to support a claim that participants in role-play are oriented to the same interactional contingencies as they would be in the actual setting” (Stokoe 2011a, 122), since learners primarily design their translations for the purpose of evaluation by their teachers rather than for the purpose of communication between the primary participants (Niemants 2014). Even if an RP script reproduces the precise words spoken by the real participants, what is authentic to them when they ‘live’ a specific situation will not be authentic to teachers and learners who simulate it (Widdowson 1998, 10–12), since the latter will always orient to the didactic framing activity (Niemants 2013a, 317), within which learners interpret primarily in order to be evaluated by their teachers and colleagues, and not to help the primary speakers communicate.²

² And if communicating etymologically means sharing what is said and done in the interaction (from the Latin word comunicare), then traditional RP lack that communicative aim which is at the basis of
As shown in Stokoe (2013) and Niemants (2015), a second level of inauthenticity may also be due to the fact that the participants in RPs are not using the same communicative strategies as they would in the real world. For instance, in RPs where teachers are acting the parts of the primary participants, they generally pretend not to understand each other at all, whereas in the real world, participants often show some understanding of each other’s language, so that their language constellation is at least partly “transparent” (Meyer 2012). Another example can be seen when unknown terminology is encountered. While professional interpreters tend to use compensation strategies (summarized renditions, hyperonyms and/or hyponyms, etc.) in order to provide an immediate if approximate translation, learners taking part in RPs usually ask for clarification before attempting to translate, thereby involving the primary speakers in solving the problem (Niemants 2015).

As a result, descriptive studies may force us to revise long-cherished understandings about DI practice and teaching. While corpus-based technologies may open paths to quantitative investigations (Bendazzoli et al. 2017), qualitative approaches such as CA provide “a form of natural history of social interaction, documenting what happens, and uncovering the practices that underlie what happens” (Drew et al. 2014, 315). In consequence “the documentation of practice […] can be uncomfortable or even controversial for certain organizations” (ibid.): both interpreters’ professional associations and teaching institutions seem reluctant to accept an evidence-based profile of DI and to update their ethical codes and teaching curricula accordingly.

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authentic training activities, since the two teachers already understand each other and already share all the information.
The next section may help prepare the ground for such a turn. Our objective is not to provide a full coverage of DI in healthcare settings, but rather to outline a method of dealing with data that can bring into relief both some good practices, and ones which Amato and Mack (2015, 16) call “debatable” – precisely because they can be critically debated in the learning context.

3. Using CARM to teach dialogue interpreting

CARM is an approach based on conversation analytic evidence of the sorts of problems that can occur in interaction, as well as the strategies that can resolve and overcome them.

Stokoe (2014a) has identified various activities that work well with professional, non-academic and, more relevantly, non-CA audiences. For instance, she invites participants to see conversation as a kind of racetrack with a distinct landscape and architecture. In telephone conversations, for example, the caller starts a conversational ‘race’ with a recipient and then completes various projects (greetings, openings, reason for call, and so on). As researchers, we study multiple instances of the same type of interaction and, in so doing, discern the racetrack’s overall organization and structure. People may anticipate and avoid hurdles, or they may run into them, knocking the interaction off course. So, for example, telephone calls between the representative of an organization and a client or potential client may involve projects such as opening the call, explaining the reason for the call, explaining problems, explaining services, offering services, making appointments, and closing the call. Conversation analysis
focuses on how those projects are designed, and on the slots they open up for both parties to fill with a variety of different actions (see Sacks 1992), and shows how different designs may lead to different conversational outcomes. So, explaining a service in a particular way may lead to higher client uptake, making the difference between winning and losing in a race (Stokoe 2014a).

As Stokoe and Sikveland (forthcoming) and Stokoe, Sikveland and Symonds (2016) have shown, CARM training has an impact beyond the workshop and trainees learn to change practice. For instance, in training GP receptionists to better interact with patients in telephone inquiries, increased satisfaction is shown in the post-training phase; neonatologists report increased confidence in interacting with parents of premature babies, and sales organizations report increased sales appointments with potential clients. CARM helps people understand the landscape of a particular workplace by turning authentic conversational racetracks into evidence-based materials for learners to observe and analyse. Learners are exposed, often for the only time in their careers, to the actual activities of colleagues doing the jobs that they themselves do or will be doing. As one learner commented, “The fact that it was ‘real’ as opposed to role-play was a relief. It was so much better, and more interesting and motivating, to deal with reality as opposed to made-up scenarios and acting”.

As Heritage notes (2009, 29), the observation of real data using CA is found by many to be “a potent experience”, and it is one which is not new in the teaching of interpreting: Merlini (2007), Zorzi (2007; 2008), Bührig et al. (2012), and Davitti and Pasquandrea (2014b) are among those who have organized such activities for university students or bilingual hospital staff. By examining transcripts of real interpreted-mediated interactions, they show learners how conversation unfolds through turn-
taking, with options at each point, and that racetracks are highly dependent on the institutional setting. Interpreting in hospital differs from interpreting in court, and a doctor-patient interaction differs from a medical conference, even if the topic is the same. These authors’ approach was evidence-based, in the sense that they identified practices that worked effectively and ones that worked less well and presented them in class, grouping together sequences of turns which had similar interactional consequences and ones which had different outcomes (see Davitti and Pasquandrea 2014b, 379 on guided-data sessions). The observation and analysis carried out by the learners therefore involved examining different interpreters’ handling of a problem across a range of different interactions, in order to identify good and bad practice and “the specific techniques that constitute this” (Hepburn et al. 2014, 251).

While CARM is also evidence-based in the sense described, it goes one step further: not only do learners examine written transcripts of real conversations, but they also watch and/or listen to their audio or video recordings as they unfold. Recordings are synchronized with transcripts so that learners can stop at key points of choice, usually on completion of one of the primary speakers’ turns. Learners are then asked to consider what their response to this turn would be and to formulate it, be it a translation, a request for clarification or any other action enabling communication. The different strategies learners propose often generate real controversy about professional practice (what would I do?) and ethics (would it be right or wrong?) (Stokoe 2014a, 263; Niemants and Cirillo 2016). Because CARM is uncompromisingly grounded in findings about the communicative practices present in different interpreting settings, it can promote discussions on ethics and professional responsibility in a world where the simulations most typically used have little or no empirical basis. It can suit different
types of courses, from the short monolingual course described by Hale and Ozolins (2014), to the typical language-specific interpreting course involving a single language pair (see Krystallidou 2014 on a session for postgraduate students and Wadensjö 2014 on a session for interpreter educators). And while traditional RP exercises generally require the co-presence of two teachers, one for each language (see Cirillo and Radicioni, this volume), CARM can easily make “a language-specific cohort dependent on one teacher” (Hale and Ozolins 2014, 7), thus responding to cost-cutting pressures.

4. Preparing for and teaching CARM

4.1. Preparation

Any CARM session is underpinned by research findings about a particular interactional practice. This implies that the teachers have training in CA, and can rely on a relatively large data set. They select extracts from collections of transcribed audio- and/or video-recorded interpreter-mediated interactions, which come from real-life situations. As noted by Amato and Mack (2015), such extracts may present some practices that can promote reflection or discussion. Their choice will depend on the teacher’s experience and approach, which may be quantitative and/or qualitative. In the former case, teachers will opt for practices that recur frequently in the data (and perhaps also in their experience as DI practitioners), in the latter they will choose examples that seem particularly interesting for discussion, perhaps because they depart from what is traditionally expected from primary participants and/or interpreting practitioners and
thus raise ethical issues as well as doubts on what to do next. Irrespective of their approach, teachers need to be well acquainted with the principles and methodology of CA (Sacks et al. 1974 but also Sidnell and Stivers 2012 for a comprehensive overview) before venturing to use CARM in class (see Stokoe 2014a and the videos at www.carmtraining.org).

The extracts below are taken from Niemants’ (2015) research on DI in healthcare, using audio data collected in Belgian and Italian hospitals involving four so-called ‘intercultural mediators’, whose task was basically that of translating and enabling understanding in bilingual talk (on ‘intercultural mediation’ see Baraldi and Gavioli 2012; Niemants and Cirillo this volume). After careful listening and transcribing, we established the health-care services offered to women and their babies during pregnancy, labour, delivery, and breastfeeding, and then a recurrent type of visit – interviews with the midwife in the first, second and third trimester of pregnancy (on visit types and associated practices of action see Robinson and Heritage 2014, 206). Four extracts were finally selected from the Italian sub-corpus and re-transcribed to allow more fine-grained analyses, guided by criteria of comparability with what is supposed to be a standard triadic organization in interpreter-mediated interaction, namely an AIBIA pattern of turns where the interpreter immediately translates the utterances of the primary speakers, and we focussed on departures from this pattern which seemed to have positive consequences.

Once the extracts have been chosen, transcribed, and anonymized, a presentation tool (e.g. Power Point animation pane) is used to play the audio and the transcript synchronously, as well as to add comments by the teacher that may help promote participation and discussion (see below for samples of slides and comments in English –
original French-Italian conversations are provided as an appendix – as well as for rough examples of what a teacher might say when presenting the extracts to learners).

4.2. In class

As a warm-up to this activity, the teacher may like to explain CARM and why they are using it to complement scripted role-playing exercises (see section 3 above and Niemants and Cirillo 2016). They may also want to anticipate the particular practices they will be focusing on and why, i.e. instances of talk where the interpreter is not simply translating but also performing other activities, such as asking questions that promote the patients’ expression (see 4.2.1), supporting primary participants’ understanding (see 4.2.2), giving directions or providing explanations (see 4.2.3 and 4.2.4). These practices should be clearly divided and labelled on the slides which introduce them to learners.

Before playing the first extract, teachers should remind learners of the basic CARM procedure, e.g. this activity consists in letting you read and view/listen to an authentic interpreter-mediated interaction, stopping the conversation following a particular choice point; you will be asked to respond, as interpreters, to that particular turn at talk and then to discuss your responses; you will then see/hear the response of the real interpreter and consider its consequences for the interaction.

The first slide should only display a title for the practice extract to be presented.

4.2.1. Promotional questions
Introduce the extract, *e.g. this comes from an interview between a midwife and a pregnant woman about her medical history.*

Say what the participants’ acronyms stand for, *e.g. I stands for Interpreter,*³ *D for Doctor or other clinician (here a midwife) and P for Patient.*

Explain the main transcription conventions:

. falling intonation, not necessarily an assertion
, slightly rising intonation, not necessarily marking continuation
? strongly rising intonation, not necessarily an interrogative
( ) silence of less than 1 second; numbers between brackets indicate lengths of longer silences
: prolongation of the preceding sound
[ xxx ] square brackets surround simultaneous talk by two or more speakers
ab- abrupt cut-off of incomplete word
abc underlining indicates stress or emphasis, either by increased volume or higher pitch
= latching indicates the lack of any discernible silence between two turns
< abc > angle brackets indicate that a stretch of talk is slower and more drawn out than the surrounding talk
> abc < reverse angle brackets indicate that a stretch of talk is compressed and rushed
ABC upper case indicates a stretch of loud talk (e.g. shouting)
° abc ° degree signs bracket stretches of quiet talk

³ Depending on the data collected, “I” may also stand for intercultural mediator, as is the case here.
Anonymised patronyms and toponyms. The number of X corresponds to the number of syllables omitted.

Play the extract so that the transcript and the audio/video start at the same time.

Ask your learners to observe what has happened in that conversation so far and gradually visualize teacher comments so as to guide the discussion and make sure all the relevant issues are raised, e.g. *the midwife’s question in turn 7 is about the woman’s first menstrual period; this question is introduced quite abruptly after a short dyadic sequence with the interpreter.*

Figure 1. Promotional questions – part 1

Now ask the learners to respond to the last turn they heard (here turn 7) as if they were the interpreter.

Collect at least three or four versions, then say you will compare their responses with that of the actual interpreter.

Move on to the following slide and play the next turns, always making sure that the audio and the transcript start at the same time.

Once the extract has finished, ask learners to comment on the interpreter’s response(s) and on their apparent consequences for the interaction.

Figure 2
As shown in Figure 2, the teacher may also want to comment/ask questions\(^4\) on such features as: (a) silence as a sign of non-understanding (see line 9); (b) the interpreter’s turns as instances of recipient design (see lines 11, 13, 15 and the terminological simplification from “periods” to “blood”); (c) the interplay between translating and other activities such as co-interviewing (see line 18, where while waiting for the patient’s answer to the midwife’s question, the interpreter recalls a piece of information she has collected previously during the patient’s medical interview).\(^5\)

Before moving on to another practice, the teacher may want to make comparisons with similar choice points (e.g. silence as possibly showing non-understanding by the patient), so as to show learners that (a) responses may vary and have different interactional consequences (see Davitti and Pasquandrea 2014b) and (b) the interpreter is not the only respondent, since interpreting is a co-constructed activity where “language use is not just the sum of the individuals doing their respective parts autonomously, but is in fact a joint action (which depends upon all participants considering themselves to be acting jointly)” (Turner and Merrison 2016, 153). For instance in Figure 3 below, following an almost 3-second silence where a pregnant

\(^4\) Useful examples of comments and questions, especially concerning video data, where proxemics and gaze can also be a matter of discussion, can be found in Amato and Mack (2015), Krystallidou (2016), and Kadrić this volume.

\(^5\) In traditional RPs, just like in most concocted teaching materials, dialogues generally do not begin in medias res, while excerpts of authentic interactions show a typical trait of social life, where speech often refers to something that has already been said or done before (see Ravazzolo et al. 2015, 147).
woman was supposed to answer the midwife’s (translated) question, it is not the interpreter but the midwife herself who clarifies what she wants to know, thereby promoting the patient’s response.

@ @Insert Figure 3 here @ @

Figure 3. An alternative extract from the same collection

To conclude, the teacher may draw a comparison between the two extracts above and observe that in both cases the patients display difficulty in placing events in time and providing the answers the midwife is looking for. The two interpreters make use of questions that reformulate the healthcare worker’s initial turn and make it clearer for the patient. This observation may pave the way to a discussion on intercultural communication in healthcare and/or to further reading on the subject.6

4.2.2. A linguistic barrier?

This second extract is taken from the same interaction as before. Here the midwife is investigating the patient’s previous pregnancy.

After playing the extract, learners can be asked to observe what is happening using the comment balloons to guide the discussion.

@ @Insert Figure 4 here @ @

6 See e.g. Baraldi 2012 on promotional questions; Baraldi and Luppi 2015 on ways to overcome linguistic barriers in healthcare intercultural communication.
Figure 4. Language barriers – part 1

They can then be asked to respond to the last turn (here 19), and after collecting three or four proposals the teacher can move on and play the audio with the transcript (for further details on the use of and reaction to this specific extract in a DI class see Niemants and Cirillo 2016).

@@Insert Figure 5 here @@

Figure 5. Language barriers – part 2

Learners can be asked to note the interpreter’s response, and invited to observe that: (a) the “linguistic barrier” is not always total, in that primary speakers may self-select and show some understanding of the other language; (b) the need for translation is negotiated on a turn-by-turn basis by the participants and may not be required.

Teachers may want to ask what happens if and when a translation is not needed. As recent literature has shown (e.g. Anderson 2012; Meyer 2012; Niemants 2015), when it is unnecessary to translate, the interpreter needs to negotiate a new role in the interaction. This new role may be that of being in “stand-by mode” (Angermeyer 2008, 391), allowing the primary participants to interact directly whenever possible and develop their relationship unimpeded (Turner and Merrison 2016, 158), intervening only to confirm that they are correctly understanding each other (e.g. “fifteen well done” in Figure 3, line 9) or to correct a misunderstanding (e.g. Figure 5, lines 20–21).
4.2.3. Direction-giving

The fact that translating may occasionally be unnecessary does not imply that the interpreter has no role to play. Various analyses of authentic interpreter-mediated interactions (e.g. Hsieh 2007 and 2010; Baraldi 2009) have shown that healthcare workers frequently delegate tasks such as collecting information, giving directions or providing explanations to the interpreter.

The third extract is taken from a long interview between another midwife and another pregnant woman, who has a regular permit and is thus entitled to use healthcare services, although she has not yet chosen a general practitioner. Again, after hearing the audio and reading the transcript, learners can be asked to observe what is happening, with comment balloons to guide the discussion, and then asked to respond to the last turn shown (here 7).

@@Insert Figure 6 here @@

Figure 6. Direction-giving – part 1

After collecting three or four versions, the real interpreter’s response can be examined,

@@Insert Figure 7 here @@

Figure 7. Direction-giving – part 2
with further comment balloons to draw their attention to two frequent phenomena in authentic interpreter-mediated interactions: (a) the production of an “expanded rendition” (Wadensjö 1998, 107) of the midwife’s original turn, which the interpreter recipient designs by adding the address of the facility where the patient is supposed to go, as well as the reason for doing so (see lines 11–13 above); (b) the use of “okay” with rising intonation to elicit confirmation that the patient has understood correctly.7

Learners may also be shown what happens a few seconds later, where following a 3-second silence, the same interpreter makes sure the patient knows how to get to the healthcare facility.

@@Insert Figure 8 here @@

Figure 8. Direction-giving – part 3

As shown in Figure 8, the interpreter co-constructs a direction-giving sequence in which she provides the patient with all the (oral and written) information she needs to be able to reach the place on her own.

This long example may encourage learners to reflect on what “being responsible for communication”, in the sense of being able to respond, may actually mean for an interpreter. Learners may realise that in authentic interactions understanding is not guaranteed by turn-by-turn translation and that departures from this format may in fact help participants share an understanding of what is being said and done in the

7 Further readings on the function of okay and other feedback tokens in interpreted-mediated interactions are Gavioli 2012; Merlini 2015b; Merlini and Gatti 2015).
interaction. The last part of the example may also raise awareness of the range of behaviours that can display primary speakers’ understanding or non-understanding (e.g. the “mm hm”s and silent pauses seen above, but also code-switchings). Such an awareness may prove useful in contexts where the primary speakers have a certain degree of competence in the other language and where interpreters may therefore need to “carefully monitor and mould” (Anderson 2012, 146) their behaviour in order to be able to respond appropriately, in ways which correspond to what Baraldi and Gavioli (2012, 5–6), revisiting Wadensjo’s dichotomies (1998), term “reflexive coordination”.

4.2.4. Delegated activities

Learners should be told that this example displays the explicit delegation of a non-translating activity to the interpreter. Again, they should be asked to observe what happens in the interaction, using comment balloons to guide discussion, before collecting their proposed responses to the last turn (here 19).

@@Insert Figure 9 here @@

Figure 9. Delegation – part 1

Learners should notice that in the first lines the midwife addresses the interpreter directly, (a) telling her to show the patient that the ultrasound scan has been postponed and (b) making reference to the thyroid tests. While the interpreter responds to the first delegated task by showing her agreement (line 3) and confidence (line 5), she sounds unsure with respect to the second task (line 7), and ends up filtering out the thyroid
issue, which will only be retrieved several minutes later (text not shown). The interpreter and the patient are subsequently left alone to co-construct the list of appointments: they have a quick glance at the dates of tests and visits, and negotiate what to do in the weeks ahead.

Before moving on to the next turns, it may be useful to draw learners’ attention to the interpreter’s code-switching (see the original transcript in the appendix), asking them why Italian words are used in French sentences (i.e. sight-translating Italian prescriptions? Familiarizing the patient with the Italian healthcare system and its terminology?).

[@@Insert Figure 10 here @@]

Figure 10. Delegation – part 2

Learners should observe and comment on the responses of the interpreter, who does not treat the patient’s question in turn 19 as a mere request for linguistic clarification, but also dwells on the so-called foetal morphology ultrasound, explaining that it is important to take a close look at the baby’s organs (lines 24–26 and line 28). This example again shows how under certain circumstances interpreters do much more than translate. In some countries ultrasound scans are performed whenever the pregnant woman requires them, while this particular scan must necessarily be performed in the middle period of pregnancy, usually between week twenty-one and week twenty-four. In a subsequent interview, the intercultural mediator admitted they were adding further
details on the morphology ultrasound so as to make sure the patients showed up at the appointment.

4.3. Variants

One of the aims of this activity is to raise learners’ awareness of the complexity of DI in healthcare, and to help them respond appropriately in real interpreter-mediated interactions, recognising when mere translation of an utterance may not be enough. Using presentation software to synchronise transcripts with audio/video undoubtedly helps involve learners and help them to experience the interaction as it unfolds. But nothing prevents the use of variants such as the following.

In the first of our five piloting seminars (see Niemants 2013b), each learner was provided with a sheet of paper for each extract, the transcript of the first part of the extract being on one side, that of the second part on the other. The activity was fairly similar to those described above: we introduced the extract, played the audio, and asked learners to read through the corresponding transcript. We then asked them to observe and comment on what had happened in the interaction, and then to respond to its last turn. After collecting three or four proposals, we asked learners to turn over the sheet of paper and observe the real interpreter’s response, of which we also played the audio.

5. Authentic for learners? Some concluding remarks
Irrespective of the materials used (whether slides or handouts), our learners’ reactions to CARM have been extremely positive. Learners consider that it opened their eyes to the real work and responsibilities of the dialogue interpreter in healthcare, filling the gap between theory and practice. To use the words of some learners:

The lesson was very interesting, especially because it gave us the possibility of getting closer to the reality of interpreting and to the problems an interpreter may actually encounter. It is not true that the interpreter is invisible, nor that her/his role is simply that of translating, and that was taught to us in the best possible way: through examples in real settings. (Laura’s comment to a post about CARM at http://www.dailyinterpreter.com/archives/2904)

The lesson was very interesting, the theoretical part but especially the moment when we had to react to the situation and thus to act as an interpreter. It has not always been easy to respond but the lesson gave me a practical example of the interpreter’s job, in this case in the medical setting. (Marie-Sophie’s comment to a post about CARM at http://www.dailyinterpreter.com/archives/2904)

On the basis of the extracts we have listened to in class, I would say that the interpreter becomes for the patient a real point of reference and a person to “trust”, since the doctor, who de facto speaks another language, could inevitably sound more detached. In this field in particular, but not exclusively, human qualities back up and sustain the interpreter’s linguistic skills. So starting from a good basic training, the best method to achieve this completeness consists in
“putting oneself to the test” in real experiences, and this lesson was very useful to give a first taste. (Maria’s comment to a post about CARM at http://www.dailyinterpreter.com/archives/2904)

Even if it is true that the authenticity of training activities has less to do with the simulation of real-life situations and the use of real-life data, and more with the reaction of the learner, we can conclude that CARM seems to offer student interpreters the opportunity to react more authentically to the talk of real patients and healthcare workers, first by observing and then by participating in the ongoing interaction.

In the observation stage, where attention can be paid to the properties of turns, the actions they accomplish and the activities they constitute, CARM provides food for thought and discussion. The greater the divide between what is ideally expected and what is done in the interaction (not only by the interpreter but also by the other participants), the livelier the controversies on what should be done next. So if Penn and Watermeyer (2012) are right in claiming that self-awareness is a key component of effective practice, CARM appears to address this component of learning.

In the participation stage, where the next turn is produced, CARM provides material to prepare learners to react to the ongoing talk of real primary speakers, where utterances may be incomplete or completed by other participants and where the latter may refer to things that have been said or done before the interaction begins. Learners are thus confronted with multiple choice points, where they are put in a position to respond in ways that may differ from direct translation of the preceding primary speaker’s turn. Here lies the authenticity of the students’ reaction in the here-and-now-ness of the classroom interaction, where the reflection on what they do, and how they do
it starts from the very beginning, whereas in traditional RP it arguably occurs at the debriefing stage (see also Niemants and Cirillo 2016).

While this chapter reports an alternative RP method, we are not dismissing the value of traditional role-playing exercises completely. There may be a place for both scripted RPs and CARM, especially if conversation analytic research underpins what gets trained and what gets assessed. While formative scripted dialogues may be of value to learners to acquire some basic interpreting skills (what the third student quoted above refers to as “basic training” and Rudvin and Tomassini 2011, 86 call “the a-b-c- of interpreting competence”), they do not educate learners to observe (and respond to) the co-constructed dialogue of two or more real participants and may even distort the assessment of learners’ communicative competence if they are used as an evaluative tool. As shown by Stokoe (2013), RP authenticity is crucial if we are to evaluate people ‘skills’ and if the RP does not look like the real interaction “what is being assessed is not real communication but the ability to voice a credible appearance of such communication” (Atkins et al. 2016, 7).

8 The a-b-c of interpreting competence includes both passive and active skills in the foreign language along with the capacity to trace equivalent words and phrases quickly and to manage direction when addressing different language speaking participants. As pointed out by Rudvin and Tomassini (2011, 94-109), scripted RP enable teachers to incorporate (and dose) specific linguistic and pragmatic features (e.g. greetings, dates, names, figures, field-specific language and technical terms, but also cross-cultural issues like politeness, punctuality, pain, first name or title), and to assess whether learners use appropriate register and terminology, whether their translations contain any significant omissions or additions, or whether their pronunciation in the foreign language is acceptable. Traditional forms of role-playing additionally enable teachers to help the students as they play their role: “[I]f they get stuck for a word, trainers might ask pertinent questions as the pretend interlocutor” (Rudvin and Tomassini 2011, 98), an advantage that has also been stressed by Sandrelli (2005, 87), among others.
To conclude, CARM is meant to show “pictures” of occurrences of reality which, regardless of whether they will happen again or not, meet the need of learners to acquire (appropriate) strategies of reaction. They need to develop problem-solving skills and learn to adjust their talk to that of other participants so as to jointly construct understanding. If DI is a co-constructed activity, the focus should lie equally on each member of the triad: the actions undertaken by the primary participants – here the healthcare workers and the patients – also need to be taken into account (see Del Vecchio et al. 2015; Krystallidou 2016; Turner and Merrison 2016; as well as Ozolins this volume). Of course, collections of audio and/or video recorded interpreter-mediated interactions are only partial authorities (the cumulative experience of a practitioner being far richer), and they inevitably “present us with a fait accompli, a fixed product rather than an open process” (Cook 1998, 61). Nonetheless, they can provide learners with opportunities to observe the process, to focus on particular choice points, to see what works and what does not, and to produce their tentative responses, thereby leading them towards the complexity of a dialogue interpreting that must be done together, within the walls of the classroom as well as in future professional settings.

Appendix: Original data extracts

Figure 1. Promotional questions – part 1

1 I: Mm hm ok niente.
2 (.)
3 D: Dimmi.
4 I: No no parlava del vomito.
5 D: Ah:
6 I: Però è una cosa: de:l:
7 D: Menarca ?

Figure 2. Promotional questions – part 1

8 I: Allora la la première fois que tu as eu: ehm la: (. ) les règles ?
9 (. )
10 P: Mm hm, 
11 I: La première fois (. ) à quelle età ?
12 (. )
13 I: >Onze ans douze ans treize ans ?<
14 (1.4)
15 I: Les règles (. ) le sang ?
16 P: E:hm (. ) en ce moment j' avais, 
17 (2.0)
18 I: Allora lei è sa[na (. ) nega patologie.] 
19 P: [Treize ans comme ça,]
20 I: Treize ?
21 P: Mm [hm,]
22 I: [Tredici] più o meno.
23 D: Ok tredici anni.

Figure 3. An alternative extract from the same collection

1 D: La primissima mestruazione l'ha avuta a che età ?
Figure 4. Language barriers – part 1

1 D: Ehm non era che per caso il bambino si era (.) in una
distocia di spalle (.) cioè uscita la testa non riusciva più a
uscire il bambino,
2 I: Hm,
3 D: È successo questo ?
4 I: Mais ehm ehm ehm la la tête ehm ehm ehm elle elle a été
dehors mais le corps non (.) d- du bébé ? [c’est comme ça ?]
5 P: [Ehm le le] voilà,
6 I: Si (.) si si.
7 D: [Cioè è uscita la testa quindi,]
8 I: [Cioè testa fuori e il corpo:] ancora dentro.
9 D: Distocia di spalle.
10 (2.4)
11 P: Parce que quand j’avais (.) la grossesse (.) je ne faisais pas
caca.
12 (0.9)
13 I: Hm.
14 P: Je ne faisais [pas caca:]
19 D: [Quando è] nato ha fatto [la cacca.]

Figure 5. Language barriers – part 2

20 I: [Ehm no] no (.) quando lei era: incinta non
21 faceva la cacca,
22 D: Ah (.) va be:ne questo è un al-
23 I:[Si è un’altra cosa,]
24 P: [J’ai mangé des choses dures][ehm les des trucs qui,]
25 I: [Ehm ehm ha mangiato]
26 delle cose dure dice:, 
27 P: °Alors°,
28 D: [Eh è norm- non è hah voglio dire.]
29 I: [Ehm hah hah ehm non è c’est pas,]

Figure 6. Direction-giving – part 1

1 I: Tu as le permis de séjour ici ?
2 P: °Mm hm°.
3 I: Sì lei è regola:re (.) [vedi,]
4 D: [Ah.]
5 I: Solo che non ha il medico qua a XXXX.
6 (1.6)
7 D: Allora le diciamo di andare al Saub è,

Figure 7. Direction-giving – part 2
I: Allora aspetta (.), sto guardando qua, valido fino al dodici dieci.

D: Quindi va bene quest'anno ci rientra. (1.1) dodici dieci ottobre?

I: =Hm (.). parce que tu dois aller (.). à: (1.3) al Saub (.). via XXX (1.3)
ehm pour choisir le médecin de base,

I: Okay?

P: °Hm°.

Figure 8. Direction-giving – part 3

I: Tu demandes à quel- à quelqu'un qui: (1.8) qui connaît bien ehm XXX de
t'accompagner là-bas,

P: Mm hm,

I: Hein? (.). c'est pas lointain c'est c'est via XXX (1.1) e:hm avec le
l'autobus numéro deux (1.8) e:t tu vas là: Saub Sob,

P: [Saub ?]

I: [Scri] écris si c'est écrire ehm ça (.). e:hm allora (2.9) >je te l'écris
ici< (.). via XXX (1.3) e::hm <autobus> (1.2) <numéro> (.). deux (.).
pour aller (2.1) ça c'est ehm l'autobus qui porte à: XXX,

P: Mm hm.

I: De la direction de XXX.

Figure 9. Delegation – part 1

1 D: [Hanno provato] dalla dottoressa se te gli vuoi far vedere
2 che vien- [>gliel' han spostata.<]
3 I: [Si si] d'accordo (.) ci penso io te vai,
4 (0.8)
5 I: [Adesso gli spie:go be:ne (.) è,]
6 D: [A di bisogna far vedere quello] per la tiroide ehm,
7 I: Che forse li prescrive lei però,
8 (1.3)
9 D: Bo (.) non so può essere,
10 (3.2)
11 I: Elle va faire ehm voir les analyses à la dottoressa XXX(.)
12 ça sont tes <rendez-vous> (.) alors (.) c'est ici (.) guarda
13 (1.3) regarde (.) LE VINGT-NEUF ONZE À QUATORZE HEURES TRENTE,
14 (1.1)
15 I: Eco (.) due eco ostetrica ventunoesima set- ventune
16 settimane (0.9) hai capito ?
17 (.)
18 I: Ça,=
19 P: =C'est quoi ventune: °settimane° ?

Figure 10. Delegation – part 2

I: Ehm c'est ehm ehm l- la deuxième échographie on la
fait ehm vers le vingt vingt-et-un vingt-deux semaines de grossesse.

P: °Ah°=

I: =C'est ça la date qu'on fait l'écographie. (.) c'est la deuxième éco qu'elle est très importante pour valuer les organes des fœtus (.).

on voit le cœur les reins tout,=

P: =°Hm°=

I: =S'il y a des problèmes (.). c'est très important ça.

(.) tu dois faire (.). tu dois y aller (.). c'est ça.