

Out of the Gate - Towards  
the Triple Crown



**2016: OUT OF THE GATE - TOWARDS THE  
TRIPLE CROWN  
CIT CONFERENCE PROCEEDINGS**

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# Mentoring Trends and the Practicum Process

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## Abstract

This paper discusses current, ongoing research about the mentoring relationship and practicum structure across interpreter training programs in the United States. The first phase of this study was conducted as a small-scale pilot study involving surveys and focus groups from the researchers' current students, recent alumni, and mentors in the interpreter training programs at both Bloomsburg University (Pennsylvania) and The Community College of Baltimore County (Maryland). In this phase, qualitative data related to the process of mentoring and trends in the mentoring process was collected. The second phase of this study, currently in progress, involves a national survey of interpreter training programs and the practicum process. The researchers include preliminary data from this survey including structure of the practicum requirement, mentor and mentee roles, whether "mentors" provide mentorship activities or whether they function more like "supervisors", mentor training and transitioning novice interpreters from school to work.

Keywords: practicum, mentor

# Mentoring Trends and the Practicum Process

The findings of this research study that were presented at the Conference of Interpreter Trainers conference in 2016, Lexington Kentucky, include only part of the data that was collected. Due to the date of the conference the researchers chose to only analyze the surveys that were submitted by October 1<sup>st</sup>, 2016. The survey remained open and another 17 surveys were later submitted. Another article that will include all of the survey responses will be written at a later date.

## Introduction to the Study

In discussions that we had about our respective practicum courses, we realized that these practicum courses had many differences. This sparked our interest in exploring whether there are differences in how community colleges versus universities design practicum courses for interpreters. We were also interested in if there were standards across the United States in how interpreting programs ran their practicum/field experience courses. Another area of interest was whether we could identify current trends in interpreting practicum requirements, trends in mentoring students in practicum, practices that the colleges and universities found most successful, and what techniques/tools were being used for the mentoring experience. We conducted this survey which started in June 2016 and closed in November 2016. Due to the Conference of Interpreter Trainers Conference being held in October of 2016, we stopped looking at the survey results of this presentation and proceedings in September, but allowed the survey to remain open until November 2016. This study was approved by the Institutional Review Board at the Community College of Baltimore County.

## Methodology

### Data Collection

In Phase I, a 10-question survey was sent out via Survey Monkey to former interpreting students who had recently graduated from either CCBC or Bloomsburg. A similar survey of 10 questions was sent to mentors who worked with students from CCBC and Bloomsburg (they may have worked with other institutions, but we did not ask for that information). In the survey, participants were asked if they wanted to engage in a focus group. Students from both CCBC and Bloomsburg participated in focus group discussions. The survey was sent out to a total of 232 mentors (201 mentors from CCBC and 31 mentors from Bloomsburg) and 61 former students (29 from CCBC and 32 from Bloomsburg). Based on the survey, participants who were willing to be in a focus group were directed to email either Becca Minor if they were affiliated with CCBC or Jessica Bentley-Sassaman if they were affiliated with Bloomsburg. The focus groups were split by institution, with former CCBC students interviewed by Becca Minor and former Bloomsburg students interviewed by Jessica Bentley-Sassaman. There were six former students in the CCBC group and four in the Bloomsburg group. Mentors who worked with CCBC and/or Bloomsburg also participated in a focus group. Again, the groups were separated by who had worked with CCBC students and who had worked with Bloomsburg students. Two CCBC mentors were interviewed by Becca Minor and four Bloomsburg mentors were interviewed by Jessica Bentley-Sassaman. The focus group interviews lasted approximately 30 minutes to an hour in length. The questions that were asked can be accessed in Appendix A for the former students and Appendix B for the mentors. Based on the experience in this study, both researchers wanted to know how other universities conducted practicum experiences. That was the impetus for establishing Phase II. The questions that were asked in Phase I were not included in Phase II of the study and Phase II was more like a new separate study. Phase II was not dependent on Phase I, but Phase I sparked the interest to set up the national survey of Phase II.

Phase II consisted of a national survey that was sent to interpreting programs throughout the United States. This survey was more in depth than the survey used in Phase I. It was in fact a brand-new study, with 37 questions that asked about the practicum course design. The surveys were sent to 128 Interpreting Program Coordinators. This list of programs was compiled by referencing the list of programs on the Registry of Interpreters for the Deaf's website, <http://rid.org>, and cross-referencing that list with the programs listed on the website [www.discoverinterpreting.org](http://www.discoverinterpreting.org). In order to ensure accuracy, the lists of programs were compared and then checked to see if the interpreting program was still in operation. We identified the current program coordinator via the websites, phone, or email. On the two websites, 144 programs were listed; however, after checking, we found that only 132 programs were actually interpreting programs as opposed to Deaf Studies or ASL Studies programs. Contact information for the program coordinators was available for 128 programs. Of the 128 Interpreting Programs that the survey was emailed to, 40 programs responded to the survey, which is a 32% response rate.

### Participants

The Phase I survey was sent to 232 mentors and 61 recent graduates. Forty-one mentors responded to the survey which is a 17% response rate, and 31 recent graduates responded, which is a 50% response rate. Three of the 41 mentors had worked with both CCBC and Bloomsburg students over the years. Twenty-six mentors had only

worked with CCBC students and 12 had only worked with Bloomsburg students. Out of those respondents, eight mentors and 10 recent graduates participated in the focus group. The investigator from CCBC interviewed mentors and then recent graduates from her program and the investigator from Bloomsburg interviewed the mentors and then recent graduates from her program. The mentors were in one focus group and the recent graduates met in a separate group; they did not participate in the same group. They were also separated by institution as previously mentioned.

In Phase II, the survey was sent to 128 Interpreting Programs nationally. At the time the data was analyzed for this presentation there were responses from 40 interpreting programs. The survey was sent out to interpreting program coordinators.

## **Data Analysis**

The data was analyzed by first adding up the responses to yes/no questions and then reading the mentors' responses and identifying recurring themes. The recent graduates' surveys were analyzed in the same way. The responses that could be counted are detailed in figures 1 and 2.

In Phase II the survey respondent data was in a spreadsheet format and was sorted to separate the BA degree programs from the AA degree programs. For this presentation, only certain questions were analyzed related specifically to the proposed topic. Some of the items examined for this presentation were the number of practicum hours required, if the practicums were supervised by a mentor the full time, part of the time, or whether the student was allowed to interpret with no supervision, how many of the hours had to be supervised, and if there were other tasks besides interpreting that were required (e.g. community service, observations, workshop attendance, etc.).

## **Findings**

### ***Phase I***

The survey responses and the focus group comments by the mentors demonstrate that the majority of the students were prepared to start their practicum. Twenty-three (54%) of the 41 mentors noted that when the practicum started, the interns were at the level they expected. Eleven (26%) commented that some students were and some were not ready. Seven (16%) noted that the students were not at the level that the mentor had expected and one (2%) was not sure.

Interestingly, by the end of the practicum only 16 (39%) of the 41 mentors felt the students were at entry-level skill for a new interpreter. Twelve (34%) said it depended on the student. Only two (4.8%) said no, the student was not at entry-level skill, and nine (21%) said they were unsure. Based on the typed comments, it seems the reason why many respondents chose "unsure" was due to the fact that at CCBC, students work with many different interpreters and it is possible that some of the respondents did not have the opportunity to see the student from beginning to end and therefore were unsure of their abilities by the end of the practicum. Bloomsburg's program however, requires the student to work with the same mentor over the span of the practicum. The student could work with other mentors, but the main mentor would work with the student a minimum of 50% of the time. The mentors from Bloomsburg commented that they liked being able to see the student from the beginning to the end of the

practicum, seeing the students implement feedback and growing. This also ties into CCBC mentors' comments during the focus group, where they said they would prefer to work with the same student throughout the practicum.

The survey asked the mentor and the former student to choose which area they felt was the weakest – from the mentor perspective and the student perspective. Figure 1 and Figure 2 show that the mentors and the former students had similar responses in their perception of areas where the mentees were the weakest. This provides important data for interpreting programs to use in making curriculum changes.

*Figure 1 Overall, what area is the weakest in students whom you have mentored?*

Respondents	Skill
22	Confidence
15	ASL- English
11	English – ASL
7	Other
5	Professionalism

*Figure 2 Overall, what area did you feel is/was the weakest for you while you were in practicum?*

Respondents	Skill
14	Confidence
12	ASL- English
2	English – ASL
2	Other
3	Professionalism

**Themes that Emerged from Former Students.** During the focus group interviews, the former students were asked several questions about their experiences during the practicum and what benefitted them the most related to skill development. The former students commented that what helped them the most in their skill development was immediate feedback after the assignment was completed. The former students liked the chance to sit down and

debrief with the mentor about the interpreting assignment. In addition, the time spent before the assignment to go over the topic, what signs will be used, and background information on the participants was beneficial. The former students wished that there were opportunities to video record their work and then sit down with the mentor to go back and look over the interpretation and process it together.

**Themes that Emerged from the Mentors.** One theme that was stated by several mentors in the survey comments and focus group interviews was that they needed training in how to mentor, what the interpreting program's expectations of a mentor are, and tools that can be used for skill development. During the interviews, mentors commented on what they do use for skill development activities. These tools included the National Consortium of Interpreter Education's website, specifically the Mentor's Toolkit, The Educational Interpreter Performance Assessment practice DVDs, and the Registry of Interpreters for the Deaf's (RID) National Interpreter Certification practice DVDs. Some of the mentors reported that not only did former students do interpreting activities (assignments separate from the interpreted event); some mentors also gave the former students ethical scenarios for them to work through to help prepare them for the RID performance test.

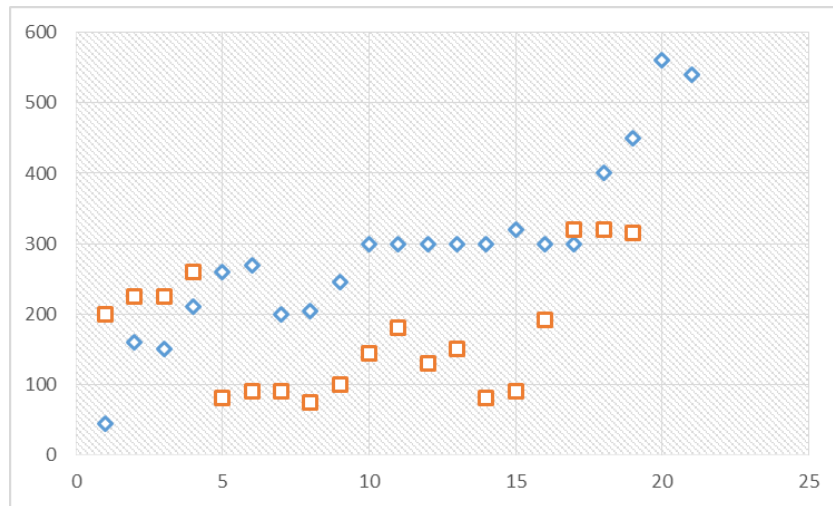
## *Phase II*

Based on Phase I data showing that both mentors and former students stated they wanted to work with one interpreter instead of a variety of interpreters, we looked at questions that related specifically to this topic. We categorized and labelled two groups, one as a "freelance" design where students work with an interpreter who acts as a "supervisor" and supervises a student on that particular assignment, but does not have a lasting relationship with that student. The second category we named a "designated" design which means that the student is paired with an interpreter mentor (or the student could have more than one placement, but is designated to work with one interpreter) for the majority of the practicum. Out of the 40 respondents, 20 AA and BA programs followed the designated mentor design, 14 followed the freelance design and six did not respond to this item. We found that both AA and BA programs used both approaches and there was not one that strongly favored the one approach over the other.

In addition to having a freelance style or designated mentor style, some interpreting programs do not use either of these styles and students conduct their practicum without mentors. This means that no mentor is present to work with the student, provide feedback, or correct errors that may be made. Twenty-two out of the 40 colleges that responded reported that the students' interpreting hours *must* be supervised. Five reported that *most* of the interpreting hours must be supervised. Please note that we used the term "most" but some programs did not define what "most" meant in the comment area. Two programs listed a specific number of hours that had to be supervised and that could be unsupervised. Nine programs said that the hours could be unsupervised; one said both supervised and unsupervised, but did not give an hour limit for each; and one program did not answer this question. The data shows that supervision requirements in practicum courses vary across programs.

When examining the structure of the practicum, most programs required hours other than interpreting. The hours included observation of interpreters, pre-conferencing, debriefing, preparing for assignments, and service learning experiences. The AA program practicum hours ranged from 75-320 hours. Out of those hours, 25-200 hours were actual interpreting. Most of the interpreting hours fell between 80-150 hours. For BA programs, practicum hours ranged from 45+ - 560 hours. The interpreting hours were 95-500 actual interpreting. Most of the programs required between 200-300 interpreting hours (see Figure 3). Out of all the Interpreting Programs AA and BA combined, the most common number of practicum hours was 300, with seven programs reporting this number. This number is in line with the Commission on Collegiate Interpreter Education (CCIE) accreditation standards (CCIE, 2014). There is a desire from mentees to have the mentor work on skill development outside of the interpreting assignment. Based on the respondents in Phase II, 63% of AA programs and 85% of BA programs

report they do have mentors who work on skill development with their mentees. However, the majority of programs do not *require* mentors to do this.



**Figure 3 AA and BA Program Total Hours Required. Diamond = BA, Square = AA**

## Conclusion

As can be seen from the data, there is no current standard for practicum requirements in interpreting programs. Each program that responded to the survey required a different number of hours, some require or permit unsupervised hours, and some require all hours to be supervised. Some programs follow a “freelance style” while others a

“designated style” of mentoring, and some require other activities besides just interpreting as part of the practicum. As stated above, this is based on just a portion of the survey responses that were collected. We anticipate publishing more in-depth findings once all the data is analyzed.

## **Acknowledgements**

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# Social Justice in Interpreting Education: An Infusion Model

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## Abstract

**This paper presents a social justice online module designed by Dr. Dave Coyne and Dr. Joseph Hill which is hosted by the National Consortium of Interpreter Education Center (NCIEC). The social justice module is organized into five sections that include both resources and activities for effective teaching and assessment strategies. Emphasizing a social justice thread within interpreting programs supports interpreting students' learning while encouraging them to develop multicultural competencies, specifically sociopolitical consciousness as well as methods of understanding social and cultural identities.**

Keywords: social justice, interpreting education, NCIEC, infusion models.

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# Social Justice in Interpreting Education: An Infusion Model

## 1. Introduction

Anyone committed to working toward social justice must understand they are a change agent. The National Consortium of Interpreter Education Centers (NCIEC) infusion module offers an introductory package for educators and mentors to aid in their journey toward teaching social justice. The NCIEC social justice infusion model draws from existing educational community programs and resources that can all be found online. Its purpose is to be electronically incorporated in any learning management system that is used at the educators' and mentors' respective educational or employment institutions.<sup>3</sup> To successfully stake professional virtues and values on equitable, democratized access, interpreter education programs must identify social justice competencies in student learning outcomes to further enhance the program outlook and policies. A social justice framework would create more students who seek to respond to the Deaf community by encouraging movement from passive to active participation in eradicating discrimination and oppression in all forms. To achieve this teaching lens, a social justice education should run deep in students' educational foundations as well as interpreting program's policies and personnel training. This paper highlights how interpreter educators may incorporate social justice topics into their program.

## 2. What is Social Justice

The concept of social justice was introduced into political discourse in the late 19th century amid growing public controversy surrounding economic and political institutions (Miller, 1999). Though many conceptions related to social justice have been formulated over the years, each has presented unique challenges. Many are positivistic (the seeking of a fixed truth), alluding to the possibility of some form of a utopian society (i.e., working towards a fixed outcome). These conceptualizations differ from Miller's theory of social justice, which can be applied to everyday complex situations, including interpreting, as we have chosen to apply it in this teaching module. Miller's concept is pluralistic in nature with the outcome a circumstantial theory of social justice. Simply put, this social justice theory casts views of social justice in a pluralistic light, much like ethical relativism (right and wrong are based on cultural norms) that is determined by individual contexts within situations. Understanding that multiple perspectives in situations create a complicated reality that fosters the ability to address unjust situations that occur in every level of society. Social justice is used as both a goal and a process in the act of engaging in societal transformation (Bell, 2016). People who engage in social justice work often commit to a lifetime of maintaining ethical work practices, and

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<sup>3</sup> NCIEC course model on social justice, <http://www.interpretereducation.org/teaching/classroom-modules/social-justice/>.

can articulate opposition to systems of oppression. External factors such as political policies and decisions, media influences, and institutional and social affiliations mold unjust situations while leaving an endless number of thoughts, behaviors, and attitudes that perpetuate injustice. Further, internal factors such as systematic advantages and privileges, belief systems, assumptions, and biases contribute to reactions to injustice. Social justice relies on marginalized people's narratives in political, social, economical spheres (Bell, 2010). These narratives create a collective knowledge for marginalized communities based on their experienced inequalities; all surround being targeted, discriminated against, and oppressed. Many theories tie these oppressive experiences back to a larger concern regarding society's social order: people's basic quality of life that affects their access, wealth, opportunities, comfort levels, and privileges.

### **3. The Importance of Social Justice for Interpreters**

For hearing sign language interpreters, the kinds of relationships and social justice leadership skill sets cultivated by interpreter education must encourage full, not partial, participation in social change. Simply put, hearing interpreters who do not incorporate social justice work into their professional practice risk worsening situations. A commitment to consumers' needs calls for the development of relationships based on an understanding of their historically oppressed experiences. Freire (1972) supported this kind of pedagogy in that, "In this way, the presence of the oppressed in the struggle for their liberation will be what it should be: not pseudo-participation, but committed involvement [by leaders and other people]..." (p. 69). Further, Freire (1972) adds that pseudo-participation actually further demeans minorities, forcing them to adopt avoidance strategies (meaning accepting the current status quo). This further perpetuates dehumanizing situations (for the interpreting field, it means those served might not be able to receive needed accommodations, or an appropriate education, or access to health care information in their native language). Interpreters, as part of the majority group, must carefully develop liberating practices and perspectives; this begins with analyzing their own positionality in regard to relationships held with Deaf people--relationships which not only express desire, but act to acknowledge inequality while actually working to treat non-dominant groups equally. Supporting equality is advocating collectively with Deaf community members, Deaf interpreters, non-signing stakeholders, family and friends of Deaf individuals, and anyone else who works toward social justice for Deaf people.

Cultural and language hegemonies make it difficult for individuals who subscribe to them (both consciously and subconsciously) to see systematic injustices repeatedly committed against underrepresented or underprivileged communities. This phenomenon has been referred to as the "veil of ignorance" (Miller 1999, Lane, 1992) and because of it, it is paramount for people working with marginalized communities to learn the legacy of colonialism and other forms of oppression (e.g., racism, homophobia, ableism, and audism). Oppressive ableist behaviors (acts that devalue people due to physical or mental capabilities) are located within the all-encompassing system of discrimination and exclusion of people with undervalued traits and their counterparts with overvalued traits (Castaneda, Hopkins, and Peters, 2013). Audist behaviors, which over value both the ability to hear and all functions pertaining to it, fall under the umbrella of ableism, meaning audist behaviors exhibited by hearing interpreters are imbricated with the same systematic mechanisms that limit access, increase frustration, and erect barriers, all behind

a veil of benevolence. For interpreters, developing capacity for understanding how personal and collective views affect those they serve begins with their education.

A social justice educational thread fosters recognition of the vast variety in the constitution of a Deaf community. The community has an infinite number of possible experiences and realities that are often invisible and imperceptible to hearing people. The best way to incorporate a social justice thread in interpreter education is to seek out marginalized narratives. This could mean for local Deaf community members to be involved as interpreters' stakeholders (and they should be compensated for their time) to facilitate social justice discussions in order to keep the interpreter education programs and working interpreters accountable in the process of addressing inequalities and unpacking privileges that are associated with the systems of oppression. Without social justice knowledge and practice, students are left to function in unchallenged systems that hinder freedom and discourage people's earned success; in other words, they would perpetuate and potentially multiply existing disincentives and contribute towards diminishing ambitions of those they serve. Depending on geography, programs may not easily locate appropriate Deaf leaders to reflect the infinite intersectional array of ability, needs, and cultural values within the Deaf community. Collaborative efforts between programs and local Deaf community members lessen the chance of inadvertently burdening local Deaf people to benefit students. It is incumbent upon educators to be innovative and resourceful with reading and video materials for students to engage in reflective thinking and collaborative dialogues with Deaf people in order to develop their cultural competence and critical awareness.

### *3.1 Cultural Competence and Critical Awareness*

Kumagai and Lupson (2009) frame cultural competence as the “goals of knowledge of characteristics, cultural beliefs, and practices of different non-majority groups, and skills and attitudes of empathy and compassion in interviewing and communicating with non-majority groups.” This framework is often categorized into learning outcomes in interpreter education programs. Cultural competence, however, is often seen as static, i.e., as an end. To further expand on this, rather than functioning as a checklist for interpreting students to achieve, a framework that works as both a goal and a process functions in a manner that keep students, as well as educators, reflecting and refining cultural competence constantly. This cyclical framework engages a critical awareness that involves methods to identify supportive practices as well as interpersonal insults and systematic injustices. One form of critical awareness is critical consciousness, defined by Freire (1972) as a “reflection of the inequities embedded in social relationships with respect to differences in power and privilege.” This consciousness typically applies to the education of students who are part of marginalized or underrepresented populations. This is a form of empowerment for them because they can recognize and address social and structural inequities that exist in their surroundings, as well as educators' effects on students' lives and the lives of their loved ones. This consciousness can extend to the general education of people to engage in the cognitive and affective exercises that lead to a collaborative discourse of problem solving and ‘rehumanization’ of our relationships (Kumagai & Lybson, 2009).

Another form of critical awareness that benefits this framework is social consciousness, a reflection of one's role in addressing inequalities in a social setting (Giddings, 2005). While it is similar to critical consciousness, the theoretical framework for social consciousness contains three different positions of consciousness: acquired social consciousness, awakened social consciousness, and expanded social consciousness. A person positioned in acquired social consciousness is said to be ascribed to the dominant mainstream cultural and social viewpoints, beliefs, and values that may clash with the views, beliefs, and values of the marginalized culture. This could contribute to the

system of oppression. If a person is aware that injustice takes place and is actively fighting it, this person is said to be in an awakened social consciousness. This typically focuses on the external factors that contribute to inequities and injustice that affect people of marginalized and underrepresented communities. A person who is positioned in expanded social consciousness is said to be in the dual awareness of internal and external factors of a situation in which one is aware of their own role and others' in the situation and reflect on appropriate actions and strategies to bring about effective changes.

In the application of social consciousness, consider the example of a situation involving a black interpreter and a white mentor. The black interpreter is assigned to work with the white mentor to interpret for a white deaf consumer. The consumer makes racist remarks about the interpreter and the interpreter has a difficult time producing an effective interpretation in this environment. After the assignment, the black interpreter shares their experience with the white mentor (especially about the racist comments from the consumer). The mentor remarks that the interpreter has to “deal with it” because it is an unfortunate part of the job. While, it is true that interpreters have to expect that they will have uncomfortable encounters with consumers, this example brings forth a number of critical questions under a cultural competence/social consciousness framework:

1. *Is giving this kind of advice to the black interpreter within the rights of the white mentor?*
2. *Does the mentor subscribe to acquired social consciousness when giving the advice to the black interpreter?*
3. *Which sort of social consciousness is the black interpreter positioned in when the interpreter decides to talk with the mentor rather than engaging with the consumer about the remarks?*
4. *What are alternatives that the mentor could choose that would put both the mentor and the interpreter in an expanded social consciousness discussion when revisiting racist behavior of the consumers?*

This framework fosters questions that indicate that interpreters, whether in training, in employment, or in leadership, need to exercise their critical awareness of their systematic advantages and disadvantages related to the identities and positions of people, e.g., the black interpreter and the white mentor. The educational infusion model of social justice in interpreter education programs creates a critical lens through which one can: 1) identify and examine social consciousness factors of those involved, 2) reflect on their own cultural competence to understand why incidents are perceived differently by those involved, and 3) develop their critical consciousness of the larger reality that defines experiences and lives of people of who are different than one another. This type of practice allows interpreters to understand how their behaviors and attitudes may help or hinder a movement towards social justice.

### *3.2 Socio-Political Context of Interpreting Profession*

Students engaged in the journey towards social justice need to be aware of various realities of marginalization and underrepresentation of people in society, especially within their own professions that typically involve comprehensive training and formal qualifications and within the communities in which they live and serve. Anything that requires formality tends to be based on institutions, which tend to reproduce social inequality--thus reproducing inequity in the community and in the profession. For example, Registry of Interpreters for the Deaf (RID) is a professional association for sign language interpreters to obtain and maintain their certification through testing and continuing education. While the association has a leading role in the professional standards and affirms the

commitment to diversity, the association participates in the institutional practice that reproduces inequality whether it is by design or not.

*Table 1: Demographics of Racial and Ethnic Origins*

<b>Racial/Ethnic Origin</b>	<b>Percentages of RID Members Self-Identified</b>	<b>Percentages of U.S. Populations</b>
Euro-American/White	87.05% (8,848)	77.1% (~249 million)
African American/Black	4.9% (498)	13.3% (~43 million)
Hispanic/Latinx	5.05% (513)	17.6% (~57 million)
Asian American/Pacific Islander	1.79% (182)	5.6% (~18 million)
American Indian/Alaskan Native	1.21% (123)	1.2% (~3 million)

RID has 87% of the members identified as white. That leaves 13% who identified as RID members of color (see table 1). There are about 323 million people living in United States and 13.3% of them label themselves as African American/Black; 17.6% as Hispanic/Latinx; 5.6% as Asian origin; and 1.2% as Native American (U.S. Census Bureau, 2017). The racial and ethnic proportions of RID members is not even close to the proportions of the American population according to the 2017 census. The implications of the proportional disparities are that interpreters may not be in frequent contact with members of different social identities to inform their social and cultural competences and interpreter education programs must actively work to avoid complicity in the social reproduction of inequality.

While numbers and figures can be instructive for those who are not aware of the disparities within the profession and the community, first-person narratives are one of the techniques in multicultural education for people to participate in a constructive engagement that foster the adoption of another perspective and the enhancement of empathic connections (Kumagai and Lyson, 2009). Below are stories shared by interpreters and consumers of color, as collected by West Oyedele (2015), that provide social and cultural commentary on the relatively low number of people of color in the interpreting profession and the consequence for consumers of color in working with interpreters who are not culturally competent.

**A Black female interpreter’s experience in an interpreter training program:**

“Throughout the class each time I raised my hand I was never called on. After class, my classmates would even tell me they felt bad about it. They don’t know why the professor doesn’t call on my name when my hand is up. Often, the students would have to tell them that

my hand was up for the professor to even call on me not that they couldn't see me. So anyway, that experience was like absolutely awful and as a result I didn't go forward very well in my other classes....And then later I joined the class with Rhonda and I think two other African Americans and I felt so much more comfortable, so much more safe because I took the class again from that professor. But I knew that they would never, ever, ever, do that again. And so, that really, really, affected my training" (West Oyedele, 2015, pp. 64-65).

**An Asian female interpreter on survival and mentorship:**

"For me it means that if someone makes like a racially charged comment, and they just think they are being innocent, I don't want to have to be the person who always internalizes it, or confronts them and says that those types of comments are not ok. I don't want to be that person. So sometimes I just have to accept that it is their perspective. So that feels like survival...and then later I find an opportunity to vent to my husband or somebody who gets it, and I tell them what happened. It really means in my day-to-day work I take on the responsibility of having to assimilate, and understand their perspectives and their culture....And also to have more people as mentors. They were always White, and always women. I wish I would have seen more teachers, and mentors from diverse backgrounds, and with diverse cultural perspectives instead of just the one which was always white and always from women" (West Oyedele, 2015, p. 70).

**A Black female interpreter's racist encounter during assignment:**

"The most challenging thing for me is when I have to deal with issues of discrimination. When I go into a setting... there was one situation where I was interpreting for this client and they asked me if I was the 'n' word and I said, 'No, I'm your interpreter.' And they kept telling me, 'No, you're Black.' And I was like, 'I am your interpreter,' and they go, 'Did you know that Black people never take baths, that's why your hair is curly.' I was trying to be as professional as I could so instead of getting angry and saying, 'You know what...!' I was trying to stay within my role. Then one of the family members came in, and then went out, and told them to get rid of me. So, when you walk away from a situation like that it makes me feel...it made me feel, sad. And then I started to wonder if I was good enough and then I had to do some self-talk. I usually do that" (West Oyedele, 2015, p. 49).

**A Black Deaf consumer's experience with an interpreter:**

"As a black deaf woman, I am oppressed by the system. I've experienced it my whole life with people looking at me in an odd way, doubting me and my place with them, rejecting me. I couldn't quite understand why this happened but I just pushed on with my life. As I grow older, I realize that it is the system that creates this. I am not sure how I can challenge the system because I am afraid...for example, when I made a doctor's appointment, I specifically asked for a black interpreter. After searching for a while, I was told that there was none available. I had to settle for an interpreter who was not a person of color. With the interpreter, I felt like I had to erase my own language, culture, and identity and I struggled to express myself and dealt with the misunderstandings between us. It was a mess so my appointment had to be rescheduled. This situation left me feeling bad. I was so worried that with that

interpreter, I would not be taken seriously and I had to work harder to make myself and my language look better” [English translation of the online video in ASL] (Williams, 2014).

The stories provide the additional socio-political context that explains why it is difficult for interpreters of color to enter or remain in the field due to their experiences with racial inequity and discrimination. The consequences of not dealing with the racial oppression are many: difficulty in recruiting prospective students of color, low retention rate of students of color in training, low satisfaction with interpreter education programs among students of color, gaps in signing and interpreting performance due to discrimination and neglect by instructors, lack of support for interpreters of color to remain in the field, inability to fulfill consumers’ requests for interpreters of color due to lack of diversity, and so on. However, racial oppression is just one concern that exists in the profession. There are other forms of oppression that practitioners and educators must address including, but not limited to, audism, ableism, ageism, sexism, and homophobia. These forms merit review because they exist in the profession and in communities served by interpreters. For this reason, the NCIEC social justice infusion module was developed as a response to address such challenges.

#### **4. Infusion Module of Social Justice in Interpreter Education**

The NCIEC social justice infusion module provides roughly nine hours of materials and activities with the pre- and post-tests and five sections with different components. The first section of the module is an introduction to social justice with ASL lecture videos and official documents on interpreting ethics. The rest of the sections, each about 90 minutes long, are organized with different topics on positionality, ideology and attitudes, allyship, and dialogue. The format of the module is flexible so instructors can personalize its delivery with all or part of the module. In each section, there is a subsection labeled specifically for instructors with additional information about teaching social justice and facilitating classroom discussions. In addition to the classroom module, a teacher resource section offers an extensive list of additional resources available for instructors so they may learn more about a topic or include it in classroom materials. As appears in the course module, *Social Justice in Interpreting*, on the National Consortium of Interpreter Education Centers (2017) website, the general layout of the module with the description of each section is as follows:

- Section 1: An Introduction to Social Justice
  - Finding ways of exploring social justice that are meaningful and engaging to students can present significant challenges for any instructor. Instructors may use content in this folder for readings, group discussions, or to watch videos to explore and understand social justice. Included are resources for a pathway to greater understanding of social justice and some practical guidelines for implementing this teaching method into your own classroom.

- Section 2: Using the Addressing Model to Understand Individual Positionalities
  - Interpreters benefit from this model by exploring their own positionality. The goal of this process is for interpreters/students to discuss challenges faced and to share their experiences of exploring their own positionality and societal privileges.
- Section 3: Language Ideology and Attitudes
  - As part of allyship, people need to be aware of their ideology about languages and language users and acknowledge their attitudes based on ideology. It is not an easy task, but for sign language interpreters/students, it is a necessary task if they want to be committed to social justice in alliance with the Deaf community. This section contains a video lecture, a PowerPoint presentation copy, a reading, and a discussion worksheet.
- Section 4: Allyship Behavior Development
  - Allyship behavior development is an important concept in social justice. This unit provides links to readings on the topic. After reading these articles, teachers should engage students in a discussion about the topics addressed. A discussion guide is provided.
- Section 5: Social Justice Discourse Videos
  - This section features a series of videos produced by a diverse group that includes Deaf and people with one or two Deaf parents answering a few questions about their thoughts regarding social justice. These videos provide insight into the topic of social justice from Deaf perspectives.

It must be emphasized that interpreter educators require a great deal of self-assessment and preparation before beginning social justice discussions or lessons about oppression. The sociological aspects of people's lives may be in the form of race, class, ability, language, appearance, sexuality, and gender (only to name a few), and privileged individuals benefit from aspects of themselves that they may or may not have intended to have. Social justice conversations are to be conducted with extreme care around examples of minority members' experiences and discussed with utmost respect and understanding.

## 5. Conclusions

A significant lack of diversity within the interpreting field was reported by RID (West Oyedele, 2015). This may adversely lead to interpreter education programs representing only white, hearing, middle class students' interests and not prioritizing others' interests. The interpreting field is still relatively new and cannot be expected to have all of the proper components. This raised a concern regarding the types of graduates and their limited range of social justice competencies devoted to concerns of the communities interpreters serve. The last 20 or 30 years has been a process

of learning what cultural competencies can be expected of students in interpreter education programs. If they do not already exist in programs, now is the time to implement well-planned social justice lessons. There is much flexibility and autonomy regarding how to deliver the infusion module's information. This is because creating a one-size-fits-all step-by-step manual would only create a limited framework that further disenfranchises people by ignoring their unique needs rather than acknowledging and supporting individual needs.

Social justice pedagogy provides understanding of the complexity of people's lives. Interpreter educators must be critically conscious when creating social justice lessons that aim to encourage awareness about difference. Incorporating social justice pedagogy into interpreter programs can teach social justice concepts by working toward an equitable and just world while creating a more immediate, concrete way to think about how interpreters function in and out of classrooms. Interpreter education programs have the responsibility to produce graduates who are able to challenge cycles of oppression, which significantly contributes towards including and supporting Deaf people and marginalized communities. In this way, the programs can be vital to people's support network and students can begin supportive relationships while they are in school. If interpreter educators and their students support Deaf communities and each other, then a social justice thread would mean competencies surrounding, addressing, challenging, and participating in change is included in students' learning outcomes. Options to achieve this are done via continual exploration of social justice topics such as culture, identity, communication, power and privilege, supremacy, stereotypes, prejudices, discrimination, and oppression. These key factors create a social justice framework to understand differences; therefore, viewing differences between people as traits to embrace, accommodate, and celebrate.

Understanding social justice must go beyond the memorization of social justice vocabulary words and concepts. A framework should work toward developing critical thinking skills. Critical thinking fosters skillsets to mindfully work with people different from themselves by increasing sociopolitical consciousness (i.e., being critically aware of our positions in society). This framework develops with a sense of ownership (i.e., agency), and highlights people's own social and cultural identities. Interpreter educators can guide students to develop a rich network of well-organized, usable, and transferable knowledge about social justice to build a social justice lens to work within. The social justice infusion module and the education of its topics ensures a foundation that includes social justice themes is locked into place in the education of current and future interpreting students, creating a pathway into true partnership with those working ASL interpreters.

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# Learning and Internalizing Ethical Practices in Students: Advancing a Student Code of Professional Conduct

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## Abstract

**This paper revisits the roles and responsibilities of interpreter education programs to guide students into ethical practice as professional ASL-English interpreters. We discuss how the Gallaudet University Department of Interpretation and Translation drew on the NAD-RID Code of Professional Conduct (CPC) to create a Student Code of Professional Conduct (S-CPC). The S-CPC was designed with the goal of guiding undergraduate and graduate students in the ethical decision-making process throughout their educational journey. We describe how the S-CPC was implemented across the BA, MA, and PhD programs in our department and the making of an ASL version of the S-CPC in order to align with the university's bilingual mission. Finally, we summarize a few studies that explore the internal vs. external reward systems for maintaining honest behaviors that may be informative when implementing ethical guidelines in interpreter education programs.**

Keywords: gatekeeping, Code of Professional Conduct, conduct, ethics, ethical behavior, bilingual.

# Learning and Internalizing Ethical

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# Practices in Students: Advancing a Student Code of Professional Conduct

How can interpreter education programs assess and guide students who do not behave in accordance with values and norms of the profession or the Deaf community? In higher education, *gatekeeping* is a term to describe the process of assessing students with the goal of determining their fitness to practice in a profession (Heller, 2004; Lafrance, Gray, & Herbert, 2004). As gatekeepers, academic programs are charged with establishing and adhering to protocols and policies that are intended to determine whether a student's behavior is suitable for professional work. Evaluating students' suitability for a profession is an important component in human service training programs since graduates take jobs in which they hold power and influence over people's lives (Cole & Lewis, 1993).

As with other human service professions, graduates of signed language interpreting programs work closely with people in critical areas of their lives (e.g., healthcare, educational, vocational, and judicial settings). When a person is seeking to enter the interpreting profession, who monitors and oversees their ethical conduct? Originally, the gatekeepers of ASL-English interpreters were members of the Deaf community who based their assessment on a person's ability to sign fluently, along with a positive attitude toward the community's language and values (Cokely, 2005). However, with the burgeoning of interpreter education programs since the 1970s, the question of suitability of future interpreters often fell to institutions who provided training of these individuals.

At the 2014 CIT conference, we presented the results of a two-year project culminating in a Student Code of Professional Conduct (S-CPC) for the Department of Interpretation and Translation at Gallaudet University. In this follow up paper we address three additional topics about our department's efforts. First, we discuss the logistics behind creating an ASL version of the S-CPC in collaboration with a team of Certified Deaf Interpreters. Second, we describe how the S-CPC tenets were infused into our programs via student orientations, classroom lessons, faculty reviews, qualifying exams, related readings, and comparative analysis with other ethical codes. We offer a case study analysis of how the S-CPC could be used to guide a student's growth toward professional ethics, which codifies the "positive attitude" promoted by Cokely (2005). Finally, we summarize research about the nature of intrinsic vs. extrinsic rewards in maintaining honesty, which may be informative when considering how to support students' ethical behaviors. Taken together, these topics provide an overview of our continued journey to make ethical behaviors a foundational component of our department and prepare students for the real-world challenges of professional practice.

## **History of the S-CPC: Addressing a Need**

Beginning in 2012, the faculty in the Department of Interpretation and Translation at Gallaudet University became increasingly aware of a need to more actively address an issue of critical importance to students' development; that is, to establish a structured protocol that would guide students' behaviors toward professional practice. The impetus behind this change in our department was increasing recognition that our students were using social media in ways that might compromise tenets within the NAD-RID Code of Professional Conduct, specifically surrounding confidentiality and respect for others. As a result, over a two-year period we worked with community collaborators, interpreters, conduct specialists, human service programs, and others to create a Student Code of Professional Conduct. That process is detailed fully in a prior article from the 2014 CIT proceedings (Hunt & Nicodemus, 2014).

When we presented our work at the 2014 CIT conference in Portland, we were stunned by the number of interpreter educators who attended the talk and expressed that they were dealing with the same issues that we were experiencing. Two years after implementing the S-CPC in our own department, we presented at the 2016 CIT conference about how we have progressed with our efforts to implement the S-CPC into our department. We recognized that as interpreter educators, our shared goal is to guide students about behaviors that align with the values of the Deaf community and ethical practices of the interpreting profession by beginning with breaches in ethical conduct. In that spirit, we offer this follow up article from our presentation.

## **Review of the S-CPC**

To briefly summarize our presentation from the 2014 CIT Conference, the Student Code of Professional Conduct (S-CPC) is a document created by the Gallaudet University Department of Interpretation and Translation. The S-CPC is comprised of four parts: (a) Overview, (b) Tenets, (c) Discussion Form, and (d) Flow Chart. The S-CPC was created over a two-year, collaborative process that involved a stakeholder task force made up of students, faculty, members of the Deaf community, and professional interpreters. After exploring related human services fields and related research, the task force was established to draft, review, and approve a Student Code of Professional Conduct that mirrored the structure of the National Association of the Deaf-Registry of Interpreters for the Deaf Code of Professional Conduct (NAD-RID CPC). The S-CPC is now an established part of our program and all faculty are trained in its use. The full document is posted online and students must sign off on each section of the S-CPC as part of their program requirement. A more thorough history of the development process and related references may be accessed in an earlier article by Hunt and Nicodemus (2014).

## **Creating an ASL Version of the S-CPC**

In keeping with the bilingual-bicultural mission of Gallaudet University, we created the S-CPC in a bilingual format, both a written English version and a video recorded American Sign Language version. The task force first created the S-CPC document in a written English format, which was followed by its translation into American Sign Language. Below we offer the steps taken to produce the ASL version, which may be useful for other programs wishing to create a similar video recorded product.

To begin the process of creating an ASL version of the S-CPC, we secured the services a Deaf interpreter who would serve as the director of translation and of filming. The director was critical to the success of creating the final version. First, the director selected a translation team composed of two Certified Deaf Interpreters (CDIs), both of whom had a long professional history in creating English-ASL translations. The director gave the CDIs a written version of the S-CPC and the team divided the tenets between themselves. As the interpreters developed their individual translations of the text, the director worked alongside them to create cohesion between their translations. Once the translations were prepared, a full day of filming was scheduled. The team decided to film the translations in an active campus setting, rather than in a studio. We chose the upper floor of a contemporary academic building on Gallaudet's campus, which provided a dynamic backdrop of background movement and activity. Throughout the filming session, the director and the translation team worked collaboratively to shape the translations. After completing the video recording of the translations, the director made the final selections on which clips should be included in the final ASL version. A doctoral student volunteered to edit the video and worked with the team to select font types, fade-ins, lighting, and other visual details. The director and CDIs were paid out of the Department of Interpretation and Translation budget for their work on the project both for preparation of the translation and the video recording.

In creating an ASL version of an English document, we recommend the following steps:

- Create a project plan and timelines
- Insure adequate funding for the project
- Secure a qualified Deaf director to oversee the hiring and translation process
- Obtain an experienced videographer to do filming and editing
- Select an interesting venue in which to record the video

We are pleased to make the ASL version of the S-CPC available for use to other programs. It may be obtained by visiting <https://youtu.be/VxJWf8Ymvs0>. The written version of the S-CPC may be found in Hunt and Nicodemus (2014). If your program uses the S-CPC or creates new guidelines, we would appreciate hearing about your process. Please contact [danielle.hunt@gallaudet.edu](mailto:danielle.hunt@gallaudet.edu).

## **Infusion of the S-CPC into our Department**

The Department of Interpretation and Translation at Gallaudet University currently offers degrees at three levels – bachelors, masters, and doctoral. We recognize that needs vary for each level of our students, so their initiation into the S-CPC is slightly different based on students' status.

We begin here by discussing how students are first introduced to the S-CPC. Prior to entering the BA program, incoming students are required to read and/or view the S-CPC and sign an agreement that they understand the procedures and will adhere to the tenets. Individuals will not be accepted into the Gallaudet BA program without signing the agreement to adhere to the S-CPC. During their initial program orientation, BA students learn more about the purpose and procedures of the S-CPC and how it guides the ethical culture within the department. Similarly, incoming MA students receive information about the S-CPC during their first-year orientation and must sign their assent by the second week of the semester in order to continue in the program. Additionally, a copy of the S-CPC tenets is included in the Graduate Student Handbook, which is distributed to MA students at the beginning of the semester. For PhD students, the department does not require a signature adhering to the S-CPC since all students must be nationally certified (as an

admissions requirement), but the S-CPC is included in the Doctoral Student Handbook given to students at the beginning of the semester. In this way, doctoral students are aware of the requirements to which both BA and MA students must adhere.

How is the S-CPC incorporated into program instruction? In the BA program, compliance with the S-CPC is incorporated into syllabi as a course-level requirement. A small portion of each course grade depends on students' successful adherence to the S-CPC tenets for the semester. In addition, the S-CPC is discussed in professional practice courses and other classes throughout their entire program of study. At the MA level, a copy of the tenets is included in selected course syllabi as an expectation of student behavior; however, MA students do not receive points for their adherence to the S-CPC directly. In MA coursework, the S-CPC is discussed in depth as a part of professional practice courses and is compared to the NAD-RID CPC along with interpreting codes of ethics from other countries. Students in the PhD program, who focus on both interpreting pedagogy and research, are required to complete teaching internships as a part of their graduation requirements. In the Gallaudet PhD program, students teach BA-level courses and thus must be familiar with the S-CPC tenets, as well as its infusion into program syllabi.

The faculty works as a team to provide oversight on students' behaviors and seek any opportunities where they can guide ethical and professional development. During BA, MA, and PhD program meetings, the program coordinator and faculty review each student's behaviors in their courses and in the program. In at least one meeting per semester, students' conduct is discussed in terms of adherence to the principles of the S-CPC. This evaluation allows a holistic view of students' actions in the educational program and faculty determine if further guidance is needed.

## Case Study

In our 2016 talk, we presented the following invented case study of a BA student whose decisions may raise concerns about professional practice. We offer this case study as a tool for other departments as an initial step in considering the practices for managing potential breaches of ethical behavior.

Roberta, a 21-year-old fourth year student in a bachelor's program in ASL-English Interpretation, has begun doing pro bono work as a part of her program requirements leading to graduation. She is an outgoing student both in the program and campus-wide, and a member of the Student Body Government. She resides in a dormitory on campus. She has been receiving accommodations through the Office for Students with Disabilities for a documented Attention Deficit Disorder.

Roberta is a B/C-level student. She has passed her coursework including a class on Professional Practices in which ethics is a primary topic. Her strength as a student has been seen in skills courses, rather than theoretical courses. She has navigated the program of study with little incident except on two occasions when she has not followed the chain of command within the program. She also frequently speaks while signing despite being repeatedly reminded of department and university protocol to use American Sign Language in all public spaces. She has a small group of friends but some students avoid her.

During regular program meetings, faculty members have occasionally mentioned Roberta as being "a student of concern." For example, students have discussed Roberta's behavior in the labs, citing that she talks and signs and listens to loud music on her headphones. When Roberta has expressed a concern about the department, she also has not followed the "chain of command" as described in the student handbook. Several faculty members have

met with Roberta privately about these behaviors, but have not taken formal action. The department chair has been informed of Roberta's behaviors.

In her final year, Roberta has begun actively posting to Facebook about her experiences in the BA program. Mid-semester, another BA student sent the BA program coordinator a screen shot of a Facebook post made by Roberta which reads:

*"I shouldn't be interpreting for free, but this Saturday from 1-3 pm, I'll be interpreting a party downtown for [name of well-known Deaf person]. It's a social event, but s/he's the only Deaf person going. Cool!"*

Questions to be considered in regards to this case study include the following:

- What might have motivated Roberta to create this post?
- What are the issues and potential outcomes of Roberta's actions?
- How would your program address this situation?

In your view, what would be an ideal way to address this situation?

There are several reasons that Roberta may have chosen to create her social media post, including a lack of information about (or regard for) confidentiality. She may be posting these types of messages to boost her own ego and for self-promotion. She could be seeking dialogue with her peers or looking to share more information about the interpreting profession and/or access in general. The post may also have been made out of a naïve excitement about interpreting the assignment. Whatever the reason, the post revealed information that appears to be confidential and follow up with the student is warranted. Rather than acting reactively and/or sanctioning the student, more information needs to be gathered.

In our department, we would respond to Roberta through the use of the S-CPC. If a situation arises (either through the student review or through an individual action brought to the attention of the faculty), the S-CPC procedures begin via email or face-to-face contact with the student. The student's advisor calls a meeting with the student to address the situation. In their meeting, the advisor discusses the tenet in question with the student and seeks input. The S-CPC Discussion Form is used as a means of co-constructing an action plan, including timelines, with specific behaviors to be completed by the student. The advisor maintains the Discussion Form and follows up with the student by the agreed-upon timelines. Action plans may include activities as writing an apology, removing a post, reading relevant literature and providing a summary, meeting with a person, or attending a workshop, among other actions. Upon completion of the activity, a follow-up meeting is held between the advisor and student to assess learning and continue building relationships. In this way, students' behaviors are guided as a learning experience, in which opportunities for growth are offered in a supportive manner.

## What does research tell us?

At the conclusion of our 2014 presentation about the S-CPC, one audience member asked a question that we found difficult to answer. The questioner stated, “I like your work on the S-CPC and it seems that it might be helpful for managing certain behaviors, but how can you change a student’s heart?” Recently “heart” has recently become a buzzword in the interpreting profession and is used to characterize individuals who understand and honor values of social and communication equity for Deaf people and who make decisions that reflect those values. However, “heart” is a slippery term because numerous factors influence ethical decision-making, thus each situation must be analyzed within a set of principled guidelines and its specific context. Given those conditions, how does one change a student’s heart? Perhaps more critically, is it our role as an educational institution to “change heart” or, using a more nuanced description, is it to provide guidelines and models of a professional path to be incorporated by each individual in their individual journey?

We argue that the “heart-changing” business is best left to surgeons, while the “heart-guiding” process might be a more realistic description of what we can achieve as an academic institution. This discussion warrants much discussion, but in our search to resolve the issue for ourselves, we found some related studies that helped guide our thinking. The studies center on the types of mechanisms (external punishment vs. intrinsic reward) that motivate people to maintain honesty. We argue here that honesty is an aspect of ethical behavior and so we present a brief summary of a few findings for consideration.

The standard perspective of humans has been one in which the individual is a rational, selfish human being who is interested only in maximizing his or her own payoff (Hobbes & Macpherson, 1968; Smith & Skinner, 1997). This perspective would claim there is nothing intrinsic to drive a person’s decision to be honest, because motivation is dependent solely on external benefits (e.g., money, status) and possible external costs (e.g., losing points, ethical grievance) (Hechter 1990; Lewicki 1984). In other words, in this view, with every decision to be honest, individuals face a cost–benefit trade-off.

Contrary to this classic perspective comes evidence from other academic fields, including psychology, sociology, anthropology, and neuroscience. Experts in these fields claim that there are not only external rewards for honesty, but that internal reward mechanisms also influence people’s decisions. While the external vs. internal reward mechanisms are complex, some studies support the claim that when internal standards become activated, they can override the desire (and temptation) for external rewards. Applying this principle to the case study example given earlier, it is possible that Roberta’s internal standard of adhering to the S-CPC and feeling the personal satisfaction of adhering to ethical tenets could override the external reward system of getting an ego boost from sharing news about her assignment.

If internal standards for honesty can override external reward mechanisms, the question becomes, how can we activate internal reward mechanisms in our students? According to Duval and Wicklund (1972), one key lies in objective self-awareness. Heightening an individual’s self-awareness induces self-evaluation in relation to standards and options that are available in the immediate situation. This awareness can lead to motivation to meet the standard. When a person is placed in situations such as being in front of a real (or imagined) audience (Duval and Wicklund 1972), standing in front of a mirror (Carver & Scheier 1978), or even writing short stories about oneself (Fenigstein & Levine 1984), the individual becomes more aware of herself as an “object in the world” (Mazar & Ariely 2006: 8). When awareness of the self is increased, people are also more likely to be aware of discrepancies between how they want to view themselves (the ideal self) and how they actually behave. Given the tension of these external-internal pulls, people might work actively to reduce this discrepancy by changing their behavior to act more in accordance with their ideal self.

As the result of reading about studies that point to individuation as a key aspect of maintaining honesty, our own department has made efforts to shape students’ heart by increasing our recognition of them as individuals. We are a big department (over 100 students) at a university in which students may be experiencing a new bi-lingual bi-cultural norm

for the first time in their lives. This shift can be frightening and disorienting; thus, we attempt connect with students in a number of ways, such as assigning them faculty advisors, selecting them for various tasks that use their talents, hosting gatherings in which faculty and students can mingle, using newsletters to name and present photos of students, giving awards to students, and other means. If the studies' claims are true, this individuation helps support students in their decision making because they have more self-awareness about themselves as an individual member of the department with an ethical standard to uphold.

In addition, we encourage and model active listening, which has been used in both corporate and educational worlds. This is manifested in a number of ways. For example, we follow best practices for creating a visual learning environment in the classroom. Faculty face students who are speaking in class, and ensure that sightlines are maintained in a way that each student can be noticed. They also pause to listen when a student is making an important point. Ideas are written on the board for later consideration, and faculty work to teach the art of piggybacking ideas in class discussion so that students learn to connect what they are saying to the ideas of the person who spoke before them. In addition to leading by example, teaching, and modeling active listening, faculty discuss ethics frequently in their classes. We offer opportunities for decision making and note students' ethical behavior. In these ways, faculty guide students as they internalize ethical practices prior to their being placed in decision-making situations.

## **Conclusion**

In conclusion, it is undoubtedly true that the ultimate goal of all interpreter education programs is to graduate students who will behave knowledgeably, responsibly, and ethically within their chosen profession. The S-CPC has become our tool to guide students to make changes within their own hearts in order to uphold ethical practices when working as interpreters. By offering up our process for creating an American Sign Language version of the S-CPC, we hope that the process may be easier for other programs.

In the Department of Interpretation and Translation at Gallaudet, we promote ethical behavior in several ways. First, faculty and staff model adherence to the Student Code of Professional Conduct tenets and principles through leading by example. During classes, meetings, and department events, faculty teach and model active listening. In all programs, ethics is frequently discussed as a class topic and for the BA program the S-CPC comprises five percent of a student's grade. In addition, we reward ethical behavior through department honors and awards. We train students in ethical behavior and responsible decision-making. By promoting work-life balance and participation in the Deaf community, we in the Department of Interpretation and Translation prime students prior to them being placed in situations requiring decision-making. We close with the disclaimer that we do not claim to have all the answers for how to guide students in their personal and professional journeys. We offer our journey here with the hope that it may be helpful to other programs and as a way to continue the dialogue within our profession.

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# Mock Interpreting in the Classroom

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## Abstract

**Situating the learning of interpreting students in the context of real world experience provides exposure to authentic decision-making opportunities that are more realistic than educators can typically arrange in the classroom. Through the practice of mock interpreting scenarios that are realistic, yet safe, low-risk experiences, students can grapple with decisions, make mistakes, try again, and discuss their experiences with the Deaf and hearing individuals for whom they interpreted, getting the consumers' perspectives and preparing them for their future work as interpreters. Grounded in research in the adult learning field, this paper introduces educators to the theory of experiential and situated learning and then extends theory to practice. Logistics, such as collaboration with the Deaf community for recruitment of actors, scenario development, scheduling and facilitation of mock interpreting experiences for an entire class will be discussed. Scenarios developed by workshop participants are included.**

Keywords: mock interpreting, sign language, interpreter training, situated learning, experiential learning, real-world experience, authentic experience, decision-making

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# Mock Interpreting in the Classroom

*In the hallway near the interpreting lab, the nurse and interpreting student who is accompanying her pause at a closed door. The nurse and student have a short discussion about what to do, and the nurse finally decides to ring the imaginary doorbell. They wait for someone to answer the door. They are on a mock house call and the nurse is checking in on her Deaf patient, who has just been released from surgery. After a few moments, the Deaf patient's husband answers the door. They enter the dimly lit student-lounge-turned-living-room and find the Deaf woman lying on a couch, clearly not feeling well. Her husband greets the nurse in sign language and thanks her for coming, and the student begins interpreting.*

The narrative above describes a mock interpreting experience arranged for an American Sign Language interpreting student to practice interpreting a simulated home healthcare visit. It is not a real medical interpreting experience; indeed, the interpreting lab classroom is just outside the closed door and around the corner. Yet, the environment simulates the living room of a Deaf couple's home, the couple is actually a Deaf husband and wife, and the woman has actually recently recovered from surgery. The nurse is an actual nurse, and asks actual questions that she would ask in that situation. The scenario was realistic, yet provided a safe, low-risk experience, allowing the student to grapple with decisions, make mistakes, and try again. Afterward, he was able to discuss the experience with the Deaf couple and hearing nurse, getting their perspectives.

## Situated Learning

Immersion in experiential activity is one way that adults typically learn. It is supported by situated learning theory and includes communities of practice, cognitive apprenticeships, and authentic learning activities. The concept of situated learning was described by Lave (1988) in her study on teaching mathematics. She found that when students applied math in the real-world contexts of the grocery store or in their kitchens measuring food in order to follow their Weight Watcher's diets, they were more successful in solving problems than when they attempted to solve math problems during traditional pencil and paper tasks in the classroom.

Learners do not just learn something in a classroom and then easily transfer it to the contexts where they are supposed to apply their knowledge (Brown, Collins & Duguid, 1989). How many times have you taught a lesson in your classroom, only to see students missing opportunities to apply the lesson during an interpreting activity? It's not that they aren't paying attention. For real learning and understanding to happen, students need to learn with the social interactions, tools, activities and culture of the setting where the knowledge is to be applied (Hansman & Wilson, 1998; Kim & Merriam, 2010).

Since the concept of situated learning emerged in the late 1980's (Lave, 1988; Brown, Collins & Duguid, 1989), it has been incorporated into the curriculum of a wide variety of subjects. It has been used in writing classrooms, art classrooms, computer classes, and also in technology to create virtual realities as a context for learning (Hansman & Wilson, 1998; McLellan, 1996; Kim & Merriam, 2010).

Situated learning can be integrated into learning environments in many forms. Communities of practice are one form of situated learning, in which newcomers to a field join a community of members from their profession, share information and experiences, and thereby develop expertise (Wenger, 2000). This is commonly seen in practicums and internships in American Sign Language interpreting programs. Cognitive apprenticeships (Brown, Collins & Duguid, 1989) occur through the guidance of a master teacher and through modeling and coaching during a real-world task. These may take place in an interpreting classroom or outside the classroom in a real-world interpreting experience. Finally, context-based experiences and authentic activities are seen as central to situated learning (Brown, Collins & Duguid, 1989), and types of activities can vary widely. The mock interpreting experience described in this paper is an example of authentic activity arranged for interpreting students in the classroom.

### *Role of educators in situated learning*

When providing situated learning experiences, the work of the interpreter educator changes from “sage on the stage” or even “guide on the side” (Morrison, 2014) into a role of facilitating and arranging situated learning experiences. In situated learning, the role of the educator is to study interpreted interactions and subsequently design learning environments to replicate them as nearly as possible (Fenwick, 2003). The educator's goal becomes arranging conditions in complex social situations that will help student interpreters practice the skills they need (Fenwick, 2003). In sum, educators study the type of complex social situations that will help students practice the real work of interpreting, then design and arrange similar learning environments. The overarching goal of educators becomes one of facilitating students' involvement in the real-world experience of interpreters in a community of practice.

## **Types of Mock Interpreting Experiences**

At the VRS Interpreting Institute, we provided a variety of mock interpreting experiences for students. Some were located in the interpreting classroom or other rooms nearby, while others took place in real world contexts, in places such as schools, colleges, and social services agencies. This paper describes only the mock interpreting experiences that took place at the VRS Interpreting Institute. A description of the mock interpreting experiences that took place off campus, in the real world, is beyond the scope of this paper.

Students had the opportunity to practice in four types of mock interpreting settings: interactive meetings, ASL presentations, English presentations and video meetings, such as video remote settings or video relay calls. For each type, the goal of educators was to make the setting feel as real as possible, in order to situate student learning in a context that was as similar to the real world as it could be, while still keeping the experience safe and low-risk. To that end, rooms were transformed to simulate each setting. Props were added when appropriate to enhance the real-world experience. Actors were recruited to play both hearing and Deaf consumers in each type of setting. For interactive settings, actors were given pre-written scenarios that described their roles, the context of the scenario they were acting

in, the learning objectives, possible dialogue or questions to be asked, along with information for possible answers. Scenarios also contained weblinks with resources for actors to use to prepare for their roles. Whenever possible, actors were hired that were actual experts in the roles or topics for each scenario, especially for ASL or English presentations. Examples of each type of scenario follow.

### *Interactive meetings*

Interactive settings are valuable learning experiences because of the complexities of conversation management and possible cultural mediation that is involved. These meetings consisted of at least one Deaf participant and at least one hearing participant. Contexts for settings varied greatly. Examples are a meeting between a hearing principal and a Deaf parent, between a ride-share employer and a prospective Deaf driver, a job interview, home health visit, parent-teacher conference, meeting with a travel agent, or employee reprimand. Rooms were arranged to resemble a room where these meetings could actually occur. This included props such as clipboards, pens, desks, computers, and the like.

Actors are often carefully chosen based upon the roles and objectives in the scenario. Over time, a pool of actors was developed who understood the goals of the mock interpreting experience and were flexible enough to play a variety of roles. For specialized roles, we found it helpful to recruit actors who had experience or expertise in the role they were being asked to prepare for. Ideally, hearing actors did not know sign language and depended on the students' interpretations to participate in the interaction. Training actors, when possible, also produced more authentic interactions. The goal for actors was to keep an authentic conversation going for 15-20 minutes. Actors were not given scripts with dialogue; rather, they were given a scenario at least a week in advance that described the context and other details of the scenario. They were responsible for preparing for their scenario by researching resources that we provided, in order to be prepared with questions and answers that are realistic. If they did not know an answer to a question posed by their actor counterpart, they were instructed to simply invent an answer, even if they did not know whether it was true or not.

### *ASL and English presentations*

Presentations in ASL were delivered by Deaf actors, preferably individuals who regularly took the role we asked them to perform. For example, a presentation describing a local organization that assists Deaf women experiencing domestic violence was given by the director of the organization. Likewise, presentations in English were given by hearing actors who had expertise in the subject they were presenting on. For example, a lecture on beekeeping was given by a beekeeper. Elementary classrooms were simulated by recruiting actual elementary school teachers to present a typical lesson, complete with worksheets or other materials they use to teach. For presentations of this type, it is most authentic when there is a live audience for the speaker to address their presentation to, and receive backchannel feedback from. For the elementary school simulation, having real children present for the teacher to work with added to the authenticity of the experience and provided additional decision-making opportunities for the interpreting students. For presentations in ASL, this meant recruiting Deaf audience members who could access the presentation directly, as well as hearing audience members who were dependent on the interpreting students to understand the presentation.

## *Video Interpreting*

Other scenarios were arranged for students that included the technology of video interpreting. Mock video relay stations were available for students to practice interpreting through technology and a two-dimensional medium. Actors participated from a distance, calling in to place phone calls to other actors or to actual businesses. For example, Deaf actors called local hardware stores through the student interpreters to inquire about products or services, called service providers to make appointments, or called travel agents to make travel plans. Sometimes Deaf actors called other hearing actors through the student interpreters to act out a parent teacher meeting or wish the other one a happy birthday. If mock video relay stations are not available, similar technology can be arranged through the use of video conferencing software programs and telephones. Cell phones can be used but land lines that are more similar to the real world of video relay interpreting are preferred.

## **Identifying Resources for Mock Interpreting**

Recruiting actors for mock interpreting experiences is a highly specialized endeavor. Each program that facilitates a situated learning experience will have different needs and different resources available in their communities. Some programs, such as the VRS Interpreting Institute, have funding to pay actors for their time. Other programs rely on reciprocal services between students and Deaf individuals, such as supporting Deaf fundraisers, and service learning activities in exchange for the Deaf actors' time. Some programs provide a meal in conjunction with the mock interpreting experience that can be enjoyed by actors and students either before or afterward. Some programs are located in colleges where acting programs, nursing programs, public speaking programs or police academies are willing to partner with interpreting programs to provide mutual situated learning opportunities. Students can also recruit friends or family members to participate in mock interpreting experiences. Finally, tours of hospitals or art galleries or public city meetings can be arranged for students to interpret as a mock interpreting experience. We also developed a partnership with a local Deaf leader who established an agency for recruiting Deaf actors. When Deaf actors were needed, the network of Deaf individuals in the community could be accessed through the agency. Actors were paid through the agency, which became a benefit to us, as we then only had one entity to submit payment to.

## **Writing Mock Interpreting Scenarios**

As briefly described above, actors for interactive sessions were provided with scenario information at least a week in advance of the mock interpreting experience. Actors were expected to become familiar with the scenario, including researching the resources provided in the scenario. Most scenarios written for mock interpreting experiences contained the context for the interaction, student learning objectives, brief description of the setting, the actors that were needed, props to be included, and demands to be placed on the interpreter. Scenarios were not written as scripts, but rather as guides for the actors to follow. Actors were expected to use their own experiences and research to keep the interactive sessions going.

## *Context*

Scenarios always included the context for the interaction and were often based on real life interpreting experiences of professional interpreters, with confidential and identifying information removed or modified. Examples are a home healthcare visit, meeting with a banker to open a new bank account, meeting with an insurance agent to discuss a claim, meeting with a landlord to complete a rental application, and any other context that an interpreter may interpret in. These were often based on the concepts, settings, language features or vocabulary the students were studying during the week of the mock interpreting experience.

## *Student learning objectives*

Beginning with the end in mind was the key when we developed scenarios for mock interactive meetings. What demands did we want students to face? What challenges were important for them to overcome in this safe environment? What features of language, interactions, personalities and emotions did we want them to grapple with? Including the learning objectives also helped the actors to make sure the goals of the interpreting session were met. For example, if an objective for a specific scenario was for the student to practice interpreting emotionally charged interactions, the actors need to be sure to include strong emotions during the interaction. Similarly, if a learning objective was for students to grapple with medical terminology, actors had to be sure to use jargon and other terms from the medical field. Other demands that can be included are changing the lighting, or paralinguistic demands such as the Deaf person in a reclining position or signing with only one hand. Other examples of learning objectives included practice in cultural mediation, managing turn-taking, and interpreting terminology from specialized settings, numerical information or spatial relationships. Any demands that instructors wanted students to experience and struggle with were included as a learning objective.

## *Setting*

Additional information regarding the context was included in mock interpreting scenarios. This often included a more detailed description of the purpose for the interaction as well as the goals of the actors. For example, further details of a parent-teacher meeting included the parent disclosing that she and her husband were recently separated and that she has had to take on a second job, resulting in her parents taking on a larger role in supervising her son after school. Further details can be included, such as attitude of the teacher or parent: strict, sympathetic, overwhelmed, or angry.

## *Actors*

Scenarios included a list of Deaf and hearing actors needed for each scenario. Sometimes optional actors were included in the list, such as the child or spouse of a Deaf participant.

## *Props*

When props could be added to enhance the authenticity of a scenario, they were listed on the scenario. For example, in the scenario at the beginning of this paper, additional props listed were a clipboard, pen, paper, couch, blanket,

chairs, and ‘front door’. Props were sometimes items and furniture, and sometimes they were a type of clothing such as nurses’ scrubs.

### *Possible questions and answers*

Scenarios listed possible questions that could be asked, often with possible answers. For example, banking scenarios provided questions for the banker to ask about the customer’s account number and provided the bank account number for the customer. To facilitate the interaction, bank account details were provided.

### *Resources*

Whenever possible, scenarios included web links or other resources for the actors to research in preparation for the mock interpreting event. For example, in the home health visit scenario example below, several links to web pages are included about what to expect during a home health visit. A scenario in which an engaged couple meet with a pastor to prepare for marriage contained a link about what to expect in this type of meeting. Other resources were included directly in the scenario description, such as a photo, diagram, graph or online video.

### *Scenario Samples*

Several examples of scenarios are included in this paper. The scenario below is an example of one used at the VRS Interpreting Institute. Other scenarios included in Appendix 1 were developed by participants at the presentation of this paper.

**Context:** Healthcare Interpreting

**Student Learning Objective:** Students will successfully produce signed discourse that contains cultural mediations if needed and is most readily understood by a variety of Deaf consumers.

**Situation:** Home Healthcare Visit

**Actors needed:** 2 Deaf actors (female patient/family member) and 1 hearing actor (nurse)

**Props:** Clipboard, pen, paper, couch, blanket, chairs, ‘front door’

**Description:** A nurse is visiting a female patient receiving home health care services. The patient has asked for a prescription for her leg injury. The nurse must get a medical history and ask her questions about current medications to make sure any new medications will not cause counter-indications. Also, the nurse needs to verify insurance coverage.

The patient has a history of high cholesterol and high blood pressure. The patient’s mother is a breast cancer survivor and the father is diabetic. The patient has a sister that died from a stroke.

**Resources for actors to be familiar with prior to mock interpreting:**

<http://www.vnsny.org/caregivers/caregiving-basics/what-to-expect-at-your-first-home-care-visit/>

<https://www.medicare.gov/what-medicare-covers/home-health-care/home-health-care-what-is-it-what-to-expect.html>

<http://www.homecarenh.org/consumers-and-families/typesofhomecare/what-should-i-expect-during-a-home-care-visit/>

**Possible Nurse's Questions and Patient's Answers (in parentheses):**

1. Describe your current health problems and symptoms. (Severe pain in the leg)
2. What are the medicines you are currently taking? (Atorvastatin for cholesterol control and Chlorothiazide for high blood pressure control)
3. Are you taking any current OTC medications? (Vitamin C, Fish Oil, and Calcium and also Motrin)
4. List all prior surgeries including when they happened. (Appendix removed, C-section, etc.).
5. Are you allergic to anything? (Penicillin)
6. Please describe any medical issues in your immediate family. (Patient explains that she is adopted and asks if the nurse wants the adoptive parent's health history? Adopted family history: mother is a breast cancer survivor and father is diabetic. Her sister died from a stroke)
7. Insurance information: What kind of insurance do you have? (The company laid the patient off but she has COBRA program, is she still covered?)
8. Who is your employer? (Not currently employed. Did work at Fresh Market)
9. Member ID number (178453V)
10. According to the insurance coverage, Vicodin is on third tier, which means that you will have to pay \$100 for 30 pills. (Patient asks what the three-tier program means then after explanation asks if generic meds are an option?)

**Scheduling Mock Interpreting Experiences**

Coordination and scheduling of actors also took some intentional planning. Techniques we used to recruit actors and ensure their attendance are described below.

## *Actors*

Over time, we developed a pool of actors that work with us regularly and are reliable. When we needed actors for a mock interpreting experience, we sent an email to all actors in our pool with the date and time of the event. We asked them to reply if they were interested and available. Of the actors who replied as available, we selected the individuals who we felt were the best fit for the specific mock interpreting type and scenario. Some scenarios required actors of a specific gender, age, language, or background knowledge. Others allowed for a more flexible choice of actors.

Once actors were selected, we sent them another email with all the information they needed, such as place, date, time, and most importantly, the scenario they would need to prepare for the event. Finally, reminders to actors were automated and emailed several days before the event.

Most of the actors in our pool have been provided with some training in what we need from them. Because many actors in our pool bring personal experience to their roles, their training is not in acting techniques but rather, in the importance of researching their topics and understanding the objectives of the mock interpreting experience.

## *Scheduling Tools*

Scheduling was done in two different ways. First, if we had a specific date and time set for a mock interpreting experience that was not flexible, we recruited actors by emailing our pool of actors or contacting a local agency we had developed a partnership with specifically for the purpose of recruiting actors. Second, if times and dates were flexible, or if we wanted to recruit a specific actor, we used online scheduling tools to arrange for actors. Free tools such as Doodle (<http://doodle.com>) and Teamup (<http://www.teamup.com>) are possible choices.

Doodle is designed to allow users to find dates and times that work for multiple people in order to coordinate times to meet. Several date and time options can be offered and sent to the desired participants via a hyperlink. Once participants access the link, they can indicate the dates and times that they are available. Doodle provides a clear visual of times and dates for which everyone is available.

Teamup is similar to Doodle and makes it possible to quickly see many schedules at once, either by day, week or month. The user can create different groups of schedules, such as one for Deaf actors and one for hearing actors. With this tool, it is possible to hide some schedules if the user only wants to see availability for certain participants, allowing you to choose specific actors for specific mock interpreting experiences.

## **Facilitating Mock Interpreting Experiences**

Mock interpreting events at the VRS Interpreting Institute included 12 students, although any number of students can participate, depending on how much faculty or staff support is available. Students usually rotated through several interactive meetings that were held in the interpreting classroom or in other nearby rooms. At other times, a combination of scenario types were arranged, and students rotated from an interactive meeting to an ASL presentation, to another interactive meeting or presentation. Because of the potential complexity of arranging mock interpreting, specific steps were taken to ensure smooth transitions and a successful experience.

## *Checklist*

For each mock interpreting experience, it was helpful to make a list to ensure that no important piece is overlooked. Our checklist included:

- List of roles and responsibilities (determining objectives, recruiting actors, communicating with and scheduling actors)
- Room needs (furniture arrangement, props, materials needed by participants)
- Development of rotation schedule
- Preparatory information to be shared with students in advance, if any
- Objectives for overall mock interpreting event (teaming, soft skills, use of FM systems)

## *Coordination*

Instructors or facilitators for mock interpreting experiences made sure that on the day of the event, all rooms were arranged according to the scenario descriptions and that all props were in place. Rooms were clearly labeled so that actors and interpreting students could easily identify where to go.

A schedule of rotations, prepared in advance, was given to the students. The experience usually began with brief introductions to the actors and an explanation of the rotation schedule (see Appendix 2). Students located their name on the rotation schedule, noting where they were to go for each interpreting session. Times on the rotation schedule were fairly precise, in order to keep rotations going. A typical set of rotations included 20-30 minutes of mock interpreting, 10 minutes for debriefing with participants after the interpretation, 10 minutes to rotate to the next room and discuss the upcoming session with another student team interpreter, then the second interpreting session began. At the conclusion of all mock interpreting and debriefing sessions, all the students and actors returned to the classroom for a full group debriefing session. At this time, both Deaf and hearing actors shared their experiences, especially when they were similar across sessions. Instructors who had observed the sessions also participated and shared their observations. Students asked questions and heard the perspectives of other students about decisions that were made when faced with the demands in each session.

Sample rotation schedules for interactive meetings or combinations of types can be found in Appendix 2. As students rotated through each mock interpreting experience, instructors or mentors were present to observe and take notes for the full group de-brief session at the conclusion. Instructors did not usually intervene at any point; students were given the opportunity to make decisions, test them, and experience the consequences of their decisions. Soliciting the help of a timekeeper was helpful in ensuring that everyone kept to the schedule.

## **Student Response to Mock Interpreting Experiences**

Student response to mock interpreting experiences is overwhelmingly positive. For them, the mock interpreting feels real because there are Deaf and hearing participants who are relying on the interpretation to understand each other. It feels real, yet students know it is a safe environment. No one's fate is at stake. They can take risks, try something new, make mistakes. One student commented that "I was able to make mistakes and still feel safe while getting feedback from both the Deaf and hearing consumers."

Other students found the immediate application of what was just learned to be a benefit: “They (mock interpreting experiences) were a chance to practice specified content nearly immediately after learning about it.” Another student also appreciated the opportunity to practice team interpreting. She said, “I not only got exposure to very real and relevant content and situations, but also got a chance to team with my peers.”

Many students reported an increased feeling of confidence. They had the chance to see how they would handle interpreting in authentic situations and were able to do it.

## Conclusions

Mock interpreting is one way to expose students to authentic interpreting experiences in a low-risk and safe environment. In our program, we arranged several mock interpreting experiences every week. The number and type of mock interpreting experiences that each interpreting program can provide will vary by program, depending on the available resources and partnerships in each community. However, providing even one mock interpreting experience can be valuable for students. We encourage the reader to continue building a network of resources and support for mock interpreting experiences. Over time this can increase the number of opportunities that can be provided for students. Start small, but dream big!

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## Appendix 1

### *Mock Interpreting Scenario #1*

**Context:** school visit

**Description:** hearing parents of Deaf 5 year old child visit residential school for an appointment with Deaf principal. The hearing parents just moved to the area and are unsure about what to do for their Deaf child. The school year is starting soon (scenario would vary if you interpreted for the Deaf child instead, or if both parents and child were present).

**Actors:**

2 hearing parents  
Deaf principal  
Optional: 5-year old Deaf child just starting school

**Props:**

Office computer  
Office VP  
If child is present, parents bring toys or a coloring book. Alternatively, the principal could have toys or books in the office  
Shiny objects on desk that child would be attracted to

**Learning objectives:**

Students will practice the following experiences:

- Matching meta notation quality: affect, context
- Matching register of professional principal and the parents' register
- Matching personality of parents
- Power of principal vs. parents
- Dealing with distraction of child
- Dealing with any hearing people that know some signs such as parents signing home signs or basic signs to principal and whether or not interpreter should continue to voice interpret

**Possible questions from parents:**

What does the dorm life look like?

Who monitors the kids?

What are the rules for the kids?

What does the Deaf community look like here?

What does the day program look like?

What are the pros and cons of keeping our child at home and using the day program or living at the school?

Are the teachers Deaf or hearing?

Will our child have interpreters in the classroom or direct instruction from the teacher?

What resources are available for home support?

What are some important school events and dates?

**Principal's questions** (Primary goal to establish rapport with parents so parents would choose school):

You just moved here? From where?

What do you prefer to do for/with your child?

Do you want speech therapy?

What are your child's educational needs?

Why did you pick this school?

Does your child have allergies?

Do you want a tour?

If parents choose the day program, explain the radius of service area, bus service, etc.

**Interruptions/challenges/demands:**

Deaf kid playing, distracting parents, principal, or interpreter

Child making noises as she plays

Secretary interrupting with an issue that comes up

VP call

Mom answers her phone while dad talks with the principal

Private conversation between parents

**Links for actors:**

Website to a residential school

Parents can invent questions based on what they read

Interpreters see what school philosophy is, etc.

Principal can use school link so he can explain the school philosophy, number of students served, school team mascot, day programs, options, and reasons to choose this school

## *Mock Interpreting Scenario #2*

**Context:** Healthcare Interpreting

**Learning Objective:** Students will successfully produce signed discourse that contains cultural mediations if needed and is most readily understood by a variety of Deaf consumers.

**Situation:** Annual Health Checkup (Full physical with panel of testing)

**Actors needed:** 1 Deaf actor (patient) and 1 hearing actor (nurse)

**Props:** Clipboard, pen, paper, medical history form, hospital ‘map’, gown (if possible), table, chairs.

**Description:** A Deaf patient (approximate age 35) is entering a large hospital for a first-time checkup. The patient has no experience with a large medical facility and is unsure of the procedural flow. Prior to this visit, the patient was given instructions to bring 2 stool samples with her and give to the hospital staff, upon arrival. The patient is constipated and was only able to provide 1 sample.

### **Checkup Components:**

Vitals: height, weight, blood pressure, blood test, review of self-reported medical history (document brought to the hospital), urine test, cardio test, pulmonary test.

Additional scenarios and demands:

The patient will be given a liquid to drink (Barium) for a gastro x-ray that will later cause the stool to turn white.

The patient will move to several locations for the testing and each time will be asked for her name, to verify identity prior to testing. The patient will become frustrated when not understanding the reason behind the repeated requests.

The patient will undergo a pulmonary test and there will be a timing issue between the interpreted message and the patient blowing into the pulmonary function tube. Example: The nurse might say, “When I count to 3, go ahead and blow into the tube and hold your breath before inhaling again”.

The patient will undergo an abdominal ultrasound and asked to hold her breath at intervals.

### **Resources**

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Sample medical history form (self-reported)

<https://secure.hosting.vt.edu/www.sleep.hnfe.vt.edu/HH.pdf>

Cardiology diagnostic tests: [https://en.wikipedia.org/wiki/Cardiology\\_diagnostic\\_tests\\_and\\_procedures](https://en.wikipedia.org/wiki/Cardiology_diagnostic_tests_and_procedures)

Pulmonary tests:

<https://en.wikipedia.org/wiki/Spirometry>

Gastro x-ray w/Barium (Upper GI Tract)

<http://www.radiologyinfo.org/en/info.cfm?pg=uppergi>

Abdominal Ultrasound:

[http://www.emedicinehealth.com/abdominal\\_ultrasound-health/article\\_em.htm](http://www.emedicinehealth.com/abdominal_ultrasound-health/article_em.htm)

### *Mock Interpreting Scenario #3*

**Context:** Pre-need funeral planning

**Learning objectives:**

- Students will learn how to use appropriate technical language for this situation.
- Students will learn how to convey emotions
- Students will learn how to manage technical interactions

**Situation:**

- Context - Meeting at a funeral home office to discuss funeral and estate planning

**Actors:**

Hearing – funeral director, hearing child, interpreter, one sibling in another state, not seen

Deaf – husband and wife

**Props:**

Funeral director's office, contract papers, urn, calculator, pictures of caskets, options to upgrade caskets, list of references to lawyers for other services, desk, chairs, plants

**Description:** A couple is going to meet with the funeral director to discuss pre-needs arrangements for elderly Deaf couple. The wife has breast cancer. They are on SSDI, but they have managed to save up some money. They do not have any type of will, living will, etc., so will need to be advised where to go for this.

Additional motivations: The hearing child may want her parents to buy the least expensive options so there is more money for her. Alternatively, she may be upset that they are contemplating this now and not want any of the money.

**Resources :** [https://youtu.be/9b5A657\\_9P4](https://youtu.be/9b5A657_9P4)

**Questions:**

1. Do you have any pre-arranged funeral plans? Living Wills? Power of Attorney? (answer: no, can ask for clarification of terms)

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2. What is the specific reason you decided to come in now? (Wife has cancer)
3. Do you have any cash, bank accounts, or insurance policies? If so, how much are they worth approximately? (Family has very little resources – they are not wealthy, but they do have a life insurance policy worth \$30,000)
4. Do you have an executor named for your estate at this time? (Older son who lives in Chicago)
5. Do you have a method of burial you prefer (Wife wants to be buried at her mom's farm, husband wants to be buried in the cemetery where his mom is buried. Child wants them cremated.)
6. How much do you want to spend on your funeral? (How much does a funeral cost?)
7. Who will officiate the service? (pastor of the local Deaf church)

### *Mock Interpreting Scenario #4*

**Context:** DMV, written driver's test

**Actors:**

Young Deaf- 1st time license

Hearing DMV worker

Optional-Deaf or hearing parents

2nd irate DMV supervisor

**Scenario:**

The young deaf person is taking their written driving test at the DMV. The test is taken standing up at a high counter with other people standing next to them. There are small dividers in between each test taker. The written questions have many double negatives that need to be conceptually accurately depicted in ASL without providing extra information that will give away the answer.

An option to add challenges could be to have a supervisor insisting that the interpreter cannot be close to the test taker that would necessitate the student explaining the interpreting process and why they are there.

**Props:**

A high table, with a close proximity space. And actual written questions that could be taken from any state website that has practice written tests. There are also apps available in the Google Store that have test questions to borrow.

## Appendix 2

### Sample Rotation Schedules

**Rotation Schedules can be tricky. Below are a few examples of schedules for various presentation formats.**

This schedule is for six interactive stations.

Pediatrician Consultation (Brooke & Lisa) Classroom 5	Athlete Physical (Mike & Becky) Teddi's Office	Diabetes Education (Suzi & Andrea) Classroom 4	Planned Parenthood (May & Angie) Intern Office	Home Health Nurse (Susie & Cory) Student Room	ER (James & Kim) Mentor Office	
<b>KICK OFF &amp; INTRODUCTIONS</b>						1:00-1:15
<b>SWITCH ROOMS (Interpreter Team Pre-Assignment Discussion)</b>						1:15-1:20
Team 6	Team 5	Team 4	Team 3	Team 2	Team 1	1:20-1:50
Debrief	Debrief	Debrief	Debrief	Debrief	Debrief	1:50-2:00
<b>BREAK &amp; SWITCH ROOMS (Interpreter Team Pre-Assignment Discussion)</b>						2:00-2:10
Team 5	Team 4	Team 6	Team 2	Team 1	Team 3	2:10-2:40
Debrief	Debrief	Debrief	Debrief	Debrief	Debrief	2:40-2:50
<b>SWITCH ROOMS (Interpreter Team Pre-Assignment Discussion)</b>						2:50-2:55
Team 4	Team 6	Team 5	Team 1	Team 3	Team 2	2:55-3:25
Debrief	Debrief	Debrief	Debrief	Debrief	Debrief	3:25-3:35
<b>FULL GROUP DEBRIEF</b>						3:35-4:00

This schedule is for a mixed mock interpreting types. There is a lecture in ASL, one in spoken English, and two interactive stations. The lectures have two student teams each. The interactive stations have one team each and rotate to both interactive rooms during the length of time the lectures go once.

SLCAD Shelter Mtg. Interactive 20 min. <b>Student Room</b> (Joene & Andrea)	AA Sponsor Mtg. Interactive 20 min. <b>Teacher Room</b> (Sari & Cory)	Sermon on Parables <i>English Presentation</i> 40 min. <b>Classroom 5</b> (Chip)	LGBT Pride Center <i>English Presentation</i> 40 min. <b>Classroom 4</b> (Brandon )	
<b>KICK OFF &amp; INTRODUCTIONS</b>				1:00-1:20
Team 6 then 5	Team 5 then 6	Teams 3 & 4	Teams 1 & 2	1:20-2:00
Team debrief and short break				2:00-2:10
Team 2 then 1	Team 1 then 2	Teams 5 & 6	Teams 3 & 4	2:10-2:50
Team debrief and short break				2:50-3:00
Team 4 then 3	Team 3 then 4	Teams 1 & 2	Teams 5 & 6	3:00-3:40
<b>FULL GROUP DEBRIEF</b>				3:40-4:00

This schedule is for non-interactive lectures. All the students are spread throughout one large room with the presenter in front.

<b>KICK OFF &amp; INTRODUCTIONS</b>	1:00-1:15
Presenter #1: Holly Nelson “Serial Killers”	1:15-1:55
Team debrief and short break	1:55- 2:05
Presenter #2: Becky Lundberg “Japanese Holidays”	2:05-2:45
Team debrief and short break	2:45-2:55
Presenter #3: Andrea Scott “Party Planning on a Budget”	2:55-3:35
<b>FULL GROUP DEBRIEF</b>	3:35-4:00

# An Introduction to Grit of CIT Conference Attendees

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## Abstract

**This article reports on the responses to a survey given during a workshop at the 2016 CIT conference. This survey centered on grit as presented by Duckworth, Peterson, Matthews, and Kelly (2007). They contend that grit is the amount of persistence people have to complete their goals, even when barriers are present. The population in this particular study was American Sign Language/English interpreters, interpreter trainers, and other interested parties who attended the CIT conference held in Lexington, Kentucky, on Oct. 26-29, 2016. Tests were run for variables such as education level, hearing and marital status, presence of deaf family members, and certification. Three factors were predictive of grit. They were as follows: hearing status, the lack of the presence of a d/Deaf family member, and professional satisfaction. When qualitative responses were analyzed for reasons the respondent gave for initially choosing interpreting as a profession, as well as their motivation to remain in the profession, there were noteworthy responses in the familial and societal categories.**

Keywords: grit, sign language, perseverance

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# An Introduction to Grit of CIT Conference Attendees

The construct of grit and how it motivates people to perform has been studied before, just under a different name. It has typically been viewed as the perseverance and zeal that people demonstrate in general or toward different projects. It is the level of fortitude they have to complete their tasks and stay engaged even when hardships come. Indeed, the dictionary defines perseverance as “steady persistence and a course of action, purpose, a state, etc., especially in spite of difficulties, obstacles, or discouragement” (Dictionary.com, 2017). Duckworth, Peterson, Matthews, and Kelly (2007) contend that grit is “perseverance and passion for long-term goals” (p. 1087).

A study conducted by McCartney (2016) concerning the construct of grit was the first time that grit had been studied relating to sign language interpreters. In that study, 104 interpreters in a Midwestern state participated and there were some significant findings. McCartney received approval from the Institutional Review Board at Kent State University (protocol #16-538) to conduct research at the Conference of Interpreter Trainers on October 26-29, 2016.

## Research Questions

Research questions were as follows: 1) Is there a relationship between grit and education level? 2) Is there a relationship between grit and hearing status? 3) Is there a relationship between grit and the presence of d/Deaf people in one’s family? 4) Is there a relationship between grit and certification? 5) Is there a relationship between grit and years of experience? 6) Is there a relationship between grit and satisfaction?

## Literature Review

In the late 19<sup>th</sup> century into the turn of the 20<sup>th</sup>, there were three people who juxtaposed ability, IQ, and persistence. Back in 1892, Francis Galton studied successful people, such as poets, painters, judges, statesmen, military men, scientists, and so on. He determined that their success was not predicated on ability alone. Rather, he stated these individuals possessed *three* things that made them so successful: “ability combined with zeal and with capacity for hard labour” (Galton, 1892, p. 38). A fellow British researcher, James (1907), is known for the grist for the mill that he presented to

the psychological community. If we all had the same level of potential and ability, why, he wondered, did some people act as though they were “half awake” and others were able “to push to their extremes of use” (James, 1907, pp. 322-323)? Cox, an American psychologist, was the first to study perseverance in her dissertation in 1926. She studied 301 geniuses to see why they were successful. She determined that the geniuses’ success was due to “persistence of motive and effort, confidence in their abilities, and great strength or force of character” (p. 218).

Duckworth, the researcher most people readily think of regarding this topic in today’s world, was successful in the business world. However, she chose to change the course of her professional trajectory and attend college to become a public-school math teacher. While she was working in that role, she realized that some her high-performing students were not the smartest and some of her smartest students were struggling. Nonetheless, if students spent time improving, they were able to be successful. This perseverance, or grit, persuaded Duckworth to leave public school teaching and return to college to become a psychologist. Once she did, she revisited this concept of grit and studied four different groups of people (2007). She measured the level of persistence that they showed in their task. The four groups she studied included the following: West Point military cadets, competitors involved with the National Spelling Bee, novice teachers, and people in business. She realized that individuals within these sectors also displayed the same issues that she noticed with her former students. People have within them a certain characteristic that enables them to be persistent toward a task, even if trials come.

### *Persistence*

Persistence and how it works in concert with ability, IQ, and achievement has been studied. Typically, success in the occupational realm has been based on a person’s intelligence (Dweck, 2009; Firkowska-Mankiewicz, & Słomczyńska, 2002; Gottfredson, 1997; Hartigan & Wigdor, 1989; Howe, 2001; Terman & Oden, 1947). Duckworth et al. (2007) found that there are other reasons that account for the variance, though. This persistence that people show can mean the difference between someone who is not successful and someone who is. Persistence is an important predictor of achievement (St. John, Hu, Simmons, Carter, & Weber, 2004).

## **Methodology**

### *Procedure*

Before participants heard the Grit presentation, the author handed out the consent letter, grit scale, and an 18-question demographic questionnaire developed by the author of this article (See Appendix A). It was explained that participation was voluntary and if people agreed to participate, they completed the Grit Scale and the questionnaire. Once participants were ready, the presenter began the presentation, discussing the concept of grit. The scoring guide was not included in participants’ packets. Toward the end of the presentation, the presenter showed the directions on how to rate the grit scales and participants rated their own. This was done collectively, so participants could see what their grit score was and what it could possibly mean. The demographic questionnaire and the Grit scales were collected at the end of the presentation, so the presenter could double-check the scores and retain the data. These two items were collected separately from the consent letters so that there was no identifying information or set order. The grit scales and questionnaires were anonymous. There was no monetary incentive offered to respondents for their participation in this

study. They were reminded that this was beneficial to the author since grit had never been applied to sign language interpreters until the author’s study in 2016. The purpose was to allow the researcher to learn more about grit, as well as to compare the findings with another study conducted by the researcher. Conference participants were told that the study’s results would be included in the conference proceedings.

### *Participants*

A total of 24 people consented to participate in the study. There were more people present at the workshop who decided not to participate. Participants were mostly female (n=22), but there were some males (n=2). Although participants’ age was not asked, years of experience was asked for. There was a range of 0-45 years, but the groupings of 11-15 years and 26-30 years both have the highest number of respondents: four. The highest education level ranged from reports of some college (n=1) up to a terminal degree (n=1). Most people had a master’s degree (n=13); fewer had a bachelor’s degree (n=9). No one reported having an Associate’s Degree. Most respondents were able to hear (n=22). Eleven people reported having someone d/Deaf in their family, while 13 did not. Most respondents were Caucasian (n=22). Both of the other two respondents listed their ethnic origin as being Hispanic. Most respondents were married or partnered (n=17), while some were single (n=4), and a smaller amount were divorced (n=3). See information below in Table 1.

<b><i>Demographic Information</i></b>		<i>(n = 24)</i>	
<b><i>Characteristic</i></b>		<b><i>n</i></b>	<b><i>%</i></b>
Gender ( <i>n=24</i> )	Male	2	8.33
	Female	22	91.7
Deaf Family Members ( <i>n = 24</i> )	Yes	11	45.83
	No	13	54.17
Ethnicity ( <i>n =24</i> )	White, not Hispanic	22	91.7
	Black, not Hispanic	0	0
	Hispanic	2	8.33
	Other	0	0

Highest Educational Level ( <i>n</i> = 24)	High school graduate	0	0
	Some college	1	4.17
	Associate's degree	0	0
	Bachelor's degree	9	37.5
	Master's degree	13	54.17
	Doctorate	1	4.17
	Other	0	0
	Years of Experience ( <i>n</i> = 24)	0-5	2
6-10		3	12.5
11-15		4	4.17
16-20		3	12.5
21-25		3	12.5
26-30		4	4.17
31-35		2	8.33
36-40		1	4.17
41-45	1	4.17	

Table 1. Demographic information of CIT conference participants in the grit workshop.

It was a varied, yet highly certified population as seen below in Table 2:

Number of Respondents ( <i>n</i> )	Certification	Certification	Certification	Certification
3			CT	CI

2				CSC
1			EIPA (3.6)	NIC
2				AVLIC
1	NAD III	SC:L	CT	CI
1	EIPA (4.1)	SC:L	CT	CI
1			NIC	IC/TC
1		OIC	CT	CI
1				BEI
1		SC:PA	IC/TC	CSC
4				NIC
1				CDI (candidate for certification)
1		EIPA (4.5)	NAD V	NIC

Table 2. Certification(s) of CIT participants in the grit workshop.

The most frequently occurring certification was the NIC (n=4). The second most common was the CI and CT category (n=3), and finally CSC and AVLIC (both n=2). The following certification configurations each had one participant in them: NIC and EIPA; CI, CT, SC:L, and NAD III; CI, CT, SC:L, and EIPA; IC/ TC, and NIC; CI, CT, and OIC; BEI; CSC, IC/TC, and SC:PA; CDI; and NIC, NAD V, and EIPA. Four people did not hold certification.

An equal amount of respondents stated that 51-75% and 76-100% of their income came from interpreting (n=5); more stated that 0-25% of their income came from interpreting (n=6); and others claimed that 26-50% of their income came from interpreting (n=7). Most of the respondents stated that they were not the sole provider for their family (n=18),

while six people stated they were. When asked if participants had ever faced a challenge in this profession (defined as a failed knowledge test, certification test, EIPA, SLPI, ASLPI, etc.), fifteen said that they had, while eight stated they had not. One person did not answer this question on the demographic questionnaire.

### *Instrument*

The author used the 12-item Grit Scale (Grit- O), developed by Duckworth, Peterson, Matthews, & Kelly, (2007). The Grit Scale is a Likert-type self-report questionnaire, which has an internal consistency  $\alpha=.85$ . Duckworth, joined by Peterson, Matthews, and Kelly (2007) devised two scales to ascertain what level of grit an individual has. One consists of 8 questions and the other has 12 questions. Items on the Grit Scale include the following: “I have overcome setbacks to conquer an important challenge,” “I have obsessed with a certain idea or project for a short time and later lost interest,” “I finish whatever I begin,” and “I have achieved a goal that took years of work.” There are five possible answers on the Grit Scale: “very much like me,” “most like me,” “somewhat like me,” “not much like me,” or “not like me at all.” Individuals can rate their own responses or the researcher can rate the 12-question scale. The highest possible total is 60 points which is then divided by 12, to ascertain the participant’s average grit score. The highest grit score that an individual can get is a five (5) which means the individual has a high degree of grit. The lowest score is a one (1), which means the individual has a low degree of grit.

## **Results and Discussion**

In the previous study (McCartney, 2016), there were 103 respondents: females (n=90), males (n=13). The range of grit scores was 2.33-4.75 and the mode was 3.33 (n=11). More people did not have d/Deaf people in their family (n=80), compared to the number that did (n=22). The ethnic origin looked pretty similar to the current study in that most people who participated were Caucasian. The previous study had 97% Caucasian respondents. In the previous study, most respondents had a Bachelor’s Degree (n=37); the next highest category involved those who had an Associate’s Degree (n=30); the third highest consisted of those who held a Master’s Degree (n=22). Eight reported having some college experience, while three people listed “other” as their education level. Two people held a terminal degree and one person responded that a high school diploma was his or her highest educational level. Most people had 11-15 years of experience (n=22). Most people said 76-100% of their income comes from their interpreting work (n=30), and the other groupings were all very close in number: 0-25% (n=21); 26-50% (n=20); and 51-75% (n=21).

There were two significant findings predictive of grit in the previous study. The first one was when education was grouped in 3 different levels (or tiers): Associate’s Degree, Bachelor’s Degree, and Master’s Degree and Doctorate were joined together. The second finding predictive of grit was for those people who held NAD III certification. Neither of those findings was shown to be significant in the current study.

Just like in the previous study, qualitative questions were also asked. These questions were 1) what made you initially choose interpreting as a profession? and 2) what motivates you to continue working in the profession? Answers were coded by the researcher and grouped into four categories: familial reasons, intellectual reasons, societal/ social

justice reasons, and monetary reasons. If respondents stated that they initially got into the profession because they had a family member who was d/Deaf, the researcher coded that as a familial reason. If respondents stated that they initially got into the profession because they liked the challenge or loved learning languages, the researcher coded that as an intellectual reason. If respondents stated that they initially got into the profession because they wanted to be involved with social justice or felt that Deaf people were treated unfairly and they wanted to help, the researcher coded that as a societal/social justice. Finally, if respondents stated that they initially got into the profession because they liked or needed the compensation, then that was coded as a monetary reason.

Each answer was also grouped into one of two categories: extrinsic and intrinsic reasons. For example, if respondents stated that they got into the profession because they liked the language, then that was coded as an intrinsic reason. However, if the respondent stated that they were told by other people that they were good at using the language (ASL), then the researcher coded that as an extrinsic reason. In this study, the highest reasons that people gave for originally choosing the profession were intellectual, familial societal reasons. Extrinsic (n=13) and intrinsic (n=11) scores for the reasons that participants initially chose the profession were about the same. Twelve people listed intellectual reasons for why they initially chose the profession. Thirteen listed that as their motivation to continue. Whereas seven people initially chose the profession due to a family member, only one person listed that as his/her motivation for continuing. That is an 86% change. Also, four people initially chose the profession due to societal reasons, but that was the motivation for nine people to continue. That is a change of 125%. It is important to note that no one listed money as their reason for either choosing the profession or for their motivation to continue.

Most people originally chose the profession due to the intellectual stimulation (n=12). Their responses included the following: “I fell in love with the language,” “I loved the challenge of creating a target language,” “I was good at it [interpreting].” The second highest score belonged to those who got into the profession due to a family member being d/Deaf (n=7). Finally, the number of respondents who got into the profession due to societal or social justice reasons was small (n=4). The number of those who listed intellectual stimulation as their motivation to continue in the profession was slightly higher (n=13); one person listed their family as the reason they were motivated to continue. There was a change in those who listed societal or social justice reasons as their motivation to continue (n=9). An interesting finding to note is that no one chose monetary reason as the reason they got into the profession or the reason that they are still motivated to continue being an interpreter. Out of the 22 useable data for these two qualitative questions, nine people listed the same reason for their motivation to continue in the profession as their reason for getting into it. The reason that motivated people to continue in the profession had changed for 11 people. Only one respondent who answered that familial reasons were why that person chose the profession listed familial as his or her motivation to continue in the profession. For the remaining six people who chose familial reasons for originally joining the profession, the reasoning had changed, though; three people changed from familial to intellectual and three people changed from familial to societal reasons. Also, four people changed from intellectual to societal and one person changed from societal to intellectual. Results are in Table 3 below:

Respondent Number	Originally chose the profession	Motivated to continue in the profession
1	F	F
2	I	S
3	I	left blank
4	S	I

5	left blank	I
6	I	I
7	I	S
8	I	I
9	I	I
10	F	I
11	F	S
12	I	I
13	F	I
14	F	S
15	S	S
16	I	I
17	I	I
18	I	I
19	I	S
20	S	I
21	F	I
22	F	S
23	S	S
24	I	S

Table 3. Breakdown of CIT participants' responses regarding why they originally chose the profession and what motivates them to continue. Note: I denotes an intellectual reason, F denotes a familial reason, S denotes a societal/social justice reason, and M denotes a monetary reason.

Grit scores from CIT participants ranged from 3.0-4.75 with the mode being 4.33 ( $n=4$ ). The mean score was 3.90. There were three factors that were predictive of grit in the current study: hearing status, the lack of a d/Deaf person in the participant's family, and professional satisfaction. It is important to keep the low  $n$  value in mind ( $n=24$ ) as it does impact these statistics. No other factors were predictive of grit. Those three factors were not significant in the previous study, but there are some reasons why they might be found to be significant in this study. The first factor was hearing status, whereby participants who could hear had a mean grit score of 3.98 and deaf participants had a mean grit score of 3.09 ( $t=3.01$ ;  $df=22$ ;  $p<.01$ ). Regarding hearing status, a caveat to remember is that most of the participants could hear, and thus, the first finding is based on disparate group sizes. The second significant predictor of grit was the lack of the presence of a d/Deaf family member, with a mean grit score of 4.08 for those who did not have a d/Deaf family member and a mean grit score of 3.69 for those with a d/Deaf family member ( $t=2.23$ ;  $df=22$ ;  $p<.05$ ). Although that may seem to be a non-sequitur, there is reasoning behind it. People who become interpreters due to a reason other than a deaf family member need to have high levels of grit. The language is not easy to learn, nor is the interpreting process. Neither process is fast, but rather slow and time consuming. People must make an effort to succeed; great persistence pays off.

The third significant predictor of grit was professional satisfaction ( $n=.46$ ;  $df=22$ ;  $p<.05$ ). There is a relationship

between the two variables and since both scores are rated upwards, there is a positive correlation. Respondents' level of satisfaction was predictive of grit in that people who had higher levels of satisfaction had higher levels of grit. The higher the satisfaction, the higher the grit score and vice versa. The high satisfaction level seemed to cause respondents to want to buckle down and stay committed to the profession.

## **Conclusions**

This study yielded some different data than the prior study using the grit scale with a different population. In the previous study, there were two factors predictive of grit. The first one was level of education, when education was grouped in 3 different levels (or tiers): 1) Associate's Degree, 2) Bachelor's Degree, and 3) Master's Degree and Doctorate. The second finding predictive of grit was certification, specifically for those people who held NAD III certification. Neither of those findings was shown to be significant in the current study. Instead, the following three factors were predictive of grit: hearing status, the lack of the presence of a d/Deaf family member, and professional satisfaction. Although hearing status was significant, the groups were disparate and analyses cannot be drawn. The second factor that was predictive was when the participant did not have a d/Deaf family member, whereby those without a d/Deaf family member had a mean grit score of 4.08 and those who did not had a mean grit score of 3.69. The third factor was professional satisfaction, whereby high professional satisfaction meant a high grit score and vice versa. This study needs to be replicated when the groups could be equal for d/Deaf and hearing participants, gender, and ethnicity.

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## Appendix 1

### Demographic Questionnaire

1. Are you a  Male  Female
2. Are you  Deaf  Hearing
3. Are you currently  Married  Single  Separated  Divorced  Widowed
4. Do you have any Deaf people in your family?  Yes  No
5. What is your ethnic origin?  White, not Hispanic  Black, not Hispanic  Hispanic  Asian or Pacific Islander  Filipino  American Indian/ Alaska Native  Other \_\_\_\_\_
6. What is the highest educational level you have attained?  High school diploma  Some college  
 Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate  Other \_\_\_\_\_
7. Have you ever been or are you currently certified with RID? (Check all that apply)  CSC  IC/TC  
 IC  TC  RSC  MCSC  SC:L  CI  CT  NIC (any level)  OIC  CDI  lapsed certification
8. Have you ever been certified with NAD?  NAD III  NAD IV  NAD V
9. Do you have EIPA certification?  Yes  No  Lapsed certification (If yes, what rating? \_\_\_\_\_)
10. Why did you originally choose sign language interpreting as a profession? \_\_\_\_\_  
\_\_\_\_\_
11. Do you have another vocation/ degree in which you are currently employed?  Yes  No
12. Are you currently working as an interpreter?  Yes  No (**If not, proceed to question #16**).
13. How long have you been in the field?  0-5 years  6-10 years  11-15 years  16-20 years  
 21-25 years  26-30 years  31-35 years  36-40 years  41-45 years  46-50 years  51-55 years  
 56+ years
14. What motivates you to work as a sign language interpreter? \_\_\_\_\_  
\_\_\_\_\_
15. What percentage of your total family income comes from your interpreting work?  0-25%  26-50%  51-75%  76-100%

**(Please go to question #18.)**

16. How long were you in the field before getting out?  0-5 years  6-10 years  11-15 years  16- 20 years  21-25 years  26-30 years  31-35 years  36-40 years  41-45 years  46-50 years  51-55 years  56+ years

17. Why did you leave the profession? \_\_\_\_\_

18. How satisfied are/were you in the interpreting profession?  extremely satisfied  satisfied  somewhat satisfied  not very satisfied

19. Did you ever experience a challenge in the profession, such as a failed knowledge test, certification test, EIPA, SLPI, ASLPI, etc.)?  Yes  No

20. Are you the sole income provider for your family?  Yes  No

# Collaboration in Learning: Situating Student Learning in Real World Contexts

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## Abstract

**This paper provides a rationale for incorporating situated learning experiences into interpreter education. Educational theorists contend that learning is not easily transferred from the classroom to real world contexts. Rather, authentic, context-based activity is required. For meaningful understanding, they suggest that learners must experience the (a) social interactions, (b) tools, and (c) activities within the context where they will later need to apply what they have learned. Based upon the review of situated learning literature, the degree to which situated learning is used can be seen as lying on a continuum of authentic interpreting experiences. Authenticity ranges from situations in which learners are directly involved in real-world activities within their natural context, to experiences which are removed from the context of real-world practice. This continuum will be shared as a guide for scaffolding student learning toward the real-world experiences they will encounter as they begin their interpreting careers.**

Keywords: situated learning, ASL-English, interpreter education, context, authentic learning, community of practice

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# Collaboration in Learning: Situating Student Learning in Real World Contexts

The work of American Sign Language-English interpreter educators in the United States can be a monumental task. Students are often expected to begin an interpreting program by first learning the languages, and complete the program a mere three or so years later. This problem is embedded in the post-secondary educational system and hard to overcome. For educators, the challenge becomes maximizing the time they have with interpreting students in an effort to prepare them for the world of work. This paper reports on the results of a two-part study that includes a survey of teaching methods of interpreter educators and preliminary results of student interviews about their experiences in a short-term educational program designed to situate their learning in as many authentic interpreting contexts as possible.

## The School-to-Work Gap

Since their inception, educational programs in ASL-English interpreting have, in general, been unable to consistently produce graduates who are prepared to meet the challenges of professional interpreting work, an issue that has been referred to as the “readiness-to-work gap” or “school-to-work gap” (Patrie, 1995). Interpreter educators and interpreters alike acknowledge this readiness-to-work gap as a pervasive problem in the profession (Godfrey, 2011; Patrie, 1995; Robinson, 1995; Stauffer, 1995; Volk, 2014). These programs often operate under numerous constraints that result in graduates being unprepared to effectively interpret in actual work settings. College policies, lack of a standardized national curriculum, and few training programs for interpreter educators are some of the constraints. Fairly recently, research on teaching practices and curriculum in interpretation has grown (Kiraly, 2000; Rudvin & Tommasini, 2011; Roy, 2006; Sawyer, 2004) but is not systematically incorporated into classroom teaching practice.

The primary factor contributing to the gap, according to Godfrey (2011), is that many interpreting students are not fluent in ASL upon graduation. Since the majority of interpreting programs<sup>2</sup> in the United States are situated within

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<sup>2</sup> I have chosen to use the terms “interpreting program” and “interpreter education” (versus “interpreter education program,” “interpreter training program” or “interpreter preparation program.”) to avoid potential confusion with programs designed to train interpreter educators.

two-year community colleges, students may have only taken 1-2 classes in ASL prior to entering an interpreting program. After spending two years in a program, many graduates have not yet become proficient in ASL; rather, when attempting to interpret, they default to “strategies” such as fingerspelling and transcoding (a word-for-word rendition) instead of using space, ASL prosody, and ASL depiction; this approach does not meet the needs of many Deaf consumers (Nicodemus & Emmorey, 2012). Graduates of two-year programs also report not having sufficient real-world experience with members of the Deaf community (Godfrey, 2010). In a separate study, graduates reported feeling unprepared for the “unpredictable nature of people and associated context-based decision challenges” (Dean & Pollard, 2011, p. 156). Thus, not only are students struggling to become fluent in ASL at the point of graduation, they are ill prepared for the myriad of socio-cultural factors that unfold in interpreting assignments (Dean & Pollard, 2011).

## **Situated Learning Theory**

Situated learning is a type of experiential learning (Merriam & Bierema, 2014). It has been described as an educational approach that promotes experiential learning within a specific context (Lave & Wenger, 1991). Situated learning is based on a belief that learning is a social activity that occurs in real world contexts and authentic environments rather than an individual task that takes place only in the mind of the learner. Lave and Wenger studied several communities of practice, such as butchers, midwives, tailors and even members of Alcoholics Anonymous. They discovered how newcomers to a field learn the skills they need to move from apprentice to expert. Based on their studies, they concluded that meaningful learning happens only when situated within a community of practice in which individuals had access to authentic contexts, interactions, activity, and the tools used in that context.

### *Historical context*

In the 1970s, behavioral approaches to learning were popular. In the behavioral approach, psychologists and educators argued that learning took place only when observable behavior increased. Emphasis was placed on arranging for conditions for learning, defining behavior in a measureable fashion, and providing reinforcement for increases in the desired behavior. For example, when behaviors such as completing a page of addition problems to a specified accuracy level, correctly reading a number of words out loud, or correctly answering comprehension questions occurred, learning was said to have happened. If a behavior was not observable, it was not considered worthy of attention (Leftwich, 2008).

Psychologists became increasingly dissatisfied with the behavioral approach and as a result, the pendulum swung to an alternative perspective on learning. During the last decades of the 20<sup>th</sup> century, cognitive psychologists became intrigued with the cognitive processes of learning. During this period, efforts were made to describe the mental processes of learners. The attention of cognitive psychology was solely on a person’s thoughts, beliefs, and knowledge as separate from their bodily experience and socio-cultural context (Kirshner & Whitson, 1997).

This emphasis on mental processes in turn gave rise to social learning theory, most strongly associated with Russian psychologist Lev Vygotsky (1978). Proponents of social learning theory view learning as a social activity in which knowledge is constructed during interactions with others. They encourage the use of learning activities in which a more knowledgeable peer engages with a novice learner and they work together to solve problems, much like what happens in communities of practice (Bayer, 1990). The constructivist approach to education is based in social

learning theory, and states that learners actively construct their own knowledge by linking new ideas to their past experiences. Situated cognition theory, also a theory of social learning growing from the cognitive approach to education, is different in that it takes issue with the constructivist approach by arguing that learning is a phenomenon dependent on more than just the mere construction of knowledge with others.

In the situated learning approach, learning is dependent on the holistic interaction among the people, activities, tools and context of a situation. It is an embodied experience, realized through action in context (Fenwick, 2003). Thus, the attention to situated learning developed from these changing perspectives on how individuals learn.

### *School vs. on-the-job contexts*

If meaningful learning is dependent upon social activity that occurs in real world contexts and authentic environments, a comparison of the learning environment typically found in interpreting programs to that found in real world practice becomes an illuminating exercise. In interpreting classrooms or labs, we often find videos and books; lab equipment such as recording devices, monitors for viewing videos, and headsets; and teachers and other interpreting students. In real world practice, we naturally find very different things. What we find are contexts such as the doctor's office, conference or work training meeting; specific norms for behavior in that context; Deaf and hearing people who need to interact with each other and may have a history together in that context; and environmental materials that could support the job of interpreting, such as brochures, signage, access to experts, and preparatory materials. It is clear from this comparison that the context in which students learn to interpret is very different from the context in which they will actually interpret. As a result, students miss out on many learning opportunities, such as how to manage turn-taking between individuals who do not speak the same language, make decisions when events do not proceed as expected, and use available tools in their environment to support their work, to name a few.

### *Transfer of skills*

Numerous educational theorists and psychologists contend that learning is not easily transferred from the classroom to the real world, and that learning must take place within authentic, context-based activity (Brown, Collins, & Duguid, 1989; Hansman, 2001; Wilson, 1993). Educators often assume that the transfer of knowledge from classroom settings to the real world will occur but, in fact, there is little evidence to support such transfer of knowledge (Kirshner & Whitson, 1997; Lave, 1988). In a study by Newman, Griffin, and Cole (1984), elementary school students were trained in a process for a cognitive task of matching two sets of items with the goal of creating as many matches as possible with no duplicates. When asked to perform the same cognitive task several weeks later with a different activity in a different context, different social interactions, and different materials, the students did not apply the skills they learned to the cognitive task.

## Ways to Situate Student Learning

### *Communities of practice: Activity, interaction, norms, tools*

A community of practice (CoP) is a social learning system that binds members together by their collective understanding of what their community is about (Wenger, 2000). Members develop an understanding about their shared function and hold each other accountable. Further, members of a community of practice interact with each other to establish norms and relationships within the group. Finally, they have produced shared resources, such as a common language, tools, routines, artifacts, and stories.

Scholars have examined communities of practice among various professions as well as support groups (Lave & Wenger, 1991) and members of a coven (Merriam, Courtenay, & Baumgartner, 2003). Often, newcomers to a profession participate in a community of practice that is comprised of members in their field. Typically, the experts within the community of practice share their resources, information, and experiences as a means of assisting the newcomer to develop needed expertise.

Communities of practice support the belief that learning is a social activity that occurs in real-world, authentic environments, which includes authentic activity, interactions and use of authentic tools.

### *Cognitive apprenticeship*

Cognitive apprenticeship is an approach to learning that embeds learning within activity and makes use of social and physical context (Brown et al., 1989). Learning occurs with the guidance of a master mentor or teacher who models behaviors and coaches the apprentice while performing a real world task. In cognitive apprenticeships, methods are used that “enculturate students into authentic practices through activity and social interaction in a way similar to...craft apprenticeship” (Brown et al., 1989, p. 37). Apprenticeships typically occur in real-world settings through participation in communities of practice, but they can also be created in a classroom setting. According to Resnick and Klopfer (1989), cognitive apprenticeships must incorporate three critical components. First, they must involve authentic tasks. For example, papers should be written for a real audience or purpose, rather than merely for the teacher to grade. Second, tasks should be located in an authentic context, in contrast to requiring drill and practice exercises of component tasks. Finally, learners should have the opportunity to observe experts in action. If the action is a mental process, the experts should make that process overt by thinking aloud.

### *Authentic activity*

Authentic activity may occur in actual work environments or during field trips to authentic environments (Huang, Liao, Huang, & Chen, 2014; Pfeiffer et al., 2009). In either case participants must have access to the actual activities that will take place, including the purpose, norms and real-world challenges (Fenwick, 2003). Although student engagement in real-world activities has been shown to promote the most transferrable learning (Griffin, 1995), it is possible to bring real world activities into a classroom or training environment. Activities such as simulations, role-play activities, video demonstrations, games, and other activities specific to the educational goal have been documented outside of interpreter education (Bjørkeng & Clegg, 2010; Hossainy, Hormozi, Shaghaghi, & Hossain, 2012; Kroothkaew & Srisawasdi, 2013; Yang, Tseng, Liao, & Liang, 2013).

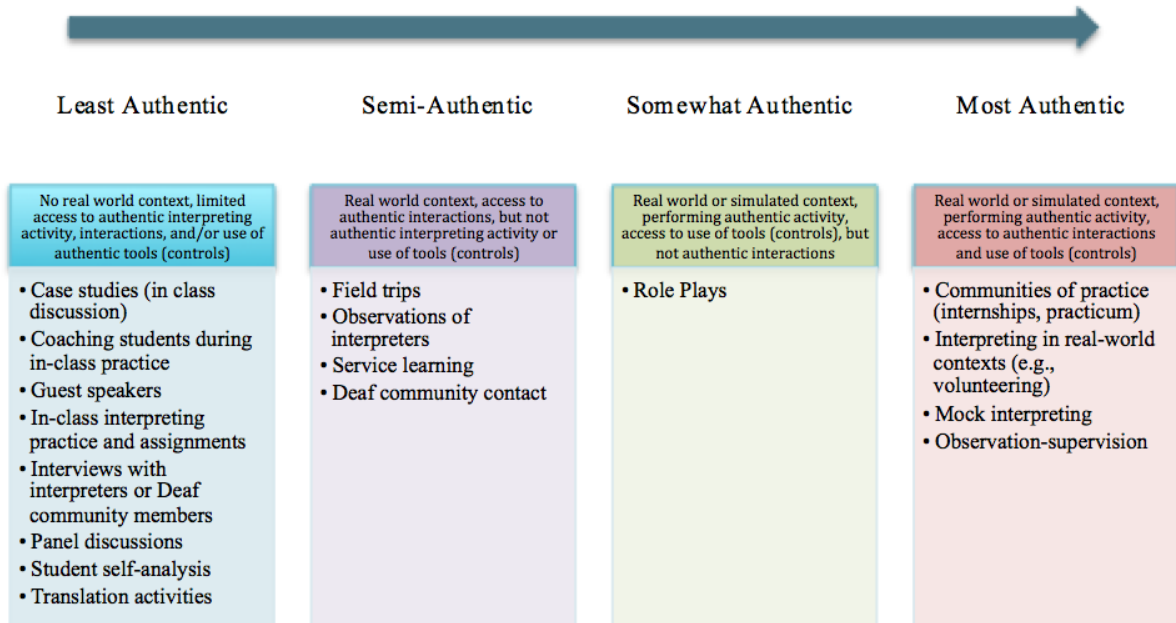
## **The Situated Learning Continuum**

For authentic learning to occur, learners benefit from being situated among the interactions, tools, and activities of the setting where the knowledge is to be applied (Hansman & Wilson, 1998; Kim & Merriam, 2010). In authentic ASL-English interpreted events, interactions can include relationships with Deaf individuals, hearing individuals, other interpreters, and hearing or Deaf individuals not directly involved in the interpreted event (Dickinson, 2014; Llewellyn-Jones & Lee, 2014; Metzger, 1999; Roy, 2000; Smith, 2013; Wadensjo, 1998). The tools that interpreters may use are language (both English and ASL), information, experts, forms, non-participants, computers, videos, objects, and preparatory materials (Smith, 2013; Vygotsky, 1978). Authentic activities that interpreters engage in include interpreting, optimizing visual access for Deaf individuals, facilitating learning, promoting inclusion, advocating, and being helpful (Smith, 2013). Finally, real-world contexts are contexts where all interactions, tools and activities are authentic and take place in an authentic environment.

Based upon the review of situated learning and ASL-English interpreter education literature, the degree to which situated learning occurs can be seen as lying on a continuum of real-world interpreting experiences with less authentic experiences on the left of the continuum moving toward more authentic interactions on the right of the continuum. Other experiences which are removed from the context of the real world, but retain some of the characteristics of the interactions, tools and/or activities are shown in the chart below the continuum. See Figure 1.

*Figure 1: The Situated Learning Continuum*

Authenticity



Activities that occur prior to the Situated Learning Continuum  
(No Authenticity)

No real world context, no interpreting activity, no authentic interactions or use of authentic tools (controls)	
Academic research papers	On line discussion board postings
Class discussions	Readings
Collaborative small group work	Reflection activities
Games	Research in preparation for interpreting
Journaling	Student presentations
Lecture	Text analysis of discourse or language
Mentoring	Vocabulary drills
Modeling of interpretations	Workbook assignments

At the left of the continuum, activities have the least authenticity. Learners have no access to real-world context, and only limited access to authentic interactions, use of the tools (languages and other controls) used in the work of interpreting, or the activity of interpreting itself. Here, activities such as cognitive apprenticeships (coaching), panel discussions, and video or computer simulations are located. To the right, activities are semi-authentic. Learners are

situated in a real-world context, and have access to authentic interactions with Deaf individuals, but do not engage in the activity of interpreting. Activities may include field trips, observations of interpreters at work, service learning activities or other Deaf community contact. Activities on the continuum that are further to the right contain some authenticity. Learners are involved in real world or simulated contexts, and perform authentic activity but have limited access to authentic interactions and tools. There is only one activity found in the literature that has these characteristics: role-play of interpreted events where students play all the roles. Finally, to the far right on the continuum is a list of fully situated activities with authentic experience in the interactions, tools and activities in a real-world context. These activities include entry into communities of practice, such as practicum or internships, and real-world interpreting work, possibly as volunteers.

This framework also contains a group of activities that occur prior to the situated learning continuum. In these activities, there are not interpreting contexts, no interpreting activity, no authentic interactions with Deaf and hearing individuals found in interpreting situations or any use of tools that support interpreting activity. Activities in this group include academic research papers, readings, lectures, and journaling. This is not meant to imply that these activities are not useful; indeed, they can promote meaningful learning that supports the work of interpreting. However, because these activities do not contain any characteristics of situated learning activity, they are not included on the situated learning continuum.

## **The Study, Part I**

Part one of the study reported in this paper was a survey of American Sign Language (ASL)-English interpreter educators, to investigate their use of teaching methods that support experiential learning in their interpreting programs in the United States. Interpreter educators received a questionnaire listing the 33 different learning activities from the situated learning continuum. They were asked to consider the most recent skills class they taught and to indicate how often they used each activity.

### *Survey participants*

The questionnaire in this survey was sent to educators in 32 interpreting programs: Sixteen CCIE accredited (4 AA and 12 BA) and 16 randomly chosen programs (4 AA and 12 BA) in the United States. One hundred-eighty-three emails were sent to all interpreting department faculty located on each program's website. One hundred and eleven emails were sent to accredited programs, while 72 emails were sent to the randomly chosen matched programs. Seventy-four responses were received, but only 50 of these respondents' programs qualified for analysis, based on completion of the survey, teaching interpreting vs. language classes, and reporting on skills development classes, rather than internship or practicum courses.

Here I report the majority category for each of the demographic factors on the survey. Of the 50 educators who responded to the survey, 72% were female, 76% were between the ages of 36-55, 94% were White/Caucasian, 72% were hearing, 56% had 6-15 years of teaching experience, 98% held a Master's degree or higher, 68% were current members of the Conference of Interpreter Trainers, and 78% taught full-time at their institution. They reported on the most recent interpreting skills class they had taught, of which 95% were 3- or 4-credit hour classes, 68% of were at the Bachelor's level, and 82% had 6-15 students in them.

## *Preliminary Analysis of Results*

Of the 9 activities reported most often by the respondents as used in their skills courses, all were from the categories of least authenticity or no authenticity, the far left of the continuum and off the continuum. At the same time, the activities from the categories of semi-authentic, some authenticity and most authenticity (middle and right on the continuum), were indicated as never or rarely used.

## **The Study, Part II**

Part two of the study reported in this paper was a case study that examined the use and efficacy of situated learning activity in a short-term intensive interpreting program. The program was a competitive program designed for students who had recently graduated from a traditional interpreting program but were in search of a way to bridge the gap between school and the world of work by getting more training and hands-on experience. Students relocated to the site of the program to participate for 3 months before returning home. The goal of the program was to provide students with as many authentic and real-world interpreting experiences as possible. In addition to classroom work, students participated in 6 hours of mock interpreting experiences and discussion and in at least 150 hours of interpreting work in the community, accompanied by certified interpreters who worked with them as part of a team. For this part of the study, students, faculty and support staff were interviewed; curriculum, student video work samples, student and program evaluations were reviewed; and observations of live student work were conducted. At the time of publication, data is still being analyzed; however, preliminary analysis of student interviews with the twelve students who participated in the interpreting program is shared below.

### *Case study preliminary analysis: What the students say*

Students were asked about the learning experiences they had during the program. These experiences consisted of activities that fell at various points along the situated learning continuum, containing varying degrees of authentic interpreting practice. Preliminary analysis indicates that students found benefits in several types of activities, but found activities with the most authenticity to be the most beneficial. Thus, the present discussion is about their responses to the mock interpreting experiences arranged for them by faculty and staff (see more about those mock interpreting experiences elsewhere in the 2016 CIT Proceedings). Preliminary analysis of the case study student interviews indicates several benefits to students from their experiences interpreting in authentic contexts. First, students reported that although they knew the mock interpreting experiences were not real, they actually felt real to them, yet felt safe enough to make mistakes. Several students reported that the immediate feedback from the Deaf and hearing consumers and the large group debriefing sessions were the most beneficial part of those experiences. Second, students reported that their understanding of the demands that can occur in interpreting situations was broadened, but most importantly, they discovered tools they could use to respond to these demands. Third, students found the opportunity to team with their peers an additional benefit. Many students had not had a chance to practice teaming with another peer during their program and found the chance to learn this skill to be valuable. Finally, students were able to practice skills or theory learned during classroom work immediately to an authentic interpreting experience.

## Discussion

Putting both parts of the study together, an interesting incongruence can be seen. The survey revealed that, for the educators in the study, activities that were used the most were often the ones with the least authenticity. However, preliminary case study results indicate that students find activities with the most authenticity to be very meaningful in a variety of ways. This is not to say that activities not represented on the continuum are ineffective; indeed, those activities (i.e., lecture, text analysis, class discussions, mentoring meetings, readings) serve as the basis upon which to build more meaningful learning experiences.

The challenge for educators is not to stop there but to incorporate as much authentic activity as possible into each course. The situated learning continuum presented here can serve as a model for scaffolding student learning toward real world interpreting activity. By working backwards on the continuum, starting from the right, educators can build sequenced and well-scaffolded learning activities. For example, if the goal of a lesson or a course is to arrange a real-world interpreting opportunity for students in a K-12 classroom interpreting environment, educators can begin with the context and demands found in the real-world K-12 classroom interpreting environment. Then, starting with activities listed below the continuum or at the left of the continuum, educators can provide lectures and class discussions that will prepare students for the end experience. Next, observations of interpreters in the real world educational setting may be planned. After that, students may engage in role-play of the educational setting, each student playing a separate role. Finally, educators might arrange for mock interpreting experiences with real actors that simulate the context and accompanying demands of the K-12 classroom interpreting experience.

### *Collaboration in learning: It takes a village*

In order to provide meaningful learning experiences for ASL-English interpreting students, it will require commitment from all members of the interpreting, Deaf, and hearing communities. First, working interpreters are needed to provide mentorship and teaming support for student interpreters and graduates. The Deaf community can find places to welcome new interpreters, as well as students, to hone their skills. Interpreting agencies, schools, companies and others who hire interpreters can provide support by establishing paid internships so that new interpreters can gain experience by working with more experienced, certified interpreters while still making a living. In this country, given the challenges faced by interpreting programs that are not ideally structured to produce interpreters ready to work, it will take all of us to support the trajectory of newcomers into the field of interpreting.

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# Using a Career Lattice to Chart a Path to Competency in Healthcare Interpreting

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## Abstract

**In 2008 the National Consortium of Interpreter Education Centers (NCIEC) conducted a national needs assessment survey asking Deaf people about their healthcare needs and experiences. Deaf people identified healthcare as the most important setting to have an interpreter (NIEC, 2008, 2015). However, there is no systematic entry to, or professional development within healthcare interpreting. Many states allow interpreters, regardless of qualifications, to accept assignments in healthcare. There is no way to measure the potential risk of allowing unqualified interpreters to work in high stakes settings such as healthcare provision. The Healthcare Interpreting Career Lattice developed by the CATIE Center in collaboration with NCIEC is a step toward responding to concerns of consumers, establishing quality control, and eventual certification in healthcare interpreting for ASL-English interpreters. This article describes how the Healthcare Interpreting Career Lattice was developed and how it can be used by educators, students, working interpreters, agencies, and healthcare providers.**

Keywords: healthcare, healthcare interpreting, healthcare interpreting education, career lattice, American Sign Language (ASL)-English interpreting

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# Using a Career Lattice to Chart a Path to Competency in Healthcare Interpreting

The Healthcare Interpreting Career Lattice was developed by the CATIE Center in collaboration with the National Consortium of Interpreter Education Centers (NCIEC) in part, to address the fact that there are no national standards for the specific knowledge, skill and experience that ASL-English interpreters must meet before working in healthcare settings. The Lattice was developed to map career development pathways in healthcare interpreting and to provide resources and information for those seeking to enter this specialty field or to develop further proficiency.

In 2008, the National Interpreter Education Center (NIEC) conducted a national needs assessment survey asking Deaf people about, among other things, their healthcare needs and experiences. The key findings were:

- Deaf people identified healthcare settings as the most important place to have an interpreter (NIEC, 2008);
- Healthcare settings are the most difficult for which to find a qualified interpreter (NIEC, 2008);
- Interpreter agencies reported healthcare as the setting with greatest need (NIEC, 2013b);
- ASL interpreters identified healthcare interpreting as the place they feel most unqualified and unprepared (NIEC, 2013a);
- Interpreters reported training is most urgently needed in healthcare settings (NIEC, 2013a);
- Medical personnel are often unaware of ASL and Deaf Culture (Steinberg, Wiggins, Barmada, & Sullivan, 2002; Swabey & Nicodemus, 2011).

The Registry of Interpreters for the Deaf (RID), a national certifying body for the ASL-English interpreting profession, offers a generalist certification and several specialty certificates including legal and education. However, no certification in healthcare interpreting is currently offered by RID. Spoken language community interpreters in the U.S. have a longer history of pursuing training and credentialing for interpreters in healthcare settings than ASL-English interpreters (Downing & Ruschke, 2012). In 2014, at the beginning of this initiative, some spoken language interpreters had access to a national certification for healthcare interpreting that assessed both knowledge and performance; however, ASL-English interpreters did not (see Certification Commission for Healthcare Interpreters <http://www.cchicertification.org/> and National Board for the Certification of Medical Interpreters <http://www.certifiedmedicalinterpreters.org/>).

As a result, in most states, any interpreter, regardless of qualification, can accept assignments in healthcare settings, which may include physician's offices, hospitals, outpatient clinics, mental health clinics, and other health-related situations that involve Deaf patients. There is no way to measure the potential risk of allowing unqualified interpreters to work in high stakes settings such as healthcare provision (Hedding & Kaufman, 2012). Procedures related to hiring, evaluating, and reassigning interpreters in the healthcare setting are non-existent in many healthcare facilities (Olson & Swabey, 2016). Likewise, interpreter educators do not have a clear set of goals or guidelines to refer to in preparing their students to work in healthcare settings (Swabey & Craft Faber, 2012). As well, students and interpreters do not have clear guidelines regarding the sequence of education and experience that are needed to become competent in healthcare interpreting. The Healthcare Interpreting Career Lattice, described here, is a step toward establishing professional development, quality control, and potentially contributing to the criteria for earning a credential in healthcare interpreting for ASL-English interpreters.

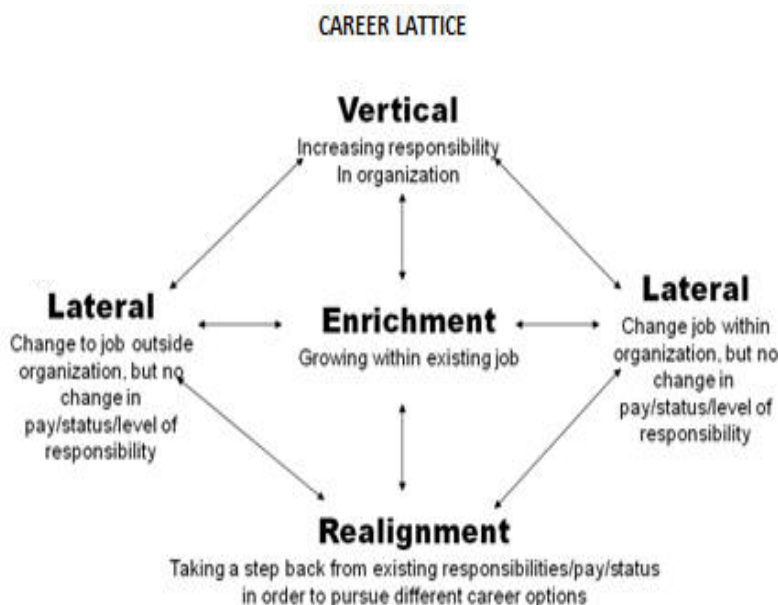
## **Career Lattices**

Career lattices help people visualize and learn about job options that are available as they progress through a career. Lattices are used in corporate environments and skill-based professions such as nursing and often show which types of information and experience can facilitate movement within a career (Benko & Anderson, 2010; Chandler & Timothy, 1988; Chang, Chou, & Cheng, 2006).

A career lattice assists educators, academic advisors, students, and potential students in outlining careers and the critical experiences individuals should acquire to enter and progress through careers within an industry. According to Benko and Anderson, "As organizational hierarchies flatten, vertical career paths aren't the only choices. Lateral, diagonal and even twist-and-turn paths also become part of the mix" (2010, p. 80).

Career lattices contain both vertical and lateral movement between jobs and may reflect more closely the career paths of today's work environment than the more traditional "ladder" progression. For example, the career lattice template below illustrates both vertical and lateral movement between jobs. Because the field of ASL-English interpreting has individuals at all levels of career development, a career lattice can provide direction for individuals at various levels of proficiency within this specialty.

Figure 1. Career Lattice Framework



Example of a career lattice framework. From “Career Development Toolkit” by B. Young, 2011 (reprinted with permission).

One of the unique advantages of career lattices is the flexibility they allow. Lattices allow freedom to choose an entry point and focus on areas of interest within the lattice. Often, individuals choosing to specialize in a certain area within the lattice can become mentors for others, as is the norm in many professions in healthcare. This flexibility is well suited to ASL-English interpreters who are generally responsible for their own career development and because the profession does not have a defined path to advancement. In addition, interpreters across the nation have varying degrees of background, education, and experience that prepare them for this setting. Thus, a model that allows various entry points has advantages for ASL-English interpreters.

### A Rationale for a Healthcare Interpreting Career Lattice

Without national credentials or standards of performance for ASL-English healthcare interpreters, Deaf and Deaf-Blind patients nationwide are at risk due to lack of communication access in healthcare settings (Iezzoni, O’Day, Killeen, & Harker, 2004; Margellos, Hedding, & Miller, 2004; Pollard & Barnett, 2009; Steinberg, Barnett, Meador, Wiggins, & Zazove, 2006). The work of the CATIE Center in collaboration with the NCIEC has been to identify a pathway for the further development of interpreters working in the healthcare setting, which could eventually reduce the risks that Deaf patients currently face due to inadequate communication. Providing interpreters with a career lattice

that is specific to healthcare interpreting can support their professional development and improve the likelihood that Deaf and Deaf-Blind patients will have better access to healthcare communication.

This career lattice is a means to allow potential healthcare interpreters to conceptualize phases of development between obtaining a baccalaureate degree and certification, to working autonomously as an ASL-English interpreter in healthcare settings of increasing complexity. Likewise, this career lattice can inform interpreter educators and allow them to make more informed choices about advising and educating students who have an interest in healthcare interpreting. By depicting the need for developing competencies and knowledge over time, the Healthcare Interpreting Career Lattice may be one avenue for improving the provision of interpreting services for Deaf individuals in healthcare settings. The career lattice is not intended to be a substitute for healthcare interpreting certification or licensing where it exists in some states. It is intended to provide a framework for all interpreters and educators who are interested in further developing or refining knowledge and skills in the healthcare setting.

## **Development of the Healthcare Interpreting Career Lattice**

In the absence of national certification or standards for ASL-English healthcare interpreting, the development and piloting of a “pathway for healthcare interpreters” was included as part of the CATIE Center’s initiative on healthcare interpreting funded by the Rehabilitation Services Administration, Department of Education. An expert in ASL-English interpreter education, ethics and the healthcare setting led the project during the summer of 2014. Working with a dedicated team of healthcare interpreting experts and building on relevant literature in signed and spoken language healthcare interpreting as well as resources previously developed by the CATIE Center (e.g., the “ASL-English Medical Interpreter Domains and Competencies,” 2008; “Concept Map for Mental Health/Medical Interpreting Education,” 2008), the findings and resources of the Certification Commission on Healthcare Interpreting (CCHI) and the work of National Council on Interpreting in Healthcare (NCIHC), the group identified skills and resources needed to enter and advance in the field. No clear “pathway” for healthcare interpreters emerged from this work, although the output confirmed the complexity of the healthcare interpreting task as identified in the literature.

To build on this foundation, an expert in ASL interpreter education and healthcare interpreting, with an extensive background in curriculum development, was contracted to pursue the development of a “pathway” for healthcare interpreters.

The literature on career lattices for other practice professions indicated that a prototype healthcare interpreting career lattice might be one effective means for addressing the lack of national standards for healthcare interpreters. We asked colleagues and stakeholders for their opinions on the value of a healthcare career lattice. They indicated that a lattice would be useful, that an entry point to the lattice should be a baccalaureate degree along with three years of experience in a wide range of settings, and suggested that specific numbers of hours should be attached to various points within the lattice. With this, we decided to formalize a process to gather stakeholder input in an interactive face-to-face format about the ideas behind the lattice, as well as the levels and requirements. A preliminary lattice was designed and reviewed by focus groups.

## Focus Groups

Conducting focus groups is one way to gather information from stakeholders and to capitalize on the interaction between stakeholders and the possible ideas that could be generated from shared discussions. After examining a wide range of approaches, we modeled our approach on one described by Kruger and Casey (2015). IRB approval was secured from St. Catherine University and we moved forward to gather input from stakeholders.

Four focus groups, each with a maximum of 10 people, were conducted in April 2015 to seek input from Deaf and hearing interpreters, interpreter educators, ASL teachers, and mentors regarding the value and content of a proposed Healthcare Career Interpreting Lattice. Focus group sessions were 90 minutes long, conducted in ASL, and video- and audio-recorded for later analysis. Participants were asked to review the draft Lattice and sign a consent form agreeing to be video and audio recorded. The focus groups were held at the Video Relay Services Interpreting Institute with the support of Sorenson Communications. An experienced notetaker recorded all the responses. In addition, a team of interpreters recorded a spoken English interpretation of the discussion, which could later be transcribed and used in addition to the notes. The same facilitator conducted all four groups in ASL.

We provided an introduction to the Lattice and the following four discussion questions, in the same order, to each group:

1. What is the number one problem in healthcare interpreting?
2. What did you like about the Lattice?
3. What would you change?
4. How could the Lattice be used?

## Results

During the focus groups, re-occurring themes emerged in the participants' responses to the four discussion questions. The themes are discussed below for each question, along with examples of participant responses.

### *Question 1. What is the number one problem in healthcare interpreting?*

Participants indicated that there was not one single problem but rather a constellation of serious problems. The focus group participants indicated that there is an overall lack of interpreters and those that do work in healthcare are often not qualified. The lack of qualifications related to four broad areas: lack of specific training in healthcare issues, lack of experience in healthcare settings, lack of world knowledge, and lack of emotional resilience. Other themes that emerged included the Deaf person's comfort level with the interpreter, difficulties in the healthcare system or interpreter agency, interpreters not calling for a Deaf interpreter as needed, and Video Remote Interpreting.

#### Lack of Qualifications

Regarding lack of specific training in healthcare issues, participants said the following:

Interpreters often don't understand terminology and background.  
Because they are not qualified, they get burned out.  
They don't know about HIPAA rules.

Lack of experience in healthcare settings was typified by responses such as these:

New interpreters haven't had enough experience to know what a hospital experience looks like so not enough experience is definitely a problem.  
I think the worst is interpreters who don't have experience. My wife had a baby and we kept getting a level one interpreter.  
I think problem is deaf patients have no power.

Participant responses regarding lack of world knowledge included:

Sometimes interpreters are so new. I hate that. When I complain, the agencies tell me I have to be patient and teach them.  
Interpreters lack general knowledge so everyone needs to work together to solve the medical problem and the interpreter needs to be part of that team.

#### Lack of Emotional Resilience

Comments on interpreters' lack of emotional resilience referred to emotional burnout and a lack of ability to grasp and withstand the emotional complexities of healthcare interpreting. Participants told us that interpreters often do not know how to handle emotionally laden situations, which in turn leads to interpreter burnout. Those interpreters who experience burnout from working in healthcare may also leave the interpreting profession entirely. Participants suggested that if interpreters or interpreters-in-training had access to the Lattice, they would be better prepared for healthcare interpreting and the emotional resilience it requires.

#### Deaf Person's Comfort Level

Another area of concern was the Deaf person's comfort level with the interpreter. Deaf participants reported that Deaf people do not get to choose the interpreter they would like and often encounter situations where they are uncomfortable with the interpreter for either personal reasons or the interpreter's lack of skill. Often they choose to proceed with the medical appointment rather than rescheduling because they feel they have no other choice.

Participant responses included:

It's not an issue of skill but matching the Deaf person's need. Deaf people don't get to choose the interpreter they want.  
We deaf people have our own preferences who we are comfortable with, and we can all relax and they can do a good job.

Hospitals don't get it. Once I went in and used speech to communicate which was a mistake because then they wouldn't get an interpreter.

If I know I will be in the hospital for three days, I want the same interpreter so I don't have to retell my story every time. When I don't have to keep retelling my story, I feel so much more peaceful.

I hate when I get an interpreter in training!

Sometimes an interpreter comes who I know. I may or may not be comfortable with that person. If not, I have to use that person anyway to avoid having to reschedule, which I don't want to do.

### Problems in the Healthcare System

Participants in the focus groups said that healthcare systems often do not understand why interpreters are needed and that there is often a long wait for an interpreter to arrive after one has been requested. Participants suggested that doctors should be trained to recognize the need for an interpreter and to take steps to arrange for one. They also noted that there is tension between agencies and hospitals regarding pricing and supplying interpreters. Other responses from participants included these statements.

For doctors, they just see that they have provided access. But deaf people see the quality.

Deaf people aren't involved in the process and it's frustrating.

Doctors think brief notes will do and don't think they need interpreters.

Deaf people like to give the full story but doctors are in a hurry.

### Agency-Related Issues

Participants said that there are often problems with interpreter referral agencies and the communication between those agencies and the healthcare facility. The following quotes capture some of the frustration participants expressed.

I pick the agency I want them to use, but then they call another one.

Biggest problem is medical facilities' contracts with interpreting agencies. They don't have good communication with each other.

When the agency is a spoken language company, they have the power and the deaf consumers don't have the power.

Would be nice to have the same interpreter who already knows the history.

The agency sends interpreters but they don't know what the medical problem is. I get someone in there that knows nothing about my background and history. I have to explain things over and over because the interpreter doesn't have the background.

Hospitals have different contracts with interpreting agencies so you never know which interpreter you will get.

## Using Deaf Interpreters

Yet another area of concern is that hearing healthcare interpreters do not call for a Deaf Interpreter when one is indicated. One participant told us, “Good medical interpreters know when it’s a good time to pull in a CDI.” Another participant shared, “I think it is a problem. Interpreters need to know when they need a CDI.”

## Video Remote Interpreting (VRI)

Participants uniformly expressed frustration with the use of video remote interpreting in healthcare settings. The frequently poor quality of the video image and the interpreting services themselves made VRI problematic for most focus group participants. Some examples of common comments from participants:

We have a big problem with VRI in medical situations here. It is important to look at that issue, too.

Yes! VRI is definitely the worst problem. The screen freezes and the quality is not good.

I was really sick one time and using VRI was hard to do.

## *Question 2. What did you like about the Lattice?*

Focus group participants strongly agreed that a Lattice is needed and that it is important to have a baccalaureate degree as a starting point. They said the Lattice was easy to understand and that it shows progression through more complex content areas along with the need for specialized training. They also favored the idea of being able to enter the lattice at various points and that it included specific numbers of hours. Overall, the groups felt that the Lattice could lead to an improvement in healthcare interpreting for Deaf individuals.

Below are some representative examples of what group participants said in response to this question.

I’m excited to see something being done.

We’ve had nothing for so long.

I’m glad that we are starting with this and it will help both state and national level discussions about medical interpreting.

My burning question is, “Is this for real?” I hope so. I want this to become a strong force.

The process in the lattice is overdue. We need this, based on my and my wife’s personal experience.

We have needed this for so long. It is a big challenge to finalize, but a great road map.

We need something to prove some kind of documentation or something to follow as medical interpreters.

I like that it treats medical as a specialty, like legal. There should be a SC:M certification.

Shows the potential of what is involved to learn this specialization.

### *Question 3. What would you change?*

Most of the responses to this question related to the clarity of the graphic display and a need for more resources. For example, participants suggested that the entry points be made clearer and that the entry points should contain information about what is required to enter. Other comments suggested that the amount of time required at various points should be more clear. They also made suggestions about the color of various parts of the lattice, the shape of the boxes and other specifics related to graphic design. This feedback was addressed in the version displayed in this article.

### *Question 4. How can the Lattice be used?*

The focus groups indicated five broad target audiences that could benefit from using the Lattice. The audiences are interpreters, agencies, the Deaf community, healthcare providers, and interpreter educators. The wide range of suggested uses indicates that the Lattice could be valuable as a way to establish shared understandings and shared language related to providing healthcare access for Deaf individuals. Representative participant comments are listed below.

#### Interpreters

Interpreters can use the Lattice to prepare themselves by using the resources and structure provided. The Lattice also allows interpreters to know which types of healthcare interpreting assignments are suited to their current skill and experience level. The Lattice could empower interpreters to avoid being forced into situations that demand more than they can currently provide. It also provides resources for continuing education for interpreters who have moved through other parts of the Lattice.

Interpreters could point to their level on the lattice and a doctor could immediately know whether or not they are qualified for the appointment at hand.

For new interpreters, the lattice helps them to know what they don't know. They could see that higher-level interpreters take specific types of assignments, and they can choose not to specialize in that or take those assignments, even if their agency says they can do it.

It will allow new interpreters to begin the process to becoming a medical interpreter.

This could become an empowerment tool.

Interpreters sometimes go into medical and become burned out. If they knew that beforehand, they would know what to expect and be prepared for the demands. They could use the lattice to figure out how to prepare.

It becomes a pathway to becoming a qualified healthcare interpreter.

An interpreter may not want to do the higher-level assignments, so they know they can just stay at the level they are at. Maybe these levels could be attached to pay increases.

## Agencies

Agencies could use the Lattice to deepen their understanding of the complexities of healthcare interpreting assignments. By applying it as a rubric to requests for interpreters, the Lattice can also help them send the most appropriately skilled interpreter to specific assignments. The Lattice could also be used to create an “approved” list of interpreters who have been pre-screened for work in certain settings. The Lattice could also help agencies know which interpreters need more experience before being placed in higher-stakes settings.

## Deaf Community

Focus group participants felt the Deaf community would be very excited to have the Lattice. Some examples of their responses follow.

My wife is hearing and pregnant. We are worried about the interpreter for the birth. If we knew this lattice was in existence, we would rest so much easier.

I always have to prepare myself for the worst interpreter. I prefer to bring my own, but sometimes doctors don't let me because they have a contract with a specific agency.

I want to be comfortable, like everyone else is at their doctor appointments. I lip read well and it bothers me when they get it all wrong!

## Healthcare Providers

Participants of the focus group also suggested that healthcare providers could benefit from using the Lattice. For example, a doctor's office could use the Lattice to determine which category of interpreter is required for a specific setting. Participant comments included the following types of responses.

The lattice could be a standardized communication tool for hospital administration to discuss consumer needs.

It would help the medical profession recognize interpreters who have experience and use the lattice to justify the reasons for needing an interpreter with skills and experience.

I choose a doctor and a hospital based on experience and reputation, and then get stuck with any old interpreter? It's not right. I can use this lattice to say I choose an interpreter based on the upper level requirements, just as I have picked this doctor for having many years of experience.

It could be used with the medical profession, especially administrators to explain why training is important, what interpreters have gone through to get to the level of expertise they have. It could help justify why VRI isn't effective.

## Interpreter Educators

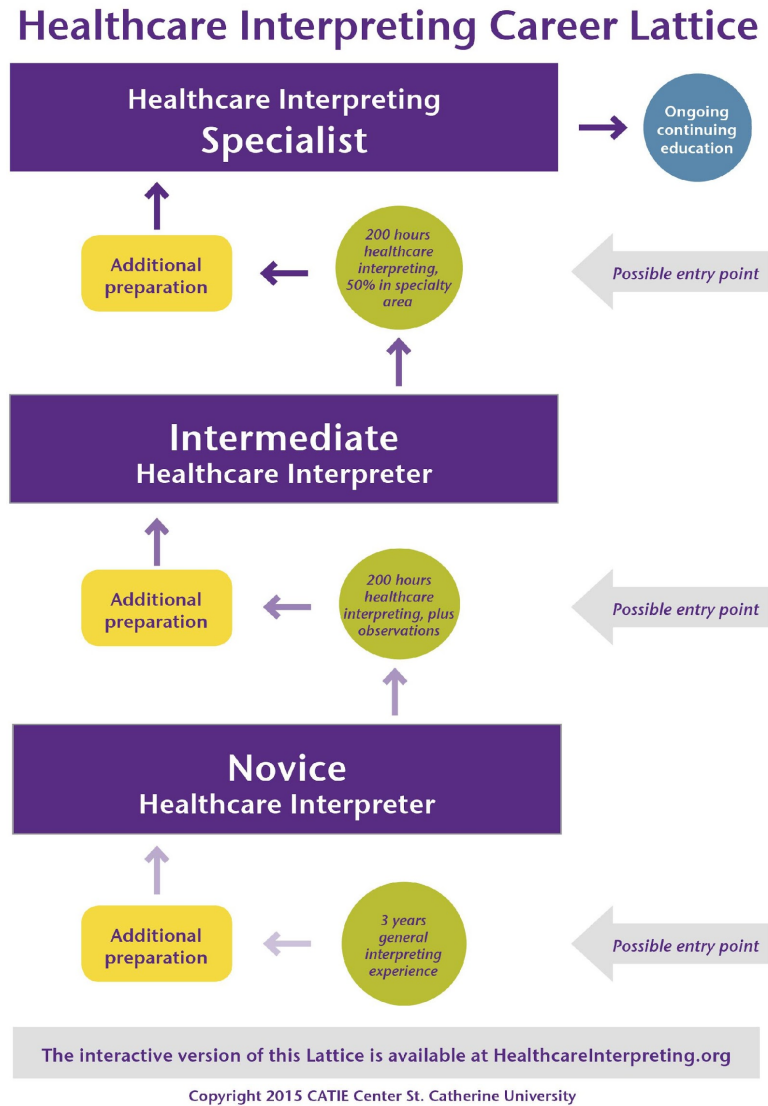
Interpreter educators could look to the Lattice and the resources contained within it to help guide curricular development and increase awareness of the complexities and demands of interpreting in healthcare settings. Although

the Lattice recommends interpreters do not begin working in healthcare settings until they are certified and have three years of experience, other prerequisite course work, such as anatomy and physiology, medical terminology, and other health courses could be valuable to students who plan to specialize in healthcare interpreting in their career.

## **Revised Lattice**

The Lattice was revised based on focus group input (see Figure 2), and is available at [www.healthcareinterpreting.org](http://www.healthcareinterpreting.org). The online Lattice is interactive and provides a clear stepwise progression from entry to specialization. By clicking on the yellow “Additional Resources” rectangles, a wealth of information becomes available. These include activities, videos, books, courses, and terminology. Descriptions of typical duties and responsibilities associated with each development level can be viewed by clicking on the purple rectangles containing the interpreter titles. It is also a living document, to which more resources will be added when possible.

Figure 2. Healthcare Interpreting Career Lattice



## **Limitations of the Lattice**

The main limitation of the Lattice is that it is a suggested approach rather than an enforceable system. It is presented as a possible first step toward increasing awareness of the critically important areas of healthcare interpreting. Ideally with this template in place, discussions and training that correspond with the Lattice can begin, and a broader understanding of the training needs of healthcare interpreters can develop. Another limitation is that currently there are few qualified individuals to take on supervision or mentoring roles. Additional details, including specific competencies, training and education may be added in later iterations of the Lattice. Activities and information for those progressing through the Lattice will eventually include as many current resources as possible along with the incorporation of supervision, mentoring, or other forms of support. The Healthcare Interpreting Career Lattice relies on the individual seeking advancement to actively pursue and participate in specific activities, to seek input from other professionals, and to document their activities.

Additionally, the Lattice can realistically only address one piece of the communication access issue. There are concerns about safety that the Lattice cannot address, as well as paternalistic views of Deaf people by the medical establishment, medical malpractice, and others. These concerns require both broader social paradigm shifts, and solutions from within the healthcare system.

## **Conclusion**

The Healthcare Interpreting Career Lattice, which was developed and revised with a broad base of stakeholder input, can assist current and potential interpreters to better understand the progression towards competency in healthcare interpreting by mapping the phases of development with recommended resources at each level. Interpreters can enter and exit this progression at various points, depending on their background, knowledge, competencies, career goals, and job requirements. In addition to the resources included, observation, supervision, and mentoring are important components of the professional development of healthcare interpreters. The Lattice provides guidance while promoting individual accountability for one's career development.

The use of the Lattice has the potential to not only increase the skills and knowledge of healthcare interpreters, but also to foster a dialogue among interpreters, the Deaf community, and healthcare organizations about the need for a more systematic entry to, and advancement in the field of healthcare interpreting. By widely disseminating and using a healthcare lattice such as this one, awareness of the myriad skills required to successfully interpret in healthcare settings will increase, ultimately improving communication access for Deaf patients.

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