ENGAGING BRITISH SIGN LANGUAGE /ENGLISH INTERPRETING STUDENTS THROUGH THE USE OF SITUATED LEARNING.

Overview of the engagement of British Sign Language/English interpreting students by the use of innovative situated-learning strategies in a clinical skills lab.

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Abstract

This case study explores the use of situated learning (Lave and Wenger, 1991) in the training of British Sign Language/ English Interpreting students at the University of Wolverhampton, as part of a simultaneous interpreting module, which specifically looks at interpreting in a healthcare setting.

In 2015/16 a pilot session took place where, rather than lectures taking place in a traditional classroom setting, a session took place in the state-of the-art clinical skills lab generally used to train nursing/healthcare students. The lab is designed to replicate various healthcare environments e.g. a hospital ward, physiotherapy session, GP appointment. Role-play scenarios were set up for the students to interpret, which involved a non-sign language using healthcare professional as one of the participants. The session was evaluated by seeking student feedback post-session and this information was used to make subsequent changes to the session, which ran in the following academic year.

The paper describes the benefits of using this method of situating learning in a relevant context, as perceived by both the students and the hearing and deaf role-play participants, and details various activities, which took place to scaffold student learning prior to the session taking place. It concludes by outlining other areas where this type of learning could be effective.

Context

The notion that sign language interpreting is a practice profession (Dean and Pollard, 2013) brings up interesting questions for interpreter training, in terms of understanding the pedagogical methods that other practice professions use to train their future professionals.
One of the inherent restrictions in delivering effective healthcare training is that there are only three key methods available to interpreting educators: in class via scripted or guided role plays; situated-learning in a simulated environment; and when the student is placed within the community on work-placement, shadowing interpreters. Students on work-placement may experience restrictions, such as issues around the suitability of an assignment to be observed or for the student interpreter to participate in, and whether permission for participation is given by the other interlocutors present.

With this in mind, we have looked at the profession of nursing (a well-established practice profession) and their use of ‘situated-learning/situated cognition’ (Hung et al. 2001) and High-Fidelity simulation (Richardson & Claman 2014:127) to train medical students, to see whether such practices might also be effective in the education of BSL/English interpreters.
In the academic year 2015/16, a pilot was undertaken at the University of Wolverhampton, to train final-year undergraduate sign language interpreting students in healthcare interpreting. This was done in the simulation suite which is used to train undergraduate nursing students. This suite is a state-of-the-art mock clinical environment, complete with hospital wards and mannequins that react appropriately to medical intervention.
The training was delivered by two senior lecturers who are registered qualified interpreters and a senior lecturer in nursing who is a registered adult health nurse. Following this pilot, an online questionnaire was administered, and interviews were undertaken to determine whether the experience was useful, and how it could be improved upon for future cohorts.

Following that feedback, the session was run again in 2016/17, with some enhancements.
This case study will focus on: the theoretical frameworks which underpin situated-learning; the way we have designed our situated-learning experiences to maximise student engagement within healthcare interpreting; and the use of student feedback to review and enhance subsequent delivery.

Introduction

Sign language interpreters exist to bridge the communication gap where two or more parties who do not share the same language come together and wish to communicate. The B.A. (hons) British Sign Language/English interpreting programme at the University of Wolverhampton was established in 1993 and graduates of this programme will go on to work with a diverse array of clients, both deaf and hearing, providing access to communication in a variety of settings. BSL/English Interpreters may, for example, work in the community at medical appointments, work-related meetings, social work assignments, mental health appointments, legal, education and media settings and at national and international conferences.
Therefore, they need to be prepared for the linguistic and cultural elements of their role, the variety of professionals encountered and the protocols inherent within a multitude of settings.

Interpreters bear witness to some of the most sensitive and private appointments in a deaf person's life for, example; during a medical appointment, counselling session or in a social work setting. Registered Qualified interpreters have completed training to national standards (NOSI 2017), are registered with the professional standards body (NRCPD), bound by their code of conduct (NRCPD 2017), which protects the public's interests and, as such, they are witness to many confidential settings and environments. During training, it is not always feasible, (outside of the final year interpreting work placement modules, where students may witness and undertake actual interpreting assignments), for interpreters to see some of these assignments in a real-life environment due to sensitivity, the need for confidentiality (NRCPD 2017) and/or the need to respect the privacy of consumers. Therefore, traditionally, interpreters in a Higher Education setting have been trained via lectures which deal with the relevant theoretical elements and via simulated role-play scenarios.

> *Role-plays allow assessment of the dialogic, interactive triangle dynamic, to evaluate management of turn-taking, communication repair, and to assess a number of elements of a communication; and can also be used for assessment of multi-party discourse (e.g., meetings) at more advanced stages* (Leeson, et al. 2013, p. 27)

Bradford (2017) summarises the perceived benefits of using role play as being; promotion and participation, enhancement of student engagement and the opportunity to allow students to experience different perspectives. Lewis et al. (2013) support this view, adding that the student skill repertoire will be significantly enhanced by engaging in this practice.

In interpreter education, tutors and students may take on the roles of deaf/hearing participants in role-plays and whilst this model, common in interpreter training, (Roy 2000, Metzger 1995, 1999) is used successfully as a strategy throughout training, it does have some restrictions.

Wadensjö (2014) highlights the issue of frame-switching when participants in a roleplay also have other relationships i.e. those of tutor and student. It can be easy to switch between the role of tutor/student and role-play characters, with one or other of the parties breaking out of the character assigned and therefore making the interaction less realistic. This switching of frame is less likely to happen if the participants in the role-play are not regular tutors, and if the situation in which the role-play takes place is less like the classroom environment. However, Bradford (2017, Lewis et al. 2013) recognise that bringing in service providers to partake in role-plays can present additional problems due to resource restrictions and the workload of service providers may prove prohibitive.

Another issue with these scenarios is that student interpreters may feel complacent if they know that a tutor playing the part of a deaf participant or a hearing person does in fact understand both languages and is therefore not genuinely reliant upon the interpretation provided by them. Conversely, they may feel inhibited by the presence of a regular tutor/ authority figure.

Thus, it is incumbent upon interpreter educators to find ways to mitigate against this, by exploring opportunities to give students an authentic experience, where participants are reliant upon the students' interpretation to communicate effectively with one another.

This case study details the steps taken by lecturers on this programme to find innovative ways to provide appropriately engaging and realistic simulated assignment experiences for the final year BSL/English interpreting cohort. It also examines whether providing such an opportunity is likely to make students more confident to undertake healthcare/medical assignments in the future.

Methodology

In recent years, sign language interpreting has started to be viewed as a *"*practice profession-in contrast to being a technical profession*",* Dean and Pollard (2013, p.XIII)

> *"…where complex, social context judgments and skills are crucial supplements to one's technical abilities"*. Dean and Pollard (2009, p.1)

This idea of interpreting as a practice profession led us to explore the pedagogical methods employed by other such practice professions for example, nursing, who employ High-Fidelity Simulation (HFS) (Paige and Daley, 2009) techniques in their HE training programmes as,

> "*HFS offers students a non-threatening environment, enhanced learning, and the feeling of being prepared to practice."* (Richardson and Claman 2014, p.127).

It also offers students the opportunity to experience communities of practice and *"*legitimate peripheral participation*"* (Lave and Wenger 1991). Situated-learning and HFS afford students the opportunity to develop their community of practice within a training environment, but with real professionals from other disciplines. This allows them to gain a wider perspective on an assignment, enabling them to consider the communication aims of those participants and their inherent protocols/ code of ethics or conduct. Negotiating skills are also developed by this increased awareness of the aims of the healthcare professional.

As most British Sign Language/English interpreters will regularly work in clinical/ health related environments where there is a duty to ensure that deaf people *"*can communicate effectively with health and social care services*"* (NHS 2016), we decided that students would benefit from undertaking role-play scenarios situated in a clinical environment, where they would interpret for a healthcare practitioner and a deaf person. These role-plays formed part of a series of activities linked to the topic of medical/healthcare interpreting.
Consideration was given as to whether the roleplays should be scripted, framed using bullet points for guidance or allowed to develop organically (Bradford, 2017, Leeson et al, 2013). The approach decided upon was to use bullet points to frame the scenario presented in the role play, which would then organically develop based upon the students' interpretation.

The University of Wolverhampton has a state-of-the-art clinical simulation suite which is used to train Nurses and Healthcare professionals where knowledge is passed from practitioner to student using a "*cognitive apprenticeship framework"* (Collins et al.1991). We enlisted the support of a colleague from the School of Health, Education and Wellbeing (FHEW) who is a senior lecturer in adult nursing. We designed a pilot session to trial the benefits of this type of situated-learning (Lave and Wenger, 1991) with our 2015/16 final year cohort and then, following feedback from all participants, slightly amended the design of the session for delivery in 2016/17. Both cohorts were comprised of 11 students.

In 2015/16, the topic of medical interpreting was covered over a one-week period to ensure that learning was appropriately *'scaffolded'* to help;

> *create the internal coping structures for managing stress within practice, guide the thinking process, …suitable responses, inform appropriate decisions…* Bown, (2013, p.55)

Students were set preparatory tasks to complete, in addition to classroom activities, which included;

- Participating in an online lecture about interpreting in medical settings.
- Reading academic papers relating to interpreting in medical assignments, for example; Major & Napier (2012) and Schofield and Mapson (2014)
- Completing a situational analysis based upon photographs of medical environments/ scenarios. (Davis, 2005)
- Interpreting video clips of deaf BSL users talking about their medical experiences.

We aligned the BSL language teaching and interpreting curriculum to ensure that students arrived with appropriate medical vocabulary and an understanding of some of the demands they may face within medical assignments. They therefore arrived with an appropriate level of prior knowledge.

A series of role-plays was constructed, presenting examples of common medical conditions. In the first iteration, students played the parts of both deaf patients and interpreters and were given information about their roles one week in advance to allow them to undertake the necessary research.

Approximately two weeks post-event, students were asked to evaluate its efficacy via an online questionnaire, which was sent out to all of the students in the cohort. Students were then asked if they were prepared to be interviewed. All 11 students responded to the questionnaire, (which suggests that this type of online questionnaire platform is an appropriate method to elicit responses) and 2 agreed to be interviewed, one face-to-face and one by Skype. The low take-up of interview participation may be due to the fact that students had just started their work placements at this time and in future studies, the authors would collect this kind of feedback immediately after the event.

Findings

2015/16

After the 2015/16 pilot, the feedback was overwhelmingly positive. Students reported that the activities promoted a high level of engagement and motivation during the session. In response to a question about whether the same level of engagement could have been achieved in a classroom setting, all of the respondents replied no.

> *The classroom environment would not have allowed us to explore the importance of interpreter positioning in the way we did. Being in the medical wing gave me a chance to see just how close together patient beds are positioned, and the limited amount of space there is for an interpreter by the time you add in medical professional/s, equipment and family members into the space.*
>
> *The day was really well planned, an amazing experience close to real life…*

The level of engagement with the preparatory activities was exceptionally high too, with all of the students completing tasks such as the situational analysis (Davis, 2005, Kurz, 2001), the video and audio lectures and the video clips of deaf people using BSL to relay their medical experiences. 91.6% of students had engaged with the recommended academic literature.

In a bid to further enhance the student experience we asked for activity-improvement feedback which is represented by this student comment;

> *I would have liked to have had longer interpreting. I felt we only had a small time to do each".*

Students also felt that having the nurse practitioner in the role-plays was so valuable because she did not know any sign language and was able to react purely based upon the interpretation provided. They felt that they would have liked to have had a deaf roleplay participant who was also fully reliant upon their interpretation, to add to the authenticity of the experience (we then did this in 2016/17).

> *… the feeling of the setting and specific equipment along with the benefit of a medically qualified non-signing participant was specific to the environment.*
>
> *2016/17*

The 2016/17 cohort were asked a series of questions prior to receiving the teaching related to medical interpreting and prior to the simulation suite event, to determine some of their thoughts around medical interpreting assignments.

At that point, 9 of the 11 respondents felt that they were interested in undertaking medical interpreting assignments in the future.
80% of them had no previous medical interpreting experience.
When asked how difficult they anticipated medical interpreting would be (on a scale of 1-10), the average result was 6.7. The difficulties that they anticipated mainly centred around; being able to control their own emotions, understanding medical terminology and the physical positioning of the interpreter, given that patients may be reclining, lying face down etc. during examinations.
Students were not confident that they understood what the domain of medical interpreting entailed, giving an average level of confidence about this as 4.5/10.

As a result of the 2015/16 student feedback, when delivering the session to the 2016/17 cohort, we brought in a deaf BSL user from the community, to play the part of the patient in the role-plays and again used a hearing healthcare professional who did not know any sign language.

An extended period of an extra week was given to the topic, which provided more time to cover some of the theoretical aspects outside of the simulation suite. We adjusted the programme to ensure that, as well as the hours of preparatory activities, the class lectures and interpretations undertaken, and the opportunity to observe their peers interpreting, each student had a minimum of 7.5 minutes interpreting on the day with the two participants, as well as time to debrief with the nurse and deaf patient.
Using a framework of *"*cognitive apprenticeship*"* (Collins, Brown and Holum, 1991) to look at the efficacy of the session design, we also added in a chance for 'articulation' and 'reflection' to take place, whereby students were asked to review a video clip of the interpretation that they had done, and to undertake a written reflective analysis in order to get *"*students to articulate their knowledge, reasoning, or problem-solving processes*"*. (Collins et al. 1991, p.14, Leeson et al. 2013)

2016/17 cohort post session

When the two-week period spent focusing on healthcare interpreting had come to an end, a second questionnaire was administered to gather the views of the students about what they felt they had gained from the experience.

7/10 students responded to the post event survey. All of those responding felt that the session had been a useful and enjoyable learning experience.

All the respondents felt it was of equal importance to have all the experts (the qualified interpreter trainers, the healthcare professional and the deaf person) present on the day.

> *To enable students to get the most out of the experience and to make it as close to the situations we will soon find ourselves in, the presence of a Registered Adult Nurse and a Visiting Deaf Lecturer were paramount. Module tutors guided students through the day, giving advice and constructive feedback throughout.*

The realistic nature of the encounter was remarked upon frequently by respondents:

> *… the real experience was fantastic…. I have done volunteering recently which has presented similar difficulties and left me feeling quite low, however being able to discuss issues and what went wrong turns a negative experience into a learning opportunity.*
>
> *No matter how much we set up scenarios in class, nothing would have been as good and beneficial than being in a simulated environment such as the lab.*
>
> *Researching topics in preparation for the role plays enabled me to realise that this is an area I enjoy and am interested in.*

All of the students stated that they did not feel that a session taking place in the classroom would have been as beneficial to their learning.

6/7 students felt that, based on their experiences of the medical interpreting preparation and session in the simulation suite, they were now more likely to be interested in undertaking medical interpreting assignments in the future. This may indicate that the session has the potential to raise aspirations and promote skills which are likely to enhance employability, as well as potentially providing greater access for the deaf community in the future, by ensuring that the interpreters they will encounter in their medical appointments are suitably skilled and prepared. This could be demonstrated more conclusively through follow-up interviews with the students, post-graduation and qualification/registration with the professional body, when they have started accepting interpreting assignments in this domain.

In addition to seeking feedback from the student interpreters, we also interviewed the healthcare professional and deaf participant. Their views are recounted below.

Nurse practitioner perspective

The whole theory behind learning in the skills lab is that it's a safe environment. Students can make mistakes; in simulation no one dies, there's no actual harm as a consequence of making errors, it's a safe place to practice, to self–reflect and to receive expert and peer feedback.
I feel there is equal value in learning for interpreters and healthcare professionals on how to work collaboratively to achieve the shared aim of helping the service user cope with their healthcare experience.

Deaf participant perspective

The activities undertaken in the clinical skills lab were based around some of the more common illnesses/conditions like; diabetes, blood pressure, a GP consultation, a physio appointment etc. Doing those kinds of common appointments now, helps the students envisage ways to cope when they encounter these same appointments in real life.

It provides an unbelievably valuable experience for the students and I have really enjoyed myself! I am delighted that this session has taken place and I really hope there will be more sessions like this in the future. It really will help the students develop in readiness for their life as a working interpreter.

Discussion

It is clear from the feedback students provided, that they enjoyed the experience, engaged well with the pre-session tasks and felt that they benefited immensely from participating in the role-play scenarios. Being able to then discuss their performance with those who had been reliant upon their interpretation, gave them a real insight into the impact they can have upon an assignment (Flores, 2005). The deaf and hearing role-play participants also felt that the session was highly valuable.

I've learnt so much about listening and just simple things like the length of consultation and the time and the patience, the non-verbal skills and the space, and the consent issues… (Nurse Practitioner)

The addition of the post assignment reflective analysis in 2016/17 offered students a further opportunity to analyse the decisions they took within the interpretation and examine the consequences of those decisions.
Upon reflection, one of the things that the students would have benefitted from was the 'modelling' of a healthcare setting interpretation (Collins et al, 1991). Whilst the students saw BSL modelling when viewing the video footage of deaf people talking about healthcare related topics and students do see modelled interpretations throughout the programme, there was no actual modelling of a healthcare interpretation by an expert interpreter and this is something that we will include to enhance the session for 2017/18.

Conclusions or recommendations

The use of situated-learning/ High Fidelity Simulation to teach healthcare interpreting to final year BSL/English interpreting students was highly successful in engaging

students, not only in the preparatory activities they were required to undertake, but also in the role-plays themselves and in the subsequent reflective analysis.
It is interesting to note that, when photographs of the sessions in the simulation suite were put onto social media, we were contacted by several qualified interpreters with positive feedback and enquiry about possible future CPD sessions in the clinical simulation suite. There was also feedback from deaf people who felt that this type of training experience would be highly beneficial to both the interpreters and the people using their services in the future.
Whilst designing this type of situated-learning opportunity is reasonably time consuming in the initial stages, once the format is established, it is easy to run subsequent sessions using the same framework
There are key transferable learning strategies which could easily be applied to other HE subject areas that may want to run a similar type of session.

- Preparatory activities- use a range of media to satisfy different cohort learning styles.
- Use external participants and professionals relevant to the employment domain- Link activities directly to employability/ world of work.
- Select role-play themes based on those most likely to be experienced by students in the near future.
- Create opportunities for cross department/faculty partnership working- this creates wider impact.
- Film role-plays where possible, to support the reflective activity which takes place post event.
- Phasing and structure (consider the pacing/ intensity of the session)
- Establish the idea of 'safe space' during the introduction/ welcome to the session to encourage students to feel confident to participate without fear of negative evaluation.
- Evaluate the session quite quickly, whilst it is still fresh in the students'/participants minds
- Utilise mixed media for gathering data

In the BSL/English interpreting programme at the University of Wolverhampton, these situated-learning principles have already now been applied to other interpreting domains, such as; interpreting for a home visit with a social worker, legal settings, sight translation and media translation and, we look forward to exploring its use in other domains in the future.
Further research into the efficacy of this module design could be undertaken by exploring the practice of alumni who are now registered with the professional body, and by eliciting the views of the deaf community who are using their services in medical interpreting assignments.

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