

**DISCOVERING SAMPLE CURRICULA FOR MEDICAL (HEALTHCARE)
INTERPRETING TO DESIGN A NEW ONE FOR THE INTERPRETER TRAINING
PROGRAMS IN TURKISH UNIVERSITIES**

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ABSTRACT

Interpreting constitutes a highly practical domain of study within academic curricula offered by institutions that specialize in the education and training of prospective interpreters. Notably, within the purview of translating and interpreting departments in both public and private universities worldwide, there has been a recent inclusion of medical or healthcare interpreting as a subject of study. This research endeavor seeks to identify and analyze sample curricula pertaining to medical interpreting in existing university or college programs, with a comprehensive examination aimed at elucidating the essential components necessary for the development of a novel and ideal curriculum. This endeavor draws upon established pedagogical approaches found within these sampled curricula. The methodological framework employed in this study centers on a comparative analysis of course curricula within the field of medical interpreting. The data derived from these curricular samples are subjected to qualitative analysis and subsequently presented through tables to facilitate a comprehensive synthesis of the findings. These findings are subsequently interpreted and used to formulate recommendations for the construction of an idealized curriculum for a new medical interpreting course. Importantly, the selection of sample curricula is undertaken in a randomized manner from diverse online resources spanning different countries, thereby ensuring objectivity and impartiality in the research. The outcomes of this investigation underscore the complexity inherent in curriculum development and emphasize the necessity of expert oversight and input, drawing from both academia and individuals with practical, real-world experience. The study provides concrete suggestions for shaping educational and training programs in the field of medical interpreting. These recommendations emphasize crucial elements that are essential for a comprehensive curriculum, including cognitive processing, interpersonal abilities, linguistic proficiency, professionalism, context-specific knowledge, and sociocultural competence. These components are identified as vital for creating a well-crafted curriculum.

Keywords: Curriculum Development, Healthcare Interpreting, Medical Interpreting, Interpreter Training.

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TÜRKİYE'DEKİ ÜNİVERSİTELERİN SÖZLÜ ÇEVİRMEN EĞİTİM PROGRAMLARINA YENİ BİR MÜFREDAT TASARLAMAK İÇİN TIP ÇEVİRMENLİĞİNE YÖNELİK ÖRNEK MÜFREDATLARIN İRDELENMESİ

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ÖZET

Sözlü çeviri, çevirmen adaylarının eğitimi ve yetiştirilmesi konusunda uzmanlaşmış kurumlar tarafından sunulan akademik müfredat içerisinde oldukça uygulamaya dönük bir çalışma alanı oluşturmaktadır. Özellikle, dünya çapında hem devlet üniversitelerinde hem de özel üniversitelerdeki mütercim ve tercümanlık bölümlerinde son zamanlarda tıp veya sağlık çevirmenliği ayrı bir çalışma konusu olarak yer almaktadır. Bu araştırma, yeni ve ideal bir müfredatın geliştirilmesi için gerekli temel bileşenleri aydınlatmayı amaçlayan kapsamlı bir inceleme ile mevcut üniversite lisans programlarında tıp çevirisiyle ilgili örnek müfredatları tanımlamayı ve çözümlenmeyi amaçlamaktadır. Bu çalışmada, örnek olarak irdelenen bu müfredatlarda yer alan yerleşik pedagojik yaklaşımlardan yararlanılmaktadır. Çalışmada kullanılan metodolojik çerçeve, tıp çevirisi alanındaki ders müfredatlarının karşılaştırmalı bir çözümlenmesine dayanmaktadır. Bu müfredat örneklerinden elde edilen veriler nitel analize tabi tutulduktan sonra bulguların kapsamlı sentezini kolaylaştırmak amacıyla tablolar aracılığıyla sunulmuştur. Bu bulgular daha sonra yorumlanmış ve yeni bir tıp çevirisi dersi için ideal bir müfredatın oluşturulmasına yönelik önerilerin formüle edilmesinde kullanılmıştır. Daha da önemlisi, örnek müfredatların seçimi, farklı ülkeleri kapsayan çeşitli çevrimiçi kaynaklardan rastgele bir şekilde gerçekleştirilmiş, böylece araştırmada nesnellik ve tarafsızlık sağlanmıştır. Bu araştırmanın sonuçları, müfredat geliştirme sürecinde var olan karmaşıklığın altını çizmekte ve hem akademiden hem de pratik, gerçek dünya deneyimine sahip bireylerden yararlanarak uzman gözetimi ve girdilerinin gerekliliğini vurgulamaktadır. Çalışma, tıp çevirisi alanında eğitim ve öğretim programlarının şekillendirilmesi için somut öneriler sunmaktadır. Bu öneriler, kapsamlı bir müfredat için gerekli olan bilişsel süreç, kişilerarası beceriler, dilsel yeterlilik, profesyonellik, bağlama özgü bilgi ve sosyokültürel yeterlilik gibi önemli unsurları vurgulamaktadır. Bu bileşenlerin, iyi hazırlanmış bir müfredat oluşturmak için oldukça büyük öneme arz ettiği sonucuna varılmıştır.

Anahtar Kelimeler: Müfredat Geliştirme, Sağlık Çevirisi, Tıp Çevirisi, Sözlü Çeviri Eğitimi.

INTRODUCTION

Interpreting, as a multifaceted practice that transcends linguistic and cultural boundaries, occupies a vital role within the realm of academic curricula, garnering attention and importance among institutions dedicated to the education and training of future interpreters. Traditionally entrenched in the purview of translating and interpreting departments within both public and private universities across the globe, this discipline has experienced a noteworthy expansion in recent times. A salient development within this domain has been the inclusion of medical or healthcare interpreting as a dedicated subject of study.

In light of this evolving landscape, this research endeavor embarks on an exploration aimed at discerning the intricacies of medical interpreting training. The objective is to unearth and scrutinize sample curricula from a number of existing university and college programs of Turkiye and some other countries, delving into the profound complexities that underlie the creation of a curriculum tailored to the unique demands of medical interpreting. This scholarly endeavor draws inspiration from pedagogical paradigms enshrined within the sampled curricula, seeking to unravel the crucial components necessary for the development of an innovative and idealized curriculum.

Medical interpreting is intricately linked to the realm of human health. The demand for healthcare interpreters has significantly risen due to the growing number of immigrants from various countries arriving in our nation, highlighting the increasing need for healthcare interpretation services. While the significance of medical interpreting as an essential bridge to effective communication in healthcare settings cannot be overstated, the pedagogical approaches underpinning its education and training warrant a rigorous examination. This study, rooted in a methodological framework, embarks on a comparative analysis of course curricula specifically within the field of medical interpreting. Through a meticulous qualitative analysis of these curricular samples, this research endeavors to distill critical insights that will inform the future development of curricula in this burgeoning field.

As the findings of this investigation are unveiled, they will be presented through tables, fostering a comprehensive synthesis of the discovered nuances. Beyond the presentation of data, the interpretative phase of this research aims to distill meaningful recommendations for the construction of an idealized curriculum specifically tailored for the education and training of medical interpreters.

Central to the integrity of this research is the commitment to objectivity and impartiality. To this end, the selection of sample curricula has been conducted meticulously and without bias, embracing a randomized approach that spans diverse online resources across different countries. This rigorous selection process ensures that the insights drawn from this study resonate with the global landscape of medical interpreting education, thereby enhancing the relevance and applicability of the research outcomes.

In essence, this investigation delves into the intricate terrain of curriculum development within the context of medical interpreting education. It underscores the critical importance of expert oversight and input, drawing from both academic scholarship and the wealth of experiences possessed by practitioners actively engaged in the field. As this study unfolds, it illuminates the multifaceted nature of medical interpreting and, in its conclusion, offers specific recommendations that aspire to contribute substantively to the refinement of educational and training curricula in this dynamic and indispensable domain.

THEORETICAL FRAMEWORK

Designing a healthcare interpreting curriculum is a multifaceted endeavor that requires careful consideration of various key factors to ensure its effectiveness. Below are listed some crucial factors to be taken into account when developing a healthcare interpreting curriculum. These factors have been personalized and elucidated based on the researchers' own experiences within the field of medical or healthcare interpreting, and they are outlined below:

- **Objectives:** Begin by defining clear and measurable learning objectives for the curriculum. Determine what specific knowledge, skills, and competencies students should acquire by the end of the program.
- **Legal and Ethical Framework:** Understand and incorporate the legal and ethical standards and guidelines that govern healthcare interpreting in your region or country. Ensure that the curriculum emphasizes compliance with these standards.
- **Language Pair and Specialization:** Determine the target languages and the specific healthcare contexts (e.g., hospital, mental health, pediatrics) that the curriculum will cover. Tailor the program to address the needs of interpreters in those settings.
- **Cultural Competency:** Include components that promote cultural competence and sensitivity among interpreters. Healthcare interpreters often encounter patients from diverse cultural backgrounds, so understanding cultural nuances is crucial.
- **Pedagogical Approach:** Choose an appropriate teaching and learning methodology. Consider whether the curriculum will be delivered through traditional classroom instruction, online learning, or a blend of both. Interactive and experiential learning can be particularly effective.
- **Faculty Qualifications:** Ensure that instructors are qualified and experienced in healthcare interpreting. They should possess expertise in both interpreting techniques and healthcare industry knowledge.
- **Practice-Based Learning:** Incorporate opportunities for students to engage in practical, real-world interpreting experiences. This could involve simulated scenarios, internships, or clinical rotations.

- **Language Proficiency:** Establish language proficiency requirements for students, ensuring they have a strong command of both the source and target languages.
- **Assessment and Evaluation:** Develop a robust assessment plan to evaluate students' progress and competencies. Include formative and summative assessments to measure their knowledge and skills throughout the program.
- **Technology Integration:** Consider how technology can be leveraged for training, including the use of interpreting software and telehealth platforms, which are increasingly relevant in modern healthcare settings.
- **Continuing Education:** Recognize the importance of ongoing professional development for healthcare interpreters. Include provisions for continuing education and opportunities for interpreters to stay updated with evolving industry standards and practices.
- **Collaboration:** Foster collaboration between the interpreting program and healthcare institutions or providers. Establish partnerships for practical training and internships.
- **Feedback Mechanisms:** Create mechanisms for students to provide feedback on the curriculum and for instructors to continually refine and improve the program.
- **Resources:** Ensure that the program has access to appropriate resources, including textbooks, reference materials, and technology required for effective instruction.
- **Certification and Licensure:** Be aware of any certification or licensure requirements for healthcare interpreters in your region. Align the curriculum with these requirements to prepare students for certification exams.
- **Crisis Preparedness:** Include training on how to handle crisis situations, such as medical emergencies or emotionally charged interactions, which interpreters may encounter in healthcare settings.
- **Feedback Loop:** Establish a feedback loop with graduates and professionals in the field to assess the curriculum's effectiveness and make necessary adjustments.

Designing a healthcare interpreting curriculum that addresses these considerations will help ensure that students are well-prepared to excel in this critical role and meet the evolving demands of the healthcare industry.

According to Creeze et al. (2022, p. 15) “qualified healthcare interpreters are indispensable and the need for a sustainable industry of community interpreting services is vital in Türkiye, and ad-hoc strategies such as the use of bilingual persons can only be seen as palliative measures in grappling with the challenges of healthcare interpreting”. Hence, the training of the prospective interpreters requires a well-designed curriculum with an appropriate course content. How the job of interpreting is perceived is shaped by different factors, and there are different approaches towards the existing image of interpreters.

Galina B. Bolden's work needs to be mentioned here as her work "aims to dismantle the traditional image of interpreters as 'non-participants' whose involvement in interaction is limited to transforming messages from one language into another". By conducting an exhaustive examination of interpreters' involvement in authentic medical consultations, she illustrates that interpreters' behaviors are primarily guided by their comprehension of the ongoing process, with translation tasks taking a secondary role (Bolden, 2000).

Bruce Downing's work in 1991 highlights that unskilled bilingual individuals, often utilized as interpreters in hospitals and medical offices, can inadvertently hinder effective communication between doctors and patients. In the analyzed interaction presented in Downing's paper, the interpreter was observed to neglect or misinterpret utterances that were either beyond their comprehension or for which they lacked sufficient vocabulary for accurate translation. Furthermore, the interpreter occasionally offered their own responses to questions, failed to provide interpretations when needed, and distorted messages during the interpretation process. Medical terminology, which has already been a challenge affecting the quality of communication between the patients and medical staff including doctors, nurses, and others, leads to confusion and tangled information distorting the semantic and contextual rationale. The patients have the legal right to get the exact and correct answers to their questions, which may not be possible in the absence of a medical interpreter. This study underscores the challenges stemming from the interpreter's limited linguistic proficiency and their inadequate understanding of the interpreter's role, which ultimately creates significant obstacles for doctor-patient communication.

Hale (2007) discusses that specialized pre-service training is a necessity for the interpreters working in special settings such as medical or healthcare contexts. This might be regarded as a blueprint for a full-fledged educational planning including the curriculum and course designs.

Çurum Duman (2021) expresses that in certain countries, such as Türkiye, healthcare interpreting services have only recently been formalized, and the necessity to ensure the availability of these services has gained prominence due to the increase in mass migration. While translators and interpreters in Türkiye are affiliated with notable associations like the Translators' and Interpreters' Association of Türkiye (*Ceviri Dernegi*) and the Conference Interpreters' Association of Türkiye (*Türkiye Konferans Tercümanları Dernegi*), which have developed codes of professional ethics and conduct for professionals in various fields, there is a limited representation of healthcare interpreters within these associations. Moreover, there are no specific codes of ethics dedicated to community interpreters in general, or healthcare interpreters specifically.

Drawing upon research that underscores the significance of context, participant dynamics, and the multifaceted nature of the interpreter's role, Angelleli proposes that Healthcare Interpreting Education (HIE) necessitates the cultivation of proficiencies in at least six distinct domains: cognitive processing, interpersonal aptitude, linguistic competence, professional conduct, context-specific acumen, and sociocultural sensitivity.

According to Angelleli's framework which forms the basis of this article, the cognitive processing domain encompasses the enhancement or acquisition of specific skills essential to the interpreting process, including active listening, memory expansion, managing split attention, and proficient note-taking, among others. In the interpersonal realm, HIE endeavors to unpack the concept of the interpreter's role, facilitating students' comprehension of the continuum of visibility and neutrality while fostering awareness of their own agency, power, and the attendant responsibilities and obligations that accompany their role.

Within the linguistic sphere, HIE entails continual development and refinement of linguistic proficiencies in both of the students' languages, encompassing vocabulary enrichment and the ability to navigate between formal and informal registers, among other linguistic facets. The professional domain addresses matters such as ethical conduct in the job, certification procedures, and adherence to the rules and regulations stipulated by professional associations (Angelleli, 2006).

Angelleli also puts forward a number of fundamental concepts to consider when designing a healthcare interpreting education (HIE) curriculum. She suggests exploring related fields such as general education, bilingualism, second-language acquisition, health education, and cross-cultural communication to establish principles for HIE.

Key Principles can be summarized as follows:

1. **Automaticity:** Students acquire interpreting competence through meaningful use rather than conscious analysis. Gradually, they transition from processing information step by step to more subconscious processing, becoming more competent in the process.
2. **Meaningful Learning:** Unlike rote learning, meaningful learning integrates new information into existing cognitive structures and memory systems. It emphasizes understanding and contextualizing information.
3. **Intrinsic Motivation:** Learners are most motivated when driven by internal factors rather than external rewards. Curriculum design should align with students' intrinsic motives, offering opportunities for contextualized practice and observation in specific settings.
4. **Strategic Investment:** Successful mastery of interpreting skills depends on students' personal investment of time, effort, and attention. The curriculum should support the development of individualized strategies for professional performance.

5. **Self-Confidence:** Learners' belief in their capabilities significantly influences their success. Encouragement and a progression from easier to more challenging tasks are essential to build self-confidence.

6. **Risk-Taking:** Successful learners assess their potential realistically and are willing to take risks in their learning process. Encouraging students to explore different choices in their interpretations fosters risk-taking and prevents a rigid "sink or swim" approach.

These principles provide a foundation for discussions on the principles of HIE curriculum design. They aim to guide the development of effective educational strategies for healthcare interpreters.

THE AIM OF THE RESEARCH

This study aims to contribute to the endeavors to prepare well-designed curricula of medical or healthcare interpreting by investigating some sample curricula randomly chosen from the departments of translation and interpreting at universities in Türkiye and abroad. These sample curricula have been scrutinized to evaluate the benefits and problematic items in the given course contents. The research herein has aimed to be in complying with the theoretical framework, which is utilized as a guideline for evaluating the criteria for a good curriculum design for medical (healthcare interpreting).

THE METHOD OF THE RESEARCH

Nunan (1988) expresses that a needs assessment to design curriculum for an interpreting program can have various sources of input. Hence, the methodological framework employed in this study centers on a comparative analysis of course curricula within the field of medical interpreting to perform a kind of a needs analysis. The data derived from these curricular samples are subjected to qualitative analysis and subsequently presented through tables to facilitate a comprehensive synthesis of the findings. These findings are subsequently interpreted and used to formulate recommendations for the construction of an idealized curriculum for a new medical interpreting course. Importantly, the selection of sample curricula is undertaken in a randomized manner from diverse online resources spanning different countries, thereby ensuring objectivity and impartiality in the research. The outcomes of this investigation underscore the complexity inherent in curriculum development and emphasize the necessity of expert oversight and input, drawing from both academia and individuals with practical, real-world experience.

FINDINGS AND EVALUATION

Undergraduate programs worldwide, including those in Turkiye, encompass diverse courses such as medical interpreting, healthcare interpreting, and those incorporating theoretical or practical aspects of interpreting within medical contexts, such as community interpreting. However, these programs exhibit variations in the content they provide. As an initial step, it is advisable to assess the current landscape of these existing programs in both Turkish and international universities, facilitating comparisons of their respective course contents.

The first two samples for the curricula of courses titled Medical Interpreting I and Medical Interpreting II are the programs of Cape Cod Community College. Both curricula are of the same college and thus, they have probably complementary contents, the first part of which is a pre-requisite to be able to attend the second part.

Table-1: Sample Curricula 1/2 (MIN101): General Topical Outline (Optional)³ (Cape Cod Community College)
Role of the interpreter
Interpreter code of ethics
Communication skills essential to medical interpreting
Triadic communication
Modes of Interpretation
Cross-cultural communications

Table-2: Sample Curricula 2/2 (MIN102): General Topical Outline (Optional)⁴. (Cape Cod Community College)
The Medical Interview: Patient-Provider Communication
The Therapeutic Alliance Illness vs. Disease, Acute vs. Chronic, Signs vs. Symptoms
The Adult Medical Interview: Taking a history
Interview in medical specialties
The Pediatric Bilingual Medical Interview, well child & specialty care
The Mental Health interview
The Emergency Room Interview
Medical Procedures: definitions, diagnostic and therapeutic, introductory concepts, general procedures
Procedures related to: Cardiovascular System & Respiratory System
Procedures related to: Gastrointestinal System & Nervous System
Procedures related to: Urinary System & Reproductive System
Procedures related to: Musculoskeletal System
Pre-Operative Evaluation Form

³ <https://www.capecod.edu/media/capecodedu/content-assets/documents/syllabi/min101.pdf>

⁴ <https://www.capecod.edu/media/capecodedu/content-assets/documents/syllabi/min101.pdf>

The third sample curriculum belongs to the undergraduate program of The Department of World Languages at the College of Saint Mary in Nebraska, U.S.A. The content of the program is not shown in an outline form, but it has been submitted in an ordinary text form. Thus, the weekly topics have been listed consecutively with the use of commas.

Table-3: Sample Curricula 3 (MDI110): Medical Interpreting I: Musculoskeletal, Cardio, and Digest. Sys.⁵. (College of Saint Mary)
A foundation for medical interpreter ethics
An overview of the US healthcare system
The vocabulary of the main body systems
Medical procedures within the context of real-life triadic encounters
The study of Musculoskeletal, Cardio, Digestive, and other Systems

The fourth sample curriculum in terms of medical interpreting is within the program of the Department of Spanish and Portuguese Studies in Rutgers University, New Jersey, U.S.A. It is a very detailed course plan. The weekly schedule has been shown below:

Table-4: Sample Curricula 4 (MDI110): Medical Translation and Interpreting (Weekly Course Schedule)⁶ (Rutgers University)
Lesson 1 - Historical Overview of Medical Translation
Lesson 2 - Linguistics of Medical Translation
Lesson 3 - Understanding the Healthcare Setting and its Language Provision Policy
Lesson 4 - Consecutive and Simultaneous Interpreting
Lesson 5 - Understanding the Role of a Healthcare Interpreter and Ethics in Medical Communication
Lesson 6 - Understanding Medical Communication and the Content of the Source
Lesson 7 - Medical Translation and Interpreting during COVID-19
Lesson 8 - Emerging Trends and Corresponding Challenges in Bilingual Health Research
Lesson 9 - Conceptualizing Interpreters in Bilingual Health Communication
Lesson 10 - Midterm Exam
Lesson 11 - Medical Genres: Understanding Content and Form
Lesson 12 - Psychological Evaluations and Interpreting
Lesson 13 - Medical Translation Problems: strategies, procedures, and solutions
Lesson 14 - Medical Translation Problems: dealing with terms and other units of specialized Knowledge
Lesson 15 - Final Essay Due

⁵ <https://catalog.cs.medu/medical-interpreting/mdi-110>

⁶ <https://sas.n.rutgers.edu/sites/default/files/sites/default/files/inline-files/Medical%20Translation%20and%20Interpreting%20Syllabus.pdf>

The fifth sample curriculum for this research is the one Qatar Weill Cornell University offers. The course is titled “Bridging the Gap – Medical Interpreters Training” under the body of the Center for Cultural Competence in Healthcare, the Institute of Population Health. This course is designed by “Cross-Cultural Healthcare Program” (CCHCP) since 1995 at the request and with the funding of US Public Health Services to improve access for the ethnic community to quality healthcare. The accreditation of a healthcare institution entails interpretation services as a mandatory requirement. The scope of the course is listed in the table below:

Table-5: The Domains of the Course Content.⁷(Qatar Weill Cornell University)
1. Interpreter skills
2. Medical Interpreters Code of Ethics
3. Role of Medical Interpreters in healthcare settings
4. Modes of interpreting
5. Culture and its impact on interpreting
6. Communication skills and appropriate advocacy
7. Medical terminology for Medical Interpreters
8. Professional development

In Turkish universities, undergraduate courses explicitly labeled as "medical interpreting" or "healthcare interpreting" are relatively uncommon. However, there are analogous offerings such as "Community Interpreting," which encompass medical and healthcare interpreting components. Boğaziçi University, for instance, provides an elective course known as "Community Interpreting." This course is designed to impart proficiency in interpreting skills (English-Turkish, Turkish-English) within social services, legal, medical, and educational contexts. It aims to acquaint students with the diverse demands of community interpreting.

Marmara University, on the other hand, mandates a course titled "Interpreting II," which includes an exploration of community interpreting and deliberations on the role of community interpreters. The course content encompasses healthcare interpreting, among other aspects of community interpreting.

Hacettepe University stands out by offering a dedicated course called "Healthcare Interpreting," making it a pertinent subject for examination in this study due to its relevance and comprehensive content. This course covers healthcare interpreting within the broader framework of community interpreting, addressing various aspects such as working environments, ethical guidelines, the attributes of a healthcare interpreter, fundamental principles of interpreting, healthcare interpreting practices, quality assurance in healthcare interpreting, foundational principles of dialogue interpreting, and the practical application of healthcare interpreting knowledge and skills. For further insight, a detailed weekly course plan is provided in the table below:

⁷ <https://qatar-weill.cornell.edu/education-programs/integrated-medical-program/medical-curriculum/curriculum-overview/phase-iii/elective-courses/bridging-the-gap-medical-interpreters-training>

Table-6: IMT347 Healthcare Interpreting: Weekly Topics.⁸ (Hacettepe University, Turkiye)	
1.	Developmental history of healthcare interpreting in the world and in Turkiye and its place in community interpreting.
2.	Different healthcare settings and relevant codes of conduct.
3.	Features of dialogue interpreting, knowledge and skills on dialogue interpreting through or without notes and exercises.
4.	Types of first meeting with the patient together with or without the doctor, pre-session self-introduction and informing the patients of the rules and exercises.
5.	Exercises on meeting types and self-introduction and giving information about the rules during pre-session.
6.	Knowledge and skills in dialogue interpreting.
7.	Interlingual exercises between A and B languages, covering pre-session meetings.
8.	Midterm.
9.	Video watching and discussion on self-positioning of the interpreter during pre-session and session, codes of conduct and ethical values.
10.	Terminology study- names of the diseases and medical and public register.
11.	Terminology in physical attack or harm types, diseases, symptoms considering register and interpreting exercises of the dialogues including these.
12.	Exercise on dialogue interpreting during first aid.
13.	Exercises on dialogue interpreting during the doctor's examination on various diseases.
14.	Final.

It is crucial to assess these sample curricula in terms of their weekly course content because the development of a new curriculum for medical (or healthcare) interpreting necessitates a thorough review of established methods, approaches, and topics to ensure high quality. Angelelli (2006, p. 3-4) proposes six distinct skill development areas for interpreting, which include cognitive, processing, interpersonal, linguistic, professional, setting-specific, and sociocultural competencies. These areas, whose scope was previously outlined and explained when introducing the theoretical framework in this study, serve as the primary criteria for appraising the sample curricula to scrutinize their weekly planned content.

The initial area to explore within the sample curricula pertains to cognitive development, encompassing the cultivation of skills like attentive listening, memory enhancement, and effective note-taking for interpreting purposes. In this context, it becomes evident that Cape Cod Community College, which offers the first two sample curricula, places a considerable emphasis on fostering cognitive processing skills. This emphasis is reflected in topics such as "communication skills essential to medical interpreting" and "triadic communication," which likely encompass techniques essential for establishing effective communication, including proficient listening and the production of legible notes conducive to sustaining the communicative process.

⁸<https://bilsis.hacettepe.edu.tr/oibs/bologna/index.aspx?lang=en&curOp=showPac&curUnit=520&curSunit=511#>

In contrast, Rutgers University's curriculum also introduces topics such as "understanding medical communications and the content of the source" and "psychological evaluations and interpreting." While these topics may not be explicitly aimed at cognitive skill development, they can serve as a foundational framework for activities geared towards enhancing cognitive skills.

The sample curriculum that appears to prioritize the cultivation of cognitive skills essential for productive interpreting at an advanced level is offered by Hacettepe University. This curriculum includes topics such as "features of dialogue interpreting, knowledge and skills in dialogue interpreting with or without notes, and related exercises," "proficiency in dialogue interpreting skills," and "video analysis and discussions on the interpreter's self-positioning during pre-session and session." These topics collectively underscore the institution's commitment to fostering cognitive abilities necessary for proficient interpreting. The second domain is the interpersonal aspect, which aims to encourage students to grasp the concepts of visibility and neutrality, and to raise awareness of individual or institutional responsibilities. When examining the sample curricula within this context, some of them incorporate topics related to medical interpreting, which align with the interpersonal dimension. Cape Cod Community College, for instance, introduces topics like the "role of the interpreter" and the "interpreter code of ethics." These topics delve into the interpreter's role, whether as an individual or a representative of an institution, fostering an understanding of the distribution of responsibilities within a professional context. Additionally, the discussion of ethical considerations specific to the interpreting profession is a critical component that should undoubtedly be integrated into medical interpreting course content.

Similarly, College of Saint Mary dedicates a week to exploring "a foundation for medical interpreter ethics" as part of its curriculum. Qatar Weill Cornell University also includes components labeled as "medical interpreters' code of ethics" and "role of medical interpreters in healthcare settings." Lastly, Hacettepe University allocates a week for a topic titled "video analysis and discussion on ethical values" within its sample curriculum. All of these sample curricula, which incorporate topics aimed at enhancing interpersonal skills, appear to emphasize the interpreter's role in diverse settings and the crucial subject of ethics for medical interpreters. This focus on ethics is particularly noteworthy, as it is often an overlooked or underestimated aspect in both translation and interpreting professional environments.

The third principle pertains to the linguistic domain, encompassing language proficiencies, vocabulary competence, and the ability to adeptly transition between linguistic registers as required during interpreting tasks. Cape Cod Community College does not include topics related to this domain in their weekly course content. However, Saint Mary College incorporates a weekly topic related to the linguistic area, focusing on "the vocabulary of the main body systems.

"Similarly, Rutgers University introduces a topic labeled as "linguistics of medical translation." Qatar Weill Cornell University also dedicates a weekly topic titled "medical terminology for medical interpreters" in their course content planning.

Conversely, Hacettepe University incorporates terminology-oriented content components, including guidance on how interpreters navigate transitions between medical and public registers. The linguistic domain emerges as a critical aspect for enhancing the linguistic skills of aspiring interpreters enrolled in undergraduate courses, encompassing language proficiency and vocabulary development.

The fourth domain is referred to as the professional area, primarily focused on imparting to students enrolled in medical interpreting courses the principles of job ethics, certification procedures, and the regulations established by professional associations to safeguard their rights and terms of employment. Cape Cod Community College incorporates the "interpreter code of ethics" into the initial part of their weekly course content for "medical interpreting I." Similarly, Saint Mary College includes a course topic addressing this matter: "A foundation for medical interpreter ethics." Rutgers University introduces a weekly topic centered on "understanding the role of a healthcare interpreter and ethics in medical communication."

The fifth curriculum in this study, affiliated with Qatar Weill Cornell University, also encompasses two-course content topics aligned with the professional area principle: "Medical Interpreters Code of Ethics" and "professional development." Hacettepe University, the sole Turkish university housing a department dedicated to training both translators and interpreters within the Faculty of Letters, has its curriculum under examination in this study. When analyzing the course titled "Healthcare Interpreting" to determine whether it includes topics related to ethics or other professional aspects, it becomes evident that students engage in video-watching activities and participate in discussions related to self-positioning, codes of conduct, and ethical values.

All the sample curricula incorporate topics and activities within their course content aligned with the professional area, a crucial facet for preparing students for their future professional endeavors by instilling awareness of their rights, responsibilities, and ethical considerations in their chosen field.

As articulated by Angelelli (2006, p. 4), the fifth domain is the setting-specific area. Within this domain, students acquire the skills to communicate effectively in diverse discourse communities and familiarize themselves with terminology and expressions specific to various branches of medicine. This learning domain holds particular significance for medical interpreters facilitating interactions between patients and healthcare providers, as fluency in frequently used terms is essential for interpreters to establish a solid foundation for interpersonal communication.

Cape Cod Community College's sample curriculum incorporates numerous course elements, encompassing topics and activities aimed at presenting medical terminology while instructing students on conducting medical interviews in various settings, including "mental health interviews," "emergency room interviews," and "interviews in medical specialties." In contrast, Saint Mary College emphasizes the role of medical settings by focusing on "medical procedures within the context of real-life triadic encounters."

Rutgers University, with its comprehensive curriculum, supports learners in "understanding the healthcare setting and its language provision policy," integrating this aspect into the existing content of the "medical translation and interpreting" course. Qatar Weill Cornell University also places emphasis on the concept of setting in medical translation, encouraging students to reevaluate "the role of medical interpreters in healthcare settings."

Similarly, Hacettepe University incorporates "different healthcare settings and relevant codes of conduct" into the content of the course titled "Healthcare Interpreting." These sample curricula feature setting-specific content elements, demonstrating the scholars' intention to design curricula that prioritize the importance of the setting concept in interpreter education.

The sixth educational domain within a curriculum encompasses sociocultural considerations, which encompass both the historical and institutional contexts in which interpreters operate. Additionally, sociocultural interactions between healthcare providers and patients naturally hold significance, as the concepts of social gender, ethnicity, and the patient's culture can potentially reveal prejudices and lead to conflicts. This study's sample curricula provide insights for researchers examining whether course content addresses sociocultural aspects in interpreter education.

Cape Cod Community College's curriculum includes weekly topics such as "cross-cultural communications" and "patient-provider communication." Rutgers University proposes a revision of "the history of Medical Translation," likely incorporating sociocultural elements into its scope. Qatar Weill Cornell University offers various domains in its curriculum, including "Culture and its impact on interpreting" and "communication skills and appropriate advocacy."

The curriculum samples from Hacettepe University, a Turkish institution, feature a course topic titled "the developmental history of Healthcare Interpreting in the world and in Turkiye and its place in Community Interpreting." This topic delves into the historical development of medical interpreting, necessitating students' diachronic research to understand its historical progression. Sociocultural aspects of medical interpreting education appear to be incorporated into the majority of the curricula.

The second pivotal aspect in crafting a curriculum for a medical (or healthcare) interpreting course pertains to "learning outcomes." A well-crafted curriculum is characterized by meticulously structured weekly course content, but equally critical is the definition of the expected learning outcomes post-course completion.

Consequently, this study examines the learning outcomes outlined in sample curricula for courses designated as "medical or healthcare interpreting."

The first sample for the learning outcomes of a curriculum is shown in the table below:

Table-7: Sample Curricula 1/2 (MIN101): The Student Learning Outcomes⁹. (Cape Cod Community College)
<i>Upon successful completion of this course, students are able to do the following:</i>
Define the role and functions, responsibilities and ethical practices inherent in the medical interpreter role
Apply code of ethics to case examples and clinical simulation exercises
Identify the knowledge, skills, and attitudes required for cultural competency
Interpret not only language, but spirit and culture in the medical situation
Discuss accuracy, confidentiality, impartiality, respect, cultural awareness, role boundaries, and professionalism as the terms are applied to the role of the medical interpreter
Describe how memory, concentration and comprehension, note-taking and listening are used in medical interpreting
Identify the different modes of interpretation
Apply newly acquired interpreting skills; pre-session, positioning, accurate first-person interpreting, facilitate understanding, facilitate the flow of the session, and managing difficult situations in class activities
Demonstrate consecutive interpreting skills utilizing role-play and adult learning activities
Identify barriers to effective communication in interpreting settings

The learning outcomes of a course serve as a measure of students' comprehension and their ability to effectively apply what they have learned. In this context, the learning outcomes of medical interpreting from an additional sample curriculum are presented in the table below, facilitating a comparative analysis with the theoretical framework of this study.

Table-8: Sample Curricula 4 (MDI110): The Learning Outcomes¹⁰ (Rutgers University)
Students will learn to apply the different theoretical translation principles, methods, and strategies in a medical setting.
Students will learn the Canons of Professional Conduct and The Code of Ethics for Interpreters and Translators.
Students will learn the complexity of bilingual healthcare, involving the intercultural contexts.
Students will gain fluency in medical communication and terminology.
Students will learn how to detect and solve medical translation problems through strategies, procedures and solutions.
Students will understand the ethical, sociological, and professional aspects of healthcare translation.
Students will learn how to understand and analyze a diverse variety of medical documents, evaluations, and forms.
Students will analyze and discuss the research designs to advance theory and practice.
Students will learn to professionally interpret in a medical setting, while using the correct terminology and scope.

⁹ <https://www.capecod.edu/media/capecodedu/content-assets/documents/syllabi/min101.pdf>

¹⁰ <https://sas.n.rutgers.edu/sites/default/files/sites/default/files/inline-files/Medical%20Translation%20and%20Interpreting%20Syllabus.pdf>

This study examines the fundamental elements of medical or healthcare education, with a particular emphasis on the prerequisites for a meticulously designed curriculum. The theoretical underpinning guiding the comparative analysis of randomly selected sample curricula, drawn from both domestic and international undergraduate programs, is based on Angelelli's core principles for medical or healthcare education. The sample course contents are assessed and interpreted in alignment with these principles, primarily categorized into two dimensions of language acquisition: cognitive and affective. These principles are detailed in the table provided below:

Table-9: Teaching Principles of Healthcare Interpreting Education (Angelelli, 2006, p.33)	
<i>Cognitive</i>	<i>Affective</i>
Automaticity	Self-confidence
Meaningful learning	Risk-taking
Intrinsic motivation	
Strategic investment	

When we juxtapose the learning outcomes derived from two separate universities' medical interpreting course curricula, it becomes apparent that both sample curricula incorporate elements that reflect the application of Angelelli's principles to varying extents in the teaching of medical or healthcare education.

In the context of automaticity, as defined by Angelelli (2006, p. 33) as the "students' unconscious absorption of interpreting skills through meaningful use and becoming more competent after a raised awareness of the process," the sample curricula, which outline learning outcomes for students, encompass two distinct facets:

1. Defining the role and functions, responsibilities, and ethical practices inherent in the medical interpreter role.
2. Interpreting not only language but also spirit and culture within the medical situation.

Both of these facets are present in the curricula at Cape Cod Community College. The first facet signifies that students develop a sense of automaticity as they immerse themselves in the role of a medical interpreter, comprehending the associated responsibilities and ethical standards. The second facet underscores that students acquire not just the language of medicine and medical terminology but also the intangible aspects of spirit and culture within a medical context without conscious effort. Consequently, students aspiring to become interpreters are not expected merely to memorize the course content; rather, they are anticipated to organically assimilate these skills and knowledge.

Regarding meaningful learning, characterized as the process of "incorporating new information into existing cognitive frameworks and memory systems, thereby moving beyond rote memorization of isolated medical terms and engaging in discourse about healthcare interpreting within contextualized events" (Angelelli, 2006, p. 33), both the sample curricula from Cape Cod Community College and Rutgers University share common foundations in fostering meaningful learning.

Cape Cod Community College's curriculum centers on a learning outcome directed at recognizing various modes of interpretation. Similarly, Rutgers University's curriculum targets two crucial learning outcomes addressing significant aspects within the profession of interpreting: the comprehension of Professional Conduct Canons and the acquisition of knowledge regarding the Code of Ethics applicable to interpreters and translators. Additionally, the curriculum aims to equip candidate interpreters with an understanding of the intricacies inherent in bilingual healthcare, especially in intercultural contexts.

The first of these outcomes underscores the commitment of the curriculum planners to address the legal and ethical dimensions essential to the interpreting and translation professions, which attain heightened significance in professional settings. The second outcome illuminates the realization that effective translation work within healthcare settings extends beyond mere bilingual proficiency; students must recognize that intercultural contexts can be intricate, given their bilingual or sometimes multilingual nature.

Typically, students receive praise and high grades as external forms of motivation for their academic achievements. However, as Angelelli (2006, p. 33) posits, these extrinsic incentives are not as potent as intrinsic motivation. Intrinsic motivation involves structuring tasks to emulate real work processes in a more authentic environment or observing actual interpreting scenarios.

The first curriculum sample from Cape Cod Community College outlines learning outcomes that encompass the application of simulation exercises, the acquisition of cultural competency knowledge and skills, and the description of how interpreters leverage their memory, concentration, note-taking, and listening skills in their work. These examples underscore that the educational approach at this college predominantly centers on a learner-centered philosophy, emphasizing the importance of learner autonomy.

The second curriculum sample from Rutgers University instructs students in various aspects of translation and interpreting, with an emphasis on using medical terminology accurately and professionally within a healthcare setting. In this regard, its underlying objective closely mirrors that of the first sample.

Strategic investment involves the active commitment of learners' time, effort, and attention to equip themselves with effective problem-solving strategies and analytical solutions (Angelelli, 2006, p. 33). These strategies, though not custom-tailored, are adaptable to individual situations, emphasizing accuracy, confidentiality, impartiality, respect, cultural awareness, and the delineation of role boundaries, particularly as they relate to the responsibilities of a medical interpreter, as elucidated in the first sample curriculum.

Conversely, the second sample curriculum focuses on learning outcomes that revolve around the detection and resolution of issues in medical translation and interpreting through the application of strategies, procedures, and solutions.

Furthermore, students are provided with the opportunity to engage in the analysis of research topics and engage in discussions informed by relevant theories and practices.

Another crucial pedagogical principle to explore is self-confidence. This entails evaluating the learning outcomes outlined in the sample curricula to determine their alignment with the principles employed in teaching the intricacies of interpreting. Students who possess self-confidence typically exhibit an aptitude for addressing challenges during their learning journey and often approach their skills development with a more analytical perspective, ultimately striving for mastery in the field of medical interpreting. Naturally, this development is contingent upon students' willingness to invest time, effort, and focused attention. This process can be likened to the creation of personalized strategies tailored to their specific needs.

The second sample curricula from Rutgers University distinctly underscore that the desired learner outcome, namely, the acquisition of fluency in medical communication and terminology, is contingent upon the students' strong motivation and self-confidence. This recognition stems from the understanding that fluency is an indispensable skill both in the acquisition and application of interpreting within professional environments.

Angelelli also advocates the "sink or swim" strategy to promote learner autonomy and freedom within the teaching process. This approach provides students with opportunities to experiment and subsequently assumes responsibility for their actions, whether successful or not. While applying this strategy within an interpreting booth, for instance, may result in either success or failure depending on individual competence, it affords students valuable experiences in assessing their own capabilities and ultimately facilitates learning. The final principle, as articulated by Angelelli (2006, p. 34), pertains to risk-taking, a fundamental strategy applicable across various forms of interpreting. This strategy is pivotal due to the rapid cognitive processes required, involving thinking, analysis, decision-making, and the prompt rendering of spoken content into another language. The risk-taking element is an inherent facet of many interpreting scenarios.

Within the context of the first sample curricula, Cape Cod Community College delineates explicit strategies intended as learning outcomes. These encompass the identification of obstacles hindering effective communication, the demonstration of consecutive interpreting skills through role-play and similar activities, and the practical application of recently acquired interpreting skills, including pre-session preparation, positioning, and the precise rendering of first-person interpretations. These outcomes represent the objectives set by the academic staff of the institution, aimed at ensuring student satisfaction and success upon completing the course. Notably, these objectives appear to possess a universal applicability that extends to similar programs offered by departments and educational units worldwide dedicated to medical interpreting training.

CONCLUSION

Interpreting services in healthcare settings, provided by medical or healthcare interpreters, play a crucial role in facilitating communication. The education and training of these interpreters are essential due to the significance of medical interpreting in the context of human health. Therefore, the development and design of curricula in academic units should consider key factors. This study aims to identify these critical factors within sample curricula to provide insights for designing new curricula in line with these guidelines.

In the initial phase, it is essential to understand the components of a curriculum. Common elements in most curricula include the course title and/or code, credit hours, instructor's name, course status (mandatory or elective), and languages of instruction. Additionally, curricula introduce the course's objectives, content, and learning outcomes briefly. They provide a detailed weekly course plan outlining topics for discussion, required resources, assignments, homework, projects, and assessment criteria.

This study primarily focuses on evaluating the weekly course content and learning outcomes, which are fundamental components and quality determinants of a curriculum. The sample curricula chosen for this research were selected randomly from medical (healthcare) interpreting programs in Türkiye and foreign universities, with six different curricula subjected to comparative analysis. Notably, only one of these curricula is from a Turkish university.

The research's theoretical framework is based on Angelelli's principles for designing a medical (healthcare) interpreting curriculum, which encompasses six areas: cognitive processing, interpersonal skills, linguistics, professionalism, setting-specific knowledge, and sociocultural competence. Each of these areas was assessed within each curriculum to determine their presence in the weekly course content. The findings aim to serve as guidelines and provide insights for designing new curricula.

Additionally, the research evaluated the learning outcomes of two of the sample curricula based on Angelelli's teaching principles for healthcare interpreting education, which include automaticity, meaningful learning, intrinsic motivation, strategic investment, self-confidence, and risk-taking. These principles were introduced and assessed for the two sample curricula, and the results were compared analytically.

In conclusion, developing and planning a new curriculum for medical (healthcare) interpreting involves critical considerations. This research highlights that curriculum design is a complex process, further emphasized by Angelelli's comprehensive insights used as guiding principles. An ideal medical interpreting (healthcare) curriculum should address all six of Angelelli's skill development areas, as demonstrated through specific examples in this study. The teaching principles proposed by Angelelli complement a well-structured curriculum for both instructors and learners. This research underscores the need for a holistic perspective when designing a well-targeted and well-prepared curriculum for medical (healthcare) interpreting.

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