



ADAM MICKIEWICZ UNIVERSITY IN POZNAŃ
Faculty of English

Interpreter training opportunities in VC and 3D VLE:
**A focus on professional awareness
in role-plays**

Marta Kajzer-Wietrzny
Maria Tymczyńska



Lifelong
Learning
Programme

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EVIVA has been co-funded by the European Commission. This presentation reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



OVERVIEW

1. Aim
2. Professional awareness
3. Setup
4. Analysis
5. Discussion
6. Conclusions

A videoconference environment : Google Hangout => VC

A 3D virtual environment: The IVY 3D virtual environment => 3D VLE





AIM

- EVIVA: how different VLEs support the development of different dimensions of interpreting competence in terms of :
=> awareness-raising -> practice -> development -> diagnosis
- at AMU: What are the opportunities for the development of professional awareness in role plays in VC and 3D VLE?
=> focus on critical moments requiring professional interpreter behaviour





PROFESSIONAL AWARENESS

We understand the development of professional awareness as:

learning and practicing professional interpreter behaviours, such as asking for clarification, informing about (connectivity-related) communication problems, managing the start and end of the interaction, maintaining a professional image and managing the equipment in remote settings.





DEVELOPING PROFESSIONAL AWARENESS

	VC	3D VLE
interaction management	etiquette (social constraints), power relations, non-verbal communication cues	
image	presentation of self: name, dress code, eye contact, body language, position in front of camera	presentation of avatar: name, dress code
setting	background, noise, lighting	location, seating arrangement
equipment	microphone, operating camera, handling transmission disruptions	microphone, handling transmission disruptions





SETUP

Participants:

12 Polish students of interpreting (1MA, 2MA) who carried out
10 role-plays (RPs)

=> **4 RPs** discussed here

Role Play procedure:

1. RP-specific instructions
2. setting the scene
(establishing speaker relations)
3. role-playing
4. reflection

Materials:

- “Doctor-patient interview” (MED)
- “A semi-formal discussion on student internships” (INTERN)





ROLE PLAY INSTRUCTIONS

Role play: Doctor – Patient Interview

Scenario description

A doctor is interviewing a patient who suffered in a ski accident involving somersaulting down a steep slope. The patient has multiple displaced and comminuted fractures of the femur, patella, and humerus. The patient has been treated in a local hospital and is stable but reports pains in several locations and is recovering too slowly. The doctor, who is an international expert on orthopaedic surgery needs to ask a series of questions to determine the scale and the scope of the patient's injuries and plan the treatment. The doctor must also make sure that the patient's insurance covers the necessary treatment. The patient does not speak the same language as the doctor.

Brief for Speaker 1: Doctor

Your role	You are a renowned orthopaedic surgeon
General purpose and content of the meeting/encounter	You are a doctor internationally known for your expertise in multiple and complex fractures. Your role is to consult on the injuries the patient suffered from and the treatment proposed at the hospital, suggest what medical tests need to be done and decide on the final treatment. You also need to find out whether patient's insurance covers the proposed treatment.
Information about your interlocutor	A foreign patient, who suffered in an accident on a ski slope and has been so far treated at the local hospital, with unsatisfactory effects.
Aspects that should be addressed	Greet your interlocutor and calm him/her down.

Points to discuss:

- past medical history, e.g. chronic illnesses, diseases that run in the family (e.g. blood coagulation disorders)
- drug allergies and previous injuries (e.g. fractures)
- details of the accident (e.g. location, cause, other casualties, witnesses)
- patient's symptoms, such as pain in different locations, etc.
- current treatment at the local hospital and its effects
- recommended medical tests
- available treatment options (e.g. splints, crotches, plate and screws)
- medications, painkillers
- date for the surgery
- rehabilitation

Brief for Speaker 2: Client

Your role	You are a patient, who suffered in a ski accident involving somersaulting down a steep slope. You have multiple displaced and comminuted fractures of the femur, patella, and humerus. You have been treated in a local hospital and your state is stable but you have reported pains in several locations and the recovery seems too slow.
General purpose and	You are meeting a doctor who is an international expert on



ANALYSIS

Behaviours relating to professional awareness in RPs:

1. **interaction management:** asking for clarification, managing the start and end of the interaction, informing about transmission disruptions
2. **image management:** maintaining a professional image
3. **equipment management** in remote settings





1.1. ASKING FOR CLARIFICATION

VC INTERN S13

- [INT in PL:] *Excuse me, could you repeat please?*
after 1:40 ST fragment; signal disruption at the end; repetition 40s
- [INT in PL:] *Excuse me but I did not manage to hear that. There was a little disruption when you said that they can ask us for help and also their superiors, yes?*
overly polite in PL (diminutives), specific question with confirmation request

3D VLE MED S5

- [INT in PL:] *Excuse me, could you please repeat the name of the last disease?*
- [INT in EN:] *“I’m sorry, there was some disruption. Could you repeat whom we should ask?”*





1.2. MANAGING THE START

VC INTERNS5

[INT EN:] *“Can you hear me well?”*

[EN:] *“Yes, yes. I do.”*

[INT EN:] *“Great. Hello. My name is ... and I will be your interpreter today.”*

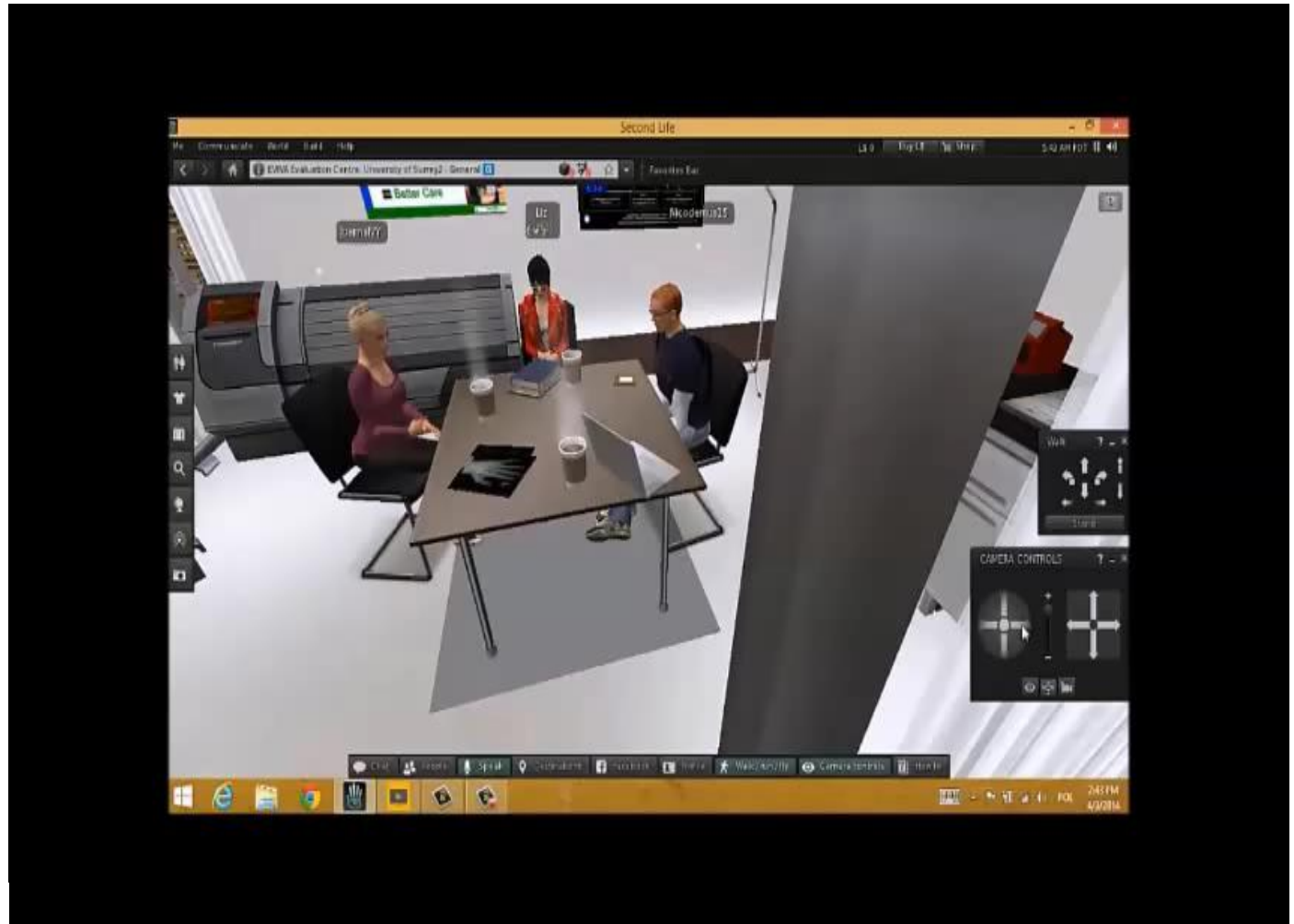
[EN:] *“Hello.”*

[INT EN:] *“Our speaker here is ... whom you know, I suppose. I think we can begin now.”*

INT actions: sound check, setting the scene: establishing speaker relations, invitation to begin



1.2. MANAGING THE END





1.2. MANAGING THE END

3D VLE MED S13

- multiple leavetakings (due to absence of visual cues?)
- INT introduced by EN speaker at the end

in other RPs students used pre-emptive strategies to compensate for lack of visual cues:

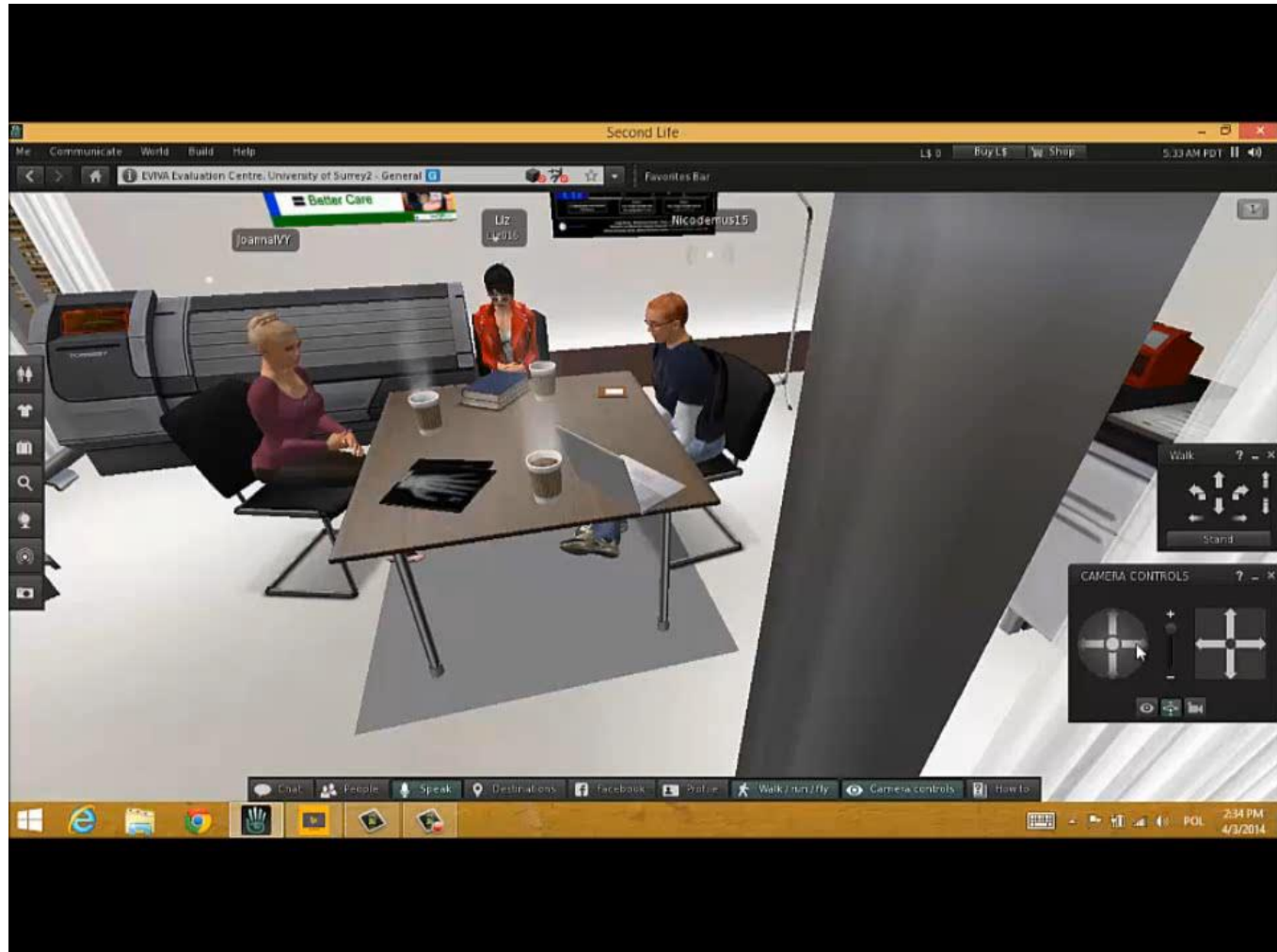
[EN]: *Let's try to remember not to keep saying good-byes for too long*

[PL]: *I will try not to switch languages*





1.3. INFORMING ABOUT TRANSMISSION DISRUPTIONS





1.3. INFORMING ABOUT TRANSMISSION DISRUPTIONS

3D VLE MED S13

- EN speaker responded to PL speaker w/o waiting for interpretation
- INT fakes a transmission disruption problem (cover-up) to save EN speaker's face

in other RPs transmission disruptions were authentic and communicated with varying degrees of efficiency



1.4. SPEAKING A WRONG LANGUAGE

VC INTERN S5

- PL speaker ends her utterance
- INT starts ‘interpreting’ in the same language
- PL speaker admonishes INT in Polish: *Language!*
- EN speaker says: “*Excuse me?*”
- INT responds in EN “*Sorry I was confused.*”



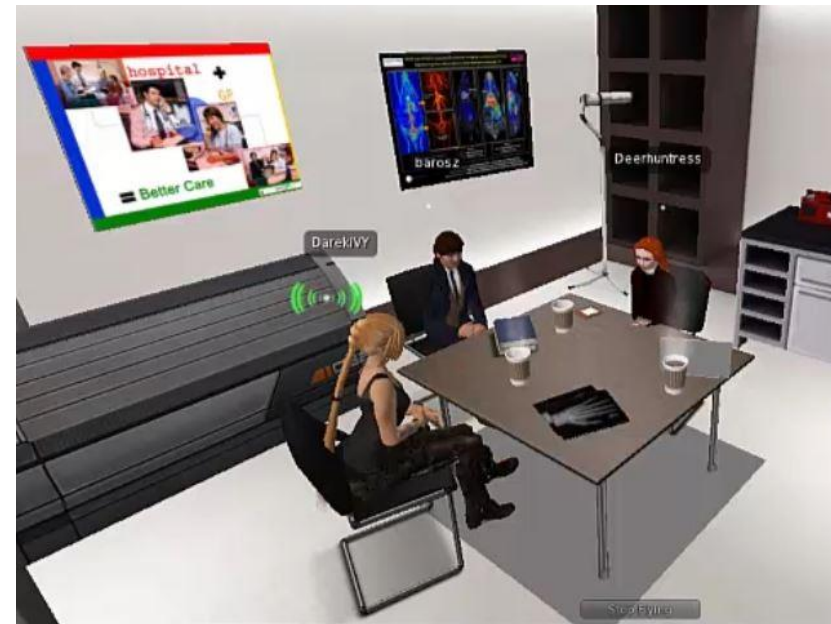
2.1. IMAGE MANAGEMENT VC

- distracting accessories and background
- INT maintained eye contact with speakers' icons in the bottom right corner
- INT kept swaying to and fro while interpreting



2.2. IMAGE MANAGEMENT 3D VLE

- INT: seated centrally, formal dress code and avatar name
- seating arrangement (discussed prior to assuming roles):
EN speaker (doctor), INT,
PL speaker (patient)
- professional location





3. EQUIPMENT MANAGEMENT

3.1 operating camera: VC

3.2 microphone management/ etiquette: VC and 3D VLE

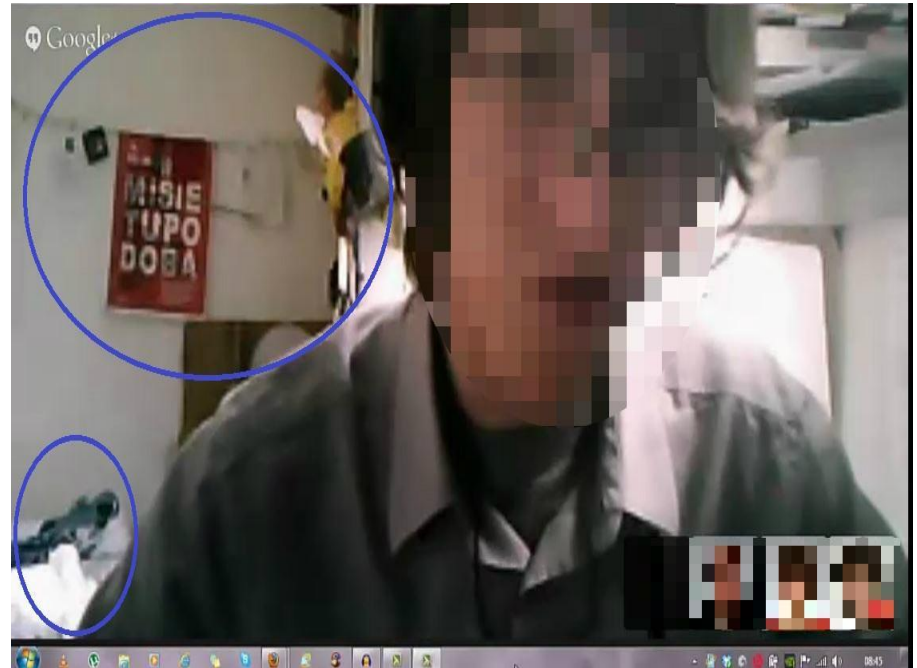
- external microphone (e.g.muting mic, keyboard noises/ rustling paper)
- loud and clear pronunciation, pauses and falling intonation at the end of utterances (avoid overlap)

3.3 sound check: VC and 3D VLE



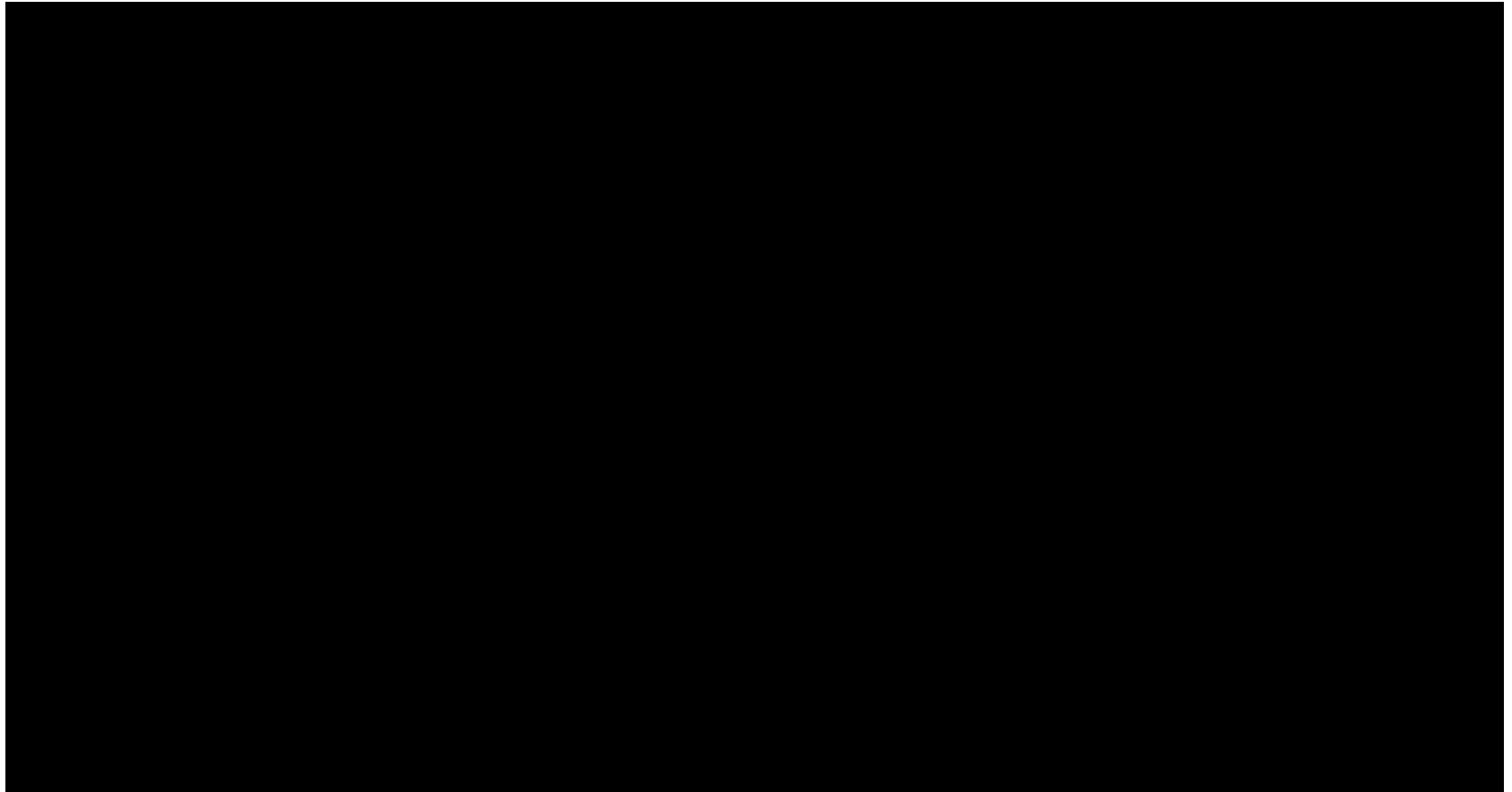
3.1. EQUIPMENT MANAGEMENT VC

- operating camera
- microphone management:
INT mumbles
- sound check at the
beginning: INT asks:
“Can you hear me well?”





3.2. EQUIPMENT MANAGEMENT 3D VLE





3.2. EQUIPMENT MANAGEMENT 3D VLE

3D VLE MED S13

- sound check: all parties take part, un-coordinated by INT

Also in this RP

- microphone management: in the reflective session INT said that she managed to look up a term w/o being heard (external mic, muted dictionary sounds)





DISCUSSION

=> What are the opportunities for *learning and practicing professional interpreter behaviours* in RPs in VC and 3D VLE?

Both VLEs create appropriate conditions for practicing:

1. interaction management
 - a. need for **explicitness** in remote settings due to limited non-verbal communication cues (e.g. asking questions)
 - b. all actions need to be signalled using **concise** language (e.g. leave-taking, transmission disruptions)
 - c. need to maintain better **control of languages** in remote settings (e.g. INT speaking a wrong language)





DISCUSSION cont.

Both VLEs create appropriate conditions for practicing:

2. image management

- a. VC: need to control background, posture, VC account details, position in front of camera etc.
(more/less stressful? individual preferences? beneficial at later stages?)
- b. 3D VLE: need to select dress code, avatar name, location, seat
vs greater privacy/freedom(?), possible to save face
(more/less stressful? individual preferences? beneficial at earlier stages?)

3. equipment management

- a. VC: operating camera
- b. VC & 3D VLE: microphone management/ etiquette
- c. VC & 3D VLE: sound checks





CONCLUSIONS

Learning and practising professional interpreter behaviours is a **process** which starts from **awareness-raising** and **requires practice to fine-tune**

STUDENTS NEED TO LEARN HOW TO:

- communicate explicitly to account for limited access to non-verbal communication cues
- ask concise questions for clarification
- react professionally to transmission disruptions
- maintain a professional image
- successfully operate equipment (microphone/camera)