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# Involving foreign-language speaking simulated patients in medical interpreter training: A qualitative study

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**Abstract:** This paper reports on an interdisciplinary training initiative involving student interpreters and medical students. It provides qualitative evidence on how the stakeholders involved perceive the effects of including foreign-language speaking simulated patients (SPs) in medical interpreter training. We conducted three focus group interviews, during which we explored the perspectives of different stakeholders involved in the interdisciplinary training. The first focus group involved three clinical communication trainers and four interpreter trainers, the second focus group comprised eight student interpreters and the third focus group involved three SPs. The data was analysed using NVivo 12 software. The results reveal that the presence of foreign-language speaking SPs generated an increased level of authenticity, a higher degree of affective social distance, an increased interactional and linguistic complexity, increased (language) learning potential and an increased level of stress vis à vis regular interpreting classes in which traditional role plays were used. All stakeholders deem working with foreign-language speaking SPs highly beneficial, as the added value and advantages of working with SPs outweighed the disadvantages.

**Keywords:** Medical interpreter training; interdisciplinary training project; student interpreters; trainers; simulated patients

## 1. Introduction

In a 21<sup>st</sup> century multicultural world, the number of migrant patients seeking medical treatment is continuously on the increase (Cohen et al., 2005; Jacobs et al., 2006; Kale & Syed, 2010; Squires, 2018). It is often the case that migrants arriving to a new country do not know any of the official languages of the host country. This results in patterns of interaction shifting from traditional monolingual conversation to bi- or multilingual conversations. Communication errors are likely to increase in consultations where at least one of the speakers is using a foreign language (Meuter et al., 2015; van Rosse et al., 2016) and there is no interpreter present. Miscommunication in the healthcare setting can be life-threatening to the patient and language barriers may also have an impact

on healthcare providers' wellbeing, as they worry about the impact the language barrier had on the level of care they are able to provide to their patients (Flores, 2005; Jacobs et al., 2006; Degrie et al., 2017).

In some countries, medical education curricula have responded to the reality of an increasingly multicultural and multilingual society by focusing on cultural competency issues, including training medical students in linguistically and culturally diverse encounters. Recent initiatives in countries such as Belgium, the USA and Australia have included involving professional interpreters in medical training and training bilingual medical students as interpreters (Escott, Lucas & Pearson, 2009; Bansal, Swann & Smithson, 2014; Pelaez et al., 2018; Aitken, 2019). Despite these initiatives, professionally trained interpreters have still been shown to be beneficial for the interactional flow of the medical consultation, for the quality of the medical care delivered and to decrease health disparities (Brach, Fraser & Paez, 2005; Flores, 2005; Karliner et al., 2007; Granhagen Jungner et al., 2019).

In order to train and educate professional community interpreters, trainers often rely upon students to act in role-plays with their peers. Role-plays are commonly used to improve and expand interpreter skills and techniques (Fernandez-Pérez, 2015, Crezee & Marianacci, 2021) since they offer opportunities to practice foreign language communication skills and are an excellent way to learn how to control content, grammatical structures and vocabulary (Tebble, 2014). An added value for students is that through these experiences, they gain knowledge and can critically reflect on their own performances. Despite the advantages of using role-plays in interpreter training, trainers often have to deal with some resistance from students. Students are mainly worried about being observed and signal that the enactment of role-plays often feels artificial (Lane & Rollnick, 2007) and are fundamentally different from real-life situations and interaction (Seale et al., 2007, Atkins, 2019).

This is why a great number of authors emphasize authenticity as an added value of working with simulated patients (Cleland, Abe & Rethans, 2009; Rethans et al., 2012; Lan, 2019), stressing that the encounters with simulated patients (henceforth, SPs) make it easier to acquire skills that are considered necessary to perform in the real world (Monaghan et al., 1997; Lane & Rollnick, 2007; Lane, Hood & Rollnick, 2008; Cleland, Abe & Rethans, 2009; Malhotra et al., 2009; Bokken et al., 2009; Nestel & Kneebone, 2010; Bosse et al., 2012; Rethans et al., 2012; Kaplonyi et al., 2017; Pilnick et al., 2018; Atkins, 2019; Lan, 2019).

Within clinical communication skills training, medical trainers often rely on the help of SPs to practice their communication and interpersonal skills (Quirk & Letendre, 1986; Anderson, Stillman & Wang, 1994; Stillman et al., 1997; Hargie et al., 1998; Eagles et al., 2001; Rees, Sheard & McPherson, 2004; Lane & Rollnick, 2007; Bosse et al., 2012; Pilnick et al., 2018). SPs are lay people who are trained to play the part of a patient with a specific medical problem (Beigzadeh et al., 2016; Pate & Ricardo, 2016; Lan, 2019; Crezee & Marianacci, 2021). SPs enact the role of a patient based upon a case that is created by the trainers (Norman et al., 1982; Wallace, Rao & Haslam, 2002) with specific emphasis on the authenticity and fidelity of the simulation (Beigzadeh et al., 2016; Pate & Ricardo, 2016). Because of this intended feeling of authenticity, SPs are allowed to respond and react as they would do in a real consultation, while also improvising on the spot.

Overall, authors have listed the pedagogical advantages of SP encounters for training students' clinical communication (Lane & Rollnick, 2007; Lane, Hood & Rollnick, 2008; Malhotra et al., 2009; Cleland, Abe & Rethans, 2009;

Rethans et al., 2012) and interpersonal skills (Monaghan et al., 1997). Pate & Ricardo (2016) mention that “many students who excelled in the classroom struggled when confronted with real (or simulated) patients. Without the encounters, their professors may not have recognized that they needed extra help in that area” (Pate & Ricardo, 2016, p. 3). We should however acknowledge that the findings of working with SPs are not uniformly positive. Previous studies provide evidence that simulated encounters, even when they are realistic, show significant differences from the communicative competences found in real-life practice. Atkins et al (2016) discuss the “linguistic problems and differences that arise from interacting in artificial settings” (Atkins et al. 2016, p. 2) and caution that talk is always a performance in context. Therefore, SPs and the future physician all have to work hard to maintain the illusion in a simulation. Alongside these caveats, there are more practical disadvantages of working with SPs, including the fact that recruiting and training SPs is considered a time-consuming and expensive activity. Moreover, despite being trained and briefed, SPs may still overly diverge from the original scenario, thereby negating the goal and purpose of the training session (Lane & Rollnick, 2007; Lane, Hood & Rollnick, 2008; Cleland, Abe & Rethans, 2009).

In short, the use of SPs for clinical communication skills training is widespread and abundantly documented in the research literature (Quirk & Letendre, 1986; Anderson, Stillman & Wang, 1994; Stillman et al., 1997; Hargie et al., 1998; Eagles et al., 2001; Rees, Sheard & McPherson, 2004; Lane & Rollnick, 2007; Bokken et al., 2009; Bokken et al., 2010; Bosse et al., 2012; Pilnick et al., 2018). In contrast, research into how foreign-language speaking SPs can assist medical interpreter training is under-reported.

In an attempt to combine the best of both working methods, namely the use of SPs and the use of role-plays, the UZIS<sup>1</sup>-project (Krystallidou et al., 2018) was launched by the Department of Translation, Interpreting & Communication and the Department of Family Medicine and Primary Health Care (Ghent University, Belgium). This interdisciplinary training project brings together student interpreters (from spoken language interpreting), medical students, trainers from both student groups and foreign-language speaking simulated patients in a bid to expose them to each other’s communicative techniques and strategies. The UZIS-project is an example of a staged situated learning experience, a training method that was originally developed by Brown, Collins and Duguid (1989), with a specific focus on combining theory with professional practice in training contexts (Lave & Wenger, 1991; Kolb & Kolb, 2005; Tennent, 2005; D’Hayer, 2013). The UZIS-project combines plenary sessions during which student interpreters and medical students learn the ins and outs of each other’s’ practices with simulated interpreter-mediated consultations on a variety of topics.

Following a pilot session in 2014, The Department of Translation, Interpreting & Communication and the Department of Family Medicine and Primary Health Care (Ghent University, Belgium) launched a joint clinical communication training initiative in 2015. Since 2015, the UZIS-project is a yearly organized interprofessional training, involving medical students (1<sup>st</sup> Master) and trainee interpreters (1<sup>st</sup> Master). The UZIS-project invited both student groups to experience bilingual visits (triadic exchanges) with three participants and at least two languages (Dutch, English, French, Spanish, Italian, German, Turkish and Russian) using unscripted role-plays. The scenarios were drafted by the trainers of clinical communication skills and

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<sup>1</sup> UZIS stands for UZ (Ghent University Hospital) Interpreting Sessions.

revised by the interpreter trainers, adding instructions to anticipate difficulties and challenges which are inherent to triadic encounters, e.g. address the interpreter directly, interrupt the interpreter, ask additional information from the interpreter, express doubts about the doctor's or interpreter's skills, etc.

At the outset of the programme, the medical students enacted the role of the doctor, while student interpreters enacted the role of the interpreter *and* the foreign-language speaking patient. From 2016 onwards, however, foreign-language speaking SPs were recruited to play the part of the patients. The foreign-language speaking SPs were trained by the clinical communication trainers and received unscripted role-play scenarios a few days before the start of the joint training sessions.

In what follows, we will look further into the methodology used to provide an answer to the research question and aim of this study.

## **2. Methodology**

### ***2.1. Research aim***

The aim of this study was to examine the perceived effects of working with foreign-language speaking SPs in interdisciplinary medical interpreter training from the perspective of the following stakeholders: trainers of clinical communication skills, interpreter trainers, student interpreters and SPs. Before presenting the findings in section 3 and discussing the impact of working with foreign-language speaking SPs in section 4, we will provide information on the methodology and coding.

### ***2.2. Focus group discussion***

We organized three focus group interviews with participants from UZIS 2018, enabling us to collect data with more than two parties. The participants were encouraged to engage in a discussion with each other, creating a platform for expressing their own perspectives, opinions, experiences, wishes and concerns.

One of the authors contacted all stakeholders (student interpreters, trainers of clinical communication skills and interpreter trainers) involved in the UZIS-project of 2018 via mail or via the university's teaching platform 'Minerva'. Table 1 includes details about the set-up of the three focus group interviews. The focus group with the student interpreters and the focus group with the trainers were organized in 2018. For the focus group with the trainers, we decided to bring together medical trainers and interpreter trainers as they work closely and also give feedback together during the interprofessional training. The focus group with the SPs was postponed because there was no response to our call in 2018. Because of this, we launched a new call in 2019. Unfortunately, only five people who participated as a SP in 2018 as well as in 2019 responded to this call and due to late cancellations, only three people eventually actually participated in the focus group discussion.

The three focus groups were conducted by two different moderators and not by the lead author of this paper, in order to avoid bias. One of the moderators is a fellow researcher who is familiar with conducting interviews, but had little affinity with the UZIS-project and with interpreter training in general, whereas the other moderator was more familiar with the UZIS-project and experienced in conducting one-on-one interviews.

Table 1: Focus group discussions.

Activity	Number of participants	Duration	Date	Moderator
Focus group with student interpreters	8	47 minutes 43 seconds	May 2018	CL
Focus group with trainers	7 (3 medical trainers and 4 interpreter trainers)	53 minutes and 58 seconds	June 2018	CL
Focus group with SPs	3	45 minutes and 32 seconds	June 2019	NDS

To facilitate and guide the discussion, the moderator presented two video fragments of simulated consultations which had been video-recorded throughout the course of the UZIS programme: Fragment 1 (duration: 7 min 44 sec – date: 20/02/2015 – scenario: hyperventilation) showed a simulated encounter in which a student interpreter plays the part of the foreign-language speaking patient. Fragment 2 (duration: 19 min 8 sec – date: 20/04/2018 – scenario: psoriasis) shows a simulated encounter in which a foreign-language speaking SP plays the part of the foreign-language speaking patient. We selected those fragments in particular because they represent simulated encounters with and without a foreign-language speaking SP. Fragment 1 was selected from a corpus of 34 video recordings without SPs (2015 corpus), whereas Fragment 2 was selected from a corpus of 50 video recordings with SPs (2018 corpus). In doing so, the moderator wanted to generate opinions about the differences between both simulated encounters (with or without SPs). The questions asked during the focus group discussions were determined beforehand by the authors of this paper. There were no substantial differences reported during the three focus groups. Before asking a new question, the moderator briefly summarized the different opinions and answers, making it possible for the participants to agree or disagree with what they said and further comment upon their (or other people's) answers, giving everyone the chance and time to share his/her opinion.

### 2.3. Coding and analysis

The focus group interviews were manually transcribed and verbatim. A first qualitative analysis of the video recordings and full transcripts was done by one of the researchers. Using CAQDAS software NVivo 12, the data was further analysed to exclude outliers. The coding process was guided by the research question to identify and analyse the patterns and emerging themes within the focus group, allowing to develop a codebook with different codes and subcodes, all related to the different questions asked throughout the course of the focus group interviews. Among the three types of coding (open coding, axial coding and selective coding) described by Strauss and Corbin (1998), we used mainly

open and axial coding. Open coding was used to identify the participants' responses regarding working with SPs. Axial coding was adopted to further analyse any re-occurring patterns. During the coding process, the basic (sub)nodes were further developed. In doing so, we departed from my research data, taking on an inductive approach.

In what follows, we will discuss the effect of incorporating foreign-language speaking SPs in the clinical communication training of medical students, as perceived by student interpreters, trainers of clinical communication skills, interpreter trainers and SPs.

### 3. Results

#### 3.1. *Increased authenticity*

The examples below illustrate that trainee interpreters, interpreter trainers and medical trainers all agreed that the presence of a foreign-language speaking SP made the training sessions more authentic and realistic, giving both student groups the chance to practice in an what amounted to an approximation of real-world settings.

(...) it's a very formal it's a much more real consultation (trainer of clinical communication skills) both for the doctor and the interpreter, the fact that the third person is also a student instantly creates an informal setting for the interpreter. The interpreter is really comfortable, simply writing there uh (Student interpreter 5)

Unlike student interpreters playing the part of the foreign-language speaking patient, foreign-language speaking SPs are ignorant of the tasks, working methods and codes of conduct of future doctors and interpreters. And as a consequence, SPs cannot adapt to them, nor try to steer the communication in a certain direction, resulting in augmented unpredictability and hence increased authenticity of the simulated encounter. This is confirmed by the trainers and student interpreters.

uh another important aspect is that uh a simulated patient knows nothing about interpreters, while of course our students do and then frame things so that it's easier for the fellow students because they're scared of being told off if they make things a bit too difficult. I think that there's much more learning if there's people involved who totally ignore the interpreter and so it should be (Interpreter trainer 2)

(...) the patient<sup>2</sup> simply makes things much easier here for both the interpreter and the doctor, because they know what's expected of the interpreter and the doctor well and then just go along with it, while a real simulation patient in my opinion, is far less familiar with the whole thing and simply does his own thing and then the others have to adapt to them, which, I think, is much more realistic (Student interpreter 3)

Nonetheless, two out of three SPs reported that the consultation runs more smoothly when student interpreters play the part of the foreign-language speaking patient because they know the drill and working methods.

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<sup>2</sup> Played by a student interpreter.

And maybe it's more natural with the erm the second one<sup>3</sup>, I don't know that she first asked should I I yeah euh talk to you or talk to you or the doctor, maybe that's something that could happen someday (Simulated patient 2)

All interviewees agreed that other factors contributing to the authentic feel of the joint training sessions are the presence of the medical students and the new setting and surroundings (an empty practice room at Ghent University Hospital).

### **3.2. Increased affective social distance**

Affective social distance, a concept coined by Bogardus in 1925 (Karakayali, 2009), determines to what extent a person from a particular group feels sympathy or empathy for people from another group. In simulated encounters with a student interpreter playing the part of the foreign language patient, a mutual feeling of empathy amongst the students created room for solidarity and cooperation, as the affective social distance was small. This was also stated by the trainers of clinical communication skills.

rather there seems to be a certain solidarity between the student interpreters and the medical students, so that they are sometimes on too friendly terms and make allowance for each other more than they should, while it's much more truthful if real simulated patients are involved, of course (Trainer of clinical communication skills 1)

The affective social distance among participants can be widened by incorporating a foreign-language speaking SP (Monaghan et al., 1997; Wallace, Rao & Haslam, 2002; Bradley, 2006; Lane & Rollnick, 2007; Lane, Hood & Rollnick, 2008) whom the students have not met before. The presence of a foreign-language speaking SP enlarged the affective social distance between the communicative participants, creating an "us" versus "them" division. According to the trainers and the trainee interpreters, their presence also generated more pressure, more respect and more fear of losing face. The following excerpts illustrate the difference between simulated encounters with a foreign-language speaking SPs versus simulated encounters where students play the part of the foreign-language speaking patient in this respect.

I think that is something good and certainly uhm we have worked this year with lots of native speakers so uh I think that for the students uh we also saw that in the footage if it's a fellow student uh things are a little less formal uh and and they also know if yes he speaks Dutch so if I drop a clanger, he might pick that up or he's going to get that that conversation back on track (...) (Interpreter trainer 3)

(...) while if there's a simulation patient who doesn't know the doctor or the interpreter student, more than anything you don't want to lose face, you want everything to go as it should, first translate, there's more pressure, the necessary pressure and this informal atmosphere is gone in a second I think (Student interpreter 1)

### **3.3. Increased linguistic complexity**

In a simulated encounter where student interpreters play the part of the foreign-language speaking patient, all communicative participants share the same language. Apart from the increased interactional complexity, the presence of a

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<sup>3</sup> The consultation with the foreign-language speaking SP.

foreign-language speaking SP also implies an increased linguistic complexity. All interviewees agreed that foreign-language speaking SPs have a more profound knowledge of the foreign language than trainee interpreters have because the foreign language that is used in the simulated consultations is the SPs' mother tongue. Moreover, trainee interpreters and interpreter trainers mentioned that foreign-language speaking SPs lack knowledge of Dutch, spoke with an accent, and used more medical terminology. The interpreter trainers state that all of this highlights the importance of the presence of an interpreter as they are the only ones who can bridge the gap between the communicative participants.

(...) but in the case of native speakers, I think there are aspects such as accent uh the fact that his command of Dutch is zilch, so that the role of the interpreter is even more important (...) (Interpreter trainer 2)

### **3.4. Increased language learning opportunities**

Simulations conducted in languages which medical students have gained some proficiency in (in this case, English and French), mean they can understand the foreign-language speaking SPs to a certain extent. English and French are often medical students' second/third languages, acquired through formal instruction at secondary level in Belgium. Trainers acknowledged that if the consultation is conducted in one of the medical students' second or third languages, medical students actively listen to how the student interpreters translate their turns, aiming to monitor if everything is translated correctly.

and that then the conversation suddenly becomes much more difficult, which may sound paradoxical, but conversations are more difficult because people are busy with the interpretation and they try to pick things up, thinking oh, that's how you say this or that uh that has struck me this year. In fact, I have also specifically asked the medical students who have also confirmed that they are indeed yes, subconsciously, they focus on the language aspect (Interpreter trainer 4)

Interpreter trainers indicated the added value of simulated consultations conducted in a second or third language, as this might increase the potential to sharpen and expand the medical student's language skills (Saville-Troike & Barto, 2016).

On the other hand, trainers of clinical communication skills mentioned that a known language distracts medical students from their actual tasks and potentially hinders the flow of the consultation. Therefore, trainers of clinical communication skills and SPs suggest that, ideally, all simulated consultations are conducted in a foreign language the medical students are not proficient in, and not in any of their second or third languages. Moreover, SPs mentioned that student interpreters risk being excluded or not being able to perform their tasks correctly in a simulated consultation conducted in a language the medical student understands. A similar situation arises when SPs have some knowledge of Dutch. This knowledge enables SPs to understand what the doctor and the interpreter are saying throughout the course of the consultation. As a consequence, SPs can intervene when something was misinterpreted or even omitted.

(...) you follow the conversation but if you don't speak Dutch, then you won't know that there were mistakes in the interpretation (Simulated patient 2).



### **3.5. Increased learning opportunities**

Student interpreters realized that the theory about interpreting, as taught in their regular classes through the use of role-plays with peers, differs from the workplace practice. In this regard, student interpreters specifically mentioned the differences in complying with their code of conduct, stating that the presence of the foreign-language speaking SPs made it harder to adhere to the guidelines of their code of conduct. In classroom situations, student interpreters practice with fellow students, who don't always dare to diverge from the prescribed code of conduct. This stands in sharp contrast with the conduct of the foreign-language speaking SPs. In addition, student interpreters acknowledge that they learned more from the preparation for the joint training sessions than they did from their preparation for the regular interpreting sessions. Student interpreters acknowledged they felt responsible for the smooth and successful outcome of the joint training sessions, which is why they stated being more motivated and focused to prepare adequately and specifically.

I notice that I've been much more thorough and made sure that I know the basics how I should express these I've taken it much more seriously I think well I do prepare the lessons well but in a different way – it is much more non-committal I find (Student interpreter 5).

All student interpreters agreed that a more extensive preparation is required for the joint training sessions. They did not consider this more intensive and specific preparation as a burden or sacrifice, as they truly believed in the increased learning opportunities offered by the joint training sessions.

it was not just a matter of you interpreting but you had to ensure that the whole simulation went well (Student interpreter 4).

Moreover, because of the student interpreters' participation in the joint training sessions, they were able to expand their knowledge on how to prepare adequately for a medical consultation and adapt their methods and techniques accordingly. Student interpreters also learned more about how medical students are trained to work with interpreters and what they already knew about working with them thanks to the plenary sessions. During the focus group interview, student interpreters indicated they are under the impression that medical students adapted their way of conducting a consultation to their presence, which is something they never experienced before during regular interpreting classes.

and did you think that they were acting differently because an interpreter was involved? (Moderator)

some did but others [did not] (Student interpreter 4)

yes some certainly did (Student interpreter 1)

According to the trainee interpreters, the medical students used less specific terminology, talked slower and interrupted their turns earlier to give the student interpreter the chance to convey the message.

### **3.6. Increased level of stress**

Student interpreters acknowledged they experienced more stress for the joint training sessions than they did for the regular interpreting classes. One of the reasons they felt more pressure was because they were the ones that were responsible to properly carry out their interpreting tasks, making conversation

between two people possible and make the simulated consultation run smoothly. Furthermore, they feared losing face in front of the foreign-language speaking SPs and medical students - people they did not know before. Therefore, they wanted to handle everything properly and accurately. Another reason for the student interpreters to experience more stress was that during the joint training sessions there were six to eight medical students who acted as observers to provide their peers with feedback. Nevertheless, student interpreters did not consider this increased level of stress as detrimental. They described the stress as beneficial as they felt more focused, lifting their performances to a new level.

uh I mean, that's not how you go to a medical consultation in my eyes our eyes eh and while if there's a simulation patient there, who doesn't know the doctor, who uh doesn't know the interpreter, then your instinct tells you not to lose face; you want everything translated correctly. There's more pressure and the informal atmosphere disappears immediately, I think (Student interpreter 2)

### **3.7. Increased dependency on intrinsic motivation and commitment**

Alongside the numerous advantages of working with foreign-language speaking SPs, trainers also mentioned one main disadvantage. Trainers agreed that the success of the clinical communication training largely depends on the foreign-language speaking SPs' intrinsic motivation. SPs were asked to prepare an unscripted scenario, to plan how they would get to the hospital in terms of transport, to be present at that exact day and time, all of which entails a strong commitment. Unfortunately, this also implied that chances were quite high that the recruited foreign-language speaking SPs might cancel at very short notice, meaning that last-minute solutions needed to be found.

Short-notice cancellations is the risk you run but oh well, we manage to fill in those gaps (Interpreter trainer 1).

## **4. Discussion and conclusion**

In this paper, we investigated the effects of foreign-language speaking SPs on an interdisciplinary training initiative involving student interpreters and medical students. We addressed this research question from several perspectives by conducting focus group interviews with student interpreters, trainers of clinical communication skills, interpreter trainers and foreign-language speaking simulated patients.

Our study revealed that the main drawback of involving foreign-language speaking SPs was the dependency on their commitment and intrinsic motivation to make the joint training sessions successful. Despite this limitation, our research abundantly highlighted the advantages of working with SPs for clinical communication training, which was corroborated by the existing literature (Monaghan et al., 1997; Wallace, Rao & Haslam, 2002; Bradley, 2006; Lane & Rollnick, 2007; Bokken et al., 2009; Malhotra et al., 2009; Bokken et al., 2010; Nestel & Kneebone, 2010; Weller et al., 2012; Pilnick et al., 2018).

All stakeholders involved in the UZIS-project perceive the joint training sessions as more authentic and realistic, because of the presence of the foreign-language speaking SPs. Other factors that contributed to a perceived increased level of authenticity were the presence of the medical students and the hospital settings and surroundings in which the joint training took place.

All stakeholders agreed that SPs added to the authenticity of the role-plays as they are unfamiliar with the working methods and codes of conduct of

medical students and student interpreters. Consequently, SPs added to the unpredictability of the UZIS-project, which trainers and student interpreters considered to be highly beneficial. The SPs themselves did not share this opinion and felt that interpreting students playing the part of the patient ensured the simulated consultation ran more smoothly, simply because they knew how to work as an interpreter.

The presence of foreign-language speaking SPs increased the affective social distance between the communicative participants, initiated respect and minimized the solidarity and cooperation that were present during student-only training sessions. All focus group participants agreed that an increased affective social distance generated more pressure and respect. Student interpreters said they felt responsible for the successful and smooth flow and outcome of the simulated consultation. They also stated that they did not want to suffer loss of face in front of the medical students and the foreign-language speaking SPs. The student interpreters did not consider this increased stress to be detrimental. On the contrary, they agreed that increased stress resulted in better performances.

In terms of language, foreign-language speaking SPs lacked knowledge of Dutch, used more medical terminology and spoke with a more specific accent. Therefore, the presence of the foreign-language speaking SPs increased the importance of the interpreter students' tasks. However, this was only the case if the SP spoke a language the medical students did not understand. If this was not the case, the medical students might be distracted from their actual tasks, namely guiding the consultation, as they unconsciously listened to and monitored what is being said. Moreover, if the medical students understood the foreign-language speaking SPs, the presence of the student interpreters became redundant. Despite this evidence, conducting a consultation in a mutual language may also generate new learning opportunities for the medical students as they may learn new terminology and vocabulary in the foreign language.

In order to prepare adequately, student interpreters had to study specific medical terminology. They acknowledged being more motivated, focussed and triggered to prepare more extensively, as they felt responsible for the successful outcome of the training sessions. Student interpreters dedicated more time to the preparation for the joint training initiative than they did for their regular interpreting classes. They did not consider the more extensive preparation to be detrimental, stating they retained more from their preparation for the joint training sessions (e.g. medical terminology) than from their regular training sessions.

All in all, it can be said that the UZIS-project creates more learning chances than simply language learning opportunities. It teaches student interpreters that theory may be in contrast with everyday workplace practice and how student interpreters can adequately prepare for a medical consultation. Additionally, student interpreters reported that after taking part in the joint training sessions, they were more informed about working with medical students and how medical students are prepared to work with interpreters. Student interpreters also agreed that thanks to the joint training sessions, they now knew how to prepare adequately for a medical consultation and were able to adapt their methods and techniques accordingly. Trainers of clinical communication skills felt medical students learned how to deal with the presence of a third participant in the simulated bilingual encounter, which is considered to be the biggest challenge for medical students, according to clinical communication skills trainers. Trainers of clinical communication skills observed that medical students often misjudged and underestimated the impact of the interpreter on the interactional

patterns as interpreters actively allocated turns to the different primary interlocutors and used verbal and non-verbal communication cues (gaze, posture and body orientation) to manage the conversation.

Our findings largely confirm the available literature about the use of SPs. However, we acknowledge that our dataset is rather small and does not allow for a diachronic analysis. In addition, the participants' opinions and views expressed during the focus groups might have been influenced by the other participants. It may be that they might have expressed slightly different views in one-on-one interviews.

In general, foreign-language speaking SPs are considered to be an improvement to clinical communication training as their presence generates new and useful learning opportunities. The UZIS-project is only a simulation of what future doctors and future interpreters might expect as professionals. Nevertheless, these future professionals already gain new insights into the work floor practice (Sandrelli & De Manuel Jerez, 2007; Pan, 2016). In doing so, trainee interpreters shift positions from members of a community of learners to members of a community of practice, where they can think and act as professionals (Crezee, 2015; González-Davies & Enríquez-Raido, 2016). Integrating medical interpreter training on various topics and at various stages in the students' curriculum will allow for more systematic training opportunities to prepare students for the multilingual reality of a fast-changing globalized world.

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## Appendix

### *Transcription conventions*

Overlap, one person speaking over other	=
Inaudible	(author)
Break off word	*
Part from transcript omitted	(...)
Information about actions during the conversation	<takes tablet>
Other noises	((sighs)) ((laughs))

### Interview questions

#### Focus group questions (simulated patients)

1. What did you expect from the medical students and student interpreters within the framework of UZIS-project?
2. Did you notice any differences between both fragments?
3. Did you observe a difference in the way the consultation is conducted?
4. Did you observe a difference in the way the students behaved? (e.g. more informal atmosphere, less stressed, more laughter,...)
5. Did you think that you as a simulated patient have an impact on the consultation?
6. How did you observe your role as a simulated patient?
7. Were you under the impression that the students were challenged by your presence?
8. Did you have the impression that it was the first time they worked with a (foreign-language speaking) simulated patient? If so, why?
9. How did you experience your participation in the project?
10. How did you manage the preparation? How did you prepare for the project?
11. Did you do something else than was described on the script? If so, did this cause any problems for the interpreters/medical students?



### **Focus group questions (student interpreters)**

1. How did you prepare for the UZIS-project? Did you do anything else than you would do for a regular interpreting class?
2. How did you experience the presence of the SPs?
3. How did you experience the difference between the exercises in class (without SPs) and the exercises during the UZIS-project (with SPs)?
  - a. What are the advantages and disadvantages?
4. Did something occur during the UZIS-project that you hadn't experiences before (during the interpreting classes)
5. How did you experience your role as interpreter?
  - a. Did you feel appreciated or not?
6. Do you have any suggestions for the organization of the project (concerning the scenarios, SPs,...)
7. Do you think the UZIS-project is an added value for the interpreter training?

### **Focus group questions (trainers)**

1. What do you expect from the student interpreters and medical students (within the framework of the UZIS-project)?
2. How did you experience the presence of the SPs?
3. How did you experience the difference between the exercises in class (without SPs) and the exercises during the UZIS-project (with SPs)?
  - a. What are the advantages and disadvantages?
4. Did something occur during the UZIS-project that you hadn't experiences before (during the interpreting classes)
5. Do you have any suggestions for the organization of the project (concerning the scenarios, SPs,...)
6. Do you think the UZIS-project is an added value for the interpreter training?