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The needs of healthcare interpreting students: A field survey on healthcare interpreting didactics / Las necesidades del alumnado de interpretación sanitaria: Estudio de campo sobre didáctica en interpretación sanitaria

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Resumen: La enseñanza de la interpretación en el ámbito sanitario en España es una disciplina en constante crecimiento. No obstante, dadas las dificultades éticas y emocionales que conlleva este tipo de interpretación, surge la hipótesis de si los enfoques didácticos actuales cumplen con las necesidades de los estudiantes y la profesión. A través de encuestas dirigidas a intérpretes sanitarios y a estudiantes de interpretación sanitaria del Máster CITISP, esta investigación busca determinar cuáles son las características principales de la interpretación sanitaria en España y cómo estas se corresponden con las preocupaciones de los alumnos y las propuestas didácticas. Los resultados muestran que los estudiantes carecen de un marco firme de referencia en el que tomar decisiones, por lo que se necesitan implementar medidas curriculares que mejoren sus habilidades a la hora de tomar decisiones complejas, mejorando así la calidad de su trabajo y su bienestar profesional.

Palabras clave: mediación, interpretación sanitaria, deontología, formación

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Abstract: Healthcare interpreting training is a growing discipline in Spain. However, the ethical and emotional challenges inherent in healthcare interpreting prompt questions as to whether the current training methodologies meet the needs that students will have once they are working as interpreters. This study, conducted through surveys distributed to healthcare interpreters and students of the CITISP Master's program, aims to identify the key features of healthcare interpreting in Spain and the way they align with the concerns and training needs of interpreting students. Results show a deficiency in students' foundational decision-making frameworks when they are dealing with emotionally or ethically challenging situations. Thus, some curricular enhancements are required to improve students' skills in terms of complex decision making, which will result in an overall improvement of their performance and well-being as healthcare interpreters.

Keywords: mediation, healthcare interpreting, ethics, training

1. Introduction

Alongside the rise in immigration that Spain experienced at the turn of the century came the need to ensure that all citizens, whatever their cultural background and language, had equal access to basic public services, such as healthcare. As a result, public service interpreting (PSI), also known as community interpreting, has taken off to guarantee equal rights. However, despite its importance, PSI is still a developing profession in Spain: there are no official interpreting associations or ethical guidelines to follow, the work of professional interpreters is usually carried out by *ad hoc* volunteers without training (Pena Díaz, 2018), and the boundaries and duties of interpreters remain blurred, especially in areas such as healthcare interpreting, which relies so heavily on the human factor.

Despite –or perhaps, because of– the current professional situation, the training of public service interpreters is an ever-growing field in Spain. There are many examples of university courses, both at undergraduate and postgraduate level, that offer specific courses on PSI and its subdivisions (law, education, social services, healthcare, etc.). However, given the reality of the field in our country, the question arises as to whether their didactic approaches meet the needs of future interpreters once they enter the workforce. Do interpreters in training know the challenges they will confront when interpreting in real settings? Is academic training focusing on the fundamental issues found on the job? And, if that isn't the case, how could it be improved?

The following research originates within this context with the hypothesis that there is a significant disconnection between the reality of the job and the way interpreting ethics and challenges are taught. To confirm said hypothesis, we have carried out two surveys directed at healthcare interpreters and healthcare interpreting trainees in Spain. The surveys aim to determine the main concerns and real needs of professional interpreters, the perception that trainees have of them, and how the current didactic approaches target said challenges, in order to propose a series of measures that guarantee the best possible training for future interpreters.

2. Healthcare interpreting: the human factor

Public service interpreting, especially in healthcare, is a job that focuses on culture as much as on language. Language proficiency, terminological knowledge, interpreting strategies and memory are key skills for medical interpreters, but they are in vain if a fundamental component is neglected: the human factor. Culture plays a significant role in the way people conceptualize health, treatment, and death, which might lead to lack of trust and serious misunderstandings between patients and healthcare providers (Valero-Garcés & Wahl-Kleiser, 2014). Healthcare interpreters must account for the cultural preconceptions of both parties in order to bridge communication gaps successfully, whilst also carrying their "own personal baggage (language, culture, ideology, etc.) [...] and the public service's criteria" (Pena Díaz, 2018, p. 99), which will inevitably lead the interpreting decisions.

However, challenges in healthcare interpreting are not just cultural, but social too. Corsellis (2010) highlights the great imbalance that appears in interactions between patients and providers, since the former find themselves in a very vulnerable position, caused by illness, that hinders interaction. This vulnerability is exacerbated by communicative issues caused by both a lack of proficiency in the dominant language and the thematic specialisation that characterises healthcare communication.

As a result, when speaking about the healthcare context as opposed, for example, to the legal one, the question is not whether the interpreter will take on an active role in the conversation, since they often must intervene and sometimes advocate and help one of the parties – typically, the patient. The real issue is the extent to which the interpreter can, or should, participate in the interaction, and how that will affect their professional practice. Martín-Otty and Abril-Martí (2002, p. 56) documented that healthcare interpreters were often forced to carry out activities for which they were not trained, such as filling in patients' documents, accompanying them in their journey through the healthcare system, or even making judgments about their illnesses and treatments. Despite the developments in the profession, these practices are still present in Spanish hospitals (Aguilar-Solano, 2015) and will reappear in the discussion section of this paper. Consequently, the lack of boundaries that characterises healthcare interpreting compromises the impartiality and ethics of the interpreters and greatly affects their job.

3. Action plans: impartiality, multiparciality or advocacy?

The level of intervention that often occurs in healthcare interpreting, which requires the interpreter to be an active and visible party in the conversation, seems to suggest that healthcare interpreting is closer to multicultural mediation than to impartial interpreting. For instance, researchers like Nevado-Llopis (2013) and Sánchez-Pérez (2015) have identified mediation as an activity that includes accompanying the patient, offering counselling and advice when necessary, and advocating for patients' rights in a way that requires a greater level of intervention than interpreting does. The issue that arises out of this differentiation is that interpreters in training, who have yet to face the challenges that the real world poses, may not consider themselves fit to advocate for patients, or even maintain that those actions are outside of the limits of their role. And although they may be right in their claims, this is an example of the disconnection that exists between the theory of healthcare interpreting and its practice. There seem to be no clear boundaries in terms of responsibilities, but the boundaries that theory establishes are sometimes too constrict and may prevent students from developing all the skills that they need to perform in the market.

In that sense, it may be more useful to discuss the concepts of impartiality and advocacy and how to navigate the continuum between during the decision-making process of a mediated conversation. As defined by Cambridge (2002, p. 123), impartiality focuses on interpreting a discourse in a way that is precise, complete, and true to the original version, only intervening if clarification is necessary. On the other hand, advocacy, as described by the American National Council of Interpreting in Healthcare (NCIHC) "is understood as an action taken on behalf of an individual that goes beyond facilitating communication with the intention of supporting good health outcomes" (2021, p. 27). However, the NCIHC only recommends this approach after trying other less intrusive actions and only when the health and safety of patients may be compromised.

Nonetheless, as it has been mentioned before, impartiality and advocacy are two extremes of a continuum that meet in the concept of multiparciality. Multiparciality can be understood as an opposite idea to impartiality, since impartiality focuses on taking nobody's side, whereas multiparciality seeks to consider everyone's sides (De Luise & Morelli, 2007, as cited in Sales Salvador, 2014). On a similar note, Vargas-Urpi (2016, p. 61) described it as a type of general advocacy, used to "understand the positions and safeguard the interests of all parties involved". The idea that interpreters must safeguard the wellbeing of all the different parties is also supported by Morelli, who highlights the importance of being able to manage the rhythm and tone of the conversation as a communication specialist. Morelli (2007, p. 446) argues that a public service interpreter cannot limit their work to that of a neutral agent but "act as a coordinator between interventions and as a multipartial moderator [...] that must be able to identify when and how to *advocate* for either of the parties".

Under these premises, ethics play a fundamental role in the field of healthcare interpreting. The unique position of healthcare interpreters as linguistic and cultural bridges between healthcare providers and patients requires a steadfast commitment to ethical principles, for several reasons. Codes of ethics ensure interpreting quality, thus protecting both healthcare providers and patients, the two parties that lack a framework to assess the quality of the interpreting job (Red de Intérpretes y Traductores de la Administración Pública, 2012, pp. 99-100). Additionally, they are also key for protecting the needs of interpreters as professionals. Since interpreters often encounter emotionally difficult situations in healthcare, they need a robust ethical framework that sustains their decisions and releases them from part of the emotional toll their job can take on them. Although in Spain the creation of an official ethical code for interpreters is yet to occur, the key principles agreed upon by both national and international associations and scholars are confidentiality, accuracy, integrity, and impartiality (Valero Garcés, 2008; IMIA, 2008; CHIA, 2002). Of these four pillars, the one that could be up to debate based on the previous literature review is impartiality. The question of whether interpreters in training are aware that advocacy and impartiality are not opposite concepts is one we will discuss in the following pages.

4. Training curricula and CITISP Master's Degree

Many relevant voices in the field of translation studies, such as Mikkelson, Ozolins, Taibi and Martin, have pointed out the importance of training as a step towards regulating and improving the conditions of the interpreting sector (as cited in Abril, 2006, p. 287). PSI training differs from the skills taught in conference interpreting due to the emotional and ethical complexity of the former, which has already been discussed in length. Furthermore, healthcare interpreters are usually expected to perform not just as interpreters, but as support for patients, which highlights the need to be completely familiarised with the healthcare setting.

The particularities of PSI training have led to the development of specific curricula to target its needs, and the number of courses that focus on PSI as a discipline grows every day. As of 2021 (Álvaro-Aranda & Lázaro Gutiérrez, 2021), ten different universities in Spain offered specific courses on PSI, three of them at postgraduate level. Out of all the formative options, the European Master's in Intercultural Communication, Translation and Interpreting in Public Service Interpreting (Master CITISP, by its Spanish acronym), taught in the Universidad de Alcalá (Madrid) offers the most comprehensive curriculum to date, since it entirely focuses on the discipline of PSI and dedicates a significant part of its credits to healthcare translation and interpreting.

This master's degree offers a specific course on healthcare interpreting for each of its specialisation languages, which in the year of this survey were Arabic, Chinese, English and French. As stated in the master's study plans for all languages, the course of healthcare interpreting is divided into four content section that deal, respectively, with the essential characteristics of public services interpreters; the specific characteristics of healthcare interpreting; specialized terminology in the medical field; and different techniques and types of interpreting (consecutive, bilateral, *chouchotage* and sight translation). According to the syllabus, the course follows a practical approach that relies on cooperative work in the classroom and that allows students to acquire problem-solving skills as well as translation and interpreting strategies. The strategies developed include "requesting clarification, using synonyms, paraphrasing, back-interpreting, deverbalisation, rectification and methods for recovering information or dealing with unexpected situations" (Álvaro Aranda & Lázaro Gutiérrez, 2021, p. 73). The practical approach also introduces roleplays as interpreting practice, which allows to acquire problem-solving skills in relation to ethical dilemmas. On a more theoretical level, plenary sessions are often used as a place to encourage opinion exchanges between trainers. Finally, the syllabus mentions the importance of codes of ethics and considers the cognitive difficulty involved in healthcare interpreting.

It should also be noted that teaching approaches underwent some changes following the COVID-19 pandemic. As described by part of the Master's team, before the pandemic students would take a test before the start of the course which "constituted, for many, their first contact and experience with interpreting" (Álvaro Aranda et al., 2021, p. 142). The test helped students to develop self-awareness about their natural interpreting skills and worked as a reference point for teachers, who would adjust the content to the general level of the class. After the pandemic, the test has not returned to the program, which poses the question of whether the differences between students with different levels of training may be more pressing than in courses in which this measure was implemented.

Despite the level of specialization and the comprehensiveness of the curriculum, it is yet to be seen if the didactic approaches fulfil the needs of interpreters in training. In the following section we will discuss the two surveys that were passed to healthcare interpreters and trainees in order to establish a correlation between theory and practice.

5. Methodology: interpreters and trainees surveys

The first survey of this research (hereafter referred to as Survey I) was aimed at healthcare interpreters. It was developed with the objective of analysing current trends in healthcare interpreting in Spain. It contains a total of 13 questions that focus on interpreting ethics (interpreters' self-perception and their relationship with patients and providers) and professional challenges (strategies and skills most often used). The survey was shared directly with interpreters that work alongside the master's and sent to two associations:

the company Interpret Solutions, in charge of providing telephone interpreting services to hospitals in most of the country, and the AVISA association, which offers interpreters for hospitals in Nerja, a highly touristic area in the autonomous community of Andalusia. This survey received a total of 30 responses.

With those results in mind, the student survey (hereafter referred to as survey S) was created to determine three different issues: the perceptions students have of interpreting ethics, their level of satisfaction with the training they received, and the major difficulties they find when interpreting. A survey of 19 questions was created, divided into four sections besides the sample data: 1) the continuum between impartiality and advocacy; 2) differences between interpreting and mediating; 3) ethical issues and how to face them; and 4) training experience. The survey was sent to the 140 students that took part in the 2022/2023 course, but only 26 responded.

The responses of both surveys were anonymous, and results gathered were analysed using the Microsoft Excel platform to establish correlations between responses.

6. Results

Beginning with the results we obtained from the surveys directed at interpreters, the first interesting characteristic is the background of the respondents: around 80% of them indicate that they have no academic training in interpreting, but about half have received other complementary training, such as workshops or seminars.

In terms of interpreting ethics, respondents view themselves as impartial professionals by a landslide, with 90% of them stating they remain impartial “almost always” or “always”. However, when asked whether they consider part of their job to advocate for patients when necessary, the results are quite divided: 30% considered it is always part of the job, whilst another 30% think the opposite, with the remainder responses leaning towards an advocatory approach. When asked to assess whether the work they perform was closer to interpreting or to mediation, respondents either chose to describe it as purely interpreting or as something intermediate between the two categories.

In relation to their professional experiences, the most common issues they encounter are related to the expectative healthcare providers have of them. When it comes to interpreter’s duties, almost half the respondents admit that they have had to provide administrative support on multiple occasions. Explaining medical concepts to the patient also seems to be widespread practice, with 43% of respondents stating it happens “almost all the time”.

When asked about the most important skills interpreters should have, they establish that proficiency in the working languages is key, with 80% of respondents describing it as the most important. Language proficiency is followed by cultural competence (90% deem it either “important” or “very important”) and familiarity with the healthcare system (rated as important by 80% of respondents). The skills that stand out as “very unimportant” are relationships with patients (described as such by 13% of respondents), relationships with healthcare providers, and ethical skills, which are both rated as such by 19% of respondents. Nonetheless, over 40% of interpreters do consider these relationships important, if not so much as the rest of other skills.

The survey included an open-ended question at the end regarding professional advice to interpreters in training. It elicited a total of 23 responses that, although diverse, touch on several common topics. In terms of impartiality and advocacy, some respondents mention

that "interpreters are [...] not judges who must watch over ethics", whilst others highlight the importance of "always having respect for the patient and giving them the feeling that you understand what they are feeling". There are multiple mentions of concepts such as patience, empathy, and lack of prejudice, and some speak of support and help: "you only choose this career because you want to help and be useful to the patient and to the health providers". Finally, another common theme is related to the psychological effect this work has on interpreters themselves, so they advise trainees to "prepare to face very stressful situations" and learn to "protect themselves emotionally".

When it comes to student surveys, they begin with questions regarding the differences between mediation and interpreting. The first question assesses whether they are familiar with the concepts of "impartiality" and "advocacy", which 70% state they know, although there are some differences by language: while 85% of the English students recognize the concepts, the French and Chinese responses are much more divided. On the other hand, 65% of the total believe that the approach typically used in healthcare interpreting is impartiality, and almost 50% place their interpreting style close to it. However, if these data are isolated by language, English and French follow this trend, but Chinese students point to the advocacy approach as the most common in healthcare interpreting (60% of the total), and none of them choose impartiality as their interpreting style of choice.

Survey S also seeks to determine the perception students have on the importance of different skills for both interpreters and mediators, to gauge the differences they perceive between both disciplines. In the case of interpreting, the most relevant skills according to the respondents are, from most to least important, confidentiality, cultural competence, and accuracy, while the least relevant are wilfulness and patient support. Neutrality falls precisely on a neutral position between most and least important. In the area of mediation, the absolute winner is cultural competence, which 80% of respondents mark as "very relevant". The rest of the skills are regarded at the same level, although confidentiality, patient support and communication management also stand out for their relevance. In the case of neutrality, the assessment is quite divided: 41% of the responses place it between "relevant" and "very relevant", 30% put it on the opposite side of the scale, and 27% believe it to be an indifferent skill when mediating in a healthcare setting. In view of these skills, 58% of the respondents consider themselves qualified to act as mediators based on the training they have received as interpreters.

In terms of ethics, students were asked about the importance they grant to the key ethical values that are included in several codes of ethics by ordering them from most to least important. Those deemed most important are professionalism (31%), accuracy (23%) and respect for individuals and their communities (19%), while the two that finish lowest on the list are cultural awareness and impartiality. In fact, only 4% of respondents place impartiality in the first place, and 35% of them consider it the least important value. No substantial differences were observed by languages, although the case of English students stands out, with almost 50% placing impartiality in last place.

Furthermore, when confronted with situations that would force interpreters to make decisions that could compromise their ethics, the trend is quite clear: 80% of the total do not think that establishing relationships with patients outside of the consultation room is ethically appropriate, and 50% have the same opinion when it comes to healthcare providers. On the other hand, although opinion is divided, almost half of the respondents (45%) believe that helping patients to navigate the healthcare system is within their responsibilities as interpreters. Finally, students seem aware of the need to intervene with their own voice in the conversation when there could be misunderstandings, as almost 90% of them are willing to intervene when necessary.

The same question that was included in Survey I regarding the importance of interpreting skills was also presented to students. Trainees described as the most important skills language proficiency (85% considered it "very important"), cultural competence (85%), and terminological knowledge (65%). Knowledge of the healthcare system, ethical skills and mediation skills are also considered "important" or "very important" by 84%, 80%, and 76% of respondents, respectively. On the other hand, relationships with healthcare providers or patients are among the least important.

When asked about the importance these skills had during their training, those discussed more frequently where terminological knowledge, language proficiency and familiarity with the healthcare system, which the respondents describe as "often" or "very often" discussed 83%, 60% and 53% of the time, respectively. At the other end of the scale, relationships with healthcare professionals and patients, along with mediation skills and cultural competences stand out as the least relevant in class. Based on these facts, on the question of whether classes were useful in establishing an interpretative approach (impartial or advocatory) opinions were again divided: 22% of the respondents disagreed, 35% agreed and 42%, were neutral. However, almost 100% of the respondents stated that learning about these two approaches should be a relevant part of their training. Finally, it should be noted that there is also a division in students' satisfaction with the course in healthcare interpreting in general: 54% are not satisfied with the training received, while 46% say they are, with no major discrepancies between the three languages. There was one final open-ended question asking students to share other criticism, where the most common theme involved the prominent level of theoretical information as opposed to practical exercises.

7. Discussion

The responses in Survey S prove the hypotheses that inspired this research, as almost 100% of the respondents indicate that ethics are an important topic in interpreting training. In addition, many of the responses suggest that there is a need for curricular changes in training. The results show considerable differences between students' needs and didactic approaches, resulting in just over 50% of respondents expressing dissatisfaction with their training.

Although answers to most questions were quite consistent throughout the three languages surveyed, there is one key area where culture plays a significant role: the dichotomy between impartiality and advocacy. In overall results, there is a tendency towards impartial interpreting set by the English and French students, whilst data gathered from Chinese students show they tend to favour an advocacy approach. The reasons for this can be partially attributed to the numerous cultural differences that exist between Chinese and Western cultures, which could lead to a greater number of misunderstandings in a conversation with a Chinese patient. In addition, it should be noted that none of the Chinese interpreters were native Spanish speakers, as opposed to the students of English and French. Therefore, Chinese trainees could be more aware of migratory issues, which may encourage them to follow an approach that somehow favours the patient as a result of cultural empathy (Silva et al., 2020).

What students consider the most relevant skills in interpreting are in line with the usual codes of ethics for that discipline, and the same is true of mediation skills, where those linked to relationships with patients and their cultures stand out. On the other hand, there is an interesting contrast in terms of the idea of neutrality, since it is considerably more valued when talking about interpreting than mediation. Although literature often highlights the idea that mediation should also be based on impartiality, students tend to downplay its importance, perhaps as a result of a misconception on the job of the mediator.

There is another interesting inconsistency in relation to impartiality. Although, when reviewed on its own, it is always considered a key skill for an interpreter, when assessed in comparison with the rest it is regarded as the least important skill by far. This assessment could be explained with the argument that students value the importance of impartiality according to what they perceive in the working world, which may not necessarily match their own values. Furthermore, these results may imply that, unconsciously, students consider the relevance of the interpreter's voice during their job: they are aware they will have to intervene at some point of the conversation, and they regard that intervention as something that may compromise their impartiality, but that is worth the risk. This suggests, on the one hand, that students believe alternating between interpreting with an advocatory and an impartial approach is not an option, that is not commonplace. Since it has been established that advocacy and impartiality are a continuum that interpreters need to navigate skilfully, trainees may not be aware of the need to move between both approaches due to the ethical complexities and nuances they will have to face in the market. On the other hand, students seem unsure about the boundaries of the interpretive approaches and what it really entails to interpret as opposed to mediating, and as opposed to advocating for one of the parties of the conversation. Therefore, they seem to lack an ethical frame of reference within which to make decisions during a conversation, which could affect their overall performance as interpreters, the quality of their job and even their mental health.

From the outset, Survey I mirrors patterns that were also observed in Survey S. Almost unanimously, interpreters place themselves as impartial professionals and stray away from advocacy as a professional approach, whilst also considering, on a large scale, that part of their job includes advocating for the patients. However, this should not be understood as a contradiction, but rather as an example of the same conceptions that students point out. If we understand the interpreting/mediation and impartiality/advocacy dichotomies to be a continuum, it is not surprising that interpreters consider themselves impartial on a general level but are willing to advocate for the patient in situations where they deem it necessary. Indeed, they admit they do, by intervening in the conversation in ways that could compromise their impartiality principle: they act according to the requirements of the situation, instead of limiting themselves to one specific interpreting approach.

This is also interesting when considering how most respondents admit to only using their mere common sense as a code of ethics, either because they lack an official version given by their employer, or because they do not deem it necessary. This, on the one hand, may be fair evidence of the limitations of current codes of ethics, which seem to be unfeasible in many cases because of the complexities that interpreting ethics present; and, on the other hand, it is proof that interpreting ethics in healthcare are still very much subject to subjectivity. That is why a firm ethical framework is fundamental for healthcare interpreters: when they have nothing to follow but their common sense, they need to know where their common sense relies.

Furthermore, there are two professional competencies that stand out when comparing the answers of surveys S and I. For interpreters, the relationship with patients and healthcare providers are even more important than other competencies, such as their own ethical skills, whereas students usually placed them next to the least important skills. This brings us back to multiple studies, such as those by Wadensjö (1998) or Angelelli (2004), which highlight the truly relevant role that interpreters have in a conversation. Interpreters are not merely linguistic bridges: they are mediators, in the purely communicative sense, and the skills they must have to manage conversations and deal with the human factor are fundamental to ensure that parties reach an understanding. However, trainees tend to focus on more technical abilities, often related to language, and disregard general communication and

mediation skills. These results are even more remarkable considering that the relationships established between healthcare providers, patients and interpreters are not often part of the curriculum of the healthcare interpreting course, thus disregarded as a key element of communication. Therefore, in order to adapt the training in classrooms to interpreting reality, this is one of the main disparities that needs to be address, given the importance it seems to have in the field.

8. Conclusions

Throughout this research, two surveys have been carried out to try and determine the differences between the reality of healthcare interpreting and the current training approaches in Spain. The results of said surveys have shown that there is a disconnection between the way healthcare interpreting is taught and the way it is carried out, and they have shed light on some of the main concerns and difficulties of interpreting trainees.

Among the most substantial discrepancies between theory and practice we may highlight, in the first place, the importance of relationships between healthcare providers, patients and interpreters. While students do not consider it an important part of the conversation, nor does it constitute a relevant part of the curriculum, interpreters in the field consider it quite similar to the rest of their skills, which is understandable considering the effect they may have on ethics and, therefore, on successful communication. On the other hand, the contrast observed between the interpreting approaches preferred by the students and those that are more common in the workplace is striking. Most English and French students opt for an impartial approach when interpreting, but the experience of professional interpreters provides different data, as facts seem to show that advocating for the patient is an inherent part of the work of healthcare interpreters. Results show that interpreting trainees lack the skills to be able to navigate difficult ethical situations successfully: they are unaware of what is expected from them in the working field, have different opinions on a conscious and subconscious level in relation to what it means to interpret, and are still unsure of their own approaches to the job.

In an attempt to overcome all these issues, we propose a series of measures to be included into the curriculum of the healthcare interpreting course that could improve the satisfaction and perception of interpreting trainees:

1. Increasing practical classes and keeping theory to a minimum, since many students complain that they lack enough practice to carry out their job successfully. Introducing these practice-focused lessons earlier on in the curriculum would also be useful, since research shows that gradually learning interpreting skills is necessary to internalise them correctly.

2. Enhancing the focus on the relationships between interpreters, healthcare providers and patients by exposing students to complex situations where their ethics are at stake. This could be done via classroom activities and roleplays, but investing in multidisciplinary projects with other degrees is worth considering as a way to delve deeper into interprofessional relationships. Those activities would benefit both providers and interpreters highly, and eventually it would have a direct and positive influence on the professionalisation of healthcare interpreting.

3. Introducing more comprehensive training about the impartial and advocacy approaches to interpreting, as well as their consequences. Given that the efficacy of codes of ethics is still disputed, emphasising the importance of a firm reference framework to

make individual decisions could be a first step to strengthen students' ethical skills. This training would include exercises to encourage students to develop their own ethical principles with a complete knowledge of their consequences and the best way to implement them during communication. To achieve that, multiple practical exercises that get students used to making decisions could be included into the curriculum, thus training them to deal with cognitive fatigue and preparing them for the main challenges that will arise during their working career.

Although the aim of this research is limited, since it focuses solely on the students of the CITISP Master and the current circumstances of healthcare interpreting in Spain, it could be beneficial for interpreting trainees as a whole. By offering valuable insights on students' preconception and concerns, and thus focusing the didactic approaches on their needs as trainees that will soon be working in the field, we aim to help them navigate the complex landscape of healthcare interpretating, ultimately improving patient outcomes and communication in the healthcare setting.

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