

Development of a Blended Learning Program for Training Medical Interpreters

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Abstract

According to the Ministry of Justice, 24,039,700 foreigners visited Japan in 2016 showing 21% increase comparing previous year (The Ministry of Justice, 2018). Against this background, language barriers put the health of foreigners in Japan at risk, because they have difficulty in accessing health care and communicating with medical professionals. Medical interpreting training is urgently needed in response to language problems.

The goal of this study was to further develop the e-learning program into a blended learning program that is the blend of face-to-face lectures and e-learning. A blended learning program for medical interpreters was developed based on an e-learning program developed in 2015. The results were integrated into a syllabus. Our study suggests that the developed blended learning program could be useful in improving students' knowledge and abilities in the field of medical interpreting; however, further research is necessary to determine the most effective type of medical interpreter training. The blended learning program developed in the current study could be a powerful tool for future research towards devising more effective medical interpreter training programs that can help to overcome common language and cultural barriers between medical professionals and patients.

Keywords

Medical interpreting, healthcare interpreting, blended learning, e-learning, Moodle

1. Introduction

According to our previous study (Ono, 2013) core competencies in medical interpreting are: (a) maintaining accuracy and completeness; (b) medical terminology and understanding the human body; (c) behaving ethically and making

ethical decisions; (d) nonverbal communication skills; and (e) cross-cultural communication skills.

We thought some of the competencies can be acquired with e-learning system. At Osaka University, blended learning for court interpreters was developed to maintain accuracy and completeness. Scenarios with frequently used expressions were developed and uploaded online, allowing learners the opportunity for self-study. We corroborated developer of training system for court interpreter, and developed Moodle-based learning system for medical interpreter to acquire core competencies in medical interpreting (Ono, 2016).

The objective of this study was to apply blended learning in training medical interpreters by reviewing and updating existing course.

2. Methods

2.1 An Overview of the Healthcare Interpreting Course Design in Blended Learning and E-learning

We provided an overview of the healthcare interpreting course design in blended learning and e-learning, by searching courses through a literature review and website search.

2.2 Development of Blended Learning Program

We designed a virtual environment allows the execution of complementary experimental exercises for learners of medical interpreting and introduction to theoretical background of medical interpreting.

We further developed the e-learning program into a blended learning program, which is the blend of face-to-face lectures and e-learning. A blended learning program was developed based on an e-learning program developed in 2016.

3. Results

3.1 Results of an Overview of the Healthcare Interpreting Course Design in blended learning and e-learning

The survey results revealed that the typical healthcare interpreting course in Japan only provides lectures as e-learning. Contents of the program and evaluation should be continuously reviewed to provide effective blended learning programs.

3.2 Development of Blended Learning Program

The program was integrated into Moodle and a syllabus was created. Table shows syllabus for blended learning for medical interpreting

**Table
Syllabus for Blended Learning for Medical Interpreting**

Title	Medical interpreting
Study duration	22.5 hours
Overview	
This blended learning course provides basic knowledge and practical training to acquire five core competencies as medical interpreters: (a) maintaining accuracy and completeness; (b) medical terminology and understanding the human body; (c) behaving ethically and making ethical decisions; (d) nonverbal communication skills; and (e) cross-cultural communication skills	
Grading	
Pretest, Posttest 50% (Pretest 20%, Posttest 30%), Group presentation 20%, Report 20% (Ethics 10%, NVC 10%), Attendance 10%. Grading is comprehensively conducted including achievement of online tasks and active discussion on bulletin board. Fail if attendance was under 60% of total class. Each absence is noted and grades are lost.	

4. Discussion

The goal of this study was to develop the e-learning program into a blended learning program. The literature review showed that there are some studies focused on application of blended learning for English for medical purposes but few studies into application of training for medical interpreters. Moreover, no courses were based on specific instruction design.

The e-learning program developed in 2016 was further developed and improved into a blended learning program. The results were then

integrated into a syllabus.

In future, we aim to further develop the following aspects of our work. First, it is difficult to motivate learners because in some cases it is not mandatory to complete the course. We need to create a system that motivates learners continuously. Second, individual goal setting depending on the learner's level and needs should also be considered. Hospital workers in a specific department who need to communicate with patients urgently require a tailor-made program, while college students need to develop general knowledge and skills regarding medical interpreting. The blended learning course should have some flexibility in its curriculum and testing system. Third, cost (budget, human resources, and development time) should be reviewed and realistic goal setting for development is required. Our future study will solve these problems and the developed blended learning program will be pilot tested with a range of different audiences. Our study suggests that the developed blended learning program could be useful in improving students' knowledge and abilities in the field of medical interpreting; however, further research is necessary to determine the most effective type of medical interpreter training. The blended learning program developed in the current study could be a powerful tool for future research towards devising more effective medical interpreter training programs that can help to overcome common language and cultural barriers between medical professionals and patients.

Acknowledgments

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