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*Focusing the Gap: Productive Post-IEP Development*

By

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Action Research

Western Oregon University

December 4<sup>th</sup>, 2018



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**WE, THE UNDERSIGNED MEMBERS OF THE GRADUATE FACULTY OF  
WESTERN OREGON UNIVERSITY HAVE EXAMINED THE ENCLOSED**

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Action Research Project Title:

Focusing the Gap: Productive Post-IEP Development

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Candidate for the degree of: Master of Arts in Interpreting Studies

*and hereby certify that in our opinion it is worthy of acceptance as partial fulfillment  
of the requirements of this master's degree.*

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## ABSTRACT

For signed language interpreters there are a limited number of formal transition programs to aid the development from completion of an interpreter education program (IEP) to competent professional. This period of time is an important time for building a professional foundation. Research in other practice professions has shown that gradual transitions towards autonomy under adequate supervision and coaching provide a forum for practitioners to grow in their professional abilities with the support needed to guide them. The type of program used as a model in this study is the medical residency program where underclassmen learn a new skill from an upperclassman, practice this skill, and finally teach the skill to the next cohort. All phases are done under a competent professional's observation. By conducting an action research project on my practice, benefits of this progression during an interpreter's formative years were delineated. The study was conducted to assess the benefits of cycling through learning, practicing and teaching phases with the oversight of a competent practitioner. The action research findings support the recommended progression of learn, practice, teach.

Key words: Apprenticeship, mentorship, mentor-tree, work readiness, interpreter programs, gap, post-IEP, gap programs, medical residency model.

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## INTRODUCTION

A newish interpreter steps into a new job site. She has never worked here before, indeed there are many places she has never worked, yet. She is excited and focused. Going through security she easily finds the department and gets connected with the clients. The consultation begins. The interpreter is checking her feedback channels, allowing time for processing, asking for clarification when she needs it. In other words, everything is going very well. At one point something comes into question. Is it something she misunderstood or misinterpreted? Or is it something the client does not understand from what the source speaker said? The interpreter finds her way through the situation and the interaction proceeds. It all seems to turn out well.

On the drive to her next job the interpreter remembers that glitch, but she is driving and turns her attention to the next assignment. Over the next few weeks that glitch comes to mind repeatedly. There are other events that pop up in her work. Nothing is going egregiously wrong, but definitely moments where things are not smooth. She starts to feel nervous before jobs, “what if something really does go wrong? Could I handle it?” she wonders.

Without a field-tested connection to our foundation, something that we have worked with in an environment true to life with an advisor or mentor there to consult with, we do not really know if classroom practice and book knowledge is strong enough to pull us through when we need it to. When the situation goes beyond what we have experienced, in that moment, what do we trust?

The above vignette in general depicts an interpreter I feel we all can identify with. I did not have a strong support network after my interpreting program. It was by talking through what I was learning with my family, who had never had a linguist or interpreter among them before,

that solidified my foundation in interpreting, my process, and situation navigation. Teaching my parents and cousins what I had learned and practiced in my interpreting program made them my impromptu interns. Was this enough of a teaching arena? Maybe not. Did it help? I think so. At least a little. Could I have benefitted from cycles of learning, practicing, and teaching under the supervision of a mentor during my professionally formative years? How the process of learn, practice, teach further prepares interpreters for the transition from novice to proficient in the field was what I looked into in my action research.

As a signed language interpreter who completed an Interpreter Education Program (IEP) and struggled through the following years out in the field with little or no support, I see the need for a formal progression towards autonomy in our practice. While achieving certification is something we should strive for, our professional certification test, National Interpreter Certification (NIC) Knowledge and NIC Performance Exams, do not indicate more than achievement of the minimal skill level necessary (Registry on Interpreters for the Deaf, Inc., 2018). There are mentorships offered by agencies and local chapters of Registry of Interpreters for the Deaf (RID) and there are more graduate programs offering something to bridge or narrow the post-IEP gap. One local agency has a strong mentorship program for anyone who signs up and pays for it (“SLR Mentorship,” 2013). Other local agencies do not offer mentoring. The local RID chapter, Metro RID, has recently started a peer-mentoring monthly meet up (New York City Metro Registry of Interpreters for the Deaf, 2018). The former seems left to the devices of the participants and the latter may focus on research or on a specific niche of interpreting. These programs are vital to the growth of the field, but are they fully addressing the post-IEP interpreter’s needs during the most formative years of her career?

Before becoming an interpreter, I got a Master's of Fine Arts (MFA) in the visual arts, specifically for theatre design. The things I learned about working and about myself from attaining that degree have been invaluable to me. Armed with that experience and a local mentor program, I muddled through the formative years of my interpreting career.

For my action research I looked at the kinds of support available for interpreters exiting their IEPs, the gaps in these supports, what other practice professions do to prepare their students for the field, and how I could apply these to my own practice. I was interested in further developing the structure of interpreter education programs to facilitate professionals successfully transitioning into the field. Having a more supported transition from formal education to professional interpreter using a learn, then practice, then teach progression, all while under observation by a seasoned professional, I believed would increase professional success.

## **Background**

Interpreter education has developed since the inception of the field from weekend courses to two and four-year collegiate programs, master's and doctoral degrees. Yet, there is a gap in the continuum of interpreter education leaving stakeholders unable to achieve competence in the field (Stewart, Schein, & Cartwright, 2004; Patrie, 1994; Witter-Merithew & Johnson, 2005). Interpreting programs are longer but spread the focus of study to language acquisition (Maroney & Smith, 2018). After an interpreter education program, many have found themselves unprepared for working in the field and a research centered master's program shifts the focus away from gradually increasing autonomy in ethical decision making and soft skill development (Meadows, 2013). Research is necessary for the development of the field. Practitioners in the field might be best suited for conducting research in their area. This calls us to question, is

research better pursued after fundamental skills are developed to proficiency and fixed in professional habits?

When entering the work place, an office or business of some kind, there is a boss and coworkers. Working in the community of a business provides workers with other people around to bounce ideas off of and a workplace style feedback for the new worker. Interpreters do not typically have any of this support or feedback in the work place. Like the interpreter at the opening of this paper, we most often work in isolation, without peers, without anyone at the site who knows what exactly we are doing and how we do it to give us feedback. Recent interpreting graduates are expected to develop foundational skills in ethical decision-making, situation management, etc. without a forum to guide and challenge them.

There are some options for new interpreters. Finding a mentor is one. This can either be an informal pairing of local interpreters or a formal mentorship set up by an agency or a local Registry of Interpreters for the Deaf (RID) chapter. The RID chapter with which I am currently affiliated has an informal monthly peer-mentor style meeting (New York City Metro Registry of Interpreters for the Deaf, 2018). There are some online resources for tools or self-mentoring practice (e.g., National Consortium on Interpreter Education Centers, 2018). Often there are not enough qualified mentors to meet the numbers of novices. Mentors need to be vetted, matched, and given the support they will need to mentor well. Mentor training programs should be supported. Mentors and interns should be matched with care. People naturally work well with some but not others and this dynamic might be important.

Another option is for the new interpreter to go back to school: not always an option for someone trying to make ends meet in a new profession. When I was at the point in my training when a post-IEP program made sense, my search did not bring up many options and most were

specialized. I felt that early in my practice it did not make sense to specialize. I remember finding Rochester University and Gallaudet University graduate programs through an Internet search. At that time, I did not think to consider spoken language programs.

More recently there are an increasing number of college level and postgraduate interpreting programs around the country. A recent internet search for master's programs in American Sign Language interpreting generated a list of ten schools on Study.com (2018). Only two are listed as offering master's degrees; Western Oregon University and Gallaudet University. Not indicated on the Study.com list are Rochester Institute of Technology (2018), St. Catherine University (2018), University of North Florida (2018), and Video Relay Service Interpreting Institute (VRSII) (2018), which also offer master's in interpreting. There are also a couple of gap programs at the above-mentioned schools. St. Catherine has their Graduation to Certification Quest (2017) in the pilot stage, VRSII has their School-to-Work program, and Western Oregon University has a 16-month master's program focused on theory and practice (Western Oregon University, 2018). St. Catherine has new programs in development (St. Catherine University CATIE Center, 2018). VRSII School-to-Work has been put on hold for restructuring at the time of this paper (Video Relay Service Interpreting Institute, 2018). It is also interesting to note that one of the programs in my search was the European Master in Sign Language Interpreting (EUMASLI) through a collaboration between Heriot-Watt University, Magdeburg-Stendal University of Applied Sciences, and Humak University of Applied Sciences (EUMASLI, 2018).

Of these master's programs I have found, by investigating individual schools, that they fall into two categories; specialization (medical interpreting, legal, or teaching interpreting) or research. As a new field, research in signed language interpreting is essential for the growth and

recognition of the profession. Specialization for a new interpreter will limit her exposure to developing her skills in a range of settings. However, focusing on research right after graduating from an IEP seems to skip over the professional building blocks new interpreters need to focus on in the foundational years of their practice. Many of these post baccalaureate programs require several years of experience in the field before applying (Healthcare Interpreter Career Lattice, 2017). The requirements for these succeeding programs seem to be unattainable for some of those wanting to enter these programs. Support is needed for the new interpreter to continue developing her skills as she enters the field.

Having several years working in the field under my belt, my thoughts have been drawn to review those years. The interest I am exploring is what the influence of structured post-program professional development has on the individual and her first years in the field. Looking at my experience in those years and in a mentorship pairing and paralleling them with something like the medical field where each student goes through medical school, internship, residency, and maybe a fellowship, before becoming an attending physician where they oversee the teaching of the next generation of doctors. The hands-on, walk-you-through-the-first-years-of-your-profession approach from one practice profession, medicine, could be a beneficial direction for our practice profession, interpreting.

### **Statement of the Problem**

The problem is that interpreters find themselves in situations they are not prepared for after graduating their IEP (Walker & Shaw, 2011). With other long-established practice professions, like teachers, lawyers, social workers and physicians (Dean & Pollard, 2013; Docterly, 2018; Social Work Guide, 2018), we see some more formal systems of training

required to continue long after initial graduation. While the weight of responsibility could be arguably lighter for the work interpreters do, compared to medical professionals, it has been argued that it might be just as weighty (Dean & Pollard, 2013).

The way our interpreter education is structured, most finish their program expecting to have everything they need to face working in the field but many are left unmonitored to deal with this transition and all the challenges they will face (Witter-Merithew & Johnson, 2005). How the individual interpreter faces these challenges in the transition from educational forum to practitioner in the field sets up their career habits. Without formal or informal guidance during this time, an interpreter could overlook the development of some necessary skills; ethical decision making and situation management, to name a few.

The medical residency model uses a progression at each stage of the education process: learn a new skill, practice the new skill to proficiency, and then teach that skill to the underclassmen. All of this is done under the supervision of a seasoned professional (Babenko & Koppula, et al, 2013; Halpern & Detski, 2014). I believe that a model similar to the medical residency model would bridge these formative years and cultivate more reflective practitioners. I propose to follow that spiraling progression of increasing independence, as a new skill is learned, practicing that new skill to proficiency, and then teaching it to others under supervision of an expert, to gradually become competent in the interpreting field.

### **Purpose of the Study**

In this study, I will look at an approach for focusing the formative years of an interpreter's career (Hoza, 2016), gleaned from medical residency programs for a model to apply (Halpern & Detski, 2014). By increasing independence during a series of cycles through

learning, practicing, and teaching I will see if the basic concepts of interpreting are more integrated into my work, and if there is an increase in the confidence I have in ethical decision making.

My hope is that this project will provide another option to developing the professional foundation in the transition between novice and expert in the field of interpreting. Rather than narrow the gap or get rid of it, a plan to use that time in a supported and focused way could be worthwhile.

### **Theoretical Framework**

The field of interpreting is quite new as a profession. By looking at other practice professions for models to develop competent professionals we can inform our interpreter education systems. Most of my experience as an interpreter is in medical teaching hospitals. Exposure to this more developed practice profession's system of education provides me with the foundation for my action research. The medical profession is continually looking at their education methods to improve their approach (McGaghie, Issenberg, & Cohen, et al., 2011; Halpern & Detski, 2014; Lempp & Seale, 2004).

This action research study looks into the benefits of a medical residency style of training on interpreter practice. I propose an extended time of monitored transition modeled after the medical residency system (Snell, 2009; Halpern & Detski, 2014).

Doctors go through a series of stages starting with medical school, internship, residency, fellowship. Finally, they become an attending physician at a teaching hospital or set up private practice. At each stage, and even within each stage, these doctors are taught a new skill by an upper classman.



It is the residency part of the medical progression which interests me. It is like the journeyman stage of an apprenticeship in craft trades. A similar progression is seen in medical education during a doctor's residency. This is a time of several years after graduating medical school but before doctors can practice independently. During this time physicians are referred to by their residency year, postgraduate year (PGY)-1, PGY-2, -3, etc. The PGY-1 learns from and watches the execution of duties of the PGY-2s. When the PGY-1 is deemed ready she executes the work under supervision of PGY-2s and their attending. When the new class of PGY-1s arrives the newly promoted PGY-2 teaches the new PGY-1s what she has now mastered (Halpern & Detski, 2014). All of this happens under the auspices of an independently practicing attending physician.

This process does several important things. By learning from an upper classman who is under the supervision of a professional, an attending physician, the student hears someone in the process of the final stages of learning the skill themselves, while the professional coaches and keeps the teaching true. As the student moves into practicing the skills she is still under the supervision of the upperclassman and attending physician. Once she has refined her skill at this level the student is ready to move up and teach what she has learned, while starting the process over for the next stage of her education as a teacher-student under the tutelage and observation of her higher ups (Hoza, 2016; Halpern & Detski, 2014; Snell, 2009).

In this study, I intend to create a progression of training modeled after the medical residency to learn how it informs interpreter's development. This system has a number of striking features, including constant availability of support and oversight, gradual transition to autonomy, constant present interaction for in-the-moment instruction and feedback, and the repeating cycle of learning a new skill, practicing the skill, and teaching it to others.

## LITERATURE REVIEW

In reviewing the literature the following areas were investigated: what current programs offer, mentorships, experience with coaches, coaching others, medical approach, and the need for support during the “gap.”

Wilbeck (2017) reports on interpreting students’ and professionals’ desires and disappointments with interpreter education and field preparedness. Wilbeck reports statistics, which indicate interpreters want more time in postgraduate internships and mentorship experiences. We can see from these numbers mirrored results reported in Boeh (2016). Boeh’s research focuses on mentorships and supports Ball (2007) in showing a perceived need for more implementation of programs supporting this type of learning environment to close the discrepancy between skill at graduation and work readiness. Wilbeck (2017) and Boeh (2016) address only the learning and practicing elements of the learning process. They do not address the third element of this study’s suggested learning process, teaching. Winston and Lee (2013) suggest that both mentor and intern benefit from working with each other. If a mentor works with an intern who becomes a mentor to a new intern, as this process continues, a network of mentor-intern relationships would interconnect the interpreting field. The effect this might have on the learning process and the field of interpreting is yet to be seen.

Ruiz (2013) has put together a course of study using Kolb’s (1984) experiential learning activities to give interpreters practice with “real” work in a safe but realistic setting. Here again the proficiency gained from the articulation necessary to teach what the interpreter has learned is not included in the process.

Maffia (2014) looks at supervision and how to become a facilitator of supervision. Supervision sessions to discuss demands and control options should be incorporated in any

interpreter training. This process grows connections in the interpreting community and offers other options an interpreter can utilize in future situations. Facilitating this procedure could help an individual develop, but this study did not look specifically at this.

Supervision as Bishop (1998) uses the term, a supportive interaction between providers, that opens a deliberate discussion of service provided, to ensure the quality of work and future provider support. This has been formed into a model for practitioners to work through a situation and find new ways of managing that type of situation in the future, is separate from what I call supervision or observation by Proctor (2000), Dean and Pollard (2013), and others. In this study I used the word supervision interchangeably with the word observation because I will not specifically be looking at the process of supervision from Dean and Pollard (2013). Supervision or observation here will mean a newer or less experienced interpreter undertaking her learning, practicing, or teaching while a more experienced interpreter watches her during her work and coaches her through challenges.

The interpreter program at St. Catherine University, the master's program, focuses on social justice or medical interpreting. Required numbers of internship hours at each level is low, 200 hours, and they do not include teaching others as an element throughout their program (St. Catherine University, 2018). This program uses a delineated progression from novice to "specialist" depicted in their "lattice." A requirement of entry is three years of experience (Healthcare Interpreting Career Lattice, 2018). St. Catherine has a Graduation to Certification program to gain experience and work towards certification. The tiered progression of the lattice parallels a similar structure found in medical residency programs.

Halpern's and Detski's (2014) article in the *New England Journal of Medicine* discusses how changes in the scheduling of doctors in medical residency programs change the availability

of perceived autonomous situations where they feel they must rely on their own knowledge and decision-making abilities. “Follow[ing] the apprenticeship model: students, residents, and clinical fellows participate in delivering medical services to patients under the supervision of accredited professionals” (Halpern & Detski, 2014, p. 1086). This system provides trainees “graded responsibility,” (Halpern & Detski, 2014, p. 1086), over time gaining mastery of increasingly complex skills while oversight is reduced. Halpern and Detski (2014) emphasize that attending physicians need to be able to train and evaluate skills. This is something the interpreting field still needs to develop. Finally, when doctors start their independent work, there is an expectation they will also participate in the instruction of new doctors by overseeing and training them. With many similarities between practice professions, interpreter training could mirror medical training. If interpreters, like novice doctors, were raised up in an environment where they could reach out to a seasoned professional for help during a job (teaming or mentor-intern work) or discuss the work with a mentor or “attending interpreter,” interpreters might have the same success as physicians in developing towards competency. If interpreters were obliged to articulate their knowledge of the process to the next generation of interpreters by overseeing the development of newer interpreters, their own foundation in fundamental skills should increase as well.

The RID Annual Report shows that the National Interpreter Certification (NIC) exam has an overall pass rate of 25% in 2017 (RID, 2017), while the medical boards, which has a written, juried, ethical, and defense portion similar to the NIC Knowledge and Performance exams, has a 94% pass rate in 2017 (USMLE, 2018).

As with medical training, the tradesmen and crafts trades have similar systems. After medical school, doctors move through internship, residency, and fellowship (Doctorly, 2018).

Workers in the craft trades start with an apprenticeship. When they have amassed the bulk of the skills and knowledge, they become journeymen. Journeymen practice their trade under the auspices of a master craftsman. The master craftsman is the responsible worker. Any failure by the journeymen is the responsibility of the master craftsman (Drystone, 2018; Electrician School, 2018). Hoza (2016) talks about this progression from novice to expert in three ways; knowledge, dealing with complexities, and autonomy. The approach for complexities starts with the novice following the steps toward a personally developed insight. Degree of autonomy goes from dependence to a holistic view (Halpern & Detski, 2014; Hoza, 2016). These transitions need to be fostered during the formative years of an interpreter's career (Hoza, 2016).

There are more factors involved in testing than the scope of this paper can cover. However, if interpreters spent the five years post-IEP in a structured and supported work environment, like the system physicians have, if we engaged in a medical residency style program to develop professionally, the field of interpreting might see similar pass rates as the medical boards have.

### **Positioning the Research**

I am an interpreter with over five years of experience in medical and community interpreting. I am approached by colleagues to discuss interpreting and ethics related topics. The Albert Einstein School of Medicine, Jacobi Medical Center, and Montefiore Hospitals invited me to lecture for their resident and attending physicians to improve their service to Deaf patients. In the context that I am researching, I feel I am past the gap between my interpreter training and work-readiness. It could be said that I am looking back at my interpreter education experience. My experience in this area might also give me a little needed distance on the school

to work readiness issue. My experience in interpreter education is that we are left to find our own way. That might mean setting up a mentorship or other professional relationships on our own. These are formative years and can support or hinder the creation of an ethical and mature practitioner. The medical residency model uses a progression of learn a new skill, practice the new skill, then teach that skill, under the observation of a professional. A progression like this would make the formative years or the work-readiness gap productive instead of intimidating and unsupported.

Many people have studied and continue to look at interpreter education. There seem to be few, if any, studies, which look at using a longer program or work place initiative using the learn/use/teach progression. My research will look into the validity of this particular progression.

I have seen mentorships and graduate programs as available answers for continuing professional development. Neither of these seem to be accomplishing what is needed for interpreters in the gap. I am one who persevered the gap by sheer grit. No profession can expect competent practitioners if the profession does not foster the novices towards expertise.

Although I have had successful mentorships, for some people these pairings fall short, because interpreters are teamed up rather randomly with a mentor, or the mentor does not know how to address the specific issues the interpreter faces, or interpreter or mentor cannot put appropriate enough time into the program while trying to make ends meet.

Graduate programs are necessary for a young profession to grow in status and self-knowledge while exploring research and increasing the body of professional literature. Master's and doctoral programs focus on research, a unique component of the educational process.

Research focused post-graduate programs might be better for the later gap years, at the earliest, when the foundational work of ethical decision making and other soft skills are established.

As a foundation for this action research study I look at how physicians progress after graduating from medical school. Medical education progresses over many years after physicians have started working but still are not accredited to work independently. After medical school, new doctors enter their internship, a gateway into a residency program. For the young doctors and the teaching hospitals an internship is a chance to be sure the student doctor and hospital are the best fit (Docterly, 2018). These intern physicians (PGY-1) are then taught by the residents (PGY-2, 3, 4) the basic skills and protocol needed to function at a basic level at the hospital (Halpern & Detski, 2014). This is done under the oversight of an attending physician at the teaching hospital. The PGY-1s are then given a modicum of autonomy to practice these fundamental skills, still under the watch of their upperclassmen and attending physicians. Once the attending physician deems the PGY-1 competent in the skill, the PGY-1 is allowed to perform the skill independently and moves on to learning the next objective. At any time, the PGY-1 can seek the guidance of the attending physicians or upperclassman. Indeed, regular check-ins are mandatory. When the PGY-1s move into their second year (PGY-2) they become responsible for teaching the incoming class under the observation of the attending physicians.

However interesting this system is, it is the method by which the knowledge is conveyed within this system that interested me most. First year post graduate doctors, PGY-1s, are taught by the upperclassmen, while the attending physicians monitor the material. Each year is responsible for preparing the next group to take over their role in the hospital.

I see a program like this working best during the foundation years of the novice interpreter's experience at a work site where there are a number of regular Deaf community

members, like at a school. Also, the site would need a team of interpreters with several at the different stages of professionalism, like at my current placement; a community/team approach to establishing foundational ethics for professional autonomy. This would place novice, ascending, and expert interpreters in tight community to foster development through the foundational gap years. The experienced interpreters could be the observing professional there to guide the practice of the others, like the attending physicians in the medical system, supervising the work and teaching of the resident physicians. The above community describes the team at my recent placement. We have three recent IEP grads, three who are a few years out from their programs like me, and three who are quite experienced. I have worked with a few of them as peer mentors in the past. The group is very open and willing to discuss anything that comes up in our work.



## METHOD

Desiring development of my professional skills, I pursued this action research project. This year I was set up in a work environment with several interpreters of more experience and a few newer interpreters looking for a way to develop professionally. As a response to my interest in the benefits of the medical residency program, I fashioned a micro-model in that style using the observed progression of learn, practice, teach. When something is too large or too expensive to study at full size, micro-models are used to make these subjects easier to study. In engineering, archeology, and other areas micro-models are used to study systems and techniques where a small version of the subject is built using suitably scaled materials (Castellazzi, Ciancio, & Ubertini, 2015). Physicians learn, practice, and teach their skills during their medical residency while gradually being given more autonomy with attending physicians overseeing their work. My action research involved a micro-model of the repeating cycle of learn, practice, teach taken from medical residency programs. My plan was to run a micro-model of this cycle using my practice to see how the addition of teaching, or in this case mentoring, would inform my practice. Throughout the three phases an attending interpreter would be available to guide my progress and oversee my work.

By conducting this micro-model, I sought to discover if teaching or mentoring, under guiding observation, solidified the skills and ethical foundations interpreters need to foster in their formative years after graduation. This, then, would offer another way to structure our interpreting, gap, and work readiness programs.

## Data Collection

Throughout the micro-model process, I kept a journal recording the journey through learning, practicing, and teaching. I established prompts for these entries addressing the pre-session and post-session aspects so that my entries have continuity. After each encounter I made an entry in the journal including the actual experience, what questions came up, and what I observed. This somewhat loose structure became the following pre- and post-encounter prompts. The goal of the prompts was to draw my attention to the same areas of preparation and follow-up thoughts to standardize the information gathered. Prompts were generated from my own experience journaling through my early interpreting work with some trial and tweaking. Writing prompts for pre-encounter assessed emotional state, material preparedness, knowledge assessment, and control lineup relating to the encounter. Post-encounter prompts assessed emotional state during the encounter, if anything stood out, connection to the situation (content and participants), and things needing improvement. I also allowed myself time to free-write after the encounter in case something was relevant but did not fall under the prompts.

Pre- and post-encounter journaling were used to record my practice throughout the three phases. Focusing on my practice throughout, qualitative data was collected on each event with my attending interpreter and learner. Journaling and answering pre and post assessment questions, following the prompts, were used to gather information about my practice throughout the mentoring experience. These prompts framed the journal entries throughout the process or attending interpreter.

The micro-model involved my work with an attending interpreter as the professional observer. In the medical residency model this person is on site, in my work place this was not always possible. My attending interpreter worked with me remotely. I also worked with an

interpreting undergraduate. I spent time with my attending interpreter looking at my practice. We looked at what choices I made in my interpretations and ethical situations. We discussed the fundamentals of interpreting and how they manifest in my work.

To start the learn, practice, teach cycle, I focused on skills and ethical situations in my practice. For the learning and practicing phases of my study on myself. As I entered the teaching phase I paired up with an intern to study how teaching and articulating my process and work informed my practice. Because of the nature of the classrooms I work in, I was not able to include a professional observer on site to mimic the attending physicians in the medical residency programs, but I was amply supported by my attending interpreter, teams, and advisors at Western Oregon University.

After my learning phase I moved into a time of practice, where I used the information that I had focused on with my attending interpreter. I spent time focusing on how my choice of classifiers influenced the clients' access to information, or what language was the best option for students with complex language situations. I started each encounter with goal setting. These goals were not set to limit what was practiced, but to give the practice a context. After each encounter I took time to process the experience. Following the prompts below I allowed myself to free-write as well because I did not want the data collected in my journal to be limited. If some aspect of the encounter was not revealed by the prompts, I hoped that this free-write would catch.

The last phase was the teaching phase where I was paired up with an interpreting intern. Working with an intern gave me the opportunity to pass on what I had been learning and practicing. Before the teaching phase, the intern and I talked about topics she wanted to focus on during her internship. She mentioned some of the fundamentals I had been practicing. I also

suggested a few things she might gain from the unique setting where I work such as working with students with complex linguistic needs. I expected some topics would follow through the whole cycle and some might fall by the wayside. Before and after each encounter I journaled through the prompts. The plan was to follow at least some of the same threads of inquiry I had started in my initial learning phase.

### **Data Sources and Analysis**

As described above pre- and post-encounter prompts were used to standardize journal entries and data collection. The following is the list of prompts used.

*Figure 1 Pre-encounter journal prompts for data collection*

Pre-encounter journal prompts:

- -Overall feelings heading into session.
- -Will you be facing anything new?
- -Do you have the knowledge you need for this session?
- -What controls might you need to use this session?

Once the data was collected I combed through it tagging themes such as subject matter of

*Figure 2 Post-encounter journal prompts for data collection*

- -Overall feelings finishing the session.
- -During the session, what stood out to you?
- -How were you connecting with participants (interlocutors and intern) and content?
- -What do you feel you need more time with? A concept in the work, an aspect of the situation you feel unsure about, etc.

a discussion, emotional responses, or controls used. I then grouped common themes together: Every time I discussed lag time, or every time I felt failure. These events were grouped together and looked at as a unit. I chose which groupings I would focus on by the amount of data collected in a grouping. Within each grouping I looked for trends: Did the grouping's quality improve or increase over time. Each grouping's trend was looked at in relation to each other. Any similarities or matching trends were noted across the groups.

## RESULTS AND DISCUSSION

After the teaching phase ended I looked at the data for patterns. Most of my data collection was in the form of pre- and post-encounter journaling. When I processed the collected data into categories, six themes stood out. Looking at these themes I noticed the data showed changes over time. I referred to these changes within each theme as a trend. For instance, I noticed that over time my ability to discuss my process of interpreting, the theme, became easier, the trend. My increasing ease of discussing the interpreting process is how this theme changed throughout the teaching phase.

*Figure 3 Themes within the data set*

- Foundational understanding
- Philosophy and practice accountability
- Discussion of the field of interpreting
- Development of patience and grace
- Perceived confidence level
- Frustration as a learning tool

In the theme of ‘foundational understanding’ I looked at skills basic to interpreting. As I progressed through recording my findings each day, a significant amount of my time was spent on talking about the basics of interpreting including how to approach ethical situations, best practices for a wide variety of settings, and communication needs. It has been several years since my own IEP experience and many of the aspects of interpreting which once took my full

attention have become second nature. As the practitioner becomes proficient in the basics she begins to focus on the next layer of her practice. Hoza (2016) talks about the practitioner progressing through stages to a level of “metaconscious” (p. 71) understanding, which informs their work and where experience and intuition can guide their work. This is the kind of professional gain, which might need time and distance to measure or even notice in myself. That said, over the course of this project I noticed an increase of my meta-cognition of interpreting fundamentals and how to connect them to my work. Over time I deepened my ability to talk about these fundamentals with the intern.

‘Philosophy and practice accountability’ is what I labeled the next theme. Having an intern or a team situation where both are working together to improve the work added accountability. In this situation we discuss the work, process, debrief, or talk about interpreting philosophy and with those same people step into the work. They are present to hear what we think about interpreting and see how we apply it. The results of my experience in this study made me aware of the relationship between my philosophy and my practice. Awareness of this accountability and my ability to match my work and my philosophy increased. I was not anticipating a change in this, I expected an increased awareness of my practice only.

The theme ‘discussion of the field of interpreting’ was a broad category, but here I focused on my ability to participate and gain practical tools from these discussions. As I have learned through life experience, the more I do something the better and more comfortable I become with it. The daily conversation about interpreting and everything involved with it gave me a platform to think about and express my thoughts and encourage others to do the same. This conversation generator had two effects. Discussing my thoughts solidified them and hearing the thoughts of others in the field broadened my understanding of my own practice. Throughout the

phases of my micro-model I experienced a gradual increase in my comfort and ability to put my process into words and my ethical decision-making strategies. These conversations should continue and spread to involve others in the community of interpreters, connecting interpreters at every stage of their career.

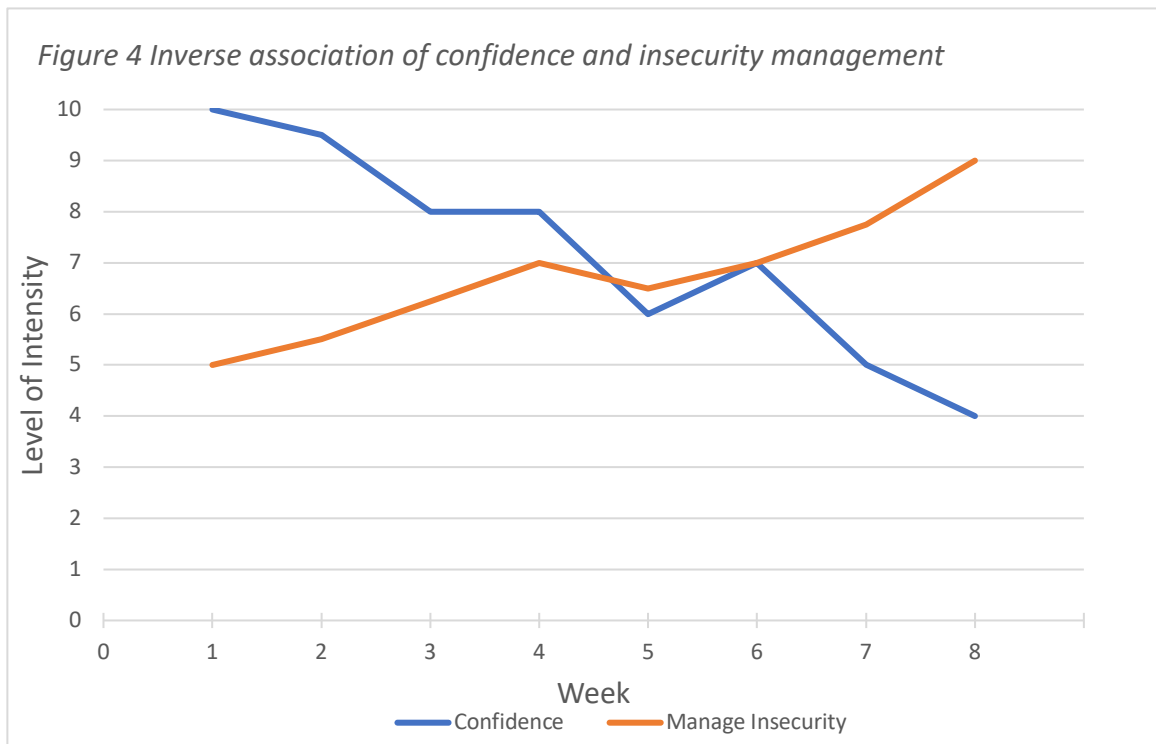
‘Development of patience and grace’ was how I referred to the next theme. Working with anyone in the deeply personal way we do when we talk about our interpreting process and our experience as we interpret can open us up to a level of vulnerability that makes us uncomfortable or defensive. Being ill at ease and defensive inhibits learning potential. This study developed my patience and grace. The unexpected but steep increase of my patience towards another’s insecurities and grace to help the other person work through them, seeing it from another’s perspective, and remembering what it was like starting out, made me aware of my own presentation. I think this is where mentoring or teaching gets personal and not every pair is a perfect fit. The way one person approaches another may or may not be the way that person needs to be approached in that moment. There were moments when my practice and experience reached its limits. My ability to connect and encourage were the only things I could offer. I did not necessarily expect patience to be the answer. I wanted it to be more technical. Hoza (2016) mentioned one of the hallmarks of an expert is the ability to take in the depth of the whole situation. I felt shades of this in my practice as I tried to support another who was growing in her practice too. This layer of helping a team or intern adds more work to the situation the experienced interpreter or teacher is already handling. I can see where some pairs will work together better than others. Personal preference or personality or the feelings in the moment may have an effect on the pairing’s ability to learn from each other. Being patient and allowing the other person to struggle through at their pace while we uphold the work.



Stepping into the role of teaching or mentoring felt weighty. I would now be responsible for fostering the professional growth of another. I would be held accountable for my work and how I talk about it. Whether it is a casual mentorship with a regular team or a placement to fulfill a college credit, the effects on my practice would be the same. This increase of responsibility was the next level my practice needed.

The next trend, ‘perceived confidence level,’ has two components; decreasing confidence and increasing ability to manage insecurities. Together insecurity management and confidence are interesting elements in my practice. Life as a human involves “whatifs,” real and imagined (Silverstein, 1981). Progressing through the daily challenges of mentoring surprisingly diminished my confidence bit by bit. Something in my practice would encourage me just as something else in my practice would discourage me. However, there was an equal and opposite increase of my ability to manage and set aside my insecurities. Through working under scrutiny in the three phases, being vulnerable with coach and intern, and talking about the good and not so good aspects of my work, I became able to be open enough to learn from myself. This also improved my ability to instruct others. This opposing relationship of confidence and managing insecurity took me some time to notice while reviewing my data. I expected my confidence in my work to increase over time. The opposite happened. I found myself questioning my work and my decisions more as I went through the teaching phase. At the same time, I noticed that my ability to manage my insecurity while working increased over time at the same rate. The result was that my ability to manage the new insecurities compensated for the insecurities. I would have expected these to increase or decrease together. Instead they acted in opposition to each other. After the study ended and time passed my confidence came back and the ability to manage things in the workplace is stronger than before the study.

Below is a graph representing this trend. After reading through the events marked with the theme of Confidence and the theme of Managing Securities I ranked each event on a scale from one to ten. Over time my confidence in teaching dropped, but the interesting part is that my ability to work through the doubt increased. In Figure 1 the blue line represents confidence while the orange line shows my ability to manage insecurity.



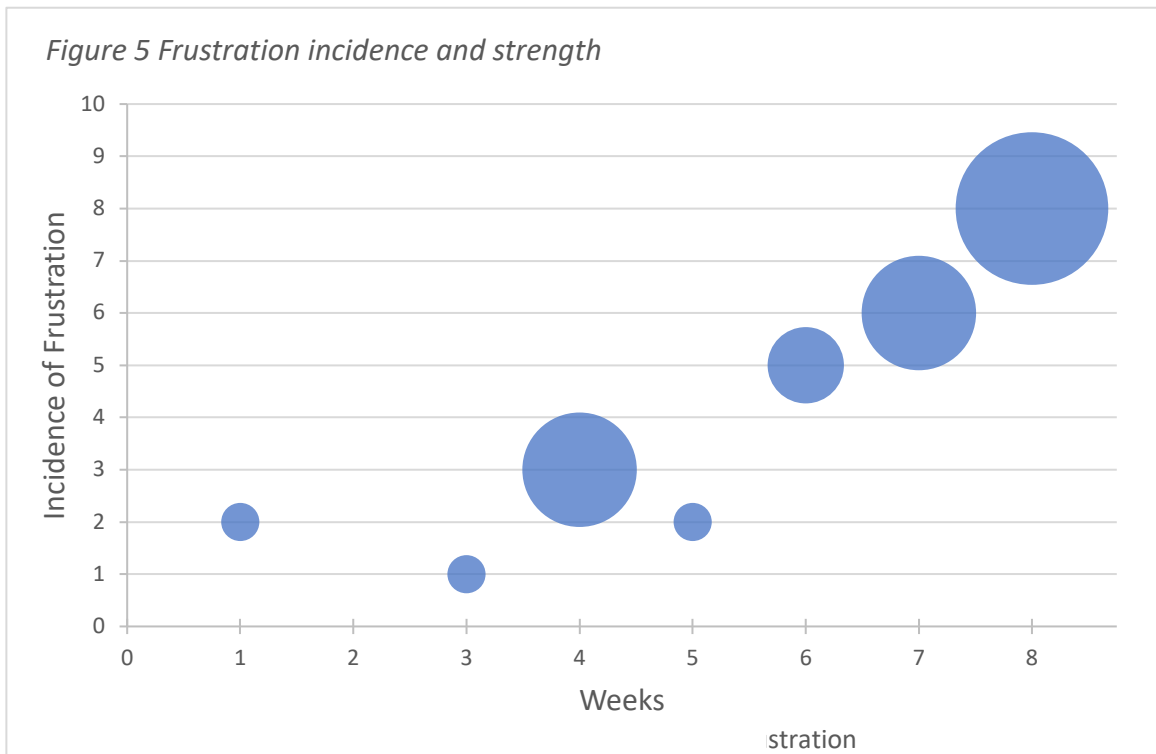
Sometimes the most poignant results are the unexpected ones. The last theme, ‘frustration as a learning tool’ in my practice, was one of these unexpected discoveries. In this action research project, frustration became a learning tool. When what was planned did not work, I thought I had failed. When I made a plan for working on something and the strategy I used to address it did not work, I thought I had failed. Coming up with another way to address the work failed again. I was unable to think of other ways to approach the work so I reached out to my attending interpreter for more ideas to try. While working with others I felt I could not

give up. Giving up meant letting others down. Looking over the journaled data, I saw my use of the word failure as a red flag. Picking out all of the “failure” references and looking at it as a whole, I realized that what I was seeing as moments of failure were actually moments of frustration with the strategies tried. The techniques did not work the way I expected them to. At this point if I had given up and moved on, I would have been left at the point of failure. Not giving up made the failure become just a frustration. Through the frustration I learned many other ways to address the original subject. In my journaling I sought ways to try again at conveying a concept.

Being a teacher/mentor now means to me that I cannot give up at the point of frustration. I must find another way. This also inspired me to learn new ways to approach discussion and reach out and rely on my network of interpreters, mentors, experiences, and community for new approaches. This trend in my data could be an anomaly, or something brought about from outside sources. However, it seems too strong to be circumstantial.

The following graph depicts my frustration incidence and strength. Over the weeks (x-axis) working with an intern, the number of incidents of frustration increased in number (y-axis) and magnitude. The more a situation flummoxed me the more I reached out to my attending interpreter, advisors, and colleagues for their insight and perspective.

Looking at all six trends in my data, I started to look inward for the elements of my practice, which have changed. From this experience my practice has changed more than I think I am able to realize yet. As I gained distance from the of the teaching/mentoring phase I expect to notice more of what was changed in my practice.



Of the six trends I noticed in my data, I think coming to the work with grace and patience and actively learning how to manage insecurities have made the most difference in my practice. Grace and patience are attributes of a well-rounded and mature individual and, along with forgiveness, humility, gratitude, and self-control, are considered elements of godly individuals in most of the world's primary religions (Peterson & Seligman, 2004). Entering a situation with patience as an interpreter could defuse hostile attitudes and could make achieving the goals of the individuals in the situation more feasible for everyone involved. My experience in the teaching phase, simply being mindful that the work, both interpreting and teaching, are not about me, was a strong factor in this study. My journaling became focused on the needs of those in the situation rather than on my trying to figure out what I could/should do. As I continue to foster this in my practice I expect this to develop more.

Managing insecurities is not just a life struggle, it is a necessary element of our work. We are not talking about the adage of faking it until you make it. I think this is connected to fostering “brave spaces” in ourselves, Arao and Clemens (2013). By bringing this concept with me into my work space, I open myself up to vulnerability in a way that shows others my true work, my true self. This then connects to accountability in my work and my philosophy of my practice. The drawing together of these elements in my practice have brought an honesty and integrity to my work.

The most surprising trend to me was noticing how frustration can be a learning tool. The way it inspired me to not give up on finding new ways to work and new approaches to my practice forced me to reach out to others who had more experience. My attending interpreter, experienced interpreters, my teams at work, everyone around me got questioned about this or that at some point during this study. Having someone I was responsible for mentoring/teaching encouraged me to do my best.

The process of working with an intern helped solidify my philosophy of interpreting. It also focused my work and gave my practice accountability. I became able to set my insecurities aside and open up to invite someone else into my process and the communication needs of the moment. Now I feel I can head into more situations within my skill level and work with more professional confidence. From this experience I know this is a good place to work from. Through this process I became better able to articulate aspects of the field. Having the patience and grace to teach and model the skills and behavior to newer practitioners may or may not get the necessary information across to the learner, but it will plant the ideas in the learner. These new ideas would hopefully go on to be nurtured by the next teacher/mentor the learner has in her career.

In my interpreter education program, we were taught that interpreting is a practice profession like doctors, social workers, and craftsmen. Each profession following a progression of graded responsibility to work towards expertise in the field. In the craft trades this system goes back centuries or further. People started as an apprentice with no responsibility for the work done and usually they did very little actual work but might clean and prepare materials or equipment for the journeymen while they watched and learned from them and the master craftsman. Apprentices moved into the journeyman stage where they did the work as they were deemed ready by the master craftsman. However, the master was still responsible for the quality of the work. The final stage was the master craftsman who was in charge of the work that was done whether she did the work or oversaw the work of the journeymen and apprentices she took on (Lane, 1996). These kinds of stages are still used in many craft trades including modern skill-based trades like electrical and masonry guilds, and others (Electrician School, 2018; Drystone, 2018; Universities and Colleges Admissions Service, 2018). The apprenticeship system has been around for a long time. To put this in perspective, apprenticeships date back to at least the 17<sup>th</sup> century (Lane, 1996). Medical residencies were formalized about 130 years ago (American Medical Association, 2014), while ASL interpreting had its inception in 1964 (RID Legacy Stories, 2018). Medical students transition into an internship, then a residency of four years, on average (Docterly, 2018).

### **Contribution to the discipline and other practitioners**

Taking what interpreters learned on the page in the IEPs and in the field and providing a transitional supportive place to practice and understand the new concepts in practical ways will increase professional development and foundational ethics. From my experience in this study I

saw that the additional step of teaching increased my ability to perform as an interpreter. I expect teaching will add to the interpreter's understanding and ability to utilize her education in the field. On a full scale, I hope this repeating cycle of increasing autonomy through the stages of learn, practice and teach will improve work-readiness and further the development of interpreting as a practice profession.

When I started the research, the first thing I did was to get connected to an attending interpreter or mentor. Once that was set up and we had our first meeting my mentor mentioned to me that when she accepted the pairing he immediately went and found someone to mentor him. So, with my mentor and my mentor's mentor standing beside me I thought I would be supported enough through mentoring my intern. A coworker recently took on a graduate of her old interpreting program to help him learn the ins and outs of the business of interpreting. This kind of mentor tree is an amazing concept. Imagine if the whole of the Sign Language Interpreting community supported and were supported by the whole rest of the community. What would that profession look like? How would this change our collective practice?

If more interpreters had this experience I expect our profession could be more cohesive. I do not mean that we would agree more often, but that we would come together in more productive ways and our field might develop more easily. If sign interpreters had supported opportunities to work more at the six trends discovered in this study, I think there would be more competent professionals in the field.

**Replication**

Given the number of factors involved in this study, from cultural backgrounds to individual personalities of participants, there will be great variety in the outcomes of repeat trials. Because the pairings of teacher and learner can change the outcomes of the experience of the learner, I think making these pairs should be done with care. That said, I also believe that everyone can learn/teach something that other interpreters need.

With more trials of this tri-phased residency style progression I would hope to see strong parallels pointing towards teaching/mentoring/guiding others through the process of learning and becoming proficient being a very useful tool to structure the gap between graduation from an IEP and competent practitioner. The formative years need support, but not support that constrains or prescribes. These years need a new way of approaching the practice and solidifying the craft on interpreting.

**Limitations**

This trial was limited in several ways. A single participant completed the whole cycle of learn, practice, and teach. Small sample sizes limited the outcomes.

**Future research**

Trials with newly graduated interpreters should be undertaken to ascertain their development through the three phases towards expertise. This progression is meant to help them bridge the gap between novice and independent professional. To gain more from the application of teaching in the learning process for interpreters, further study might be applied to expanding



my micro-model into a full model. A full model would include tiers of interpreters cycling through the three phases with each other, on-site professional observers throughout the three phases, and plenty of time in each repeating phase to fully develop skills and competence. The hands-on in-the-room seasoned professional observer should be part of the full model to see if this is as efficient a way to learn and teach in interpreting as it is for the resident physicians. The way to understand the importance of an in-room observer would be to run a study with one.

Upon reflection of the data and processing the results from the study, the value of the mentor tree is more evident than the expected value of developing the full model. There are inherent problems of isolation in the field of interpreting. Future research might be focused on what keeps us from developing these supportive professional networks, which focus on fostering our development, and/or what might foster them.

## CONCLUSION

From the micro-model used in this study, I expected to find that this system of learning, practicing, and teaching would solidify my ability to make ethical decisions and perform at a more expert level. However, there are pieces missing from this shortened version of the model. The micro-model needs to be viewed in regards to this and the findings extrapolated to consider their application on a full scale.

This approach to focusing on the gap as a useful time, which should be fostered into a more structured and therefore more productive time will give recent IEP graduate interpreters and professionals wishing to provide for the novice interpreters a structure to follow which lends itself to producing work-ready professionals. This includes graduate programs or local mentorship programs . Having more work-ready professionals in the field should help the profession as a whole move forward.

I am interested in further developing the structure of interpreter education programs to facilitate professionals successfully transitioning into the field. By increasing independence during a series of cycles through learning, practicing, and teaching the basic concepts of interpreting were further integrated into my work, and an increase in the confidence I have in ethical decision making.

I propose a gap program modeled after the medical residency, not medical school which is parallel to interpreting education programs. Medicine and interpreting are both practice professions and there are other similarities between these professions, like the importance of competence and expertise. It seems that using the transitional medical residency program could benefit the interpreting field. This might look like medical teaching hospitals. Imagine a workplace like a school or office with enough Deaf people there every day to become familiar to

the interpreters. This work place would need a team of interpreters to work there. This team might consist of several interpreters recently graduated from their IEP, some interpreters with a few years of experience, and several interpreters with lots of experience to guide and supervise the learning and development of the others. The set-up of an environment like this might be better suited to a workplace than an educational establishment. If this were the case, the parallels between practice professions is supported.

Through the process of running this study I saw the natural formation of, what I called, the mentor tree. When I enlisted an attending interpreter to support my practice through the study, on her own, she sought a mentor to oversee her work with me. This linking of professionals for the purpose of supporting the practice could be more powerful than the three-phased model I proposed. The mentor tree has the potential to carry a practitioner through her career, supporting her practice all the way. As anyone, at any level, can give insight to others at any level, the mentor tree can involve novices learning from experts and experts learning from novices. In this action research project, I was reminded of basic interpreting fundamentals by the end-stage learner during the teaching phase . The mentor tree has the potential to connect and foster the practice of the interpreting community.

With the mentor tree that formed during the study, I changed what I want to see in the future of interpreting. We do not need the master versus apprentice, as we talk about it that is without the journeyman stage. That middle journeyman stage seems to be what we need. By structuring a community of interpreters who foster each other's practice we make that middle stage of journeyman, the growing stage, the testing our abilities stage. Taking on a less experienced interpreter in the role of mentor, or engaging in peer-mentoring with colleagues, will improve the practice of any interpreter, at any level throughout her career. This mentor tree

might be a better longer lasting and community focusing answer than my original idea of interpreters having a more structured medical-residency style program.

Upon concluding this study, there are many avenues left needing further exploration: Research into the benefit of master's level degrees on the field of interpreting. A study could look into what style of graduate level work fits the field best: research based or apprenticeship style, etc. Each of the trends found in this study could be focused on to determine the benefit on practice. Further study could look into the best mode of developing each trend. Conducting this on a larger sample group would be a next step toward validating the findings. A follow up study might look at the professional returns in the participants' ethical decision making and other markers of successful transition towards expert qualities discussed. Another study on the difference between remote and in-person supervision results could be done.

### **Final reactions**

From this action research project, I have learned that getting frustrated means I am learning, that patience and grace are necessary for the learning and teaching process, and that teaching/mentoring helped to solidify fundamentals of interpreting in my practice. As I move forward in my career I will actively foster the cycle of learning, practicing, and teaching to continue to further my professional skill development. The benefits of this study on my practice may still be coming into focus as I gain distance from the project. I also look forward to promoting and nurturing mentor trees. This study as a whole helped me find and work on areas of my practice, which needed development.

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