AUSIT National Conference 2025

BRIDGING LINGUISTIC GAPS FOR SPEAKERS OF LANGUAGES OF LESSER DIFFUSION

dialogos online training course

INTERCOMSALUD

FITISPos
Formación e investigación en traducción e interpretación en los servicios públicos

Universidad de Alcalá

Co-funded by the European Union

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GOBIERNO DE ESPAÑA | MINISTERIO DE CIENCIA, INNOVACIÓN Y UNIVERSIDADES | AGENCIA ESTATAL DE INVESTIGACIÓN

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Introduction

Greece, Italy and Spain as entry points into Europe. Similar challenges in providing access to public services (**communication barriers**).

Public Service Interpreting and Translation (PSIT): under professionalised in Europe

- Lack of trained translators and interpreters, especially in **LLD**.

RESULT: ***ad hoc* non-professionals.**

Introduction

- **Engagement** (academia, non-profit organisations and multilingual communities).

- Objective: **open-access online training course in PSIT** for **LLD speakers** who may be working as *ad hoc* interpreters.

Introduction

- **Course design and implementation** process:

  1) key aspects (needs analysis) considered;

  2) the content and material selection process;

  3) the results obtained from the first piloting;

  4) the main features of the final course;

  5) the results obtained from the piloting of the final course.

Key aspects

University of Alcalá
Spain

University of Genoa
Italy

Aristotle University of Thessaloniki
Greece

Abrazando Ilusiones
Spain

San Marcellino Association
Italy

Major Development Agency Thessaloniki
Greece

According to Dialogos, LLD are languages for which it is more difficult to find **support** in the form of written information materials, mediation resources, interpreters, etc. in a given **geographical area.**

Key aspects

Training materials and programmes

- LLDs are underrepresented.
- General approach: DIALOGOS-related settings are represented but not in depth.

Surveys and interviews (students, professionals working in public service settings).

- Most students had **never** received training in interpreting and/or mediation, although they admitted to having acted as interpreters/mediators for their families or friends.
- Most professionals affirmed having **frequent or daily contact** with LLD speakers. In-house mediators and interpreters are very rare.

Key aspects

- **Course characteristics:**
  - **Foundational learning** to improve language support in crisis and emergency situations. EMT competence framework.
  - Engaging, **hands-on learning experience** with practical activities.
  - **Target group**
  - **Online open access course:**
    - Localised versions adapted to national contexts (SP, IT, GR).
    - English non-localized version.

Pilot course

- Competence-based learning ⟶ contents:
  - Understanding **context** and the specific **setting**.
  - Understanding the details of **procedures and protocols**.
  - Being aware of the importance of cultural background to avoid misunderstandings and ensure **culturally sensitive communication**.
  - Recognising **ethical implications** and **professional standards to** safeguard users' rights and dignity.

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MODULE 1
Beyond bilingualism

- Linguistic diversity
- Language support
- LLDs

MODULE 2
Who am I going to help?

- Public services
- PSIT
- PSIT in emergencies

MODULE 3
Working in PSIT

- Code of ethics
- Settings
- PSIT modalities
- Emotional impact

MODULE 4
Healthcare

- PSIT and human rights
- Spanish healthcare system
- PSIT in healthcare: challenges, charcteristics and code of ethics

MODULE 5
Humanitarian and legal sectors

- Asylum process in Spain
- PSIT in asylum contexts: the interview
- Law enforcement and legal system
- PSIT in police and court settings: challenges, characteristics and code of ethics

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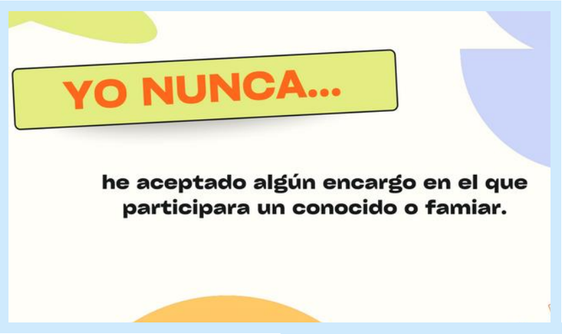
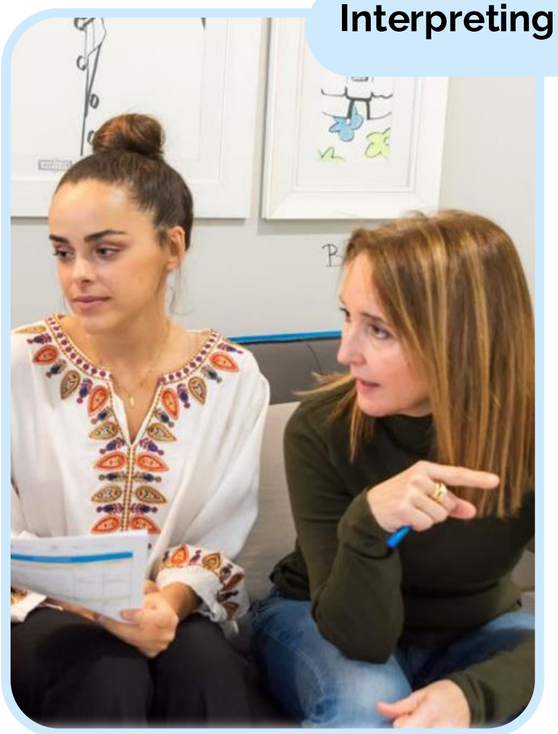
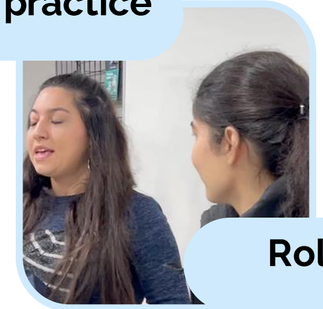
Interactive audiovisual materials



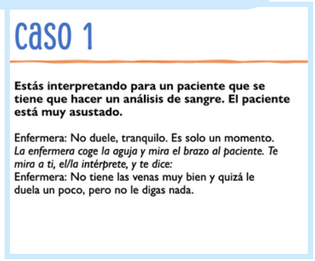
Interpreting practice



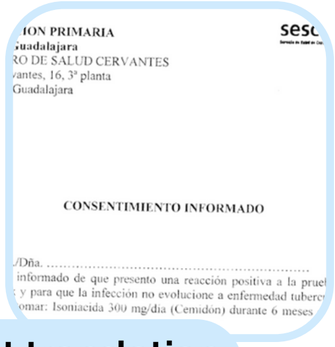
Roleplays

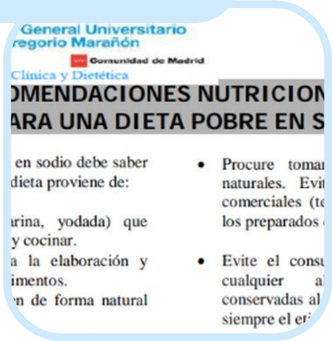


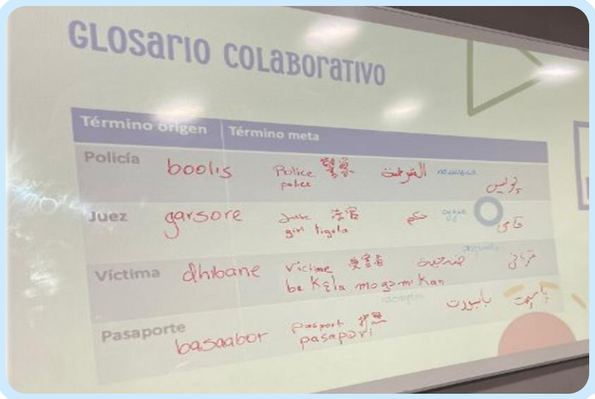
Reflection activities



Sight translation







¿Verdadero o falso?

traductor/intérprete únicamente debe
ocer los aspectos culturales de una de l
uras (por ejemplo, solo la del trabajador
servicios públicos).

FALSO

Assessment

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Pilot course

Feedback via **questionnaires** → **Very positive feedback** → Specific thematic modules: difficult to understand **specialised terms and concepts**

Positive achievements	Challenges and work ahead
Logical structure and progression ⟶ **incremental learning.**	How does that apply to a **self-study** online course?
Mostly appropriate **language** and **register** adapted for the target audience.	How can we enhance **accessibility** in modules involving specialised settings?
Clear and relevant content to the course goals.	How can we adapt this content to the online format? Which **software** should we use? How can we make **resources** available for everyone?
Balanced theoretical and practical approach ⟶ **applied learning.**	How can we ensure **participation and engagement** in an online format?
Competence-based design ⟶ learners are expected to have acquired **basic competences for PSIT.**	How can we be sure that the students have acquired the required knowledge without **interacting** with them?

Online interactive course

- The materials created for the pilot were adapted to the online format via **iSpring**.

- Once the **Spanish** version was ready, it was localised into **Italian** and **Greek** with the collaboration of students in the partner institutions. An additional, more general version was created in **English** to ensure further diffusion and impact.

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¿CÓMO SE ACCEDE?

Es un documento individual que te identifica como usuario del Sistema Nacional de Salud y te permite acceder a los servicios sanitarios.
La expide la Consejería de Salud y cambia según Comunidad Autónoma.

Está disponible para ciudadanos extranjeros que tengan en vigor su Tarjeta de Identidad de Extranjero.

En la Comunidad de Madrid existe el Documento de Asistencia Sanitaria para Ciudadanos Extranjeros sin residencia legal en España (DASE), que se dirige a ciudadanos extranjeros que viven en la Comunidad de Madrid sin residencia legal en España. Tiene una validez de dos años.

HOW TO ACCESS?

It is an individual document which identifies you as a user of the National or local Health System and allows you to access healthcare services. It is issued by the National or Regional Health Department and varies depending on the country.

Depending on the coutry, it is available to foreign citizens who hold a valid Foreigner Identity Card; on the contrary, other countries do not require a foreigner identity card.

In UK, for example, access to NHS healthcare for undocumented migrants is limited and depends on the urgency of the medical need. Free treatment is generally restricted to emergency care, public health services (such as vaccinations and treatment for communicable diseases), and maternal care.

Fuerzas y Cuerpos de Seguridad del Estado

Levels of law enforcement

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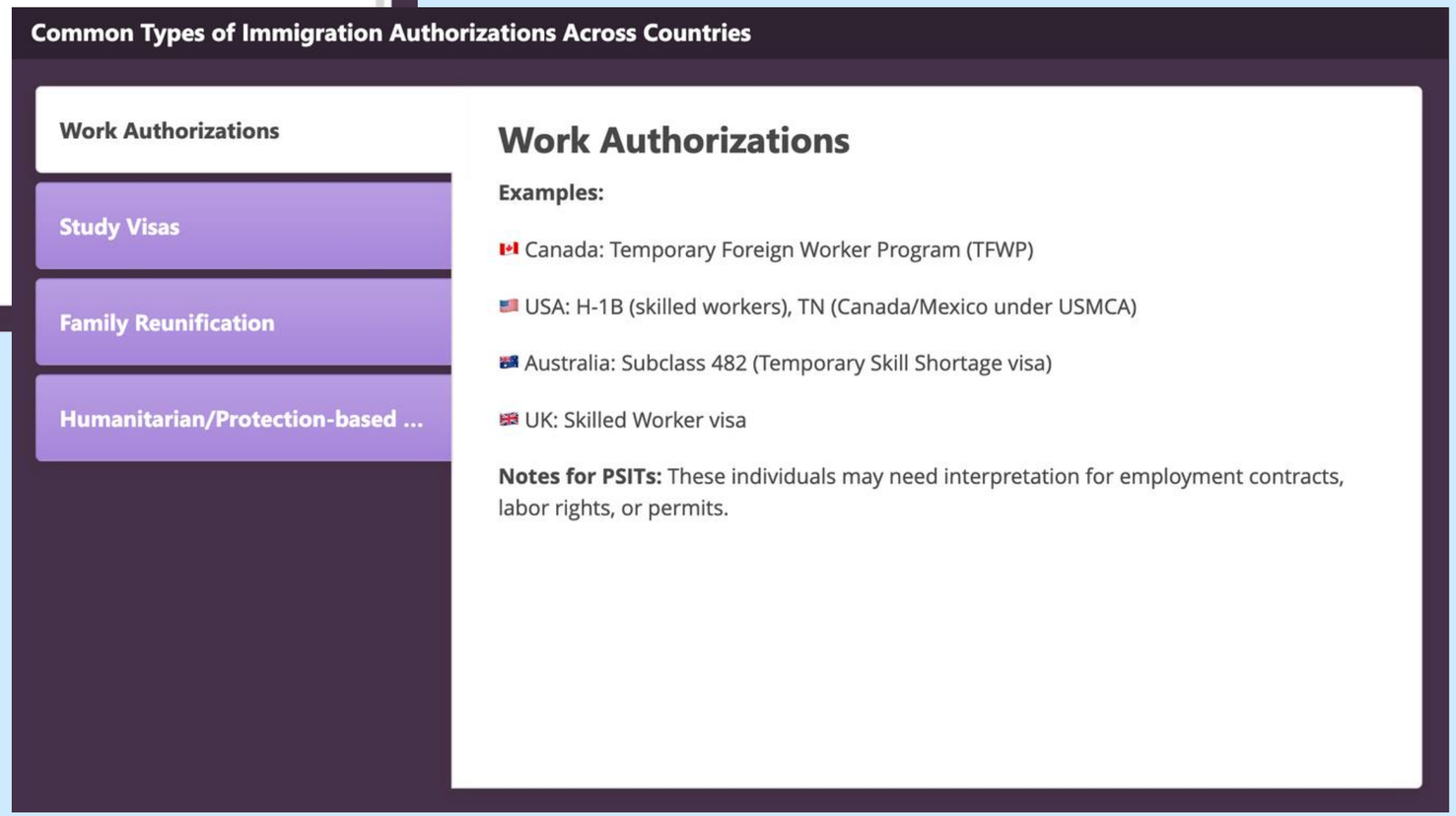

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Tipos de autorizaciones y duración

- Autorizaciones por estudios
- Autorizaciones por residencia
- Autorizaciones por reagrupación...

Autorizaciones por residencia

🏢 ***Residencia no lucrativa***

Primera autorización: 1 año

Permite trabajar: No

Renovación: 2 años + 2 años

👨‍💼 ***Residencia por cuenta ajena***

Primera autorización: 1 año

Permite trabajar: Solo cuenta ajena

Renovación: 4 años (ambas)

👨‍💼 ***Residencia por cuenta propia***

Primera autorización: 1 año

Permite trabajar: Solo cuenta propia

Common Types of Immigration Authorizations Across Countries

- Work Authorizations
- Study Visas
- Family Reunification
- Humanitarian/Protection-based ...

Work Authorizations

Examples:

🇨🇦 Canada: Temporary Foreign Worker Program (TFWP)

🇺🇸 USA: H-1B (skilled workers), TN (Canada/Mexico under USMCA)

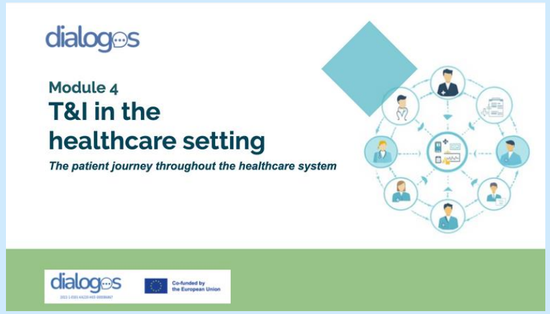
🇦🇺 Australia: Subclass 482 (Temporary Skill Shortage visa)

🇬🇧 UK: Skilled Worker visa

Notes for PSITs: These individuals may need interpretation for employment contracts, labor rights, or permits.

Online interactive course

- **6 modules** (5 from the pilot course + 1 designed by the Greek on terminology management and documentation).



Online interactive course

- Theoretical content is presented by **virtual avatars** (text + voice) in an engaging way.

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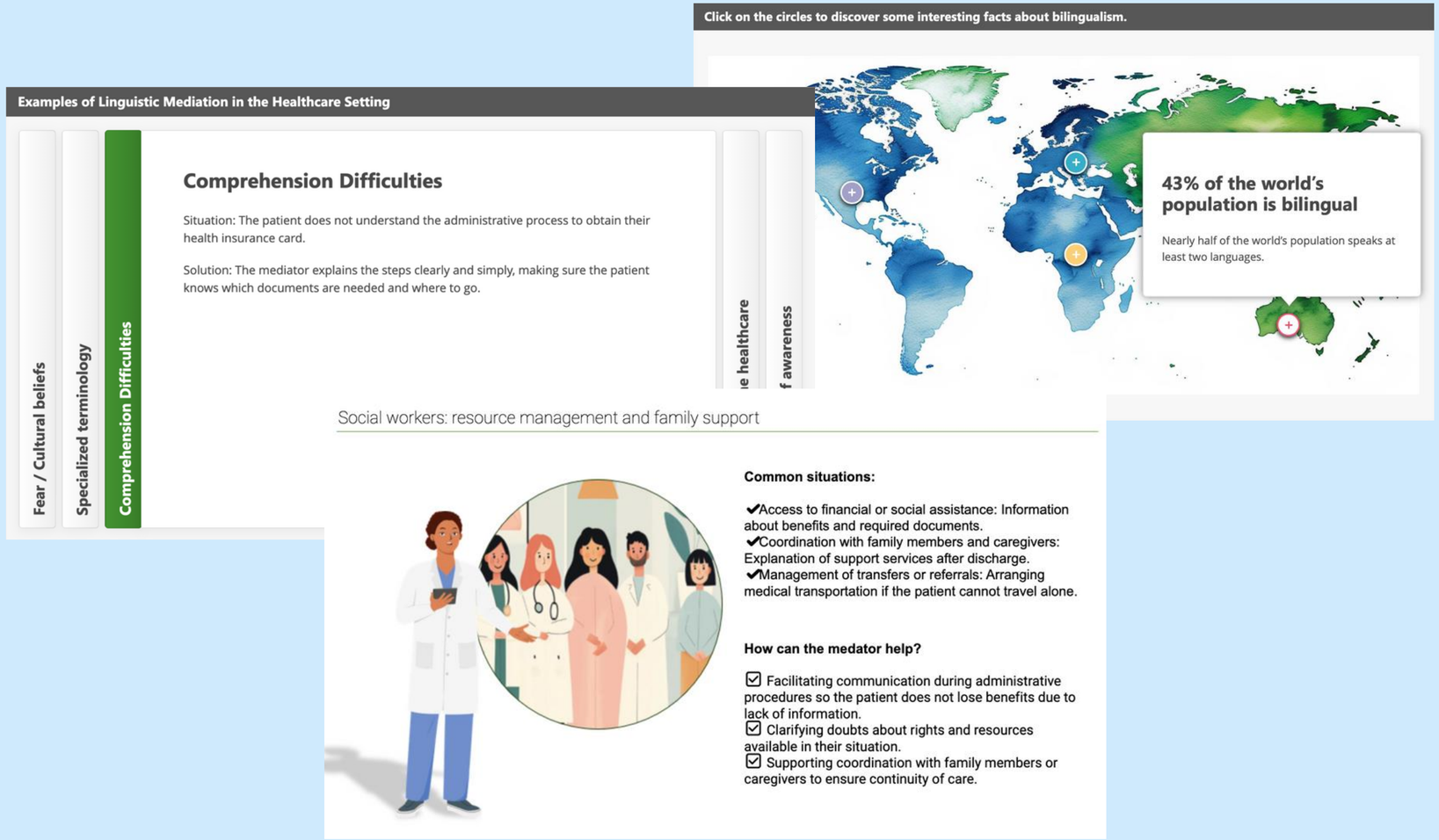
Online interactive course

- Information is organised in a **visual** way.



Online interactive course

- Direct access to **audiovisual resources** to reinforce knowledge acquisition.

Video 2: Bilateral interpretation in an administrative or corporate setting

Video 4: Remote interpretation in the healthcare field

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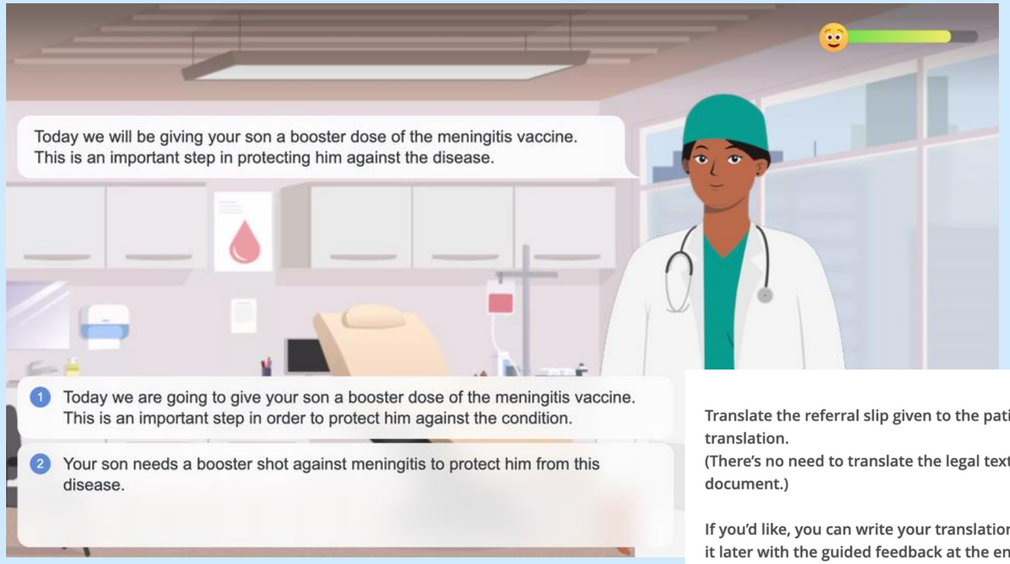
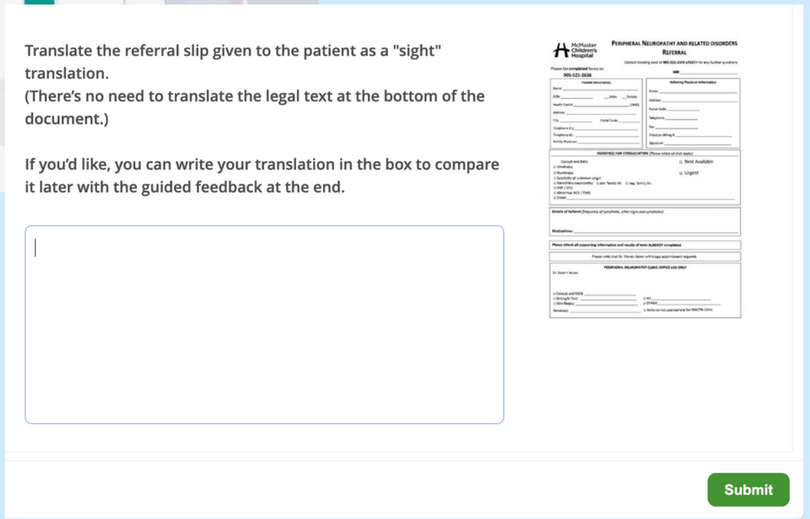
Online interactive course

- Each module includes **interactive activities** (quizzes, roleplays, case studies...) in order to improve comprehension and achieve **significant learning.**





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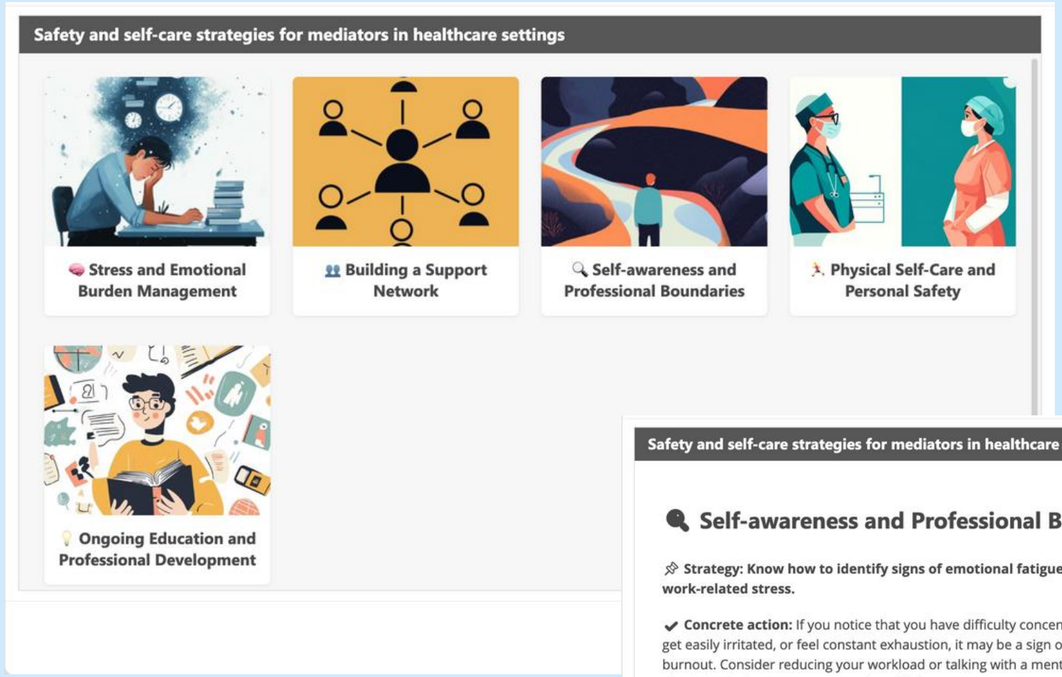
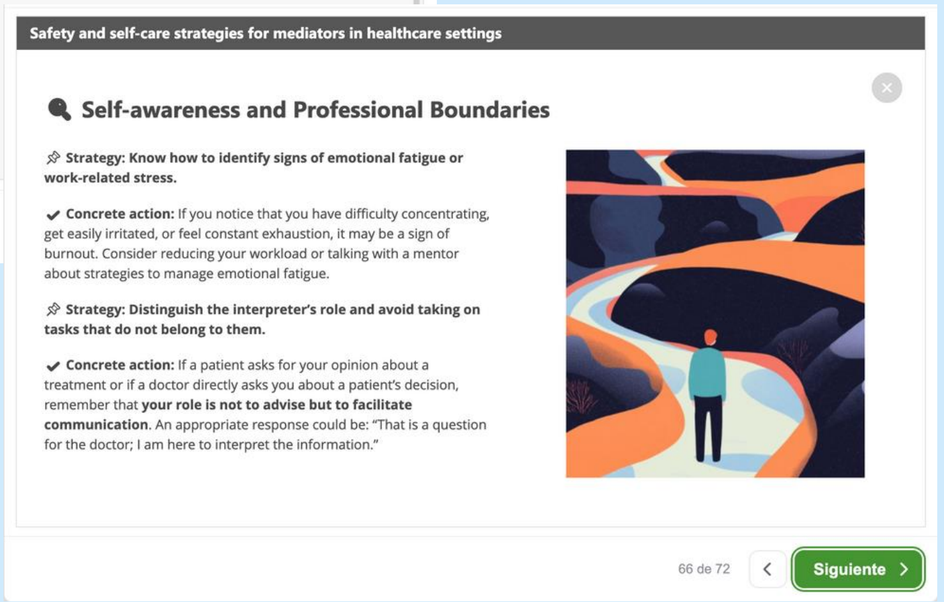
Online interactive course

- Emphasis is placed on **ethics** and **self-care.**





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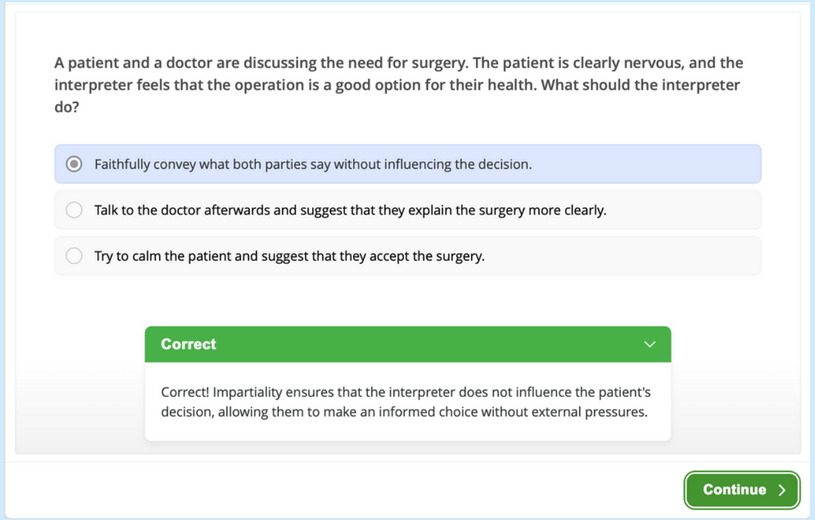
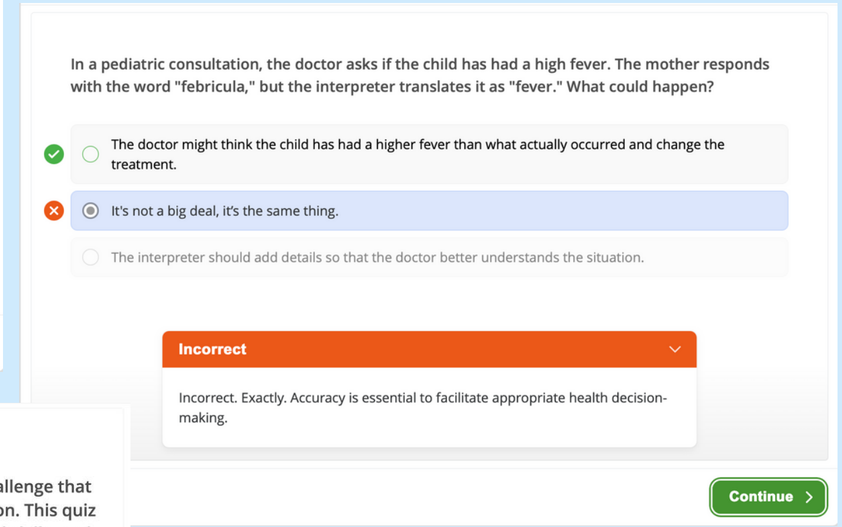
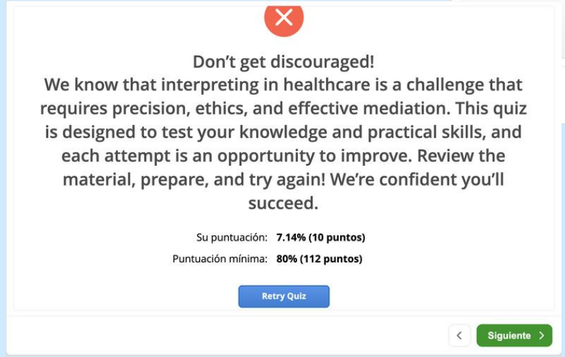
Online interactive course

- Each module includes a **test** at the end to assess knowledge and competence acquisition.



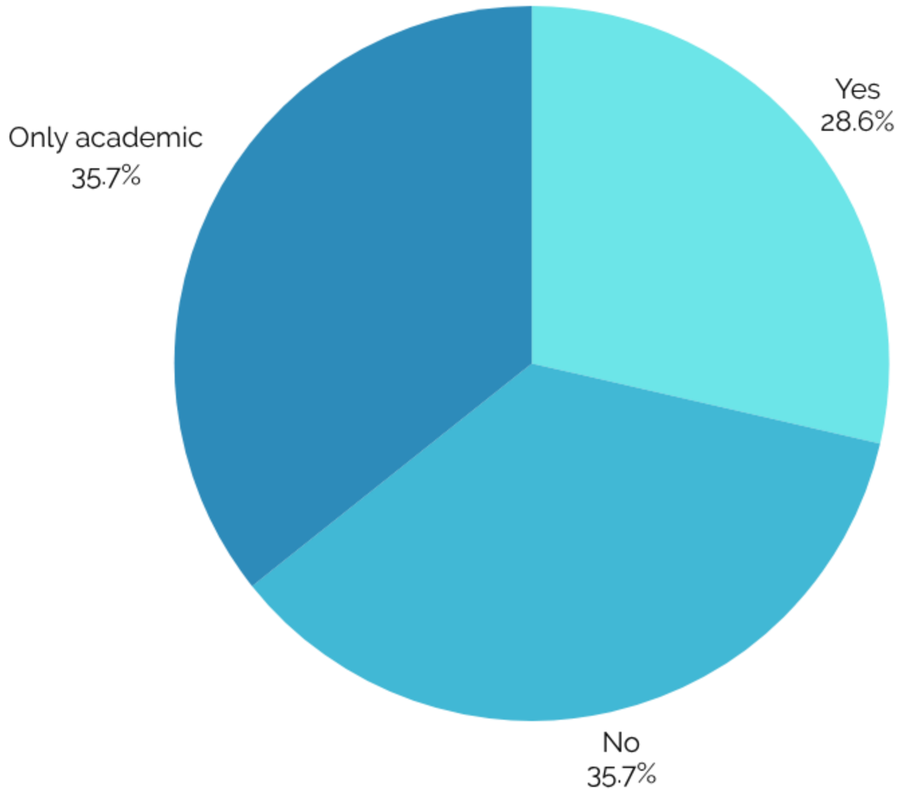




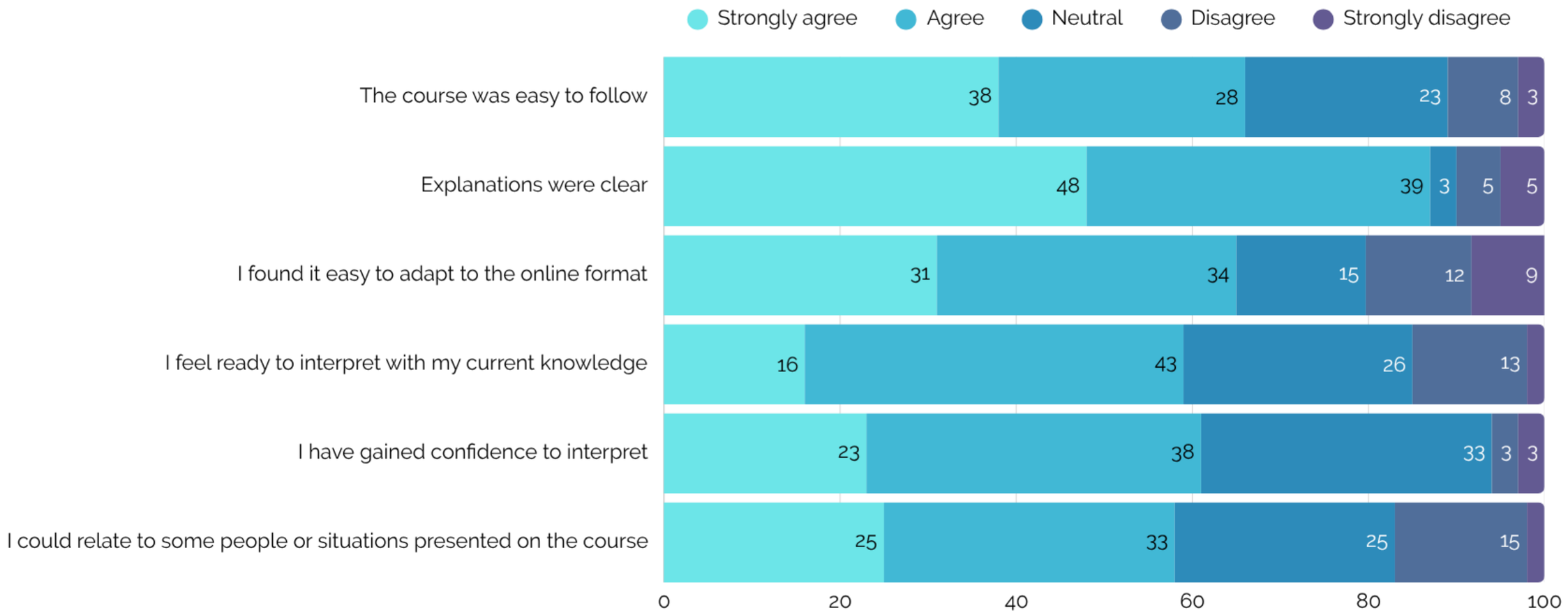
Piloting of online course

- Questionnaire distributed to assess the positive and negative aspects of the course.
- 21 questions, mostly open-ended.
- 61 respondents that have previously completed modules 1,2 and 3 of the online course (Spanish version).

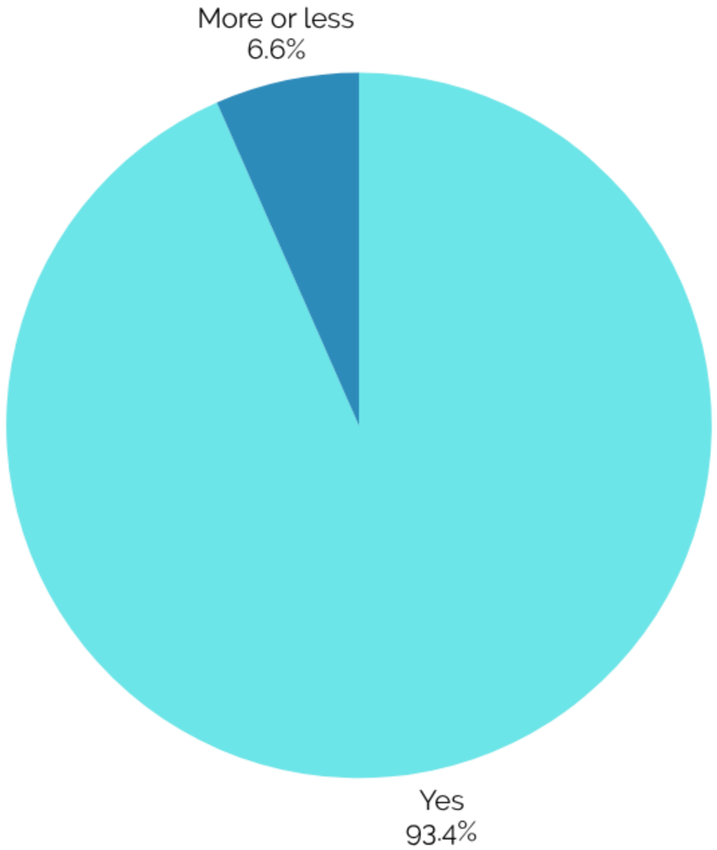
- **Previous experience in T&I?**



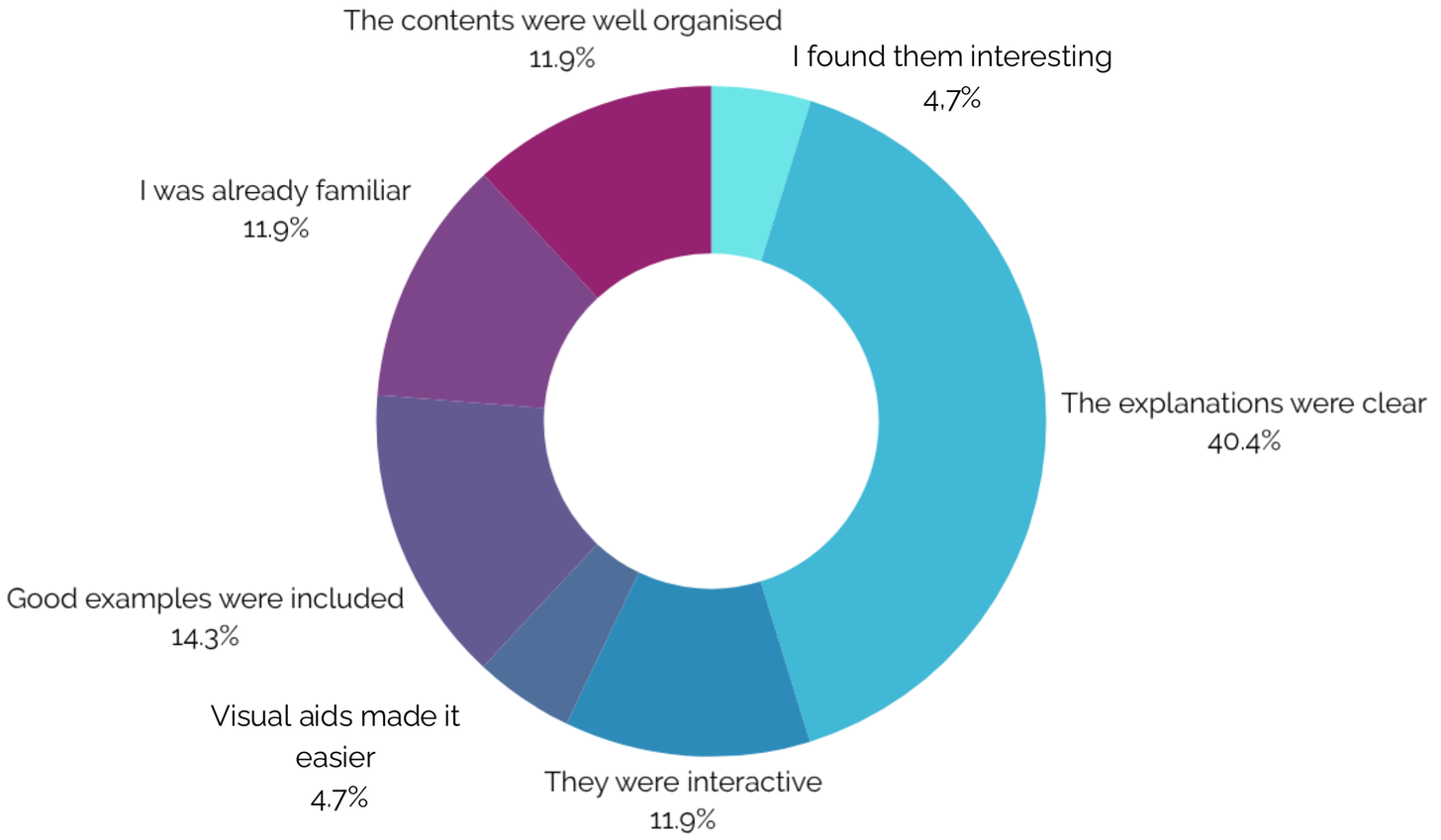
- **Opinions on different aspects of the course**



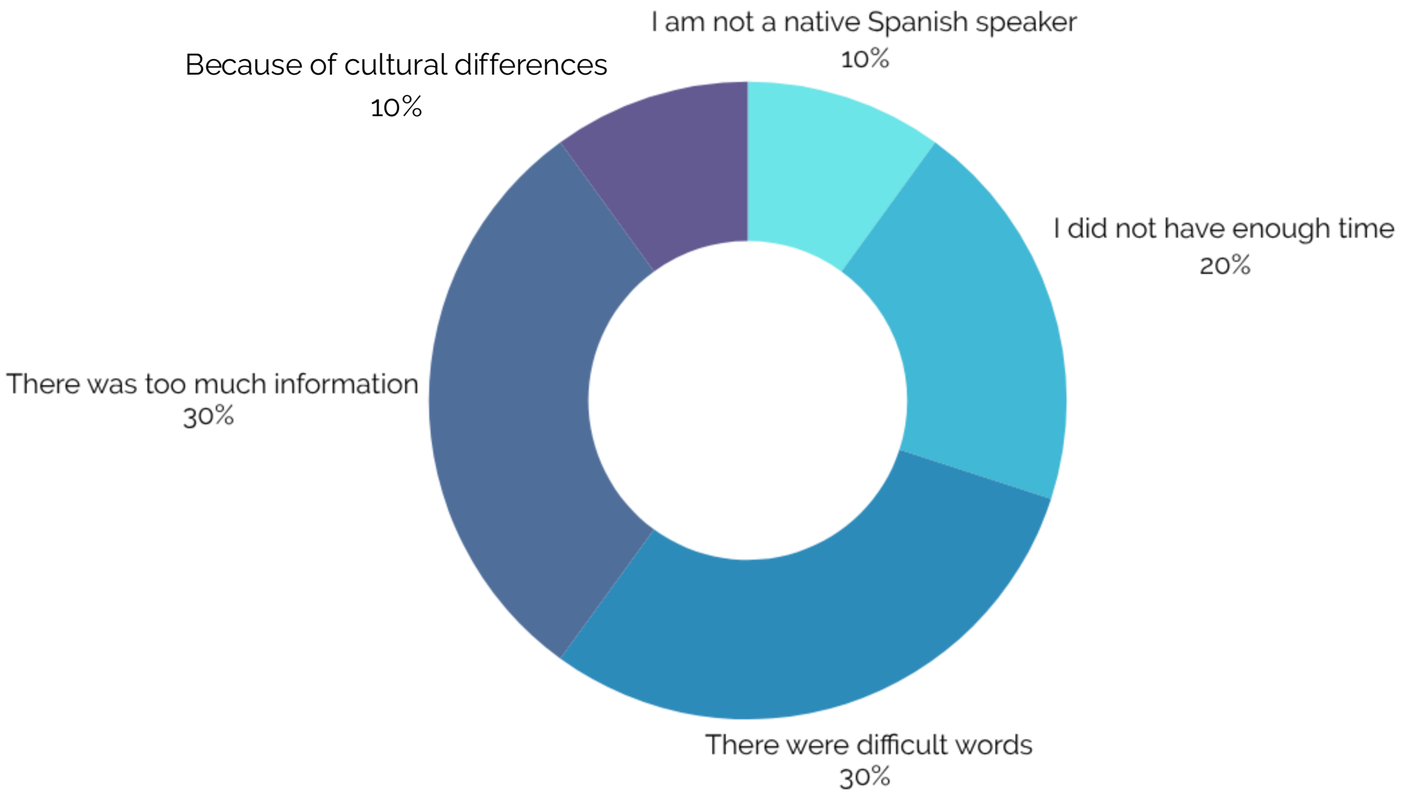
- **Were the contents clear and comprehensible?**



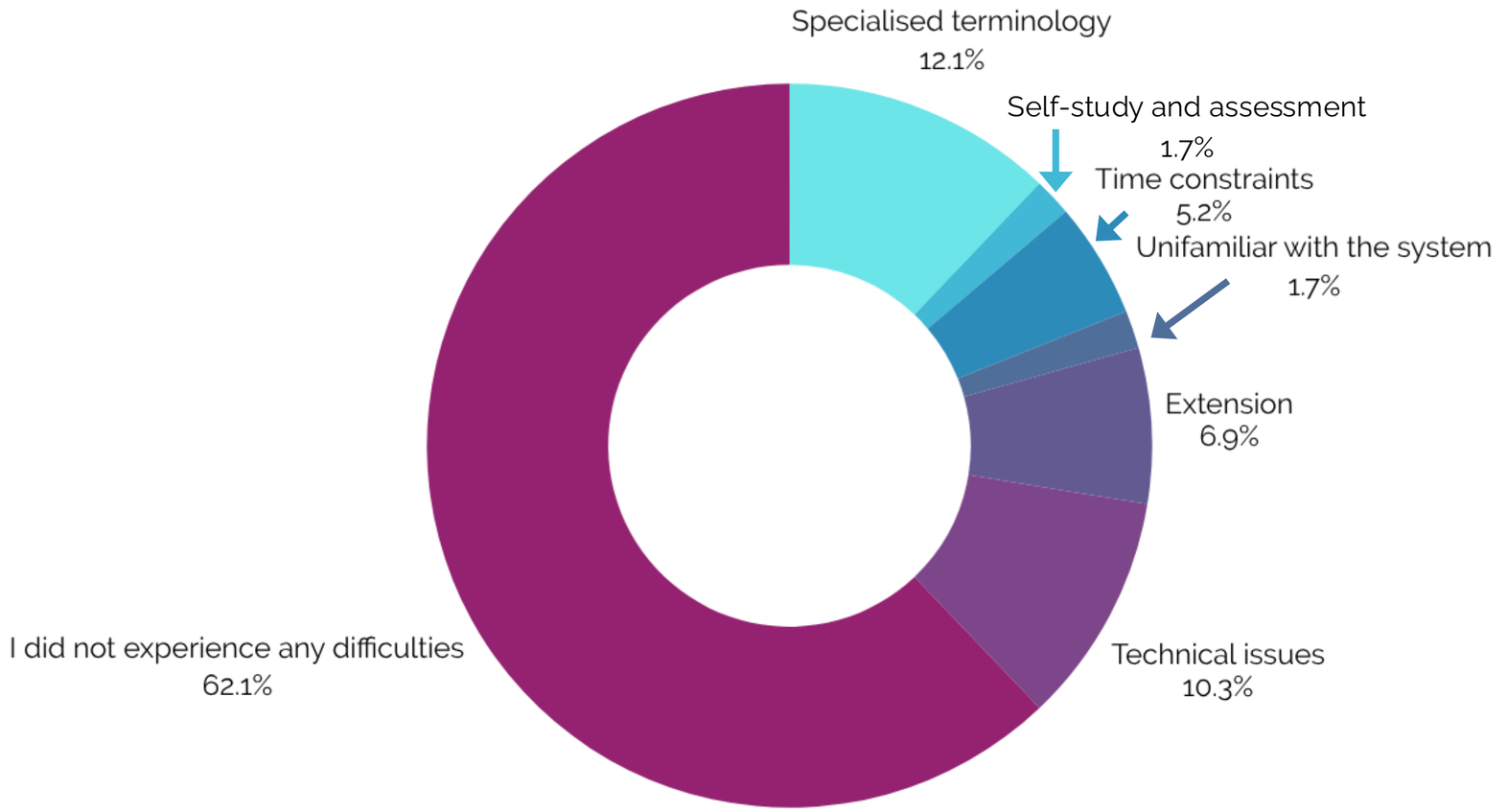
- **Why?**


The contents were well organised
11.9%
I found them interesting
4.7%
I was already familiar
11.9%
The explanations were clear
40.4%
Good examples were included
14.3%
Visual aids made it easier
4.7%
They were interactive
11.9%

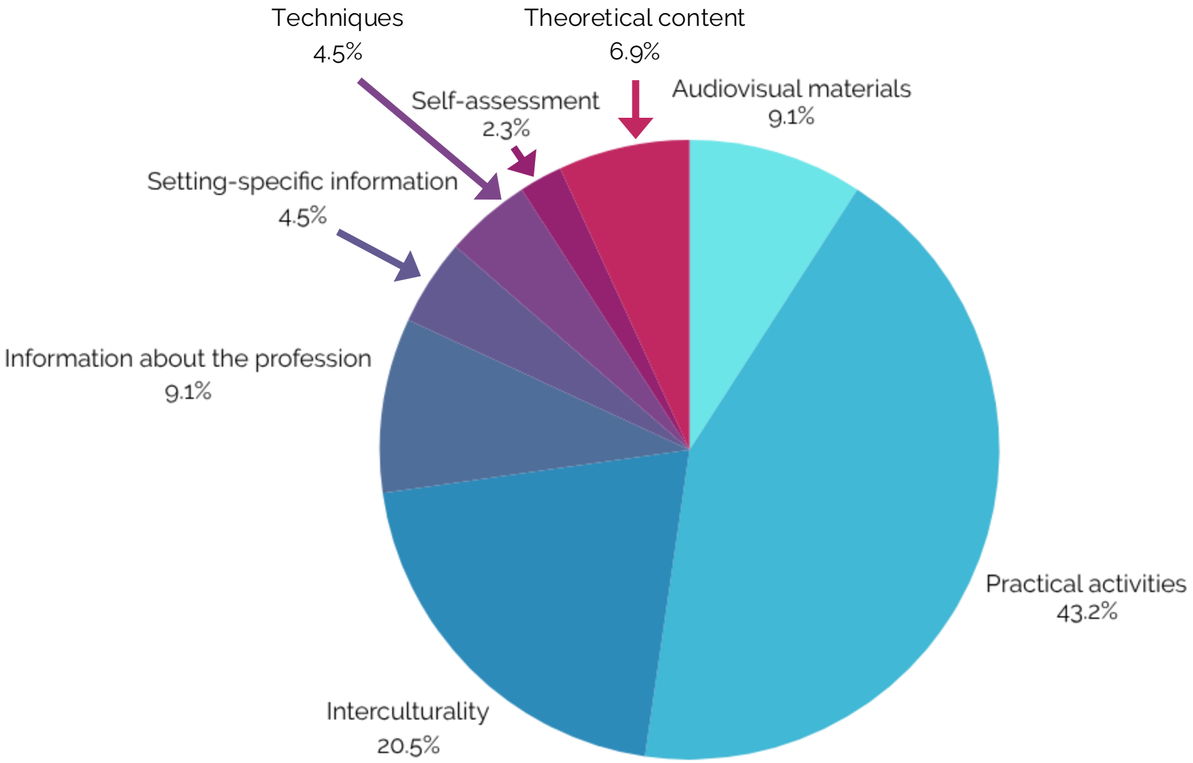
- **Why not?**


I am not a native Spanish speaker
10%
I did not have enough time
20%
There were difficult words
30%
There was too much information
30%
Because of cultural differences
10%

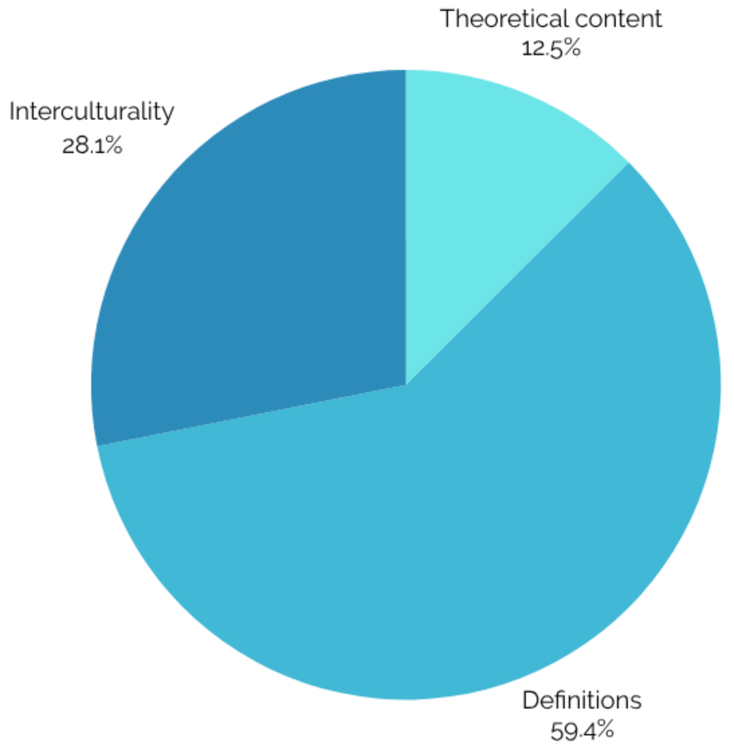
- **What type of difficulties have you experienced?**



- **What was the most interesting or useful part of the course?**



- **What was the least interesting or useful difficult part of the course?**



Piloting of online course

- **Easy to follow** (66%) and **clear** (87%).
- 61% of respondents have gained **confidence** to interpret in PSIT settings after completing the course.
- Respondents value **interactivity, visual aids, examples and practical activities**.
- Terminological and time constraints.
- **Practical activities and training in interculturality**.

Conclusions

Impact across multiple levels:

- **Course participants**.
- **Partner organisations**.
- **Target groups**.
- **Other stakeholders:** Public service providers, policymakers, and professional associations gained new resources that raise awareness of the importance of professionalising PSIT.

The project also encouraged **stronger collaboration** between universities, third-sector organisations, and service providers, laying the groundwork for sustainable networks.

In conclusion...

Transferable and scalable

- within **PSIT**: adaptation to new languages, institutional frameworks, and migration scenarios.
- to **crisis contexts**: response to humanitarian crises.
- to **lifelong learning** and adult education.
- principles of participatory design and open access can enrich training and empower minority voices.

Flexible and scalable

contributes not only to the **professionalisation of PSIT** but also to inclusion, diversity, and social cohesion.

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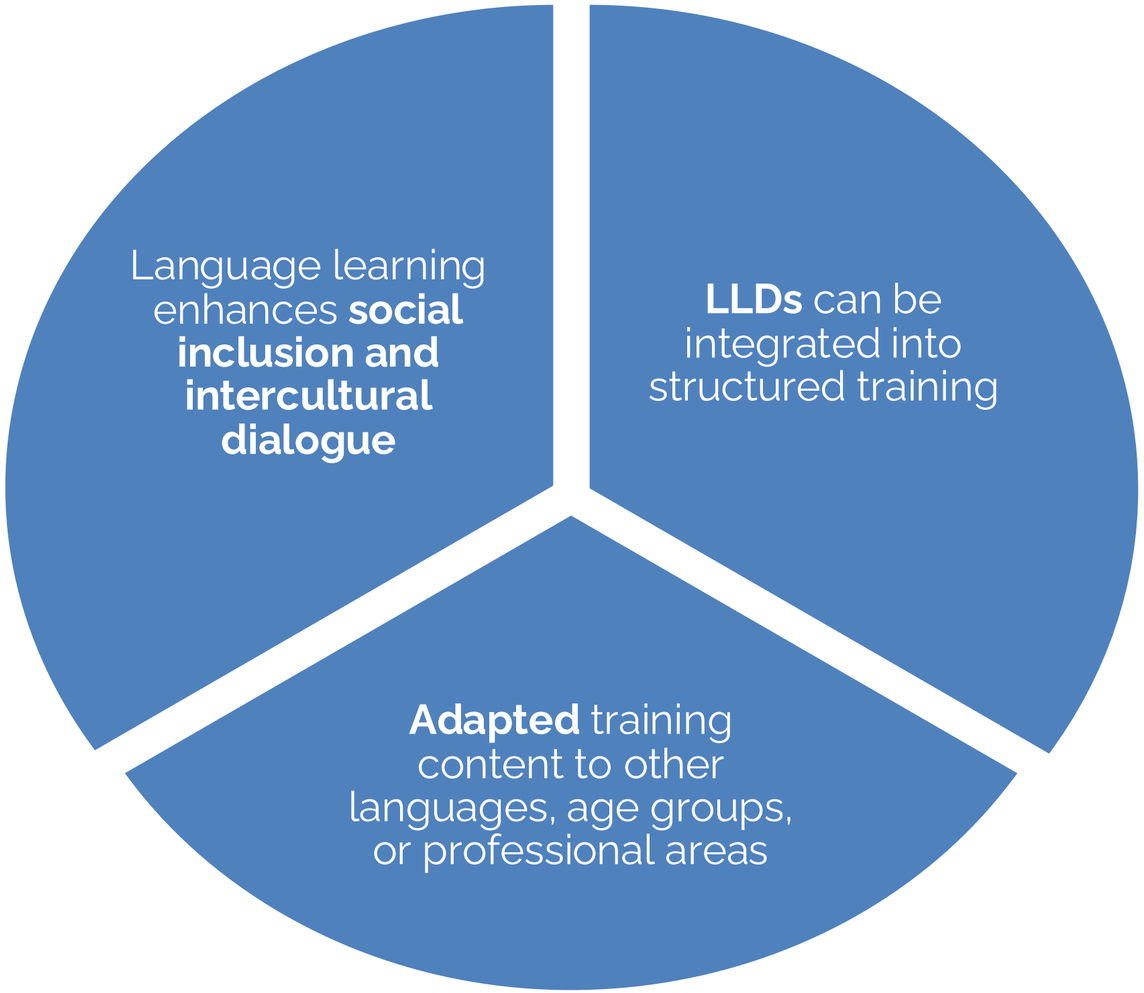
In conclusion...



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Thank you!

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