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The Current Impact of Cultural Diversity in Human Development

Lessons from a globalised world

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We want to dedicate this work to Professor Emin Bakay, from Izmir Katip Celebi University (Turkey), for all his work in the field of international education and cultural diversity. He was always flexible, open-minded, and very nice to all of us. Thank you for everything you did, your immense help in understanding the soul of international projects. Our dear friend, you are greatly missed.

Summary

Dialogue interpreting in mental health contexts: planning action and assessment for an interprofessional education initiative

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1. Introduction

Migration is a global phenomenon: in 2020, international migrants were estimated to be 3.6% of the global population (McAuliffe & Oucho, 2024). Many international migration routes are unsafe: the International Organization for Migration registered more than 63,000 deaths and disappearances during migration between 2014 and 2023 (McAuliffe & Oucho, 2024: 32). At the end of 2024, forcibly displaced migrants worldwide were estimated at 123.2 million (UNHCR, 2024a). In this scenario, it can be easily inferred that the sometimes-traumatic experience of migration has an impact on multiple levels: identity, family, social networks, access to resources and other issues may have significant repercussions on migrants' mental health (UNHCR, 2024b). In the case of refugees and asylum seekers, Blackmore *et al.* (2020) found that they have high rates of post-traumatic stress disorder and depression and state that "both short-term and ongoing mental health services, beyond the period of initial resettlement, are required to promote the health of refugees" (Blackmore *et al.*, 2020: 19).

In healthcare, and even more so in mental health, effective communication between provider and patient is key to build a therapeutic alliance, which is based precisely on their interaction (Hanft-Robert *et al.*, 2023: 2), and which is important for the outcome of the therapy (Horvath *et al.*, 2011). Depending on a number of factors, which may include the degree of emergency, the location, and the language requested, the possibility of offering these patients linguistically accessible therapy varies: it ranges from having a multilingual therapist who speaks the patient's language, which would be the optimal solution but may occur rarely and implies training to work with multilingualism and linguistically sensitive clinical supervision (Costa, 2020), to having a professional interpreter/cultural mediator, to less preferred solutions such as resorting to family or community members, with the risk of compromising diagnostic accuracy (Bauer & Alegría, 2010), using AI-powered technology to translate, with all the risks it can entail (Delfani *et al.*, 2024) or attempting mutual understanding without any help, possibly with the use of intercomprehension (Doyé, 2005) strategies.

While the language barrier has been identified as one of the main obstacles to accessing mental health services for refugees and asylum seekers (Ohtani *et al.*, 2015; Satinsky *et al.*, 2019), and although interpreters have a positive impact on the quality and outcome of mental healthcare for refugees (Fennig & Denov, 2021), the presence of an interpreter in the therapeutic exchange is not devoid of difficulties. As Hassan and Blackwood (2021: 400) point out, when an interpreter enters the therapeutic system, the interaction goes from dyadic to triadic, and thus participants must understand each other's roles and act together to achieve acceptable outcomes. As Costa (2017: 59) notes:

> The stresses and strengths of a triangular therapeutic relationship are obviously quite different from those of a dyadic relationship. Counsellors seldom have the need to explore these triangular relationships in their core training and it is also very unusual to find interpreters who have been prepared in this way.

As a consequence, Health and Social Care Professionals (henceforth HSCPs, following Krystallidou *et al.*, 2024) are often unaware of the intricacies of interpreting and cultural mediation (as defined in Pöchhacker, 2008), and research on dialogue interpreting has shown the need to train them to work with interpreters (Woll *et al.*, 2020; Gattiglia & Morelli, 2022; Leanza *et al.*, 2025) and to make room for a third person who is neither doctor nor patient (Radji, 2023: 223).

Interpreters are sometimes the patient's only point of access to care, but their presence may not always be ideal. As Pian *et al.* (2018: 2) explain, it may disrupt "the exclusive relationship between caregiver and patient, which is crucial in some psychiatric schools of thought". As the same authors add, however, in other schools of thought the interpreter is seen as a "co-actor of health care" (Pian *et al.*, 2018: 2). As Costa (2017: 57) summarizes: "In the therapeutic triad — client, interpreter, counsellor — interpreters can be welcomed, grudgingly accepted or shunned by counsellors and clients" and "finding a way to work collaboratively together in the service of clients is a priority".

According to UNHCR (2024b), mental health teams supporting refugees are usually multidisciplinary, involving professionals such as psychiatrists, psychologists, social workers, counsellors and others, and a joint effort is needed to build the capacity of mental health professionals to work with forcibly displaced persons, as well as that of "paraprofessionals, cultural mediators or professional interpreters to offer bridging, language and cultural expertise supporting teams as they provide psychological support to forcibly displaced persons" (UNHCR, 2024b: para. 5). In such an interdisciplinary framework, Interprofessional Education (henceforth IPE) becomes an important tool for building effective collaboration among different professionals. IPE here implies collaborative education that occurs when professionals or students from two or more professions "learn about, from and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010: 13). In line with the WHO, the term *education* will be here used rather than *training*, as IPE is seen as part of a long-term process focussed

on skill development and awareness raising (i.e. educating to act together in specific professional contexts) rather than a short-term process where learners are observers and passive recipients of information provided.

This chapter is centred around the following question: what is required for an IPE initiative aiming to prepare HSCP and interpreting students to jointly and effectively manage interpreter-mediated encounters? In the field of education action research, Mertler (2013) defines four stages in the process: planning, acting, developing and reflecting. These four stages are to be conceptualised into a circular process where the results of the reflection feed into the following cycle (starting again with planning). Mertler (2013: 36) identifies different sub-steps within each stage: in our specific case, this contribution covers the first stage (planning), whose sub-steps are: "Identifying and limiting the topic" (the present introductory section 1); "Gathering information"; "Reviewing the related literature" (section 2); "Developing a research plan" (sections 3 and 4).

Our tentative answer will therefore not be based on already collected research data, but rather on examples coming from Italy and abroad, and on the proposed contents for an IPE session involving HSCPs and interpreters.

2. Gathering information and reviewing the literature

For decades now, higher education has paid attention to better preparing HSCPs for professional practice involving patients with limited proficiency in the societally dominant language and interpreters. These innovative approaches are often "uni-directional" (Hlavac *et al.*, 2022), in the sense that they only target (future) HSCPs and they exist both in Italy (Baraldi & Gavioli, 2019; Gattiglia & Morelli, 2022) and worldwide (Tebble, 2003; Kalet *et al.*, 2005; Jacobs *et al.,* 2010; Himmelstein *et al.*, 2018; Coetzee *et al.*, 2020; Nguyen *et al.,* 2024), often including case-based learning and role-playing activities (McEvoy *et al.*, 2009; Friedman-Rhodes & Hale, 2010; Hale, 2010; Bansal *et al.*, 2014; Costa, 2017). While relevant to this topic, systematic review of that literature falls outside the scope of this paper, which restricts the focus to IPE initiatives where (future) HSCPs and spoken language interpreters are trained together and "skills and knowledge gains are either *bi-directional* or *multi-directional*" (Hlavac *et al.*, 2022: 118 [italics in the original]).

The systematic scoping review by Cooper & Wells (2024) identifies four categories of papers (attitudes towards IPE, infrastructure development, descriptive studies of educational interventions, and educational interventions with outcomes) and covers events, courses, fellowships, and curricula that follow the definition by the WHO (2010), where the term *interprofessional* is used to distinguish collaborative initiatives involving at least two groups of health professionals from single-profession initiatives targeting one health profession at a time (see also Buring *et al.*, 2009). In Interpreting Studies, IPE has been defined as "the joint training of students from two different disciplines or the joint training of two groups of professionals" (Crezee & Marianacci, 2021: 21, drawing on Krystallidou & Salaets, 2016). In this discipline, IPE is still "in its infancy" (Krystallidou, 2023: 386;

see also Krystallidou *et al.*, 2024 for a literature overview), but a small "IPE community" (Krystallidou, 2023: 387) has been gradually developing and widely acknowledging thee important elements. First, the fact that "interpreting settings entail *per se* a strong interprofessional and interdisciplinary component" (Iacono *et al.*, 2025: 165 [italics in the original]) and can therefore benefit from jointly constructed and performed initiatives. Second, the fact that IPE initiatives already existed although under different names and were often undocumented (Ozolins, 2013; Crezee, 2015). Third, for IPE to expand in the field of interpreting it is important not to limit oneself to descriptive studies of educational initiatives (the third category in Cooper & Wells, 2024), but to also account for their evaluation and outcomes (Zhang *et al.*, 2020; Hlavac & Harrison, 2021; Crezee & Marianacci, 2021; Hlavac *et al.*, 2022).

Iacono *et al.* (2025) distinguish IPE initiatives in Interpreting Studies according to the other discipline involved. Some examples are IPEs in social work (Ozolins, 2013; Bani-Shoraka, 2023), human medicine (Krystallidou *et al.*, 2018; Hlavac & Harrison, 2021), speech pathology (Crezee & Marianacci, 2021; Iacono *et al.*, 2025), and dentistry (Woll *et al.*, 2020). In this section we present a brief review of the main aspects (i.e. learners' profile, projected outcomes, pre-intervention activities, organisation of the simulated environment, evaluation method) of studies which have inspired the design and assessment of the IPE session presented in section 3.

To the best of our knowledge, the only Italian IPE initiative reported in detail is the course organised by the University of Genoa in 2021 as a follow-up to two unidirectional initiatives (Gattiglia & Morelli, 2022). It involved medical students and BA and MA mediation/interpreting students with the aim to raise awareness of the other profession. It included a pre-course survey for the medical students, followed by a focus group to discuss the opinions that emerged from the survey, and two interprofessional workshops, focusing respectively on institutional communication in healthcare and on interpreting and translation. Both workshops included presentations by the trainers followed by discussion. The second workshop also included role plays, recreating real-life situations suggested by medical students, followed by a discussion. No information is available in the book on participants' evaluation of this IPE initiative, which involved both professions but was overtly focussing "on the communication needs of medical students, while student interpreters are present in their capacity as language experts" (Gattiglia & Morelli, 2022: 134 [our translation]). We know from personal communication with one of the authors that post-questionnaires were sent to all participants, and reflective journals were written by interpreters, but with too few responses to enable assessment. As explained by Gattiglia (2023) at the InDialog4 conference[14], the same assessment tools were used in the second edition of this IPE, along with another questionnaire that specifically aimed at assessing role-playing activities.

[14] https://indialog-conference.com/programme.html (accessed on October 5, 2025)

One of the first and best documented initiatives for healthcare professionals and interpreters worldwide was organised by the University of Ghent (2014-2016) for Master level interpreting students and medical students from the Clinical Communication course (Krystallidou *et al.*, 2018). It was offered as part of the curriculum at the Medical Faculty and aimed at familiarising each professional group with the "communicative and interactional practices that the students in the other group are expected to employ in their professional practice" (Krystallidou *et al.*, 2018: 129). As pre-IPE learning activities, each group was offered plenary lectures, with medical students learning about language-support options, professional interpreting practice and the role of interpreters in doctor-patient communication, and interpreting students being introduced to the practical aspects of medical consultations. Small groups of students then practiced role plays supervised by interpreter and clinical communication skills trainers, receiving feedback as formative assessment from both trainers and peers. As a summative assessment, both student groups filled a post-intervention self-efficacy questionnaire; results, reported for the interpreting students' group, show that they perceived a significant improvement in their knowledge of the doctor's communicative goals during the interaction.

Crezee and Marianacci (2021) report an IPE initiative addressed to student interpreters from the Auckland University of Technology and post graduate Speech Science students from the University of Auckland. The authors state that such non-language specific "shared preprofessional learning sessions" (Crezee & Marianacci, 2021: 20) had existed for 8 years at the time of writing. The paper reports on the organisation of the simulated environment, the evaluation method and results. Two role-play scenarios were written by speech and language therapists (SLTs), who then acted their own professional role while interpreters were also playing the roles of the patient or the accompanying family member. Following the simulations, both groups completed a post-session survey, and student interpreters were additionally asked to complete a reflective written assignment. For reasons of space, we will only report here the IPE's most salient benefit, which appears to be "that it facilitated students' reflection on a real-life dilemma related to the SLT setting: whether to adhere to the rigid conduit model prescribed by their professional codes of ethics, or facilitate a successful SLT assessment by providing additional metalinguistic commentary" (Crezee & Marianacci, 2021: 33).

Hlavac and Harrison (2021) report on four IPE initiatives launched in late 2017 and involving future interpreters and physicians at Monash University until early 2019. Their paper is part of a wider interprofessional project which stems from the collaboration of three fields and educators working for the same university (Hlavac *et al.*, 2022) and covers interpreting, medicine and social work:

> Desired learning outcomes for practitioners or trainees from different groups are that they learn how the other group works, how to optimise working with them through participating in real or simulated activities, and gaining perspectives of how others see their own group's work (Hlavac & Harrison, 2021: 573).

In the case of the IPEs addressing doctors and interpreters, an additional setting-specific outcome was that of "understanding the function of a pre- and post-interactional exchange between doctor and interpreter" (Hlavac & Harrison, 2021: 576). Pre-session activities included readings on the work of the other professional group and the provision of general instructions on the format and on the allocation of roles (Hlavac & Harrison, 2021: 576 and appendices). The general structure of the IPE session was: brief outline on how each professional group works; role-playing in groups (2 simulations and intra-group discussion); inter-group discussion including Q&A (for details see Hlavac & Harrison, 2021: 577-578; Hlavac *et al.*, 2022: 119-121). Evaluation aimed at assessing: 1) perceived usefulness of role plays, 2) perceived increase of knowledge and 3) perceived usefulness of pre- and post-interactional (de-)briefings. Evaluation methods included a post class workshop one week after the IPE session and a questionnaire. As Crezee and Marianacci (2021) also underline, participants in these IPE initiatives reported high increases in their knowledge of the other profession and appreciated input and feedback from others. In their conclusions, Hlavac *et al.* (2022: 133) suggest using mixed-methods to collect IPE evaluation data and point to the use of video-recordings to document jointly constructed activities.

Another relevant IPE initiative is *Working with Interpreters as a Team in Health Care* (WITH Care), first organised in 2017 by the School of Dentistry and the Interpreting and Translation College at the University of Minnesota and then embedded into the curriculum following a piloting phase (Woll *et al.*, 2020). The joint curriculum involved oral health students and translation/interpreting students and aimed at filling their respective training gap to improve communication and care for Limited English Proficiency patients. It consisted in a 3½-hour joint training, which began with profession-specific orientations for each group and then offered three stations with simulations of interpreter-mediated encounters, closed by a final station offering a discussion of different virtual scenarios and their ethical and legal implications. The simulations provided an opportunity for discussion and formative feedback from peers. The survey-based pre- and post-IPE evaluation showed increased self-reported knowledge and confidence regarding interprofessional teamwork.

Another important IPE initiative was launched in 2019 by Stockholm University and the Karolinska Institute for interpreting and medical students (Bani-Shoraka, 2025). Initially held on-site, since 2020 the sessions have been conducted exclusively online and are integrated into subject-specific courses on communication within each educational programme, which function as pre-intervention activities. The IPE initiative has expanded annually: in 2020, the Public Service Interpreting programme at Lund University and the Social Work Study Programme at Linnaeus University joined (Bani-Shoraka, 2023), followed by the Bachelor's Programme in Sign Language and Interpreting at Stockholm University (2021) and the Police Programme at Linnaeus University (2022). This points to the fact that "designing a curriculum for interprofessional education adds an important layer of cross-faculty — or […] cross-university collaboration" (Bani-Shoraka, 2023: 603) with the aim to ensure sustainability. As the author details in her paper about the Social Work Study Programme, IPE sessions are student-centred and treated as learning

spaces where experiential learning is seen as a process rather than an outcome along a four-stage learning cycle (Bani-Shoraka, 2023: 602-603). Both interpreting and social work students generally have some previous work experience, and this is invaluable for joint reflections. Each 3-hour session begins with a joint introduction, followed by role plays and then joint reflection and discussion. Students alternate between participating in and observing 2 to 5 role plays: in the case of the IPE with social workers, interpreting students enact the interpreter (and the client) while social work students enact the social worker. Post role-play discussions are first student-led before the trainers join in and connect practice to theory (Bani-Shoraka, 2025). Evaluation or reported experiences for the social work programme were gathered through a post-IPE questionnaire assessing background, satisfaction, self-evaluated learning outcomes, and session organization. Feedback has always been positive and showed that, despite its small-scale format, this collaboration "allowed stepwise integration of the curriculum in the different local educational systems" (Bani-Shoraka, 2023: 609). Particularly relevant is the idea of an IPE team (8 to 12 members) made of teachers and researchers from both universities, who plan the session and then prepare for their respective student group before the actual session. "Awareness of interprofessional collaboration and interpreter-mediated encounters is discussed in class" (Bani-Shoraka, 2023: 605) and students get the chance to prepare their specific role. One of the lessons learned is that pre-IPE instructions play a crucial role in reducing the time and effort required during the joint session.

The Erasmus+ project *Research & Action and Training in Medical Interpreting* (ReACTMe), carried out between 2019 and 2022 by six universities from Italy, Romania and Spain had, among its aims, that of taking stock of medical interpreting practices in the three partner countries by mapping existing services and conducting focus groups and surveys with medical interpreters, medical interpreter educators and HSCPs. This preparatory work was used to develop two IPE initiatives (one online, one in presence) as five-day intensive pilot courses for higher education learners from both the interpreting and the HSCP field. As detailed in Nevado Llopis and Foulquié Rubio (2024), teaching was provided by trainers from the six partner universities and by external healthcare and interpreting professionals with two main aims: knowledge transfer and skills development. For knowledge transfer the course methods mainly included: presentations by educators and external experts in mediated communication, interpreters, terminologists, translators, representatives of the healthcare systems and healthcare professionals; discussions on medical records and videos highlighting best practices and pitfalls of doctor-patient communication; and the analysis of audio extracts of real-life interpreter-mediated communication in healthcare using the Conversation Analytic Role-play Method or CARM (Stokoe, 2014; Niemants *et al.*, 2023). The second aim of both courses was to promote skills development through role-playing exercises involving participants from both the medical and the interpreting field. In the post-questionnaires, all the participants were very positive in their evaluations, showing that the knowledge they gained perhaps exceeded their expectations by helping them to acquire additional skills that could hopefully contribute to their future professional development.

Iacono *et al*. (2025) is, as far as we know, the most recent publication from the IPE community at the time of writing and it describes an initiative addressed to interpreters and speech language pathologists (SLPs) at the University of Wien in 2023. Its 4 projected learning outcomes were: 1) developing mutual understanding and improving knowledge of the other professional group; 2) familiarization with a new interpreting setting; 3) self-reflection; 4) perception of others (Iacono *et al.*, 2025: 160). To achieve these outcomes, the IPE session included pre-intervention reading activities, then one jointly performed role play on voice disorders, followed by a focus group and a post-questionnaire as evaluation methods. As for the pre-intervention activities, authors conclude that it would be advisable to opt for "one shared reading on collaboration between interpreters and SLPs, one reading specific to interpreter's role for the SLP students, and at least one reading specific to SLPs' role for interpreting students" (Iacono *et al.*, 2025: 166) as well as to give students the opportunity to communicate with each other. The choice to only simulate an interpreter-mediated interaction with a voice patient (also present in Crezee & Marianacci, 2021) was well justified and participants evaluations confirmed and enjoyed its authenticity. While the main challenge for interpreting students was the specialised terminology, SLP students pointed to the fact they did not know 1) if everything was interpreted and 2) how long they could/should talk (Iacono *et al.*, 2025: 162-163).

3. Planning the action

Our IPE session will be part of a Master directed to students of different kinds of disciplines working for the mental wellbeing of migrants and refugees, where we plan to also involve student interpreters. The intended learning outcomes, in line with most of the literature reviewed in section 2, are both an improved knowledge of their own and of the other professional group's role and perspective, as well as a greater knowledge of how to work with patients with limited proficiency in the language of the host country (here Italian).

Role-playing appeared to be the core activity of all IPE initiatives reviewed in section 2. In a field such as the one in question, it would not be safe for students, nor for patients, to test them in a real-life scenario (see Crezee, 2015), so offering students simulated and experiential learning is essential for them to put into practice the skills acquired and test them.

To provide students with scenarios and feedback that are as close to real life as possible, the IPE team should be an interdisciplinary one. In our case it will include the authors as interpreter educators and at least one HSCP collaborating in a Master that will hopefully be offered at the University of Bologna from the next academic year. Such a Master stems from an advanced training course[15] organised by the Bologna Transcultural

[15] https://centri.unibo.it/bo-tpt/it/centro/presentazione (accessed on October 5, 2025).

Psychosomatic Team, which the authors have joined after reaching out to HSCPs at conferences on healthcare communication and participating in interdisciplinary events. In the following subsections, we will detail how we plan to organize pre-IPE activities (3.1) and one IPE session for the first edition of the Master (3.2), which we will iterate based on the assessment methods detailed in section 4.

3.1. **Pre-IPE activities**

3.1.1. ***Demographic questionnaire***

Each group of participants will be asked to fill out a demographic questionnaire with both open ended and scale-based questions regarding their linguistic repertoire, previous professional experience with the other groups' field, and knowledge and expectations on interpreter-mediated communication. These data will be necessary to adapt the IPE session to the specific group of participants and to prepare role plays that either are in language combinations that are present in the group or adaptable to them. Together with the focus group (section 3.1.3), these data will be used as a pre-intervention baseline to compare with post-intervention ones (see section 4).

3.1.2. ***Uni-directional orientation session***

Although the proposed module is based on IPE assumptions, we concur with Woll *et al*. (2020), among others, that it might be useful to begin with separate orientation sessions for each group of students, to set the foundations for a fruitful interprofessional collaboration.

Each group will be introduced to the core characteristics of the other group's professional practice. Student interpreters will get an introduction to administrative entrance pathways for refugees and asylum seekers in Italy, social programmes and procedures, most common mental health affections for migrants and different approaches to mental healthcare, HSCPs ethical guidelines and standards, indications on terminological preparation for assignments. HSCPs will receive basic notions of interpreters' ethical standards, of their role in this field as cultural brokers and facilitators (see also Chang *et al.*, 2021), as well as guidelines on how to work with an interpreter (briefing and debriefing practices, turn management, etc.).

3.1.3. ***Focus group(s) with HSCPs***

We plan to organise one (or more) focus group(s) with HSCPs, which will take place in presence at the Masters' venue, as part of the authors' module on interpreter-mediated communication. Depending on the number of participants, we will create one or more groups of 6-8 participants each. Just like in Gattiglia and Morelli (2022), who organised the focus group two weeks after the demographic questionnaire, the discussion would build on the information gathered in our questionnaire regarding participants' previous

experiences with interpreters (section 3.1.1), and would explore doubts, expectations, difficulties encountered and views about that professional group. Insights from the focus groups will be employed to fine tune the teaching materials created by the IPE team, and inductive thematic analysis (Braun & Clarke, 2006) will be carried out after the end of the course as a pre-assessment to compare with the post-. In the case of very large numbers, and of unfeasibility of focus groups, the alternative plan would be that of a further questionnaire with open-ended questions.

3.2. **IPE session**

Role plays are widely used both in healthcare (Dalwood *et al.*, 2020) and in interpreter education (Niemants & Cirillo, 2017), so both groups of participants should be familiar with this activity, although they may have encountered different typologies.

The guidance provided by educators can vary from an outline of how the situation might unfold and some details about the character (unscripted or "open" role play in Dahnberg, 2023), to a more detailed description of the interaction with each character's lines written in advance (scripted or "closed" role play following Dahnberg's classification). While scripted/closed role plays have a focus on words and are thus more suitable "for training and testing the knowledge of standard phrases, terminology, and cultural references", unscripted/open role plays have an interactional focus and are therefore "recommended for training and testing coordination, turn-taking, rendition, and different communicative activity types" (Dahnberg, 2023: 306).

Depending on who is playing the role of the professional, Dahnberg further distinguishes between professional (with healthcare providers), semi-professional (with trainers playing the role of healthcare professional) and non-professional (with interpreting students playing that role) activities, and he warns that while being extremely affordable (as students are necessarily available) non-professional role plays may make it difficult for fellow students not to orient towards their interpersonal relations (Dahnberg, 2023: 302). As the author concludes, "a fruitful approach to using role play for PSI [public service interpreting] training and testing seems to be variation depending on the current purpose and the budget available" (Dahnberg, 2023: 306). In our view, this conclusion also applies to IPE sessions involving both interpreters and HSCPs working in public services, where we will therefore make use of different role plays serving different purposes.

3.2.1. ***Language portrait***

We plan to start the IPE session with an icebreaking activity, called "language portrait" (see Busch, 2018, for an overview of its use in multilingualism research). Language portraits are sometimes used for "éveil aux langues" or "awakening to languages" (Candelier *et al.*, 2012: 7). Although, as the authors explain, the "awakening to languages" approach was devised initially for school-level education, a language portrait activity

can help participants get to know each other and take stock of their personal linguistic heritage. The activity consists in asking participants to portray their linguistic repertoire inside the silhouette of a human body, using different colours and/or styles to depict each language (including dialects) in the part of the body where they 'feel' it. Afterwards, participants are typically asked to describe their silhouette to the rest of the class, or in pairs or groups.

The aim of this activity in this context is threefold: breaking the ice and getting participants to know each other; raising participants' awareness of the fact that we are all linguistically diverse, even in our own country of origin; and inspiring HSCPs who could use it in their professional practice to get in contact with the patients' linguistic and cultural heritage.

3.2.2. ***Closed professional bilingual role play***

We plan to first use a closed professional bilingual role play drafted with the IPE team and revised with HSCP students in the pre-IPE focus group(s). It will be performed in front of the class by one interpreting student acting as interpreter, one HSCP student acting as HSCP, and one interpreting or HSCP student acting as the patient: while the former is more likely to speak foreign languages and is often playing the patient in the reviewed literature, the latter knows the characteristics and symptoms of mental health disorders and is more likely to be able to enact them realistically. The three role players will be selected based on the demographic questionnaire and the language portrait, to ensure that the patient and the interpreter speak the same foreign language while the HSCP possibly does not know it and only speaks Italian. With the role-players' consent, the session will be videorecorded, ideally using two camera angles. In line with other IPE initiatives, the activity will be preceded by a short *briefing,* during which participants will receive information on the scenario they are going to enact as well as on the characters' main characteristics and communicative goals, and followed by a collective *debriefing* and feedback phase. Being the first role-playing activity, the debriefing will be led by the teachers, who will draw participants' attention on interactional dynamics, problems and possible solutions, as well as on best practices, thereby fostering interprofessional dialogue and exchange.

The aim of this first role-playing activity is threefold: showing the whole class how an interpreter-mediated interaction unfolds, raising awareness of the kinds of topics that can be addressed in feedback, and having video recordings to be potentially used as education materials in following editions of the Master.

3.2.3. ***Open professional multilingual role plays***

Different varieties of closed multilingual role plays were tested in the IPE initiatives of the ReACTMe project, where scenarios were written in the vehicular language of the courses (English), participants only received one part of the script, and the

role-playing activity was divided into three stages: preparation in three subgroups, role-playing in triads, and discussion, first in triads and then in plenary (Garwood *et al.*, 2023: 163-179). Although we will draw inspiration from ReACTMe to draft the scenarios in the vehicular language of the Master (Italian) and select the role-players according to their role and linguistic repertoire (again, interpreter and patient will speak the same foreign language while the HSCPs ideally will not, so as to reproduce a real linguistic barrier), the second type of role-playing activity we are planning will be slightly different.

Like the closed professional bilingual role play described in section 3.2.2, it will also be preceded by a short *briefing* and followed by a *debriefing* and feedback phase, and it will similarly require HSCPs and interpreters to enact their professional role during the simulation. But it will be *open*, in the sense that role-players will only be provided with role cards and a few instructions about the scenario and the characters, and *multilingual*, with the class divided into smaller groups where patients and interpreters will speak different languages. Each small group will include, in addition to the three role-players, at least one observer from the interpreting and the HSCP group, who will make notes on different aspects of the performance (ideally, the aspects covered in the debriefing described in section 3.2.2) and then use them to provide peer feedback within the group.

The aim of this second role-playing activity is twofold: taking benefit from the presence of HSCPs, who "have more possibilities to improvise and speak spontaneously than in closed role-plays" (Dahnberg, 2023: 297) and can freely enact their professional role without having to read the lines of a script; and putting participants in the condition to face some of the real challenges of interpreter-mediated communication, where interpreters deal with specialised terminology and HSCPs with the fact they do not know how long they could/should talk (see Iacono *et al.*, 2025).

3.2.4. ***Joint discussion***

The open professional multilingual role plays will also be followed by a collective *debriefing* and feedback phase, whose aim is threefold: sharing with the whole class some of the topics that emerged in the sub-groups; drawing a list of points to be considered before, during and after consultations with patients with limited Italian proficiency to improve their effectiveness; and checking whether participants' expectations on the session and on interpreter-mediated interactions were met. To achieve these goals, the final joint discussion will also be recorded, using the same cameras already placed in the venue for the closed role plays described in section 3.2.2, and it will pay special attention to how feedback is provided.

In a practical activity such as role plays, formative assessment acquires particular importance. It can be provided by the students on their own performance (self-assessment), by students to other students (peer-assessment), by educators, or through a joint effort of educators and students (co-assessment) (Dochy *et al.*, 1999). As Holewik (2020:

134) explains, student-led feedback is particularly useful to foster learner independence and to allow students to take a central role in their learning. In line with Skaaden (2017: 325), who presents an approach which "sees the students' experiences and mutual reflections upon them as a main resource in the learning process", we will propose a joint feedback and co-assessment, guiding students through the reflection on their own role play with open-ended questions, and then moving on to students in the audience and asking them to include their observations. Such joint discussion will hopefully lead to the extraction of suggestions, best practices and guidelines to be applied in professional practice, which may be collected in a document to be drafted collaboratively by students under the supervision of educators from both fields, as a final joint outcome from the intervention.

4. Effectiveness assessment

Literature on IPE presents various methods for assessing its effectiveness, ranging from questionnaires, either standardised or *ad hoc* (Domínguez *et al.*, 2015; Shrader *et al.*, 2017; and, regarding interpreting specifically, Hlavac & Harrison, 2021; Hlavac *et al.*, 2022; Bani-Shoraka, 2023) to questionnaires combined with focus groups (McDonald *et al.*, 2021; Iacono *et al.*, 2025), or analysis of reflective assignments (Crezee & Marianacci, 2021).

For our module, we propose cyclic assessment in an action-research approach, with the "findings of each cycle informing the planning and carrying out of the next" (McAteer, 2013: 16; see also Hlavac *et al.*, 2022). A post-IPE data collection will be held at the end of the module, and it will mirror the pre-IPE assessment, therefore consisting of a post-IPE questionnaire and focus groups. These will both explore the effectiveness of the module based on the pre-IPE data collection and collect insight on satisfaction after the session.

More precisely, the post-IPE questionnaire will be sent to participants right after the end of the intervention, and it will match the one administered to each group before the session in terms of knowledge acquired on the other professional group and on the best practices for managing interpreter-mediated interactions. The results of the scale-based questions will be quantitatively compared to the pre-IPE ones, while open-ended questions will be compared qualitatively.

Mirroring the focus group(s) held in the pre-IPE session, post-session focus group(s) with 6-8 participants will be held as soon as possible after the module, and after having analysed questionnaire results, which will inform the focus group discussion. In this case, however, the focus group(s) will be held online and will include, if possible, at least one interpreter. The discussion will also aim at exploring whether expectations have been satisfied or modified and if the perspective on the other professional group has changed. It will touch upon the following topics, drawn and adapted from the evaluations proposed by Hlavac and Harrison (2021), Hlavac *et al.* (2022), and Bani-Shoraka (2023) and presented in Table 1.

Table 1. Topics for final focus group discussion

Topic	Reference
Challenging aspects of the module	Bani-Shoraka, 2023
Self-evaluation of learning outcomes (increased knowledge of practice in own and other professional group)	Bani-Shoraka, 2023; Hlavac & Harrison, 2021; Hlavac *et al.*, 2022
Usefulness of activities, broken down by activity-type - Pre-IPE activities - Pre-role play briefing - Role plays - Debriefing	Hlavac & Harrison, 2021; Hlavac *et al.*, 2022
Organizational aspects	Bani-Shoraka, 2023

In each iteration of the Master, insights from the previous evaluation cycle will be implemented, and the module re-evaluated following the same methodology (McAteer, 2013).

5. Concluding remarks

In this contribution we have shown how existing (inter)national initiatives and ongoing interprofessional collaboration can be leveraged to design locally adapted IPE sessions that *educate* HSCPs and interpreters and help bring these two professional worlds closer. Although effective communication is key in all fields of healthcare, in mental health special attention needs to be paid to the way communication is co-constructed, as the therapeutic alliance is based on provider-patient interaction, which goes from dyadic to triadic whenever an interpreter is present.

Following Mertler's (2013) methodology, we have first identified and limited the topic of dialogue interpreting in mental health contexts and introduced our research question, namely: what is required for an IPE initiative aiming to prepare HSCP and interpreting students to jointly and effectively manage interpreter-mediated encounters? Our answer was not based on already collected research data, but rather on examples of IPE initiatives coming from Italy, Belgium, New Zealand, Australia, the US, Sweden, Spain, and Austria, which stimulated us to reflect on learners' profiles, projected outcomes, pre-intervention activities, organisation of the simulated environment, and evaluation methods. On the basis of the reviewed literature, we developed a research plan which included action planning and effectiveness assessment for an IPE session involving HSCPs and interpreters, where two types of role plays serving different purposes will be proposed along language portraits and joint discussions.

The recordings of the closed professional bilingual role play (3.2.2), following Hlavac and Harrison's (2021) suggestion to video record the role-play sessions, will have

a twofold aim: on the one hand, to qualitatively analyse them ex-post in a longitudinal perspective, with the aim of monitoring and assessing improvements, as well as fine tuning the materials for the subsequent editions of the Master. On the other hand, selected portions of these recorded role-play sessions could be used as teaching materials for following editions, using the CARM method (Stokoe, 2014) to enable participants to observe them in slow motion, as well as to discuss and enact alternative courses of action. The recordings of the joint discussion and of the pre and post focus groups will serve the purpose of reflecting on the process, with the ultimate goal of "facilitating the exchange of knowledge" and of "promoting a collaborative IPE community within the field of Interpreting Studies" (Krystallidou, 2023: 387).

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