



## TRADUCCIÓN E INTERPRETACIÓN EN SERVICIOS PÚBLICOS Y CONTEXTOS HUMANITARIOS

*CURSO FORMATIVO*  
**100% BECADO**



### REQUISITOS

ENTRE 18 Y 30 AÑOS  
**DOMINIO DEL ESPAÑOL + OTRA LENGUA,**  
PREFERIBLEMENTE DE MENOR DIFUSIÓN



### CALENDARIO

FORMACIÓN PRESENCIAL  
**2, 3, 9, 10, 16 Y 17 DE MARZO**  
10 AM - 2 PM



### UBICACIÓN

SAPIENS  
MANUEL BECERRA/GOYA  
C/ MÁRTIRES CONCEPCIONISTAS 12

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# WP3



## DIALOGOS

*COMMUNICATION IN PUBLIC SERVICE INTERPRETING AND TRANSLATING*  
*WITH LANGUAGES OF LESSER DIFFUSION*

## Multiplier Event

**24 - 25 June 2024**

**Sala de Conferencias Internacionales – Rectorate Building**  
Plaza San Diego (28801) Alcalá de Henares – Madrid

# Agenda

1. Presentation
2. Training and materials analysis (Bianca Vitalaru)
3. Material and training design and creation (Carmen Pena Díaz)
4. Participants selection (Leila Benhaddou)
5. Pilot training course (Cristina Álvaro Aranda)
6. Experiences from students



# 1. Presentation

- 1.1 General project objective
- 1.2 Objectives of WP3
- 1.3 Steps of WP3
- 1.4 Researchers and teachers involved
- 1.5 Specific objectives and solutions



# 1.1 General project objective



Addressing the communication barriers of migrants, in particular those from host countries speaking lesser-used languages (LLD), for which **there is a lack of** qualified translation and interpreting professionals.

## 1.2 Objectives of WP3

1. Develop materials and resources to help bridge the communication gap with public institutions and services.
2. Develop a pilot training course for migrants with adequate LLD bilingual and bicultural competences, in order to be able to hire them as PSIT or for them to be able to go on to further training.

# 1.3 Steps of WP3

## A. Material analysis

To review the results obtained from the mapping task to select those resources and programmes that could be particularly useful for the design of DIALOGOS training course

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## B. Course design & material creation

To determine the final contents, making use of some of the materials gathered from the previous task and producing new ones.

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## C. Piloting & results

To help the development of an online training course in the final work package by analysing and assessing the effectivity and usefulness of the materials and methodologies suggested

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# 1.4 Researchers & teachers



**Carmen Pena Díaz**

PhD, Full Professor in Translation at the Department of Modern Philology at the University of Alcalá



**Carmen Valero-Garcés**

PhD, Full Professor in Translation at the Department of Modern Philology from the University of Alcalá



**Bianca Vitalaru**

PhD, Lecturer at the Department of Modern Philology from the University of Alcalá



**Raquel Lázaro Gutiérrez**

PhD, Professor at the Department of Modern Philology from the University of Alcalá



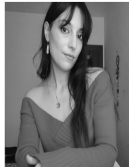
**Mar Sánchez Ramos**

PhD, Professor at the Department of Modern Philology from the University of Alcalá



**Elena Alcalde**

Professor at the Department of Modern Philology at the University of Alcalá



**Candelas Bayón Centigoya**

Researcher and PhD candidate at the Department of Modern Philology at the University of Alcalá



**Laura Monguilod**

Researcher and PhD candidate at the Department of Modern Philology at the University of Alcalá



**Andrea Sanz de la Rosa**

Researcher and PhD candidate at the Department of Modern Philology at the University of Alcalá

- Carmen Pena Díaz- (UAH & Master's Professor).
- Cristina Álvaro Aranda (UAH and Master's Professor).
- Sofía Antequera Manzano (Postgraduate and Master's lecturer).
- Belén Llopis (Postgraduate and lecturer in the Master's Degree in Interpreting, interpreter).
- Candelas Bayón (FPU postgraduate and Master's lecturer).
- Andrea Sanz de la Rosa (FPI postgraduate and Master's lecturer).

# 1.5 Specific objectives and solutions



Identify migrants' communication needs and LLD problems.



We found that there are not many solutions to tackle communication problems.



Contact service providers/volunteers (social workers, mediators, health and legal sectors).



We conducted surveys and interviews to find out the situation.



Create a training aimed at young adults (18-35 years old), with competences in one or more LLD.



## 2. Training and materials analysis



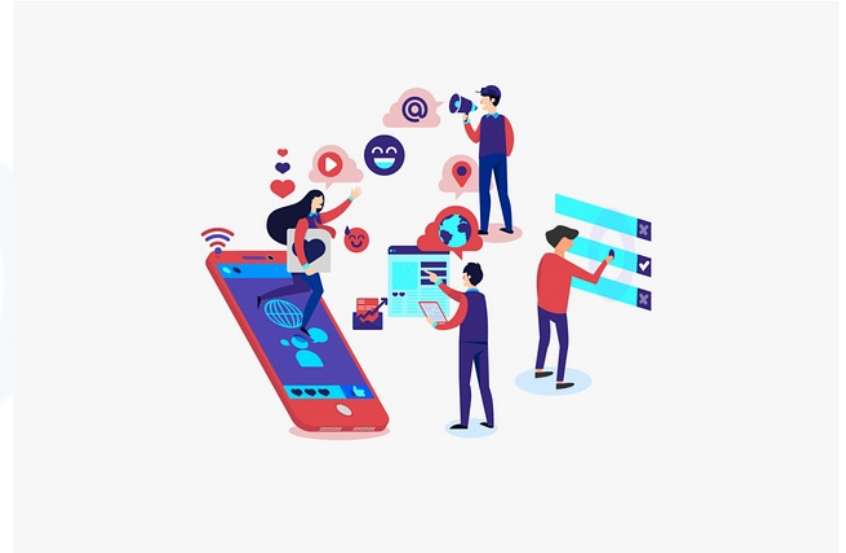
2.1 Steps

2.2 First analysis of database

2.3 Reorganisation by competences

2.4 Second analysis of database & examples

2.5 Observations and conclusions



## 2.1 Steps

WP2: Initial database of programmes and training resources (DB1)

WP2: Final database of WP2. Database with 40 training programmes and 55 entries for training resources (one or several types) (DB2).

### WP3

- 1) First (quantitative and qualitative) analysis of programmes and resources (of DB2).
- 2) Reorganisation of the data from the DB2 by competences (generating DB3).  
terminological, thematic & textual, strategic, and mixed approaches.
- 3) Second analysis of programmes and resources (DB3).

# 2.2 First analysis of database DB2

Resources & materials: 55 entries

Programmes: 42 (2 N/A) = 40:  
11 (9) Greece, 15 (Spain),  
and 16 (Italy)

Main field	Number of programmes
Conference interpreting	2
Community interpreting, PSIT, intercultural communication	12 (only 10 available)
N/A (Intercultural mediation)	2
Several (not necessarily PSIT)	14
Healthcare	2
Healthcare + Legal	3
Legal	1
Legal + other fields	6

Setting(s)	DB2. Number of training resources
<b>PSIT as a discipline</b>	<b>3</b>
- PSIT in general	3
<b>Legal</b>	<b>12</b>
- Legal in general	8
- Gender-based violence and discrimination	3
- Legal (Police interviews)	1
<b>Health, Healthcare &amp; Mediation</b>	<b>20</b>
- Health & Healthcare in general	17
- Healthcare (community interpreting)	1
- Healthcare (intercultural mediation)	2
<b>Asylum, refugees, and humanitarian aid</b>	<b>13</b>
- Humanitarian aid in general	3
- Humanitarian (but also health)	1
- Humanitarian (public service)	7
- Refugees specific	1
- Human rights education	
<b>Mixed settings</b>	<b>7</b>
- Mixed	2
- Mixed (healthcare, police, education)	1
- Mixed (focus on healthcare)	1
- Business, healthcare, legal	1
- Health, education, legal support	1
- Several	1

# 2.2 First analysis of database DB2.

## Relevant teaching programmes

Country	Programme	Relevance
Italy	Università di Bologna-Forlì, Master's degree in Specialized Translation/Interpreting	-institutional communication. -cultural communication modules.
	Università di Bologna-Forlì, 1-year course in Linguistic Assistance for Legal and Healthcare Settings	-addressing health and legal settings.
Spain	Universidad de Alcalá, Master's Degree in Intercultural Communication, Public Service Interpreting and Translation	-settings (intercultural mediation, healthcare and legal). -specific T/I and mediation activities. LLDs (Arabic, Chinese and Russian).
Greece	Aristotle University of Thessaloniki, MA in Conference interpreting and Translation.	conference interpreting and translation studies.
	Ionian University, MA in Politics, Language, and Intercultural Communication (POLICO).	centred on intercultural communication, but it is only delivered in EL



## 2.2 First analysis. Resources: Languages and target groups

Type of information	Languages and number of resources	
Monolingual information:	English (16), Spanish (3), and Greek (1)	
Multilingual/bilingual information:	English (15), Spanish (23), Italian (14), French (13).	Arabic (10), Romanian (10), Russian (10), German (9), Chinese (8).
	Dutch (4), Polish (4), Portuguese (4), Slovenian (4).	Greek (2), Bulgarian (2), Croatian (2), Czech (2), Hungarian (2), Maltese (2), Serbian (2), Slovak (2).
	Albanian (1), Armenian (1), Congolese Swahili (1), Danish (1), Finnish (1), Irish (1), Japanese (1), Latvian (1), Lingala (1), Lithuanian (1), Macedonian (1), Nande Mongo (1), Ngombe (1), sign language (1), Swedish (1), Tshiluba (1), Turkish (1), Ukrainian (1) and Vietnamese (1)	

Type of target group	Number of resources
Students	37
Service providers professionals from sectors such as legal, healthcare, humanitarian aid...	33
Interpreters	17
Course designers	13
Trainers	12
Policy makers	3
Migrants	3
Researchers	2
General Public	2
Human rights organisations	1

# 2.3 Reorganisation of DB2-DB3. 113 resources

Competence	Type of resources	Healthcare	International protection	Legal	PSIT (several)
<b>1. Terminological:</b> 25 (22%)	-glossaries. -dictionaries. -database of glossaries and dictionaries. -collections of expressions.	10	10	2	3
<b>2. Thematic and textual:</b> 10 (9%)	-blogs -model texts. -outlines (e.g. procedural). -videos. -reports. -web information.	3	4	-	3
<b>3. Mixed approach (mainly thematic): guides, handbooks, and courses:</b> 20 (18%)	-guides for users and/or interpreters. <b>12</b> -(mainly) thematic handbooks for interpreters. <b>5</b> -(mainly) thematic courses. <b>3</b>	6	8	3	3

<b>4.Strategic (guides and handbooks):</b> 14 (12%)	-guides and handbooks for interpreters (strategies). <b>3</b>	-	-	1	2
	-guidelines for practitioners. <b>11</b>	5	1	5	-
<b>5.Strategic (courses, seminars, and training modules):</b> 13 (12%)	-courses. -information. -(self-)learning modules).	5	4	1	3
<b>6.Strategic (activities, exercises, reports, etc.):</b> 31 (27%)	-videos. -role-plays. -activities of all kinds. -resources database. -reports. -forums.	12	5	2	12

# A. Terminological resources (22%)

<b>Health(health) (40%)</b>	-medical terminology (medical devices, translation difficulties. COVID-19, acronyms, medical specialities, etc.).	ReACTMe Project. Cosnautas. Translators without Borders.	<b>Cosnautas 8 dictionaries:</b> medical devices: multilingual; the rest bilingual or monolingual.
		Salud y Cultura. UJI. SOS-VICS Project.	<b>Basic multilingual Health and Culture Vocabulary.</b> ES, EN, DE, AR, ZH, FR, IT, NL, RU, ES, EN, DE, ZH, FR, IT, NL, RU
			Terminological sheets and activities: ES, EN, IT, RO. (ReACTMe project)
<b>Legal (8%)</b>	-police and judicial contexts.	SOS-VICS Project.	ES (x2).
<b>PSIT (several) (12%)</b>	-psychosocial and multidisciplinary terminology. -sensitive contexts: gender-based violence and psychosocial assistance. -remote interpreting.	SOS-VICS Project. SHIFT project.	<b>SOS-VICS Monolingual Glossaries:</b> ES.  <b>SHIFT multilingual glossary:</b> EN, ES, IT.



Field	Topics covered.	Institution	Languages
<b>International protection (40%)</b>	<ul style="list-style-type: none"> <li>-refugees.</li> <li>-humanitarian assistance and protection.</li> <li>-communication in crisis situations.</li> <li>-international conventions.</li> <li>-institutions and bodies.</li> <li>-World Food Programme.</li> <li>-communication in North-Eastern Nigeria.</li> <li>-COVID-19.</li> <li>-communication in Myanmar.</li> </ul>	<ul style="list-style-type: none"> <li>UN Refugee Agency (UNHCR).</li> <li>Translators without Borders.</li> </ul>	<ul style="list-style-type: none"> <li>EN-ES.</li> <li>EN-FR.</li> <li>ES.</li> <li>EN, AR, EL, Dari, Farsi, Sorani, Kurmanji.</li> <li>EN, ES, AR, FR, PT, Chewa, Sinhala, Congolese Swahili and Tamil.</li> <li>translations in Malawian Sign Language and Sri Lankan Sign Languages (Sinhala and Tamil variants).</li> <li>TWB: several.</li> <li>COVID glossary: over 40 languages.</li> </ul>



## Oncology

English	Italian	Romanian	Spanish
acute lymphocytic leukemia	leucemia linfoblastica acuta	leucemie limfocitară acută	Leucemia linfóide aguda
acute myeloid leukemia	leucemia mielode acuta	leucemie mieloidă acută	leucemia mielóide aguda
benign tumor	tumore benigno	tumoră benignă	tumor benigno
cancer	canco	canco	cáncer
cancerous	canceroso	canceros	canceroso
cancerous tumor	tumore maligno	tumoră canceroasă	tumor canceroso
carcinoma	carcinoma	carcinom	carcinoma
chemotherapy	chemioterapia	chimioterapie	quimioterapia
chronic lymphocytic leukemia	leucemia linfatica cronica	leucemie limfocitară cronică	leucemia linfocítica crónica
chronic myeloid leukemia	leucemia mielode cronica	leucemie mieloidă cronică	leucemia mielóide crónica
colorectal cancer	tumore colon-retto	canco colorectal	cáncer colorrectal
DCIS	carcinoma ductale in situ	CDIS	CDIS
ductal carcinoma in situ	carcinoma ductale in situ	carcinom ductal in situ	carcinoma ductal in situ

Pasaporte de humanidad: Los derechos de los niños y niñas migrantes y refugiados

## GLOSARIO SOBRE MIGRACIÓN, ASILO Y REFUGIO

Recopilación de términos de uso frecuente para actividades educativas en el aula.



### ACNUR

Organización de las Naciones Unidas especializada en la atención a las personas refugiadas, desplazadas internas, apátridas y retornadas en todo el mundo. Su mandato es dirigir y coordinar la acción conjunta de las distintas organizaciones y ONG que trabajan para resolver los problemas de las personas refugiadas y apátridas.

### Asilo

Protección que un Estado concede en su territorio a un individuo frente a la persecución de otro Estado. El asilo se concreta en dos derechos: el derecho a entrar en el territorio del país de acogida y el derecho a no ser obligado a salir de él de manera forzosa. El asilo supone una protección duradera frente a la persecución, yendo un paso más allá que el refugio, que es una protección transitoria.

### Apátrida

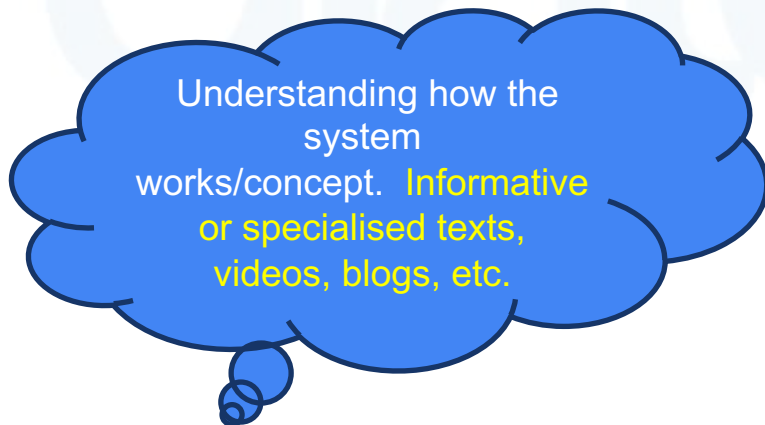
Persona a la que ningún país reconoce la ciudadanía. Aunque según la Carta de Derechos Humanos, toda persona tiene derecho a una nacionalidad, en la práctica hay diferentes situaciones que pueden provocar la apatría: guerras civiles, desaparición de países, decisiones gubernamentales, pertenencia a minorías perseguidas o conflicto entre legislaciones, por ejemplo. También son



muy vulnerable porque a menudo no se



## B. Thematic and textual resources (in general): 9%



Field	Topics.	Institution	Languages
<b>International protection (40%)</b>	<ul style="list-style-type: none"> <li>- effective communication in crisis contexts.</li> <li>- displacement.</li> <li>- language barriers.</li> </ul>	Translators without Borders.	EN (x2). EN, BN. EN, EL.
<b>Health(care) (30%)</b>	<ul style="list-style-type: none"> <li>- multilingual information and materials.</li> <li>- health care.</li> <li>- intercultural mediation.</li> <li>- prevention and treatment of diseases.</li> </ul>	Salud entre Culturas.  Salud y Cultura. UJI.  G-START Project.	Wolof, Bambara, Arabic dialects, Fula, EN, FR, ES.  AR, ZH, BG, HI, PO, EN, ES, FR, DE, RU, RO. IT.
<b>Legal PSIT (several including legal) (30%)</b>	<ul style="list-style-type: none"> <li>- trajectory of the victim through diagrams and model documents.</li> <li>- documentation and templates.</li> <li>- brochure. protection of victims of gender-based violence.</li> </ul>	SOS-VICS Project.  Linkinterpreting.	ES. ES, ZH. ES, DE, BG, ZH, EN, FR, IT, PT, RO, RU (Model application for a protection order). ES, EN, IT, GAL*. Depending on the field and/or document.

# Thematic and textual resources. Examples

## Voces Diversas



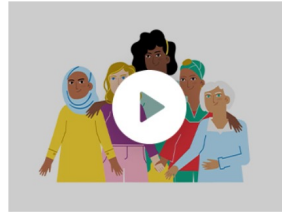
Folleto Voces Diversas

Español  
Árabe  
Chino  
Rumano  
Ucraniano  
Italiano  
Bámbara



Triptico VIH y Mujer

Español  
Francés | Français  
Árabe



Videos Voces Diversas

Español  
Árabe  
Chino  
Rumano  
Ucraniano  
Italiano  
Bámbara

[Salud entre Culturas, materials and videos:](https://www.saludentreculturas.es/mujer/)

[https://www.saludentreculturas.es/mujer/;](https://www.saludentreculturas.es/mujer/)

<https://www.youtube.com/@SaludEntreCulturas/videos>



## Documentos

En esta sección pueden consultarse diversos documentos relacionados con el ámbito de la interpretación políci penitenciaria.

Derechos del detenido en Reino Unido [ES] [EN]

[Denuncia por hurto](#) [ES]

Escrito de denuncia [ES] [EN]

[Modelo de información de derechos al detenido](#) [ES]

[Formulario de denuncia por hurto de la Guardia Civil](#) [ES]

[Diligencia de información de derechos al investigado o detenido](#) [ES]

[Acta de denuncia](#) [ES]

[Diligencia de detención e información de derechos](#) [EN/ES]

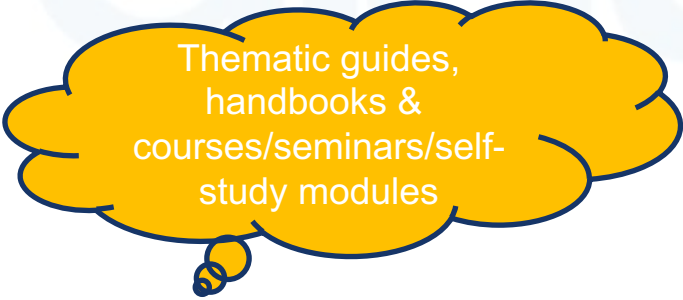
[Compensation claim](#) [EN]

[Record of interview](#) [GL]

[ES, EN, IT, GAL\\* Depending on the setting and document](#)

[Linkerpreting,https://linkerpreting.uvigo.es/interpretacion-policial-documentos/](https://linkerpreting.uvigo.es/interpretacion-policial-documentos/)

# C. Thematic guides, with mixed approaches.



Thematic guides,  
handbooks &  
courses/seminars/self-  
study modules

Field	Topics covered. Institutions	Institution	Languages
<b>International protection</b> (41%)	<ul style="list-style-type: none"> <li>-socio-cultural and linguistic contexts.</li> <li>-operations in conflict zones.</li> <li>-best practices.</li> <li>-rights and responsibilities.</li> <li>-linguistic considerations in sexual abuse investigations.</li> <li>-credibility assessment in asylum applications.</li> <li>- gender mainstreaming in refugee protection.</li> </ul>	Red T.  Translators without borders.  UNHCR.	EN (x2). +30 languages. ES, EN, DE, HU, PL, UK, RO, RU.  Handbooks: PT, RU, SE, ES. EN, FR, DE, RU, ES. EN, ES.
<b>Health(care)</b> (29%)	<ul style="list-style-type: none"> <li>-terminology.</li> <li>-health texts.</li> <li>-gender-based violence as a health problem.</li> <li>-breastfeeding.</li> <li>-health interpreting (techniques, competences, standards, and protocols) **.</li> <li>-intercultural mediation**.</li> </ul>	Autonomous regional Governments of La Rioja and Aragon.  Salud entre Culturas. Linkterpreting	ES, FR, EN, AR, UR. AR, ES, FR, RO, RU, UK, ZH, EN, BG.  EN. Wolof, Bambara, Arabic dialects, Fula, EN, FR, ES. Handbook: EN.

# Thematic guides and handbooks. Examples

Salud Entre Culturas  
622 04 25 64 info@saludentreculturas.es Unidad Medicina Tropical Del Hospital Ramón Y Cajal  
SOLICITA INTERPRETACIÓN SOLICITA

Home Quiénes somos Qué hacemos Proyectos Campañas y Jornadas Publicaciones Formaciones Colabora Blog Contacto

## Publicaciones

HOME > PUBLICACIONES

## Guías, manuales, folletos, material audiovisual...



<https://www.saludentreculturas.es/publicaciones/>

sosvics

ÁMBITO POLICIAL

ÁMBITO JUDICIAL

ÁMBITO MÉDICO

ÁMBITO PSICOSOCIAL

Inicio / **Ámbito psicosocial**

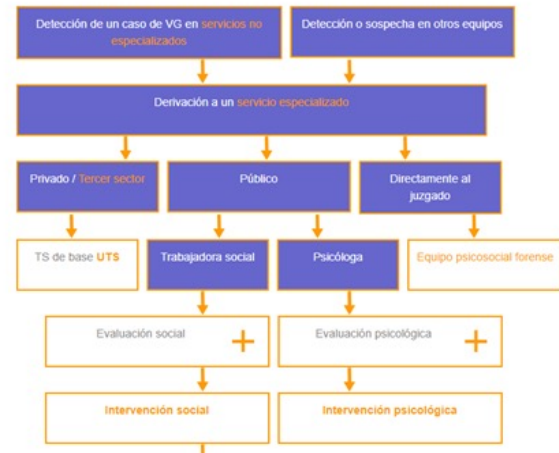
- > Inicio
- > ¿Cómo usar esta web?
- > Conceptos teóricos básicos
- > Interpretación en contextos de violencia de género
  - > Glosario conceptos básicos de interpretación
  - > Ámbitos y rasgos de la interpretación en contextos de VG
  - > Código deontológico
  - > Recursos de formación en interpretación
- > La interpretación remota en contextos de violencia de género
- > Estrategias de prevención y autoayuda para intérpretes
- > Glosario multidisciplinar

Buscar



## Ámbito psicosocial

Itinerario Roleplays Glosario Recursos Recursos genéricos



<https://sosvics.eintegra.es/ambito-psicosocial>

# Still: mixed approaches.

## HUMANITARIAN CULTURAL MEDIATION DO'S AND DON'TS

A cultural mediator facilitates mutual understanding between a person or a group of people (e.g. the migrant/refugee population) and a caregiver (e.g. a doctor) by providing two-way verbal translation (interpreting) and helping them overcome cultural barriers.

- ✓ Do interpret all that is said accurately and in full. "I'm telling you this but please don't translate" is not acceptable.
- ✓ Do interpret words, and attitudes, in each language, and explain cultural differences or practices as needed.
- ✓ Do give additional support aside from conveying information if requested. For example, you can help filling out forms.
- ✓ Do correct yourself if you make a mistake and ask for clarification if there is something you don't understand.
- ✓ Do respond to racist or abusive language by highlighting its offensiveness with the speaker and checking that is what they want to say before interpreting it. Report this behavior to their supervisor afterwards.
- ✗ Do not accept assignments for which you know you are unqualified or not prepared.
- ✗ Do not take assignments if you risk being biased or in case of conflict of interest (e.g. a family member or a close friend is involved).
- ✗ Do not repeat what you have heard to friends, relatives, or anyone else.
- ✗ Do not use your position to exercise power or pressure over any speaker or listener.
- ✗ Do not use your position to gain favors, including financial, from any speaker or listener.
- ✗ Do not comment on what you interpret or answer a question on behalf of one of the speakers.

## HUMANITARIAN PRINCIPLES IN PRACTICE

The Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief was developed and agreed upon by eight of the world's largest disaster response agencies in 1994.

The Code of Conduct, like most professional codes, is a voluntary one. It lays down ten principles, which all humanitarian actors should adhere to in their disaster response work. The code is self-policing. TWB is a signatory and adheres to the Code of Conduct.

- 1 The humanitarian imperative comes first.
- 2 Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
- 3 Aid will not be used to further a particular political or religious standpoint.
- 4 We shall endeavor not to act as instruments of government foreign policy.
- 5 We shall respect culture and custom.
- 6 We shall attempt to build disaster response on local capacities.
- 7 Ways shall be found to involve program beneficiaries in the management of relief aid.
- 8 Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
- 9 We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
- 10 In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

For the full Code of Conduct see: <http://www.ifrc.org/Docs/idrl/1259EN.pdf>

<https://translatorswithoutborders.org/wp-content/uploads/2017/04/Guide-to-Humanitarian-Interpreting-and-Cultural-Mediation-English-1.pdf>

# D.Strategic competence: 27%

(activities and exercises, case studies, training videos, reports, etc.)



Field	Type of material	Institution	Languages
<b>International protection</b> (17%)	-digital materials. -case studies. -interactive maps. -location guide. -textbook for human rights educators. evaluation of activities.	ReTrans Project.  Translators without borders.  Office of the United Nations High Commissioner for Human Rights (OHCHR).	EN (x2) ES, PT. EN, FR. EN, ES, FR.
<b>Health(care)</b> (40%)	-role-playing games. -case studies. -didactic units. -presentations. -training videos. -resources database. -interviews. -training advice. -assessment table. -discussion guide.	ReACTMe Project.  Fundamentals of Clinical Medicine at the University of Washington.  EthnoMed.  National Council of Interpreters in Healthcare, USA (NCIHC).  Think Cultural Health.	ES, EN, RO, IT (x2). ES. EN (x7).  AR, (Cantonese) ZH, EN, ES, RU, VT, SO, KM=Khmer (Cambodian).  EN, several.

<b>Legal (7%)</b>	-videos. -evaluation report.	ImPLI Project. TransLaw Project.	IT-DE-FR. HU-IT. CZ-DE. FR-DE. DE-FR. EN-ZH. NL-HU-IT. EN.
<b>PSIT (several)</b> (37%)	-role-playing games (audios, transcripts, terminology). -training videos and exercises/training	SOS-VICS Project. Linkterpreting. TRAMIG Project. SONETOR Project. IR-MultiLing Project.	ES, GAL*, EN, AR. ES, EN, AR, IT. ES, RU, EN, RO, IT, FR. ES, ZH, DE, PT.

# D. Strategic competence

(courses, seminars, modules. 12%)

(guides & handbooks focused on strategic competence) 12%

(guidelines for practitioners on how to work with interpreters)

Practice abilities & strategies to develop skills and competences

The screenshot shows the euagg website interface. At the top, there is a navigation bar with links for 'Asylum Trends', 'Practical Tools', 'Cases', 'Processment', and 'Member Area'. Below this is a blue header with the text 'Interpreting in the asylum context'. A 'Table of Contents' sidebar on the left lists various modules, with 'Interpreting in the asylum context' highlighted. The main content area shows 'Key Information' and 'Description' tabs, with a green banner stating 'THIS MODULE IS NOW AVAILABLE FOR TRANSLATION'. Below this are icons for 'TARGET GROUP', 'SCENE & DURATION', and 'Duration'.

[Training module on interpretation in the context of asylum. DE, EN, FR, HR, IT, NL, RO, RU, SL, PL.](#)

**AVIDICUS 3 PROJECT**  
Assessment of Video-Mediated Interpreting in the Criminal Justice System – Assessing the Implementation

**HANDBOOK OF BILINGUAL VIDEOCONFERENCING**  
The use of Videoconferencing in Proceedings Conducted with the Assistance of an Interpreter

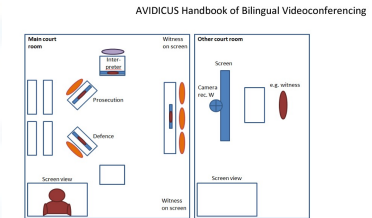
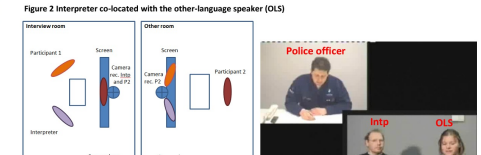


Figure 1b: Court hearing; interpreter co-located with the main court (requesting court); other-language speaker (OLS) in remote location



[Handbook for bilingual videoconferencing:](#)  
The use of videoconferencing in interpreter-assisted proceedings. AVIDICUS 3.

# Examples of guidelines for practitioners

**What is a professional interpreter?**

An interpreter is a person who is perfectly fluent both in your language and the language your patient speaks, and who is able to reproduce the information you provide to your patient without adding or leaving anything out. An interpreter is not only a person that speaks different languages; they have also studied memorisation techniques, note-taking techniques and reformulation, in order to give the patient the same message you have sent, with the same nuances and the same communicative intention. They are specialised or have experience in using healthcare or medical language.

**Información confidencial**

Act 41/2002, of the 14th November, regulating the patient's autonomy and their rights and responsibilities regarding clinical information and documentation, establishes the patient's right to confidentiality that can only be guaranteed by a professional interpreter and to receive information regarding their diagnosis and treatment in such terms that they may understand it and that is adapted to their needs.

**How to work with an interpreter in the consulting room?**

**ALWAYS ADDRESS THE PATIENT**

Always address the patient. Do not tell the interpreter to "ask the patient how they are". Look the patient in the eye and ask "How are you?", thus establishing an atmosphere of trust. The interpreter will answer as if they were the patient: "I am well", "I have a headache", etc. and vice versa, as if a they were you when talking to the patient, so that communication is more direct.

**THE INTERPRETER WILL TRANSLATE EVERYTHING YOU SAY**

Don't say anything you don't want the interpreter to translate. Don't make any comments that you wouldn't make in front of a Spanish-speaking patient. The interpreter has the obligation to translate everything that is said during the consultation.

**USE A SIMPLE LANGUAGE**

Use a simple language throughout the consultation (be aware that some patients have not had access to an education) and explain to the interpreter any difficult medical terms as well as the case at hand. The more details the interpreter knows beforehand, the better they will be able to familiarise themselves with the topic and the better they will carry out their work.

**ASK QUESTIONS AT THE END OF THE CONSULTATION**

When the consultation is over, use the opportunity to ask the interpreter questions regarding aspects of the patient's culture that might interest or worry you. An interpreter is an expert in both cultures, and they will be delighted to see you are interested in any cultural aspects and explain to you whatever you need.

**What alternatives are there if in-person interpreting is not available?**

The Community of Madrid offers a professional interpreting service via telephone for healthcare centres. It is available 24 hours a day and you may request it through the Patient Services team.

**Possible risks when working with a non-professional interpreter**

- They might simplify what the patient says or what you say too much because they do not consider it relevant. A professional interpreter translates all that is said so that both parties know what is being talked about at all times.
- They might not have sufficient knowledge of the provider's language and transmit erroneous information to the patient. As a consequence, the patient might follow the treatment incorrectly or have an erroneous perception of their health status.
- They might not translate any topics they might consider moral taboos (questions about sexual relations, news related to death, etc.). An interpreter is an expert in both cultures and knows when to warn the doctor about a delicate topic as well as explaining behaviours in the culture of the patient in order to bring the doctor closer to the patient's reality.
- The patient might omit embarrassing information if the interpreter is a close relation partner or a member of the family when talking about sexually transmitted diseases, mother and children regarding menstruation, contraceptives, etc).

Documento favorable de la Comisión Técnica de Coordinación de la Información, 13 de Diciembre de 2016 versión 01

## OUR EXPERIENCE SUGGESTS THAT...

**1** Humanitarian programmes rarely include adequate budget for professional interpreters and often rely on their own staff or on community members as informal interpreters. This raises concerns about both quality and confidentiality.

**2** In some languages, words for sensitive issues might not exist or if they do, they might carry stigma or not be commonly known by community members.

This might also include humanitarian and technical terms and concepts in English that are hard to translate clearly into other languages. Terms like "case" (rather than "patient" or "sick person") might be misinterpreted or perceived as lacking empathy. If interpreters use words that aren't neutral or understood, this may affect how community members engage or act on advice. For instance, a woman who has been sexually assaulted might not understand the urgency of accessing post-exposure prophylaxis.

## SO, YOU CAN TRY TO...

- Assess the need for interpreting at the start and resource it properly.
- Pay attention to specific age, gender, disability and other diversity characteristics of the affected people you are working with.
- Conduct a safe programming risk analysis to avoid unintentional harm to both affected people and interpreters or their families.
- Avoid relying on family members to communicate with vulnerable people where possible and use trained interpreters instead.
- Recruit and train interpreters based on who you want to talk with, about what, and in which places/contexts.
- Be clear about what you expect of interpreters, including understanding "informed consent". Interpreters should say everything that you say to the person or people you are speaking with and vice versa, as far as they are able to. They should not add their own personal opinions leave anything out, have their own conversations with people or place any pressure on people to speak to you.
- Discuss suitable and respectful translations of key words and concepts in local languages with interpreters before any kind of interaction with community members. This gives interpreters more confidence in their work and assures you that community members are likely to share your understanding of key words.
- Avoid using jargon, abbreviations, and acronyms that assume a level of knowledge around a specific topic, except where relevant and appropriate.
- Provide interpreters with sector-specific inductions, for instance on basic protection issues related to the context, to help them prepare effectively. Give them the opportunity to ask you questions about any technical terms and concepts, without feeling rushed.
- Remember that language has power: good intentions combined with poor word choices can do more harm than good.

**Example:** In Hausa, one of the more than 30 mother tongues spoken by conflict-displaced people in northeast Nigeria, the common word for "mental health" translates as "crazy." A mental health clinic that apparently had not conducted any language research had a sign advertising itself as "services for crazy people." This poor translation carries a heavy stigma, possibly keeping people away from services from which they could benefit.

Salud entre Culturas, ES, EN, FR  
<https://www.saludentreculturas.es/mecacion-e-interpretacion/>

TWB, Six tips for humanitarians working with interpreters on sensitive topics. EN, ES, AR, DE, FR, HU, PL, SK, UK, RO



## 2.5 Observations and conclusions

### Multilingualism

Need for accessibility & cultural and linguistic adaptation.

### ML & LLD

English and Spanish & also several LLD.

### Multilingual resources

Increasing number of glossaries: facilitate communication and define complex terms.

### Accessibility

Accessible: websites, applications, offline, etc.

## 2.5 Observations and conclusions. What was particularly relevant?

Guides,  
handbooks,  
infographs &  
visual  
information

Videos

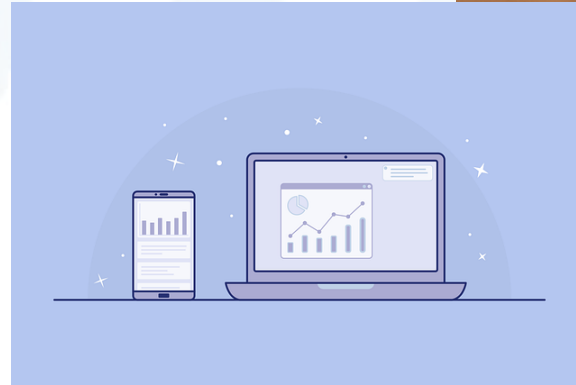
Research  
groups/  
projects  
(ReACTMe,  
Salud entre  
Culturas,  
SOS-VICS,  
Linkterpreting,  
etc.)

International  
organisations  
(UN Refugee  
Agency)

**ADDITIONAL  
NATIONAL  
SOURCES:**  
healthcare,  
international  
protection in  
Spain, legal  
system

# 3. Material and training design and creation

- 3.1 Main tasks
- 3.2 Course structure and content
- 3.3 Competences
- 3.4 Didactic characteristics
- 3.5 Examples
- 3.6 How do we proceed?



# 3.1 Main tasks carried out (Created, designed...)

1. Structure and content of the course based on the EMT competency model (2022 Competence framework).



2. PPTs with the basic information according to the agreed contents.



3. *Scripts*: to include the content in videos or PPTs and, especially, to be able to translate them in the next phase of the project into English, Italian and Greek.



4. Fundación Abrazando Ilusiones: video using AI



5. *Activities and models to assess the degree of effectiveness of different formats that could be adopted in the final version of the training material.*

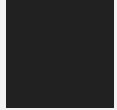
## 3.2 Course structure and content

Based on the EMT competency model (2022 Competence framework).

Competences needed	Learning Outcomes	Methodology
Interpreting and translation skills	provide an appropriate interpreting service in a wide range of situations	Give list of main issues, types of interpreting, etc.without being too “linguistic”. i.e. talk about modalities which will be needed in mediation (type of interpreting and also sight translation), whatever is used in each setting.
		Explain how to situate oneself. Reactme brochure. Videos of good practices?
Thematic/contextual Competence	have a basic knowledge of legal/administrative issues: refugee and asylum laws, how to access healthcare, etc., how their national and regional administrative/legal/healthcare systems work, including relevant procedures, such as appointment and referral systems; know the various legal and healthcare professionals’ roles; know how legal and healthcare facilities work in the host country	Videos explaining different topics  PACTE model
Ethical competence	be familiar with the concepts contained in the PSIT professional codes of ethics; behave in a professional and impartial manner at all times, never allowing their opinions or values to interfere with the interpreting interaction	Videos of “bad” practice  Describe/play the challenges of moving from theory to practice and the specific peculiarities of the settings of our interest and of LLDs.
Intercultural competence	understand cross-cultural differences and/or barriers to prevent or resolve possible conflicts, such as noncompliance to regulations, treatment by patients, considering a patient’s cultural beliefs in relation to diet, illness and disease, etc.	Videos of good and bad practice?  Description of host country main issues and how they act/work

Interpersonal communication competence	clearly inform providers, migrants and any other individuals involved of the interpreter's role before starting interpreting, including seating arrangements, the need for all parties to use the first person, for the interpreter to manage turn-taking, (and the avoidance of any kind of private conversation).	Reactme brochure
Linguistic competence	master their working languages, all the most frequent terms and expressions used in the different contexts, including collocations, the terminology; mastering psycho-physiological elements such as memory, active listening, emotional intelligence, resilience, etc.	
Self-care Competence	understand and recognise the consequences deriving from working in highly emotional situations (such as working in	Instructions on main ideas about this.
	refugee camps, emergency departments, dealing with sick children, delivering bad news to patients and/or relatives); know their limitations and take care of their mental and physical well-being; use coping strategies to tackle highly emotional situations in order to reduce stress and psychological difficulties (such as using the 3 <sup>rd</sup> person instead of the 1 <sup>st</sup> person and asking for a briefing session when bad news has to be delivered); be familiar with stress-relieving techniques.	Videos?? Stress management and soft skills should actually constitute the methodological background of the whole training path.  Perhaps using a sort of diary while doing rest of course
Information-mining competence	carry out documentary and terminological research on the internet or using any other medium, thus taking care of the preparation/documentation process and managing resources	Activity describing and explaining.  Perhaps have them look for information from the beginning with basic information mining elements.
Technological competence	Use of adequate tools (third sector project being carried out by UAH)	We should keep in mind that they need to know about technological tools and we should describe and explain throughout the whole course transversally.

## 3.2 Structure and course content



6 modules

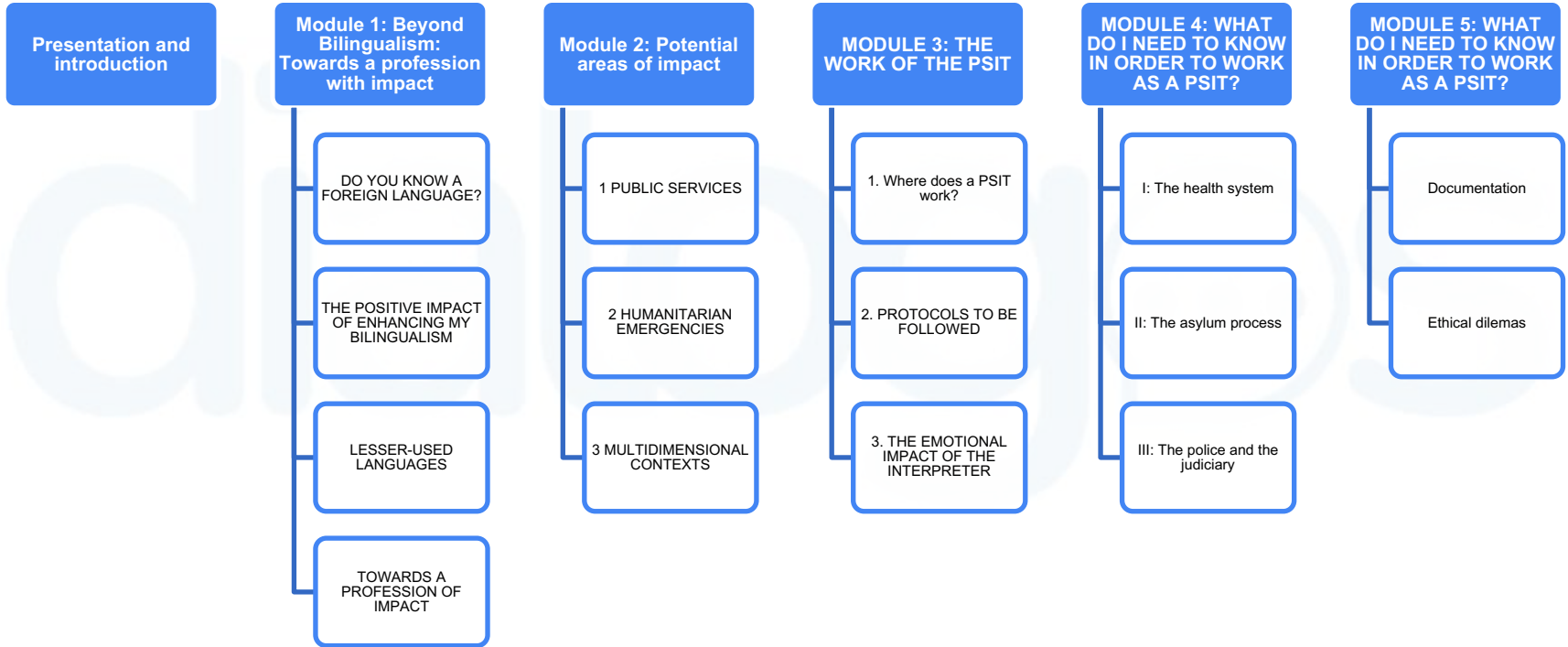


Modules 1 and 2 mostly theory-based



Modules 3, 4, 5 and 6 were mainly practical, focusing on the development of interpreting techniques. They also included specific information and vocabulary of the different public services in Spain.

# Topics by modules





## 3.3 Competences

- ❑ Understanding context → crucial for interpreters (it enables them to convey messages accurately and appropriately between providers and users).
- ❑ Understanding the **specific setting** to provide appropriate interpretation.
- ❑ Understanding the **details of procedures and protocols** helps interpreters provide accurate and relevant translations.
- ❑ Being aware of the **patient's cultural background**, to avoid misunderstandings and ensure culturally sensitive communication.
- ❑ Interpreters need to **recognise cultural differences in non-verbal communication** such as gestures, body language and eye contact.
- ❑ Recognising the **ethical implications** within the healthcare setting ensures that interpreters act within professional standards and safeguard users' rights and dignity.

## 3.4 Didactic characteristics



**Practical training:** constant feedback, encouraging discussion and exchange of ideas and experiences.



**Dynamic and gamification elements.**

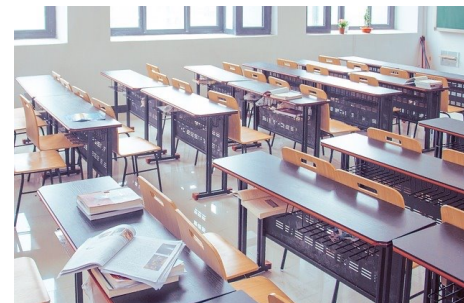


**Collaborative work** given the multicultural nature of the classes. Mutual and cooperative correction.



# PPTs presented in onsite course

- Created PPTs with the basic information according to the agreed contents. *PowerPoint presentations were developed to provide visual support to the in situ explanations.*



¿qué necesito saber  
para Trabajar en TISP?

Contextos policial y judicial

dialogos

4. EL MÓDULO  
SANITARIO

dialogos

# Scripts

- Created *scripts* in order to be able to include the content in videos or PPTs and, especially, to be able to translate them in the next phase of the project into English, Italian, and Greek.

## 5.1 Conceptos básicos

### 1. ¿Qué es una persona extranjera?

Toda persona que no tenga la nacionalidad española es una persona extranjera. Las personas extranjeras pueden pertenecer a distintos colectivos.

- Por un lado, están los ciudadanos europeos y sus familias.
- Por otro lado, las personas asiladas y refugiadas.
- También existe el concepto de personas apátridas.
- Finalmente, las personas que no entran dentro de ninguno de estos colectivos son considerados como el resto de extranjeros.

### 1. ¿Qué es una persona extranjera?

Toda persona que carezca de la nacionalidad española es extranjera. Las personas extranjeras se pueden dividir en:

a) Ciudadanos/as europeos y sus familias



b) Asilados/as y refugiados.



c) Apátridas

d) Resto de extranjeros.



### 6. ¿QUÉ ES LA DOCUMENTACIÓN Y CÓMO PUEDO MEJORAR MIS CONOCIMIENTOS?

Saber identificar un problema y dónde encontrar la información necesaria para ponerle solución es una habilidad esencial para cualquier profesión. El proceso de búsqueda, consulta y análisis de la información se denomina "proceso de documentación", y en el ámbito de la TISP, tener unas habilidades de documentación sólidas puede marcar la diferencia.



Pero antes...

### 1. ¿Qué competencias debemos tener como traductor/a e intérprete de los servicios públicos?

**Supongamos que nos surgen los siguientes problemas y dificultades. ¿Cómo los solucionamos?**

A la hora de traducir o interpretar, nos pueden surgir los siguientes problemas y dificultades:

# Videos

- Fundación Abrazando Ilusiones created a video using AI.
- PPTs turned into videos.



# Assessment

- *To test the level of assimilation of concepts, multiple-choice, true or false and short-answer questions were posed.*
- *All sesiones were video recorded.*



## EVALUACIÓN DE LAS SESIONES

Por favor, indica la fecha:

1. ¿Te han gustado las sesiones de ayer y hoy? ¿Por qué?
2. ¿Qué es lo que más te ha gustado/ te ha parecido más interesante? ¿Por qué?
3. ¿Qué es lo que menos te ha gustado/te ha parecido menos interesante? ¿Por qué?
4. ¿Qué cambiarías?
5. ¿Qué añadirías?
6. Por favor indica tu nivel de comprensión con respecto a los siguientes aspectos en una escala de 1-5 (1-nada, 2-muy bajo, 3-mediano, 4-alto, 5-muy alto):
  - Contenido de los videos
  - Contenido de las actividades/tests
  - Interés por los temas tratados
  - Método de enseñanza
  - Claridad de los objetivos
  - Claridad de los mensajes y temas tratados
7. Otros comentarios que quieras añadir:



## EVALUACIÓN DE LAS SESIONES

Por favor, indica la fecha:

1. ¿Te han gustado las sesiones de ayer y hoy? ¿Por qué?

*Sí, ha sido interesante aprender acerca de los ámbitos en los que un traductor o intérprete puede desempeñar su labor.*

2. ¿Qué es lo que más te ha gustado/ te ha parecido más interesante? ¿Por qué?

*Lo que más me ha gustado ha sido los casos particulares de los que hemos hablado e.g. el caso de la extracción de sangre.*

3. ¿Qué es lo que menos te ha gustado/te ha parecido menos interesante? ¿Por qué?

*Lo que menos interesante me ha parecido fue la parte introductoria de los servicios sociales o las emergencias, ya que me pareció bastante repetitiva.*

# Positive elements



- *The interest of this methodology lies in the fact that it combines the academic and interdisciplinary knowledge of university professors with that of the staff of the NGO Abrazando Ilusiones, which is closer to the field work and the profile of the students.*
- *The final contents were consensuated and adapted taking into account the feedback (students, projects members and external expert assessors).*
- *Interaction with trainees (engaging).*
- *Pilot students provided very positive feedback. They found the material very useful, especially the audiovisual resources.*
- *Material can be recycled and translated.*
- *DIALOGOS project has already identified linguistic needs of LLD speakers and created a course which could be rapidly taken to acquire basic but fundamental PSIT indications and practices.*



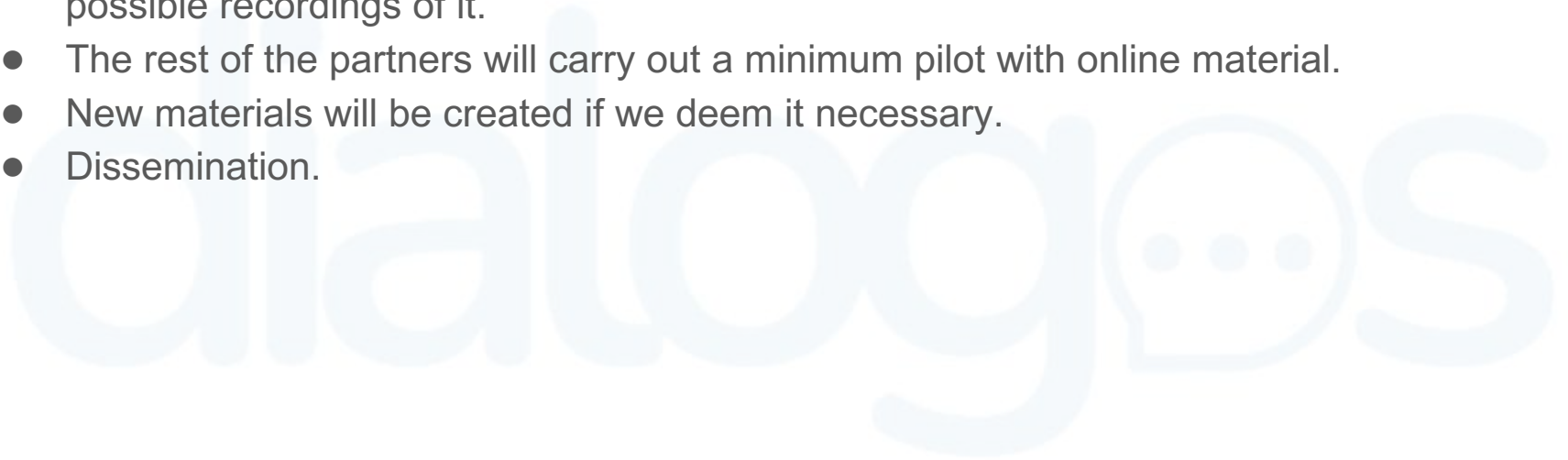
# Challenges



- Interactivity.
- Explanation of different concepts (the specific thematic modules: specialised terms and concepts were found difficult to understand).
- Methodologies employed have to be suitable for online learning and designed to promote self-study.
- Software needed to transform material into interactive online.

## 3.6 How do we proceed?

- **Analyse** the pilot course (it has been videorecorded in its entirety) and incorporate possible recordings of it.
- The rest of the partners will carry out a minimum pilot with online material.
- New materials will be created if we deem it necessary.
- Dissemination.



# 4. Participants selection



## 4.1 Application process dissemination: dissemination to maximise outreach / engagement

### **Targeted outreach:**

Reached out to humanitarian organisations, universities, language institutes, and other relevant entities.

### **Strategic partnerships:**

Leveraged the broad network of Abrazando Ilusiones to amplify reach and engagement.

### **Referral emphasis:**

Many candidates\* were referred by NGOs and grassroots organisations, demonstrating the effectiveness of targeted outreach.

\*beneficiaries of these organisations or volunteers already

providing informal language support in their communities.

## 4.2 Eligibility criteria



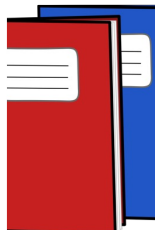
**Age group:** 18-30 years old.



**Language proficiency:** Good command of Spanish + **language(s) of lesser diffusion.**

**Background:**

No prior training in translation and interpreting.  
Refugee or migratory background, or actively involved in the civic sector.



**Attendance:** Able to be present for at least 80% of in-person class hours in Madrid.

## 4.3 Selection process

### Application Review:

Large number of applications, highlighting the high interest in the training course.  
Each application was carefully reviewed against the set criteria.

### Phone Interviews:

Shortlisted candidates underwent interviews to assess their suitability and commitment

### Final Selection:

Only applicants meeting all criteria and demonstrating commitment were selected.  
Ensured a **diverse and motivated group** ready to benefit from the training.

## 4.4 Additional Insights (1/2)

Many applicants who met all criteria and underwent interviews **did not proactively mention their proficiency in languages of lesser diffusion.**

some were hesitant or resigned when asked specifically about these languages  
\*(French or English would increase their chances of selection).

**the need to actively promote the importance and unique advantage of speaking languages of lesser diffusion as a central focus of the DIALOGOS Project.**

high number of qualified applicants

final decisions focused on **participant diversity.**

**enriched the pilot training course**

-inclusive and representative cohort,  
-foundation for future steps towards digitalising the training course

## 4.4 Additional Insights (2/2)

applications from individuals surpassing the maximum age limit, indicating **broad age range interest** for the



opportunity to consider **expanding training opportunities** beyond the initial target age range.

Numerous applicants met all requirements and demonstrated high interest, **but lacked advanced proficiency** in Spanish.



highlights the need to provide **additional language training support** to ensure inclusivity and effective participation.

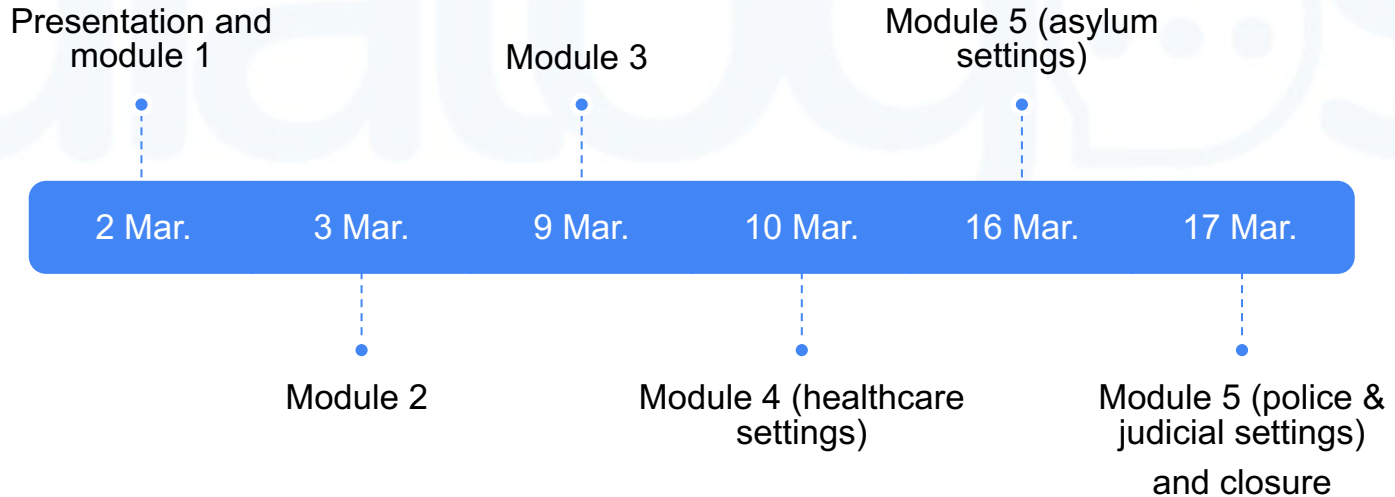


# 5. Pilot training course



# 5.1 Dates and times

- Saturdays and Sundays
- 10:00-14:00
- March 2024



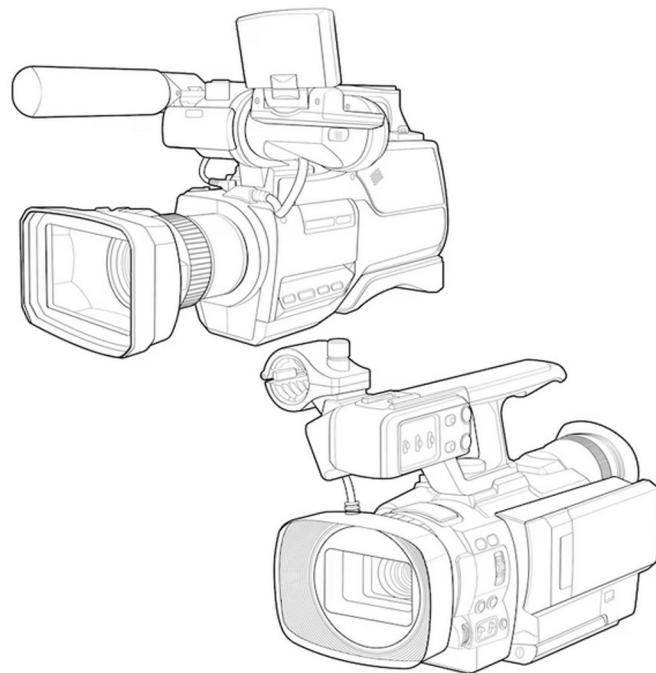
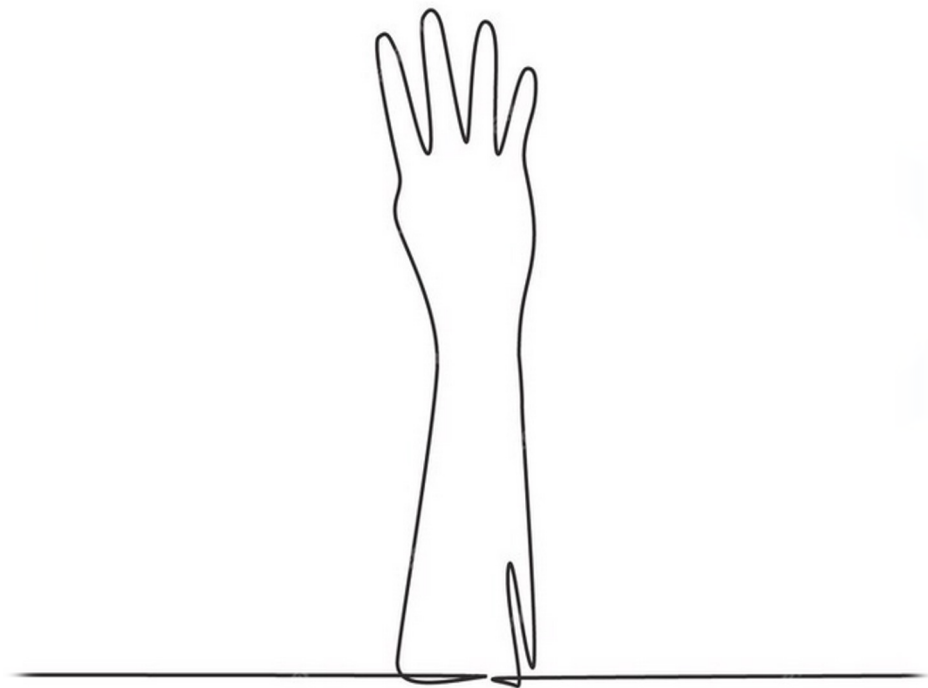
## 5.2 Students



A total of 18 students participated, speaking a wide variety of **LLD**:

Amazigh, Chinese dialects, Hasania, Darija, Bambara, Diula, Soussou, Persian, Somali, Swahili, Ewondo, Bassa, Poular, Russian, etc.

## 5.3 Learning environment





## 5.3 Learning environment



## 5.4 Contents

- **Modules 1 and 2: theoretical.**

Bilingualism, LLD, translation, interpreting, mediation, public services, etc.

- **Modules 3, 4, 5 and 6: practical.**

Specific fields, ethical codes, interpreting techniques, resources, etc.

## 5.5 Theoretical contents: some examples



Los SSPP son el conjunto de bienes y actividades, por lo general de tipo esencial o básico que un Estado le garantiza a su población, con el fin de brindar un mejor nivel de vida y proteger la igualdad de oportunidades entre sus ciudadanos.



# Theoretical contents: some examples

## 5.1.7. ¿QUÉ SON EL NIE, EL TIE Y EL DNI?



NIE

Número de  
Identidad de  
Extranjero

TIE

Tarjeta de  
Identidad de  
Extranjero

DNI

Documento  
Nacional de  
Identidad



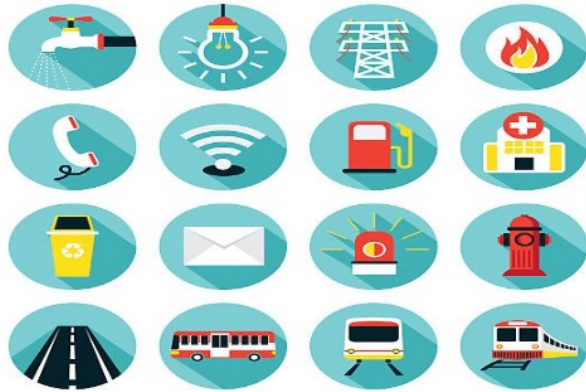
# Dynamic questions

- To capture the students' attention, dynamic questions were posed at different points in the sessions and students were invited to share their personal experiences, which was very enriching for the participants.



# Dynamic questions

"¿EN VUESTRA OPINIÓN QUE SON LOS  
SERVICIOS PÚBLICOS?"



¿QUÉ SERVICIOS PÚBLICOS  
HAS UTILIZADO ESTA  
SEMANA?

# Revision/assessment questionnaires

## ¿Verdadero o falso?

- Un traductor/intérprete únicamente debe conocer los aspectos culturales de una de las culturas (por ejemplo, solo la del trabajador de los servicios públicos).

**FALSO**

UN Breve repaso...

1. ¿Empadronarte te otorga derechos directamente?
2. ¿Necesitas ser residente legal para empadronarte?
3. ¿Todos los extranjeros tienen NIE?
4. ¿Todos los extranjeros tienen TIE?



# Joint learning and sharing

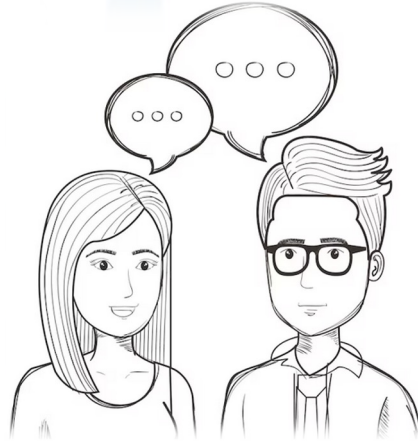
- Joint learning was encouraged by reading and reflecting on the testimony of refugee or migrant users of public services or hypothetical cases in which a cultural conflict impeded communication.

Piensa en algún gesto típico que se hace en tu cultura y todo el mundo entiende sin explicarlo pero que en España no suele usarse

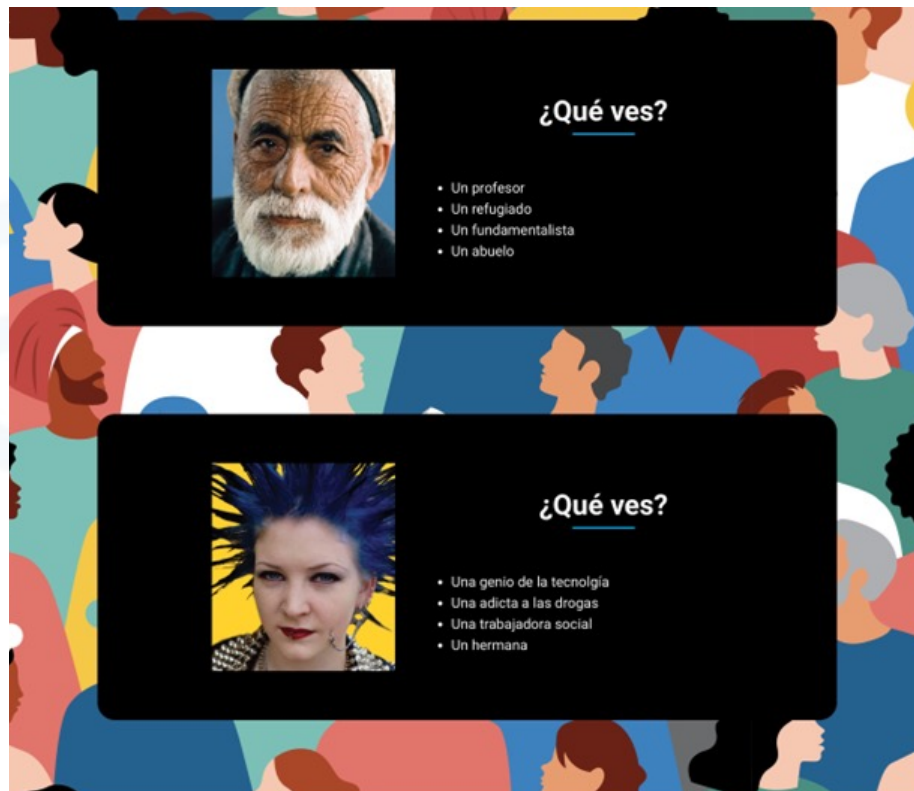
## Joint learning and sharing

- Tienes que traducir en una reunión con los padres de un alumno árabe. Se va a celebrar una fiesta donde cada estudiante de la clase tiene que traer distintos alimentos. Tú sabes que el hijo de las personas para las que interpretas está haciendo el Ramadán.
- ¿Qué dificultades pueden surgir en este caso?
- ¿Qué modelo de actuación tendrías que seguir para que la comunicación sea efectiva?

# Practical activities



# Reflection activities



**¿Qué ves?**

- Un profesor
- Un refugiado
- Un fundamentalista
- Un abuelo

**¿Qué ves?**

- Una genio de la tecnología
- Una adicta a las drogas
- Una trabajadora social
- Un hermana



# Discussion

## Ejemplos reales

Mi amigo tenía un contacto en la capital. Él tenía a otras tres personas esperando para salir de Senegal. Un día nos llevó a los cuatro hasta la playa para que **nos subiéramos a una patera**. Fueron momentos complicados, éramos **121 personas en total, entre ellas algunas mujeres y algunos niños de 14 o 15 años**. Los dos primeros días fueron muy duros. No comíamos lo suficiente y muchas personas empezábamos con los mareos y los vómitos. Pero lo peor llegó el cuarto y quinto día, cuando empezó el viento. **Fueron días de mucho oleaje, la gente no podía dormir, lloraba. Teníamos mucho miedo**. Puede cambiar el gobierno, pero siempre habrá personas que me amenacen porque piensan que no he respetado a los líderes religiosos. **Si te manifiestas te encierran**.

# Reflection activities

## Caso 1


---

**Estás interpretando para un paciente que se tiene que hacer un análisis de sangre. El paciente está muy asustado.**

Enfermera: No duele, tranquilo. Es solo un momento.  
*La enfermera coge la aguja y mira el brazo al paciente. Te mira a ti, el/la intérprete, y te dice:*  
Enfermera: No tiene las venas muy bien y quizá le duela un poco, pero no le digas nada.



**A sneak peek!**

A blue-tinted image of water ripples, likely from a video, with the text "Interpretación consecutiva Inglés" and "CONSULTA MÉDICA" overlaid in white. The background shows soft, flowing water with light reflecting off the surface.

**Interpretación consecutiva Inglés**  
**CONSULTA MÉDICA**

# Interpreting practice



# Roleplays



# A sneak peek!



# A sneak peek!



# Sight translation

ATENCION PRIMARIA

Guadalajara

CENTRO DE SALUD CERVANTES

C/ Cervantes, 16, 3ª planta

19001-Guadalajara



## CONSENTIMIENTO INFORMADO

D./Dña. ....

He sido informado de que presento una reacción positiva a la prueba de Mantoux y para que la infección no evolucione a enfermedad tuberculosa, debo de tomar: Isoniacida 300 mg/día (Cemidón) durante 6 meses en una toma diaria.

## RECOMENDACIONES NUTRICIONALES PARA UNA DIETA POBRE EN SAL

Para seguir una dieta baja en sodio debe saber que la sal o el sodio de la dieta proviene de:

- La sal (normal, marina, yodada) que utilizamos para aliñar y cocinar.
- La sal utilizada para la elaboración y conservación de los alimentos.
- El sodio que contienen de forma natural los alimentos.
- Procure tomar siempre los alimentos naturales. Evite los platos preparados comerciales (tener atención especial con los preparados de caldo en cubitos).
- Evite el consumo de las conservas de cualquier alimento, incluso las conservadas al natural y bajas en sal. Lea siempre el etiquetado nutricional.



# Collaborative terminological work

GLOSARIO COLABORATIVO

Término origen	Término meta
Policía	boolis Police 警察 police الشرطة noawica پولیس
Juez	garsore Juec 法官 giri tigela حكم ogga قاضي
Víctima	dhibane victime 受害者 be Kela mogami kan ھەبەت مەزانی
Pasaporte	basabor pasport 护照 pasapori پاسبورت

## 5.6 What did we learn?




- Difficulty in understanding some terms and concepts.
- Material as interactive as possible.
- Access to specialised resources for independent research.
- Highly engaged learner profile.

# Some narrations



# 5.7 What did we achieve?

- 18 CERTIFIED students
- 
- 6 have got jobs in different companies (Infolingua, Voze...).
  - 9 are taking a course offered by Salud Entre Culturas.



## IX Curso de Mediación Intercultural en los Servicios Públicos

MADRID GRANADA GUADALAJARA

DEL 15 DE ABRIL AL 27 DE MAYO ACTUALIZACIÓN: ELCHE Y BILBAO



Financia:

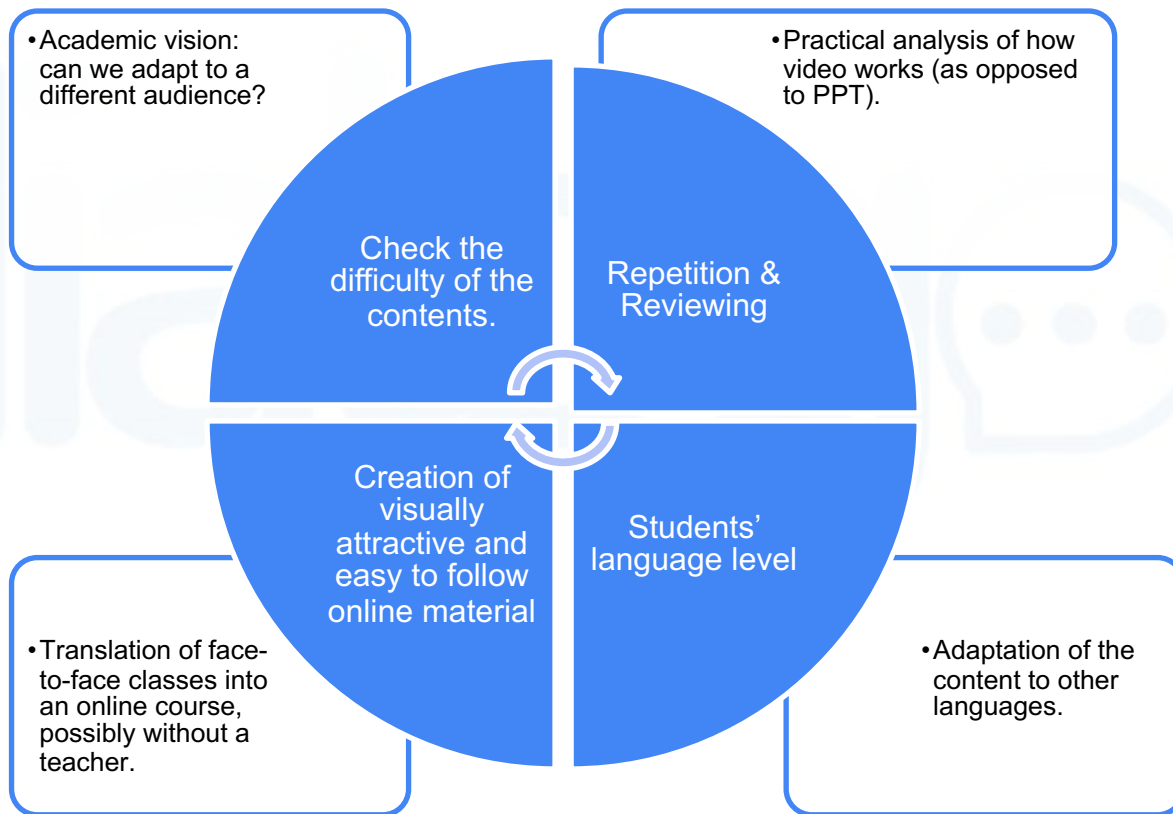


## 5.8 Where do we go from here?

- Adaptation of materials to interactive format.
- Translation of content into more languages.



## 5.9 What challenges will we face?



## 5.10 Where are we now?

- Open access online training module that can be applied in any language in the future.
- Good practice guide.





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