



Tetiana KHVALYBONA,

DSc in Pedagogy, Professor, Professor of the Foreign Languages Department,
I. Horbachevsky Ternopil National Medical University (Ternopil, Ukraine)

Тетяна ХВАЛИБОГА,

доктор педагогічних наук, професор, професор кафедри іноземних мов,
Тернопільський національний медичний університет імені І. Я. Горбачевського (м. Тернопіль, Україна)
gorpinich@tdmu.edu.ua
ORCID ID 0000-0003-2160-453

Bibliographic description of the article: Khvalyboha T. (2025). Pedagogical Approaches to Training Specialists in Field-Specific Translation in U.S. Higher Education. *Mountain School of the Ukrainian Carpathians*. 33. Pg.28-32.

Бібліографічний опис статті: Хвалибога Т. (2025). Педагогічні підходи до підготовки фахівців із галузевого перекладу у вищій освіті США. *Гірська школа Українських Карпат*. 33. С. 28-32.

УДК 378(73):81'25:81'255.4

PEDAGOGICAL APPROACHES TO TRAINING SPECIALISTS IN FIELD-SPECIFIC TRANSLATION IN U.S. HIGHER EDUCATION

Abstract. The relevance of the proposed study is foregrounded by processes of globalization, the growth of migration flows, and the increasing linguistic and cultural diversity within healthcare systems, which brings to the forefront the issue of ensuring high-quality medical communication. Language barriers between patients and healthcare professionals can lead to diagnostic errors, treatment complications, and threats to patient safety. In this context, the professional training of medical and pharmaceutical interpreters capable of providing accurate, ethically sound, and culturally sensitive transmission of medical information becomes particularly important. Of significant interest in this regard is the experience of higher education institutions in the United States, where the training of such interpreters has an institutionalized and systematic character.

The purpose of the study is to analyse the pedagogical approaches used in U.S. higher education institutions to train specialists in medical and pharmaceutical translation and interpretation, and to identify possibilities for applying this experience to improve domestic educational practice.

The study employs a complex of methods, including analysis and synthesis of scholarly sources to generalize theoretical approaches to interpreter training; comparative pedagogical analysis of educational programs at various universities; content analysis of regulatory and legal documents (CLAS Standards, Section 1557 of the Affordable Care Act, documents of the NCIC, CCHI, and NBCMI); structural and functional analysis of the content, forms, and methods of instruction; and an interpretative-analytical method to assess the potential for adapting U.S. experience in Ukraine.

The results of the study indicate that the training of medical and pharmaceutical interpreters in the United States is characterized by its comprehensive nature, competency-based orientation, focus on national certification, active use of clinical situation simulations, role-playing, and technologies of remote and telemedical interpreting. Educational programs integrate linguistic, medical, ethical, and intercultural training and are implemented in close cooperation with healthcare institutions.

It is concluded that the U.S. experience in training medical and pharmaceutical interpreters can serve as an effective model for the development and modernization of relevant programs in higher education institutions in Ukraine, with the aim of improving the quality of medical communication and patient safety in a multilingual environment.

Keywords: specialized translation, translator training, medical education, pharmaceutical education, the United States, pedagogical approaches, professional competence, intercultural communication.

ПЕДАГОГІЧНІ ПІДХОДИ ДО ПІДГОТОВКИ ФАХІВЦІВ ІЗ ГАЛУЗЕВОГО ПЕРЕКЛАДУ У ВИЩІЙ ОСВІТІ США

Анотація. Актуальність пропонованого дослідження зумовлена процесами глобалізації, зростанням міграційних потоків та посиленням мовного й культурного різноманіття в системах охорони здоров'я, що актуалізує проблему забезпечення якісної медичної комунікації. Мовні бар'єри між пацієнтами та медичними працівниками можуть призводити до діагностичних помилок, ускладнень лікування та загроз безпеці пацієнтів. У цьому контексті особливої ваги набуває професійна підготовка перекладачів медичного й фармацевтичного спрямування, здатних забезпечувати точну, етично виважену та культурно чутливу передачу медичної інформації. Значний інтерес у цьому аспекті становить досвід закладів вищої освіти США, де підготовка таких перекладачів має інституціоналізований і системний характер.



Метою дослідження є аналіз педагогічних підходів, що застосовуються у закладах вищої освіти США для підготовки фахівців з медичного й фармацевтичного перекладу, та визначення можливостей використання цього досвіду для вдосконалення вітчизняної освітньої практики.

У дослідженні використано комплекс методів: аналіз і синтез наукових джерел для узагальнення теоретичних підходів до підготовки перекладачів; порівняльно-педагогічний аналіз освітніх програм різних університетів; контент-аналіз нормативно-правових документів (CLAS Standards, Section 1557 ACA, документи NCIHC, CCHI, NBCMI); структурно-функціональний аналіз змісту, форм і методів навчання; інтерпретаційно-аналітичний метод для оцінки потенціалу адаптації американського досвіду в Україні.

Результати дослідження свідчать, що підготовка медичних і фармацевтичних перекладачів у США характеризується комплексністю, компетентісною спрямованістю, орієнтацією на національну сертифікацію, активним використанням симуляцій клінічних ситуацій, рольових ігор, технологій дистанційного та телемедичного перекладу. Освітні програми інтегрують лінгвістичну, медичну, етичну й міжкультурну підготовку та реалізуються у тісній співпраці з медичними закладами.

Зроблено висновок, що американський досвід підготовки перекладачів медичного й фармацевтичного спрямування може слугувати ефективною моделлю для розроблення та модернізації відповідних програм у закладах вищої освіти України з метою підвищення якості медичної комунікації та безпеки пацієнтів у багатомовному середовищі.

Ключові слова: галузевий переклад, підготовка перекладачів, медична освіта, фармацевтична освіта, США, педагогічні підходи, професійна компетентність, міжкультурна комунікація.

INTRODUCTION

The problem formulation. In the contemporary world, shaped by globalization and increasing migration flows, the issue of high-quality medical communication has emerged as one of the key prerequisites for ensuring accessible and effective healthcare. Language barriers between patients and healthcare providers often lead to diagnostic errors, treatment complications, and even threats to patients' lives. In this context, the professional training of medical and pharmaceutical interpreters, capable of ensuring the accurate and adequate transmission of medical information while accounting for both linguistic and cultural aspects of communication, becomes particularly significant (National Council on Interpreting in Health Care, n.d.; Think Cultural Health, n.d.).

The higher education system of the United States has a long-standing tradition of developing medical and pharmaceutical interpreting as a distinct field of professional activity (Middlebury Institute of International Studies, n.d.; Think Cultural Health, n.d.). It was there that the foundations were laid for institutional training programs for medical interpreters that combine linguistic, medical, and ethical components. American universities and colleges offer a wide range of educational programs – from certificate courses to master's degrees – that take into account the specific demands placed on interpreters working in hospitals, clinics, and other healthcare settings.

The relevance of this study lies in the need to conceptualize the pedagogical approaches employed in the United States in order to adopt best practices and adapt them to the Ukrainian educational context. Modern medical and pharmaceutical education must respond to the challenges of a multicultural environment, and the experience of American universities in preparing specialists in field-specific interpreting may serve as an important point of reference.

Analysis of recent research and publications. In international – and particularly American – scholarship, the training of specialists in medical and pharmaceutical interpreting is examined through the lens of normative and ethical frameworks, competency-based models, and didactic solutions that reflect the needs of the healthcare system. The fundamental regulatory framework is provided by the National Standards for Culturally and Linguistically Appropriate Services (CLAS) issued by the U.S. Department of Health and Human Services, which establish requirements for language access and cultural competence in healthcare institutions (Bagchi S., & Koren A., 2021, p. 70; Federal Register, n.d.). These standards set guidelines for educational programs that prepare medical and pharmaceutical interpreters for clinical environments (National Council on Interpreting in Health Care, n.d.). They are complemented by the provisions of Section 1557 of the Affordable Care Act (ACA), which directly regulates language access and the qualifications of language services in federally funded healthcare facilities (Federal Register, n.d.).

At the level of professional ethics and practice, the key contributions have been made by the National Council on Interpreting in Health Care (NCIHC), particularly its Code of Ethics and National Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care, n.d.). These documents articulate role boundaries, principles of accuracy, confidentiality, cultural mediation, and patient advocacy, serving as the foundation for curricula and assessment criteria used in training programs (Ponce O. J., Rivas J., & Johnson T., 2022, p. 123)

Competency frameworks in the United States are likewise largely aligned with the knowledge and skill profiles validated by certification bodies such as the Certification Commission for Healthcare Interpreters (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI) (Certification Commission for Healthcare Interpreters, n.d.; National Board of Certification for Medical Interpreters, n.d.). CCHI's published Job Task Analysis and the structure of its CoreCHI/CHI certification examinations delineate requirements related to medical terminology, clinical domains, ethics, communicative risk management, and technological literacy (Certification Commission for Healthcare Interpreters, n.d.). Similarly, NBCMI defines the competencies and formats of its written and oral examinations, which guide the development of instructional modules and formative assessment practices in university-based and professional training programs (National Board of Certification for Medical Interpreters, n.d.).

From a didactic perspective, the literature documents a shift toward competency-based and evidence-informed instruction with an emphasis on clinical scenario simulations, role-play, learning portfolios, and OSCE-style (Objective



Structured Clinical Examination) assessments designed to evaluate linguistic accuracy, role performance, and ethical sensitivity (Smith L., & Martinez R., 2024, p. 45; Think Cultural Health, n.d.). Leading academic centres – such as the Middlebury Institute of International Studies and the University of Arizona's National Center for Interpretation – offer courses and certificate programs in medical interpreting as well as specialized learning materials incorporating authentic cases (interpreter drills, terminology glossaries, audio scenarios), demonstrating the integration of practice-oriented resources into formal education (Middlebury Institute of International Studies, n.d.; National Council on Interpreting in Health Care, n.d.).

A significant trend is the technologization of interpreter training: programs are increasingly integrating terminology management, the use of CAT tools for medical and pharmaceutical translation, principles of data security (HIPAA), and training in remote/telemedicine interpreting modalities (VRI/OPI) (Think Cultural Health, n.d.). In parallel, professional discourse places growing emphasis on standardization and quality assurance in language services, reflected in ASTM standards for the language industry (including standards for interpreting practice and quality management), which are increasingly used as reference frameworks in designing learning outcomes and internal program policies (ASTM International, n.d.).

A distinct body of scholarship focuses on assessment of learning outcomes, including the development of analytic rubrics that evaluate accuracy of content transfer, control of register and style, management of communicative barriers (from cultural to pragmatic), and ethical decision-making in complex cases (e.g., when cultural explanation or intervention is required to ensure patient safety) (Think Cultural Health, n.d.). These rubrics are typically calibrated to NCIHC/CCHI requirements and CLAS policies, which ensures transparency and external validity of assessment practices (Certification Commission for Healthcare Interpreters, n.d.; Federal Register, n.d.; National Council on Interpreting in Health Care, n.d.).

Finally, the literature identifies several persistent challenges facing U.S. higher education: the limited number of full-fledged degree programs specifically dedicated to medical interpreting (as compared to broader translation/localization or community interpreting programs); an imbalance between the preparation of interpreters and translators; insufficient coverage of “less-commonly-taught” languages beyond Spanish; and the need for systematic research on learning outcomes and on the effects of integrating new technologies – from remote platforms to AI-powered post-editing tools. Addressing these challenges is linked to the expansion of interdisciplinary partnerships among language departments, medical schools, pharmaceutical companies and hospitals, as well as the broader implementation of CLAS policies and certification-body requirements at the level of institutional curriculum design.

In summary, the American body of scholarship converges on the claim that effective preparation of medical interpreters requires: 1) a clearly articulated normative and ethical foundation (CLAS, NCIHC, CCHI/NBCMI); 2) competency-based pedagogy with empirically grounded skill verification in clinically relevant scenarios; 3) technological literacy; and 4) systematic integration with healthcare practice and language-access services.

THE PURPOSE OF THE RESEARCH – was to analyse the pedagogical approaches used in U.S. higher education for training interpreters in the medical field and to identify their potential value for advancing domestic practices in teaching medical interpreting.

RESEARCH METHODS

The study employed a set of complementary research methods. Analysis and synthesis of scholarly sources were used to generalize current theoretical approaches to the training of medical interpreters in the United States. A comparative pedagogical analysis enabled the identification of shared and distinctive characteristics of educational programs across various universities and colleges. Content analysis of regulatory documents (CLAS Standards, Section 1557 of the ACA, NCIHC, CCHI, NBCMI) made it possible to determine the professional and ethical frameworks guiding interpreter preparation. A structural-functional analysis of educational programs was applied to examine their objectives, content, and instructional formats and methods. In addition, an interpretive-analytical method was used to synthesize practical trends and to assess the potential for adapting the U.S. experience to the Ukrainian educational context.

RESULTS OF THE RESEARCH

A program that deserves particular attention is the certification program offered by LaGuardia Community College (New York), which is designed to train specialists capable of working effectively in hospitals, clinics, and other healthcare environments. The program includes 45 hours of instruction and preparation for certification examinations administered by organizations such as the Certification Commission for Healthcare Interpreters (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI), providing students with a comprehensive foundation of knowledge and practical skills (LaGuardia Community College, n.d.).

Another noteworthy example is the program offered by The City College of New York (CCNY). This 102-hour program covers multiple modes of interpreting – consecutive, simultaneous, sight translation, and telephonic interpreting. In addition to developing medical knowledge, the course prepares students for national certification exams and cultivates broader professional competencies such as résumé preparation and interview skills (The City College of New York, n.d.).

In cooperation with Brigham and Women's Hospital, Bunker Hill Community College (Boston) offers a free ten-week program for speakers of Spanish, Portuguese, Arabic, or Mandarin Chinese. The program includes 60 hours of remote instruction, 40 hours of field placement, and preparation for the national certification examination, making it particularly practice-oriented (Bunker Hill Community College, n.d.).



The San Diego State University Global Campus program offers training in three modes of interpreting: simultaneous, consecutive, and sight translation. Its graduates are prepared to work in a variety of medical settings, providing high-quality language services to patients and demonstrating the integration of practical skills with theoretical preparation (San Diego State University Global Campus, n.d.).

Northwestern College (Iowa) offers a 100% online medical interpreting certificate program for bilingual Spanish/English students. The program spans two semesters and includes 15 credits, preparing students for the national certification exam and providing a solid foundation in professional practice (Northwestern College, n.d.).

Another illustrative example is the University of Georgia (UGA), which offers an interactive medical interpreting certification course for Spanish/English bilinguals. The program combines theoretical knowledge with practical exercises, enabling students to develop confidence in professional environments and enhancing their readiness for work in healthcare settings (University of Georgia, n.d.).

The University of California, San Diego (UCSD) also offers a program that introduces students to the fundamentals of medical interpreting, including cultural mediation, medical terminology, orientation to the U.S. healthcare system, and legal aspects of medical interpretation. This prepares trainees for a broad range of professional tasks (University of California, San Diego, n.d.).

City College of San Francisco (CCSF) trains bilingual and bicultural students to function effectively in medical and community settings through academic coursework, experiential learning, and community engagement, which supports the development of social and cultural competence (San Francisco City College, n.d.).

Programs at the University of Minnesota and the University of Colorado Colorado Springs (UCCS) are distinguished by their flexibility and accessibility. The former offers a free, self-paced online module covering the basics of medical interpreting and telemedicine, while the latter provides a one-month training program for bilingual professionals (University of Colorado Colorado Springs, n.d.). Both programs deliver the foundational knowledge and practical skills necessary for starting a career in medical interpreting (University of Minnesota, n.d.).

An analysis of the programs presented reveals several common features characteristic of medical interpreting training within U.S. higher education. The first one is the comprehensive instructional approach. Programs integrate theoretical knowledge – medical terminology, ethics, and cultural competence – with practical interpreting skills developed through simulated clinical scenarios and the use of contemporary translation technologies. The second peculiarity includes certification-oriented training, i.e., most programs are designed to prepare students for national certification exams such as CMI/CCHI, validating their qualifications and readiness for professional practice. Another feature is technological integration: programs actively incorporate modern translation and interpreting technologies, including artificial intelligence and other tools that enhance accuracy and efficiency. Finally, an interdisciplinary approach implies collaboration among language departments, medical schools, and healthcare institutions which ensures the integration of theoretical knowledge with practical experience, which is essential for training highly qualified specialists. These features demonstrate the high level of professional preparation in the field of medical and pharmaceutical interpreting in the United States and may serve as a valuable reference point for improving corresponding programs in Ukraine.

CONCLUSIONS AND PROSPECTS OF FURTHER RESEARCH

The analysis conducted shows that the training of medical and pharmaceutical interpreting specialists within U.S. higher education is grounded in a comprehensive combination of theoretical instruction, practical skill development, and ethical principles. The programs examined exhibit a strong emphasis on competency-based pedagogy, technological integration, and interdisciplinary collaboration, enabling students to function effectively in diverse medical and cultural environments.

U.S. programs place particular emphasis on preparing students for national certification examinations, ensuring a high level of professional competence and readiness for real-world practice. The use of modern technologies, distance learning formats, online resources, and telemedicine tools makes training flexible and accessible while cultivating students' proficiency with current medical interpreting technologies.

The systemic and holistic approach that combines linguistic, medical, and cultural preparation enables graduates of American programs to become highly qualified specialists capable of ensuring accuracy, ethical conduct, and effective communication in healthcare settings. The U.S. experience may serve as a valuable model for developing analogous educational programs in Ukraine, contributing to improved medical communication and patient safety in multilingual and multicultural environments.

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<i>Received</i>	15.09.2025
<i>Accepted</i>	29.09.2025