

Edited by
Nike K. Pokorn, Maurizio Viezzi, Tatjana Radanović Felberg

Teacher Education for Community
Interpreting and Intercultural Mediation:
Selected Chapters

Ljubljana, 2020

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Edited by: Nike K. Pokorn, Maurizio Viezzi, Tatjana Radanović Felberg

Reviewers: Vojko Gorjanc, Robert Grošelj

Copyediting: Jerneja Umer Kljun

Proofreading: Nataša Hirci

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Why This Book and How to Use It

Nike K. Pokorn

Department of Translation Studies, Faculty of Arts, University of Ljubljana

1 THE NEEDS

“It is intolerable that in our largest hospital we cannot get an interpreter when we most need them. We need them badly already at the admission of our patients (unconscious, intubated) in order to establish some contact with the relatives: for example, to take heteroanamnesis, to obtain information on the patient’s medical condition, to exchange contact details, to provide visitation guidelines, to help the relatives find accommodation near the hospital... Their presence would be inevitable when the patients wake up from general anaesthesia, because they are extremely restless then – they do not know what has happened, where they are, everyone around them speaks a foreign language. Also, in the subsequent treatment these patients do not get full information on their medical condition, and diagnostic and therapeutic procedures.”¹ (an anonymous healthcare worker working in Slovene public healthcare 2016)

“They usually bring translators with them because we tell them to do so (employers, friends, family members...)”² (an anonymous healthcare worker working in Slovene public healthcare 2016).

1 Nedopustno je, da v naši največji bolnišnici ne moremo priti do tolmača takrat, ko ga najbolj potrebujemo. že ob sprejemu naših bolnikov (nezavestni, intubirani) bi ga nujno potrebovali, da bi lahko vzpostavili stik s svojci - odvzem heteroanamneze, podajanje informacij o bolnikovem zdravstvenem stanju, izmenjava kontaktnih podatkov, navodila za obiske, pomoč pri njihovi namestitvi v bližini bolnišnice... ravno tako bi bila njihova prisotnost nujna v času, ko bolnike zbujamo, saj so takrat izredno nemirni - ne vedo kaj se je zgodilo, kje so, vsi okrog njih govorijo njim tuj jezik. tudi v nadaljnji obravnavi so ti bolniki prikrajšani za natančne informacije o svojem zdravstvenem stanju, diagnostičnih in terapevtskih postopkih. (All translations into English, unless otherwise stated, are by the author of the chapter. Spelling and grammar in the quotes has not been amended.)

2 Večinoma pripeljejo prevajalce s seboj, ker tako naročimo (delodajalca, prijatelje, družinski člani...).

These two quotes, taken from a nation-wide survey conducted in the Republic of Slovenia in October 2016 among Slovene healthcare workers (for more on this survey, see Pokorn and Lipovec Čebren 2019), on the one hand, reveal the expressed need for a highly skilled linguistic help in contacts with patients who do not speak the language of the healthcare institution, and, on the other hand, the fact that healthcare workers often use and even uncritically solicit the assistance of *ad-hoc*, untrained interpreters. This unsettling situation in Slovenia's healthcare system is not unique. The analysis of the ways the language needs of patients are addressed in Germany, Greece, Italy, Spain and the United Kingdom in 2014 showed that despite the increased migration flows and cross-border healthcare encouraged by Directive 2011/24/EU, EU legislation does not provide any formal language guidance and that “[w]ith alarming frequency, healthcare institutions do not provide any formal language services and *ad-hoc* language brokers are called upon to perform translation, interpreting and language/cultural mediation without compensation” (Angelelli 2015: viii).

Indeed, all across Europe newly arrived migrants, bilingual family members, professionals and bilingual employees often provide linguistic and cultural support to individuals who do not speak the dominant societal language, often also in high-risk healthcare settings, with little or no training for the profession they are performing. For example, Franz Pochhäcker and Mira Kadric (2014) report on a hospital cleaner working as a healthcare interpreter in a Vienna hospital, and Letizia Cirillo and Ira Torresi (2013) describe how children are regularly used as language brokers in medical treatment of adult migrants in the healthcare institutions in North-East Italy. Even in the countries with a system of education and provision of public-service interpreters in place, such as Norway, the recent report “Interpreting in Child Welfare Services” from 2020 (Kommunerevisjonen 2020) shows that Norwegian public services still cannot use interpreters when needed, and therefore resort to unqualified interpreters or relatives who serve as *ad-hoc* interpreters. The widespread use of untrained and *ad-hoc* interpreters and translators is particularly worrying because of their shortcomings. Several studies of interpreter-assisted communications where the interpreting was carried out by untrained interpreters or intercultural mediators in healthcare settings show that such individuals often convey incorrect information which leads to miscommunication. The communication is compromised even if the interpreting is done by bilingual healthcare professionals. For example, Elderkin-Thompson and others (2001) analysed 21 encounters between Spanish-speaking patients and English-speaking physicians which took place with the help of nurse interpreters in a primary clinic in California. The results showed that due to inaccurate interpreting approximately one-half of the observed encounters resulted in serious miscommunication which compromised the physician's understanding of the symptoms and undermined the credibility of the patient's concerns. Similar issues were observed also in other settings: for example, Berk-Seligson's analysis (2011) of interpreted suspect questioning done by police officers acting

as interpreters revealed that the police officers often conveyed incorrect information which led to serious miscommunication. Untrained, *ad-hoc* interpreters and translators thus tend to be inaccurate and often omit or add pieces of information. They sometimes openly side with one of the parties in the communication event and may break confidentiality. The analyses of real encounters reveal that untrained interpreters often introduce their own opinions, challenge the statements of the primary speakers, and answer questions on behalf of the persons involved in the conversation (Martínez-Gómez 2014; Lesch and Saulse 2014; Flores et al. 2003; Cambridge 1999), which leads to frustration among all communication partners (Pokorn and Čibej 2018). The research thus indicates that there is an urgent need to educate interpreters and intercultural mediators for the work in high-risk communication events such as police interviews and medical encounters.

Although the European Higher Education Area has already partially responded to this need and developed some programmes for training community interpreters and intercultural mediators, very often there is almost no cooperation between the institutions training interpreters, e.g. translator and interpreter training higher education institutions (HEIs), and those training intercultural mediators, e.g. institutions that have expertise in cultural anthropology and public health, despite the fact that both kind of programmes face similar and ongoing problems of a constantly changing language demand in a particular host country and of the lack of trained teachers for the languages in need. In order to narrow this divide, an Erasmus+ project *Training newly arrived migrants for community interpreting and intercultural mediation* (TRAMIG) was designed which joined the efforts of six institutions: the University of Ljubljana (the project coordinator), University of Trieste, Oslo Metropolitan University, Aristotle University at Thessaloniki, the National Institute of Public Health of the Republic of Slovenia and the Local Health Authority of Reggio Emilia, i.e. 4 translator and interpreter training HEIs, a national institute of public health and a department of research and innovation functioning within the framework of a provider of health and social care. The aim of the project is to educate the trainers for community interpreting and/or intercultural mediation courses. The involvement of grass-root organizations in the project, such as the Slovene National Institute for Public Health and the Azienda unità sanitaria locale di Reggio Emilia, allowed for the transfer of the results of the project into practice and provided the project partners with an insight into the specific requirements of the profession from the employers of interpreters and intercultural mediators. In addition to that, the project partners from Greece, Slovenia, Norway, and Italy were compatible also because they have all been facing the problems of actively supporting linguistic and social inclusion of the recently arrived migrants with a similar linguistic background.

After distinguishing the profile of community interpreters from that of intercultural mediators by outlining the existing profiles in the countries of the project partners, the first step of the TRAMIG project was to define the profile of teachers of community interpreters and intercultural mediators, which the coordinators from the University of Ljubljana modelled on the EMT translator trainer profile. The profile that defined five competences that every teacher of community interpreters and intercultural mediators needs was then used as a basis for the organization of four international workshops that focused on the methodology of teaching community interpreting with special emphasis on role-play and teaching in pairs (organized by Oslo Metropolitan University), on project-based learning through simulation (organized by the University of Trieste), on project-based learning through immersion (organized by the Local Health Authority of Reggio Emilia), and on assessment (organized by Aristotle University at Thessaloniki). The first two workshops were organised in Oslo and Trieste respectively, while the last two were held online due to COVID-19 pandemic. The workshops were held by different project partners with an aim to disseminate and scale up good practices developed and practiced in partner institutions. This way, good practices were transferred from different disciplines, i.e. from the study of intercultural mediation to the study of interpreting and vice-versa, from one higher education institution to the other.

The participants at the workshops were teachers from the project partner institutions and volunteer language experts for the languages that are particularly needed in the project partners' societies and who have had no training in community interpreting but have already worked as community interpreters or intercultural mediators. TRAMIG workshops thus welcomed 15 volunteers whose working languages were Persian, Arabic, Albanian, TWI, Ghomala, Bengali, Sorani and Romanian. Following each international workshop, all partner institutions organized local workshops where volunteer teachers with immigrant background spread and disseminated the knowledge and skills they had gained at TRAMIG workshops. In such a way, overall participation targets were considerably increased, and project results were effectively multiplied beyond the partnership.

At all TRAMIG workshops, special emphasis was paid on providing training to the volunteers and to the teachers of interpreters and intercultural mediators from the partner institutions for the work in tandems in community interpreting or intercultural mediation courses. This way TRAMIG workshops helped bridge the gap between the expertise in interpreter and intercultural mediator education that is available at interpreter training HEIs, and the expertise in the knowledge of languages needed by the society that the volunteers had. The consortium thus upscaled the so-called "tandem teaching", developed by the project *Training in Languages of Lesser Diffusion* (TraiLLD), for the needs of training community interpreters. Tandem teaching is a form of collaborative teaching, where the language experts, who have the knowledge of the societal language and the language

of newly arrived migrants or of other allophone population, work with trained interpreter educators in pairs (Driesen 2016). The short-term aim of the project was thus to educate the teachers who would be able to engage in collaborative teaching in community interpreting courses, while its long-term aim is to launch a full-fledged community interpreting course for languages that at the moment prove most challenging to different public services in the partner states.

In such a way the project, in the first stage, opened up possibilities for the newly arrived migrants with corresponding competences to find employment as teachers or trainers in community interpreting and intercultural mediation programmes. In the second stage, by enabling the provision of training in languages of recently arrived migrants, the project aims to open up possibilities for the newly arrived migrants to become community interpreters or intercultural mediators and thus enter the labour market of the host country. Besides migrants, the beneficiaries of the TRAMIG project are also higher education institutions and other educational and public health institutions that provide training for intercultural mediators and community interpreters, and that face the problem of constantly changing language demand in a particular society and the lack of skilled teachers to be used in such programmes. And finally, high quality education of community interpreters and intercultural mediators also enables societies to provide high-quality language and cultural support to newly arrived migrants. Research shows that with such support the society reduces the costs in various fields of social services (for example, in healthcare, high-quality language and cultural support shortens a hospital stay, and reduces readmission rates (e.g. Lindholm et al. 2012) and assures its allophone population equal access to social services.

2 DEFINITION OF TERMS

Since the authors of individual chapters in this volume come from different fields and societies, they also use some of the terms and concepts in a way that is more common in their professional or cultural environment. In order to avoid the confusion, each chapter contains a section that is devoted to the definition of the main concepts and terms. In this general introduction only those concepts are defined that are central to the TRAMIG project and its aims.

The term “community interpreter” is synonymous with the term “public-service interpreter” (also to the terms “dialogue interpreter” or “liaison interpreter”) and denotes a trained or an untrained individual who performs oral or signed translational activity from and into the societal language, and thus assists individuals who are not proficient in the societal language to access the services provided by public institutions. Community interpreters would typically assist recently arrived migrants or other representatives of the allophone population to establish communication in educational, healthcare, administrative and police settings.

Community interpreting (and its synonyms public-service interpreting, dialogue or liaison interpreting) is thus the activity performed by community interpreters, and is defined by the international standard “Interpreting — Guidelines for community interpreting” (ISO 13611:2014).

Untrained interpreters are those interpreters who practice interpreting as a full-time or part-time professional activity, while *ad-hoc* interpreters (sometimes also called “bilingual interpreters”) are individuals who have no interpreting training and who are asked to provide interpreting services just because they know the two languages used by the primary speakers. *Ad-hoc* interpreters are, for example, children, relatives or employers of an individual who seeks medical attention and does not speak or understand the language used in a particular healthcare institution.

The term “intercultural mediators” refers to individuals who assist migrants when they lack cultural awareness and understanding of the system and, consequently, cannot access and benefit from basic quality social services, quality education, primary health care, fair trial and political participation in the host country. For example, in healthcare settings, intercultural mediators aim to empower healthcare users by informing them of their rights and helping them make choices. Alternative terms for the same profession are mother-tongue mediators, cultural mediators and integration assistants.

Allophone population is the population of the particular state who has limited proficiency of or is not proficient in the societal language. For example, newly arrived migrants are typical representatives of allophone population. The societal language(s) (also called the official language(s) or the dominant language(s)) of the state or region is the language(s) that is used in public institutions in a particular state or region and whose status and use may be defined by special laws or Constitution (cf. Meylaerts 2011: 747).

The authors of the chapters will use the terms “teaching”, “training” and “education” interchangeably,³ because we believe, just as many other researchers (e.g. Moursund 2005, 89; Harbison 1973, 52; Chitty 1990), that training and education are not mutually exclusive and that training is in fact just the practical application of education. Although the term “training” seems to be more often used by Translation Studies scholars (see, for example, Delgado Luchner 2019, Chmiel 2018, Someya 2017, González Davies and Enríquez Raído 2016) and is also preferred by some of the authors of this volume, the choice of this term does not indicate that we see intercultural mediator or interpreter training as an activity that enables students to modify and develop only certain skills which would allow them to achieve effective mediation or interpreting performance. On the contrary, we believe that interpreters need to receive an education which would enable them to develop knowledge, skills, values and understanding which help

3 Similarly, the terms “teacher” and “trainer” are used interchangeably in the volume.

them define, analyse or solve a broad range of problems (see Buckley and Caple 2009 for difference between training and education in Educational Studies). We are convinced that a high-quality course for community interpreting and/or intercultural mediators should not be narrowly vocational and should not only enable students to acquire particular skills which are needed to perform interpreting or intercultural mediation, but should also transform the students' outlook and their mind (cf. Peters 1966, 30-33; Holt 1983). Consequently, the chapters in this volume are often a particular mixture of education and training: on the one hand, our aim is that teacher trainees acquire practical skills and that, on the other hand, they also transform and modify their own general attitude and outlook.

And finally, the terms “teacher education” or “teacher training” refer to a programme of education and training designed to equip (prospective) teachers with the knowledge, attitudes, behaviour and skills they need in order to effectively teach or train (Aydin and Keçik 2018, 357).

3 HOW TO USE THE BOOK

The aim of the book is to assist educational institutions to implement and conduct education courses for prospective teachers of community interpreters or intercultural mediators, in particular for the languages that are not traditionally represented in the educational institution. For this purpose, each chapter gives a theoretical introduction to the topic with the definitions of the main concepts and terms used in it, provides a list of selected works for further reading and also proposes some topic-related discussion points or instructions for the work in pairs.

The first chapter focuses on the state of the art and describes the current situation regarding the profiles of community interpreters and intercultural mediators in Slovenia, Italy, Greece and Norway. This chapter also provides a more formal solution to the existence of the profiles of community interpreters and intercultural mediators by presenting the occupational standards and vocational qualifications for the national certification of the professions of intercultural mediator and community interpreter for the Albanian language, which were developed within the framework of the Institute of the Republic of Slovenia for Vocational Education and Training and the Slovene Ministry of Science, Education and Sport.

The second chapter focuses on training and outlines the community interpreter and translator and/or intercultural mediator trainer profile that was developed within the TRAMIG project. The profile defines the basic competences each trainer of community interpreters and translators and/or intercultural mediators should acquire throughout their career.

The third and the fourth chapter by Tatjana R. Felberg and Hanne Skaaden present how blended approach, where online and onsite learning activities are combined, can successfully be used in interpreter education, and the ways to implement tandem teaching in the education of community interpreters. In these two chapters the authors describe organised collaborative learning activities, such as campus role plays organized onsite, and chats and discussions that take place online, and some possible ways how to organise joint training of interpreter teachers and language specialists.

The fifth chapter by Maurizio Viezzi stresses the importance of codes of ethics and standards of practice, which outline best practices in a profession and give guidance on conduct and deontological orientation to practitioners and users of the services. The author pays particular attention to the deontological documents that have been drafted by professional associations of interpreters. In the sixth chapter Caterina Falbo turns to project-based learning through simulation. In particular she focuses on how to design, organise, conduct and evaluate simulations of real-life assignments in the classroom in order to make community interpreter training closer to reality.

The seventh and the eighth chapter are written by scholars from Reggio Emilia, who are training and working with intercultural mediators. First, Claudio Bardaldi and Laura Gavioli present the first step in practical training of intercultural mediators: learning based on the observation of authentic mediated encounters in healthcare settings by studying the transcripts of authentic interactions. Antonio Chiarenza then argues in a separate chapter that professional skills and knowledge are consolidated through action and direct experience and focuses on the role, structure and assessment of a practical training based on internship and placement in healthcare hosting organisations that use intercultural mediators.

The ninth and the tenth chapter are written by Antonios Ventouris and Elpida Loupaki, and Anthi Wiedenmayer and Simos Grammenidis. First, Ventouris and Lopuaki present the theoretical framework and describe different evaluation methods and their possible application to community interpreter education. Then they focus on different testing techniques that could be used in community interpreter and intercultural mediator education, the scoring procedure and the frame of reference that may be used by the teachers in community interpreting or intercultural mediation classes. And finally, the volume is concluded with the chapter by Wiedenmayer and Grammenidis, in which they provide a selection of analytical tools and techniques developed for the final examination of trainers of community interpreters.

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The Profiles of a Community Interpreter and of an Intercultural Mediator in Greece, Italy, Norway and Slovenia

Nike K. Pokorn, Simos Grammenidis, Anthi Wiedenmayer, Maurizio Viezzi, Caterina Falbo, Antonio Chiarenza, Anna Ciannameo, Tatjana Radanović Felberg, Hanne Skaaden, Uršula Lipovec Čebren, Juš Škraban, Nataša Hirci

ABSTRACT

The chapter provides an insight into the existing situation and describes the profiles of community interpreters and intercultural mediators in four different European states: Greece, Italy, Norway and Slovenia. In Greece, professions of community interpreters and intercultural mediators are not certified, and some training for these profiles is provided by governmental bodies and NGOs. In Italy, there exists a terminological fuzziness since the term “mediator” is used for both community interpreters and intercultural mediators. The profile description for the profession of intercultural mediators exists in some Italian regions: the chapter provides the description of the profile and training provided for intercultural mediators in Emilia-Romagna. In Norway, community interpreters are called public service interpreters and also cover court interpreting. The chapter provides the description of Norwegian national register of interpreters and the training of public service interpreters in Norway. In Slovenia, both professions, that of community interpreters and that of intercultural mediators, were certified in July 2020. The chapter also provides English translations of the Slovene occupational standards and vocational qualifications for the national certification of the professions of intercultural mediator and community interpreter. The trainees are asked to discuss the relevance of the professionalisation of community interpreters and intercultural mediators.

1 GREECE

Simos Grammenidis and Anthi Wiedenmayer

Conference Interpreting

In Greece, students have been studying conference interpreting at the undergraduate level at the Ionian University (Corfu) since 1991, and at the MA level at the Aristotle University (Thessaloniki) since 2003. Additionally, in the last four to five years, some private schools have started offering interpreting courses in Athens and Thessaloniki. In the last decade, the first PhDs in the field of interpreting have also been successfully defended at the Aristotle University in Thessaloniki: in 2015 a PhD on conference interpreting (Z. Resta), and in 2016 on court interpreting (A. Ioannidis) in Greece. In addition, the Aristotle University organised an international conference on training conference interpreters in 2016 and a symposium on community interpreting in 2018.

Besides in Greece, professional conference interpreters based in Greece may also have studied conference interpreting abroad. Some conference interpreters are members of the Greece-Cyprus Region of AIIC or of the Hellenic Association of Conference Interpreters (SYDISE). SYDISE, founded in 2014 with the aim to regulate the profession of conference interpreters in Greece, currently has 42 members and continues to grow at a steady pace. Its admission criteria are quite stringent, which makes it difficult for young interpreters to join. For example, SYDISE requires interpreters to be registered with the tax and social security authorities and not to practice the profession on an occasional basis. Interpreters also need to prove work experience in form of a certain number of work days practicing conference interpreting (and not community or court interpreting), in order to be eligible for full membership in the Association. According to the amended Articles of Association of SYDISE from 2019, a new category is added to the existing "full member" category; a great number of young interpreters unable to meet the criteria for full membership will now be able to join as "non-voting members". SYDISE and AIIC Region Greece Cyprus have been working together for the past few years and their collaboration is expected to be of significant benefit for the profession of conference interpreters.

So far, conference interpreting has not been a regulated profession in Greece and there are no national standards for the profession. They do exist, however, for sign interpreters. Thanks to constant efforts, mainly by SYDISE, the government (including the ministries, regions and local authorities) has started including SYDISE or the membership of an equivalent professional association of conference interpreters as a requirement in public tenders for conference interpreting. In general, conference interpreters based in Greece work as freelancers at a daily fee of €300-400 for a full day and approximately €250-300 for up to 2 hours, although these rates are not officially defined.

Regarding interpreting for public services and for court, conference interpreters would take on a job only if the assignment comes from the clients who are able to pay a full fee, e.g. journalists visiting refugee camps.

Court Interpreting

Appointment of court interpreters/proof of qualification

According to the Greek Criminal Procedure Code (Article 233), the judges have to resort to a List of Court Interpreters in order to appoint an interpreter. The appointment of someone who is not on the official list is allowed only in exceptional cases. However, the Greek law does not impose any requirements or qualifications for court interpreters, nor does it provide any mechanisms to qualify them. As a result, *anyone* can declare to be a court interpreter and request that their name and their working language(s) be included on the list, without having to provide any proof of qualifications. This lack of accreditation and certification procedure has often resulted in a compromised quality and breach of human rights (for instance, there was a case when a woman was appointed as an interpreter by the criminal courts of Thessaloniki in trials involving Albanian witnesses or defendants, despite her not knowing the Albanian language)¹.

Thus, in Greece, there is no educational programme specialising in court interpreting, no professional association of court interpreters, and no specific Code of Ethics. Court interpreters in Greece are represented through a professional association or a trade union. However, their working conditions, as well as their rights and obligations, are not regulated by any collective agreement. Their remuneration is defined by the law and amounts to €11.74 for each interrogation procedure, and €17.64 for each court case, and this amount remains the same even if the case, in which their services are needed, is extended over several court sessions. In addition to that, court interpreters who are given an interpreting assignment are obliged to present themselves at the court at 9 a.m., without knowing when they are needed or whether their services are required at all. The scheduling of court interpreters depends on the number of cases assigned to a particular interpreter and on the length of the trial. In case a trial is postponed, interpreters receive no remuneration, although they were already at the court. There is no provision in the law regarding additional charges for overtime work; moreover, the interpreters receive the remuneration for their services with significant delays, sometimes even after more than a year.

Community Interpreting and Intercultural Mediation

At present, Greece bears the heaviest load of migration inflow of all southern European countries. It has gradually turned from a traditionally emigration country

1 See <http://www.iospress.gr/ios2005/ios20050626.htm> (Accessed October 10, 2020)

(emigration from Greece was particularly intense in the early 1920s, 1950s-1960s and during the economic crisis between 2009 and 2017) to an immigration country. As a result, the Greek society has transformed into a multicultural community. This transformation triggered the need for trained and qualified community interpreters and intercultural mediators. This being said, there is no clear distinction between the two professions in Greece. Usually, community interpreters are called to provide cultural mediation services and vice versa. In fact, in Greece the understanding of intercultural mediation is closer to what is internationally described as community interpreting, i.e., interpreting services offered in the public service settings in order to ensure migrants the access to healthcare and legal services of the host country, and as such it is usually practiced in hospitals, police departments, public offices, and in intercultural education and training.

In Greece, the concept of intercultural mediation has not been officially introduced in the Greek Law. However, the 3386/2005 Law refers to the integration of Third Country nationals into the Greek society, but does not specify the measures of such integration, and, as a result, does not refer to intercultural mediation either. The only indirect implication of intercultural mediation could be found in the same Law where integration is defined as a two-way process, where the migrants adapt to the new country while the country adapts to the newcomers, which leaves some space for a future introduction of the concept of intercultural mediation.

The profile

The unprecedented humanitarian crisis in 2015 that initially originated mainly in the countries of the Middle East led to a massive migratory influx of people with a multicultural and multilingual background to Greece. In order to respond to the needs, the stakeholders working in the field of the refugee crisis management, hastily recruited native speakers as community interpreters (or intercultural mediators) aiming to bridge the communication gap between the refugee population and Greek service providers. The criteria for recruitment set by the NGOs have been the knowledge of the source language, good command of Greek or English and some relevant experience in the field (if any). Consequently, community interpreters based in Greece are basically native speakers of the languages of newly arrived migrants that may also master certain dialects of their country of origin (for example, some Iraqi citizens may, apart from Arabic, also have a command of Kurdish languages such as Kurmanji, Sorani, Palewani, etc.) or may lack the knowledge of different language variants (for example, some Lebanese interpreters have experienced difficulties when communicating with Algerian beneficiaries and vice versa). Furthermore, most of the interpreters are not familiar with the legal or medical terminology mainly due to the fact that they either lack relevant education or experience (or both).

Currently, community interpreters based in Greece have the advantage of the in-depth knowledge of cultural background of the service users. This is a specific feature that is of vital importance since they can provide useful input either in court or healthcare settings, in particular as far as the traditions, the beliefs or the history of a specific ethnic group, minority or political group are concerned. Nonetheless, in some cases that kind of input might not be beneficial for the service user since an interpreter may also be prejudiced towards the beneficiaries because of their origin. A proper educational programme would have to be implemented to set the boundaries and to frame the services provided by the interpreters in order to avoid such implications.

As far as the education level of the interpreters is concerned, there are many variations. Since a university degree is not a prerequisite for getting a job of a community interpreter, interpreters tend to either have completed high school in their country of origin or have started their studies at the university but were unable to finish because of war. Only a few community interpreters based in Greece have graduated from the Faculties of Arts (for example, studying English, French, etc.). Others have just been in Greece for a long time, working as housekeepers, receptionists, plumbers, or are asylum applicants themselves, having a good command of English yet, in general, lacking the relevant professional experience and training.

Currently, working conditions are harsh: community interpreters tend to work from nine to five in refugee camps, where they are exposed to harsh weather conditions, they also interpret in hospitals in emergency medical situations, and also often witness fighting between members of different ethnicities². A research carried out in 2013³ on a sample of 75 intercultural mediators in Greece, trained in the framework of the SONETOR project, has also shown that most intercultural mediators work informally and are usually contracted for a limited period of time. Often, they are also not paid for the job. The research showed that there is a great need for intercultural mediators and community interpreters in the market, despite the fact that migrants are not always aware of their right to ask for a cultural mediator, and often they do not trust the interpreters recruited by others.

Employment

At the beginning of the refugee crisis, UNHCR has been called to Greece to provide expertise in the management of the needs resulting from it. Nowadays also various NGOs, both national and international, provide mainly legal, medical and psychosocial assistance, recruiting a great number of interpreters for such services. The funding for these activities predominantly comes from the European

2 <https://www.theguardian.com/world/2020/feb/09/moria-refugee-camp-doctors-story-lesbos-greece> (Accessed October 10, 2020)

3 <https://www.sonetor-project.eu/> (Accessed October 10, 2020)

Union, and from international organizations such as the International Organization for Migration. Gradually, the Greek state (namely the Ministry of Migration) will undertake this task, and the control over refugee camps and other accommodation facilities will pass to state agencies.

In order to cater for the needs of various NGO's and other institutions, the Registry of Trained Intercultural Mediators was created in 2013 (www.intermediation.gr, EIF 1.1.b/11 project). The registry offers all institutions in need of interpreters the opportunity to search for the mediator for the language and the specialisation in question and contact them directly. The terms of cooperation are made by the parties involved. No data is available on the extent of the use of this registry. Of the 586 interpreters that had been trained in Greece by 2013, only very few reported working regularly for NGO's involved in migrant issues⁴. Some reported that they were recruited by migrant organizations or were directly contacted by the local authorities. Others reported that they would occasionally offer their services voluntarily. Of the 417 mediators that could be contacted, 36 (8.6%) stated that despite still being present on the list, they are no longer interested in working as intercultural mediators.⁵

Recently, the Hellenic Centre for Disease Control and Prevention (*KEELPNO*) opened an invitation to tender for interpreting⁶; this is the first time that 160 interpreters will be recruited by a state agency within the refugee crisis management framework. This is a great opportunity for the community interpreters as well as an open window for the integration of the interpreters who are either asylum seekers or have already gained the status of refugees.

Training

Although community interpreting has become a topic of research recently⁷, higher education institutions have not introduced any certified educational programmes for training community interpreters or intercultural mediators.

The individuals practicing community interpreting and intercultural mediation can, however, receive some sort of training at the Policy Academy, government

4 http://mediation-time.eu/images/TIME_O1_Research_Report_v.2016.pdf
(Accessed October 10, 2020)

5 http://mediation-time.eu/images/TIME_O1_Research_Report_v.2016.pdf
(Accessed October 10, 2020)

6 <http://www.odigostoupoliti.eu/proslipsi-1575-ptyxiouxon-diaforon-eidikotiton-sto-keelpno/> (Accessed October 10, 2020)

7 For example, in the last few years, several monographs in Greek appeared, all focusing on different aspects of community interpreting: Apostolou (2015) published an e-book on translation and interpreting for public services in Greece, Resta (2017) wrote a monograph on community interpreting in Greece, and Ioannidis (2018) on interpreting in asylum hearings in Greece.

bodies and NGOs. For example, the Police Academy offers a course, entitled *Interpretation and Cultural Mediation*. This course caters for different humanitarian programmes and introduces interpreters to a specific terminology and the code of conduct with which they have to comply. Furthermore, the interpreters are trained how to cooperate with other colleagues. These training sessions usually last only a few hours and offer a superficial training.

Between 2006 and 2009, several training programmes (250 hours each) for intercultural mediators were organized by the Department of Social Inclusion of the General Secretariat of Immigration and Social Integration Policy. The programmes were carried out by two private vocational training centres (more than 100 persons were trained). In addition, as part of the EU-funded Programme *Professional and Social Inclusion Actions*, the AKMH Private Vocational Training Centre organized a 300-hour programme for the training of 20 intercultural mediators.

And finally, a Greek NGO, Metadrasi, provides some training to future community interpreters. Metadrasi is not recognized by the state as a formal educational institute; however, in 2010 it started training interpreters in response to the need in the market and society. Since then it has been offering “seminars for training interpreters” which last 10 days and are followed by written and oral exams. Those who pass the exams can be registered at the organisation’s “Register for interpreters”, an internal pool of community interpreters who are obliged to work only for Metadrasi. In this capacity, Metadrasi acts as a subcontractor for several NGOs. The validity of the certificate of the interpreter lasts for a year, then a new assessment is required.⁸

Certification

The professions of community interpreters and intercultural mediators are not officially defined or recognised by the state in Greece. The profiles of intercultural mediator and community interpreter have not been recognized yet as independent and legally self-standing professions in Greece. For example, the profile of intercultural mediator is considered mainly as a supplementary qualification and skill of a professional in the field of Humanities and Social Sciences. Timid steps have been made in the direction of certifying the profession of a community interpreter since some workshops have been organized by the Panhellenic Association of Translators. Nevertheless, it remains unclear whether a certificate of attendance in such workshops shall be considered as an official proof of knowledge and mastery

8 “Metadrasi has carried out 53 Interpreters’ Training Seminars, has created a pool of 350 interpreters for 38 languages and dialects and has been providing quality interpreting services in the following contexts: Asylum Procedures, First Reception & Identification Procedures, Hospitals, NGOs and Agencies involved with the Target Group, as well as the embassies of other European countries by locally based teams in Athens and 23 other points in Greece or missions of interpreters.” <https://metadrasi.org/en/campaigns/training-of-interpreters/>

of interpreting techniques and skills. It seems that we are in the uncharted waters as far as certification is concerned and it is imperative to effectively respond to it. It will certainly improve the provision of interpreting services and better facilitate our communication with the beneficiaries of these services.

2 ITALY

Maurizio Viezzi and Caterina Falbo

Community Interpreter and Intercultural mediator

The profile

Interlingual communication in Italy is characterised by some confusion as to the names of two professions and the roles of those who practice it. The term *interprete* (i.e. interpreter) is generally only used for conference interpreters and legal interpreters. In public service or community settings, *mediatore linguistico-culturale* (i.e. linguistic-cultural mediator) is probably the most widely used term (Falbo 2013a), but *mediatore* (i.e. mediator), *mediatore linguistico* (i.e. linguistic mediator), *mediatore culturale* (i.e. cultural mediator), *mediatore linguistico-culturale* (i.e. linguistic-cultural mediator) or *mediatore interculturale* (i.e. intercultural mediator) – the term that will be employed here in line with Chiarenza et al. (see below) – are also used.

Intercultural mediators operate in the field of intercultural mediation, as is obvious, but they also operate to ensure communication between public service users and public service through translating and interpreting (Luatti 2010, 164; 2011, 94). Thus, as a matter of fact, they serve as interpreters in public service or community settings – they are not called (community or public service) interpreters, but they (also) work as such.

Norms officially recognising intercultural mediators and regulating the way in which the qualification may be obtained exist in several regions and provinces and are valid for the relevant region or province only. Many regions and provinces also keep an official register of linguistic-cultural mediators (see also Chiarenza et al. below)

Requirements as to the education level, training or accreditation are not always consistent and very often training courses organised by local institutions do not include appropriate interpreting training. Furthermore, anyone may claim to be a “mediator” and public service providers may (and often do) resort to untrained and non-professional mediators. Mediators may be Italian or not; they are typically freelancers working through agencies in all public service settings.

In terms of perception and irrespective of training or qualifications, intercultural mediators working as interpreters are often regarded by public service providers

as being better than *mere* interpreters. The reason lies in the misconception that interpreters confine themselves to language and do not deal with culture. It is a rather widespread attitude in Italy which, by distinguishing between language and culture in interpreting settings, clearly shows a lack of awareness of the nature and functions of interpreting.

Employment

An intercultural mediator is someone who practices a profession that has been mentioned in legal and administrative texts since the 1990s and may or may not be regulated at the local level by regional or provincial authorities.

Intercultural mediators are expected to facilitate relationships between authorities and foreign residents; to serve as a bridge between migrants and the host society; to dismantle barriers related to language and culture; to favour the socio-economic integration of migrants and to promote the enjoyment of rights and the fulfilment of duties and obligations (Luatti 2010, 2011).

Practice

Typically, an intercultural mediator is a long-time foreign resident, often with a good education level (secondary school) and a good knowledge of the Italian language, society and institutions. To face communication needs brought about by new migration flows, however, newly-arrived migrants who do not always have a sufficient command of Italian may also serve as mediators.

Training

Several regions and provinces organise *ad-hoc* courses for aspiring “linguistic-cultural mediators”. There are considerable differences in terms of course structure and length. The emphasis, however, is generally on areas such as legislation, rights, and services. They are typically attended by foreign residents with some experience in the field. The language and language mediation aspects are largely neglected or play just a minor role (Merlini 2005, 2007; Falbo 2013b).

Degree programmes or postgraduate courses in language and cultural mediation are also offered by several Italian universities. The emphasis is generally on language, but the languages offered are generally not those that are most needed in public services. They are typically attended by Italian students.

Antonio Chiarenza and Anna Ciannameo

Intercultural Mediator in Emilia-Romagna

To date, there is no officially recognized profile of intercultural mediator at a national level; furthermore, mediation activities themselves and how they are carried out (from recruitment to training) are far from clear and are often taken

from circulars, interpretations and guidelines arranged individually by different Ministries (in particular Ministries of Justice, Education and Health). This occupation, although called upon by several parties, is neither regulated nor well defined either in terms of denomination (several competing terms in use are “cultural mediator”, “intercultural mediator”, “linguistic-cultural mediator”) or in terms of content and tasks. In the *Testo Unico sull’immigrazione* (Consolidation Act on immigration - Legislative Decree 286/1998 and subsequent amendments), both “cultural mediator” and “intercultural mediator” are mentioned without specifying the profiles and differences between the two. Cultural mediators are first mentioned in Article 38, Paragraph 7, with reference to the scholastic integration of foreign students and the facilitation of communication with their families, whereas intercultural mediators appear in Article 42, among the measures of social integration, where it is envisaged that local authorities may “employ within their own structures [...] foreigners holding a residence card or residence permit with a duration of no less than two years as intercultural mediators in order to facilitate relations between individual administrations and foreigners belonging to different ethnic, national, linguistic and religious groups.” In 2009, the *Consiglio Nazionale dell’Economia e del Lavoro*, CNEL (National Council of Economy and Labour) on the one hand, and the *Conferenza delle Regioni e delle Province Autonome* (Conference of Regions and Autonomous Provinces) on the other, tried to define a common profile. This proved to be impossible due to a strong opposition of different suppliers of training. Two opposing camps were formed: one group supports training within the framework of higher education institutions - and for this reason such training would be much more open to Italian mediators, and the other group promotes professional training and training in the field, which would offer more opportunities for the aspiring mediators of the foreign population.

The profile

Emilia-Romagna is one of the few Italian regions to have defined the areas of intervention of intercultural mediators as well as their characteristics and profiles (Regional decree of Emilia-Romagna, N.152, 10 November 2004 and further developed in the Emilia-Romagna Regional Council Resolution No. 141, 16 February 2009). In the Regional decree, an “intercultural mediator” is described as a person “able to identify and convey the needs of foreign users, assist them and facilitate their integration in the host country, act as a link between the user and the network of services available in the area and promote interventions intended to spread interculturalism”. The Regional decree places intercultural mediator in the professional area of “social, health and socio-health care”. All 15 local health units of the Emilia-Romagna region employ intercultural mediators to support communication of migrant users with healthcare and social care providers.

Since 1998, the Local Health Unit of Reggio Emilia (AUSL RE) has coordinated a *Servizio di mediazione linguistico-culturale* aimed at reducing the negative consequences of linguistic and cultural barriers both in clinical communication between migrant patients and healthcare professionals, and in institutional communication between migrant groups and healthcare services (Chiarenza and Chiesa 2018). In the AUSL RE intercultural mediators assist the organisation in the process of offering their services to migrant users (Chiarenza 2008), helping them access and navigate through the health system; accompanying them to various services and departments; providing information on migrants' rights to healthcare and other services available and fostering their active participation in meetings organised in the community.

Employment

Intercultural mediators working in the AUSL RE are employed by an external agency (a social cooperative) that is appointed through a national bid and renewed every three years. A total of 43 intercultural mediators (8 men and 35 women) in the AUSL RE cover the most common languages: Chinese (six); Arabic and French (seven); Ukrainian and Russian (four); Albanian (two); Romanian (one); Hindi, Urdu, Punjabi and Creole (eight); Bengali (four); Ghanaian (two) and Nigerian (three). It is also possible to expand the programme to offer less commonly spoken languages. The most commonly requested languages are Chinese (26%), Arabic (23%), Indo-Pakistani languages (23%), Russian (9%), Ghanaian (9%) and Albanian (6%). Less-frequently required languages include Spanish, Portuguese, Macedonian, Turkish, Tagalog and Tamil. Intercultural mediators are employed full-time or part-time, with a permanent or fixed-term contract. Their fee varies from €20 to €40 per hour.

Different types of intercultural mediation services are available, including onsite interventions, scheduled interventions, urgent interventions (within 40 minutes), face-to-face; over-the-phone and video-remote interventions, sight and written translations. In all hospitals of the AUSL RE, intercultural mediators are available on site, for telephone consultation, for translation upon request from the wards, and to inform, listen to and support the patients. Intercultural mediators are also available on site in community-based facilities, in particular for antenatal care services. In other services, intercultural mediation interventions are scheduled upon request on a weekly basis.

Given the large geographical size of the province, a service coordination at the central level establishes links with each health district. The central coordination system comprises the booking system, the list of intercultural mediators and the languages available, evaluations of intercultural mediators and a log of the number of hours per intercultural mediator, per district and per facility. A clear organizational policy sets out how intercultural mediation is defined in order to ensure effective access to and utilization of services. This includes written procedures and

guidelines on interpretation, translation and intercultural mediation; staff guidelines for organizing interpreters or communication support; training courses for staff on how to work with an intercultural mediator; and a documentation system to control the budget and the quality of the service. Socio-linguistic research is regularly undertaken in collaboration with the Department of linguistic and cultural studies (University of Modena and Reggio Emilia) in order to investigate the dynamics of mediated communication between patients and healthcare providers enabled by intercultural mediators, and to provide scientific insights for the improvement of the quality of mediation service.

Practice

Intercultural mediation, as understood in Emilia-Romagna, is the facilitation of linguistic understanding and acceptance of cultural differences in communication, which allows for an effective and satisfying care relationship (Baraldi and Gavioli 2013). Core knowledge and skills of intercultural mediators working in the Local Health Authority of Reggio Emilia are described below.

Core knowledge

- 1) Comprehension of medical terminology and concepts in the local language and in all languages to be used for interpreting. Knowledge of commonly used terms and concepts related to the human body; symptoms, illnesses and medications as well as other healthcare related issues and treatments in each language.
- 2) Familiarity with common, relevant socio-cultural circumstances that may impact the provider-patient interaction, including a knowledge of specific cultural concepts as well as an understanding of biomedical culture.
- 3) Understanding “untranslatable” words which represent source language concepts for which there is no comparable referent in the target language.

Core Skills

- 1) General proficiency in speaking and understanding the languages in which the mediator is expected to work. Capability to interpret from and into each language pair that is being interpreted. In the case of intercultural mediation, interpreting must take into account variables and nuances that must be sought in interpersonal communication in cultural, ethnic, religious, gender and lived differences, particularly migration.
- 2) Ability to produce oral translations or, where appropriate, brief written translations of written texts such as application forms, informed consent forms, discharge instructions or medical labels and drug leaflets.

- 3) Capacity to manage the flow of communication between the patient and the healthcare provider, including the ability to pay attention to interpersonal dynamics between the patient and the healthcare provider, as well as managing the triadic relationship so that the patient and the healthcare provider relate primarily to each other.
- 4) Ability to anticipate and recognize misunderstandings that arise from different cultural assumptions and expectations of patients and healthcare providers, and to respond to such issues appropriately. Ability to serve as a cultural broker, if necessary, between the patient and the healthcare provider, also sensing if and when culturally based beliefs are affecting the perception and presentation of the illness, as well as being able to articulate these cultural differences or practices to patients and healthcare providers.

Training

The training of intercultural mediators in Emilia-Romagna is roughly divided into two types: a basic and a specialist level. The levels are described in the document *Linee di indirizzo per il riconoscimento della figura professionale del mediatore interculturale* (Guidelines for the recognition of the profession of intercultural mediator) developed by *Dipartimento per le Libertà Civili e per l'Immigrazione. Direzione Centrale per le Politiche di Cittadini di Paesi Terzi dell'Immigrazione e dell'Asilo del Ministero degli Interni* (Department for Civil Liberties and Immigration. Central Directorate for Citizens Policies of Third Countries of Immigration and Asylum of the Ministry of the Interior).

Basic training on average lasts about 400 hours, and is divided into 40 hours of introductory courses, 160 hours of extensive courses, and 200 hours of internships. Admission requirements stipulate that the candidates should be at least 18 years old, have at least a high school or university degree. If the candidates are foreign citizens, they have to have a temporary residence permit – which is supposed to guarantee a good knowledge of the country system and the effective choice of integration into the Italian society. As far as the knowledge of working languages are concerned: the candidates should master one language at mother tongue level, and should have the knowledge of at least one vehicular language, and the competence of Italian at level B. They should possess appropriate relational attitudes, have previous experience in the social and immigration field, while migratory experience is desirable.

Specialized training lasts from a minimum of 40 to a maximum of 200 hours, of which at least half of the training is held in the working environment. Only those candidates who have already completed the basic training can apply.

The *Linee d'indirizzo* also reports that higher education institutions provide several BA courses (three-year) in languages (especially in vehicular languages), and provide students with skills that can be used primarily in the areas of interpreting,

commerce, tourism and international relations. The existing MA degrees which focus on the socio-humanistic subjects (cultural anthropology, psychology, sociology, etc.) provide internships in the field and are useful especially in the field of research and social services.

The critical issues, outlined in the *Linee d'indirizzo*, related to higher education training are:

- low marketability in areas where the need for mediation is relevant;
- lack of in-depth linguistic skills, especially with regard to the so-called “rare” languages;
- lack of internships and placements;
- few students with migratory background due to the length of study and high fees;
- previous qualifications of the candidates with migratory background are often not recognised due to the fact that they had obtained these qualifications in the country of origin.

The report *Linee d'indirizzo* by the Ministry of Interior concludes that universities could provide education to intercultural mediators, providing that they open their courses to migrant population and ensure a closer connection between the contents of the courses and the needs of intercultural mediation in practice.

Certification

Many Italian regions have defined a professional profile and specific training for intercultural mediators, but these certifications are valid only in specific regions and not in the whole country.

3 NORWAY

Tatjana Radanović Felberg and Hanne Skaaden

Community Interpreter

The profile

In Norway community interpreters are called public service interpreters. Public service interpreters in Norway are interpreters working in institutional discourse, that is they enable encounters between an institution or the professional representing it and the person(s) seeking the institution's services (Agar 1985). Norwegian official documents thus define public service interpreting (PSI) as interpreting that enables professionals and official servants to hear, guide and inform their clients in the case of language barriers (NOU 2014, *Interpreting Act*

under hearing 2019). The Norwegian definition takes on the perspective of the professional in charge of the institutional encounter, who is considered to be responsible for bridging the language gap and does not ascribe this responsibility to the speaker of the minority language. Public service interpreting in the Norwegian context also embraces courtroom interpreting, since the same interpreters work in courts and in community settings.

Since 2005, the public service interpreters practicing in the Norwegian public sector have been listed in Norway's National Register of Interpreters. The register which contains information on interpreters' qualifications and contact details is accessible at www.tolkeportalen.no. The register has five categories: the top category, category (A), is reserved for practitioners who have passed the accreditation exam and completed a BA in PSI; category (B) includes practitioners with a BA in PSI or those who have passed the accreditation exam and have completed a minimum one semester (30 ECTS) of university-level training; category (C) lists practitioners who have passed the accreditation exam; category (D) includes practitioners who have completed one semester (30 ECTS) of university-level training; and category (E) lists practitioners who have passed an exam consisting of written translation or an oral bilingual vocabulary test and have participated at a weekend course on interpreting ethics.

According to the current register, license and mandate for serving as an interpreter in the PSI setting is (a) documented basic bilingual skills and (b) documented knowledge of the interpreters' code of ethics or area of responsibility in the public sector (Felberg and Skaaden 2012; Skaaden 2018).

Employment

The majority of PSI practitioners are freelancers and are hired directly from the register or via interpreting service providers, which are municipal or private agencies or generic in-house services of large hospitals and asylum seeker centres. The practitioners' remuneration is not regulated except for the courts and asylum seeker centres. Therefore, interpreters' hourly fee varies from €20 (when hired via agencies) to €90 (when hired directly by the court). Interpreting expenses are covered by the Norwegian state in all institutional encounters, in both legal and medical settings.

Practice

All interpreters listed in the National Register are obliged to follow the code of conduct as defined by Norwegian authorities, that is to render as accurately as possible one person's speech into another language at the time the speech is made, while observing an impartial role and absolute confidentiality. The Norwegian interpreters' code of conduct explicitly states that the interpreters are not to act as cultural mediators or cultural advocates. In the Norwegian market,

interpreters are not specialized to work in specific settings, and mainly work in the ‘community’, in courts or in conference settings.

Training

Since 2007, approximately 1,000 students covering 57 working language (in addition to Norwegian) have completed a one-year university level basic course (30 ECTS) in the consecutive interpreting of institutional dialogues at Oslo Metropolitan University (OsloMet). Through blended learning the course accepts students living all over Norway and in other European countries, but the students must have Norwegian as one of their working languages. In addition, approximately 500 students completed up to 90 ECTS in add-on courses on individual and cultural variation in interpreting and on different interpreting tools, setups and modes, such as note-taking, remote interpreting, simultaneous interpreting, and sight interpreting.

Since 2017, Oslo Metropolitan University has been offering a full-time BA Public Sector Interpreting. The BA is organized as blended learning over a four-year trajectory, and includes the aforementioned courses.

Certification

In 1997, Norway established a National Interpreter Certification Exam – NICE (Mortensen 2012). The NICE is an independent exam that tests the candidates’ practical skills in consecutive interpreting of institutional encounters, both medical and legal. To be admitted to the oral test, the candidates must first pass a written component. Hitherto, approximately 3,000 candidates in 40 language combinations (where one working language is always Norwegian) have taken the test, whereof fewer than 300 candidates in 30 languages have passed it. The certification exam’s pass rate is accordingly 10%.

Intercultural Mediator

The profile

There is no officially recognized definition for intercultural mediators in Norway. Consequently, a variety of terms appears in reports (Holm-Hansen et al. 2007, 127-131): *naturlig hjelper* (“natural helper”), *minoritetsrådgiver* (“minority advisor”), *kulturveileder* (“cultural guide”), *kulturtolk* (“cultural interpreter”), *kulturfortolker* (“cultural construer”), *linkarbeider* (“link worker”), *helsekommunikator* (“health communicator”). The individuals identified with these names seem to perform a plethora of different tasks, sometimes including interpreting or even serving as “role models” to service users from their own country of origin (PROBA 2003).

The function of *linkarbeider* (“link worker”) is defined (albeit vaguely) in some official documents as someone paid to help migrants find their way in the Norwegian

society, predominantly in the domains of the social and healthcare systems and the child welfare services.

Employment and Practice

In Norway, cultural mediators seem to be often associated with Child Welfare Services and with some social and healthcare settings, where their services are often combined with other tasks. They predominantly work part time.

The costs of these services are covered by the Norwegian state and municipal budgets, but are often outsourced to private agencies that specialize in the “asylum and migration business”. Remuneration to the “cultural mediators” varies, and depends on who hires them: for example, when hired directly by the municipality, they gain between 350,000 NOK to 465,000 NOK (i.e., ca. 33,200 € to 44,100 €) per year, depending on the practitioner’s qualifications.

A brief case description serves to illustrate the situation: In a recent employment announcement from the social services of an Oslo suburbs (retrieved online 01/01/2019), the following work description was provided for “cultural interpreter” (*kulturfolk*) in combination with “administrative assistant” where the main qualifications sought are quite vague:

- completed secondary school,
- service minded,
- some experience from work within the field of cultural sensitivity,
- good cultural knowledge.

Training

There is no systematic training for intercultural mediators in Norway. However, OsloMet offers specialization courses for professionals working with people with different cultural backgrounds. The aim of these courses is to raise awareness, knowledge and understanding of the complexity of identities in the labour market and social life in general in a society characterized by diversity. These courses tend to discuss problems related to cultural diversity as problem constellations created by or influenced by individual, social and political factors (e.g. class) and avoid slipping into *culturalization*, that is a practice where certain situations, problems and issues related to cultural difference are construed as culturally-rooted phenomena which need cultural mediation, since such an understanding might lead to othering and segregation (Rugkaasa and Eide and Ylvisaker 2015).

Certification

There is no certification procedure for intercultural mediators in place in Norway.

4 SLOVENIA

Nike K. Pokorn

Community Interpreters in Slovenia

The profile

There are currently four kinds of interpreters in Slovenia:

a) conference interpreters

According to the register of members available on the website of the Slovene Association of Conference Interpreters (<https://www.zkts.si/en/register-of-members>), conference interpreters based in Slovenia interpret between Slovene and 13 foreign languages: Arabic, Bosnian, Croatian, English, French, German, Italian, Macedonian, Polish, Portuguese, Russian, Serbian, Spanish.

b) court interpreters

There are 481 sworn or certified interpreters listed in the register of court interpreters (<https://spvt.mp.gov.si/tolmaci.html>) published on the official website of the Ministry of Justice of the Republic of Slovenia in 2020. They work between Slovene and 37 different languages; however, only eight of the languages on the list are not European: Arabic (8 interpreters), Chinese (n=6), Persian (n=3), Japanese (n=2), Turkish (n=2), Kurdish (n=1), Punjabi (n=1). Sworn interpreters are trained and certified by the Ministry of Justice. The certification exam consists of a written and oral part: the written part is a translation of a legal text, while during the oral part, the knowledge of the Slovene legal system is checked. Since interpreting skills are not tested, the majority of court interpreters tend to translate written texts only.

c) interpreters on the list of the Ministry of the Interior

These interpreters are appointed *ad hoc* and are used in the interviews with asylum seekers. The prerequisites for the interpreters involved in asylum procedures are defined in Article 6 of the Slovene Asylum Law (*Zakon o mednarodni zaščiti*, 2016): a language certificate, an official statement that the interpreter does not collaborate with the authorities of the country whose language they interpret, and an extract from the judicial record. Their interpreting skills are not tested.

d) community interpreters

The term “community interpreter” (i.e. *skupnostni tolmač*) has been used in research in the field of Translation and Interpreting Studies in Slovenia in the last

two decades: for example, apart from various articles, in 2013 a collected volume, entitled *Slovene Interpreting Studies* (Gorjanc 2013), included some chapters on community interpreting, and in 2016 a monograph entirely dedicated to community interpreting (Morel and Gorjanc 2016) was published by the University of Ljubljana Press (Faculty of Arts). In 2019, the same publishing house published a collected volume, entitled *Multilingual Health* (Pokorn and Lipovec Čebren 2019, 173-177), which included several guidelines for healthcare workers when working with interpreters, in particular: “Guidelines for healthcare workers when treating a user of healthcare services who does not speak the societal language”, “Recommended behaviour when working with an interpreter who does not know the patient”, “Recommended positioning of the interpreter in interpreter-assisted communication in healthcare settings”, and “Recommended behaviour when working with an *ad-hoc* interpreter (e.g., a relative of the user of healthcare services)”.

In July 2020 the profile and a national occupational standard of a community interpreter for Albanian, prepared by Institute of the Republic of Slovenia for Vocational Education and Training, was approved by the Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia (available at: <http://npk.si/katalog.php?katalogid=80483271>, for the English translation see the Appendix). The profiles and standards for community interpreters for Persian and Arabic are currently in preparation. The profession is classified in the field of language acquisition and translation studies.

In the standard for a community interpreter for Albanian, the expected minimum level of education is high-school, while a high level of language knowledge for the working languages (at least level B2 in Slovene as defined by the Common European Framework of Reference for Languages, at least level C1 in Albanian for reading, listening and speaking skills, and at least level B2 in Albanian for writing skills) and a fair knowledge of the culture of the working languages is expected. Community interpreters should also be fully familiar with the international standards of the profession and have the ability to perform interpreting services, i.e. convey the information from one language to the other as accurately and as completely as possible. They should master techniques used in consecutive interpreting and manifest highly-developed listening, memory and note-taking skills. They should also be able to perform *chuchotage*. Previous experience working in the field or specific training is also expected, and the candidates are required to pass a specific test verifying their ability to perform the tasks of a community interpreter.

Employment

The majority of conference interpreters are free-lancers and charge from €50-90 per hour; €450-500 per day, €250-300 per half a day. Some work at the EU institutions or for the government. Recent research has shown that some of them also

occasionally work in public service settings, but only for clients who are willing to pay the conference interpreters' fee (Pokorn 2017).

Court interpreters are employed as needed on a free-lance basis; for the majority, court interpreting is an additional employment to some other employment they have. A state-defined fee for a court interpreter is €75 per hour. The courts cover the expenses.

The interpreters on the list of the Ministry of the Interior are employed as needed on a free-lance basis; for the majority of them interpreting is an additional employment. The Ministry of the Interior covers their expenses.

If interpreters are used in healthcare, the patients carry the costs. In some cases, the local community employs interpreters or cultural mediators (especially for the Albanian language) for these services; they are paid from the public funds allocated to local communities.

Training

Conference interpreters are trained at the MA level for 2 years at two universities in Slovenia: Ljubljana and Maribor. Up to now, conference interpreters have been trained for Slovene in combination with English or German or French or Italian or Spanish.

Court interpreters have to enrol in a course for court interpreters that consists of lectures on the Slovene legal system. Following the Directive 2010/64/EU of the European Parliament and of the Council of 20 October 2010 on the right to interpretation and translation in criminal proceedings, Slovene court interpreters have to provide evidence of continuous education if they wish to renew their license: they have to submit relevant documents to the Ministry of Justice proving that they have participated in at least 5 different workshops over the last 5 years – the quality of the workshops is not taken into consideration.

A few years ago, the Department of Translation Studies at the University of Ljubljana introduced an elective course Introduction to Community Interpreting (30 contact hours) as part of the MA programme in Interpreting, and in the academic year 2018/2019, a short specialisation course (worth in total 17 ECTS credit points) was introduced, which focused on providing training for interpreters working in court and public administration (Maček and Schlamberger Brezar 2019).

Certification

Interpreters can obtain certification as court interpreters. The certification procedure is in the hands of the Ministry of Justice. Knowledge of the Slovene legal system is tested, and the candidates have to provide a written translation of a legal text.

Interpreters can also obtain national vocational qualification for community interpreters for Albanian. National vocational qualification is a certificate whose form and content are defined by the Minister of Labour. Assessment and certification of national vocational qualification include portfolio assessment and practical performance assessment.

Uršula Lipovec Čebtron and Juš Škraban

Intercultural Mediator

The profile

The term “intercultural mediator” (i.e. *medkulturni mediator*) is a term that is becoming increasingly used to describe the professional profile whose aim is to assure equity and reduce language and cultural barriers in access to public services for people who do not master societal language (Cattacin, Chiarenza and Domenig 2013; Lipovec Čebtron et al. 2017). In Slovenia, intercultural mediators have been introduced in the last decade mainly through international and national projects, especially a) in the field of integration of different categories of migrants or refugees and ethnic minorities (Platform for intercultural mediation⁹, Inclusion of Migrants in Local Environment¹⁰) and b) in the field of healthcare (e.g. Together for Health¹¹, MoST¹², INTEGRA¹³).

Apart from the introduction of intercultural mediators in practice, there has also been research done in this field. First, the need for language and cultural support was described in the collected volume *Multilingual Health* (Pokorn and Lipovec Čebtron 2019), and *Needs Assessment of Users' and Providers' of Preventive Health Programs for Adults* (Farkaš Lainščak 2015, 24) and other articles or monograph chapters (Bofulin et al. 2016; Lipovec Čebtron and Pistotnik 2018). Second, studies on the practice of intercultural mediation and experiences of its introduction in

9 “Platform for intercultural mediation and art collaboration« (2013 – 2014) was carried out by Slovene Philanthropy, financed by Ministry of Culture of Republic of Slovenia and European Commission.

10 “Inclusion of Migrants in Local Environment«, for more see: https://www.pina.si/wp-content/uploads/2020/03/DELOVNI-DOKUMENT_online.pdf

11 The project “Towards Better Health and Reducing Inequalities in Health – Together for Health” (2013-2016) was carried out by the Slovene National Institute of Public Health and focused particularly on a greater inclusion of marginalized, vulnerable groups in preventive healthcare, reducing health inequalities and strengthening health in local communities. For more information see <https://eeagrants.org/archive/2009-2014/projects/SI05-0002>.

12 “Model Community Approach to Promote Health and Reduce Health Inequalities in Local Communities – MoST” (2017-2020) was carried out by the Slovene National Institute of Public Health, for more information see: <https://www.nijz.si/sl/most-model-skupnostnega-pristopa-za-krepitev-zdravja-in-zmanjsevanje-needakosti-v-zdravju-v-lokalnih>

13 “INTEGRA: A cross-border network for migrant women: social integration, and sexual and reproductive health” (2017-2019), for more information see: <https://www.ita-slo.eu/en/integra>.

healthcare have been carried out (cf. Lipovec Čebren et al. 2017; Škraban et al. 2020; Škraban 2020). Third, the National Institute of Public Health published a *Guide for intercultural mediation in healthcare*, in which the roles of the profile are explained, and standards of their execution are explicated (Huber and Lipovec Čebren 2020).

Moreover, the profile of intercultural mediator is discussed in various university courses, e.g. at the Faculty of Social Work and the Faculty of Arts (Department of Ethnology and Cultural Anthropology) of the University of Ljubljana, as well as in the professional training “Developing cultural competences of healthcare professionals” organised by the National Institute of Public Health from 2016 onwards as an additional training for healthcare professionals working at the primary level of healthcare. Additionally, intercultural mediation features in various trainings for different professional profiles employed in public services and NGOs.

In July 2020, the profile and a national occupational standard of an intercultural mediator, prepared by the Institute of the Republic of Slovenia for Vocational Education and Training, was approved by the Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia (available at: <http://npg.si/katalog.php?katalogid=20871151>, for the English translation see the Appendix). The profession is classified in the field of social work and counselling.

In order to receive certification, the candidates should meet the following requirements: the minimum level of education for intercultural mediators is high school; they should have language proficiency in Slovene at least at CEFR level B1 for reading, listening and speaking skills, and at least at level A2 for writing skills; they should be proficient in at least one other language (proven by a letter of reference from relevant organisations, associations or institutions), they should have an in-depth understanding of the socio-cultural and economic characteristics (including linguistic, religious and political aspects of a culture) of one or more areas and countries from which migrants/refugees come to Slovenia. Moreover, they should be capable of recognizing cultural, social and other patterns of behaviour and be able to successfully communicate in situations where cultural, linguistic, social and other misunderstandings might arise. They should also be familiar with the basic professional terminology in the fields of education, employment, healthcare, administrative procedures and social security, and be able to efficiently help migrants/refugees to communicate in community/public institutions. Previous experience in working in the field or specific training is also expected, and the candidates should pass a specific test verifying their ability to perform the tasks of intercultural mediator (for more see the appendix).

Employment

Some intercultural mediators are employed through various projects full-time or part-time by Adult Education Centres (Ljudska univerza) and different NGOs (Slovene Philanthropy, Peace Institute, IOM, Association Up, etc.) as well as com-

munity healthcare centres in Slovenia. Since the fee is not regulated, it varies considerably, depending on the type of employment and the sector in which intercultural mediators work.

Over the last few years, intercultural mediators have been employed by community health centres in response to an increased need to overcome language and culture barriers faced by migrants or refugees and ethnic minorities, especially Albanian speaking communities in Slovenia. The pilot introduction of intercultural mediators in 2015 proved to have positive effects on addressing linguistic obstacles (cf. Lipovec Čebren et al. 2017; Škraban et al. 2020) and led to a growing recognition of the profile and a series of employments of intercultural mediators in primary healthcare (Škraban 2020). However, the need of introducing the profile at hospital-level healthcare has remained mainly unaddressed.

Training

There is no systematic training for intercultural mediators in Slovenia. However, two training courses have been organised so far: first, the International organisation for migration in Slovenia organised a five-day (25-29 July 2016) and three-day (20-22 September 2016) intensive training on intercultural mediation focusing on the assistance provided in healthcare settings, the role and practicalities of intercultural mediation in healthcare, including the importance of psychological support available to intercultural mediators. The second, more extensive training was provided by the National Institute of Public Health in Slovenia within the MoST project (see above). It lasted from December 2018 to July 2020 and provided training for a working group which met 15 times and consisted of intercultural mediators working in community healthcare centres in Slovenia. The working group meetings had two parts: in the first part, a professional topic was presented in form of lectures and workshops (i.e. on spatial positioning in interpreting, cultural aspects of health and illness, the ethics of intercultural mediation, medical terminology, etc.). In the second part, place and time were given to intercultural mediators to share their skills, knowledge and work experience (in a peer-support format).

Certification

Intercultural mediators can obtain a national vocational qualification, i.e., a certificate whose form and content are defined by the Ministry of Labour, Family, Social Affairs and Equal Opportunities. Assessment and certification of the national vocational qualification include portfolio assessment and practical performance assessment.

ACTIVITIES

Look at the Appendix where you will find English translations of the occupational standards and vocational qualifications for the national certification of the professions of intercultural mediator and community interpreter, which were developed within the framework of the Institute of the Republic of Slovenia for Vocational Education and Training and the Ministry of Labour, Family, Social Affairs and Equal Opportunities.

- 1) When you assist someone who does not speak societal language to access any of the public services, do you help as a community interpreter or as an intercultural mediator?

Work in pairs: describe your work experience to your colleague.

- 2) Do you think it is important to make a distinction between the profile of a community interpreter and that of an intercultural mediator?

Work in pairs: list pros and cons and defend each position.

- 3) Do you see an advantage in the fact that the professions of a community interpreter and an intercultural mediator are registered? If yes, in which way? If not, why not?

FURTHER READING

Martín, Mayte C. and Mary Phelan. 2010. "Interpreters and Cultural Mediators – different but complementary roles." *Translocations: Migration and Social Change: An Inter-Disciplinary Open Access E-Journal* 6 (1).

One of the first articles that thoroughly analysed both profiles and defined the difference between them.

Pokorn, Nike K., and Tamara Mikolič Južnič. 2020. "Community interpreters versus intercultural mediators: is it really all about ethics?" *Translation and Interpreting Studies* 15, no. 1: 80–107. Accessed August 25, 2020. <https://www.jbe-platform.com/content/journals/10.1075/tis.20027.koc>. DOI:10.1075/tis.20027.koc.

The article discusses the differences between the profile of a community interpreting and that of an intercultural mediator in Italy and focuses on differences in codes of ethics for both profiles.

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6 APPENDIX

A CATALOGUE OF PROFESSIONAL KNOWLEDGE AND SKILLS

Status: Published 17 June 2020, O.J. 604-1/2020/8

1. Name and code of the catalogue of standards on professional knowledge and skills

Community Interpreter for Albanian 8048327011

Klasius-P16

Language Acquisition (other, foreign, sign language, translation studies) (0231)

Klasius-SRV

Sub-level 6/1: outcomes, certified NOQ system (26100)

Qualifications Level

SQF level 6, EQF level 5

2. Required professional knowledge/skills and special requirements for national occupational qualifications

2.1 PROFESSIONAL KNOWLEDGE AND SKILLS

See Occupational Standards on Community Interpreter for Albanian 80483270 and Article 11 of this catalogue.

2.2 SPECIAL REQUIREMENTS FOR OCCUPATIONAL QUALIFICATIONS

- SQF level 5 or a certificate issued by the National Examinations Centre (A decree on the strategies and conditions for ensuring rights to persons under international protection), and
- at least 300 hours of interpreting over the past five years, attested by letters of reference from organizations, associations, institutions and similar and
- a proof of language skills:
 - language proficiency in Slovene (CEFR level B2), attested by a certificate on education (SQF level 5) in the Republic of Slovenia, or by a valid certificate on language proficiency in Slovene at the upper level (at least B2) and

- language proficiency in Albanian, attested by a certificate on education (minimum SQF level 5) received at an institution using Albanian as the language of instruction, or by a certificate on language proficiency in Albanian for reading, listening and speaking skills (CEFR level C1), and language proficiency for writing skills (CEFR level B2).

3. Correspondence with study programmes

4. Assessment of professional knowledge and skills

4.1 CERTIFICATION

In the process of counselling, candidates prepare a portfolio assessed by the commission. Upon the submission of the candidates' reliable, valid and adequate proof of their knowledge, skills and competences from the occupational standard the commission may:

- give recognition of knowledge and skills of the occupational standard in full,
- give recognition of knowledge and skills of the occupational standard in part, and determine what knowledge, skills and competences still need to be tested,
- give no recognition of knowledge and skills of the occupational standard, because the candidate has no proof of any knowledge, skills and competences of the occupational standard, and shall test their knowledge, skills and competences as required.

4.2 ASSESSMENT OF PROFESSIONAL KNOWLEDGE AND SKILLS

A practical test with an oral defence.

Assessment of interpreting consists of:

- interpreting from Slovene into Albanian with an oral defence
- interpreting from Albanian into Slovene with an oral defence

Translation of a short text with an oral defence consists of:

- translation of a short text from Slovene into Albanian with an oral defence
- translation of a short text from Albanian into Slovene with an oral defence

5. Assessment criteria

	Assessment Criteria	Share (%)
5.1	Interpreting with an oral defence	70%
5.2	Translation of a short text with an oral defence	30%

5.1 INTERPRETING WITH AN ORAL DEFENCE

Assessment Area	Assessment Criteria	Share (%)
Planning	professional personal appearance, appropriate interpreting position, appropriate introduction (description of the role of interpreters in interpreted situations)	10%
	proper and adequate preparation and use of interpreting tools	
Implementation	quality interpreting: accurate, professional, clear and intelligible interpreting from Slovene into Albanian	70%
	quality interpreting: accurate, professional, clear and intelligible interpreting from Albanian into Slovene	
	an independent approach and attitude to performed tasks	
Oral defence	an in-depth reflection on the performed task (interpreting), adherence to international standards and codes of ethics valid for community interpreting	20%
	performance of the candidates: personal approach and attitude to work, communication	

Interpreting with an oral defence accounts for 70% of overall assessment.

5.2 TRANSLATION OF A SHORT TEXT WITH AN ORAL DEFENCE

Assessment Criteria:

Assessment Area	Assessment Criteria	Share (%)
Planning	proper and adequate preparation and use of translation tools	10%
Implementation	comprehensible translation from Slovene into Albanian	80%
	comprehensible translation from Albanian into Slovene	
	appropriate translation from Slovene into Albanian in terms of style, register and grammar	
	appropriate translation from Albanian into Slovene in terms of style, register and grammar	
Oral defence	a comprehensible, systematic and professional justification of translation solutions	10%

Translation of a short text with an oral defence accounts for 30% of overall assessment.

Elimination criteria:

- unfamiliarity with the basic requirements of international ethical standards for community interpreting,
- incomprehensible interpreting from Albanian into Slovene,
- incomprehensible interpreting from Slovene into Albanian.

6. Occupation or sets of assignments for holders of occupational qualifications and code

7. Level of work complexity

(VI)

8. Adjustments for persons with special needs

The following adjustments shall apply:

- extension of time to provide their services,
- adjustment of place and equipment,
- taking the exam with the help of an assistant,
- adjustment of examination materials,
- adjustment of assessment.

A more detailed description of adjustments is available in the Rules and Regulations governing the implementation of the Matura exam for candidates with special needs.

9. Material and staffing requirements for the assessment and certification of occupational qualifications

9.1. MATERIAL REQUIREMENTS

A bright office with no distracting elements, equipped with:

- a computer with a word-processing software and internet access
- audio equipment for verification process recording

9.2. STAFFING REQUIREMENTS

A licence for a member of the assessment and certification commission for national occupational qualifications may be obtained by those who meet the requirements as provided by the law governing the National Occupational Qualifications.

The commission consists of three members:

- one member with SQF level 8 and at least 5 years of experience in translation studies or translation or interpreting into Slovene,
- one member with SQF level 5 and at least 5 years of experience in translation or interpreting from Slovene into Albanian and vice versa, and a certificate on language proficiency in Albanian, attested by a certificate on education (SQF level 5) in Albanian, or by a certificate on language proficiency in Albanian for reading, listening and speaking skills (CEFR level C1) and language proficiency for writing skills (CEFR level B2) and
- one member fulfilling the requirements of point one or two above.

10. Validity of certificates

No time restrictions apply.

11. Standards of professional knowledge and skills

Key tasks	Knowledge and skills	Assessment tasks
<p>Consecutive interpreting, chuchotage and sight translation plus translation of short texts relevant for interpreting</p>	<ul style="list-style-type: none"> • interpret and translate texts connected to the interpreting task from Albanian to Slovene and vice versa • interpret and translate texts connected to the interpreting task (e.g. medical examination report, instructions for follow-up treatment) as accurately as possible with no unnecessary addition or omission • listen carefully, use various memory techniques • adhere to basic features of interpreting, i.e. initial introduction of all participants, positioning, turn-taking • select and provide interpreting suitable in the given circumstances: consecutive interpreting for a dialogue or a lengthy exchange supported by note-taking, chuchotage (for lectures) or sight interpreting • use different techniques of note-taking • recognise situations when a primary-speaker position has to be assumed and communication interrupted (e.g. asking for clarification, pointing out cultural misunderstanding) 	<p>interpret from language A to language B (as selected by the commission):</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • understand the situation in the given role play and adopt a technique appropriate for the situation • introduce themselves and explain their own role • listen carefully • record numbers, personal names, facts, structure of lengthy texts • interpret as accurately as possible, without any unnecessary omission or addition, into the target language • respect the exchange of different roles • ask for clarification in case of misunderstanding • draw attention to cultural misunderstanding • sight translate fluently • speak with clarity and intelligibly • show ability to self-reflect after interpreting • interpret in first person

Key tasks	Knowledge and skills	Assessment tasks
	<ul style="list-style-type: none"> • respect different roles of participants (distinguish between the role of an interpreter and that of a healthcare provider, etc.) • invest into additional (self)training and their own professional development 	<ul style="list-style-type: none"> • adhere to the basic requirements of the international codes of ethics for community interpreting <p>Translate from language A to language B (as selected by the commission):</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • understand the source text • use a word processor • accurately translate the source text into the target language • accurately translate the facts from the source text to the target language • understand and adhere to the purpose, tone and objective of the text • aim to imitate the original form and function of the source text in the target language • observe textual conventions • show ability to self-reflect after translation • understand the importance of the protection of health and the environment

Key tasks	Knowledge and skills	Assessment tasks
<p>Interpreting and translation of discourse in different registers and from different fields</p>	<ul style="list-style-type: none"> • use Albanian for different language users and adapt it to their age, gender, regional background as well as socio-economic status • understand different language varieties of Albanian (e.g. different dialects, idiomatic expressions, etc.) and different registers (e.g. less formal spoken discourse, formal standard language, etc.) • use register appropriate for the given situation and the type of discourse • use terminology typical of the interpreted field, i.e. terminology used in healthcare or educational settings, administrative procedures or police proceedings • know the field they interpret (e.g. know the basics of healthcare, asylum procedures, educational system in Slovenia, administrative and police proceedings, etc.) • respect cultural differences and respond properly • understand specific behaviour, gestures, tone of verbal and non-verbal communication • show awareness of different culture-specific roles of professionals and identities in different cultures 	<p>In their translation and interpreting, recognise and use suitable language variants, register and suitable terminology appropriate under the given circumstances (as selected by the commission):</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • adapt the target language to the users, their age, gender, regional background, social and economic status • recognise different language variants and registers of the source language and interpret accordingly • understand terminology relevant to a specific field and situation in the source language and use it appropriately in the target language • shows understanding of a wider social and professional context when interpreting or translating (general knowledge and specialised knowledge) • recognise and respond to culture-specific situations and respect them in the target language • understand and use non-verbal communication • respect specific roles of

Key tasks	Knowledge and skills	Assessment tasks
		<p>different professions and different identities of service users</p> <ul style="list-style-type: none"> • adhere to basic requirements of the international codes of ethics for community interpreting
<p>Use suitable tools and technologies for translation and interpreting</p>	<ul style="list-style-type: none"> • use technical equipment for remote interpreting (telephone, web applications) • understand the prospects and limitations of machine translation and interpreting • work with word processing software • efficiently use different computer-assisted programmes for documents, word processing and terminology management 	<p>Make use of suitable interpreting tools:</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • explain when and how they use machine interpreting • describe the use of at least one web application for remote interpreting • underline the protection of health and the environment <p>Make use of suitable translation tools:</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • use word processing software efficiently in their translation into Slovene and into Albanian • explain how they use terminology and terminological databases in their work • explain when and how they use machine translation

Key tasks	Knowledge and skills	Assessment tasks
		<ul style="list-style-type: none"> • outline the problem of personal data protection when using free online MT • underline the importance of the protection of health and the environment in their work • adhere to basic requirements of the international codes of ethics for community interpreting
<p>Acquire additional information for the field they interpret</p>	<ul style="list-style-type: none"> • recognise their own information and documentation needs • seek reliable information required for interpreting • obtain additional information for the interpreted field • seek additional information on language use and specific terminology for the interpreted field • make an efficient use of document and terminology sources (e.g. terminology databases, language corpora, etc.) • properly assess reliable documents and sources available online and in other media • create their own terminology databases needed for the interpreted field 	<p>Describe the use of resources in the selected fields of interpreting</p> <ul style="list-style-type: none"> • describe how they invest into their knowledge in the fields they interpret • outline how they prepare for their work • explain how they gain additional information on specific language use and terminology relevant for the interpreted fields • indicate which documentary and terminology resources they use in their work • explain how they assess the reliability of documents and online resources • show at least one terminology database for the selected field of interpreting

Key tasks	Knowledge and skills	Assessment tasks
<p>Communicate and establish contacts with colleagues, professionals and end-users</p>	<ul style="list-style-type: none"> • are polite, respectful and tactful • recognise their own cultural, political, religious and other prejudices and refrain from them in interpreting and communication with their clients • work efficiently with people from different cultures, respect other cultures and recognise cultural differences • respect the rules of collaboration with other participants of interpreting (e.g. in healthcare settings) • know how to obtain information on the nature of the meeting/conversation to be interpreted and know how to agree with other participants on the behaviour protocol and positioning of all the participants 	<ul style="list-style-type: none"> • underline the importance of the protection of health and the environment <p>Show and present communication strategies suitable for interpreters (as selected by the commission)</p> <ul style="list-style-type: none"> • explain why proper dress code is important • describe their attitude to work and communication strategies with end-users, organisations and institutions • give an example of a situation which could lead to cultural, political, religious or other prejudice • comment in accordance with the international standards of conduct and the code of ethics for community interpreting the given example of possible cultural, political, religious or other prejudice • recognise, based on the given example, situations in which their neutrality should be abandoned • describe the different roles of all participants before interpreting and explain that interpreters are bound to confidentiality and non-disclosure of information • decide, based on the given example, whether

Key tasks	Knowledge and skills	Assessment tasks
		<p>to disclose information obtained prior to the assignment (e.g. in case of endangering human lives)</p> <ul style="list-style-type: none"> • describe, based on the given example, how they would react in a situation where work of a colleague community interpreter is looked upon with contempt • highlight the importance of a trustworthy public image of community interpreters • explain, based on the given example, ethical conduct and underline the importance of the professional code of ethics for community interpreters • define the significance of individual articles of the code of ethics • underline the importance of an appropriate attitude to work, communication and quality interpreting • highlight the importance of the protection of health and the environment

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13. Expert group responsible for the development of the catalogue of standards on professional knowledge and skills

- Barbara Velkov Rozman, Centre of the Republic of Slovenia for Vocational Education and Training, chair
- Dr Nike Kocijančič Pokorn, Department of Translation Studies, Faculty of Arts, University of Ljubljana
- Dr Jana Zidar Forte, Slovene Association of Conference Interpreters, Ljubljana
- Mira Grabanica, intercultural mediator and community interpreter for Albanian
- Dr Ina Ferbežar, Centre for Slovene as a Second and Foreign Language, Faculty of Arts, University of Ljubljana
- Katarina Bervar Strnad, Legal Information Centre, Ljubljana
- Dr Amalija Maček, Department of Translation Studies, Faculty of Arts, University of Ljubljana
- Barbara Rován, Association of Translators and Interpreters of Slovenia, Ljubljana
- Sonja Gole Ašanin, Government Office for the Support and Integration of Migrants, Ljubljana
- Franci Zlatař, Slovene Philanthropy, Ljubljana
- Maja Murn, Red Cross Slovenia, Ljubljana
- Robert Modrijan, Employment Service of Slovenia
- Alida Šuligoj, Cene Štupar Public Institution, Ljubljana
- Riikka Peltonen Quijano, United Nations High Commissioner for Refugees Slovenia

A CATALOGUE OF STANDARDS ON PROFESSIONAL KNOWLEDGE AND SKILLS

Status: Published on 17 June 2020, OJ 604-1/2020/8

1. Name and code of the catalogue of standards on professional knowledge and skills

Intercultural mediator 2087115 011

Klasius-P16

Social work and counselling (0923)

Klasius-SRV

Sub-level 6/1: outcomes, certified NOQ system (26100)

Qualifications Level

SQF level 6, EQF level 5

2. Required knowledge/skills and special requirements for national occupational qualifications

2.1. PROFESSIONAL KNOWLEDGE AND SKILLS

See Occupational Standards on Intercultural mediator 20871150 and Article 11 of this Catalogue.

2.2. SPECIAL REQUIREMENTS FOR OCCUPATIONAL QUALIFICATIONS

- SQF level 5 or a certificate issued by the National Examinations Centre (A decree on the strategies and conditions for ensuring rights to persons under international protection) and
- at least 300 hours of intercultural mediation over the past five years, verified by letters of reference from organizations, associations, institutions and similar. Of the 300 hours, a maximum of 100 hours of intercultural mediation can be attested by a statement from the end user(s) or migrant(s), and
- a proof of language skills:
 - language proficiency in Slovene (CEFR level B1), attested by a certificate on education (SQF level 5) in the Republic of Slovenia or by an accredited certificate on language proficiency in Slovene for reading,

listening and speaking skills (CEFR level B1), and language proficiency in Slovene for writing skills (CEFR level A2) and

- proficiency in at least one other language, attested by a letter of reference from organisations, associations or institutions, etc.

3. Correspondence with study programmes

4. Assessment of professional knowledge and skills

4.1. CERTIFICATION

In the process of counselling, candidates prepare a portfolio assessed by the commission. Upon the submission of the candidates' reliable, valid and adequate proof of their knowledge, skills and competences from the occupational standard, the commission may:

1. give recognition of knowledge and skills of the occupational standard in full,
2. give recognition of knowledge and skills of the occupational standard in part, and determine what knowledge, skills and competences still need to be tested,
3. give no recognition of the knowledge and skills of the occupational standard, since the candidate has no proof of any knowledge, skills and competences of the occupational standard and shall test their knowledge, skills and competences as required.

4.2. ASSESSMENT OF PROFESSIONAL KNOWLEDGE AND SKILLS

A practical test with an oral defence.

5. Assessment Criteria

Criteria for assessment components of work process

Area of assessment	Assessment criteria	Share (%)
Planning	<ul style="list-style-type: none"> • planning and preparation for task implementation 	5
Implementation	<ul style="list-style-type: none"> • communication skills • understanding and respect for cultural diversity • professionalism and adequate performance • ability to distinguish between giving a personal opinion and describing the circumstances or stating facts • ability to overcome language and cultural barriers; solution orientation • ability to understand terminology in the fields of education, employment, healthcare, housing, social security, public administration, etc. • ability to understand operational activities of governmental and non-governmental organisations in the fields of education, employment, healthcare, housing, social security, public administration and the rights/duties of migrants accessing these institutions 	55
Oral defence	<ul style="list-style-type: none"> • a reflection and professional assessment of the assigned task • candidates' performance: attitude to work, communication skills 	40

Elimination criteria:

No elimination criteria apply.

6. Occupation or sets of assignments for holders of occupational qualifications and code

7. Level of work complexity

(VI)

8. Adjustments for persons with special needs

National occupational qualifications can also be obtained by persons with special needs.

The following adjustments apply:

- extension of time to provide the services,
- adjustment of place and equipment,
- taking the exam with the help of an assistant,
- adjustment of examination materials,
- adjustment of assessment.

A more detailed description of adjustments is available in the Rules and Regulations governing the implementation of the Matura exam for candidates with special needs.

9. Material and staffing requirements for the assessment and certification of occupational qualifications

9.1. MATERIAL REQUIREMENTS

An office with a computer and internet access

9.2. STAFFING REQUIREMENTS

A licence for a member of the assessment and certification commission for national occupational qualifications may be obtained by those who meet requirements provided by the law governing the National Occupational Qualifications.

The commission consists of three members:

- one member with SQF level 8 and at least 5 years of experience in research or professional work in migration,
- one member with SQF level 7 and at least 5 years of experience in integration/integration of migrants and
- one member with SQF level 5 and at least 5 years of experience in integration/integration of migrants, with at least one-year experience in intercultural mediation or interpreting or translation.

10. Validity of issued certificates

No time restrictions apply.

11. Standards of professional knowledge and skills

Key tasks	Knowledge and skills	Assessment tasks
<ul style="list-style-type: none"> • establish and facilitate intercultural communication within and outside of institutions related to the integration of migrants 	<ul style="list-style-type: none"> • provide intercultural and language mediation in Slovene and the language of migrants in education and vocational training, employment, health-care and social security, housing, public administration, etc. • use different modes of language mediation • understand most common barriers to the integration of migrants in Slovenia • use and adapt terminology on intercultural mediation • show awareness of social, cultural and economic characteristics (including linguistic, religious, political and other) of at least one foreign country/territory and constantly strive to improve their knowledge through life-long learning • understand how public services work • understand different beliefs and practices of the migrants in need of intercultural mediation and understand culture-specific beliefs and practices present within and outside of institutions in Slovenia, 	<p>Provide mediation to migrants when accessing public and other services/organisations in education and training, employment, healthcare and social security, housing, public administration and elsewhere (as selected by the commission):</p> <ul style="list-style-type: none"> • prepare and plan the implementation of the task • use computers and various online tools (websites, applications seeking employment, housing, opportunities to participate in education and vocational training, making healthcare appointments, finding forms for the assertion of rights to public funding, public administration services) useful when accessing various institutions • outline basic differences in the access to public institutions in Slovenia and in migrants' country of origin • explain the importance of their own social network in the process of intercultural mediation • highlight the importance of independent and proactive activities of the migrants • show understanding and offer support when filling

Key tasks	Knowledge and skills	Assessment tasks
		<p>out forms/documents in institutional settings</p> <ul style="list-style-type: none"> • use appropriate communication and professional terminology • use practical examples to describe the role and tasks of intercultural mediators in social, healthcare, educational and other areas: • Example: in exercising their rights to social transfers; when enrolling in school; when making an appointment with a specialist. <p>Provide mediation in non-institutional settings, assist networking between the migrants and the local population, provide assistance when joining different associations, clubs, initiatives and similar (as selected by the commission):</p> <ul style="list-style-type: none"> • prepare and plan the implementation of the task • give examples of barriers faced by migrants in the local settings • highlight the importance of respecting cultural diversity of the migrants • provide strategies on how to overcome these barriers • use a computer for local and other platforms

Key tasks	Knowledge and skills	Assessment tasks
		<p>offering information on different events, websites of various clubs and associations, etc.</p> <ul style="list-style-type: none"> • outline different strategies for mediation (individually or in cooperation with other migrants, organisations or experts, etc.) • promote their own social network and make use of it • respect/outline social, cultural and economic characteristics (linguistic, religious, political, etc.) of the migrants' country or territory of origin • present non-governmental and other organisations, associations, clubs, initiatives and similar, active in the local community • highlight the importance of a rational use of energy, time and materials, stress management and the protection of health and the environment in their work • provide strategies for mediation in communication with the local community: • Example: integration of a person with disabilities in sports associations; integration in a (minority) religious community, etc.

Key tasks	Knowledge and skills	Assessment tasks
		<p>Outline strategies for solution-seeking communication in mediation with local public services in different fields (health, social security, education, housing, public administration, employment) or in complex situations in non-institutionalised settings (as selected by the commission):</p> <ul style="list-style-type: none"> • prepare and plan for the implementation of the task • outline different beliefs and practices of migrants whom they assist as intercultural mediators • provide examples of stereotypes and prejudice faced by migrants who are end-users of their intercultural mediation and show how to overcome them • analyse intercultural misunderstandings and their effective resolution • show consideration for social, cultural and economic characteristics (linguistic, religious, political, etc.) of the migrants' country or territory of origin • show how they strive to improve their knowledge on the integration of migrants • present different ways of establishing communication between the migrants

Key tasks	Knowledge and skills	Assessment tasks
		<p>and others (healthcare providers, teachers, social workers, administrative clerks, lessors, etc.)</p> <ul style="list-style-type: none"> • present examples of linguistic and intercultural mediation between the migrants and service providers • are aware of the boundaries of their own role and of the role of intercultural mediation in relation to other participants (experts and migrants) in different fields • underline the importance of stress management and the protection of health and the environment at work • describe communication skills needed to resolve linguistic and cultural misunderstandings • explain strategies for acting in accordance with ethical principles (e.g. respect for professional confidentiality and protection of personal data; asking for clarification in case of misunderstanding; interrupting communication when needed, etc.) • clarify the importance of effective conflict resolution: • Example: an interview at CSW (Centre for Social Work) in case of domestic violence; a request for

Key tasks	Knowledge and skills	Assessment tasks
<ul style="list-style-type: none"> • Provide information to target groups/migrants on their rights and duties in Slovenia 	<ul style="list-style-type: none"> • understand the structure and activities of state and public administration and other organisations in Slovenia, and the migrants' territories/countries of origin for whom intercultural mediation is provided • know categories or statuses of migrants and understand the rights and duties of migrants in Slovenia • assist migrants to get acquainted with the structure and activities of state and public administration and other organisations in Slovenia • assist migrants to exercise their rights and duties in Slovenia related to education, employment, healthcare, administrative procedures, social security, etc. • understand social, cultural and economic characteristics (including linguistic, religious, political and other) of at least one foreign country/territory of origin of the migrants and improve their knowledge in the process of lifelong learning 	<p>halal diet at school by parents; a procedure for identifying pupils with special needs at school; an examination of a migrant by a male gynaecologist, etc.</p> <p>Provide information to target groups/migrants (as selected by the commission):</p> <ul style="list-style-type: none"> • plan and prepare for the task • search online for the provisions of the Constitution of the Republic of Slovenia and Slovene legislation on asylum, migrations, non-discrimination, education and training, housing, employment and healthcare, pension and disability insurance of non-discriminatory work and related legislation • outline responsibilities of different government bodies and other service providers • outline strategies for the provision of legislative and other relevant information on asylum and migration • explain and give examples of adapting information according to the target group of migrants • show consideration for and acknowledge social,

Key tasks	Knowledge and skills	Assessment tasks
		<p>cultural and economic characteristics (linguistic, religious, political, etc.) of the migrants' country or territory of origin:</p> <ul style="list-style-type: none"> • Example: information on how to arrange healthcare insurance; how to employ an asylum seeker; how to get training in Slovene for children/adults, etc. • explain and give a practical example of their own experience in providing information to migrants when accessing services, such as e.g.: health insurance (compulsory and additional) and healthcare services, pension and disability insurance, education, legal protection, etc. (as selected by the commission): • plan and prepare for the implementation of the task • highlight the advantages and disadvantages (mistakes, possible improvements) of their own mediation in a specific situation • show consideration for social, cultural and economic characteristics (linguistic, religious, political, etc.) from the migrants' country or territory of origin • underline the importance of the rational use of energy, time and equipment,

Key tasks	Knowledge and skills	Assessment tasks
		<p>stress management and the protection of health and the environment at work</p> <ul style="list-style-type: none"> • highlight the importance of distinguishing between a personal opinion and stating facts • present actual examples taken from their work <p>Highlight the importance of knowing different categories of migrants and their rights:</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • list different statuses of migrants • distinguish between various categories – legal statuses of migrants (asylum seekers, refugees, persons with subsidiary protection, etc. and ethnic minorities, work permits, family reunification, etc.) • present the rights to access different public services for each of the listed categories • explain the differences between different categories of foreigners in relation to the labour market, e.g. what is free access, what is single work permit, the right to unemployment benefits, etc.

Key tasks	Knowledge and skills	Assessment tasks
<p>Promote intercultural dialogue between migrants and other members of the Slovene society</p>	<ul style="list-style-type: none"> • understand the importance of integration as a two-way process and show ability to convey this to the target group and other residents of Slovenia in the process of intercultural mediation • promote social networking • understand the importance of intercultural dialogue in various fields: cultural, social, economic, etc. • respect and promote gender equality • understand migration processes and the importance of migrant integration • make workers in various organisations and others citizens aware of the cultures of migrants and facilitate them in developing an appropriate attitude towards the cultural habits, practices and beliefs of the migrants. 	<ul style="list-style-type: none"> • underline the main differences between different statuses of migrants: asylum seekers, refugees, persons with subsidiary protection, etc. and ethnic/national minorities in Slovenia <p>Describe strategies promoting intercultural dialogue and networking between the migrants and the local population (as selected by the commission):</p> <ul style="list-style-type: none"> • plan and prepare for the implementation of the task • promote social networking • highlight the importance of integration as a two-way process and outline strategies for successful integration • give practical examples of promoting intercultural dialogue between migrants and the local population, which they plan to implement in their work • give their view on migration and the importance of integration • explain the influence of gender roles relevant for migrants' access of public institutions in Slovenia and in the process of integration in general

Key tasks	Knowledge and skills	Assessment tasks
		<ul style="list-style-type: none">• explain the importance of distinguishing between a personal opinion and stating facts• underline the importance of stress management and the protection of health and the environment in their work• highlight the significance of intercultural dialogue in different fields (cultural, social, economic, etc.)• Example: mediation in the area with a “large” number of migrants; organising an event on intercultural topics in the local community, etc.

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Slovene as a Second/Foreign Language

Basic Migrant Integration

Opismenjevanje: Opismenjevanje odraslih govorcev drugih jezikov v slovenščini (z dodatkom za mladoletnike - prosilce za mednarodno zaščito) (Literacy: Literacy of Adult Speakers of Foreign Languages in Slovene (with a supplement on young seekers of international protection))

13. Expert group responsible for the development of the catalogue of standards on professional knowledge and skills

- Barbara Velkov Rozman, Institute of the Republic of Slovenia for Vocational Education and Training, chair
- Franci Zlatar, Slovene Philanthropy, Ljubljana
- Dr Franci Jazbec, Odnos Association, Ljubljana
- Gole Ašanin, Government Office for the Support and Integration of Migrants, Ljubljana
- Robert Modrijan, Employment Service of Slovenia, Ljubljana
- Dr Uršula Lipovec Čebren, Department of Ethnology and Cultural Anthropology, Faculty of Arts, University of Ljubljana
- Alida Šuligoj, Cene Štupar Public Institution, Ljubljana
- Mira Grabanica, intercultural mediator
- Vera Haliti, intercultural mediator
- Maja Murn, Red Cross Slovenia, Ljubljana
- Juš Škraban, NIPH – National Institute of Public Health, Ljubljana
- Iva Perhavec, International Organisation of Migration
- Sonja Šarac, Independent Workers' Union of Slovenia, Ljubljana
- Dr Vera Klopčič, Institute for Ethnic Studies, Ljubljana
- Riikka Peltonen Quijano, United Nations High Commissioner for Refugees Slovenia

The Community Interpreter and/or Intercultural Mediator Teacher Profile

Competences of the teacher of community interpreters and/or of intercultural mediators

Nike K. Pokorn, Tamara Mikolič Južnič

Department of Translation Studies, Faculty of Arts, University of Ljubljana

ABSTRACT

The aim of the chapter is to discuss the importance of continuous education of teachers and of the official certification of the professions of a community interpreter and of an intercultural mediator. The chapter provides a framework of reference for competences of community interpreter and intercultural mediator teachers that was created by the partners in the TRAMIG project. The framework of reference identifies five principal competences that each teacher of community interpreters or intercultural mediators should strive to acquire throughout their career: field competence, interpersonal competence, organisational competence, instructional competence, and assessment competence. A distinction is made between the competences of community interpreter teachers and those of intercultural mediator teachers, in particular in the area of field competence. The trainees are asked to identify their strengths and weaknesses regarding the provided list of competences.

Keywords: teacher profile, trainer profile, educator profile, competence framework, framework of reference, community interpreter, intercultural mediator.

1 INTRODUCTION

This chapter proposes a framework of reference for competences of community interpreter and/or intercultural mediator teachers, which should be used as a guideline, enabling the description of achievements of individual teachers in this field. Prospective teachers are not expected to have all these competences when entering the profession; it is, however, envisaged that teachers of community interpreters and intercultural mediators are actively engaged in acquiring the competences proposed in each of the five areas throughout their career.

2 POSITIONING

The chapter is based on the document *The EMT Translator Trainer Profile: Competences of the trainer in translation*, produced under the auspices of the European Master's in Translation (EMT) by Yves Gambier, Federico Federici and Nike K. Pokorn in 2013 and on the TIME project definition of the profile of trainer of intercultural mediators (2016). Additional inspiration was found in the research focusing on translator trainers, such as the works by Sonia Colina (2003), Dorothy Kelly (2008), Daniel Gouadec (2007), the project paper by the Consortium for Training Translation Teachers (CTTT) and in literature dealing with interpreter training (Andres and Behr 2014, Gile 1995, Manuel Jerez 2004, Sawyer 2004, Setton and Dawrant 2016, Viaggio 1992, Wadensjö 2013).

3 DEFINITION OF TERMS

3.1 THE TERMS “COMMUNITY INTERPRETER” AND “INTERCULTURAL MEDIATOR”

This chapter discusses the competences of the teachers of community interpreters and intercultural mediators. With the use of the terms “community interpreter” and “intercultural mediator” in this chapter we do not want to imply that these terms should be used interchangeably or that there is no difference between the two professions, and we do not want to impose any particular denomination in order to harmonise the terminology. Although we are aware that in some parts of Europe, in particular in France, Italy, parts of Belgium and Germany the terms corresponding to “community interpreter” and “intercultural mediator” tend to be used interchangeably and the role boundaries are often unclear (Martin and Phelan 2010), we believe that despite the fact that community interpreters and intercultural mediators share the same working environment and assist the same groups of people, there are some important differences between the two professions (cf. Pokorn and Mikolič Južnič 2020).

In this chapter the term “community interpreter” refers to a professional who performs oral or signed translational activity between the societal language used by service providers and the language of the service users who are not proficient in the societal language in order to assist these individuals to access the services provided by public institutions and to assist service providers in their job. Community interpreters thus transfer verbal or non-verbal messages in real time between the language of the service provider, which is typically the societal language(s) of the country, and the service user who uses the language of a specific language and/or ethnic group. Community interpreters would typically assist the allophone population (i.e. the population with limited proficiency or without the knowledge of the societal language) to establish communication in educational, healthcare, administrative and police settings. Since community interpreters facilitate communication between parties who do not share a common language, they are therefore always involved in encounters involving at least three participants. Community interpreters may also be asked to perform sight translation and translate documents in both working languages when applicable and needed to facilitate equal access to public services.

The term “intercultural mediator” refers to professionals who assist allophone citizens when they lack cultural awareness and understanding of the system and, consequently, cannot access and benefit from basic quality social services, such as quality education, primary healthcare and political participation in the host country. Intercultural mediators would typically engage in encounters that are dyadic in nature and that require a bilingual or multilingual speaker, but do not necessarily demand interpreting skills. Their principle aim would therefore be to empower allophone citizens by informing them of their rights and helping them make choices. They also assist service users and service providers to establish successful communication by resolving any potential cultural misunderstandings. Typical tasks of intercultural mediators would thus include: providing information on the available healthcare and social services and administrative procedures, assisting service users to navigate the healthcare system and different social services (by accompanying them and assisting them with the paper work), providing psychosocial support in healthcare settings, collaborate in health education and in the promotion of healthy lifestyle, contributing to different events in order to enhance intercultural communication and inclusion (Verrept 2019, vii-viii; TIME 2015, 4-5).

3.2 THE TERM TEACHER

The use of the term “teacher” instead of the term “trainer” in this chapter is deliberate. Although we do not consider training, teaching and education as opposites but as complementary activities, we believe that any high-quality education of community interpreters and/or intercultural mediators should not be narrowly vocational: it should not only enable students to acquire particular skills which

are needed to perform interpreting or intercultural mediation, but should also transform the students' outlook and their mind. The term "teacher" is therefore preferred over the term "trainer" because we are convinced that teachers should not only have practical experience, but also theoretical knowledge in order to adequately prepare their students for a professional role as reflective practitioners.

4 COMPETENCES OF THE TEACHER OF COMMUNITY INTERPRETERS AND/OR OF INTERCULTURAL MEDIATORS

The competences listed below are not presented in order of importance. They have each been classified into one domain for the sake of clarity, although some competences may be argued to belong to more than one domain.



Figure 1: Competences of community interpreter & intercultural mediator teachers.

4.1 FIELD COMPETENCE

- Ability to perform any task assigned to the students according to the quality standards required in professional practice, in particular, language proficiency and intercultural competences.
- Knowledge of the professional field including:
 - Community interpreting-related or intercultural-mediator-related professions;
 - Constraints of interpreting or intercultural mediation projects (e.g. time/budget/qualities);
 - Domains of specialization in interpreting-related or intercultural-mediator-related professions;
 - Market requirements;
 - Operating procedures and tools used in professional community interpreting or intercultural mediation;
 - Scholarship and research relevant for the course;
 - Foreseeable development of the professions.
- Community-interpreting-service or intercultural-mediation-service provision competence:
 - Knowledge of the existing standards and specifications;
 - Ability to critically analyse these standards and specifications.

For **community-interpreter** teachers: Ability to perform the tasks and sub-tasks involved in the community interpreting-service provision (including planning, terminological preparation for the interpreting task, mastering techniques used in consecutive interpreting and possessing highly-developed listening, memory, note-taking and delivery skills, knowledge of interaction dynamics);

For **intercultural-mediator** teacher: Ability to perform the tasks and sub-tasks involved in the intercultural-mediation-service provision (including planning, terminological preparation for intercultural mediation task, knowledge of the cultural specifics of the cultures involved in the mediation process, knowledge of the legal framework of functioning of the host country, language mediation).

4.2 INTERPERSONAL COMPETENCE

- Ability to integrate into a teaching team and work as part of a team.
- Ability to identify, adopt, apply and critically assess a code of professional ethics for community interpreters and translators or intercultural mediators and for teachers.

- Ability to teach students how to apply and critically assess codes of professional ethics for community interpreters and translators or intercultural mediators.
- Ability to establish suitable learning environments for students.
- Ability to manage time and resources.
- Ability to teach students time and resource management.
- Ability to manage stress.
- Ability to teach students to work in sensitive settings.
- Ability to teach students to deal with trauma-informed interpreting.
- Ability to create collegial networks (e.g., to provide support to other colleagues in the field and receive it from others.).
- Ability to teach students how to manage stress.
- Ability to take decisions and explain and justify them.
- Ability to train students in decision-making and how to prioritize.
- Ability to take into account all the relevant constraints depending on the situation, and explain them clearly (specifications, deadlines, budgets, etc.).
- Ability to introduce students to the relevant constraints depending on the situation (specifications, deadlines, budgets, etc.).

4.3 ORGANIZATIONAL COMPETENCE

- Ability to understand students' needs and expectations in relation to the overall programme.
- Ability to design a community interpreter-training or intercultural mediation curriculum or an understanding of the rationale for an existing interpreter-training or intercultural mediation curriculum.
- Ability to articulate the learning progression assumed by the programme (e.g. as manifested in the order in which modules are taught).
- Ability to design a course syllabus or an understanding of the structure of an existing course syllabus.
- Ability to update the programme or a course in anticipation of and in response to changes to the profession.

4.4 INSTRUCTIONAL COMPETENCE

- Ability to specify the tasks to be performed in relation to each course or module component.

- Ability to explain the learning objectives of the subjects taught.
- Ability to break down the educational components into tasks and sub-tasks drawing on the relevant theoretical knowledge.
- Ability to encourage students to become aware of the challenges and issues involved in the task and sub-task in the relevant field(s), e.g. drawing on the relevant theoretical knowledge.
- Ability to draw up a lesson plan by integrating Interpreting Studies or Intercultural Mediation scholarship and research relevant into teaching.
- Ability to create a list of all the tasks relevant for a given lesson and organize them in terms of priorities, sequences, time available and overall syllabus.
- Ability to create the course or module materials.
- Ability to create content and choose the appropriate teaching method (e.g. virtual learning environments, seminars, tutorials, etc.).
- Knowledge of the findings of interpreting or intercultural mediation didactics and the ability to integrate them into training (e.g. ability to use appropriate methods for teaching and learning).
- Ability to incorporate the process and outcomes of relevant Interpreting Studies or Intercultural Mediation research and scholarship.
- Ability to use existing professional and specialist tools and integrate them into training.
- Ability to motivate students.
- Ability to encourage students to develop: precision, a focus on quality, curiosity, learning strategies, and their ability to analyse and to summarize.
- Ability to encourage students to develop a critical approach during the execution of tasks.
- Ability to stimulate reflective thinking (i.e. self-reflexivity).

4.5 ASSESSMENT COMPETENCE

- Ability to define assessment methods and criteria to evaluate each task relevant to the course.
- Ability to assess students' entry level.
- Ability to assess students' level of attainment (competences they have acquired and competences they lack).
- Ability to evaluate a curriculum, syllabus and lesson as a self-reflective practitioner, re-assessing practices, knowledge, and competences at regular intervals.

- Ability to adapt to the results of the evaluation of a curriculum, syllabus and a lesson.

5 ACTIVITIES

Make a list of the competences that you already have and a list of those that you still need to acquire. Identify five competences that you need to acquire most urgently. Work in pairs and compare your lists.

6 FURTHER READING

Cirillo, Letizia, and Natacha S.A. Niemants, eds. 2017. *Teaching Dialogue Interpreting: research-based proposals for higher education*. Benjamins Translation Library 138. Amsterdam and Philadelphia: John Benjamins.

This collective volume, which explicitly focuses on teaching community interpreting, is a highly valuable source of materials for teachers of community interpreting, and it could also be used for refresher courses and teacher training courses. It provides guidance on how to teach medical, court and business interpreting, interpreting for the media and telephone interpreting. Among others, the individual chapters also discuss how to use theatre techniques, role playing and visual prompts in community interpreting classes.

Kelly, Dorothy. 2005. *A Handbook for Translator Trainers: A Guide to Reflective Practice*. Manchester: St Jerome.

Although this monograph is not the most recent one, it provides a wealth of guidance and practical assignments for teacher education courses. The handbook was written for translator teachers, but it can easily be adapted for interpreter teachers.

TIME project partnership. 2016. *Part I: Trainer profile and learning content*. Accessed August 25, 2020. http://mediation-time.eu/images/TIME_O5_Trainer_Course_Part_I.pdf.

TIME project developed a training course for trainers of intercultural mediators for immigrants. All the material is available online and is designed for self-study.

Wadensjö, Cecilia, ed. 2013. *Training the Trainers: Nordic Seminar on Interpreter Education / Utbildningen av utbildare: Nordiskt möte om tolkutbildning*. Stockholm: Stockholms universitet. Accessed August 25, 2020. <http://su.diva-portal.org/smash/get/diva2:643719/FULLTEXT01.pdf>.

This collective volume brings the selected presentations from the 2012 Nordic interpreter trainers' network's meeting and contains six chapters written for interpreter teachers. Five contributions are written in English, and one in Swedish. Among others, contributions focus on experiential approach in interpreter training, on teaching interpreting ethics, and on the use of Wikis, blogs, Skype and Youtube in the education of community interpreters.

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Tandem Teaching in the Education of Public Service Interpreters

Hanne Skaaden, Tatjana Radanović Felberg

OsloMet – Oslo Metropolitan University

ABSTRACT

This chapter addresses the question of how to perform *tandem teaching* within an experiential-dialogic approach to learning and focuses on how course coordinators assist in the facilitators' preparation for their joint activities in the classroom. There are two types of facilitators in the model: *facilitators of interpreting strategies* and *facilitators of language strategies* cooperating in the supervision of role-played exercises. The chapter first presents the training model developed at Oslo Metropolitan University (OsloMet). Then, it describes the basic ideas, aims, and organization applied in coaching the facilitators on how to cooperate in the classroom. The model's foundation is on-the-job training that includes seminars, follow-up meetings both on-campus and online, and group and individual feedback and evaluations. After presenting the training model, we discuss some advantages and challenges associated with the approach.

Keywords: tandem teaching, teacher role, facilitators of learning, experiential-dialogic learning, role-play

1 INTRODUCTION

The education of interpreters who practice in institutional encounters of public services is challenged by the multitude of language combinations needed in society. The challenges include the need to locate adequate teachers, as it may be difficult to find language specialists who are sufficiently proficient in both working languages and have the necessary competence to facilitate classes on interpreting. Moreover, there are no pre-existing learning materials, such as dictionaries or curricula of context knowledge. In some languages needed, the process of standardization is still in the making, such as the Kurdish languages, or there are multiple standards or dialects, as with Arabic. In fact, “trained language specialists” are in short supply for most language combinations when it comes to interpreter education. A key to resolving these challenges is found in tandem teaching.

Tandem teaching has been addressed in pedagogical literature on teaching in inclusive classrooms (Wilson and Blednick 2011), in language teaching (Antic 2015), and across disciplines (Plank 2011). The idea of tandem teaching in interpreter training dates back to the 1950’s in Danica Seleskovitch’s seminal ESIT¹ classes and was later used in several contexts, including its adoption at the European Commission and the European Parliament (Driesen and Drummond 2011, 144–145) and interpreter training in judicial settings (Driesen 2016). Driesen (2016, 81) mentions that tandem teaching was coined to deal with the fact that trainers who have knowledge of “a specific language combination as well as interpreting techniques” are often hard to find. In the tandem classroom, therefore, Driesen explains: “Similarly to a tandem ride, the first trainer (interpreter) takes the lead, structuring lessons and exercises, while the second one (language expert) has to concentrate on the language quality and rendition” (ibid. 81).

By tandem teaching in this chapter, we mean organized collaborative learning activities where *facilitators of general interpreting skills* work together with *language specialists* in organizing the multilingual classroom. Henceforth, the two types of facilitators, *facilitators of interpreting strategies* and *facilitators of language strategies*, are referred to with the abbreviations FINs and FLAs, respectively. Anchored in an experiential-dialogical pedagogical approach to learning, tandem teaching at Oslo Metropolitan University (OsloMet) is envisioned as a three-way dialogue among students, FINs and FLAs.

After contextualizing tandem teaching within the experiential-dialogical pedagogical approach, we present the model when applied as an on-the-job training model that consists of several measures, including regular seminars, follow-up meetings, group and individual feedback, and evaluations. The chapter concludes with a brief discussion about the advantages and challenges experienced in the

1 I.e., École Supérieure d’Interprètes et de Traducteurs.

development and application of the current model: despite initial challenges with internalizing the facilitating teacher role on both sides of the ‘lectern’, the model provides a fruitful learning environment for the type of know-how that the interpreter students need to acquire.

2 THE TEACHER’S ROLE AS FACILITATOR IN AN EXPERIENTIAL-DIALOGICAL MODEL

In line with the experiential-dialogic approach to learning (see the chapter on blended learning in this volume, as well as Skaaden and Wattne 2009; Skaaden 2013; and Skaaden 2017), the term *facilitator* is used instead of “teacher” for both the person in charge of the learning activities aiming at interpreting strategies and those that aim towards language skills and developing bilingual sensitivity and context knowledge. Based on the principles of collaborative learning, in this approach, the students are considered the main resource in the learning process. Hence, the teacher’s main task is not to “transmit” knowledge to the students through lectures or provide them with “set answers”. Rather, the learning facilitators are to furnish the basis and structure for observation, stimulate interaction, and subsequently encourage reflections and dialogue about the students’ joint or individual experiences.

The choice of approach is generated by four aspects that characterize the interpreting classroom. First, interpreting courses are not language classes. The classroom’s learning objective is for the students to further develop their linguistic sensitivity in a bilingual context and learn how to apply their bilingual skills in the activity of interpreting. The student interpreter, therefore, should be a skilled bilingual individual at the outset of the course. Second, as it takes time to develop the level of bilingual skills needed for the interpreter’s task, most interpreting students are adult students with a wide array of previous experiences, both professional and personal. Hence, interpreting education deals with adult learning. Third, given that the market’s language needs are constantly changing, a model for interpreter education must embrace the need to train students from a variety of working languages in the same classroom. Thus, the approach must process the multilingual classroom. Finally, the nature of the knowledge that the student interpreters need to acquire and apply in their future practice has an impact on the choice of approach. In their future practice, the interpreters will need to apply their bilingual repertoire and interpreting skills in constantly changing situations and domains characterized by contextual, linguistic, and relational variations. Therefore, in their future practices, they need to exercise discretion within the complex domain of bilingual contexts and human interaction (Skaaden 2017, 324–337). Sociologist Donald Schön (1983, 50; 276–278), in his discussions on professional education, stresses in general that the practitioner needs to *reflect in action*. Like skiing, the type of knowledge needed for professional practice cannot be acquired from simply

reading a book, holds Schön, but *reflection on action* may improve the former. We believe that the same is valid for the practitioners of interpreting.

In summation, the above aspects favour the experiential-dialogic approach, where the teacher's task is to facilitate learning, and variation in the students' backgrounds serves as a resource in the learning process. The challenge remains to operationalize learning within the multilingual classroom and to assist the students in achieving the course's four basic learning aims, that is, for the students to develop and improve their awareness of the following.

- Professional ethics and the boundaries of the interpreter's area of expertise.
- The interpreters' main tool, i.e., their bilingual skills and their understanding of relevant phenomena of language, such as the nature of bilingualism, linguistic registers, style, pragmatics, rhetoric, etc.
- The application of their tool in real situations, i.e., their knowledge of situational and relational aspects, including the characteristics of institutional encounters and interpreted encounters, the application of appropriate interpreting methods and strategies in a diversity of contexts, etc.
- Specific contextual knowledge and strategies for handling constant new linguistic domains and professional cultures and contexts.

In the multilingual tandem classroom, the FINs oversee drawing students' attention to general learning topics 1 and 3. The FLAs' task is to assist the students in topicalizing issues related to 2 and 4. Ideally, topics that emerge from the observations of specific instances should be reflected upon in a generalized manner that enables the group to capitalize on the examples. Therefore, we discuss the following questions. How can these aims be achieved within the 'tandem teaching' classroom? What are the advantages of the approach? What are the main challenges of the tandem teaching classroom?

3 THE TANDEM TEACHING TRAINING MODEL

As aforementioned, the first challenge is finding the facilitators and subsequently preparing them to act in a similar way when facing similar problems. The facilitators who lead the classes on interpreting strategies and techniques should be trained interpreters. Their task is to manage the role-play sessions and balance group dynamics; they should also have previous pedagogical education and teaching experience. The team should have a core of practice group facilitators (FINs) who have interpreting competence and experience from teaching according to the described model. New members will inevitably join the team regularly, as the working languages (other than the majority language) that are covered by the course change from year to year in line with society's needs. When recruiting bilingual

FLA facilitators, the following basic criteria should be followed: an FLA facilitator should have a high degree of bilingual proficiency and extensive knowledge of both majority and minority cultures. The facilitator should be a native speaker of one of the working languages, preferably of the minority language. Moreover, the facilitator should have completed higher education and have some experience with group management.

These criteria are important in allowing the facilitator to establish the necessary authority and deal with group dynamics. Being a practicing interpreter is not necessarily an advantage in the FLA role, however. In our experience, some group members may then see the facilitator as a competitor and take on a challenging attitude. Most importantly, the FLA facilitator must have the ability to analyse concepts and contexts from a bilingual vantage point. When necessary, course coordinators, by supplying general strategies, may assist FLAs in their work with the students in comparative analysis and developing context knowledge. As described below, the organization of the tandem classroom according to the principles of the experiential-dialogic approach offers broad learning opportunities for student interpreters. However, it also entails some challenges. After a brief presentation of the overall structure of the way the facilitators are coached at OsloMet, we outline some opportunities and challenges below.

The Bachelor of Arts (BA) on Public Sector Interpreting (PSI) at OsloMet is organized as a part-time, blended programme that provides a combination of onsite and online learning activities and offers education to students who want to work in any sphere of the public sector in Norway (see the chapter on blended learning in this volume and Skaaden 2017). Onsite activities and workshops take place on campus one to four times per semester and last two to four days. During these on-campus gatherings, the students are divided into two types of groups:

- *mixed language groups*, where they participate in role-playing and discuss general interpreting topics combined with language issues, and
- *language-specific groups*, where they concentrate on selected bilingual issues and contextual knowledge.

The mixed language groups are managed by FINs, while the language-specific groups are facilitated by FLAs. In the role-play classes, FINs work together with one or two FLAs. This is where tandem teaching takes place. Here, learning potential is found in making an instantiations that occurs in a specific role-play example and language combination serve as an illustration of a more general problem of interpretation, thereby making it relevant for the whole group. To guide the facilitators in their work, several measures are taken by the course coordinators. The facilitators receive coaching in kick-off seminars, in on-campus and online follow-up meetings, in group discussions, and in individual feedback and evaluations.

3.1 SEMINARS

In the first year of the BA in PSI, the facilitators are gathered for a kick-off seminar that takes place before the students arrive. The topics addressed at such kick-off seminars and subsequent follow-up meetings include an outline of the chosen didactic approach and the main learning aims of the course; its perspectives on bilingualism, culture, and language learning; and some general aspects of adult learning, education, and professionalization. Moreover, the meetings address the facilitators' role, how to work together in the classroom, and how to deal with group dynamics. Additionally, the facilitators are provided with brief guidelines on the management of group sessions and how to elicit the students' reflections on their observations during the role-play sessions. Simultaneously, the facilitators are provided with a set of "focus points", a selection of topics to be addressed during each student gathering. The objective is to secure similar learning outcomes across parallel exercise groups. These topics are also addressed in group discussions during the facilitators' follow-up meetings. Hence, the facilitators' meetings with the course organizers are structured according to the principles that the facilitators are expected to apply when managing student groups. At the start of the second semester, a seminar follows up on selected topics according to the group's needs. The final seminar at the end of the year includes a general evaluation of the course and accumulates the participants' experiences with tandem teaching.

3.2 FOLLOW-UP MEETINGS (ONSITE AND ONLINE)

a) Onsite follow-up meetings and debriefings

During every weekend gathering with the students, which happens three times a semester in the first year, time is allocated to joint meetings for the facilitators where they discuss the didactic approach, group dynamics, and emergent problems as well as propose improvements. The topics addressed in these meetings include how to interact in the elicitation of feedback without contradicting each other in front of the students, the development of role-play scripts and role cards, time management, and group dynamics.

During the on-campus student gatherings, the course coordinators observe the classes and provide feedback to facilitators in the group meetings or individually. From time to time, the facilitators may observe each other's classes to seek inspiration and feedback.

b) Online "staff room" and meeting points

All facilitators have access to an online "staff room," located on the learning platform, which includes both an asynchronous forum channel and a synchronous chat room. Synchronous text-only chat sessions for the facilitators are occasionally organized between campus gatherings and allow for discussions on didactic and interactional issues, as exemplified below.

3.3 EVALUATIONS

Both written and oral evaluations are collected from the facilitators after each on-campus gathering and at the end of the course. Moreover, the students evaluate each learning activity of the campus gathering. When relevant, matters raised in the students' evaluations are discussed at the facilitators' meetings. Importantly, onsite learning activities during campus gatherings are topically interconnected with online learning activities and establish a thematic thread throughout the course. In between campus gatherings, the facilitators work online using both synchronous and asynchronous channels.

Table 1: The facilitators' tasks and their on-the-job training measures in the experiential-dialogic model with tandem teaching²

<p>Preparation phase (onsite and online)</p>	<p>Facilitators meet in seminars to familiarize themselves with the course didactics and harmonize their pedagogical approaches.</p> <p>Facilitators prepare to lead role-plays and address focus points before each on-campus gathering.</p> <p>Role-plays, role-cards and learning material are provided by the course coordinators via the online staff room.</p>
<p>Onsite learning activities in tandem style: interpreting exercises in terms of role-playing, where the aim is to create tableaux, scenes, and illustrations for the group to reflect upon.</p>	<p>The FIN facilitator introduces the topic of the role-play and distributes its parts among the students, videotapes each role-play and facilitates reflections and discussions by prompting open questions. Each role-play session should last approximately 10 minutes, followed by 10 to 15 minutes of reflection.</p> <p>FLA facilitators observe language-specific issues and comment in mixed classes or bring up issues to language-specific classrooms.</p> <p>Facilitators are observed by co-facilitators or course coordinators.</p> <p>Meetings are organized for the facilitators between exercises and workshop classes, where selected issues are discussed.</p> <p>General and individual feedback is provided when appropriate.</p> <p>Evaluations initiated in oral or written form.</p>

² Table 1 shows how the elements of the training model (in italics) are incorporated into online and onsite modules.

Both the facilitators and students are introduced to the role-play method of learning at the beginning of the first semester. As an “ice breaker”, a short film featuring a role-play situation where “the interpreter” breaks all the ethical rules of interpreting is shown to the students and facilitators at the outset of the role-play sessions. This introduction to the exercise sessions is used to emphasize that the aim of role-plays is to create brief tableaux or scenes for subsequent reflection and discussion in the group. Hence, “making mistakes” in this situation is actually a good thing as it creates examples for discussion.

During the role-play exercises, the FIN facilitator manages the session, elicits reflections, and summarizes issues of interpreting. The FIN also controls the duration of the role-play. Normally, there will be enough examples for reflection and discussion after a relatively short time (approximately 10 minutes of role-play). In addition to the FIN managing the session, one to two FLAs sit in the classroom. The role of the FLAs during the roleplay sessions is to observe and comment on linguistic distinctions from their language group.

The tasks and responsibilities of both groups of facilitators are described in a set of guidelines, including ‘focus points’ that accompany the role-plays for each gathering. The aim of these guidelines is to establish an even progression across the number of parallel exercise groups and to make sure that selected topics are addressed in all groups. The FINs’ guidelines include suggestions on how to manage the role-play sessions, such as what to pay attention to when distributing the parts of the role-play scenarios, how to distribute observational tasks, and how to elicit reflections and facilitate discussions after each role-play.

Furthermore, it is emphasized that the facilitators’ task is to encourage students to freely express their feedback and to ensure a safe atmosphere for group reflections: “With the aim to release peer feedback and involve the group, the facilitators are encouraged to structure student reflections by posing open-ended questions” (Skaaden 2013, 16). A list of open-ended questions first presented at the kick-off seminar is repeated throughout the follow-ups with the facilitators and via the focus points. As pointed out in Skaaden (2013, 16), “[t]he open-ended questions should draw attention to selected aspects of the performance just observed, and preferably follow the progression indicated by the ‘focus points’” but, most importantly, direct the students’ attention to specific aspects of the performance just observed. Accordingly, after opening the floor for reflection with a wide perspective inquiry, such as “What did you observe here?” or “What did we learn here?”, the facilitator may narrow the scope by pointing to certain aspects of the performance, for instance:

How was the interpreter’s pronoun choice?; What about the register choice?; What happened/may happen when...?; What alternatives did the interpreter have when...?; What may be the consequences if...?
(Skaaden 2013, 16)

The primary aim of the open-ended questions' approach is for the students to discover first-hand diverse options and strategies of interpretation and to reflect upon the consequences that the different options may generate for the interpreted encounter. Accordingly, the choice of approach concerns the type of knowledge to be built and the fact that in their future practice, the students will need to exercise discretion in complex situations on their own. In other words, the aim is to reflect *on* action to enable future reflection *in* action. Moreover, for adult students who are often experienced interpreters, it is important that feedback is generated from the peer group rather than the facilitator alone. Somewhat paradoxically, the approach serves to strengthen the role of the facilitator, who may soon run into trouble with the adults and experienced student interpreters if perceived as "telling them what to do." The focus points and guidelines are presented in some detail in the following section.

4.1 GUIDELINES FOR THE FACILITATORS OF INTERPRETING AND INTERACTIONAL STRATEGIES (FINS)

Distribution of the 'parts' in a role-play

After a warm-up phase, where the members of the group get to know each other before each role-play starts, the FIN facilitator distributes the parts for the role-play. In determining who plays the interpreter, the professional/case worker, and the patient/client, the facilitators must pay attention to group dynamics.

- Picking the right students for the different parts is difficult, especially when the group is new, and discretion must be exercised in the distribution of parts. At the beginning of the course, it may be particularly stressful for the students to play the part of the interpreter, as this is the part scrutinized.
- Playing the parts of professional and patient/client can be demanding as well, and the students may need a few minutes to prepare for their parts. Nevertheless, part of the learning experience is to sense what it is like to sit in the "interpreter's client's chair," and it is important that all students experience these parts as well. For the part of the Norwegian speaking professional, therefore, a student who does not understand the other language should be chosen.
- During the role-play, the FIN facilitator concentrates on noting observational points, time management and more, while the FLA facilitators concentrate on bilingual issues and the details of contextual knowledge of their language combination.
- The role-play scenarios are presented in Norwegian/the majority language, either as full scripts or role cards, with brief descriptions of the case at hand and its parts. Role cards are known to produce more of a natural dialogue than scripts (Dahnberg 2015). However, because students may find it demanding to improvise their parts from role cards at the beginning, it is advisable to start

with scripted role-plays and then move on to role cards. If the role-play (script or role card) sketches a complex situation that is time consuming to play out, students can take turns sitting the part of the interpreter.

Figure 1: Illustration of role-plays in mixed language groups with participants from three different working languages: Italian, Lithuanian and Sorani Kurd



Distribution of observational tasks

The FIN facilitator distributes observational tasks in the group before each role-play starts, thereby determining:

- who should observe the interpreter's renditions into the minority language;
- who should observe the interpreter's renditions into the majority language (i.e. Norwegian in our case); and,
- who should pay special attention to the interpreter's interpreting and interactional strategies, such as turn-taking, clarifying strategies, posture, and presence.

Primary attention to this last observational task is usually assigned to the students who do not understand both working languages and who can then focus solely on non-verbal strategies and behaviour. This option to see the activity of interpreting "from the outside" is one of the benefits of working with mixed language groups.

The designers of the course created a selection of “focus points” for each on-campus gathering that draw attention to interpreting and interactional strategies as well as linguistic issues. The focus points are distributed throughout the course so that the locus of attention moves from the simple to the more complex, from the concrete to the more abstract, etc. To assure similar development in parallel groups, the facilitator may draw attention to the selected focus points in the distribution of the observational tasks. However, the role-play and the observations experienced by the students may display other features than those listed as focus points. Given that the students’ opportunity for first-hand experience and observation is seen as a basic path to learning in the current model, it is important that the facilitator strikes the right balance and gives leeway to discussions of actual observations made during a specific role-play scenario. Next, the proposed strategies for balancing reflections are described in detail in the facilitators’ guidelines.

Stimulate reflection and lead the discussions after each exercise

The FIN facilitator’s task is to elicit reflections after each exercise and to stimulate the group to participate actively. The facilitators are supposed to notice the experience from the group and should therefore not “provide the answers” themselves; rather, they should pose relevant questions that may extract general learning points from what could be observed during the role-play.

- After each role-play, approximately 10 to 15 minutes is allocated for reflection and discussion.
- The facilitator should ensure that the person who plays the interpreter receives both praise and criticism from the peer group.
- To get the discussion started or to supplement the students’ comments, the facilitator should note a few points from the observed role-play that relate to the current focus.
- To stimulate discussion, the facilitator should alternate between asking open questions and narrowing the scope; a question like “Is there anything you want to comment on?” will not open the floor as the response could be “No, everything was just fine,” while an open question, such as “What did you observe?” or “How was...?” may elicit a fuller response.
- The aim of the discussions is not always to conclude with a “correct” or “set answer.” It is rather to create a basis for reflection, which might be triggered by questions such as “What will be the consequences if the interpreter chooses alternative a or alternative b?” or “What other options do you see?”
- To stimulate reflection, the facilitator may also return a suggestion back to the group, like “You/NN would/suggested ... What other suggestions are there as to what the interpreter could do in such a situation?”

- The facilitators should keep the discussion within the workshop's suggested focus and bring discussions to an end when adequate. Yet, it is important to allow a certain amount of leeway because the students need room to air their own experiences – and frustrations – that can be triggered by the exercise.
- To conclude discussions based on examples from the students' own practices or real-life experiences, the facilitator can refer to continued discussions on the learning platform and ask the student to portray the problem as a case description in the asynchronous discussion forum.
- After each session or practice day, it is the facilitator's task to extract and summarize some main learning points from the observations and discussions.

During the role-play sessions, the students are encouraged to take note of language-specific terminology or bilingual issues that cannot be resolved during the mixed group class and to bring the concepts, distinctions, or issues into the language-specific classes later, either on-campus or in online chats and asynchronous fora. Because each exercise is video-recorded and subsequently distributed to the students in the learning platform, each student can examine their own performance at home, reflect on their own actions, and consider the consequences of their choices, as well as observe their own progress throughout the semester.

4.2 THE LANGUAGE FACILITATOR'S TASK DURING THE ROLE-PLAY SESSIONS

During the course, students within each language group collaborate and jointly discuss bilingual terminologies and contextual knowledge. The main goal of this collaboration is for the students to develop their linguistic sensitivity and adequate strategies for entering new linguistic domains and the multicultural contexts of different professional domains. Moreover, another aim is to recognize that a group of bilinguals is more knowledgeable than each of its individuals, and to realize the value of collaboration with colleagues.

A couple of classes during each on-campus gathering are set aside for collaboration in the language-specific groups. The language-specific classes address a variety of public sector subdomains in the Norwegian context and discuss these in comparison to similar contexts and domains in the country or countries where the group's working language is spoken. Resources for further development of their bilingual sensitivity and contextual knowledge in terms of dictionaries, links, and other resources are addressed in terms of both general principles and specific contexts. In these campus classes, the task of the language facilitator is to stimulate the group's continued collaboration online. The language-specific group can pick up a topic that they did not finish elaborating on during the mixed language group, where limited time is allocated to language-specific topics. Linguistic or contextual issues that cannot be resolved during on-campus lessons are carried on into discussions in the online fora.

Between campus gatherings, the specific language group's communication with its FLA takes place on the learning platform through synchronous chat and an asynchronous forum. Again, the basic idea of these learning activities is that the students' efforts should be the driving force in the learning process. The principle applies to collaboration online and on campus within the following framework,

- The main task for the language facilitator is to stimulate the students to take responsibility for their own learning through self-activity and collaboration with other students, to guide the group in these activities, and to supply links and sources.
- The language facilitator should not give the students “the solution” or “set answer” but should draw attention to suggestions that are incorrect or unsatisfactory and make the students aware of contextual cues and distinctions that they need to discuss in more detail.
- During the interpreting exercises in mixed groups, the FLA facilitator's task is to observe and address linguistic aspects during the student's performance – with special emphasis on the interpreter's performance in the minority language (e.g. choice of language register, dialect distinctions, vocabulary choice and style, politeness marking, pronunciation, grammar).

Thus, in the mixed group, the FLA should pay attention to examples that may create learning opportunities for students of the other languages in the group.

Finally, in the mixed sessions, it is important that the FLA facilitators do not take on a prominent role in the discussions about interpreting strategies but retain their own contributions to linguistic issues. Too much FLA engagement may disturb group dynamics and create role confusion that may eventually undermine both the FIN and FLA facilitators' authority. Due to their versatile role, the FLAs in some language groups may acquire “closer” contact with their specific group and establish a sort of “form teacher” position in the eyes of the students. Due to trust issues, special attention should be paid to these aspects during tandem classes.

4.3 FOCUS POINTS

The focus points are guidelines suggesting aspects that the facilitators should draw attention to progressively throughout the workshops, “e.g., the interpreter's rendition of pronouns; semantic and pragmatic accuracy in terminology, linguistic registers and distinctions; the interpreter's turn-taking and coordinating strategies; pronunciation in both languages; introduction of the interpreter's role; etc.” (Skaaden 2013, 15).

The following is an example of the focal points designed for the very first workshop in the BA. During the first gathering, the primary focus should be the following points in the reflection phase after each role-play.

- What effect/function did the interpreter's pronoun choices have on the conversation?
 - The interpreter's use of the "I" form instead of "he says that..."
 - The interpreter referring to him/herself as the interpreter
 - The use of politeness forms
- What did you notice about the interpreter's attempts for clarification "when and how"?
 - What happens if the interpreter asks, "Could you please repeat what you said?" versus what happens if the interpreter simply repeats the last segment of the utterance (that the interpreter remembers)?
 - How (functional/disturbing/time consuming) was the clarification sequence between the interpreter and interlocutors?
 - What are the effects of an apologetic interpreter? To exemplify, what is the impact on the dialogue/encounter if an interpreter initializes every clarification sequence with "excuse me, the interpreter did not hear the last thing you said... could you please repeat what you said?"
 - How did the interpreter's information about their own function (or "role") in the conversation come across? What should the presentation include? How should it be presented?

The FLA facilitators' foci in the first workshop comprise the following.

- The main goal of the first on-campus gathering is to make the students acknowledge their need to keep developing their own language skills and encourage them to embark on this journey together.
- At the beginning, attention should be paid to establishing the students' strengths and weaknesses, for example, in terms of the students' use of (medical) terminology and bilingual lexicon. Then, attention should gradually be drawn to other linguistic and contextual distinctions as well.
- The FLA's primary emphasis is on the minority language. However, in the tandem classes, the FLA should present the observed examples so that they may serve as adequate illustrations for the whole group.
- The FLA should observe group dynamics and assist the group in eliciting constructive feedback to their fellow students.

In terms of interpreting strategies, the focus shifts to turn-taking signals in the subsequent focal points before moving to posture, presence, and voice. Regarding the linguistic-contextual aspects, the focus changes from terminology and lexicon to the complexity in the relationship between content and form, via grammar, register, and style, to rhetorical aspects. Accordingly, the focal points gradually

move attention to more complex strategies of interpreting and interacting as well as the complexity of the bilingual context in different domains. Concurrently, the topic headings of each gathering evolve, from the doctor-patient encounter, pregnancy control and psychiatry, to the asylum process and the police interview and witness stand and finally to welfare services and child protection. The facilitators' chat exchange below follows the coordinator's question: "How well do the focus points function in your opinion?"

Example 1:

1. FacilB3 20:21> the focus points are useful, in the back of your head at least, but the situation might not always present you with fitting examples. Frequently, there are other topics that present themselves for valuable discussions.
2. FacilB4 20:22> the focus points have a structuring function; they functioned well in the groups I've had – I sum them up at the end of the weekend gathering ... important to include previous focus points as well ...
3. FacilB4 20:23> the focus points are no hindrance for addressing other topics as well
4. FacilB2 20:23 > I am all for focus points. I use them to distribute observational roles and to structure the discussion, as long as we do not follow them to a T.
5. FacilB3 20:24 > Agree, nice to use the focus points to distribute tasks, but not all the time, because you then run the risk of locking both observations and discussions.
6. FacilB2 20:24> agree
7. FacilB4 20:24> agree (now I feel like our students :-)) (Skaaden 2017, 336)

The exchange illustrates how the focus points are understood and applied by the FIN facilitators but also shows that they have to a large extent internalized the pedagogical model described here.

5 EVALUATION

Regular evaluations, oral and written, are conducted after each on-campus gathering and at the end of the course. Additionally, periodical group discussions are organised to follow up and, when necessary, improve the model. The following excerpts, taken from online evaluations provided by "novice" facilitators and posted in asynchronous forums at the beginning of the semester (Skaaden 2017, 335), indicate that the issue of "set answers" and adjustment to a facilitating-teacher role instead of the traditional lecturing-teacher role is a recurrent topic in the FLA facilitators' reflections and discussions.

Example 2:

- Language Facilitator A: “The main challenge for me was to pose open-ended questions and not always provide the answer.”
- Language Facilitator B: “Myself [when a student] I found it frustrating when group leaders just passed the ball back, so I tried to create constructive reflections, and felt that I succeeded.” (Skaaden 2017: 335)

The comment of language facilitator B shows that some FLA facilitators are former student interpreters and thereby familiar with the experiential-dialogic approach. However, the excerpt also reveals that students and facilitators alike need time to appreciate and internalise the facilitator role as it differs from the traditional teacher role. The set answer issue, therefore, is discussed well into the first semester. Example 3 displays the chat discourse of seven bilingual FLA facilitators working with different language groups on bilingual context knowledge and terminology.

Example 3:

1. FacilitatorC1 18:20> I still think the “set answer” issues are
2. FacilitatorC1 18:20> very interesting
3. acilitatorC218:21> Yeah, I guess we all have some “Besserwissers” [*know-it-alls*]and if the rest just accepts what this one suggests, I would like to challenge the solution
4. FacilitatorC3 18:22> the “set answers” are killers, I feel. Then I ask the students to explicate the context or place the concepts in concrete sentences or contexts.
5. FacilitatorC418:22> great idea from FacilC3 :-)
6. FacilitatorC5 18:22> All my students believe they’ve got the “set” answer. Heated discussions arise.
7. FacilitatorC6 18:23> I don’t quite agree about the set answers. Are students who know the answer just supposed to sit and be quiet, and wait for the others to stumble over it or elaborate towards it? Some concepts are simple and quite unambiguous, and then it is better to settle on them quickly, with a set answer. Thus, we are left with time to discuss thoroughly the really difficult ones, or those where there are no perfect solutions at all
8. FacilitatorC6 18:24> because there are concepts where good solutions simply don’t exist
9. FacilitatorC1 18:25> Or that the solution is different in different contexts. We had that discussion, and some of them thought you ALWAYS have to use the same concept once it had been chosen [by the group]...

10. FacilitatorC3 18:25> we have often “prioritized” in the group between the bad and the worst solutions and then discussed the consequences of their application.
11. FacilitatorC7 18:25> FacilC3, great strategy! (Skaaden 2013, 17)

This excerpt illustrates how the value of the experiential-dialogic approach is gradually accepted and how the facilitators may inspire each other by sharing their strategies for dealing with group dynamics. Simultaneously, the excerpt reveals their challenges with establishing group authority.

At the end of each gathering, the students’ written evaluations rate each learning activity according to relevance. This feedback demonstrates that the role-play sessions were found to be the most valuable learning activity throughout the fifty gatherings across a ten-year period from 2007 through 2017. This is somewhat surprising, as the exercises imply the chance of displaying personal weaknesses and flaws in front of one’s future colleagues. The facilitators’ own evaluations indicate that the roleplay sessions are fruitful; the feedback from a Zoom focus group with experienced FIN facilitators in August 2020 also indicated a positive experience on their behalf. The comment in Example 4 is a response to the topic “How to avoid burnout?”

Example 4:

- FIN A: “We have opportunity to talk to each other. I hope we know each other well enough to talk to [each other]. – The [students’] gatherings are rewarding – I seldom feel drained of energy – and usually I experience them as fun – if not I would not have done it ... to watch the students’ development – that is inspiring. Difficult episodes can be discussed with the [course] coordinators – that is an important point.”

The seasoned facilitators emphasized that tandem facilitation might be problematic when the co-facilitator is unable to take on the discrete attitude required by the FLA facilitator’s role within the current approach. Some language facilitators, who are interpreters themselves, may ‘behave like students,’ thereby becoming too eager to take part in the discussion. When asked to elaborate on difficulties they had faced within the tandem approach, the experienced facilitators agreed that “this always depends on the personality of the language facilitators.” However, they experienced difficulties providing a more concrete description of their impression. In an offline encounter after the recorded focus group session, a facilitator elaborated by describing certain aspects that may cause disturbances in the tandem facilitation – problems may for instance be caused by FLA facilitators experiencing difficulties in establishing trust and authority within their specific language group. The source of the problem may either be too high or too low self-esteem in the facilitator role. On the one hand, the assertive or self-absorbed

type of facilitator who displays a need to “shine” will want to supply the set answer. This FLA will then take up too much space in a tandem classroom where the students’ own reflections are the aim. On the other hand, an insecure FLA may also see a chance to strengthen their own authority by supplying the “set answer.” Whether the issue in question is ‘showing off’ with linguistic solutions or personal opinions on interpreting techniques and interpreting ethics, the latter behaviour is problematic in the tandem classroom. In fact, the strategy may sabotage both the tandem facilitation of learning and the language facilitator’s authority, particularly if the students sanction the suggestion to be “incorrect”. In sum, for tandem teaching to be optimal, the participants, matured understanding of their facilitator’s role is required, as well as their understanding of the value of the experiential-dialogic approach to learning.

6 CONCLUDING REMARKS

The tandem teaching model combined with an experiential-dialogic approach is a practical tool in a multicultural classroom. By recognizing the students as a main resource in the learning process, the experiential-dialogic approach is well suited for preparing the students for their future practice of interpreting – where they, individually and on their own, must exercise discretion in extremely complex contexts of communication. The model’s combination with tandem facilitation makes the approach cost-efficient and permits the integration of online and on-campus learning activities in mixed language groups as well as specific language groups. The role-play sessions, with their structured exercises and observations and the subsequent reflections *on* action, are designed to prepare for future reflection *in* action. A tandem approach in these mixed language groups creates learning synergies, highlights the nature of the activity of interpreting, and illustrates that interpreting issues are often independent of the interpreter’s language combination and cultural background.

In contrast, challenges associated with the model include the acquisition and acceptance of the facilitator’s role opposed to a traditional teacher role. It takes time to internalise this role, which for many facilitators and students alike represents a novel way to understand learning, and some facilitators may find it challenging to establish authority and trust within the group. Moreover, the dynamics between the facilitators of interpreting and those of language issues (the FINs and FLAs) must be constantly negotiated. During tandem teaching, some FLAs may cause problems for the FINs and group dynamics when they cross the line of their own domain of responsibility and expertise. Personal face-saving and face-building strategies may subsequently pose a challenge when they come into conflict with the model’s aims. To quote one of the facilitators, the work on “how to be self-confident and humble at the same time” is an ongoing venture.

Another ongoing challenge from the course coordinators' side is ensuring that parallel groups experience a similar progression. The measures described in this chapter are designed to ensure that the facilitators act in a similar way when confronted with the same challenges. However, the ideal follow-up of all groups and individual facilitators requires that enough time and funds are allotted to do so.

7 ACTIVITIES

Activity suggestions for future organizers of tandem classes:

1) In preparing for role-play class, discuss these questions with your co-facilitators:

- a) How do I prefer to receive feedback myself?
- b) What type of feedback puts me down?
- c) What type of feedback is constructive for the whole group?

2) Discuss in your group of course organizers and your facilitators' team:

- a) What content should the guidelines for our courses entail?
- b) What kind of backup would be needed in terms of handling group dynamics? (Consider what specialists on group psychology and dynamics to invite/consult; reading material, etc.)
- c) Make 5 to 10 bullet point guidelines for interpreting facilitators and language facilitators in your course(s). Discuss the guidelines with the facilitators.

3) Case discussions

A: Discuss in smaller groups possible outcomes in the following case

One of the bilingual facilitators is an experienced interpreter and cannot refrain from commenting on the students interpreting strategies in the exercises.

How do you as a group leader/facilitator react?

What can you do to avoid the situation from occurring again?

B: Discuss in smaller groups the following situation; note possible outcomes and consequences to take back to plenary session:

An experienced student who has a strong position in the group insists that you as the "paid teacher" should give the group the "correct" or "set answer" and clearly expresses dissatisfaction with you and the didactic approach.

- How do you as facilitator handle the situation?
- What are the options and what might be the consequences of your approach?

8 FURTHER READING

Plank, Kathryn M., ed. 2011. *Team teaching: Across the disciplines, across the academy*. Sterling, VA: Stylus Pub.

This book offers an overview of team teaching, its challenges and advantages, and a number of good examples in which teachers present and reflect upon their approaches.

Driesen, Christiane. 2016. “The Tandem method for training legal interpreters and translators: Briefing trainers for a tandem training programme for legal interpreters and translators.” In *TraiLLd: Training in Languages of Lesser Diffusion*, edited by Katalin Balogh, Heidi Salaets, and Dominique van Schoor, 80–98. Leuven: Lannoo Campus Publishers.

Driesen, Christiane J., and George Drummond. 2011. “The ‘Tandem’ Method Training Interpreters to Work at National Courts.” *Forum - International Journal of Interpretation and Translation* 9, no. 2: 139–156.

Both articles by Driesen describe the tandem method in training of legal interpreters.

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A Blended Approach to Interpreter Education: Online and Onsite Learning Activities in Concert

Tatjana Radanović Felberg, Hanne Skaaden

Oslo Metropolitan University

ABSTRACT

After a brief description of the Bachelor of Arts (BA) in Public Sector Interpreting (PSI) at OsloMet – Oslo Metropolitan University, its overall structure and the rationale behind the choice of a blended approach model in interpreter education, this chapter examines the didactics of selected learning activities that illustrate the BA's overall experiential-dialogical approach towards learning. The analysis of the didactic experiences is presented, and different factors that necessitate the chosen approach are discussed: some of them pertain to inherent didactic aspects (e.g., who are the students in terms of age, gender, previous education, and language background, and what do they need to learn?) or to broader societal perspectives, such as societal and systemic factors that are advancing or inhibiting the development of interpreter education. Against this background, the main part of the chapter focuses on organised collaborative learning activities, specifically a) onsite role-play and b) online activities, both synchronous (chats) and asynchronous (discussions). Particular attention is given to how online and onsite activities fit together.

Keywords: blended learning, interpreter education, onsite learning, online learning

1 INTRODUCTION

The need to educate interpreters for the public sector is substantial in all European countries but raises a number of challenges, both because of the field's inherent structures and characteristics and because of external and socioeconomic factors, including the constant fluctuation in language needs and, consequently, a changing demand for language facilitators and examiners. Thus, flexible learning options are required in any viable interpreting education.

In this chapter, we describe one such flexible learning option – a blended approach towards interpreter training developed in Norway. Norway has experienced an increase in immigration since the 1970s. As per 2020, 18.2%¹ of the population has an immigrant background, and there is a registered need for interpreting in more than 100 languages (IMDi 2018). Prompted by the need for interpreting in public sector settings, a number of short interpreting courses have been developed since the 1980s, while a full-fledged Bachelor of Arts (BA) in Public Service Interpreting (PSI) sector started in 2017.²

When developing education and training courses for interpreters, two aspects should be kept in mind: the first one pertains to the career possibilities awaiting students upon completion, and the second one relates to the background of the students. First, no permanent position awaits an interpreter after graduation. In fact, interpreting students are entering a freelance profession in a market that is constantly changing. To an extent, the interpreter's career path in the public sector can be compared with that of a top athlete, being limited to 5–15 years, depending on the market's needs (NOU 2014). Second, interpreting students often have different backgrounds compared to those of the “regular” students entering higher education right after they finish secondary school. To illustrate, the average age of the students who completed a one-year course on interpreting in the public sector at OsloMet – Oslo Metropolitan University (OsloMet) – in the period between 2007 and 2019 was approximately 35 years. Most students already had a higher education degree. Over 90% were adult migrants with Norwegian as their second language, and although some students had already practised as “laymen interpreters” for years, others were novices in the practice or market. In sum, a common denominator for interpreting students is variation – a characteristic that must be taken into account and turned into a resource in the organisation of all learning activities.

1 <https://www.ssb.no/befolkning/statistikker/innvbfef>. Accessed September 13, 2020.

2 This was the second attempt to establish a full-fledged BA in interpreting in the public sector in Norway. The first attempt started in 2003 at the University of Oslo but was—for economic reasons—discontinued in 2007 after only two groups of students learning Russian and Spanish had completed their three-year study. The attempt illustrates an interesting aspect of interpreting studies: external and socioeconomic factors may hinder the process of professionalisation.

These challenges were met by developing a part-time BA programme with a blended approach towards learning. We define a blended approach as a mixture of online and onsite learning activities that are carefully integrated into one whole.

To situate the blended approach in interpreter training, we will begin this chapter with a brief description of the overall structure of the BA in PSI (Skaaden and Felberg 2012) at OsloMet. After this, we present the blended approach model based on an experiential-dialogical approach towards learning (Skaaden 2013, 2017). The description of this theoretical and methodological framework is needed to contextualise the didactics of the selected learning activities both onsite and online. However, the focus will be a description of organised collaborative learning activities: a) onsite role-play and b) online activities, both synchronous (chats) and asynchronous (discussions).

2 THE CONTENT AND STRUCTURE OF BA IN PUBLIC SERVICE INTERPRETING

One of the main challenges when designing an interpreter education course in the public sector is the definition of the skills and knowledge that interpreters need to practice interpreting in public sector settings. Interpreting is something that you do. Interpreter training courses, therefore, cannot be based solely on gaining epistemic knowledge, that is, abstract knowledge acquired by reading and talking about the subject. The aim of interpreter courses is for the students to learn how to perform the activity of interpreting the craft itself. This is what the ancient Greeks called *techne*, that is, the craft of how to apply practical skills, strategies, and techniques in specific situations. In the field of interpreting, this craft involves the ability to perform demanding cognitive operations in complex interactional situations. Moreover, the interpreting student should also become confident in choosing the most adequate strategies and techniques in each individual case encountered. In other words, the interpreter must learn to exercise discretion (Skaaden 2017) and master what the Greeks called *phronesis*; that is, they need to be able to reflect *in* action, which is different from reflecting *on* action, as Schön (1983) describes it. The interplay between *episteme*, *techne*, and *phronesis* is a trait that the interpreting profession shares with other practising professions, such as the medical and legal professions. The difference lies in the domain over which each profession exercises discretion. In other words, the boundaries of the domain are found in answering the following: What is the professional practitioner's area of expertise? As a result, interpreter education should provide students with insight into their area of expertise and draw the boundaries of their domain of responsibility (Skaaden 2017).

The Norwegian BA in PSI is designed to prepare students for performing in all settings of Norway's public service sector. Because the students must be prepared to interpret in different types of institutional encounters – for example, medical and legal settings – specialisation at this educational level is not considered functional. In fact, the focus on the broader “institutional encounter”, that is, encounters where “one person who represents an institution encounters another person, seeking its services” (Agar 1985, 147), is beneficial in interpreter training. In our experience, a holistic perspective helps to clarify the interpreter's domain of responsibility in contrast to the responsibilities of the service providers, that is, the professionals in charge of each encounter.

To outline the interpreters' domain of expertise and responsibility, the BA addresses the following overall thematic areas:

- The interpreter's area of responsibility
- The interpreter's toolkit
- General context knowledge and the interpreter's place in it
- Specific context knowledge

First, the interpreter's area of responsibility topicalises the interpreter's professional ethics and its origin in human rights. Against this backdrop, learning activities aim to produce reflections on the interpreter's working conditions and process of professionalisation. Second, to act as a professional, the interpreter depends on excellent general language skills. Hence, the students should develop awareness of linguistic distinctions and details from a bilingual perspective, as well as awareness of their own possibilities and limitations. Nevertheless, a study of interpreting is not language learning *per se*; therefore, at OsloMet's BA in PSI, it is insisted that all students should display solid bilingual skills before admittance. Hence, all applicants must take an oral bilingual admittance test. On a more general level, “the interpreters' toolkit” touches on questions, such as the following: “What is language? What is bilingualism? How should one develop and maintain one's language tools?” Third, with the aim of preparing interpreting students to use their bilingual tools in a functional way in any situation, other questions also arise, such as the following: “What is communication? What characterises institutional dialogues? What characterises an interpreted discourse?” These questions are addressed under the heading of “general context knowledge”. Here, the focus is on how the interpreters may find their place in each encounter and how they can avoid getting “in the way of the interlocutors” (Skaaden 2013, 138ff.). Finally, interpreters also need to work with a large number of language domains – something that is practically impossible to achieve during a brief course of studies. Therefore, the fourth thematic area, “specific context knowledge” only covers a limited selection of subject areas from the Norwegian public sector. Here, the aim is for the students to develop effective strategies that will

enable them, from a bilingual vantage point, to enter into new – and constantly changing – language domains and contexts.

Because interpreting is something one does, the learning activities include a number of practical exercises in interpreting. However, ample room for learning through observation and reflection in groups is provided after all exercises.

3 BLENDED LEARNING IN INTERPRETER EDUCATION AND THE EXPERIENTIAL-DIALOGICAL APPROACH

Since its inception in 1999, the term “blended learning” has been defined in a number of ways (Friesen 2012, 1). From 1999 to 2006, it was used to denote a broad spectrum of concepts, including a combination of mixed modes of web-based technology, a combination of various pedagogical approaches or a combination of face-to-face and online training and even job tasks (Friesen 2012, 2). One of the more important issues discussed when defining the combination of face-to-face and online learning experiences concerns how much of the learning would have to be online or onsite to deem it as blended. Consequently, several authors have developed taxonomies of blended learning forms on the operational level (Brayan and Volchenkova 2016, 25–28) (i.e., as opposed to didactic forms of learning, teacher role, etc.). One of those models by Staker and Horn (2012) describes four different combinations starting from onsite and intensive and moving to more online and intensive combinations (in Friesen 2012, 7):

- 1) The rotation model, in which online engagement is combined or rather, embedded, within a range of face-to-face forms of instruction in a cyclical manner;
- 2) The flex model, in which multiple students are engaged primarily online, but under the supervision of a teacher who is physically present;
- 3) The self-blending model, in which students choose different courses to take independently, but do so in a setting where a supervising teacher and other students are co-present;
- 4) The enriched virtual model, in which online, virtual experiences are seen as being enriched only periodically through arrangements of physical co-presence.

The Norwegian model can be classified as a variation of an enriched virtual model because the students meet in person from three to four times each semester at on-campus gatherings that last from two to four days during their four-year programme. A pattern that is used as a structure in all courses is exemplified in Table 1.

Table 1: The enriched virtual model of blended learning as used at OsloMet

Online learning activities	Onsite learning activities	Online learning activities	Onsite learning activities	etc.
Autonomous learning (online lectures, focus texts, reading list, self-tests, etc.)	On-campus gatherings: lectures, group work, interpreting exercises (role-plays and role cards)	Autonomous learning	On-campus gatherings: lectures, group work, interpreting exercises (role-plays and role cards)	
Collaborative online activities		Collaborative online activities		
a) synchronous discussions (chats)		a) synchronous discussions (chats)		
b) asynchronous discussions (forums)		b) asynchronous discussions (forums)		
		Self-assessing progress		

Online learning activities are performed weekly and are either synchronous or asynchronous. Between the campus gatherings, the students acquire knowledge through studying on their own, that is, by reading books, articles, and focus texts and participating in collaborative online activities. The on-campus gatherings facilitate the application of the knowledge acquired previously online. That knowledge is elicited during interpreting exercises. This methodology of using contact hours for discussions and the application of theoretical knowledge rather than for monologue lectures is often referred to as a “flipped classroom” (European Commission 2020, 7).

In all courses, particular attention is given to the thematic integration of onsite and online activities. Online discussions are integrated into preparations of the material that are later the topic of onsite activities and vice versa. Reflections and problems that appear in workshops onsite are transferred online in the form of collaborative learning activities, for example, through chats and forum discussions. Depending on the topic and learning goals, these activities are carried out in language-specific groups or in “mixed” groups with students from different language backgrounds. Language discussions may start during the interpreting exercises in the workshops and are continued online in language chats. In that way, online and onsite activities are integrated to form a whole.

3.1 EXPERIENTIAL-DIALOGICAL APPROACH TO LEARNING AND TEACHER'S ROLE

Blended learning is not only about combining online and onsite learning activities. Of equal importance is the pedagogical or didactical approach chosen by the programme coordinators. The Norwegian model is based on the experiential-dialogical approach to learning, which aims to support student-centred learning (Skaaden 2013, 2017). Its aim is to increase students' autonomy, initiative, and motivation in an online classroom. Student-centred learning activities are essential for the online classroom to come alive. Hence, it disfavours the traditional teacher role of "lecturing monologue".

Because we are all accustomed to the image of the "traditional" or lecturing teacher's role, it is important to clarify the expectations of the current model of learning at the outset: "The pedagogical approach is outlined for the students both online and during their first gathering. Hence, they are made aware of their responsibility for own learning and that student involvement is considered a main path to learning" (Skaaden 2013, 16). Some students – and even some teachers – will initially express frustration with the approach. Hence, comments such as "Why do you (the teacher) always answer a question with a question?" or "What does the teacher get paid for here?", which mirror expectations of a more traditional teacher's role as provider of the "set answer" (Skaaden 2013, 16), are not uncommon. However, the interpreting students usually learn to appreciate the mode of learning where they have the opportunity for a dialogue within and across language groups.

The experiential-dialogical approach to learning is motivated by pedagogical models that view student involvement as the main vehicle in learning and that utilise principles of collaborative or cooperative learning. First, in an experiential approach, students should make their discoveries first-hand rather than hearing or reading about the teacher's experiences. Therefore, an important task of teachers is to facilitate the students' observations and reflections on their first-hand experiences. Thus, as a facilitator of learning, the teacher should (1) organise student activities that (2) create concrete experiences to be (3) observed, and that can be (4) jointly reflected on. Second, according to the principles of collaborative knowledge building or cooperative learning, the fourth step of joint reflection pertains to the engagement of students in interactivity and dialogue over their observations. The importance of classroom dialogue rests on the idea that students and their experiences are a main resource in the learning process. Moreover, the accentuation of dialogue and joint reflections builds on the idea that students may capitalise on each other's resources by sharing their experiences and ideas. In this setting, the teacher's task is to provide the right questions rather than the right answers (Skaaden 2013, 2017).

4 BLENDED APPROACH – ONSITE AND ONLINE LEARNING ACTIVITIES

Web technology has opened up new prospects for flexible learning and, thus, has met the needs of interpreter education with new opportunities. In this section, we briefly describe a selection of onsite and online learning activities with a special emphasis on role-play and online discussions.

4.1 ONSITE LEARNING ACTIVITIES

Learning activities onsite, that is, on-campus, are given in the form of workshops and include the following:

- Lectures by:
 - teaching staff on interpreting issues, for example, professional ethics, interpreting strategies and institutional discourse, language, and memory;
 - invited professionals from the public sector (e.g., doctors, nurses, psychologists, police officers, lawyers, and child welfare officers) who lecture on the specifics of their own institutional encounters and discourses.
- Role-play in mixed-language groups (see the chapter on tandem teaching in this volume).
- Bilingual work on terminology and context knowledge in language-specific groups.

A typical on-campus gathering consists of learning activities, both in plenum and in smaller groups. The number of students in plenum varies from 30 to 80, depending on the size of the class. Plenum activities are given in the form of lectures and discussions and focus on topics about the aim, structure, and pedagogy of the course, as well as a variety of topics on interpreting in the public sector. Smaller groups of 10 to 15 students are reserved for interpreting exercises and collaborative work on language topics in a bilingual context.

The learning activities, both online and onsite, include selected topics from the Norwegian public sector given by professionals with whom an interpreter would typically work. These professionals give lectures about the perspectives and structure of the institutional dialogues of which they are in charge. This represents a unique possibility for the students to meet future professional clients of interpreting, learn about relevant contexts and discuss any issues they may have. An important synergy effect in these lectures is the professionals' chance to meet interpreters willing to share their experiences from the sector. During these lectures, the students are, moreover, instructed to take notes on specific terminology and context knowledge for later discussions in their respective language groups – both onsite and in online chats.

The central learning activity in the workshops is the interpreting exercises through the use of role-play, where students are divided into groups of 10 to 15 and will represent two to three different languages.

Scripted role-play and role cards have been common in the education of different professionals, including healthcare professionals (Nestel and Tierney 2007; Pilnick et al. 2018). Interpreter education has also taken advantage of role-play both in interpreting skills training and in testing (Wadensjö 2014; Dahnberg 2015). The rationale behind the use of role-play as a means for training interpreting skills lies in the assumption that role-play helps students develop a variety of skills, such as interpreting, critical analytic skills, and those skills necessary to connect theory and practice. This methodology helps students involve themselves in their own learning and allows them to create a “community of learners” (Hourigan 2008, 19–20). Developing a community of learners is particularly important for professionals who are going to practice in a “lonesome” profession, such as what interpreters do. The role-play sessions are videotaped, and the videos are later used for self-evaluation, peer evaluation, and, in some cases, as a part of the final exam portfolio.

Role-play is either based on scripts in which all roles are written out in full or role cards that provide some props and allow for more improvisation. Role-play and role cards are based on real-life situations from public sector settings; they are developed by teachers and relevant practitioners and are regularly updated (see Appendix 1 and 2).

Each role-play is briefly introduced by the facilitator, who also distributes the roles to the group. The students, who play the roles of a professional and a client, are given a few minutes to prepare. Because the student groups consist of several working languages, the students chosen to play the professional have a different working language than the interpreter and the client.

In some cases, professionals-to-be, for instance, psychology students, who are likely to need interpreting in their future jobs, are invited to play themselves in the role-play. The feedback from both interpreting students and psychology students from these sessions is very positive because both student groups appreciate this way of learning about each other’s areas of expertise and responsibility. When students of other professions are not available, the interpreting students play the roles of the professional and client or patient while taking turns playing the role of the interpreter. Playing both parts in mock institutional encounters is an important experience for interpreting students. Playing different parts may inspire reflection on real-life experiences, as is typically displayed in the discussions following each role-play.

Most of the focus in role-play is given to the student in the “interpreter’s chair”. This is also the toughest “part” to play because revealing your weaknesses in front of a group of future colleagues, and their potential critique, may be face-threatening, as

discussed in Example 1 below. If you highlight the fact that even the student in the interpreter's chair is just "playing a part" in a role-play situation, this might alleviate some of the pressure. Despite some perceived pressure, role-play represents the learning activity that most students find "very relevant" in their regular evaluations of each workshop (Skaaden 2013, 21).

Example 1

- 1) [Course coordinator] 20:54> It might be difficult to digest critique on the spot. How often does it happen that a student argues in favour of the solution he chose—even if it turned out not to be such a great solution?
- 2) FacilA3 20:54> It might be nice if they write down the feedback from their fellow students instead of defending themselves. That way, they may afterwards view their recording and check against the feedback.
- 3) FacilA2 20:55> I believe it is more fruitful to try and defend your own choice than to surrender and display low self-esteem. Low self-esteem is often general, not specific, while attempts to explicate your choices tend to be more specific. Hence, it turns into a fruitful discussion.

The students who are not playing parts in the role-play are given the task of observing the actual interpreting and jotting down points for the following discussion and reflection. It is the facilitator's task to assist the group in eliciting points for reflection upon each brief role-play session. To secure similar progression across exercise groups, the facilitators are provided with a set of "focus points" for each gathering; these points include, for example, the use of pronouns, turn-taking signals, body posture and body language, and informing about the interpreter's function at the outset of each encounter. They are presented in a didactically structured manner that seeks to open the students' perspectives on interpreting techniques and strategies, moving from the concrete to the more abstract, from simplicity to complexity, and so forth. Observational tasks are distributed by the facilitator so that students who speak the relevant language focus on the "interpreter's" choice of terminology, register, and style. The students who do not speak the language pair are instructed to observe the nonverbal strategies of discourse coordination.

The focus points are used as a methodological tool to ensure similar progression in all groups (see the chapter on tandem teaching in this volume). In our experience, the mixed-language groups where students with different language backgrounds observe each other raise awareness among the students about what they have in common across languages and the fact that the activity of interpreting is independent of the language pair. Hence, the reflections in these groups are a great starting point for good discussions on "what is interpreting", "what was the challenge in this situation", and "what could the solutions – and consequences be" because the students have a variety of experiences and, thus, learn from each other.

In learning activities on topics and issues related to interpreting strategies, the groups characterised by variation are particularly valuable. A homogeneous group, on the other hand, may easily conclude that all the challenges are because of “different cultures”. The following exchange (2) in a synchronous chat session (Skaaden and Wattne 2009, 85) illustrates that the students are aware of the learning potential created by a didactic approach that turns their diversity into a resource:

Example 2

- 1) Moderator - 20:43> Do you have any suggestions as to how the interpreter – in the process of adopting a professional attitude – may develop strategies to handle difficult episodes in his work situation?
- 2) mAmha1 - 20:43> Interpreters from different language groups may cooperate.
- 3) fFren1 - 20:44> Agree. Language is not crucial in such a case, since we as interpreters experience much the same, and we do have the Norwegian language in common.
- 4) fSora1 - 20:45> mAmha1, where I work as an interpreter, there is no one to cooperate with.
- 5) fAmha1 - 20:45> This course is an arena to become acquainted, and we may continue our collaboration, make appointments and exchange experiences.
- 6) fFren1 - 20:46> Totally agree with you, fAmha1. The web provides an excellent opportunity to start a new way of cooperation and communication!

4.2 ONLINE LEARNING ACTIVITIES

Learning activities between workshops take place on the chosen learning platform. The activities are both synchronous and asynchronous. Synchronous learning activities – chats – take place in real time, that is, the students meet at a particular time for one- to two-hour sessions. The topics for both types of activities include discussions about a) topics of interpreting ethics, role, and strategies and b) topics of language in a bilingual context. Asynchronous learning activities are forum discussions that introduce a brief case description, including a dilemma related to the current week’s topic (e.g., an episode from a lawyer’s office on impartiality, see below). Subsequently, the students are invited to post similar case descriptions themselves and eagerly do so.

Synchronous chats and asynchronous forum discussions about topics of interpreting

Topics about interpreting issues and dilemmas are discussed in chat groups of 10 to 15 students who are from different language groups. These groups meet every second week. As a way to prepare for the discussions, the students are expected

to read relevant focus texts and chapters and articles from the reading list. Here, a focus text is a text provided in the learning platform prior to each chat meeting, and it spotlights the chosen aspects of the week's learning topic and sums up the points from the curriculum on the topic, as well as points of relevant texts in the curriculum. The students are supposed to read the focus text and relevant curricular texts before each chat. As mentioned previously, however, the aim of the chat is not to "control" whether the students have understood each detail. Instead, the aim is to inspire the students to reflect on theory and relate to practice so as to capitalise on their own and shared experiences.

Therefore, these discussions are led by facilitators whose main role is to encourage reflection about students' own experiences in connection with the relevant topic through the posing of open-ended questions. The facilitators follow a list of open-ended questions prepared by the course coordinator for each online discussion (see Appendix 3). This list was developed to help each facilitator and ensure that different groups have similar progression.

At the beginning of every discussion, the facilitators remind the students of the form of the discussion:

Example 3

Facilitator 19:00> Welcome to the chat on topics and issues of interpreting. This week's topic is "the interpreter's own health", burdens of the practising professional, and dangers of burnout. As usual, you engage in the discussions while I supply questions.

Students discuss interpreting topics every second week in mixed-language groups. Asynchronous discussions take place in online forums. A case with different solutions is presented to the students, and their task is to discuss different alternatives and their consequences. An example of such a case is found in (4), representing the very first asynchronous discussion forum presented to the students in the BA course:

Example 4

Discuss the dilemma described below after reading the text "The interpreter's area of responsibility" (Learning topic 1):

You interpret for a lawyer in an asylum case. During the conversation, the lawyer tells the client that "This is serious. You have to go to the newspapers with your case. But as a lawyer, I cannot help you with that. You have to do it yourself, possibly with the help of the interpreter."

Discuss what the interpreter can and should do in this situation. Also discuss the consequences of the interpreter's choice if:

- 1) The interpreter immediately interrupts and reminds the lawyer and the client that finding a journalist who will write about the case is outside the interpreter's area of responsibility.
- 2) The interpreter waits until the interview is over, and then tells both the lawyer and the client that the task is outside the interpreter's area of responsibility.
- 3) The interpreter lets it all pass without comment.

You should also consider the consequences of the interpreter's choice: if the interpreter chooses 1, then...; if the interpreter chooses 2, then...; if the interpreter chooses 3 then ...

In this forum, you can also comment on other students' reflections. But remember to justify why you agree or disagree.

Have you experienced any challenges similar to the case above? In discussion forums, you can also address interpreting and interpreting topics of your choice. You can start your own discussion: Describe a short "case" that illustrates the situation and an issue you want to discuss. Remember always to anonymise your story.

When students post their own case study descriptions based on their real-life encounters, the exercise of anonymisation is a learning opportunity in and of itself because it creates distancing from the particular case or experience.

Synchronous (chats) and asynchronous (forum) discussions in "language rooms"

The value of the experiential-dialogical approach comes to the fore during the cooperative learning sessions in the language-specific groups. In line with the nature of bilingual competency and skills, it becomes clear that the group as a whole is more knowledgeable than each individual. Because bilingual knowledge depends on previous experiences, even the most skilful students may have "holes" in their bilingual context knowledge – an awareness that is particularly important for interpreter students to develop. Students discuss language topics in language groups every second week. A week before each chat, the students receive access to the links on relevant topics from selected domains of the Norwegian public sector, for example, health services, including the anatomy of the human body; pregnancy and child welfare; psychiatry and therapeutic methods; the social welfare services; the asylum process, police interviews, and legal processes; and so forth. The students' task is to extract relevant terminology and find relevant information about the week's context in the other language. At the beginning of their BA studies, the students are presented with lists of relevant terms and after some time, they are expected to extract the relevant terminology on their own. The students are also expected to prepare themselves for each discussion.

Initially, the students are presented with a list of approximately 20 to 30 randomly selected terms from the topic under discussion. Example (5) from the Mandarin group (Skaaden 2016, 55–56) illustrates the group’s very first chat, where the topic is the anatomy of the human body:

Example 5

- 1) fStudent1 21:04> bihuler 鼻窦 blindtarm 盲肠 blodtype 血型 føflekk Fødselsmerke 痣 korsrygg 下背 mandler 喉头 melketann 乳牙 mellomgulv 膈 albue 肘 mellomkjøttet Perineum 会阴 avføring 大便 brystvorte 乳头 nakke 脖子 navle 肚脐 ryggmarg 脊髓 rygggrad Ryggsøyle 脊椎 vev 组织 visdomstann 智齿 øreflipp 耳垂 øyelokk 眼皮

[sinuses, appendix, blood type, birth mark, small of the back, tonsils, milk tooth, diaphragm, elbow, perineum, faeces, nipple, neck, navel, bone marrow, backbone, spine, tissue, wisdom tooth, earlobe, eyelid]

- 2) fStudent1 21:05> Er det for mye tro? [Is it too much, do you think?]
 3) Facilitator 21:05> det var litt mye på en gang kanskje. [A bit too much all at once, maybe.]

As the course proceeds, the students are expected to extract terminology for discussion based on the links and context information provided by the course coordinators and group facilitators. This is exemplified below in (6), which is from the German group, where the topic is migration and the asylum procedure. Excerpts (5) and (6) illustrate how facilitators may take on slightly different roles in inspiring the students’ collaboration and also how students bring their different resources into the group discourse (Skaaden 2016, 56).

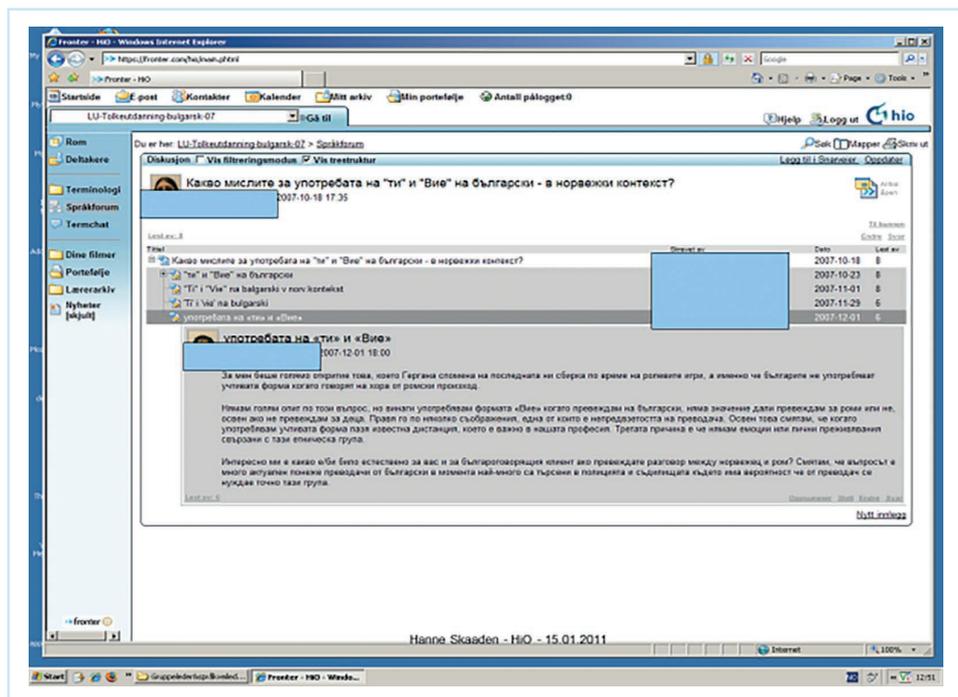
Example 6

- 1) Stud1 19:00> Werfe gleich mal mein erstes Wort in den Ring: overføringsflyktning [I immediately throw my first word in the ring: overføringsflyktning “transfer refugee”].
 2) Stud2 19:00> ich habe hier noch kein gutes wort gefunden [Here, I have not found any good word/translation].
 3) tud3 19:00> Kontingentfluechtling? [Contingent refugee?].
 4) Stud3 19:01> oder: [Or:].
 5) Stud4 19:01> Danke für die vielen Links, [Facilitator], die Seiten waren wirklich informativ und nützlich [Thank you for the many links [Facilitator], the sites were very informative and useful].

- 6) Stud3 19:01> Fluechting im Rahmen einer Uebernahmeerklaerung des Bundesministeriums des Innern [Refugee within the framework of an attest of assumption by the Federal Ministry of Internal Affairs].
- 7) Stud4 19:01> Super, habe gerade gegoogelt, da war ich nicht drauf gekommen [Great, I have just googled it, but did not find that one].
- 8) Stud3 19:02> Findest du, Stud2, dass beides geht? [Do you agree, Stud2, that both [terms] are viable?].
- 9) Stud2 19:03> Stud3, glaube deins ist nicht das Gleiche und zu lang [Stud3, I think your [suggestion] is not the same, and also too long].

Asynchronous discussions in the language rooms are open discussions about relevant language topics. These discussions are initiated by the teachers and students alike. Usually, the discussions start with students posting relevant terms of their own choice from various contexts. Possible equivalents in other language contexts are discussed. Tips about where to find possible solutions are also discussed here. The below illustration shows a discussion in the asynchronous forum of the Bulgarian group, where they discuss different uses of polite expressions through pronoun choice in Bulgarian and Norwegian, respectively.

Figure 1: A screenshot from an asynchronous discussion



5 CONCLUDING REMARKS

The model for interpreter education outlined in this chapter utilises the student group's large variation in experiences and language backgrounds. This pedagogical approach also appeals to the adult interpreting students, who come to the course with experience from a number of domains. By facilitating structured reflection based on the students' own experiences, the approach makes the students' total experiences of value for the whole group.

Interaction and activation are the foundation of all learning. The need for interactivity is made clear in the digital learning environment as well, where long monologues, such as lectures, become unengaging and appear "boring". At the same time, the pedagogical approach has an attitude-creating effect in and of itself. The learning activities stimulate collaboration in the individual language group and across the groups, both through the exercises at campus gatherings and in synchronous chat meetings online. This collaboration is also valuable in the sense that the students may continue to collaborate in their future careers as practising interpreters. In several language groups, a positive development of collaboration instead of competition between students has been observed. The weekly online synchronous chat meetings are an important tool for students to maintain their commitment. The allocation of learning themes and focus texts in the learning platform at fixed times also helps to maintain students' commitment to meeting online.

Experience in developing a blended course of interpreting in the public sector shows that the technology enables fruitful learning activities for interpreting students. In sum, a blended approach towards education appears to be a cost-effective alternative to the attendance-based education. It also gives freelance interpreters the opportunity to raise their competence without having to give up their careers as practising interpreters. As illustrated here, digital learning environments open up new paths for having a functional education for interpreters in the public sector.

6 FURTHER READING

- 1) European Commission Blended Learning in School Education – Guidelines for the Start of the Academic Year 2020/2021

With the 2020 Corona pandemic, the blended learning approach has been fully put on the European and world agenda. A useful overview and practical guidelines on blended learning is to be found here: https://www.schooleducationgateway.eu/downloads/Blended%20learning%20in%20school%20education_European%20Commission_June%202020.pdf

- 2) More details about training interpreters online are provided in the following articles:

Skaaden, Hanne. 2016. “Training Interpreters Online. An Experiential Dialogic Approach.” In *TraILLD: Training in Languages of Lesser Difusion*, edited by Katalin Balogh, Heidi Salaets and Dominique Van Schoor, 46–68 . Leuven: LannooCampus Publishers.

Skaaden, Hanne and Maria Wattne. 2009. “Teaching Interpreting in Cyberspace – the Answer to All our Prayers?” In *Interpreting and Translating in Public Service Settings. Policy, Practice, Pedagogy*, edited by Raquel de Pedro Rico, Isabelle Perez, and Christine Wilson, 74–88. Manchester: St. Jerome Publishing.

7 ACTIVITIES

- 1) Discuss the need for interpreting languages in your society and in your region.
- 2) Make a role card using the role-play from Appendix 1 as a template but situate it in your particular context.
- 3) Make a scripted role-play situation based on the role card from Appendix 2 but situate it in your particular context.
- 4) Make a case description using Example 4 as a model.

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9 APPENDIX 1

Role-play: Police interrogation topic: possession and smuggling of illegal drugs

Roles: Police officer (P), Suspect (S)

The suspect (S) was taken at the customs control point at the airport with drugs in his luggage and is being questioned by the police.

P: Good afternoon, I am officer Larsen, and I am going to ask you some questions now.

S: Why am I here, why am I arrested?

P: You are charged with violating the Narcotics Act.

S: (angrily) But I did not have any drugs with me.

P: Can you please calm down. We must first get some information from you. (Looks down into the documents.) We received all your personal details when you were taken into custody.

S: Yes! What will happen to all my things that you took away from me?

P: We will keep them as long as you are here. I see you have a permanent address in Oslo. Where have you been?

S: I went to Copenhagen to visit some relatives.

P: What relatives? We must get their names and addresses.

S: A cousin. He is about to move now. I do not have his new address. He will send it to me as soon as he is settled.

P: But you have his name and his old address, right?

S: His name is XX, but I do not remember the address, but it is in my wallet, which you took from me.

P: We have not found any papers with an address there.

S: Then, it must have fallen out. But where did you find drugs? How much have you found? What is it? I have never smuggled anything, so there must be someone else who has placed it there.

P: How much it is, we will come back to it later. So, you do not remember the address?

S: No.

P: Have you been to Denmark often?

S: Three or four times over the last year.

P: Isn't it quite often to travel to a cousin whose address you do not even remember? How can you afford it financially?

S: I work a lot of overtime! Do I have to answer these questions?

P: You have no obligation to answer, but I would recommend that you cooperate.

S: Am I not entitled to a lawyer?

P: Yes, you are entitled to a lawyer, but we do not have the opportunity to call in one until tomorrow.

S: Well, then I will definitely wait to explain myself further until I have consulted with my lawyer. But what will happen next?

P: We will keep you in custody during the investigation. You will be brought before the court tomorrow.

S: And how long will this investigation take?

P: From three months to half a year. It is hard to say. But we are not going to solve this today since you do not want to cooperate. We'll end it there.

10 APPENDIX 2

Role cards

Topic: A baby with a severe cold

Role card mother:

(Speak freely and try to use the underlined words in your speech)

You have an eight-month-old daughter who has been very ill. She seems to have a cold all the time, and she has a strong cough. Yes, the cough sounds abnormal – it's almost like hearing an adult man cough. She also seems much quieter than her two-and-half-year-old brother when he was at her age. When you went to see a nurse on a so-called four-month check-up, she referred you to your GP, who in turn sent you to the hospital. In the weeks that have passed since the visit to the nurse, you have been to the hospital several times to take blood tests. You are now summoned to receive answers to the latest tests.

You find it frustrating that there are constantly new GPs, and you have to tell the story of your child to a new doctor over and over again. You end by saying:

“It amazes me that it is necessary – and possible – to draw so much blood from such a small body – and without even finding a medicine that works.”

You react with shock and disbelief to what the doctor has to say about the tests. You feel that your trust in Norwegian doctors has shrunk with each visit, and you

react with scepticism to what you now hear. You had a completely healthy child. You wonder if this all is because of the terrible climate in Norway.

Role cards

Topic: A baby with a severe cold

Role card doctor:

Speak freely and try to use the underlined words in your speech.

You are about to inform the parents of an eight-month-old baby girl that the child has been diagnosed with cystic fibrosis. You convey what the diagnosis is and explain the following:

Cystic fibrosis (CF) is a disease that affects the lungs and gastrointestinal tract.

The disease is congenital and causes tenacious mucus to settle in the airways, which in turn lays the foundation for frequent or chronic lung infections.

The disease is recessively inherited. This means that both the mother and father must be carriers for the child to get the disease. If both the mother and father have a defect in a specific gene (CFTR gene mutation F508), there is a 25% chance that the child will get the disease.

Therefore, the disease is very rare, but it occurs more frequently in areas where marriage between close relatives is practised. In Norway, 10–15 cases are detected annually.

There is great variation in the degree of cystic fibrosis and how severely afflicted one becomes. However, the disease lasts a lifetime and cannot be cured. CF affects the body's secretions, and for example, mucus in the airways becomes extra tough.

Most people need daily treatment, not to get well, but to relieve the symptoms.

Despite treatment, a reduced life expectancy must be expected. CF patients live often to be only 40–50 years old.

There are courses for parents of CF children, and there is a separate association for CF families in Norway.

11 APPENDIX 3

Chat questions

Welcome to the chat on topics and issues of interpreting. This week's topic is 'the interpreter's own health', burdens of the practising professional, and dangers of burnout. As usual, you engage in the discussions, while I supply questions.

- 1) What characterises burnout?
 - a. Other symptoms?
 - b. What is the difference between being generally tired and being burnt out?
- 2) Which occupations are often mentioned as particularly prone to burnout?
- 3) What distinguishes the interpreting profession from other professions in relation to the pressures that can arise when working closely with people and their existential challenges?
- 4) How does “lack of influence on one’s own work situation” apply in the interpreter’s case?
- 5) “Unclear boundaries for one’s own area of responsibility” is mentioned as another factor. How does this apply in the case of the interpreter?
- 6) Emotional stress at work is a third factor. How can this factor be expressed in the case of the interpreter? Provide examples.
- 7) What examples do you have of other types of situations that can seem particularly tiring/stressful to the interpreter?

Alternative questions / concretisations if the response from the students is slow:

- a. How can interpreting the same types of cases over time affect the interpreter, for example, with a psychiatrist or immigration services?
- b. The amount of work can vary greatly for interpreters – what consequences does it have for stress and strain?
- c. How can the interpreter’s professional ethics help the interpreter in relation to burdens that can lead to burnout?
- d. What is perceived as stressful depends on each individual. For some, it is emotions that are stressful; for others, it is not being able to exercise one’s professionalism. What concrete suggestions do you have for how the interpreter, as part of the professionalisation, can find strategies for dealing with difficult situations at work?
- e. Some people like to talk about experiences to get through them. How can the interpreter, despite the duty of confidentiality, talk about his or her experiences?
- f. An interpreter once said that she danced to “empty” herself of impressions. What advice would you give each other to cope with the challenges you experience as an interpreter?

Rules of Professional Conduct

Maurizio Viezzi

University of Trieste

ABSTRACT

All professional associations of interpreters and many institutions working with interpreters produce deontological documents (codes of ethics, codes of professional ethics, codes of conduct, standards of practice, etc.) containing principles and rules governing the interpreters' activity. Most of the principles and rules are straightforward and seem to be based on solid common sense. Others appear sound at first sight, but are inherently fuzzy, e.g. those concerning accuracy, or potentially controversial, e.g. those concerning confidentiality or impartiality. After briefly considering the concepts of ethics and professional ethics, and presenting the main features characterising deontological documents, the chapter discusses professional principles and rules with reference to over 20 documents published by a variety of bodies and institutions (judicial and healthcare institutions, professional associations of spoken language interpreters, sign language interpreters, court interpreters, healthcare interpreters, etc.). The principles and rules taken into consideration are: accuracy, confidentiality, impartiality, competence, professional conduct, role boundaries and professional development. The chapter ends with a proposal about how to structure training on this topic and with some suggestions for further reading.

Key words: deontological documents, professional rules, accuracy, impartiality, confidentiality

1 INTRODUCTION

This chapter is devoted to rules of professional conduct in community or public service interpreting¹ and is structured as follows: section 2 presents the concepts of ethics, professional ethics, deontology and standards of practice, and the deontological documents where those concepts are typically illustrated; in section 3, the main professional principles and rules are discussed, with special attention paid to accuracy, confidentiality and impartiality; section 4 is about training and contains some suggestions on how to organise training activities with a view to raising awareness of professional rules and their importance; finally, a short list of publications is provided for those wishing to learn more about professional rules and other aspects of interpreting, in particular community or public service interpreting.

The aim of the chapter is to support the training of community or public service interpreters, not the training of intercultural mediators. Community interpreting and intercultural mediation are two completely different professions, to the point that in some or even most cases what intercultural mediators do (are required and expected to do) is something community interpreters *should not* do.²

The documents discussed in this chapter are documents referring to interpreting – interpreting in general (spoken language and sign language interpreting), but also community interpreting, healthcare interpreting and court interpreting. Such a scope may seem to exceed the remit of the TRAMIG project which is basically about spoken language interpreting (and intercultural mediation) in healthcare settings. If one looks at interpreting, though, one easily realises that there is a fundamental unity in what interpreters are called upon to do across the spectrum of their assignments. In a way, "interpreting is interpreting is interpreting": it is "source-text induced target-text production for a third party" as Neubert (2000, 10) would have it.³ That is why talking about interpreting *as such* makes sense and that is why reference to settings outside healthcare or even outside public service interpreting is here justified.⁴

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- 1 For the purpose of this chapter, "community interpreting" and "public service interpreting" are regarded as synonymous as are "community interpreter" and "public service interpreter" (see also note 2 in Falbo, this volume).
 - 2 See, for example, García-Beyaert et al.: "The interpreter may point to a possible cultural difference that interferes with effective communication, but *should avoid providing cultural explanations of his or her own*. To promote intercultural communication, the community interpreter *should let the parties explore* each other's cultural views themselves" (2015: 24) (emphasis added). Cultural explanations are one of the pillars of an intercultural mediator's activity.
 - 3 Neubert was actually writing about translation, but the definition perfectly captures the essence of interpreting as well.
 - 4 Whether court interpreting belongs to public service interpreting is a moot question. On the one hand, it has rules of its own, often enshrined in legislation, on the other, there is no doubt that justice (the administration of justice with all its structures, bodies and institutions) is a public service (see for example Jean 2010).

There is no denying, though, that settings are crucially important. Interpreting is a service provided to particular people in a particular communicative situation (Gile 1995). The nature of the situation or event, the type of people involved and their mutual relationships have an impact on interpreters and their roles. Interpreting always entails barrier crossing, and language and culture may not be the only barriers that have to be negotiated – power, religion, emotions, etc. may be just as high or, more often than not, even higher and harder to cross. So, while interpreters are *always* asked to convey sense and establish communication, the conditions and circumstances under which they operate require resilience and the ability to adapt: interpreting during negotiations in a conflict area is not the same as interpreting in a hospital, interpreting for a gender violence victim is not the same as interpreting for a local government officer, etc. Furthermore, as will be seen, communication *per se* may not be the ultimate goal of the interpreters' activity.

For the rules discussed below, reference will be made to documents issued by professional associations and to documents issued by institutions that recruit interpreters and are users of interpreting services. It was deemed useful to compare and contrast the two as the former lay down a series of principles and norms that interpreters are committed to, whereas the latter lists a series of principles and norms that are imposed on interpreters.⁵ As will be seen, similarities prevail over differences. A training manual will also be occasionally mentioned and quoted. It should come as no surprise as there is an obvious connection between professional rules and training for a profession.

A final word on the importance of this topic for the training of trainers and therefore for the training of future interpreters. The principles, the codes, the norms provide food for thought – future trainers are invited to analyse and discuss them and are also invited to convey the outcome of their analyses and discussions to future interpreters to stimulate further reflection and debate, and raise awareness of the role played by professional rules. Future interpreters will thus acquire the tools they need to be able to make appropriate choices in their professional lives.

Principles, codes and norms, though, are not important just because they state what interpreters *should* or *should not* do, but because they also state what interpreters *are allowed* to do. While carrying out research for previous European projects, this author found that it is not uncommon for public service interpreters (including court interpreters) to assume a subordinate role – often they do not assert themselves and their professionalism, they do not insist on being granted adequate working conditions, they do not demand to be given whatever they need to be able to fulfil their tasks appropriately. As a result, there is often a “mismatch between the reality of the interpreters' working environment and the

5 Technically, the norms of a professional association are also *imposed* on members, but they are also, at the same time, the freely accepted expression of a common will.

principles expressed in codes of ethics and standards of practice” (Pokorn and Mikolič Južnič 2020, 82). That is why deontological documents may play a crucial role with a view to empowering public service interpreters.

2 DEONTOLOGICAL DOCUMENTS

The word “ethics” is often used with regard to professions, professionals and their associations. In most cases it is not the right word as what is meant is actually “*professional ethics*”. In general terms, ethics applies to people as human beings whereas professional ethics applies to people as professionals. The two may overlap, but do not coincide: based on ethics, a translator may decide *not* to sign a contract to translate Hitler’s *Mein Kampf*; based on professional ethics a translator commits her/himself to translating it with the goal to produce what s/he feels is the best possible translation. Baixauli-Olmos (2017) even suggests that there is a further step forward. When personal feelings and attitudes give way to official, collective norms, professional ethics is replaced by deontology: “while professional ethics refers to the desirable and optional good, and emanates from individual awareness and sensitivity, deontology stems from the collective agreement on what goods are required and on what rules practitioners are bound to follow. [...] deontology concerns norms” (Baixauli-Olmos 2017, 252); and *deontological documents* is the umbrella term he uses to refer to documents guiding the activity of professionals (ibid.).

Generally speaking, there are two types of such documents. The first is a “code” laying down binding principles and rules. Codes go by various names such as *Code of Ethics* (ATIA 2015), *Code of Ethics and Professional Practice* (ATA 2010), *Code of Professional Conduct* (ITI 2016), etc. A code of this type typically contains “a set of principles or values that govern the conduct of members of a profession while they are engaged in the enactment of that profession. It provides guidelines for making judgments about what is acceptable and desirable behaviour in a given context or in a particular relationship” (NCIHC 2004, 6). Along the same lines, the introduction to the *Code of Professional Conduct* of the Registry of Interpreters for the Deaf says that “a code of professional conduct is a necessary component to any profession to maintain standards for the individuals within that profession to adhere. It brings about accountability, responsibility and trust to the individuals that the profession serves” (RID 2005).

In principle, a professional code is only binding for the members of the professional association in question. To the extent to which it states principles that are considered universal, though, it becomes a set of norms and rules binding all current and future interpreters when practicing their profession, irrespective of their being or not being members of that association and irrespective of their having or not having proper qualifications.

The type of code that has just been described is often accompanied by a different kind of document that tends to be “informative, longer and containing fairly specific guidelines” (Baixauli-Olmos 2017, 252). Again, different names are used (occasionally engendering some confusion): *Standards of Practice* (NCIHC 2005), *Code of Conduct* (AUSIT 2012), *Commentary* (ATA n.d.), etc. Documents of this kind serve to translate theory into practice: “Standards of practice are concerned with the ‘hows’ of performance as compared with codes of ethics that focus on the ‘shoulds’” (NCIHC 2005, 1). In greater detail: standards of practice “are a set of guidelines that define what an interpreter does in the performance of his or her role, that is, the tasks and skills the interpreter should be able to perform in the course of fulfilling the duties of the profession. Standards describe what is considered ‘best practice’ by the profession and ensure a consistent quality of performance” (ibid.).

Codes issued by administrations and institutions address interpreter conduct from a different point of view, as is obvious for bodies that, unlike professional associations, are *users* of interpreting services. Some statements regarding the purpose and role of these codes clearly show their different nature. For example, according to the introduction to the *Code of Ethics* of the Wisconsin Court System, the purpose of a code of ethics (*any* code of ethics) is “to articulate a core set of principles to guide the conduct of a court interpreter and to *educate judges in the level of conduct expected*” (WCS 2014).⁶ The idea of client or customer education is not new, but when it comes from the users themselves it comes as a pleasant surprise. As regards the Wisconsin code itself, “it has been adopted by the Wisconsin Supreme Court to guide interpreter conduct while working in the courts of Wisconsin and *to serve as a basis for interpreter education*” (ibid.);⁷ mention has already been made of the connection between rules of professional conduct and training, but finding the concept in a document issued by an American State Court System is, again, rather surprising. The Wisconsin document also says that the purpose of the code is “to define the duties of interpreters and *thereby enhance the administration of justice*” (ibid.);⁸ and, along the same lines, “communication barriers must be removed as much as is reasonably possible so that [persons with limited proficiency in the English language] may *enjoy equal access to justice*” (ibid.).⁹ Similar concepts and wording may be found in the *Code of Interpreter Ethics* of the Illinois Supreme Court (ISC 2014), the *Code of Ethics for Court Interpreters* of the State of Mississippi (SoM 2011), the *Code of Professional Conduct for Interpreters, Transliterators, and Translators* of the New Jersey Supreme Court (NJSC 2016), etc. Privately and unofficially, interpreters may be

6 Emphasis added.

7 Emphasis added.

8 Emphasis added.

9 Emphasis added.

seen as a necessary evil, but officially they are described as professional figures who, by making communication possible, contribute to the administration of justice, the enjoyment of rights, etc. – an important recognition and, at the same time, a great responsibility.

3 PRINCIPLES AND RULES

Interpreters' codes are all very similar, with relatively few principles that can be found in all of them – whether issued by professional associations or by administrations and institutions. The wording is sometimes different, some concepts may sometimes be dealt with under different headings, but by and large all codes *deal with the same things* – they state the same principles and the same norms. All of them have articles about accuracy, confidentiality, impartiality, etc. – which means that some principles are, actually, *universal*. They do not all *say* the same things about those principles, though – which means that this is an area where reflection and discussion have still a role to play to raise awareness of the complexity of the issues at stake and the diversity of points of view.

The main principles usually found in deontological documents will now be presented and discussed. More space and separate sub-sections will be devoted to accuracy, confidentiality and impartiality – three principles that are or may be to some extent controversial – with accuracy analysed in even greater detail on account of the complexity of the concept. The other principles appear more straightforward and will be covered in a single sub-section.

3.1 ACCURACY

With some inconsistencies and raising more than one doubt, all deontological documents agree on accuracy being one of the fundamental principles interpreters have to abide by: interpreting must be “accurate and complete” (e.g. NCIHC 2005, 1), “accurate and precise” (Home Office 2008, 3), etc.; there must be no additions or omissions or distortions (all of them); interpreters must interpret “accurately, completely and objectively” (ITIA 2009, 2), “faithfully, accurately and impartially” (ITI 2016: 5), “truly and faithfully” (NRPSI 2016, 4), “completely and truthfully” (NBTG 2014, 1), “with the greatest fidelity and accuracy” (ICTY 1999, 4), etc. The AUSIT *Code of Ethics and Code of Conduct* spell it out with great clarity. The fifth “general principle” of the *Code of Ethics* reads: “interpreters and translators use their best professional judgement in remaining faithful at all times to the meaning of texts and messages” (AUSIT 2012, 5); in the explanation that follows, a definition of accuracy is given: “accuracy for the purpose of this Code means optimal and complete message transfer into the target language preserving the content and intent of the source message or text without omission or distortion” (*ibid.*). The *Code of Conduct* simply adds that interpreters “do

not alter, add to, or omit anything from the content of the source message”, “acknowledge and promptly rectify” any interpreting mistakes, “ask for repetition, rephrasing or explanation if anything is unclear” (AUSIT 2012, 10) and little else. It looks very simple, but it is not.

The *Code of Ethics for Community Interpreters* of the Irish Translators’ & Interpreters’ Association stipulates that interpreters should “emulate the inflections and intonations of the speaker” “and “reflect the person’s way of speaking as accurately as possible” (ITIA 2009, 3). “*Emulate* the inflections and intonations”: can it be done across languages?

The Irish code also states that interpreters should not “emulate the gestures made by the speakers” (ITIA 2009, 3); similarly, the Wisconsin code states that the emotional emphasis of the speaker should be conveyed “without reenacting or mimicking the speaker’s emotions, or dramatic gestures” (WCS 2014) which seems to mean that emotions and gestures should be “translated” into words. Actually, this is exactly what the NCIHC code says: “interpreters should convey the meaning of those gestures, body language, and tone of voice that add significantly to the content of the message, especially when these might not be noted or might be misunderstood by the other party” (NCIHC 2004, 13). “Conveying the meaning of gestures, etc.” means saying something that has not been said: is this compatible with the no-addition tenet?

On the other hand, it is not uncommon for codes to say that interpreters must convey the content and *intent* of the speaker’s message (AUSIT 2012, 5) or its content and *spirit* (NCIHC 2004, 3; RID 2005, 3) or the speaker’s *intention* (NBTG 2014, 1) which is perfectly in line with one of the fundamental tenets of conference interpreting and in particular with the interpretive theory of translation (Seleskovitch and Lederer 1984), but perhaps at odds with the (traditional) attitude aiming at limiting to a minimum the interpreter’s room for manoeuvre in the name of literalism.

The wording used for the accuracy rule is often, but not always, categorical. In the code of ethics of the National Council on Interpreting in Health Care (NCIHC), the accuracy rule reads as follows: “the interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context” (NCIHC 2004, 3). Two points stand out: the verb *to strive* and the reference to the cultural context, both of which suggest that interpreting is not an easy and simple automatic/mechanical operation as someone might be tempted to believe.¹⁰ The NCIHC code is based on three core

10 In the framework of previous projects (AVIDICUS 3 n.d., TransLaw n.d.), this author carried out a number of interviews and still remembers a judge saying: “why would they need to prepare for an assignment? Interpreters only have to translate”.

values:¹¹ the first is *beneficence* and will be discussed below; the second is *fidelity* and is obviously related to accuracy: “interpreters make what amounts to a vow to remain faithful to the original message as they convert utterances from one language into another without adding to, omitting from, or distorting the original message” (NCIHC 2004, 8-9).¹² The third core value of the NCIHC code, *respect for the importance of culture and cultural differences*, is also related to accuracy: interpreters must understand the impact of culture on the way in which health issues are experienced, its impact on communication about health issues; they must understand the way in which “alternative views of the world can lead to critical misunderstandings and miscommunication” (NCIHC 2004, 9). They have to understand “not only the words that are being used but also the underlying, culturally-based propositions that give them meaning in the context in which they are spoken” (NCIHC 2004, 14). Accuracy, therefore, is something more than what can be achieved by using readily-available dictionary equivalents. In the words used in the *Guidelines* of the New South Wales Health Care Interpreter Services, “interpreters make appropriate linguistic and cultural decisions in order to convey all aspects of the message” (NSW HCIS 2014, 11).¹³

Accuracy is crucially important,¹⁴ but of course interpreting *per se* is first and foremost about communication. In this regard, the RID code states that interpreters

11 The same core values are shared by the *Code of Ethics and Standards of Practice for Interpreters* of the Winnipeg Regional Health Authority (WRHA 2015).

12 The outcome, though, can never be taken for granted: “what the speaker means and what the listener understands are not always aligned. [...] many concepts and expressions lack precise equivalents in other languages, yet the interpreter has to come up with linguistic solutions on the spot. As a result, *interpreters can only strive for accuracy*” (García-Beyaert et al., 2015, 13, emphasis added). García-Beyaert et al. is not a deontological code, but a text “based on a critical distillation and selection of principles and standards included in codes of ethics for interpreters around the world” whose aim is to “support the education and training of community interpreters” (García-Beyaert et al. 2015, 4). Perhaps its most innovative contribution to the field is the concept of *communicative autonomy* defined as “the capacity of each party in an encounter to be responsible for and in control of his or her own communication” (ibid.), a fundamental precept “that should underlie every aspect of the development and practice of community interpreting” (ibid.).

13 The cultural dimension and cultural barriers are of course never far away from centre stage in the codes. All of them deal with them, more or less extensively. Just a few examples: “the interpreter takes into account social and cultural differences” (NBTG 2014, 1.); the interpreter may “alert the parties to a possible missed cultural reference or inference” (NRPSI 2016, 54); interpreters are “committed to providing quality service in a respectful and culturally sensitive manner” (AUSIT 2012, 4), etc.

14 Accuracy is always important, and in some settings even more so than in others. In court, for example: “it is important to remember that the judge and/or jury will be relying entirely on the interpreted version of testimony to draw conclusions about the credibility of witnesses and the relative weight of testimony” (JCC 2013, 3); or in healthcare: “interpreters need to be mindful that any piece of information may be an important data source. To omit or distort any of the information could, therefore, result in serious clinical consequences” (NCIHC 2004, 13).

“render the message faithfully [...] using language most readily understood by consumers” (RID 2005, 3) and, according to NAJIT, “the rendition should sound natural in the target language” (NAJIT n.d.). Again, a fundamental principle in conference interpreting, but one that is not shared by all deontological documents, particularly in the judicial field where there are texts stating that interpreters must “never alter the register, or level of language, to make it easier to understand or more socially acceptable” (JCC 2013, 7) or that “under no circumstances should an interpreter become involved in the conversion of units of measurement or currency from one system to another” (JCC 2013, 5) – two quotations that might even lead one to conclude that, at least for the Judicial Council of California, the interpreting goal is *not* communication. Yet, the same body, in the same document, says that “the primary focus in interpreting is to convey the meaning, not individual words” (JCC 2013, 9): but how can one convey meaning if the words used are not understood?

Inconsistencies and questionable statements are not uncommon in documents that are not produced by interpreters but by professionals in other fields who do not always realise that the interpreting process is much more complex than it appears – they would never use a verb such as *strive* and would never imagine that even an apparently crystal clear statement such as “the interpretation process involves converting a message from one language (source language) into an equivalent message in another language (target language)” (WRHA 2015, 4) raises more questions than it answers (as Translation Studies history shows).

Things are changing, though. While some may still equate accuracy with literalism, particularly in legal settings (Mikkelson 2008: 82), there have been considerable steps forward. In the commentary to the “accuracy and completeness” rule, for example, Mississippi’s *Code of Ethics for Court Interpreters* states that “verbatim, ‘word for word,’ or literal oral interpretations are not appropriate when they distort the meaning of the source language” (SoM 2011, 2).¹⁵ The same point is made in the codes of Illinois (ISC 2014) and Wisconsin (WSC 2014); and the latter adds a significant point by requiring interpreters to reproduce in the target language “the closest natural equivalent of the source language message”. It is a concept developed by Eugene Nida (1964) to overcome literalism, one which again may raise doubts as it would seem to imply that for any source language message (or elements thereof) there is *one* solution that might *objectively* be regarded as *the best*. Questionable, to say the least.

Of course, communication is complex and communication across languages even more so – it does not lend itself to categorization or to a binary-code kind of logic (yes/no; right/wrong, etc.), not to mention the inescapable subjective

¹⁵ As is obvious, documents issued by professional associations of interpreters reject word-for-word (translation and) interpreting (e.g. see ATA n.d., 1).

element. According to the *Professional Standards and Ethics for California Court Interpreters*, “when rendering a simple ‘yes’ as ‘yes, I did’, the interpreter is adding information that was not contained in the original response” (JCC 2013, 4): true, there is no reason why the interpreter should not confine her/himself to a ‘yes’, but is this really an example of inaccuracy? Has any piece of information actually been added? Perhaps a more lenient approach would be needed when dealing with as fuzzy a concept as accuracy. Is *bonjour* an accurate translation of *good morning*? Is *good morning* an accurate translation of *bonjour*? And while one can easily agree that translating *France* with *l’Hexagone* may not be appropriate, is the reverse also true? How can absolute accuracy (faithfulness, truth, etc.) be demanded when not only is the concept fuzzy *per se*, but it is so easy to realise that translating/interpreting basically – perhaps inevitably – means *saying almost the same thing* as Umberto Eco (2003) would have it?

A final quotation may serve as the starting point for some concluding remarks on accuracy. The *Code of Ethics for Interpreters and Translators of the International Criminal Tribunal for the Former Yugoslavia* devotes article 10 to accuracy. Paragraph 1, entitled *Truth and completeness*, stipulates that interpreters “shall convey with the greatest fidelity and accuracy, and with complete neutrality, the wording used by the persons they interpret” and “shall convey the whole message, including [...] any non-verbal clue” (ICTY 1999, 4). The wording, the message and any non-verbal clue: is it not too much? Not to mention neutrality that will be briefly considered below. Even leaving aside inconsistencies, contradictions and the many ill-defined notions, what is demanded of interpreters really seems to be too much. In particular for interpreters who, as is not uncommon in community settings, do not have a high level of proficiency in one of the two languages. Asking them to convey the speaker’s tone, register, nuances, ambiguities, etc. means, in some or many or most cases, asking them to do something they simply cannot do.

3.2 CONFIDENTIALITY

Confidentiality is “the only ethical principle that appears to be a universal requirement to the interpreting profession” (García-Beyaert et al. 2015,10) and is covered by all deontological documents. It appears as one of the ‘over-arching’ principles of NRPSI’s *Code of Professional Conduct* (2016) and at the top of the list of principles making up the *Code of Ethics for Interpreters in Health Care* of the National Council on Interpreting in Health Care (NCIHC 2004). In the AUSIT Code, one sentence is enough to spell out the principle: “Interpreters and translators maintain confidentiality and do not disclose information acquired in the course of their work” (AUSIT 2012, 5).

It is not an absolute principle, in that there may be derogations, for example when it is the law that demands it: “the duty of confidentiality shall not apply where disclosure is required by law” (NRPSI 2016, 3); or when a crime is involved: “in the event that an interpreter becomes aware of information that indicates probable

imminent harm to someone or relates to a crime being committed during the course of the proceedings, the interpreter should immediately disclose the information to the presiding judge” (WCS 2014). The two cases are straightforward, but circumstances may sometimes be much more complex, in healthcare for example, with the interpreter having to face difficult choices.

According to the NCIHC code, “situations in which there is a serious possibility that withholding information will result in harm to the patient or to others can be an exemption to the principle of confidentiality” (NCIHC 2004, 11) – confidentiality is still required but only “in relation to those outside the treating team” (NCIHC 2004, 12). Any derogation from confidentiality must be based on *beneficence*, one of the core values of the NCIHC and WRHA codes: “a central value of the health care interpreting profession is the health and well-being of the patient. This is a core value that is shared with other health care professions” (NCIHC 2004, 8). Similarly, the WRHA code says that “health interpretation extends beyond simple message conversion and conveyance. It is grounded in the best interest of the patient. [...] both the provider and the interpreter are concerned with the patient’s health and well-being” (WRHA 2015, 4). The fact that this quotation comes from a document issued by a service provider is, of course, rather significant. Needless to say, choosing whether to violate confidentiality can never be easy, but “interpreters have an ethical obligation to deal with this fine line and make a conscious choice that supports the well-being of the patient” (NCIHC 2004, 10). The issue is controversial, but the logic chain “the interpreter’s goal is the patient’s well-being – confidentiality may harm the patient – the interpreter derogates from confidentiality” is to some extent convincing, though probably not universally shared.

A further case – interesting and surprising – of exemption from the principle of confidentiality is provided for by the Wisconsin Court System code: “interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are or have been engaged [...] except to facilitate training and education”, in which case they are allowed to divulge “only so much information as is required to accomplish this purpose” (WCS 2014). It is a further example of the importance the Wisconsin Court System attaches to training and education.

3.3 IMPARTIALITY

Impartiality is also one of the fundamental tenets of an interpreter’s activity: “interpreters [...] observe impartiality in all professional contacts. Interpreters remain unbiased throughout the communication exchanged between the participants in any interpreted encounter” (AUSIT 2012, 5). Just like confidentiality, it appears in all codes and is a rather straightforward concept: interpreters do not take sides and “do not allow bias to influence their performance” (*ibid.*). Unlike confidentiality, though, it can be easily and inadvertently violated. For whatever reason, interpreters may be inclined to like/dislike or support/oppose one or more

participants, and their feelings may creep into their words, attitude, behaviour or facial expressions. Needless to say, all this should be avoided: as García-Beyaert et al. say, “community interpreters cannot be neutral in their feelings. Yet they can make every effort to be impartial in their behavior” (2015, 15). It is not easy, particularly in emotionally charged situations.

The word “neutral” used by García-Beyaert *et al.* and the word “neutrality” used in the ICTY code (see section 3.1) deserve a brief comment. Neutral/neutrality are not synonymous with impartial/impartiality. It is not just a matter of neutral feelings: for the very fact that they do participate in the event, interpreters have an impact on it. It is recognised in the code of the Dutch Association of Sign Language Interpreters: the interpreter “exerts influence even by her presence on the course of the communication in the assignment” (NBTG 2014, 2). Neutrality can therefore never be expected for the simple reason that it is impossible.

On the other hand, not only can impartiality be expected, but the principle would seem to be absolutely binding, with no possible derogations. Yet, exceptions may be found in healthcare interpreting codes. The NCIHC code, in line with all other codes, states that “the interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs” (NCIHC 2004, 3), but it adds that “when the patient’s health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate” (*ibid.*). Once again, taking care of the patient’s health is regarded as the overriding principle prevailing over all others, including confidentiality and impartiality. Advocacy is explicitly rejected by all codes and the NCIHC itself appears to be aware of the devastating consequences potentially brought about by advocacy supplanting impartiality, yet it supports it as a means to achieve a greater goal: “the act of advocacy should derive from clear and/or consistent observations that something is not right and that action needs to be taken to right the wrong. On a deep level, advocacy goes to the heart of ethical behavior for all those involved in health care – to uphold the health and wellbeing (social, emotional and physical) of patients and ensure that no harm is done” (NCIHC 2004, 20).

The *Code of Ethics* of IMIA also opens the doors to advocacy, but only as a way to overcome cultural barriers: “Interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences/practices to health care providers and patients only when appropriate and necessary for communication purposes, using professional judgment” (IMIA 2006).

Curiously enough, in the AUSIT’s codes norms are included under the impartiality heading that (would seem to) belong elsewhere: “[interpreters] do not soften, strengthen or alter the messages being conveyed” (AUSIT 2012, 5) (which is something probably pertaining to accuracy), and “[interpreters] frankly disclose all conflicts of interest” (AUSIT 2012, 9) (which appears under *Impartiality* in the *Code of Conduct* and under *Professional conduct* in the *Code of Ethics*). It is

an example of how difficult it is to draw a line between principles that are often intertwined.

3.4 OTHER PRINCIPLES

The other principles found in deontological documents are much less controversial, or not controversial at all, and seem to be all based on solid common sense as will be seen in this short overview which is limited the most significant.

3.4.1 Competence. “Interpreters [...] only undertake work they are competent to perform in the languages for which they are professionally qualified through training and credentials” (AUSIT 2012, 5). The AUSIT codes refer to qualifications as they are professional codes that are binding for the association’s members. The principle, though, is universal in that all interpreters (whether qualified or not) should only accept tasks they are or feel able to fulfil: “interpreters will refrain from accepting assignments beyond their professional skills, language fluency, or level of training” (IMIA 2006). Needless to say, this requires some level of self-awareness and also the readiness to turn down the opportunity to earn a fee when the assignment is or appears to be beyond one’s abilities.

Most, if not all, codes issued by Judicial administrations include an article devoted to the “representation of qualifications” which, in fact, may actually be seen as an official proof of competence.

3.4.2 Professional conduct. Whether trained/qualified or not, interpreters are supposed to act in a professional manner. All codes deal with this principle which, understandably, covers a very wide area and several aspects. For example, *preparation*: “the responsibility of being properly prepared for interpreting assignments” (WCS 2014). To this end, interpreters are encouraged to obtain information, documents and whatever may be needed to familiarise themselves with the topic, the event, etc. Another aspect related to professionalism has to do with *working conditions*: interpreters should ensure “that the conditions under which they operate facilitate communication” (ICTY 1999).¹⁶ Then, in performing their duties, interpreters behave professionally when they take care of communication between the parties, for example by “coordinating or managing turn-taking in order to make the communication process flow smoothly and minimise disruptions” (NSW HCIS 2014, 11);¹⁷ they also behave professionally when they “use the first person” (AUSIT 2012, 14); when they encourage “participants to address

¹⁶ To be able to prepare and ensure ideal working conditions interpreters must count on the attitude of organisers, institutions, participants, etc. and their willingness and readiness to meet the interpreters’ needs, something which may require a good deal of customer education.

¹⁷ It should be noted, though, that playing such a coordinating role may be very difficult or even impossible in certain settings, e.g. in court where *unobtrusiveness* on the part of the interpreter is called for (WCS 2014; NAJIT n.d., etc.)

each other directly” (*ibid.*); when they are transparent as to their role at any point in the communication process: for example, “when asking for clarification, an interpreter says to all parties, ‘I, the interpreter, did not understand, so I am going to ask for an explanation’” (NCIHC 2005, 5); they finally behave professionally when they show respect for all parties (WSL 2015; RID 2005, etc.) and professional detachment (AUSIT 2012; WCS 2014). Other obvious requirements include respect for the dress code and punctuality.

3.4.3 Clarity of role boundaries. The Wisconsin *Code of Ethics* is adamant: “interpreters shall limit themselves to interpreting or translating” (WCS 2014). The explanation accompanying this principle in the AUSIT codes is very clear as to what it actually means: “Practitioners do not, in the course of [their] duties, engage in other tasks such as advocacy, guidance or advice” (AUSIT 2012, 6). So, advocacy is forbidden (but see above in the sub-section devoted to impartiality) and other activities outside interpreting are forbidden as well. A significant example in this respect may be found in the Wisconsin code (where the term used is *scope of practice*): “Interpreters may translate language on a form for a person who is filling out the form, but should not explain the form or its purpose for such a person” (WCS 2014). Ideally, interpreters should have no contacts whatsoever with the people for whom they are interpreting to avoid inadvertently or deliberately exceeding the limits of their role.

3.4.4 Professional development. Finally, all deontological documents stress the importance and the duty (as well as the need) for interpreters to “improve their skills and knowledge” (WCS 2014). This includes upgrading their cultural understanding and keeping up “with the technological advances pertinent to their practice” (AUSIT 2012, 6) and even keeping themselves “informed about new trends and developments and the results of research in the field to improve their competence and practice” (AUSIT 2012, 12). The IMIA code also stresses the importance of maintaining ties with relevant professional organizations in order to be up-to-date with the latest professional standards and protocols” (IMIA 2006). In this regard there is no difference between interpreters and all other professionals: lifelong learning is the only way to be able to fulfil one’s professional duties throughout one’s career.

4 ACTIVITIES

Training activities may be divided into two parts, the first devoted to theory and the second to practice. In the first part trainers present the concepts of ethics and professional ethics, the nature and purpose of deontological documents and the main professional rules. One code may be used as the main source, with constant reference to other codes to explore alternative points of view. Q&A sessions and focused discussions are then organised to give trainees the opportunity to really understand the spirit and purpose of the codes and their rules as well as their implications for the interpreters' work and the possible consequences of any violation. Some time can also be reserved to the presentation and discussion of personal experiences involving deontological issues.

The second part consists of role-plays where trainees are faced with deontologically-challenging situations requiring problem-solving and decision-making skills.¹⁸ The role-plays are followed by discussion of the choices made by the trainees playing the interpreters and their repercussions on the interpreter-mediated interactions.¹⁹

As an alternative option, some role-play sessions could also be organised *before* the first part – designed and conducted as described above, but with no discussion or debriefing/assessment. They should be video-recorded and only shown at the end of the second part. This will enable the class to compare and contrast the trainee interpreters' performances delivered *before* and *after* the theory lessons.

Whatever the option, trainers should devote as much time as possible to discussion. Principles and rules must not be learnt by heart, but understood, adhered to and, when the time comes, *naturally* implemented.

18 Some examples are given by Mikkelsen: “The scenarios can range from straightforward situations that test the students’ understanding of concepts such as confidentiality and impartiality (e.g., a defendant asking the interpreter what she thinks of his defence counsel) to more complicated circumstances that pose difficult linguistic and/or ethical conundrums (e.g., kinship terms for which there is no equivalent, attitudes about sex roles that differ greatly, or gestures that are easily misunderstood” (Mikkelsen 2008, 92). A number of situations that could be easily and fruitfully reproduced in role-plays can also be found in García-Beyaert et al. (2015).

19 On role-plays and their stages, from design to debriefing/assessment, see Falbo (this volume).

FURTHER READING

Hale, Sandra Beatriz. 2007. *Community Interpreting*. Basingstoke-New York: Palgrave Macmillan.

An extensive discussion of community interpreting from theory to practice, from codes of ethics to research, from practitioners' views to training.

Kalina, Sylvia. 2015. "Ethical challenges in different interpreting settings". *MonTI Special Issue 2*: 63–86.

A thorough discussion of differences and similarities between ethical/deontological issues confronting interpreters in multiple settings.

Ozolins, Uldis. 2014. "Descriptions of interpreting and their ethical consequences". *FITISPos International Journal* 1, no. 1: 23–41.

A well-documented analysis of interpreting and the interpreter's role across modes and settings, with a reflection on ethics and ethical responsibility.

Valero Garcés, Carmen, and Anne Martin, eds. 2008. *Crossing Borders in Community Interpreting*. Amsterdam-Philadelphia: John Benjamins.

A wide-ranging volume that has become a classic. The chapters' focus is the interpreter's role in a variety of settings.

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Project-Based Learning through Simulation: How to Run a Training Session Using Role-Play as a Learning Tool

Caterina Falbo

Department of Legal, Language, Interpreting and Translation Studies, University of Trieste

ABSTRACT

The chapter deals with project-based learning through simulation. In particular, it focuses on how to design, organise, conduct and evaluate simulations of real-life assignments in the classroom in order to make dialogue interpreting training closer to the real world. The chapter is divided into three sections. The first is devoted to a brief review of the literature on role-play as a training tool and to the identification of their potential and limits. In the second section, two main issues are dealt with. The first sub-section concentrates on the Conversation Analytic Role-play Method (CARM) developed by Stokoe and other strategies that can be used to tackle problems deriving from the fictional nature of role-play. In the second sub-section, all stages – from planning to conducting to evaluating – are considered, taking into account different degrees of complexity reflecting specific training goals. Finally, the last section addresses assessment objectives and methodology, with special attention being paid to the importance of finding ways to involve the whole group of trainees, not just those playing roles, as it is the only way for role-play exercises to be really useful.

Key words: role-play, simulation, real-life assignment, dialogue interpreting, interaction, didactic tool, assessment, as-text approach, social interactivity perspective, coordination

1 INTRODUCTION

This chapter is devoted to role-plays (RPs) used as a training tool for project-based learning through simulation of real-life assignments and simulation of real-life interactions. “Project-based learning” refers to training activities to be carried out to reach specific training goals. In this case, the overarching training goal is the acquisition of knowledge and skills enabling the interpreter to manage interaction in institutional settings (education, courts, law enforcement, healthcare, social services, etc.). The theoretical framework is based on research in the field of dialogue interpreting (through the Conversation Analysis lens) and on RPs as a training tool aiming at helping trainees “take their role in the ‘real world’” (Niemants 2013, 306) and take decisions at crucial points in interaction, bearing in mind that effective communication is the goal of the unfolding interpreter-mediated interaction itself. As Corsellis puts it, “interpreters’ training addresses interpreters’ personal and professional growth” (2008, 65). This chapter may be used for both community interpreters and intercultural mediators, when and if the latter are trained to acquire interpreting and interactional skills as needed to serve as interpreters in face-to-face interactions.

The chapter is divided into 3 sections. Section 2 concentrates on RPs as training tools, their potential and limits. Section 3 is about different ways of preparing and conducting RPs. Section 4 is devoted to RP assessment.

2 ROLE-PLAY AS A LEARNING TOOL

Literature on RPs as a training tool is rather extensive and mainly covers two areas: the advantages and the shortcomings of RPs as a learning activity. An exhaustive review of RPs as didactic tools goes beyond the scope of this chapter. Just the main issues will therefore be mentioned,¹ starting with a working definition of RP.

A number of authors (e.g. Niemants 2013; Wadensjö 2014; Cirillo and Radicioni 2017) have defined RPs using reflections, analyses and definitions by scholars working in the fields of sociology and communication, and adapting them to the goals of interpreter training. For example, following Boccola (2004, 17), Cirillo and Radicioni (2017, 121) define the RP as “a *representation of social role behaviours* achieved by simulating real situations for training or awareness-raising purposes. It requires the presence of a *leader/facilitator*, one or more *actors*, and one or more *observer/s*.”² Dwelling on the meaning of the words “role” and

1 For a review up to 2014, see Wadensjö (2014, 338-340).

2 Emphasis in original.

“play”, they analyse different aspect of this training tool. “Play” implies taking part in a performance as an “actor” who plays a given role in accordance with the “let’s pretend” principle. “Role” refers to rules and expectations characterising a given figure in society. As a result, “what is staged during an RP is a set of different behaviours associated to individuals representing socially recognizable roles” (Cirillo and Radicioni 2017, 121). As Wadensjö (2014, 438) notes, “[...] the guiding assumption with regard to role playing, and a more or less implicit assumption also present in many studies on this method, is that role-plays mimic actual interaction.”

RPs are extensively used and widely recommended as a tool to be used for training community interpreters³ (cf. D’Hayer 2013, 329; Ozolins 2017, 55).

Just like any other tool, RPs have strong points and weak points. Fundamentally, RPs make it possible to narrow the gap between training and real life through simulations of real-life assignments and/or the reproduction of real-life cases and therefore are “the most realistic approximation possible to actual interpreting situations” (Ozolins 2017, 55). They are also characterised by some difficulties, though, in particular in terms of the way they are organised and run. Able interlocutors (actors) must be available and time is needed to prepare and conduct them (Ozolins 2017, 55). Niemants and Stokoe (2017) stress the RPs’ weak points and identify two aspects. The first is the “framing activity”, i.e. “the simulation involving a series of actors (typically teachers and learners) who are pretending to be different characters”; the second is the “framed activity”, i.e. “the simulated activity involving the characters being acted, for example, a doctor, a patient and an interpreter”. Referring to Francis (1989), Niemants and Stokoe (2017, 297) state that RP participants “are required not only to play their roles in the game [role play], but also to pay attention to the context in which it is framed, for instance that of a lesson”. In simulated interaction, it often happens that participants tend to orient more to the *framing* activity (i.e., the training activity) than to the *framed* activity (i.e. the simulated communicative situation) – it clearly appears in specific interactional moves accurately described by Niemants (2013) and has also been highlighted by Wadensjö (2014, 446). Examples in this respect are the trainee interpreter looking for the right word or paying special attention to grammar rather than trying to make himself or herself understood, or the trainer, playing an institutional role (doctor, judge, etc.), nodding his or her approval after hearing the right term used by the trainee interpreter. When the framing activity prevails over the framed activity, the very essence of RPs – simulated interactions reproducing real-life interactions – is undermined. According to Niemants (2013, 317), the problem is that “in the ‘real world’ things matter [...],

3 In literature consulted for this chapter, the term “public service interpreters” is often used instead of “community interpreters”. For the purpose of this chapter the two terms are regarded as synonyms.

while in the RP the only thing that matters is linguistic quality”. Along the same lines, Ozolins (2017, 57) says that, unless they are properly prepared, RPs often focus “on the translation aspects only” neglecting “students’ coordination skills”, i.e. their capacity to manage interaction dynamics, which is crucially important in real-life interactions. Hence the “inauthenticity” of RPs (Stokoe 2013), as “it is hard to support a claim that participants in role-play are oriented to the same interactional contingencies as they would be in the actual setting” (Stokoe 2011, 122). The gap between simulation and real world, however, can be narrowed, if not closed down, as will be shown in the following section.

3 SOLID FOUNDATIONS FOR AN EFFECTIVE ROLE-PLAY

The issue at stake is how to counterweigh the negative aspects of RPs and, if possible, strengthen the positive ones.

On the basis of what has just been said and taking into account the shortcomings discussed by several authors, proposals will now be put forward to tackle the main problems and arrive at RPs that are as close as possible to real-life situations. Two lines of action may be identified that are not mutually exclusive but rather mutually reinforcing and are based on the trainers/facilitators’ knowledge and experience of interpreter-mediated interactions in specific institutional settings. The first line of action covers activities that are complementary to the RP (see 3.1). The second line of action is about the design and running of an RP based on real situations (see 3.2). Both make use of authentic interpreter-mediated interactions that may be available as (a) transcripts of audio/video-recorded interactions, (b) personal accounts of professional events or situations experienced by trainers or professional interpreters, or (c) interpreter-mediated interactions attended and observed by the trainees. All three require the participation of a trainer/facilitator leading the trainees and helping them analyse interactions and identify their main features and issues. They also require at least some basic notions of Conversation Analysis or the ability to identify interaction sequences that may be regarded as significant and particularly interesting in terms of actions undertaken by the participants, including the interpreter. The approach is based on Wadensjö (1998) who identified the two activities carried out by the interpreter, namely *relaying* (translational activity) and *coordinating* (interaction management).⁴

The materials listed under (a), (b) and (c) are in descending order of knowledge and tools the trainer/facilitator must necessarily have to be able to use them. Option (a) may only be chosen by a trainer/facilitator who is familiar with research findings and has access to transcribed interaction data; option (b) may be chosen

4 For further analysis and a revisited approach to the coordinating activity, see Baraldi and Gavioli (2012).

by a larger number of trainers/facilitators who can draw on their professional experience to present examples or interaction sequences that may contribute to the achievement of the training goals; option (c) requires trainers/facilitators who can make sure their trainees attend and observe real interpreter-mediated interactions, and can stimulate them to reflect on and discuss what they have heard and seen.

3.1 COMPLEMENTARY ACTIVITIES

While a properly-run RP (see 3.2) enables trainees to develop skills and decision-making abilities, the observation and analysis of real interactions – through materials such as (a), (b) or (c) as described in the previous section – give trainees the opportunity to see and understand what goes on in the real world: “observer as well as participant roles can allow learning: observation allows strategies of interaction to be noticed, while participation allows such strategies to be tested” (Gavioli and Aston 2001, 241 in Niemants and Stokoe 2017, 299). Through observation, trainees may increase their awareness of the interactional features characterising a variety of settings, identify and discuss the (linguistic and interactional) choices made by the interpreters and the interlocutors (Ozolins 2017) and their (interactional) effects.

Transcripts of audio/video-recorded interactions (see option (a) above) may be used in different ways. The most sophisticated and effective is probably the Conversation Analytic Role-play Method (CARM), a method developed by Stokoe (2011) to train communication skills that has also been used in interpreter training (Niemants and Stokoe 2017). The “transcript sequence”, selected on the basis of specific goals to be reached, is presented turn by turn together with the corresponding audio/video segments. Trainees are asked to comment on different aspects, interactional moves or translation choices. The trainer leads the discussion and keeps it focused. At the end of this first stage, further turns are shown until the presentation is stopped, typically at a crucial point just before the interpreter’s turn. The trainees are then asked what they would have said if they had been working as interpreters (Niemants 2019; Stokoe 2014)⁵. Three or four answers are collected and then the transcription of the words uttered by the interpreter is shown with the corresponding audio/video recording. At that point the trainees’ answers and the interpreter’s turn are compared and contrasted which leads to a debate and an assessment of the interactional effects.⁶ Professional ethics issues may also be discussed (see Viezzi, this volume). CARM is a complex method that has been patented and requires specific training for the trainer/facilitator.

5 See also the videos at www.carmtraining.org.

6 Niemants and Stokoe (2017, 303-314) give detailed examples of the work the trainer should do in the classroom for an effective implementation of the method.

Alternative methods do exist, though, that are easily implemented. One such method is the organization of a data session, i.e. an organised discussion of transcribed interactional data made available to the trainees. Davitti and Pasquandrea (2014, 379) propose to use simplified transcripts that may be analysed using either a “narrow focus”, i.e. the selection of specific interactional phenomena to be discussed collectively, or a “broad focus”, i.e. the analysis of an interaction as a whole with all its complex features. Based on the method developed by Stokoe (2011), Niemants (2013, 314) proposes a simpler way to analyse transcripts of authentic interpreter-mediated interactions and the active participation of trainees in predicting the interpreter’s choices, a practice she adopted during seminars addressed to trainee interpreters:

“[...] each learner was provided with a sheet of paper for each extract, the transcript of the first part of the extract being on one side, that of the second part on the other. [...] we introduced the extract, played the audio, and asked learners to read through the corresponding transcript. We then asked them to observe and comment on what had happened in the interaction, and then to respond to its last turn. After collecting three or four proposals, we asked learners to turn over the sheet of paper and observe the real interpreter’s response, of which we also played the audio.”

Option (b), i.e., personal accounts of professional events or situations experienced by trainers or professional interpreters is a training method that has always had a place in interpreter training and is common to several disciplines. It is based on examples and personal accounts of situations, events, moments that may be significant from different points of view. According to Niemants (2013, 318) “narration involves the telling of significant personal experience by trainers, who thereby convey their ‘gut-level’ learning of what interpreting actually means, and enhance learners’ interest and discussion”. In this author’s experience, trainees themselves may report on cases where they had problems in managing the interaction and in choosing what to translate and how. The choice they actually made may then be discussed by the whole group with reference to ethical, translational or interactional issues.

Option (c), i.e. interpreter-mediated interactions, attended and observed by the trainees, requires the same knowledge and skills as the two other options and an opportunity to have access to specific settings and organise the trainees’ participation as observers in interpreter-mediated interactions. Trainees must learn to observe, they should be told what to observe and what to note down for the discussion to be focused on specific aspects of the interaction. This author organised activities of this kind in legal settings and accompanied law and interpreting students to court hearings. They were invited to look at the interpreter’s position and consider whether it facilitated or hindered the interpreter’s work and communication between the participants; to take notes as to when the interpreter

did or did not translate, to reflect on whether non-translation was justified or prevented one interlocutor to understand what was going on, etc.; to note down everything they regarded as significant or drew their attention. After the observation session, students were invited to write down what they had noticed and their reflections by filling in a questionnaire. Their answers were then collectively analysed and discussed. The interaction between law and interpreting students during the collective discussion proved very useful as it enabled them to learn a lot from each other (for the involvement of trainees/students of other professions, see 3.2.2). As an alternative option, videos of real or simulated interaction could be shown and used as a basis for a discussion of particularly important or challenging issues.⁷

3.2 PREPARATION OF A ROLE-PLAY

The activities described in section 3.1 are not just complementary to RPs, they do not just aim at raising awareness of real-life interpreting challenges and interaction dynamics; they also provide the basic notions needed to prepare RPs that are as close as possible to what happens in professional settings. RPs must take into account the languages spoken by the trainees and their knowledge level. Ozolins (2017, 51-53) presents an exhaustive description of trainee types identified on the basis of language knowledge. He identifies four groups, only three of which are relevant here. The first group consists of people whose languages are “also *major world or major European or Asian languages*”. The group may include “immigrants (of any generation) plus people from the host country who have [...] learnt these languages”. The second group includes participants of “second or later generations” who have the host language as A language and “who have a background knowledge” of the language spoken by the immigrant community they belong to. The third group is made up of newly-arrived immigrants featuring “great variation in linguistic abilities”. As Ozolins (2017, 52) says, “in the case of the *most recently arrived language groups*, all issues are compounded by the difficulties of trainees themselves still facing their own settlement issues and lacking familiarity with the local culture and institutions; [...] their knowledge of the host language is also relatively weak”.⁸ Their interpreting skills should also be considered, for example whether they master interpreting modes such as consecutive interpretation with or without notes, chuchotage and sight translation, considering that developing competence in the different interpreting modes is not a training goal that can be reached through RPs.

When designing an RP, the trainer/facilitator must make decisions, based on the characteristics of the trainees, about a number of features – the type of RP, the identification of the primary interlocutors, the RP setup based on the dif-

7 On this point, see the ImPLI project home page: <http://impli.sitlec.unibo.it/>.

8 Emphasis in original.

ferent roles and the languages shared by the participants, the knowledge level required as to the area of institutional interaction and the choice of the didactic goal. These features will be discussed in the next sub-sections. The order chosen does not reflect the importance of the issues but their belonging to a higher- or lower-order level.

3.2.1 Type of role-play

First of all, the type of role-play must be chosen: either an RP designed and realised following a script (“structured RP”, Cirillo and Radicioni 2017), or an improvised unscripted dramatisation based on cards (Bygate 1987, 69 in Wadensjö 2014) distributed to participants and containing information about the identity to be assumed, the goals to be reached, etc. If a script is used, the players/interlocutors must not read their turns word for word, but must be as spontaneous as possible and react promptly to the interpreter’s words. As Ozolins (2017, 57) says, “the principle must be that the interlocutors follow what the interpreter says – whatever the interpreter says – rather than return to a prepared script regardless of how the interpreter has interpreted”. This implies a thorough knowledge of the topic and a good connection and harmony between the people playing the primary interlocutors. Following what the interpreter says essentially means being ready and willing to modify the interaction, e.g. by answering an unexpected question deriving from a translation that does not correspond to the question asked by the interlocutor.

If cards are used, there is no monotonous reading of the script and the interlocutors are more likely to pay attention to the interpreter’s words. The players, however, must be able to improvise on the basis of a solid knowledge of the topic. If this condition is not met, the RP may end up being very far from a real interpreted event or pretty banal.

3.2.2 Playing the primary interlocutors

In RPs used for interpreter training, the interpreter’s role is always played by a trainee. The idea is to expose them to difficulties and challenges at translational and interactional level. The primary interlocutors’ roles (doctor/patient, prosecutor/defendant, immigration officer/asylum seeker, etc.) may be played by trainers, trainees or experts in the field. The setup may vary:

- trainers only (e.g. doctor-patient)
- trainees only (e.g. doctor-patient)
- one trainer (e.g. doctor or patient) and one trainee (patient or doctor)
- one expert or trainee of other professions (e.g. doctor) and one trainer (patient)
- one expert or trainee of other professions (e.g. doctor) and one trainee (patient)

The setup choice depends on the resources and time available. Whatever the choice, though, preparing an RP is time-consuming for all. If experts or trainees of other professions are available (Ozolins 2017, 56), the end result is closer to what happens in the real world, but the difficulties of designing and conducting the RP remain. As regards trainee interpreters, when they are called upon to prepare an RP and play a primary interlocutor's role, they should make sure the interaction is consistent with its specific goal. They also have to make use of institutional scripts and topic-related frames (see 3.2.4) and express themselves using their working languages. The assessment of an RP where trainees play the primary interlocutors may be rather complex as it is not enough to assess the interpreter's turns (see section 4). Other features should be considered such as lack of coherence or cohesion by the primary interlocutors, ambiguous or inadequate utterances due to insufficient preparation or knowledge of the topic, read-out or too-fast turns, etc. However, shortcomings provide an excellent opportunity to discuss several aspects of the interaction, the topic, the interlocutors' way of speaking and its impact on the trainee interpreter's work. In other words, moving from a reflection prompted by a low-quality RP during the debriefing/assessment stage, the trainer may lead trainees to design an RP that is closer to reality, ask them to review what has been done and invite them to run the revisited RP in a second training session. Knowing how to *do* interaction also means knowing how to *interpret* and *coordinate* the interaction.

3.2.3 Different setups based on different roles and languages shared by trainer(s) and trainees

Languages shared by trainer(s) and trainees are crucial for the roles played by the participants (see 3.2.2) and shape the very structure of the RP. Three different setups will now be presented where the interpreter's role is always played by trainees.

i) A standard situation: trainer(s) and trainees share two working languages (with the expert, if present, sharing one language)

Irrespective of whether the primary interlocutors are played by trainers, trainees or experts, those playing, for example, the doctor (or, in general, the health-care provider – midwife, nurse, etc.) and the patient must pretend they do not understand the other's language and totally depend on the interpreter's words. When a trainer/trainee plays the patient and an expert plays the doctor, the latter may actually be unable to understand the patient's language, which would make the whole thing more realistic. In a real situation, though, in particular when the language spoken by the foreign interlocutor is a vehicular language, participants may occasionally understand each other. In such a situation, instances of code-switching are rather frequent and may be a challenge for the interpreter (Anderson 2012). Should a similar situation be reproduced, the trainee interpreter would have to interpret while at the same time checking if and what the two interlocutors actually understand.

ii) A first non-standard situation: trainer(s) and trainees (and the expert, if present) only share one language

This is the typical case in which trainer and trainees only share the local language. The situation is common in non-formal learning settings,⁹ where migrant trainees are trained to meet communication needs in their communities. It may also be found in formal-learning settings, though, as described by Felberg and Skaaden (this volume). In such cases the RP may only be run in the language shared by the participants. The RP is thus considerably different from what happens in the real world where language diversity is the norm. What might seem to undermine the quality and results of the RP, however, could be a good opportunity to deal with other aspects, partially neglecting the translation dimension and concentrating on intra-linguistic reformulation. Once again, the personal experience of working with trainees belonging to different language groups has made it possible to appreciate the importance of paying attention to the interpreter's comprehension and his/her ability to (re-)produce content in the host language. The opportunity may be seized to work intra-lingually on the topic and to assess the trainees' proficiency in the host language, without losing sight of the interactional dynamics.

iii) A second non-standard situation: trainer(s) and trainees (and the expert, if present) only share one language, but at least three trainees share the same foreign language

This setup is very similar to the one described under (ii). The three trainees sharing the same language (language X) should be involved as follows: one trainee prepares the RP with a trainer or trainee who does not share the same language; another trainee (sharing the same language with the first trainee who plays one of the primary interlocutors) plays the interpreter; the third trainee serves as an observer and monitors what the interpreter says and how, while also monitoring the interaction as a whole.

In (ii) and (iii), if all trainees share a language the trainer does not know – it could even be a sub-group of (ii) and (iii) – a language expert who knows the language shared by the trainees may be involved.¹⁰ When a language expert is present, standard RPs may be run, with the interpreting trainer speaking language X, the language expert speaking language Y, and the trainee interpreter interpreting out of and into X and Y. Interpretation quality may be assessed thanks to the language expert who may also contribute to language enhancement by proposing alternative and improved translation choices. The trainer will concentrate on

9 <https://www.coe.int/en/web/lang-migrants/formal-non-formal-and-informal-learning>

10 Language experts may be involved in setup (i) as well. Dialogue Interpreting courses (BA and MA) at the University of Trieste are taught by interpreter trainers supported by language experts who help trainers in preparing the RPs and play roles.

utterances in his/her own language and on interaction. Needless to say, all this requires a close cooperation between trainers and language experts. Ideally the latter should also have some translation competence (see Skaaden and Felberg, this volume).

All setups require all parties involved to work hard. Both time and patience are needed to design and conduct an RP. The results may be very good, though, as trainees designing an RP must necessarily draw on what they have learned while involved in the activities described under 2.1 or constructively, although not explicitly, analyse their personal experience.

3.2.4 Knowledge about institutional interaction

To prepare a role-play training session, one must know what is to be reproduced. Such knowledge may derive from a formal or non-formal learning process (e.g. training in Conversation Analysis), or from an informal learning process (direct experience in the field).

For example, when preparing an RP in an institutional setting (education, health-care, courts, social services, etc.), one should know that the interaction is

- face-to-face
- between specific participants
- who are oriented towards a goal, perform specific tasks and assume a precise identity (or a set of identities), conventionally associated with the institution in question.

In a doctor-patient interaction, for example, one should be aware of the stages that characterise it and may be described as follows (Tebble 1999: 185, 2014, 422)¹¹:

- Greetings
- Introductions
- (Contract)
- Stating/Eliciting the problem
- Ascertaining the facts
- (Diagnosing the facts)
- Stating the Resolution/Exposition
- (Decision by patient)

¹¹ See also Meyer (2002, 161).

- Clarifying any Residual Matters
- Conclusion
- Farewells

Similarly, one should be familiar with the typical interaction structure in other institutional settings, e.g. involving immigration officer and asylum seeker, social service worker and immigrant, prosecutor and defendant, etc.

3.2.5 Choosing the didactic goal

It is crucial to choose the didactic goal to be achieved. A distinction should be made here between the translational and the interactional levels, although it is not always easy to distinguish between the two (Wadensjö 1998) and it is easy to see how the two influence each other. If, for didactic reasons, a distinction is made, when dealing with the translational aspect (the reformulation into language Y of a turn in language X and vice versa), the RP design will focus on the way in which interlocutors express themselves. Thus, for example, longer turns will be formulated featuring dense information and/or a complex or “incomplete” structure from a syntactic or semantic point of view, i.e. where what is said is not immediately clear to those who are not familiar with the topic, the context, etc. (“cryptic turns”, Baraldi and Gavioli 2019).

When attention is paid to interaction and interactional dynamics, the RP may include complex turn-taking issues with overlaps, competition for turn-taking, side sequences (a primary interlocutor or the interpreter asking for clarifications, details and so on), etc. Situations may also be included where the institutional interlocutor (e.g. the doctor) and the client (e.g. the patient) can understand each other when using their own languages, or try to use the other’s language thus limiting the scope of the trainee interpreter’s role or changing it (the interpreter is implicitly asked not to interpret whole turns, but just to come up with or translate individual words, or clarify a concept expressed by one interlocutor in the other’s language). It might also be interesting to simulate situations where the institutional interlocutor corrects the interpreter (rightly so or otherwise) – it is a not-uncommon case when the interlocutor has some knowledge of the foreign language being used.

D’Hayer (2013, 329) gives a rather exhaustive list of the challenges and difficulties that may make an RP as close as possible to real interpreter-mediated interactions and where the translational and interactional levels are intertwined:

“This approach requires thorough preparation and detailed materials, such as scripts of role plays that integrate challenges (some anticipated, others unexpected) at various levels, taking into account the following:

[...]

2. communication challenges (e.g. misunderstanding, lying),
3. emotions (e.g. guilt, confusion),
4. professional challenge (e.g. the client is asking the interpreter for advice),
5. cultural issues (the service provider asks a Muslim mum with two children if she is married),
6. language challenges (e.g. specific reference to legal acts or procedures that are different or do not exist in one of the countries involved, description of emotions),
7. interpreting challenges (e.g. speed of delivery as someone is upset, idiomatic phrases or dealing with numbers) [...]"

Other features making RP interaction more complex and closer to real interactions have to do with the interlocutor's attitude. In a doctor-patient interaction, for example, the doctor may show varying degrees of empathy and the patient may exhibit varying degrees of vulnerability or aggressiveness. The interaction itself may be more or less emotionally charged/demanding (e.g. in a medical consultation: terminal disease, invasive exam, etc.).

4 HOW TO INVOLVE THE CLASS

RPs may be beneficial only to those who are directly involved while the rest of the class remain passive. To avoid this risk, specific tasks should be assigned to those who are not playing roles in the RP.

As an example, an assessment procedure will now be described which is based on some fundamental points to be defined before the RP and is carried out through specific steps after the RP.

Particularly significant here are the distinction between "as-text" and "as social (inter)activity" (Wadensjö 1998, 44), the constant interaction between the two approaches, and the analysis grid with the rendition categories.¹²

Before the RP. Before the RP, the whole class is invited to observe and take notes about facts previously agreed upon with the trainer, bearing in mind that the overarching goal of a simulated interaction is equal access by all participants in the interaction to what is going on. To this end, attention must be paid to turn

¹² For the description of the categories see Wadensjö (1998, 197-07); for a further discussion about the concept of close and divergent renditions see Dal Fovo and Falbo (2020).

distribution and management, coordinating tasks and content comparison between the turns of the interpreter and those of the other participants throughout the interaction. Missing or added contents have to be checked not only at the micro-level (i.e. turn of interlocutor 1 or 2 and corresponding interpreter's turn), but at the level of sequences or of the whole interaction: information not immediately translated could be conveyed later. In this respect it is important to note whether the interpreter is able to recover and convey at a later stage information that had been left out. It is also important to see whether this has any effect, for example on the relationship between doctor and patient.

As an alternative, the class may be divided into focus groups, where each group pretends to understand only the language of a specific participant, e.g. group A pretends to understand only the doctor's language, group B pretends to understand only the patient's language, group C focuses on the interpreter's interpretation and coordination tasks.

It is essential to audio- or video-record the RP, because recording is a prerequisite for a fact-based assessment. Trainees will more readily agree to be recorded if they are informed about the purpose of the recording.

After the RP. The assessment procedure may be divided into three steps.

STEP 1. The trainer gives the floor to the trainee(s) who took an active part in the role-play and engage them in a guided discussion of their performance.

Possible discussion triggers.

Questions for the interpreter role-player:

- Did you feel in control of the interaction / on top of the coordinating task?
- Did the participants give you enough space for your translation turns?
- Did you feel your presence was un/necessary for the interlocutors to interact?
- Did you feel bypassed by the primary speakers?

What was the most difficult thing you had to do?

- Switching from one language to the other;
- Remembering everything a speaker said;
- Taking the floor;
- Managing the participants' emotional reactions;
- Adapting your rendition to each participant.

Questions to the interlocutors if trainees were playing them (see 3.2.3, setups (ii) and (iii)):

- Did you manage to focus only on what the interpreter was telling you when translating the other interlocutor's turn?
- Were you satisfied with the interpreter's work?
- Did you have the impression that communication was difficult? At which moment in the interaction and why?

STEP 2. The trainer elicits feedback from the class. If specific tasks have been assigned to the audience, the trainer should ask trainees to report on them.

Possible discussion triggers.

- Was there a specific problematic moment in which communication did not work for either of the interlocutors? What caused it?
- Were the role-players credible/plausible/engaged patient or doctor?
- Was the interpreter able to make the doctor's voice or the patient's voice heard?
- Were the patient's concerns made clear to the doctor?
- Was the doctor's empathic attitude successfully conveyed?
- Did the doctor know what kind of patient s/he was facing – compliant, emotional, unresponsive, etc.?
- Did the patient understand the seriousness of his/her situation and the importance of the proposed treatment/procedures/examinations? Did the patient understand the risks?
- Did the doctor impinge upon the interpreter's role/ethics? How?
- Did the interpreter go beyond what s/he is expected to do? What is your opinion based on? Are you addressing a specific code of conduct?

Note that STEP 1 and STEP 2 are interchangeable depending on the classroom environment and/or the trainer's preference/ideas.

STEP 3. The trainer plays the recording of the simulation and links his/her comments to what emerged in STEP 1 and STEP 2, either confirming or disclaiming / correcting / adjusting trainees' impressions and self-assessments.

If the trainer is working with a language expert, s/he must remember to focus on his/her feedback as well.

The assessment of the contents conveyed or not conveyed by the interpreter (as-text approach) and the reasons thereof could be based on Wadensjö's rendition

categories (1998, 197-107) and their modifications (Dal Fovo and Falbo 2020). Personal experience has shown that listening to the recording could be important as a training tool not just for those who actively participated in the RP (interpreter's role and other participants' role), but for the whole class. When listening to the recorded interaction, turn after turn, the trainer (and the language expert) may ask a trainee who did not participate in the RP to interpret a turn. Or else, particularly in the early stages of training, trainees may be asked questions about what is expressed in a turn (How many ideas? What ideas? How are they connected?). It is a simple exercise enabling the trainer to correct what was said by the RP participants and dwell on the analysis and memorization process required to interpret a turn, taking into account that difficulties in interpreting a turn are often due not to inadequate language proficiency, but rather to inadequate understanding of what has been said.

As regards interpreting modes, any difficulties caused by an inadequate technique should also be addressed.

5 ACTIVITIES

Design an RP going through the different points made in the previous sections. On the basis of the languages shared by trainer(s) and trainees (Section 3.2.3), design your RP session sticking to the following points.

Before the class:

- choose your primary interlocutor role-player(s) (Section 3.2.2);
- identify your didactic goal (Section 3.2.5) and share it with the primary interlocutor role-player(s) who will write a short RP to be analysed and discussed with a view to preparing for possible re-orienting renditions or unforeseen questions.

During the class:

- identify your trainee interpreter;
- assign specific tasks to the class;
- ask the primary interlocutor role-player(s) to play the scripted RP as spontaneously as possible;
- do not forget to (video-)record the RP for the assessment phase.

After the RP:

- choose your assessment steps (Section 4.)

By changing the type of primary interlocutor role-players, the didactic goal, the use of a scripted or improvised RP, and the tasks for the class, you can design different role-plays and so constantly change your activity.

6 FURTHER READING

A bibliographic research will enable readers to find introductory handbooks in their own languages. For initial reading in English:

Hutchby, Ian, and Robin Wooffitt. 2008. *Conversation Analysis*. Cambridge: Polity Press.

A good introduction to Conversation Analysis.

Antaki, Charles. 2011. *Applied Conversation Analysis: Intervention and Change in Institutional Talk*. Houndmills: Palgrave Macmillan.

An online tutorial in Conversation Analysis is also available. Accessed August 1, 2020.

<http://ca-tutorials.lboro.ac.uk/intro1.htm> Some basic notions of Conversation Analysis are required.

Corsellis, Anne. 2008. *Public Service Interpreting. The First Steps*. Basingstoke: Palgrave Macmillan. The monograph is a good introduction to public service interpreting.

Hale, Sandra. 2007. *Community Interpreting*. Palgrave Macmillan.

Another monograph to get a general idea about Public Service Interpreting/Community Interpreting.

Niemants, Natacha, and Elizabeth Stokoe. 2017. "Using Conversation Analytic Role-play Method in healthcare interpreter education." In *Teaching Dialogue Interpreting*, edited by Natacha Niemants and Letizia Cirillo, 293–321. Amsterdam/Philadelphia: John Benjamins.

This chapter provides guidance to training trainees in the analysis of interpreter-mediated interactions.

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Authentic Mediated Interactions for Training Healthcare Mediators

Claudio Baraldi, Laura Gavioli

University of Modena and Reggio Emilia

ABSTRACT

This chapter concerns a model of training based on the discussion of authentic interactions involving cultural mediators, healthcare providers and migrant patients. The first section introduces interpreting as a form of dialogic interaction based on two main concepts, coordination and agency, which help explain how dialogue is built up in mediated interaction. The second section presents the type of materials that are used to exemplify interaction-based training and the methods used in this training; transcripts of authentic interactions will be analysed by highlighting types of actions which perform mediation in the achievement of communication in the two languages. The transcripts will be used as examples showing the type of analysis we expect the trainees to perform – in particular, we give orientations for observing actions like rendering (or non-rendering). We finally conclude with some considerations about learning from transcripts of authentic interactions.

Keywords: agency, coordination, mediation, interaction, renditions, negotiation

1 INTRODUCTION

This chapter presents a model of training based on interactions involving intercultural mediators, healthcare providers and migrant patients. The objective is to prepare immersion by familiarizing trainees with the analysis and discussion of authentic data, audio-recorded in healthcare services. The data show ways in which the bilingual encounters are mediated to make conversation possible. Mediation is thus looked at as a necessary component of interpreting and is explained by means of two concepts, *interpreter coordination* and *interpreter agency*, which are both discussed in the first part of this chapter. We then outline the materials (authentic interactions) which will be used to exemplify the way the interaction-based training should be carried out, and we describe the methods for analysing and discussing the data. Some general guidelines are provided to help trainers and trainees carry out competent observation of authentic interactions and learn from the “experiences” they suggest. Finally, some examples will be provided, whose aim is to guide the trainers to create and include similar activities in their training projects. Some concluding remarks close our work.

2 POSITIONING

As mentioned above, the chapter looks at the work of intercultural mediators who work as interpreters in Italian healthcare institutions. The Italian case has been widely debated in literature (e.g. Baraldi and Gavioli 2012; Falbo 2013, Pittarello 2009; Merlini 2009) and sometimes addressed as a case where the importance of managing potential intercultural conflicts was the main task of mediators (see Pöchhacker 2008). While the conception of the profile was definitely controversial and not without problems, at the moment of this writing, intercultural mediators in Italian healthcare services are employed for interpreting, not for managing conflicts. So, the training we are presenting here involves techniques for interpreting, rather than techniques for conflict management. In this respect, we believe it is worth using also with those professionals who in other countries are called “public service interpreters”.

3 CONCEPTS: COORDINATION, AGENCY AND MEDIATION

Studies on healthcare interaction with migrant patients have highlighted that language barriers, as well as lack of competence of healthcare professionals in overcoming those barriers, increase the hierarchical distribution of authority in conversation, making migrant patients’ participation difficult and calling for the necessity of removing linguistic obstacles (see e.g. Bischoff et al. 2003; Harmsen

et al. 2008; Rosse et al. 2016; Schinkel et al. 2018). Healthcare interpreting has been devised as a solution to these problems, including the intersection of two types of action: (1) providing renditions of participants' utterances, thus giving them "voice" (Baraldi and Gavioli 2014, 2016); (2) acknowledging different cultural orientations (Angelelli 2004, 2012) and ways of expressing (Penn and Watermeyer 2012) to enable their treatment in the interaction (Baraldi and Gavioli 2017). These two types of action have been explained in the literature through two main concepts: coordination and agency.

The idea of *coordination* was first introduced by Wadensjö (1998) and then increasingly explored in the literature (e.g. Baraldi and Gavioli 2012). The activity of interpreters as interactional coordinators consists in making sense of the participants' contributions in relation to each other, so as to make it clear that the participants are "responding" in the interaction in relevant ways. Interpreters' position in the conversation gives them access to knowledge expressed by the participants, including their emotions or those perspectives that each participant takes for granted. Interpreters also have the possibility to convey newly acquired knowledge via forms of rendition which involve not just textual reformulation of what was said in the other language, but also explanations and requests for clarification. Coordination may be accomplished implicitly, that is through adaptation of interpreted utterances to the context of the other language and to the (interpreted) expectations of the participants, and explicitly, with "authored" interpreters' contributions, e.g. checking participants' understanding of current talk, or solving misunderstandings.

Interpreters' *agency* is the possibility of interpreters to choose autonomously among a range of possible actions. While coordination has to do with interaction management, agency is, in a way, a pre-condition for this. It can be looked at as an interactional construction because interpreters can exercise agency if conditions for their exercise of agency are created in the interaction. To put it in simple words, interpreters can exercise agency if their competence, reliability and knowledge (e.g. understanding what is said in the two languages and making it clear) is acknowledged in the interaction. The acknowledgment of interpreters' agency, in the interaction, may facilitate mediation giving interpreters the possibility to choose how to (best) coordinate the conversation (Angelelli 2004; Baraldi 2019; Tipton 2008).

Coordination and agency are both observable through the analysis of authentic interactions and, quite clearly, they can be exercised either effectively or non-effectively. Data show that in coordinating mediated interactions interpreters' agency is effective when it succeeds in improving *equality* in the interactional distribution of participation, *empowering* providers' and patients' participation, and giving relevance to expressions of *affect and empathy* when this is relevant (Baraldi 2019). So effective exercise of agency results in masterly coordination of the interaction by making choices which enable participants to participate on

equal grounds, make themselves understood, possibly by re-wording their contributions in clearer ways with the help of the interpreter, and achieve reliability in their relationship. Masterly coordination is with no doubt related to the interpreters' competence, and that is what trainers train; however, the interpreters' competence can be displayed only if interactional conditions allow for the exercise of the interpreters' agency.

Under appropriate conditions, interpreters thus exercise their agency in order to make suitable coordinating choices. In this sense interpreters *mediate* the interaction. The idea of mediation has long been debated in the literature, particularly in reference to the risk that interpreters go beyond their areas of expertise. In the seminal paper by Franz Pöchhacker published in 2008 language and cultural mediation are treated as a single concept because it is not possible to render anything in another language without considering the “cultural” aspects which permeate language idiomaticity.

We believe that a look at authentic interactions may give a realistic idea of how language and cultural mediation takes place in Italian healthcare services, what the actions involved in rendering can or cannot do, what type(s) of mediation is achieved and what is more or less effective for equal participation, right of expression and rapport achievement.

4 INTERACTION-BASED TRAINING

Analyses of interpreter-mediated interactions help interpreters get familiar with the contingencies of interaction and mediate through such contingencies when they encounter them in their professional life, so that participants can participate on equal grounds. Thus, transcripts of authentic interpreter-mediated interactions can provide trainees with examples of “authentic experiences”. We shall show transcripts of interactions that were collected in public healthcare hospitals and surgeries in the Italian areas of Modena and Reggio Emilia. 80% of these encounters were collected in gynaecological or maternity care, with the participation of doctors and nurses, both male and female, or midwives, all female. Interpreting staff is also all female and patients are prevalently women, who may be accompanied by their spouses. The staff involved in providing interpreting service is formed by trained intercultural mediators (see Chiarenza, this volume).

A crucial problem in interaction-based training is the availability of authentic recorded materials. Throughout the last 15 years we have recorded a large corpus of interactions including over 100 encounters, 4 language pairs (Italian + Arabic / Chinese / French / English) and 21 mediators. The availability of a large corpus of data is important for the possibility it offers to trainers of both observing and describing characteristics of interpreter-mediated interaction in a sort of lifelong learning, and of choosing data appropriate for training (see Baraldi 2016; Davitti

and Pasquandrea 2014; Zorzi 2008). Ample choice makes it: a) evident that there is a variety of options of action available for interpreters and mediators; b) less likely that the chosen materials are episodic and do not allow for generalisation.

While a large collection of data is clearly the best solution, there is also an easier way for trainers to get data, i.e. they can ask trainees to record themselves “on the job” (when possible and with the consent of the participants), and then analyse and discuss occurrences of interaction in which they were involved. This solution is a way to start and collect a corpus which will become larger and more diversified throughout the years. The use of these “locally-collected” materials show what interpreting or mediation means in the specific experiential context and allows for a participatory methodology in which trainees are very active. If it is impossible to collect local data, an alternative solution is to use data published in books and papers (this work provides some, but see more in “Further reading” below).

The training methodology involves reading the transcripts (possibly after playing the recordings) and discussing the actions carried out within the interactions, by taking, as far as possible, the perspective of the participants involved in the conversations. One of the risks in the analysis is to treat such transcripts as pre-fabricated scripts, like theatre or film dialogues, which they are not. Indeed, what is interesting in transcripts is precisely their “not being scripted” and the work of negotiation and adjustment the participants need to carry out to accomplish conversation. In this perspective, the trainer takes the role of a “facilitator” of the discussion among the trainees, someone who guides the trainees’ reflection over the actions and contexts that are shown in the transcripts. The discussion may simply start from a comparison of the trainees’ observations. Training may thus be carried out in four main phases:

Phase 1. Small group discussion about the proposed authentic materials in order to reflect on the strategies that can be adopted in dealing with specific conditions of participants’ talk. The trainer briefly presents the materials and invites the trainees to focus on some questions (for more details, see below).

Phase 2. Plenary discussion (facilitated and monitored by the trainer) about the reports of the small groups’ reflections, comparing opinions and expanding the discussion to other possible options about how the interaction might be coordinated in the situations represented in the transcripts.

Phase 3. Second phase of reflection in small groups based on the plenary discussion in phase 2; such second group work may focus on finding (and discussing) possible alternative strategies which interpreters (or healthcare providers) might adopt in the examined transcripts.

Phase 4. Final plenary discussion of the small groups’ choices and the formulations of the conclusions that focus on: a) the strategies that were found “effective”

for interpreting/mediation in the transcripts; b) the strategies that may improve effectiveness of interpreting/mediation in similar situations.

In this type of training, trainees are encouraged to give voice to their opinions and doubts; only at the very beginning (phase 1, providing questions) and at the end (phase 4, orienting discussion and suggesting considerations) of the training, the trainer's role shifts from that of a facilitator to that of a "guide". This methodology is centred on the trainees and is based on the idea of experiential learning (Zorzi 2008), i.e. learning based on active trainees' participation (see also the chapter on tandem teaching in this volume).

5 INTERACTION-BASED TRAINING EXEMPLIFIED

The transcripts¹ that we show in this section concern two different sides of mediators' coordination and agency: a) mediators' renditions and b) what we call "negotiation of mediation". Mediators' renditions are observed either after participants' single contributions or after dyadic sequences involving the mediator and one of the participants. Negotiation of mediation has to do with constraints posed on mediation by one of the participants or both. In fact, in the interaction a particular mediating action may be sought for and encouraged by the other participants' actions – for instance, when doctors recommend that an explanation is

¹ Transcriptions provide an attempt to represent authentic conversation.

The following transcription symbols are adopted:

DOC, PAT, MED	doctor, patient, mediator
f or m	male or female
(.)	barely noticeable pause
(n)	noticeable, timed pause (n = length in seconds)
text [text	overlapping talk.] indicates end of overlap (when audible)
text [text	
tex-	syllable cut short
te:xt	lengthening of previous sound or syllable
(text)	unclear audio or tentative description (due to unclear audio)
(?)	untranscribable audio
= text	latched to the preceding turn in transcript
<u>text</u>	stressed syllable or word
TEXT	high volume
°text°	low volume
.,?!)	punctuation provides a guide to intonation, when intonation is unclear, no punctuation is provided
((sneezes))	non-verbal activity or transcriber's comments
testo <i>text</i>	intra-turn translation in italics

given extensively or when a patient first hesitates and then adds on details on her problems, which may change the initial description.

In what follows, we divide the training into two parts, with two different objectives: inviting the trainers (and eventually the trainees) to observe and reflect on the conditions of rendition (part 1) and on the conditions of negotiation (part 2). After a general presentation of the objective of the training, each transcript is first discussed in small groups, then discussed in a plenary session, then it is returned back to a second small group discussion and finally the transcript is discussed again in the second plenary discussion following the 4-phase procedure outlined above. Here, we provide examples of the role of the trainer in phase 1 and phase 4. For what concerns phase 1, we provide a brief presentation of each transcript and suggest some questions about possibly interesting features. For what concerns phase 4, we suggest possible items emerging from a discussion of the extract. Below we provide an example of the types of observations that may emerge from the use of authentic materials. It is worth noting that the discussion in phase 4 is related to the trainees' analyses in phases 1 to 3, which we cannot foresee in our examples.

5.1 TRAINING, PART 1. THE CONDITIONS OF MEDIATORS' RENDITIONS

Renditions are actions involving translation of previous talk. Renditions may occur after one participant's turn, as recommended in the traditional models of interpreting. However, since talk is a non-scripted extemporaneous construction, interlocutors may need to talk (normally briefly) with the mediator to make their contributions clear, so renditions often occur after dyadic sequences (Davidson 2002).

Renditions capture the meanings and purposes of the participants' contributions to talk. To do so, some changes may be necessary in relation to the "source" contribution. These changes involve text form and structure and are normally aimed at coordinating the interaction, i.e. making clear not only the contents, but also the entailed perspectives or assumptions, the purposes the participants' contributions accomplish within the talk (e.g. recommending, complaining). Changes include for instance: reduced or summarised renditions (focussing on the main point), expanded renditions (including or explicating some items) or multi-part renditions (where utterances are split to allow for feedback from the interlocutor). Expanded renditions in particular may make cultural perspectives (or differences) clear, they may explicate what is taken for granted (by a participant, or in that participant's perspective) or they may add contextualizing details which may provide for the primary participants' meanings and intentions. The choices mediators make in rendering (and consequently coordinating) communication show mediators' "interpreting" activity and their exercise of agency. Such choices may be fruitfully discussed by and with the trainees and alternatives considered.

EXTRACT 1

Phase 1

Presentation. Extract 1 shows an example where a male patient with symptoms of anxiety sees the doctor. The doctor invites the patient to describe his problem. The patient hesitates, but then starts describing how he feels with the help of the mediator.

Questions. Look at the transcript and respond to the following questions:

- 1) Which contributions are rendered by the mediator immediately after their completion and which are not?
- 2) What does the mediator do when she does not render the message into the target language? Is the mediator collaborative or not? Give reasons.
- 3) Look at turn 12 specifically: what is the function of this mediator's contribution?
- 4) What are the pros and cons of the mediator's actions in this extract?

- 01 DOCf: Allora dimmi adesso.
Okay tell me now
- 02 MEDf: So what's your problem now? (??)
- 03 PATm: My heart is worrying me, my heart.
- 04 MEDf: How is it worrying you?
- 05 PATm: Ehm: (0.2) my heart is-
- 06 MEDf: Beating faster?
- 07 PATm: Yes, yes, beat fast (.) fast fast.
- 08 MEDf: Or you feel pain?
- 09 PATm: Ye-yes, I feel pain. (?As straight walk)
- 10 MEDf: It beats faster?
- 11 PATm: Yes.
- 12 MEDf: Eh:: ha il cuore che batte forte. Ha anche dolore (.) dice.
Eh:: his heart beats fast. He has pain too (.) he says.
- 13 DOCf: Da quanto?
How long?
- 14 MEDf: Since when?

- 15 PATm: Almost two weeks (now)
 16 MEDf: Da due settimane adesso.
For two weeks now

Phase 4

Discussion. The doctor starts the encounter with a general question inviting the patient to describe his reasons for coming: the doctor uses a routine request form in Italian, which is rendered by the mediator with an equivalent routine form in English. The patient starts his answer in turn 03 saying that he is worried about his heart but adding nothing else. From turn 04 to turn 11, we have a short dyadic sequence where the mediator asks questions which invite the patient to give precise details. All the details given by the patient are rendered in a summarized form in turn 12. The mediator's rendition in turn 12 enables the doctor to ask a more specific question which is rendered by the mediator after the completion of the patient's answer.

Considerations. As in many other occurrences in the data, the patient seems unable to provide a detailed description of his symptoms, so the mediator's exercise of agency can be seen in her opening a brief mediator-patient sequence with the function of helping the patient provide more details. While the mediator asks specific questions, they are not "doctor's questions", rather they can be regarded as clarification requests to allow for communication to proceed smoothly. The dyadic sequence is very short (few seconds) and the details collected are all rendered to the doctor, who is then in a position to ask "doctor's questions". Unluckily, what the patient says in turn 09: "Ye-yes, I feel pain. (?As straight walk)" is not fully clear in the transcript, the mediator does not render it and she did not ask the patient to repeat this utterance – which she might have.

EXTRACT 2

Phase 1

Presentation. Extract 2 shows an example where a pregnant patient complains that she cannot sleep at night. After examining her, the doctor establishes that there is nothing physically wrong with the patient's or her baby's body and concludes that the reason for the patient's insomnia is probably related to her concerns about becoming a mother, far from home and with little support.

Questions. Look at the transcript and respond to the following questions:

- 1) What is the mediator's reaction to the doctor's contributions in turns 1 and 3? Could you think of alternative mediator's contributions? If so, what effect might these alternative contributions have?

Phase 4

Discussion: The extract shows two dyadic sequences. In the first sequence (turns 01-06), the doctor speaks to the mediator not only informing her that the patient's insomnia is probably due to her psychological state, but also that the doctor understands the patient's problem and sympathizes with her. In the second (turns 07-10), the mediator renders both the informative content and the empathic sense of the doctor's contribution to the patient. The mediator's expanded rendition provides both reassurance that there is nothing wrong (the patient is not physically ill, though probably in a difficult situation), and sympathy for the situation she is experiencing. The mediator exercises her agency by choosing how to describe the feelings of a woman who is about to become a mother and has no one to help her. The mediator also makes it explicit that the patient's concern may become strong at night "bombing her brain" and preventing her from sleeping, an idea that was only implicitly mentioned by the doctor. The mediator finally laughs with the patient (turns 11-12) possibly in an attempt to relax the patient a bit.

Considerations. The mediator exercises her agency twice: first in providing listening feedback to the doctor then in providing an expanded explanation of the doctor's contribution to the patient. This, on the one hand, enables the doctor to carry out and conclude a contribution which includes both reassurance and empathy, and, on the other hand, helps the mediator to make both the meaning and the purpose of the doctor's contribution clear to the patient, choosing appropriate words and explicating what was implicit in the doctor's talk. The reaction of the patient in turns 10-12, where she laughs with the mediator, shows that the doctor's (mediated) words have probably reached the objective of relaxing the patient. A problem that may be raised by looking at this sequence is whether, after this "relaxing" explanation, the patient is given some help, e.g. some (mild) therapy for sleeping or someone to contact for help with her maternity – or whether she is given the possibility to ask questions to the doctor.

EXTRACT 3

Phase 1

Presentation. Extract 3 shows an example of a pregnancy check-up. It is the first visit in which the doctor explains the organization of the screening throughout the nine months. In particular she focuses on three scan tests, the period in which they are taken and the purpose of each of these tests. The mediator renders the explanation to the patient, who is accompanied by her husband. The voice that is mainly heard in receiving the mediator's explanation is the voice of the patient's husband.

She says about your pregnancy (..) in Italy we have three ultrasound tests (..) the first one is in the second third month about this shows that the pregnancy has started and that the foetus is in the right position and that everything is alright (.) the second one is taken during the fifth - between the fourth and the fifth month this shows that the baby's body is complete in all its parts

08. HUSm Ah
Yes
09. MEDf idih w (.) rjlih w 'ra's w lbatn w l ma'ida.
her feet (.) her hands and all the rest
10. HUSm Ah
Yes
11. MEDf ya'ni kul haja mawjuda fi aljism.
That everything is in place
12. HUSm aywa.
Yes
13. MEDf w 'thalfaza al ukhra 'lli 'ala ishahr (.) nghul bayn 'sabi' w akhir 'sabi' w awal 'thamin taqriban akthar had.
The third one is taken between the (.) beginning of the seventh and the eighth month maximum
14. HUSm Ah
Yes

Phase 4

Discussion. The extract is divided into two dyadic sequences, the first one between the doctor and the mediator, and the second one between the mediator and the patient and her husband. The second sequence includes also the mediator's expansion of the details and her anticipation of the patient/husband to confirm that they follow and understand what has been said. The mediator coordinates the interaction in two ways, in both cases differently from what we have seen in Extract 2. In the first part of the extract she shows understanding of what the doctor says and provides feedback for her to complete her contribution, but clearly stops her from expanding – there is a difference to be noted between the feedback the mediator provides here (“okay” turn 02, “absolutely” turn 04, “yes” turn 05) and the “continuer” feedback (“mhm”) of the mediator in Extract 2. In the second part of the extract, the mediator shows her competence and knowledge in explaining the details of the three scan tests by expanding them as to

include the peculiarities of the Italian system (“In Italy we normally have three ultrasound tests”) in reference to possibly different expectations. Her rendition is split in different parts so as to allow feedback from the interlocutor(s).

Considerations. The mediator exercises her agency in showing her knowledge to both the doctor (“yes” and “absolutely” show that she knows what the doctor is talking about) and to the patient, by providing further details. Her longish rendition probably reassures the doctor that everything that needs to be said has in fact been said: the doctor does not check with the mediator and apparently trusts her. The patient’s husband seems very compliant and shows understanding repeatedly. What is not fully clear is the reason why the patient participates so little – which may be a fruitful discussion topic.

5.2 TRAINING, PART 2. NEGOTIATION OF MEDIATION

We hope we have made it clear that interpreter-mediated encounters are largely interactional products where participants’ actions affect each other in a number of ways. The mediators understand both languages spoken in the conversation and are thus in a position to help the interlocutors reach each other. However, there is clearly a lot of coordinating and mediating work that they have to do which requires that the other participants in the interaction acknowledge the mediator’s right to exercise agency. It may be added that this acknowledgment involves, in turn, the mediators’ competence to make choices appropriately in order to render talk in a contextualised way, and trust on the part of the other participants that the mediators have such competence (see Mason 2006). Indeed, mediators are not alone in the interaction and their mediating action may be solicited by other participants’ actions. In this second part of our interaction-based training, we will look at examples which show how such interlocutors’ constraints are posed on the mediator’s action and how mediators deal with these constraints. As mentioned above, constraints may be posed by doctors or patients. We will deal with doctors’ constraints briefly and will then show two extracts, posing two different types of constraints, both by the patients.

The constraints posed by the doctors can be noted in both Extract 2 and Extract 3. Both extracts start with a dyadic sequence involving the doctor and the mediator where the two interlocutors define not only the contents but also the pragmatic meaning of the doctor’s contribution. In particular, it is clear, in the chain of turns, that the doctor in Extract 2 aims to convey reassurance and empathy and that in Extract 3 she is referring to a routine procedure (“the three ultrasound tests” meaning “the usual ones”). In both cases the doctor uses an introductory verb by which she gives instructions to the mediator and also authorizes her to report the doctor’s contribution in a particular way.

Questions. Look at the transcript and note:

- 1) What type of rendition follows the doctor's turn?
- 2) The patient's answer is not rendered immediately. What does the mediator do instead? Can you give reasons for this choice?
- 3) Is the patient's answer rendered eventually?
- 4) What are the consequences of this mediator's choice in the interaction? Is the doctor excluded?

- | | |
|----------|--|
| 01. DOCf | Ultima mestruazione quando è stata?
<i>Last menstruation when was it?</i> |
| 02. MEDf | Akhir marra jatk fiha l 'ada shahriya?
<i>Last time you had your period?</i> |
| 03. PATf | Rab'awa'ishrin (.) f sh'har juj
<i>Twenty-fourth (.) in the month of February.</i>
(0.2) |
| 04. MEDf | Fsh'har juj?
<i>In February?</i> |
| 05. PATf | Ah, rab'awa'ishrin (.) f sh'har juj.
<i>Yes, twenty-fourth of February</i> |
| 06. MEDf | F sh'har- f had sh'har ma jatksh?
<i>In the month- in this month you didn't have it?</i> |
| 07. PATf | Majatnish, yallah jatni, ghlt lik dart liya retard tis' ayyam.
<i>I didn't have, I have just had it, I told you I had a nine-day delay.</i> |
| 08. MEDf | Yallah jatk?
<i>You've just had it?</i> |
| 09. PATf | Ah.
<i>Yes.</i> |
| 10. MEDf | Imta jatk?
<i>When did you have it?</i> |
| 11. PATf | Jatni:: el bareh.
<i>I had it yesterday.</i> |

12. MEDf Ehm, ya'ni les regles tsamma dyal l bareh mush-
Ehm so yesterday menstruation don't-
13. PATf Ah, ghlt dyal bareh, mashi lli ghlt dak sh'har
Yes I said yesterday, not that from last month.
14. MEDf Eh, no, akher marra. ma'natha nti daba haid?
Well no, last time. So you're having your period now?
15. PATf Ah.
Yes
16. MEDf Allora, attualmente è mestruata. (.) Le sono venute ieri.
Well, she's having her period now (.) It came yesterday.
17. DOCf ah! Allora bisogna che torni ((laughs))
ah! so she needs to come back
18. MEDf infatti, adesso-
that's right, now-

Phase 4

Discussion. The mediator in turn 02 renders the doctor's question to the patient using an Arabic turn structure that is similar to the one used by the doctor in Italian. The patient's answer, however, refers to a month and a half before the encounter so the mediator stops rendering and talks with the patient to check whether her menses are late. The clarification sequence covers turns 04-15. In fact, the sequence shows that there is a misunderstanding: since the patient already said that she was having her menses currently, the date she provided after the doctor's request is that of the menstruation before the current one. In turn 16, the mediator renders the correct date to the doctor, with the consequence that the pap-test which the patient was supposed to take on that day gets postponed.

Considerations. The mediator coordinates the interaction in a way as to solve the misunderstanding and render to the doctor the detail she asked about at the beginning of the sequence. The mediator exercises her agency in choosing not to render the patient's answer immediately as she understands there is something unclear about it. So, the patient's understanding of the doctor's request (which is made clear in her answer) poses constraints on the mediator as to decide whether to render or solve a possible misunderstanding. The mediator decides for the latter solution and what she renders to the doctor is "the solution", i.e. the patient's answer that is relevant for the current medical check-up. The interaction proceeds smoothly, even though the doctor is not informed about the misunderstanding.

- 09 MEDf ma che: soprattutto in questi nove giorni di ritardo ha avuto molti dolori.
but that particularly during this nine-day delay she had frequent pain.
- 10 DOCf Mh.
- 11 MEDf =finché [sono arrivate le:
until she had the
- 12 DOCf [mh.
- 13 DOCf va bene, la visito
okay, I shall examine her

Phase 4

Discussion. The mediator renders the doctor's and the patient's contributions closely from turn 01 to turn 04. The patient's spontaneous intervention in turn 05 changes the meaning and purpose of her initial contribution: she did not mean that "everything is normal", as initially suggested, rather she wanted to say that she had particularly strong pain before her last menses. This puts constraints on the mediator and prompts her to explore the problem with the patient briefly before rendering the patient's contribution to the doctor.

Considerations. Patient's turn 05 clearly changes the course of interaction by turning a routine check-up into one which needs to consider a particular problem. The patient's contribution in turn 05 throws new light on her contribution in turn 03, which can now be interpreted just as the beginning of what the patient wants to say. Under this constraint, which changes the meaning of the patient's contribution, the mediator exercises her agency in choosing to stop her rendition and get back to the patient to explore the problem better. The mediator does not ask any question but simply provides listening feedback which prompts the patient to go on with her telling and complete it. The completed narrative is then rendered to the doctor. The doctor clearly attributes the problem medical relevance and decides to examine the patient.

6 CONCLUDING REMARKS

Our examples show three important aspects of mediation which may be useful to highlight in training. First, mediators' summarized, expanded, and multi-part renditions are quite common, as well as dyadic sequences with providers or patients. Second, mediators' contributions are interactionally achieved and pursued in the interaction. Both doctors and patients call for mediators' attention

and expertise in rendering agreed information, in listening to more details, in adjusting contents in ways that the mediator finds appropriate for the other interlocutor to understand. Third, mediators contribute as agents in the selection of items among a range of choices made available to them. These three points can be considered by the trainers in encouraging trainees' reflection and to "guide" the trainees throughout the discussion in phase 4. The proposed training addresses a view of interpreting/mediation that puts quite a lot of responsibility on the interpreter/mediator in that it shows that mediating actions in interpreting are displayed through the mediator's choice of action. The training shows that the mediators' choices display the mediators' "interpretation" of what is going on and can promote participants' relevant contributions on equal grounds by empowering their right to say what they want to say and their achievement of an interpersonal relationship (as e.g. in Extract 2). The training also makes evident that cultural issues are relevant in mediated interactions (as seen in Extract 3), but mediation is not attached to cultural items alone. The training shows that mediation seems to be the result of a double operation: 1) giving meaning to what may not be clear for (some) interlocutors and 2) opening interlocutors' choices about which meanings are possibly attributed to particular items. Moreover, the proposed training highlights trainees' agency and coordination in finding and discussing their own interpretations of the examples. In fact, this training is in itself a way of showing what trainees intend as interpreting/mediation and how they coordinate and exercise agency during the training in phases 1, 2 and 3. Finally, one of the major objectives of the training is to suggest that coordination and agency fulfil the function of mediation, by transforming facilitation of understanding into the promotion of equity and empowerment of participation (and affect/empathy). Exercising agency in effective ways, by avoiding misinterpretations or inappropriate substitution of interlocutors in talk, involves a high professional competence, particularly in choosing among a high number of alternative actions that are dealt with in phases 1, 2 and 3. It also involves the trainers' competence in coordinating and exercising their agency through training, by activating ideas and considerations (phase 1), facilitating discussion (phase 2) and guiding the trainers towards possible solutions (phase 4).

7 ACTIVITIES

Discuss in pairs: is it better to study transcripts with trained or untrained interpreters? What are the benefits of one or the other option?

Compare the interactions in the transcripts with recommendations from the codes of conduct with which you are familiar. To what extent do they diverge? Discuss in pairs: Does this divergence suggest: a. that there needs to be an accommodation of interpreter behaviour to the codes of conduct or b. that codes

of conduct should be reinterpreted or adjusted in light of authentic interaction contingencies?

Discuss the issue of “trust”, particularly in the relationship between service providers and interpreters in the interactions presented above. How can you achieve trust in such a relationship?

8 FURTHER READING

Cirillo, Letizia, and Natacha Niemants, eds. 2017. *Teaching dialogue interpreting*. Amsterdam: John Benjamins.

The volume collects studies applying the interactional approach to interpreting teaching and training. It provides examples of authentic interpreter-mediated encounters in many settings and suggests teaching/training activities based on authentic interaction.

Davitti, Elena, and Sergio Pasquandrea, eds. 2014. *Dialogue Interpreting in practice: bridging the gap between empirical research and interpreter education. The Interpreter and Translator Trainer, Volume 8/3. Special issue.*

The volume was the first study providing an application of Conversation Analysis to interpreting teaching and training. It provides a number of examples of practices occurring in an interpreter-mediated interaction and is a good guide to learn how to analyse an interpreter-mediated interaction.

Tipton, Rebecca, and Olga Furmanek. 2016. *Dialogue Interpreting: A Guide in Public Services and the Community*. London: Routledge.

This book is an excellent introduction to the study of dialogue interpreting and provides a thorough explanation and discussion of dialogue interpreting in the main settings in which it nowadays occurs.

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Practice-Based Training for Intercultural Mediators in Healthcare Services

Antonio Chiarenza

Azienda Unità Sanitaria Locale – IRCCS di Reggio Emilia

ABSTRACT

The aim of this chapter is to present the role and structure of practice-based training as part of the overall programme for intercultural mediators of the Reggio Emilia Local Health Authority (AUSL RE). The pedagogical approach for this type of training is based on experiential learning geared towards promoting reflection and group discussion in order to generate knowledge and improve performance. Specifically, the trainee is guided to perform those tasks and roles which make up the professional practice of the intercultural mediator by firstly observing and then practicing mediated interactions in healthcare consultation. The aim is to provide practice learning opportunities for trainees through internship and placement activities by engaging them in concrete experiences and stimulating reflection on the problems encountered and the solutions adopted. This chapter presents the organisational structure of practice-based training, the actors involved, the roles and tasks, the methods and tools to facilitate learning and to assess the outcomes.

Keywords: healthcare consultation, intercultural mediation, interpreting, migrant patients, practice-based training, experiential learning, professional development, training assessment.

1 INTRODUCTION

Numerous studies and experience in healthcare provision show that language discordance and cultural differences have adverse effects on accessibility, quality of care, patient satisfaction and health outcomes for refugees and migrants (Norredam 2011; Chiarenza et al. 2017; Bischoff 2003). This is particularly true for communication in clinical encounters (Divi et al. 2007). Due to linguistic and cultural barriers these patients may not receive complete information about their care and at the same time the provider is not able to understand the patients' needs, which leads to communication problems and misunderstanding (Carrasquillo et al. 1999; Karliner et al. 2010). Strategies to ensure language support and mutual understanding between migrant patients and providers have proven effective in decreasing medical errors, reducing utilisation inequalities, improving clinical outcomes and satisfaction for foreign-language speaking patients (Karliner et al. 2007; Jacobs, Sadowski, and Rathouz 2007; Cohen et al. 2005), suggesting that accurate consideration of the communication problem is in fact beneficial to the provision of the service.

Access to well-trained intercultural mediators – as well as healthcare interpreters – is thus crucial to improve communication between migrant patients and healthcare providers. In this chapter, we focus on practice-based training as a learning strategy for the initial preparation of intercultural mediators as well as their professional development. This type of training is problem-based and grounded on reflective observation and discussion to generate knowledge, improve performance and ultimately better define and further develop the specific skills of this profession still in the process of formal recognition. In doing this, reference will be made to the role and structure of practice-based training, drawing on experience from internships and placement schemes, comprised in the overall programme for intercultural mediators of the Reggio Emilia Local Health Authority (AUSL RE).

2 POSITIONING: INTERCULTURAL MEDIATION IN ITALY

This chapter focuses in particular on the training of intercultural mediators, the type of personnel mostly used in Italy to facilitate language understanding and acceptance of cultural differences between migrant patients and healthcare providers (Zorzi 2008; Baraldi 2016; Falbo 2013). Although in Italy the role of this occupation is considered indispensable by both patients and healthcare professionals, its integration into the national healthcare system is still far from being achieved. To date, there is no officially recognised profile of the intercultural mediator; furthermore, mediation activities themselves and how they are carried out from recruitment to training are far from clear and are often taken from

circulars, interpretations and guidelines arranged by different ministries (Ministry of Justice, Education, and Health).¹ The attempt to define a national profile² and certification system³ carried out by the “Institutional working group on intercultural mediation” did not produce the expected results. In the absence of a national framework and common definition of the knowledge and skills needed for this emerging profession, individual regional governments and even local authorities have autonomously defined the areas of intervention, certification and training programmes for intercultural mediators.

Within this broader picture, the AUSL RE in 2005 formally established a coordinated Linguistic and Cultural Mediation (LCM) service based on the experience and results achieved by participating in the European project Migrant-Friendly Hospitals (Chiarenza 2005; Bischoff, Chiarenza, and Loutan 2009), which inspired the organizational structure of the service and the inclusion of this new profession in the routine of health services. In accordance with the 2004 Regional Decree⁴, the AUSL RE formally adopted the denomination *mediatore interculturale* for those employed to perform linguistic and cultural mediation in its healthcare services. In this phase, it was decided to hire intercultural mediators provided by external social cooperatives in order to share resources with other services in the community and provide migrants with opportunities for career development as intercultural mediators (Chiarenza and Chiesa 2018).

Since its inception, given the wide geographical dimension of the province, the coordination of the LCM service at a central level has been linked to each health district. The central coordination system encompasses the booking system, the

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- 1 In the *Testo Unico sull'immigrazione* (Consolidation Act on immigration - Legislative Decree 286/1998 and subsequent amendments), both figures that of *mediatore culturale* and of *mediatore interculturale* are cited without specifying the profiles and differences between the two.
 - 2 http://www.integrazionemigranti.gov.it/archiviodocumenti/mediazione-interculturale/Documents/00937_linee_indirizzo_mediatore_interculturale.pdf
 - 3 http://www.integrazionemigranti.gov.it/Documenti-e-ricerche/DOSSIER%20DI%20SIN-TESI%20QUALIFICA%20MEDIATORI_28_07.pdf
 - 4 In the Italian region of Emilia-Romagna the intercultural mediator is described by Regional Decree 10.11.2004 as a person “able to accompany relations between migrants and the context of reference, fostering the removal of linguistic and cultural barriers; the understanding and enhancement of one’s own culture and the access to public and private services; and able to assist service organisations in the process of making the services offered to migrant users appropriate”. The regional decree places the *mediatore interculturale* in the professional area of “social, health and socio-health care”. Four years later, the Regional Council Resolution 26.02.2009 described the four main competences of the intercultural mediator as follow: i) welcoming foreign users; ii) assisting the relationship between foreign users and services; iii) cultural/linguistic mediation; iv) development of social integration interventions. Specific training pathways were recommended in order to gain the qualification of intercultural mediator ranging from 300 to 500 hours, including formal education and practical training.

list of intercultural mediators and the languages available, as well as service evaluation, and the registering of the number of hours per intercultural mediator, per district and per facility. A clear organizational policy was set out to define what interpretation and intercultural mediation actually involve in order to ensure effective communication between health providers and service users. This includes written procedures and guidelines; training courses for intercultural mediators and for healthcare staff about how to work with mediators; and a documentation system to control the budget and the quality of the service. Different types of services have since been available, including onsite, scheduled and urgent interventions, over-the-phone and video-remote interpreting, and written and sight translation (Chiarenza 2019).

3 CONCEPTS: COMPLEXITY, INTERPRETING AND MEDIATION

Ample evidence supports the necessity of using intercultural mediators and/or healthcare interpreters to ensure that clinical information is communicated effectively across language and cultural gaps through the entire care process, from admission to treatment and discharge (Novak-Zezula et al. 2005; Bischoff and Hudelson 2010; Sturman et al. 2018; Verrept 2012). Although the boundaries of the roles of these two professions are still unclear and confusing (Pöchlacker 2008; Wang 2017) – mediating and interpreting are seen as separate roles (Martin and Phelan 2010; Pokorn and Mikolič Južnič 2020), part of a continuum (Aguirre Fernandez Bravo 2019) or overlapping at different degrees (Hsieh 2009, 2016) there is general agreement that their intervention takes place in a complex relational context in which communication difficulties are linked not only to language but also to socio-cultural, health literacy and even institutional issues (Greenhalgh, Robb, and Scambler 2006). Furthermore, work on recorded and transcribed data shows that many problems in interpreting/mediating conversations are connected to features of interactions, like the ability to coordinate participation from the interlocutors, rather than the role of the “language expert” (Baraldi and Gavioli 2017, 2018).

Different expectations relating to the world of medicine of the provider and the world of the patient's life make healthcare consultations complex even without the need for an interpreter or a mediator (Heritage and Maynard 2006). The presence of a third party (the mediator) turns the already complex dyadic interaction between the healthcare provider and the patient into an even more complex situation in which multiple influences come into play often creating tensions and challenges between biomedical-world and life-world; impartiality and advocacy; trust and mistrust; equality and inequality (Greenhalgh, Robb, and Scambler 2006; Hsieh, Ju, and Kong 2010; Robb and Greenhalgh 2006; Chiarenza, Dome-

nig, and Cattacin 2020; Hilfinger Messias, McDowell, and Estrada 2009). Therefore, the need for mediation, in terms of interactional coordination (Wadensjö 1998; Baraldi and Gavioli 2012); decision-making discretion (Skaaden 2013; Wallander and Molander 2014), meaning negotiation (Leanza 2005); culture brokerage (Gustafsson, Norström, and Fioretos 2013); service integration and equality promotion (Bischoff, Kurth, and Henley 2012; Hilfinger Messias, McDowell, and Estrada 2009; Cattacin, Chiarenza, and Domenig 2013) seems to be inseparable from that of interpreting in healthcare consultations.

4 PEDAGOGICAL APPROACH: PRACTICE-BASED LEARNING

Coping with the complexity (Fraser and Greenhalgh 2001) of mediated consultations in which relationships are not predictable or linear and decisions are often negotiated through interactions, requires that “interpreter-mediators” are trained not only on what they should do in principle (e.g. translate accurately) but also on what such principle actually involves in the complexity of real-life situations. That is to say, interpreters/mediators need to observe what leads to an accurate translation in specific situations, and develop their strategies accordingly. Learning through practice (Billet 2010) is ideal for the initial preparation and further professional development of the intercultural mediator, as it focuses on the critical role real-world experiences play in the learning process (Kolb and Kolb 2005). This is a process that provides feedback on the mediation performance to the trainee about the impact of her/his decisions and actions and those of the patient and the provider in the real-life triadic interaction of the healthcare consultation. The information that is fed back to the mediator-trainee allows for meaningful reflections and serves to consolidate or construct professional knowledge and improve performance. By interacting and observing experienced practitioners through processes such as receiving feedback, discussing, responding to questions and being mentored and supervised, the trainee is engaged in her/his personal learning trajectory. It is a learning process that allows the trainee to focus on those professional skills necessary to facilitate linguistic understanding, acceptance of socio-cultural concerns, equal access to interactions and the resolution of misunderstandings that may affect clinical communication between health professionals and migrant patients in the complex care settings. In this learning process it is fundamental that trainees have access to close guidance by a supervisor and expert intercultural mediators as well as to those healthcare settings that may provide activities relevant for the purpose and scope of the training, together with adequate opportunities to observe different participation perspectives on mediated interactions. Finally, the important role that practice-based learning plays in building the professional knowledge of intercultural mediators should be noted. As intercultural mediators lack profession-

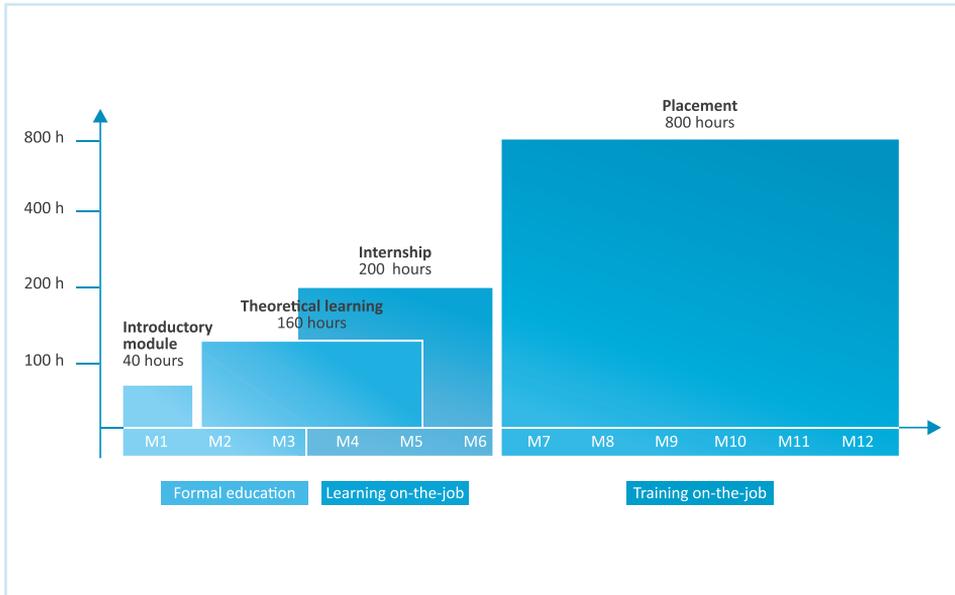
al recognition, hence an institutionalized educational process that would define their professional knowledge, this practice-based learning model goes beyond the traditional goal of consolidating “codified” professional knowledge through its application in practice settings to actually contributing to the construction of this very professional knowledge.

5 THE STRUCTURE OF PRACTICE-BASED TRAINING

In order to ensure quality interpreting and intercultural mediation services, the AUSL RE has developed a broad training programme comprising a theoretical part of formal education⁵ as well as a practical part of learning and training on the job. The duration of the practice-based training is usually two thirds of the overall training programme. Although with different intensity, the entire training programme is offered as an initial professional training for new intercultural mediators (entry-to-practice level), as well as a continuing professional training for those who are already working as intercultural mediators. As an example of such training, the structure of the initial professional training offered to new intercultural mediators a few years ago in the AUSL RE is provided in Figure 1. The whole programme lasted 12 months with a 1200-hour training scheme that included 200 hours of formal education (introductory module and theoretical training); 200 hours of learning on the job (internship); and 800 hours of work-based training (placement). After two months of formal education, internship sessions were introduced, so that theory and practice alternated within one month. At the end of the internship, a period of supervised placement of 6 months started aiming at formally introducing intercultural mediators into the routine of the service.

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- 5 The theoretical part of the intercultural mediation programme is divided in two main parts: the first is an introductory module focusing on the local and national context of migration; the second addresses the role and tasks of the intercultural mediator including: professional ethics, communication theory, understanding diversity, linguistic and cultural mediation, interpreting and translation, social and system mediation, and specific healthcare services and target groups. The methodology for delivery is based on classroom lectures and discussions, work group sessions, case scenarios, role play and analysis of transcripts of audio-recorded materials. Trainers are experts on migration, health professionals, sociologists, psychologists, lawyers, researchers from our affiliated university (University of Modena and Reggio Emilia), and intercultural mediators themselves. The methods for evaluation are pre- and post-training survey; questionnaires, or written feedback from trainees.

Fig. 1: Structure of the initial professional training for new intercultural mediators



5.1 INTERNSHIP AND PLACEMENT

After the first step, based on analysing real-life interactions through audio-recorded encounters in healthcare services (see the chapter on authentic mediated interactions for training healthcare mediators in this volume), the trainees enter the more practical part of the training involving internship sessions and work placement. During internship sessions the trainees accompany an expert intercultural mediator in her/his job and observe the mediation strategies used in healthcare consultations, while during work placement the trainees practice the role of intercultural mediator under supervised guidance. Internship and placement are different models of practice-based training: internship is a form of work-based learning that we consider to be still part of the formal education of the intercultural mediator, a form of learning from practice, but still learning. The duration is comparatively short and is addressed to new intercultural mediators enrolled in their initial training. Conversely, placement is a form of work-based training aiming at consolidating professional skills and knowledge through action and direct experience. While placement clearly provides ample opportunities for learning, it requires more mature professionalism. Placement also usually lasts longer and is offered to actual intercultural mediators as part of their continuing training, as well as to new intercultural mediators that have completed internship as part of their initial training.

5.2 SELECTION OF THE HOSTING ORGANISATION

A successful implementation of the practice-based training relies on a careful selection of the hosting organisation, in our case those healthcare services that mostly use intercultural mediators. To this end it is important to identify health services providing activities that are relevant for the purpose and scope of the training, as well as adequate opportunities to observe or experience different participation perspectives of mediated interactions. Moreover, the organisational culture and structure of the hosting organisation should favour the learning activities of internship and placement: for example, they should have healthcare staff capable of working with intercultural mediators, and provide healthcare services that have already integrated intercultural mediation in the routine of their organisation.

5.3 ROLES AND TASKS IN PRACTICE-BASED TRAINING

Various actors are engaged in the training process (e.g., those responsible for training, for the host organisation, the supervisor (trainer), the tutor (expert mediator) and the trainee) and specific tasks are carried out by all the actors involved. The training provider in charge of the training programme makes arrangements, introduces trainees to the host institution and illustrates the scope of the training. The hosting organisation assigns a person responsible for all issues relating to internship or placement. A supervisor, chosen by the training provider, provides for supervision, tools and methods to be used, and participates in the evaluation process. Supervision is particularly important in practice-based learning, as it provides constant assistance to the trainees in practicing the professional skills and adjusting their competences as intercultural mediators. Similarly, the tutor, who is often an expert mediator, provides for coaching and discusses with the trainee in individual sessions the aspects of interpreting and intercultural mediation either observed or experienced by the trainee. Finally, the trainee is expected to comply with the training and evaluation rules and to respect the tasks assigned.

6 LEARNING THROUGH PRACTICE

Through practice-based learning the trainee is expected to consolidate and further develop professional skills and competences, gradually moving from knowledge to ability. Specifically, the trainee is trained to perform those tasks and roles which make up the professional practice of the intercultural mediator. The prime objectives of the practice-based training are to learn how: (i) to facilitate linguistic understanding and acceptance of cultural differences in communication; (ii) to manage the flow of communication in a way as to favour equal access to everything that is said and done for all participants; (iii) to recognise misunderstandings (linguistic and cultural) and to repair them appropriately.

6.1 LEARNING METHODS AND TOOLS

Specific tools and methods to facilitate learning are provided, such as an *observation grid*⁶, which is used to collect the impressions the trainee has of the encounter observed during their internship or experienced during work placement; a *diary* which allows the trainee to take notes of individual sessions; a *portfolio*, in which the outcomes of the observations and discussions of cases are collected. Finally, a *Supervision report* is produced to present the overall results of practice-based training, jointly produced by the trainee and the supervisor.

6.2 THE LEARNING PROCESS

The supervisor makes arrangements for the practice-based training session, ensuring that the interaction will be done in the language of the trainee and in a proper setting for the learning objectives. The person identified by the host organisation ensures that both the patient and the provider are informed and agree that a mediator-trainee will participate in the mediated consultation either by following the expert practitioner in charge of the mediation or directly acting as the mediator under appropriate supervision. Before the training session, the trainee briefs with the expert intercultural mediator and the supervisor in order to gather more information on the healthcare setting, the healthcare provider and the patient. The supervisor provides and explains the “observation grid” which will be used by the trainee to identify the key points observed during the internship session or directly experienced during the placement. The capacity to observe and identify key points is achieved by focussing on how the patient, the healthcare provider and the mediator participate in the interactions and finally on the mediator’s interpreting activity.

The first section of the observation grid focuses on the patient and aims at defining whether mediation is able to promote the patient’s active contribution to the interaction, thus fostering participation, equity and empowerment.

6 The “observation grid” has been produced in collaboration with Claudio Baraldi and Laura Gavioli.

How does the patient participate in the interaction?

	Frequently	Sometimes	Never
The patient gives information			
The patient asks questions			
The patient shows reception/understanding of the mediator's talk			
The patient shows reception/understanding of the provider's talk			
The patient seems relaxed (laughs, smiles)			
The patient speaks Italian occasionally			

The second section focuses on the healthcare provider and aims at observing the healthcare provider's attitude, participation and active contribution to the mediated interaction.

How does the provider participate in the interaction?

	Frequently	Sometimes	Never
The provider is kind and attentive			
The provider is distracted by things around			
The provider is prone to give (long) explanation			
The provider asks questions			
The provider talks directly with the patient			
The provider seems relaxed (laughs, smiles)			
The provider seems annoyed			
The provider does not seem to listen to what is said by the mediator or the patient			

The third section focuses on the mediator and aims at observing the intercultural mediator's decisions, engagement and understanding in the patient-provider interaction.

How does the intercultural mediator participate in the interaction?

	Frequently	Sometimes	Never
The mediator speaks more or less the same amount of time with the provider and with the patient			
The mediator speaks more with the provider			
The mediator speaks more with the patient			
The mediator seems kind and attentive			
The mediator seems relaxed (laughs, smiles, ...)			
The mediator does not seem to understand what is said by the provider			
The mediator does not seem to understand what is said by the patient			

The last section of the observation grid focuses on interpreting and looks at the intercultural mediators' interpreting activity, whether they expand, reduce or modify the text of the interactions; and whether they are confident in interpreting.

How does the intercultural mediator perform interpreting?

	Frequently	Sometimes	Never
The mediator renders after the provider's talk			
The mediator renders after the patient's talk			
The mediator says more than the provider			
The mediator says more than the patient			
The mediator says less than the provider			
The mediator says less than the patient			
The mediator seems at ease			

Immediately after the practice-learning session the trainee briefs with the "expert mediator" on the encounter in order to further clarify what has been observed. Trainees look at their observation notes and use them to describe the impressions they had of the encounter observed, giving some details about what seemed to them "strong points" and "weak points". The trainees use a diary to note their observations (internship) or direct experiences (placement). These notes will be

used in the feedback discussion in both individual and group supervision sessions. When possible, the trainees collect information on the experience the patient and the provider had in the mediated encounter through a brief interview.

1) The trainees ask the patients to rate the support of the mediator.

	Frequently	Sometimes	Never
The mediator introduced her/himself and explained her/his role			
With the mediator's help, all medical information was understood, e.g. what medication to take, when and why to take it.			
The mediator asked for clarification during the encounter to make sure everything that had been said had been understood			
The mediator made sure the message(s) the provider was trying to communicate to you was clear.			
The mediator assisted in identifying further needs (e.g.: related to institutional, economic and socio-cultural factors)			

2) The trainees ask the provider to rate the support of the mediator.

	Frequently	Sometimes	Never
The mediator introduced her/himself and explained her/his role			
The mediator appeared to have transmitted medical information accurately			
The mediator made sure the patient understood everything that had been said			
The mediator made sure everything was clear			
The mediator assisted in identifying further needs for the patients (e.g.: related to institutional, economic and socio-cultural factors)			

6.3 Reflective observations and group discussion

After 2 to 3 practical training sessions, the supervisor discusses with the trainee the difficulties that had arisen and alternatives to better handle similar cases. The outcomes of the discussions on individual cases are collected in the trainee's portfolio. Significant cases are presented and analysed in "problem-solving" group sessions, where each trainee is asked to illustrate to the group the key

points observed, firstly focussing on the role of the patient; secondly on that of the healthcare provider, and thirdly on the mediators and their active interpreting. The whole group critically discusses and reflects on the cases and observations of the trainee. Finally, under the guidance of the supervisor, solutions to the problems encountered are collectively worked out. These case-based discussions allow for a structured reflection on particular ambiguities (what worked and what did not work in the mediation) and make it possible to consolidate the key learning points (what have we learnt?). Practice-learning activities and learning outcomes are registered in the supervision report, which is then used for the evaluation of the entire training process.

7 ASSESSMENT METHODOLOGY FOR PRACTICE-BASED TRAINING

The assessment methodology for practice-based training aims at evaluating; on the one hand, the implementation process of the activities conducted during internship and placement and, on the other hand, the learning outcomes. The evaluation process begins and develops during the practical training itself and is characterized by the active participation of the trainees who, under the guidance of the supervisor, contribute to evaluate both the organizational process and their learning progress through individual and group discussions. As mentioned above, the main assessment points are collected in the final report, compiled jointly by the trainees and the supervisor. At the end of the whole practical training course, the supervisor may undertake the final assessment. The material presented below has been used at the conclusion of the internship and work placement programme in the AUSL RE; I believe that with necessary adaptations it could be used in other contexts as well.

7.1 PROCESS ASSESSMENT

The process assessment aims to account for the extent to which practice-based training was implemented according to the plan and to what extent it was applied by the participants. Data and information collected throughout the whole training process will be used by the supervisor to answer evaluation questions such as:

- What practice-learning model was offered to the trainee? (Internship; placement)
- Were internship and/or placement arrangements conducted as planned?
- Who was involved in the practice-learning activities? (healthcare staff, supervisor, expert mediator)

- Who and how many trainees were involved in internship and/or placement?
- How often were trainees exposed to practice-learning activities?
- How well did trainees respond to practice-learning activities?

Specific tools and methods are used to collect data and information for the process assessment:

- Practical training activity logs – documenting what, when, where and how many mediation sessions were conducted.
- Supervisor assessment form – to identify gaps in planned activities and those actually conducted and the trainee’s attendance of training (attitude and behaviour).
- Trainee feedback form – to identify what trainees liked and disliked, what they learned, etc.

7.2 LEARNING OUTCOME ASSESSMENT

The purpose of the assessment of outcomes is to take into account the extent to which the desired learning outcomes, in terms of skills and competences, have been achieved by the trainees (the ability to perform the main interpreting and mediation tasks).

The following five components comprise a reasonably comprehensive process for assessing the trainee’s learning outcomes:

- *Bilingual skills.* General proficiency in speaking and understanding each of the languages in which the trainee would be expected to work.
- *Ethical issues.* Recognition of ethical issues and ethical-decision making, assessed by evaluating the trainee’s response to situations calling for ethical choices.
- *Cultural issues.* Ability to anticipate and recognise misunderstandings that arise from the differing cultural assumptions and expectations of providers and patients and to respond to such issues appropriately.
- *Healthcare terminology.* Knowledge of commonly used terms and concepts related to the human body; symptoms, illnesses, medications, healthcare specialities and treatments in each language, including the ability to interpret or explicate technical expressions.

- *Interactional coordination and agency*⁷. Ability to manage the flow of communication, so that the patient and the provider have equal access to the communication process and to make the best possible decision in mediating challenging and non-standardised interactions.

The following exercises may be used to evaluate achievements in each of the five areas:⁸

7 For a more complete and in-depth explanation of these concepts see the chapter by Baraldi and Gavioli in this volume.

8 Some of the assessment exercises and examples are taken and adapted from the Migrant-friendly Hospital – “Improving interpreting in clinical communication - Resource kit”, 2004; and the UNHCR “Interpreting in a Refugee Context - Self-study module 3”, 2009.

1) Bilingual skills

Oral skills (speaking and understanding) in both of the languages the trainee-mediator used for interpreting during internship/placement – including her/his “working language(s)” – are required. This means testing the following:

- *Local language oral comprehension.* How well does the trainee understand the spoken local language? This does not include medical terminology or jargon, but only everyday speech.
- *Local language oral production.* How well does the trainee speak the local language?
- *Non-local language oral comprehension.* How well does the trainee understand the other working language(s)?
- *Non-local language oral production.* How well does the trainee speak her/his working language(s)?

The trainee is asked to audio-record a talk of about 10 to 15 minutes in her/his working language (e.g.: Arabic) on the following topics.

- *The place where the trainee lives at the moment*
- *Someone she/he knows (physical appearance, character, etc.)*
- *The healthcare (or political) system of the country she/he lives in or the country she/he came from (if applicable)*

Firstly, the trainees are asked to listen to their recording once and to give an account of what they have heard, including its main points, in the local language (e.g.: Italian).

Secondly, the trainees are asked to listen to the recording again and translate into their second language sentence by sentence, by using PLAY and PAUSE.

The trainees are asked to repeat the exercise, recording their voice in their second language.

Scoring: when scoring this section, consider the following:

- Was the trainee able to convey the main message in the second language?
- Did the trainee come across interpreting difficulties, in terms of memory, vocabulary, fluency, etc.

2) Ethics

A written (or oral) test is the best tool for evaluating the trainee’s understanding of ethical principles and choices.

EXAMPLE 1:

At the end of a mediating session during internship/placement, you notice that the intercultural mediator told a young woman that the doctor said she was pregnant. The intercultural mediator walked out of the exam room with the young woman. Her husband was sitting in the waiting room. He approached the intercultural mediator and said: “What did the doctor tell my wife?”

What would you do? Why?

EXAMPLE 2:

Before starting an internship session at the mother care service, while waiting for the doctor, the patient told the intercultural mediator her husband is beating her and asked for her/his advice.

What would you do? Why?

Scoring: when scoring this section, consider the following:

- Was the trainee able to persuasively justify her/his answer?
- Was the trainee able to relate her/his answer to her/his code of ethics?

3) Understanding of cultural issues

The best way to evaluate a trainee’s understanding of the role of the intercultural mediator with respect to cultural issues is through the presentation of situations that actually occurred during internship/placement which presented potential cultural barriers. The trainee is asked to respond to these situations by indicating the intervention she/he would make and how the intervention would be carried out. The description of the response can be presented in written or oral form.

An assessment of an intercultural mediator’s ability to address cultural issues should require the trainee to demonstrate:

- *an understanding that differences in cultural assumptions and expectations can lead to miscommunication;*
- *the ability to intervene appropriately in order to identify when a cultural barrier to communication may exist;*
- *the ability to frame questions to help the provider and the patient explore what this cultural barrier may be.*

EXAMPLE 1:

During a consultation the doctor was trying to determine whether and how well the patient was complying with the course of treatment. You noticed that the patient was answering “yes” to all the questions that the doctor asked. However, you also noticed that the patient seemed uncomfortable. At the same time, it was clear to you that the doctor was becoming more and more frustrated because the patient’s symptoms did not seem to make sense if the patient had been following the course of treatment. You know that in this patient’s ethno-cultural group it is considered impolite to say “no.”

What do you say and do in this situation?

EXAMPLE 2:

Describe a cultural belief, value, or practice (way of doing things) that is important in the culture of a patient observed in an internship/placement session that you think might have caused misunderstandings with the provider. What kind of misunderstandings do you think these might have caused? What would you do and say, as the intercultural mediator, if you were faced with this situation? What would you say to the provider? What would you say to the patient? Be as specific as you can.

Scoring: when scoring this section, consider the following:

- 1) Does the trainee show an understanding of the influence of cultural issues in the described encounter?
- 2) Does the trainee intervene appropriately? Does the trainee indicate in some manner that she/he is now speaking for her/himself as opposed to interpreting the words of the patient? Does the trainee share her/his observation that there is some miscommunication going on and that she/he is prepared to assist the provider and the patient in exploring where the barrier is? Or does the trainee take over by providing her/his own explanation?

4) Healthcare Terminology

It is critical that trainees be tested for their knowledge of basic medical vocabulary. Intercultural mediators working in healthcare should be familiar with commonly used healthcare terms (such as *bladder, sprain, urine, diabetes*) in both languages, and be able to interpret such terms even if there are no exact equivalents in the other language.

Assessing Knowledge of Healthcare Terms.

Assessing the trainee’s knowledge of healthcare terms can be accomplished through many different types of tests. Of course, the trainee must demonstrate knowledge of terminology in both languages. The assessment therefore

usually involves translating individual terms from one language into the other, in both directions, orally or in writing. Listed below are recommendations for the areas to be tested, with sample lexical items:

Symptoms: nauseous, shooting pain down the arm, head spinning

Anatomy: bladder, gall bladder, ankle, thigh, tongue

Disease: tumour, high blood pressure, diabetes, leukaemia

Procedures/tests: X-ray, glucose test, abortion, surgery

Equipment: wheelchair, ultrasound, bed, cart, sterilizer, monitor, microscope

Specialists: gynaecologist, cardiologist, paediatrician, dermatologist

Treatment: chemotherapy, physical therapy

Common medications: aspirin, laxative, eye drops, insulin

Hospital departments/clinics: radiology, primary care, in-patient, outpatient, intensive care unit

Notice that such lists of specialized terminology usually include only nouns. It is essential that the knowledge of adjectives, verbs and possibly other parts of speech also be assessed because these words can also express technical concepts.

Verbs: to examine, to elevate, to draw (blood), to intubate

Adjectives: elevated (levels), throbbing (headaches), primary (symptoms), distended

Adverbs: periodically, regularly, normally, intravenously, laterally.

5) Interactional coordination and agency

“Interactional coordination skills” indicate the full complement of skills that a competent intercultural mediator calls upon not only to ensure the accuracy and completeness of each “converted message”, but also to facilitate equal access to the communication process and acceptance of cultural differences for both the patient and the provider. Thus, in addition to the central skill of rendering in the two languages, there are other skills that a competent mediator should have in order to ensure a fair balance of discussion (doing as much listening as talking) between the patient and provider and to recognise differences in their cultural assumptions and ways of expressing that may interfere in mutual understanding and trust.

The purpose of this section, therefore, is to allow the trainees the opportunity to demonstrate their performance using all the skills they have acquired in an integrated way. It also provides the assessor with a sense of how well the

trainee is able to use these skills to maintain accuracy and completeness of the conversation without detracting from the patient-provider relationship and the clinical goals of the encounter.

Assessment of coordination and agency.

The best way to assess coordination and agency skills is through the analysis of real-life interactions through audio-recorded encounters in healthcare consultations (see also the chapter by Baraldi and Gavioli in this volume). Examples could be the mediator's choices of rendition to allow coordination of the patient-provider interactions so as to favour equal access to everything that is said and done for all participants.

EXAMPLE 1

The mediator summarises rendition

EXAMPLE 2

The mediator expands rendition

EXAMPLE 3

The mediator modifies rendition

Scoring: The transcripts of authentic mediated interactions should include specific items the intercultural mediator's renditions of which will be tested: 1) reduced or summarised renditions; 2) expanded renditions; 3) multiple renditions.

The examples provided above are only few of the many challenging situations that the trainees have encountered in their training sessions during both internship and placement. Since the assessment is seen here as an instrument to favour professional development rather than to measure individual competence, the supervisor could decide to ask the trainees themselves to list their own priority learning points against which they want to be assessed.

8 CONCLUSION

The inclusion of practice-based learning models in any programme for the initial preparation and further development of intercultural mediators is strongly recommended. This form of experiential learning will provide the mediator-trainee with invaluable opportunities to observe experienced mediators at work, to be observed, to receive feedback, to discuss and reflect upon critical issues concerning

professional knowledge and to practice under appropriate supervision. In the case of intercultural mediators, this learning approach is able to generate deeper understanding of their competence and role in the workplace, hence contributing to the process of professionalization of this occupation. However, to achieve this goal it is desirable that learning experiences with practice settings are integrated in educational programmes. So far, university courses are devoted to general interpreting issues encompassing dialogue as well as conference interpreting. Although active in the research field, the academy has failed, for the moment, to effectively connect with the world of practice, where intercultural mediators are often employed with insufficient education and preparation. This requires coordinated action by the community of intercultural mediators, universities, legislators and employers.

9 ACTIVITY

Mutual learning through exchange of experiences

This activity can be used for the continuing education of mediators already working in healthcare services. It involves a group of 8 to 10 mediator-trainees: 2 to 3 of them present a case; everyone else is involved in the discussion. The supervisor (trainer) leads the discussion and facilitates the identification of learning points.

Phase 1. 2 to 3 mediator-trainees present a case in a narrative form, drawing on their experience related to one of the topics listed below.

Phase 2. The presenters focus on the problems encountered in the triadic interaction between the patient, mediator and provider and on the solution adopted, and explain what they believe worked or did not work in the interaction.

Phase 3. Under the supervision of the trainer the whole group discusses the cases presented, focusing on the impact of decisions and actions of the patient, the provider and the mediator in order to identify the strengths and weaknesses of these decisions and actions.

Phase 4. Finally, the supervisor and the trainees define the main learning outcomes. Together they answer the question: what have we learned?

Themes:

- 1) How to react if a healthcare provider is distracted by other things and does not pay attention to what is being said by the patient or the mediator.
- 2) How to react if the healthcare provider talks a lot and does not really listens to what the patient is saying.
- 3) How to react to disrespectful behaviour on the part of a healthcare provider.
- 4) How to win the trust of the patient, make patients rely on you as a mediator.

- 5) How to react if the patient does not seem to understand or seems to misunderstand what is being said by the healthcare provider.
- 6) How to react if patients refuse treatment although this is clearly not in their best interest.
- 7) How to deal with differing views on ‘truth-telling’ and the communication of bad news.
- 8) Role of the mediator in case of conflicting cultural values between the healthcare provider and patient.
- 9) How to react if the patient wants to discuss additional needs (e.g. related to socio-cultural, economic, institutional or other health needs not related to the specific consultation).

10 FURTHER READING

As intercultural mediators lack an established body of specialised knowledge, there appear to be very few specifically related studies in the available literature describing training programmes based on the exercise of occupational practice. What is available refers to training practices collected within the scope of international projects, or developed by governmental and non-governmental organizations and educational institutions revealing the considerable variability of these activities as well as the scarce evidence of the effectiveness of these training courses. However, below are some readings that provide practical advice that may be of help to those who want to develop a practice-based training programme for intercultural mediators:

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- “Research report on intercultural mediation for immigrants in Europe.” 2015, 2016. Pyros Ilias: Olympic Training and Consulting for the TIME Project Partnership; http://www.mediation-time.eu/images/TIME_O1_Research_Report_v.2016.pdf. Accessed September 21, 2020.
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Final Assessment and Testing for Community Interpreter Trainers: A Theoretical Approach

Antonios Ventouris, Elpida Loupaki

Aristotle University of Thessaloniki

ABSTRACT

As is commonly accepted, assessment is crucial in every training programme. Apart from being a knowledge-controlling mechanism, assessment helps the trainee to set clearer learning objectives, contributes to the evaluation of a training programme and promotes quality of the domain assessed. The aim of this chapter is to investigate the concept of assessment and testing with special reference to community interpreter trainers. To this purpose, we first briefly outline community interpreting, and investigate the current situation and the languages involved in Greece. Then, we propose a review of the literature in the subject of community interpreting and evaluation, and finally proceed to the comparison between different approaches of the concept of competence. The chapter concludes with a specific methodological proposal based on the distinction of competences between “basic” and “advanced” and their use as an evaluation criterion. The chapter also contains assessment activities along with some bibliographical references for further reading.

1 GENERAL OVERVIEW

1.1 TOPIC AND OBJECTIVE

The goal of this chapter is to propose both a theoretical and methodological framework for the final assessment and testing of community interpreter trainers. The chapter's three main sections guide the reader through the complex activity of community interpreting and the challenging issue of final assessment and testing of community interpreter trainers. The notion of Community Interpreter (hereinafter CI) plays a central role in this chapter and will be discussed, with special reference to the Greek paradigm, along with the main related theoretical issues, such as training CI; trainers' evaluation/assessment; different evaluation typologies (formative/summative, initial/process/product focus, self/hetero/co-evaluation), methods (review by peers, experts or outsiders, observation of audience behaviour, self-testing devices) and their possible use for CI trainers; and finally, the test types (norm, criterion) that will be used. The various competences required by CI trainers (such as field competence, interpersonal competence, organizational competence and others) play an important role in our approach, as evaluation is directly related to these competences. In the final section a comparative approach of different competences required for CI trainers is proposed.

This chapter is intended for a number of target audiences: academic institutions organising community interpreting courses; vocational training centres and/or public bodies and/or NGOs, which would like to set up community interpreting training programmes and wish to evaluate their trainers after the training programme is completed. It is also intended for administrators and government agencies, and of course CI themselves, who would like to consolidate their knowledge and competences in the field. The assessment activities presented here could provide the basis for performance evaluation and curriculum development, and improve the quality of community interpreting services. Ultimately, the development of a solid theoretical and methodological framework for the final assessment and testing of community interpreter trainers may further support community interpreting beneficiaries, for instance newly arrived migrants.

1.2 POSITIONING OF THE CHAPTER

This chapter results from a wider initiative undertaken as part of the TRAMIG project,¹ its main goal being to contribute to the successful inclusion of newly arrived migrants by defining the practice, status and role of intercultural mediators and community interpreters working in healthcare. It also intends to create a proposal for the occupational standards and vocational qualifications necessary

1 For further information about TRAMIG, its stakeholders, its outcomes and theoretical framework, see <https://tramig.eu/project-in-a-nutshell/>.

for these two professions. To this end, different workshops have been organized, preparing eventual trainers to train newly arrived migrants in community interpreting. In line with the second goal, our chapter intends to shed light on the issue of evaluation of these future trainers, in other words to assess their competence to train newly arrived migrants in community interpreting.

2 BACKGROUND: MIGRATION AND LANGUAGE NEEDS

In the context of increasing social and political conflict, Europe is currently experiencing the greatest mass movement of people in the last six decades. Millions of migrants and refugees fleeing war and persecution, intolerable misery or human rights violations have arrived in the European Union to find a refuge. These third country nationals have different linguistic backgrounds and often do not speak the official language(s) of the host countries. In fact, a notable feature of this humanitarian crisis is the wide variety of languages, ethnicities and cultures involved. As sociolinguistics and the famous *Sapir-Whorf hypothesis* have demonstrated, languages are more than a tool for communication; they are directly linked to the communities and societies where the speakers' languages are spoken and, by extension, to the aspects of their identity and perception of the world². To illustrate this linguistic diversity and the practical implications for what is mainly oral communication within public settings, such as courts, hospitals, legal services, etc., we shall focus on Greece as a case study.

Greece is in the 8th place among European countries hosting populations of refugees and asylum seekers, as documented in IOM's "World Migration Report 2020" (International Organization for Migration 2020). According to Translators without Borders, in the study entitled "Language & Comprehension barriers in Greece's Migration Crisis" (Ghandour-Demiri 2017), there are at least ten languages spoken by newly arrived migrants. These are as follows: Arabic, Kurmanji, Sorani, Dari, Farsi, French, Lingala, Baluchi, Urdu and Pashto (ibid., 10).³ It can be assumed that, with the exception of French, which is a Romance language widely taught in Greece, all other languages are barely known, hardly recognised and not offered by academic curricula either in state universities or

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- 2 For a revised approach of the Sapir-Whorf Hypothesis and a presentation of its historical background, see Kay and Kempton (1984, 65).
 - 3 For an extensive review of the totality of languages involved in public service settings in the Greek context, including migration flows earlier than 2015, see Apostolou (2015, 16).

private schools⁴. Moreover, the name *Arabic* is also used to cover many different dialects of a wide geographical area extending from North Africa to the Gulf States that makes mutual understanding between speakers almost impossible. In fact, as explained by Michael Erdman (2014) “the written language is radically different from the various dialects spoken throughout the Arab world. Such differences appear in a variety of forms: pronunciation, vocabulary, syntax, and tenses of verbs”. The question that arises is how this situation can be remedied at administrative and communication levels. One solution adopted, quite hastily in many cases, is the use of community interpreters (CIs). CIs working in Greece tend to be native speakers of one of the languages in question and they may also master some dialects of their country of origin; their knowledge of Greek is not always a prerequisite, because they often use English as a working language. They offer interpreting services to public institutions, such as hospitals, police departments, public offices, and in this way ensure migrants equal access to health and legal services in the host country.⁵ In the next section we will present the main theoretical tools used in our chapter.

3 THEORETICAL FRAMEWORK

First, it is important to provide a definition of the main concept used here, i.e. that of a “community interpreter”, as literature contains a multitude of terms to describe overlapping professions. The theoretical approach we adopt in this regard is mainly based on the contribution to this subject by Nike K. Pokorn and Tamara Mikolič Južnič (2020). Then, we will clarify related terms such as health-care interpreter and medical interpreter. Finally, the notions of assessment and evaluation will be presented and analysed.

3.1 COMMUNITY INTERPRETER – PUBLIC SERVICE INTERPRETER

As stressed by Pokorn and Mikolič Južnič (2020, 86), there is “terminological fuzziness” produced by the use of a multitude of terms with overlapping meanings, such as “intercultural mediator”, “cultural mediator”, “language and integration mediator”, “community interpreter”, “public service interpreter” and many others, to describe different professionals providing mediation/interpreting services in a variety of Western countries and responding to completely different needs in diverse settings. For instance, such services can be used by new

4 It should be stressed that this particular situation does not concern Greece alone; as suggested by Giambruno (2014, 180), “Linguistic diversity is a reality in every EU Member State. [...] The EU lists some 60 indigenous regional or minority languages spoken by as many as 40 million people.” Furthermore, many of these languages are not included in academic programmes and there are no professional interpreters available for them.

5 For further details about their role and status in Greece, see TRAMIG, 2019a.

migrants or asylum seekers in countries with comparatively limited history of receiving immigrants, such as Greece or Italy, or can be addressed to second or third generation migrants, in countries having long-standing multicultural, multilingual communities, such as the USA or the UK. Furthermore, these terms usually cover different strategic policies and funding mechanisms. This terminological fuzziness is perpetuated by the fact that these points of view are expressed by scholars of different fields with apparently little interaction between them, thus intensifying misunderstanding. In fact, as noted by Pokorn and Mikolič Južnič, many of the problems related to the confusion in the roles and responsibilities of community interpreters and intercultural mediators result from “distorted definitions of the interpreter’s competences and performance, conceptual confusion in the research literature, and mismatched expectations of language services consumers” (2020, 80).

According to ISO 13611:2014, *Community Interpreting* is “oral and signed communication that enables access to services for people who have limited proficiency in the language of such services”. In particular, it enables them to: a) access services provided by public institutions, b) access services provided by healthcare institutions or human and social services, c) participate in different events organized by faith-based organizations, and d) access help in emergency situations. This definition is similar to the one proposed by Jahr et al. (2005, 28), according to whom “Public Service Interpreting is used to describe interpreting that enables professionals like lawyers and physicians to hear, inform and guide their clients or patients, despite language barriers” (cited in Skaaden 2016, 3). Although both definitions may seem quite similar, they approach the subject from different angles. In fact, the definition of public service interpreters focuses on the needs of professionals while doing their job, while the definition of community interpreter puts emphasis on people with limited language proficiency. In our paper, both definitions are taken into consideration.

Furthermore, our research focuses on CIs working in healthcare environments, as this focus is in line with the goals set by the TRAMIG project and reflects the current needs of newly arrived migrants in Greece.

3.2 HEALTHCARE INTERPRETER – MEDICAL INTERPRETER

Two other terms that need further clarifications are ‘healthcare interpreter’ and ‘medical interpreter’. Following the definition of Martín and Phelan (2009, 2):

“Medical interpreting is the provision of interpreters in healthcare. Patients who are not proficient in the language of the country where they live often depend on family members and friends to act as interpreters for them when they access healthcare but this raises issues relating to confidentiality and also to the accuracy of the information being conveyed by people who are doing their best to help but *are not trained interpreters.*” (Emphasis added.)

What is interesting in this definition is the reference to prior and somehow structured training experience by the interpreter. In fact, as explained by the authors, relatives, friends or children helping patients with their language needs are by no means trained to do so.⁶

Moreover, in the United States the term “Healthcare Interpreter” designates interpreting, regulated by the US federal government’s “National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care”, aiming at providing linguistically appropriate services to limited English proficient (LEP) patients (OMH 2013). These services can include in-person interpreters, bilingual staff, or remote interpreting systems such as telephone or video interpreting, as well the translation of written materials or signage, sign language, or braille materials (OMH 2013, 76). Besides, as stressed by Refki et al. (2013, 74), “[t]he use of untrained interpreters in a medical encounter has serious implications” and may lead to “ineffective communication”, i.e. patient misunderstanding of treatment, misdiagnosis, patient’s poor decision making, or even fatal medical errors that may also lead to an increase of healthcare costs. A crucial element in healthcare interpreting is the understanding of medical terminology as the “[l]ack of knowledge of medical terminology significantly reduces the ability to communicate information effectively” (Refki et al., 2013, 74).

3.3 ASSESSMENT VS. EVALUATION

The meaning of the concepts of assessment and evaluation is often presented ambiguously, since in the literature on education, the two terms are often used interchangeably. In an effort to find their semantic boundaries, it could be said that there is a tendency to associate assessment with measurement, whereas evaluation is associated with an overall judgment and decision-making expression (Association of Language Teachers in Europe 1998; Bachman 1990; Davies et al. 1999; Richards, Platt, and Platt 2002; Sax 1997). This perspective permits the conclusion that evaluation includes assessment, or better, that assessment comes as a consequent step of a global procedure. Within this semantic approach, Sax (1997, 21) defines evaluation as “a process through which a value judgment or decision is made from a variety of observations and from the background and training of the evaluator”. In other words, according to this definition, evaluation requires an organised set of data, composed through an observation procedure. The information that is elicited from such an evaluation allows for a judgment concerning the value of an object or the decision making required, according to

6 It goes without saying that the use of family members as interpreters, and especially children, may disrupt the family balance or cause psychological trauma in children, resulting from extraordinarily stressful events. Furthermore, the notorious Victoria Climbié case is a good example of how important it is to have non-family members in CI (for further details, see Apostolou 2016).

the need of an institutional framework. Another important point of this definition is the emphasis laid on the evaluator's background and training. Every evaluation inevitably involves the personal characteristics and stances of the evaluators, even when they use detailed and adequately described criteria. Since every evaluation is subjective there is a need for setting up measurable and accurately specified qualitative criteria. The assessment procedure can provide the data and information needed for an evaluation (Mohan 2016). In this sense, we can define assessment as the measurement of the ability of a person, the quality or success of a training course, or the compliance of a person's outcome with certain standards or requirements (Bachman 1990; Bergan and Dunn 1976; Richards et al. 2002; Sax 1997; Thorndike and Thorndike-Christ 2010). Although measurement procedures tend to have a strictly quantitative dimension, the assessment of a training course or a translational output is "embedded in a cultural setting and address[es] social purposes both stated and implicit. Assessments communicate values, standards, and expectations" (Mislevy, Steinberg, and Almond 2003). According to this point of view, every assessment has to transmit valuable information to the evaluatee, taking into account the social context of the assessment and the underlying aim of the evaluation praxis, which is the satisfaction of social needs, both on a collective and individual basis. The social context of assessment denotes the specific situation of the data gathering, meaning the circumstances under which the assessment is implemented. For instance, interpreting the statement of a migrant in a refugee centre implicates psychological, personal, situational, and sometimes political variables, affecting the linguistic input and even the target language output. Therefore, an assessment, especially when carried out under authentic conditions, must consider these variables and attempt to quantify their contribution to the raw data collected.

At this point, it is useful to discuss the concept of test as a modality directly related to assessment. Sax (1997, 15) defines a test as "[...] a task or series of tasks used to obtain systematic observations presumed to be representative of educational or psychological traits or attributes." Bachman (1990, 20–21), in an effort to provide a clear description of the concept, arrives at the conclusion that a test is "a measurement instrument designed to elicit a specific sample of an individual's behavior. As one type of measurement, a test necessarily quantifies characteristics of individuals according to explicit procedures. What distinguishes a test from other types of measurement is that it is designed to obtain a specific sample of behavior."

To summarize, in this chapter we understand a test to be the tool of assessment, aiming to collect data, while evaluation refers to a broader procedure, based on the assessment's outcome, which leads to decision-making as needed for a specific purpose.

In Figure 1, we can see a representation of the relationship between the three concepts.



Figure 1: Evaluation concepts construct

As can be seen in Figure 1, the concepts of test, assessment and evaluation exist in a relationship of interdependence and the evaluative output feeds the social environment with information. In many cases, though, this social environment is conditioning the way the information appears in it, since norms, specific ideas and social experiences are affecting them.

The characteristics of the evaluative output most often depend on the intended type of evaluation. Usually, evaluation is divided into two sub-categories: formative and summative (Fowler 2007; Graham and Howard 2012; Han 2019; Lee 2008; Zanotti 2011). Formative evaluation aims to improve the evaluatees, providing them with feedback, which can help them identify the problematic and advantageous points of their performance. In contrast, the purpose of summative evaluation is to provide information about the evaluatees' achievement and to enable decision-making. In an interpreter educational setting, the focus is more on the trainees' improvement and methodological adaptation rather than on the linguistic output or generally the product of interpreting. For this reason, evaluation tends to be formative. However, when the purpose of evaluation is professional accreditation, evaluation is summative since at the end of a course there is no possibility of further improvement. As Gile states (2001, 392), the assumption is that newly-trained interpreters have to be immediately ready for professional practice.

The above dichotomy (formative/summative) gives rise to a discussion on the evaluation's focus. According to this criterion, evaluation can be divided into process and product-focused (House 2001). Process-focused evaluation focuses

on the methods and the techniques used by an agent to reach a result; in our case it depends on the way an interpreter arrives at an outcome. Product-focused evaluation examines the output of a procedure and bases the final decision on its characteristics and quality, as stated by certain professional standards or educational criteria. In the field of translation and interpreting evaluation, Larose (1998, 6) describes process-focused evaluation as evaluation that focuses on the transformation procedure of a source text into a target text, and product-focused evaluation as that focusing on the result of this transformation. This specific and discipline-oriented evaluation requires a detailed description of the transformation procedures involved in order to obtain reliable results. In the same way, the interpretation output can be evaluated on the basis of certain and well-defined criteria (e.g. linguistic, sociolinguistic, pragmatic, methodological) or required competences (see section below).

From the perspective of the agent of the evaluation, we can distinguish three main evaluation types: self-evaluation, hetero-evaluation, and co-evaluation. In the case of self-evaluation, the evaluatees express a judgment about their own product quality, accuracy or progress mainly when the training is initial and the pedagogical aspect of that training is quite important for the future of the trainees and the educational programme. Although self-evaluation has been criticised for the lack of reliability (Davies et al. 1999, 177; Lew, Alwis, and Schmidt 2009, 138), a large number of studies nevertheless reports high reliability of the trainee's self-evaluations and a positive impact on their progress and professional development (Andrade and Valtcheva 2009; Dejean Le Féal 2008; Fowler 2007; Logan 2015; Mcmillan and Hearn 2008; Postigo Pinazo 2008; Ross 2006).

Hetero-evaluation is carried out by one person for another, i.e., the evaluator and the evaluatee are different individuals, with different levels of knowledge or skills. For example, a trainer evaluates a trainee or a customer evaluates a professional (Hurtado Albir 2015, 269; Noriega et al. 2018, 2). This means that in a hetero-evaluation, the evaluation agent could be an expert, a student or someone with no connection to the evaluatees.

Co-evaluation is a collaborative practice, requiring the participation of the trainees in the evaluative procedure (Dochy, Segers, and Sluijsmans 1999): the trainees have the opportunity to assess themselves, working with the trainers or other formal evaluators (e.g. external evaluators). Hall (1995) argues that the trainees have to allow the trainers to maintain the necessary control over final assessments but that control has to be reasonable, without eliminating or limiting the trainee's contribution. Such collaboration requires a specific and clear determination of the evaluation criteria and familiarity with the evaluation methods and instrumentalities. Other studies stress the importance of collaboration between co-trainers, especially in grading and reflecting upon the results of the evaluation (Guise et al. 2017). The collaborative practices can contribute to a multidimensional evaluation approach, providing different interpretations of the assessment

data and new ideas, especially when the evaluation is formative. However, the implementation of collaboration during the evaluation process and generally in education requires a specific educational culture based on a general cooperative and synergic social perception of the evaluation agents.

The evaluation types can also be divided into quantitative and qualitative. This typology, in fact, divides the evaluation types on the basis of the category of data to be collected. When a data set is collected through measurement practices and registered in interval or ratio scales the evaluation is quantitative. Procedures using counting practices also belong to this category. The data of a quantitative evaluation are expressed in real numbers, designating quantity and not category or order (Antonopoulou, Ventouris and Tsopanoglou 2015, 153). For example, when an evaluation of interpreting counts the number of omissions, additions and substitutions, such an evaluation is quantitative. On the other hand, when the assessment seeks data expressed in words, describing or putting in order their traits, the evaluation is qualitative (Dobrovolny and Fuentes 2008). As Pöschhacker suggests (2001, 418), when evaluators check how well the audience has understood the message conveyed by the interpreter or assess the accuracy of the register (politeness) used, and express their judgment in form of a text, the evaluation is qualitative. In Dillinger's grading system for assessing the similarity between original text and interpretation (0: omission, 1: semantic change, 2: paraphrase with no change in meaning, 3: word-for-word translation), the evaluator has to use numbers to express their judgment. In fact, those numbers function as symbols, and their meaning is determined by their descriptors. Therefore, the evaluation is qualitative, despite the fact that the scale contains numbers.

Finally, a dichotomy based on a range of the criteria divides evaluation into holistic and analytical. Even if this typology is not widespread in the area of interpreter training, a considerable number of studies refer to it as a possible methodological practice (Barton Laws et al. 2004; Lee 2008; O'Brien 2016; Schäffner and Adab 2000). On the one hand, when the evaluative judgment is made on the basis of the general academic, pedagogic and social behaviour of the trainee, it is called holistic. On the other hand, analytic evaluation is based on specific, well-defined, and valid criteria. Analytic evaluation is often considered more accurate and objective, but in some cases the application of a single criterion can mislead the evaluators and lead them to ignore important facets of a trainee's behaviour and overlook the overall quality of their performance and the outcome of their training.

3.4 EVALUATION METHODS

The word "method" consists of the Greek words <meta> meaning "with" and <odos> meaning "way" (<μετά (μεθ) + οδός>). As these components show, the term refers to the way a target is accomplished or a task fulfilled. In the field of educational evaluation, it appears with two main meanings: a) the approach and the

specific modality for arriving at a judgment or decision-making (De Pedro Ricoy 2010; Ham 1986; Latif 2018), b) the testing practice, or test type used to seek data about the trainee's performance or the programme quality (Avalos, Pennington, and Osterberg 2013). The two meanings seem to be clearly distinctive, but in fact, they are closely related, since the test practices consist of the modalities for data collection which permit a judgment or decision-making.

Roggenbuck and Propst (in Ham 1986, 25) enumerate various methods of evaluation, the following being most relevant to CI:

- a. review by peers, experts, or outsiders representative of the target audience,
- b. self-testing devices (e.g., recording quiz boards, interactive computers, etc.),
- c. observation of audience behaviour during activities (attention, listening and viewing time, etc.),
- d. questionnaires (i.e., written self-reports of attendees enjoyment, learning, or behaviour),
- e. formal and informal interviews (i.e., verbal self-reports of attendees enjoyment, learning, or behaviour), and
- f. observation of audience behaviour after activities (i.e., behavioural responses).

Combining the methods with testing tools, according to their function, a basic typology can include the following test types:

- a. Aptitude tests, aiming to measure the tendency to respond favourably or unfavourably toward a specific stimulus, such as groups of people, institutions, individual behaviours, concepts, or objects (Davies et al. 1999; Sax, 1997). Moser-Mercer proposes a series of characteristics that can be assessed with an aptitude test, such as mother language(s) and foreign language(s) knowledge, and personality traits like stress tolerance, and resilience (Moser-Mercer 1994: 58–61).
- b. Performance tests, which require trainees to perform particular tasks, associated with a real situation (Davies et al. 1999, 144; Sax 1997, 608). The quality of the interpreting output is assessed on the basis of interpreting competence such as the knowledge of the languages and cultures involved, cognitive ability, note-taking skills, and the emotional and physical strength of the interpreter. However, it also refers to external factors, which an interpreter cannot control, such as the speaker's speech rate (Lee 2008). The development of a valid performance test re-

- quires the control of external factors and focuses on the variables which define interpreter competence. The judgment about a performance, nevertheless, implies a certain subjectivity, so the need for specific criteria establishment is also crucial in performance tests (Thorndike and Thorndike-Christ 2010, 233).
- c. Certification tests examine a candidate's ability to carry out certain tasks or to fulfil the requirements of a particular public or private institution. Han (2016, 187) claims that interpreter certification performance tests aim "to ensure that interpreters have the minimum level of knowledge and abilities required to practice interpreting in a given target domain." The interest in interpreter certification during the last 20 years is salient (Hale, Goodman-Delahunty, and Martschuk 2018; Skaaden and Wadensjö 2014; Skyba 2014), especially in the domain of healthcare interpreting (Avalos et al. 2013; Youdelman 2013). A certification test is in fact a performance test leading to the accreditation of interpreting competence, using certain, widely accepted criteria or standards. In the USA, examples of the standards used for accreditation tests can be found in California Standards for Healthcare Interpreters (CHIA 2002) and the National CLAS standards (Narayan 2001).
 - d. Diagnostic tests are achievement tests used to point out specific strengths and weaknesses of the evaluatees (Sax 1997, 603). More precisely, this kind of test is used to reveal the skills of the trainees or the lack of some of the required ones, in order to make a decision about their admission into a training group, the planning of training programs, or the identification of topics for which remedial support is necessary. The AIIC Training Committee claims that "a well-designed diagnostic test (which may consist of a written and an oral portion) can assess linguistic competence, general knowledge, maturity, basic code-switching ability, resourcefulness, ability to cope with stress, etc. [...]" and offer useful information about the knowledge and the competences of the trainees (in Rosiers, Eyckmans, and Bauwens 2011, 57).
 - e. Progress and grading tests are intended to measure the improvement (progress) that trainees are making towards defined goals (Davies et al. 1999). This kind of test can assess the achievement of each trainee according to the aims and the objectives of a course, aiming to provide them feedback which can lead them to improvement. A progress test can also permit the assessment of a programme or a trainer. It is usually used for formative purposes, but can even serve in summative evaluation. The progress control of trainees consists of the quality evaluation of the training programme, offering the possibility of adjustments during the implementation of the training. In practical terms, a progress test is a repeated achievement test providing a rich source of information and

fostering knowledge retention (Freeman, Van Der Vleuten, Nouns, and Ricketts 2010).

- f. Criterion and norm-referenced tests. The typology is based on the frame of reference of the test, according to which a final decision is made. A criterion-referenced test is “designed to permit the interpretation of degree or state of mastery-nonmastery relevant to some instructional domain and not in relation to the comparisons of persons” (Sax 1997, 603). In this kind of test, the assessment focus is on examining if the assessee reached a standard of performance on a specific skill called for by the test tasks (R. J. Lee 1990; Nitko 1984; Thorndike and Thorndike-Christ 2010). In some cases, the expected response is prepared in a detailed way in order to allow the assessors to use it as a standard of comparison. In the case of a norm-referenced test, the judgment of each assessee’s performance quality is defined by comparison with the behaviour of the other assessees who have taken the same test in the same setting (Thorndike and Thorndike-Christ 2010). More precisely, this test is designed to measure how the performance of a certain examinee or group of examinees compares with the performance of another examinee or group of examinees, whose scores are given as a norm. In addition, the interpretation of each score is made in reference to the scores of the other examinees or group of examinees (Richards et al. 2002). These types of test have advantages and disadvantages, so that their use depends on the requirements of the evaluation. In a setting where meeting certain standards is important, the choice of the criterion-referenced test is preferred. When the evaluation outcome has to rely on the characteristics of the evaluatees or when a choice of a part of them is necessary for a specific reason (e.g. the recruitment of personnel for an institution), the norm-referenced test is the best choice.

As mentioned above, an important issue for effective evaluation is the setting of criteria. In the field of interpreter training, various sets of criteria based on different theories have been proposed. An exhaustive report of all the criteria proposed during the last 50 years would be beyond the aims of this chapter. However, a brief presentation of some representative examples could serve as guidelines for the CIs’ evaluation planning and could help the trainers to organize properly the evaluative procedure and practice.

In the early 1970s, many scholars proposed criteria based on interpreting errors. Barik (in Bartłomiejczyk 2007, 248) introduced a sophisticated classification of “translation departures”, including three basic categories: omissions, additions, and substitutions. Kopczynski expanded these categories and presented five categories of errors: a) errors of competence, b) errors of performance, c) omissions and additions, d) errors of appropriateness, and e) errors of translation (Kopczyński 1980).

Departing from the mere error analysis, Dillinger introduced a complex grading system, offering a practical tool for interpreting assessment. This grading system assesses the similarity between original and interpretation according to the following scale: omission=0, semantic change=1, paraphrase (no change in meaning)=2, word-for-word translation=3 (Dillinger 1994). Gile (1998) pursued the idea of authentic evaluation, meaning the evaluation in real or similar to real situations. For this purpose, he used a questionnaire concerning a) general quality, b) linguistic output quality, c) terminology, d) faithfulness, e) quality of voice, and f) delivery⁷.

In addition to their recognition, these criteria of evaluations also received criticism. They are nonetheless practical and informative proposals, useful when there is no need for high stake examination planning.

The discussion about the assessment criteria highlights the need for a reliable and valid tool of data collection. A reliable tool leads to a consistent form of assessment. This allows the test developer to be confident that an assessee will receive more or less the same score, regardless of whether the test procedure is implemented at different times (Hughes 2003). A valid test or item of a test is the one which corresponds to a specific criterion or a set of specific criteria (Sax 1997). In practical terms, a valid test permits the assessment of the target-traits, according to its design (Bachman 1990; Hughes 2003; McNamara 2000).

The question about scoring is usually connected to the item typology. This typology can divide items into activities such as completion (e.g., cloze tests, short answer, transformation, trans-codification), selection (such as multiple choice, true-false, ordering/put-in-order, matching) and authentic ones (such as simulation and role-play). In some studies, and according to the extent of the examinee's autonomy, items are classified as either objective or subjective. The items that are marked without the use of the examiners' personal judgment are considered objective; when the marking involves their personal judgement they are subjective (Richards et al. 2002). In some cases, the involvement of the personal opinion of the evaluator is indispensable and this depends on the kind of criteria used. For example, a criterion related to the behavioural response of the evaluatee (e.g. the resistance to psychological pressure) or personal characteristics (e.g. the quality of their voice) requires a rather subjective assessment but a measurable criterion (e.g. measurement of omissions, additions, substitutions) leads to an objective assessment.

We will now examine the notion of competence and its use in CI trainers' evaluation.

7 See also Gile 2001.

3.5 REQUIRED COMPETENCES FOR CI TRAINERS AS EVALUATION CRITERION

In order to understand the notion of competence, the *Dictionary of Education and Assessment in Translation and Interpreting Studies* (Dastyar 2019, 51–62) should be consulted. As explained in this reference book, the term competence “generally refers to a set of quality components and skills required to perform a certain type of activity”. This general definition coincides with the one found in the glossary provided by Cedefop (2009), where competence is defined as the “[a]bility to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development.”

In Interpreting Studies, competence may include different elements, which may differ according to the approach adopted. For Setton and Dawrant (2016, in Dastyar 2019), the basic components should be language, knowledge, skills and professionalism (known through the initialism “LKSP”). Furthermore, Setton (2006) proposes the following three-levelled competence scale, which is classified in relation to an interpreter’s experience: 1) potential competence, for novice trainees, 2) basic competence, for recent graduates and 3) all-round professional competence for long-standing experts.

In our chapter, we propose a CI trainer’s assessment methodology based on competences required for CI trainers. For this purpose, we will first combine and summarise different approaches analysing competences of Healthcare Interpreters and/or Community Interpreters. Our research takes into consideration several documents, such as: a) “Core Competencies for Healthcare Interpreters” (Refki et al. 2013); b) National Standard Guide for Community Interpreting Services (Healthcare Interpretation Network 2007) and c) “National Standards of Practice for Interpreters in Health Care” (National Council on Interpreting in Health Care 2005).

Subsequently, the results of this summary will be compared to the Competences of the Trainer of Community Interpreter working document produced by the TRAMIG project (2019). Our final goal is to distinguish between the very “basic” competences that are required from the totality of approaches and the additional or “advanced” competences.

In the appendices, a table combining the competences required for Healthcare Interpreters and Community Interpreters is provided (Table 1). In that table, we have tried to categorize competences as concepts, based on their definition. For instance, in the 8th category the same concept, i.e. “[...] render the message without omissions, additions or substitutions [distortions]” can be found with three different denominations, i.e. “language”, “accuracy”, and “interpreting competence”. Furthermore, all categories of competences are not equally represented in this table, for example the competence under the name “General Requirements” (Refki et al. 2013: 81–82), which is in fact the knowledge of the interpreter of the

institutional context in which they work, is not mentioned in any other document as a prerequisite.⁸ Finally, it should be noted that competences found in Table 1 are not classified by order of importance, but as they appeared in our readings.

The common competences observed in all three documents are:

- 1) interpreting competence (also called “accuracy” and “linguistic competence”), which consists in rendering all messages accurately and completely, without adding, omitting or substituting;⁹
- 2) medical terminology competence (also called “Research and Technical Competence” and “Professionalism”), which consists of knowledge of medical terms and ability to be prepared for new assignments as far as documentation is concerned;
- 3) the competence to understand the interpreter’s role and responsibilities, which underlies notions such as Advocacy and Transparency of the Healthcare/Community Interpreter.

Furthermore, two competences are found in documents A and B – confidentiality and impartiality (3rd competence) and “cultural knowledge”, also referred to as “cultural awareness” (7th competence).

If we now turn to the competence model proposed by the TRAMIG project for Trainers of CI (Appendices, Table 2), it includes five categories of competence:

- 1) field competence, in which knowledge of the professional field, knowledge of standards as well as interpreting skills are mentioned;
- 2) interpersonal competence, in which 15 abilities are included, mainly related to the teaching competence of the trainer (for example, ability to teach ethics, ability to teach time and resource management, ability to teach stress management, etc.);
- 3) organizational competence, which refers to the ability of the trainer to design course modules, a curriculum or a syllabus, based on the needs and expectations of the students/trainees;
- 4) instructional competence, which concerns the teaching ability of the trainer (i.e. how to specify tasks, how to encourage or motivate students, how to explain, etc.);

8 One plausible explanation for this difference may be the fact that the other two guides address professionals who already work in healthcare.

9 In our opinion, this definition constitutes an inaccurate representation of what interpretation actually is or should be, since omissions, additions or even substitutions can, in many cases, be entirely warranted or even required, but a deeper analysis of our point falls outside the scope of this chapter.

- 5) assessment competence, which is the competence related to the ability of the trainer to define assessment methods and criteria, to assess students/trainees or to adapt the curriculum to the results of evaluation, etc.

It can be noted that the TRAMIG competence model is education-centred, as four out of five competences concern the teaching process (design, delivery and assessment of the teaching), yet, at the same time, the model presumes various abilities of interpreting, knowledge of ethics and understanding of the actual setting in public services. One could argue that it is an ambitious and even demanding profile, especially if we consider the actual, sometimes faulty and uncertain settings in which community interpreting takes place, i.e. the difficulty to find migrants with a good knowledge of the working languages or the lack of standardization and the definition of CI's role, especially in countries such as Greece. However, it is exactly within this perspective that the model proposed by TRAMIG could be very useful, as it could provide a general framework for future standardization of the profession within EU member states. In this way, trainers could gradually acquire all these competences, starting from “basic” level and moving on to more “advanced”.

If we compare the two tables, the common competences represented in all of the approaches are those called “field competences” in the TRAMIG project document. These include competences related to the profession of CI; knowledge of the existing standards and codes of ethics, and interpreting skills in working languages. We believe that these very basic competences could be the object of formative assessment and grading tests during the training period, and that all competences related to teaching skills and abilities, such as planning, organization and delivery of the teaching, assessment, etc. – considered “advanced level competences” – could be the object of a final/summative examination after a longer training period.

4 DISCUSSION

To conclude, assessment and evaluation are not mechanical processes performed without internal reasoning. On the contrary, both assessment and evaluation are related to the learning procedure and its ever-changing needs, to the criteria set each time or to the specific competences required by the trainees.

In the case of CI trainers, and in particular in the Greek context, the lack of institutional framework and the proliferation of competing terms and roles, the absence of an academic curriculum along with the emotionally charged situations in which CI are asked to work are some of the reasons underlying the need for a theoretical framework and a coherent methodology. In this sense, we have attempted to stress the advantages and practical features of different approaches, in order to offer a general and manageable tool.

In our chapter, we introduce the distinction between *basic* and *advanced competences* as a key element of assessment. Basic competences could include interpreting skills, knowledge of standards and ethics, and understanding of the special conditions during community interpreting, whereas advanced competences comprise teaching competences of the trainer, abilities to design course modules, a curriculum or a syllabus, or to assess the trainees. These competences are by no means considered less important, but in a chronological learning curve, they are following the basic competences.

Therefore, in our opinion, a final assessment should not be summative alone. It is for this reason that we propose the use of formative assessment during the training period, which tests basic competences, while at the end of the training period a final assessment could be given. Even in its final form, the evaluation should serve formative aims and give feedback to the stakeholders related to the trainee's improvement in the near or mid-term future. It should also provide an outline of the programme, the trainer's ability to adapt to the specific needs of the training programme, and organizational matters. The evaluation planning enables us to gather information on trainees' competences and performance, and allows trainees to gain awareness of their progress. Furthermore, it encourages trainers to undertake improvement initiatives, in order to facilitate the achievement of their goals. Moreover, a clearly defined point of reference in the final evaluation is particularly valuable, since it reveals the quality of the education programme and the degree of the trainee's progress. Finally, a trainee who is supported by a training programme and not merely judged by an impersonal assessment procedure feels more secure and appreciated. This kind of assessment is to our opinion more reliable and suitable for the kind of decision-making needed in community interpreting.

5 FURTHER READING

Nike, Pokorn and Tamara Mikolič Južnič. 2020. "Community interpreters versus intercultural mediators. Is it really all about ethics?" In *Translation and Interpreting Studies*, 15:1, 80–107.

This article gives a clear-cut and thoroughly documented presentation of the differences existing in the professions of community interpreter and intercultural mediator. Very useful for understanding the special training needs of each profession and the different roles involved.

Pöchhacker, Franz. 2001. "Quality Assessment in Conference and Community Interpreting." *410 Meta*, XLVI 2.

A clear presentation and analysis of the quality concept, focusing on its main approaches. The article also discusses the quality standards and criteria used in community interpreter assessment, combining them with the methodological approaches proposed by the relevant literature. It provides a practical guide to assessment methods and criteria.

Vorya, Dastyar. 2019. *Dictionary of Education and Assessment in Translation and Interpreting Studies (TIS)*. Newcastle upon Tyne: Cambridge Scholars Publishing.

A comprehensive reference book analysing the terms related to education and assessment in TIS. Structured in alphabetical order, it offers an in-depth and interdisciplinary coverage of the topics presented.

Zanotti, Max. 2011. "Authentic and Valid Assessment: Assessing the Performance of Public Service Interpreters." *Investigations in University Teaching and Learning* 7.

This paper discusses the main assessment approaches and techniques of public service interpreters, focusing on authentic assessment and providing practical examples. It also provides basic information on assessment criteria. It is a useful introduction to the practices of public service interpreters' assessment.

6 ACTIVITIES

This section provides two examples of activities that can be used in interpreter training.

TASK 1

Read the following case and choose the best interpreting practice (a, b, c or d)

A community interpreter has to communicate a refugee's answers to a social service agent, right after her/his arrival in a host European country. The best interpreting practice is to:

- a. interpret only the parts of the refugee's answer that directly respond to the question of the social agent in order to help the social agent to understand better;
- b. reformulate syntactically and grammatically the refugee's answer in the source language, and then interpret it in a clearer way;
- c. reproduce faithfully and exactly the original discourse, even if it contains elements that seem irrelevant to the agent's question;
- d. inform the refugee that his/her answer contains information or gaps in meaning and help him/her to arrive at a more meaningful one.

TASK 2

Match the interpreting practices in the right column with the evaluative indicators in the left. Pay attention to the fact that not all indicators match interpreting practices in the right column.

Indicator	Interpreting practice
A. Excellent	1. Simplifying and explaining the provider's utterances and summarizing the refugee's utterances
B. Good	2. Always explaining cultural references and meanings and adding additional autonomous utterances
C. Good with limitations	3. Listening and converting the meaning of all messages from one language to another, making necessary additions and omissions
D. Problematic	4. Providing public service agents cultural explanations after the mediated encounter
E. Completely incorrect	

A	
B	
C	
D	
E	

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6 APPENDICES

Table 1: Competences Healthcare Interpreter/ Community Interpreter

REFERENCES	COMPETENCE 1	COMPETENCE 2	COMPETENCE 3	COMPETENCE 4
HEALTHCARE INTERPRETER: Refki, Avery, Dalton (2013)	General Requirements: understanding of the healthcare system: insurance procedures, in-hospital services + knowledge of institutional barriers: prevent people from accessing services	Regulatory Requirements: awareness of the standards and Patient's Rights	Legal Requirements: understand liability considerations, confidentiality, US laws + Code of Ethics	X
HEALTHCARE INTERPRETER: National Standards of Practice for Interpreters in Health Care, published by the National Council on Interpreting in Health Care [USA]	X	Respect: dignity of all parties + Role Boundaries: personal involvement	Confidentiality + Impartiality: objectivity + Professionalism: honest and ethical/ skill limitations - to particular assignments + The interpreter advocates for working conditions that support quality interpreting	Professional Development: continues to develop language and cultural knowledge/seeks feedback/ mentoring/ participate in associations
COMMUNITY INTERPRETER: National Standard Guide for Community Interpreting Services [Canada]	X	X	X	X
REFERENCE	COMPETENCE 5	COMPETENCE 6	COMPETENCE 7	COMPETENCE 8
HEALTHCARE INTERPRETER: Refki, Avery, Dalton (2013)	Interpreter's Role & Responsibilities: conduit/clarifier/ cultural broker/ Advocacy/ Transparency	Medical Terminology: medical terms + their formation	Cultural Knowledge: values, world views, stereotypical attitudes, prejudice	Language: false friends, basic understanding of structure, accents, register, regional differences + faithful to meaning

<p>HEALTHCARE INTERPRETER: National Standards of Practice for Interpreters in Health Care, published by the National Council on Interpreting in Health Care [USA]</p>	<p>Accuracy: advises parties that everything said will be interpreted + manages the flow of communication + corrects errors in interpretation + maintains Transparency + Advocacy: To prevent harm to parties that the interpreter serves</p>	<p>Professionalism: The interpreter is prepared for all assignments [asks about the nature of the assignment and reviews relevant terminology]</p>	<p>Cultural Awareness</p>	<p>Accuracy: renders all messages accurately and completely, without adding, omitting or substituting + register, style, and tone of the speaker</p>
<p>COMMUNITY INTERPRETER: National Standard Guide for Community Interpreting Services [Canada]</p>	<p>Interpreting competence: knowledge/awareness of the interpreter's own role in the interpreting encounter</p>	<p>Knowledge of subject areas and relevant terminology + Research and Technical Competence: additional linguistic and specialized knowledge</p>	<p>X</p>	<p>Interpreting Competence: comprehend the original message and render it in the target language without omissions, additions or distortions</p>

Table 2: TRAMIG competence profile for trainers of CI ¹⁰

FIELD COMPETENCE	<ul style="list-style-type: none"> - language proficiency and intercultural competences - knowledge of the professional field - knowledge of the existing standards and specifications - mastering techniques used in consecutive interpreting and manifest highly-developed listening skills, memory skills, note-taking skills and delivery, knowledge of interaction dynamics
INTERPERSONAL COMPETENCE	<ul style="list-style-type: none"> - ability to integrate into a teaching team and work as part of a team - ability to teach students/trainees how to apply and critically assess codes of professional ethics - ability to teach students/trainees time and resource management - ability to teach students/trainees to work in sensitive settings - ability to teach students/trainees how to manage stress
ORGANIZATIONAL COMPETENCE	<ul style="list-style-type: none"> - ability to understand students/trainees' needs and expectations - ability to design a curriculum/course syllabus - ability to update a programme or a course
INSTRUCTIONAL COMPETENCE	<ul style="list-style-type: none"> - ability to explain the learning objectives - ability to encourage students/trainees - ability to draw up a lesson plan - ability to use existing professional and specialist tools and integrate them into training
ASSESSMENT COMPETENCE	<ul style="list-style-type: none"> - ability to define assessment methods and criteria - ability to assess students/trainees' entry level - ability to assess students/trainees' level of attainment - ability to evaluate a curriculum, syllabus and lesson

¹⁰ For reasons of brevity we propose this condensed version of the profile proposed by the TRAMIG project. The full edition is available at: <http://tramig.eu/wp-content/uploads/2019/10/CI-and-IC-Trainer-Profile.pdf>

Testing Techniques and Quality Control Practices for the Examination of Community Interpreter Trainers

Anthi Wiedenmayer, Simos Grammenidis

Aristotle University of Thessaloniki

ABSTRACT

Based on the theoretical framework of assessment and evaluation, analytically presented in the previous chapter of this volume, as well as on the protocols and the codes of ethics and conduct from different professional organisations worldwide, this chapter provides a selection of analytical tools and techniques which are developed for the final examination of trainers of community interpreters within the framework of the TRAMIG project.

The test construct is based on the competences of a community interpreter and includes a detailed testing of the interpreting competence. This includes the skills in different modes of interpreting, i.e. consecutive, simultaneous, sight translation and remote interpreting, the skills in managing the situational setting, i.e. the discourse, and the ethics and conduct of a community interpreter.

These skills and sub-skills are assessed in both written and oral tests, while the candidate has to pass the written form in order to proceed with the oral examination. Additionally, different techniques are presented for testing the pedagogical competence of a community interpreter trainer, e.g. the importance of giving concrete feedback to the trainees including the carefully chosen tasks to be achieved at every step of the training programme.

Key words: TRAMIG project, training public service interpreters, trainers' assessment, trainers' evaluation, testing techniques, public service interpreters' competences, quality control

1 GENERAL OVERVIEW

1.1 TOPIC

Based on the theoretical framework of assessment and evaluation, analytically presented in the previous chapter of this volume, as well as on the protocols and the codes of ethics and conduct from different professional organizations worldwide (e.g. California Healthcare Interpreters Association), this chapter provides a selection of analytical tools and techniques that have been developed for the final examination of trainers of community interpreters within the framework of the TRAMIG project. This comprehensive approach to assessing the interpreter's performance also takes into account the field experience of the community interpreters who participated in the TRAMIG workshops as well as information disseminated in the stakeholders' meetings of TRAMIG, which reflect the requirements at a wide scale throughout European countries.

1.2 POSITIONING OF THE CHAPTER

The content of this chapter is aimed primarily at trainers of community interpreters. Regarding the reliability of the testing methods and techniques, the chapter provides minimum guidelines for the test setting, which allow a high amount of consistency of the test measurement. The authenticity of the test and its tasks is provided through the simulation of real-world situations and a carefully chosen test format.

As the TRAMIG project distinguishes itself from other training programmes for community interpreters in the fact that it trains native speakers of a minority language – who are often themselves newly arrived refugees or migrants – to become trainers and therefore also assessors of interpreters working in healthcare settings, special importance is attached to the different situations in different host-countries. Thus, the test construct takes into consideration that the interpreters most probably do not know the language of the host-country, unless it is a major language with which they are familiar, mainly because of the colonial past of their country of origin or because it is taught as a foreign language in their educational system.

Also due to the nature of the TRAMIG project, a criterion-referenced approach is used, because the examinees do not consist of a homogenous group; on the contrary, they have different educational and sociocultural backgrounds. The norm-referenced testing, however, also comes into account when assessing the overall performance through role-play.

1.3 OBJECTIVE

The aim of this chapter is to propose various testing techniques and quality

control practices for the examination of community interpreter trainers. This chapter is designed for a number of target audiences: academic institutions organizing Public Service Interpreting courses; vocational training centres and/or public bodies and/or NGOs which would like to set up training of community interpreters and intend to evaluate their trainers before, during and after their training programme; administrators and government agencies, and community interpreters themselves, who would like to consolidate their knowledge and competences in the field.

2 BACKGROUND: MIGRATION AND COMMUNITY INTERPRETING

The international literature about the assessment in interpreting, both conference and community, has been growing in the last decades, which is also the case with literature regarding training methods for both conference and community interpreters. A closer look reveals that the majority of the empirical data originates in the area of community interpreters, which might be due to the fact that community interpreting is being practiced in a larger number of settings and by a larger number of practitioners. Moreover, this kind of interpreting has led to a profound understanding of the way interpreting functions in general, and has strengthened the sociological turn in Interpreting Studies. This turn has then revealed the complex nature of interpreting and the fact that any kind of interpreter is more than a mere conduit between the two primary interlocutors.

The aforementioned empirical data originate mainly from countries with a long migration tradition, such as the USA, Canada and Australia, and they often portray very different situations which have an impact on the requirements set by professional organizations or even states regarding the competences of community interpreters.

Slovenia, for example, with a population of approximately 2 million people and 3,821 asylum applications registered in 2019,¹ has a relatively long tradition as a host country for migrants, as it has been an exile country for Albanians since the Ottoman Empire. The Albanian migration to Slovenia continued after the World War II and, later, the Kosovo war. Slovenia has thus developed a series of asylum procedures and conditions which allow it to offer qualified interpretation for the Albanian language (see Pokorn et. al. in this volume). However, these standards cannot apply to the asylum seekers from Algeria, Morocco, Pakistan, Afghanistan and Iraq, which were the top five countries of origin in the first six months of 2019.²

1 <http://www.asylumineurope.org/reports/country/slovenia>

2 <https://www.iom.int/countries/slovenia>

On the other hand, Greece, – a country with a population of approximately 10 million people and 77,287 new asylum applications from refugees (mainly from Afghanistan, Syria, Pakistan and Iraq) only in 2019,³ where not even requirements for court interpreting have ever been properly established (Wiedenmayer 2011) and community interpreting has never been taught at a university level, – has been a country of origin for millions of immigrants since the creation of the Greek state in the 19th century; and in the last years, it has become a destination country for refugees, with endless entry-points, from the continental Eastern and Northern Eastern borders to the numerous scattered islands.

Nevertheless, no country could have been adequately prepared to receive the waves of refugees – a word that covers groups of completely different individuals – in particular since the current existing demands, i.e. the various settings, the language combinations and the provided infrastructure turn out to be quite different in every country. However, the adequacy of every interpreter has to be proved in practice. Therefore, the assessment requirements presented in the TRAMIG project refer to a set of competences which can apply to quite different situations and can be understood as the core competences of a community interpreter trainer which, in turn, consist of the competences of community interpreters and those of their trainers.

The demand for community interpreting can be observed in several fields of our societies, thus an important factor for the design of training and assessment is the definition of the interpreting settings. In those countries to which the refugees or migrants arrive for the first time, the demand for community interpreting starts right at the border and more often on the islands that function as the gate to Europe. The circumstances at these “gates” demand every possible form of community interpreting, starting before the official first-instance-interview up to interpreting in the hotspots under many different circumstances for many different occasions. This situation varies between different European countries depending on the number of arriving migrants. One point though remains common to all countries: interpreting in the field of medical care, which is needed not only upon arrival but as long as the migrants live in a foreign country where they cannot adequately communicate without an interpreter. This is the reason why the medical setting has been chosen as a typical example of community interpreting in this chapter.

3 <http://www.asylumineurope.org/reports/country/greece>

3 VARIETY OF ASSESSMENTS

3.1 APTITUDE TEST

The assessment starts with the aptitude test which is necessary for the selection of the candidates to be trained. As TRAMIG is intended for newly arrived migrants, they probably do not speak the language of the host country. This seems to be different only when the host country is a former colonial power (such as Great Britain, France, Belgium, The Netherlands, etc.) and the migrant comes from one of its former colonies. Thus, in the majority of cases, community interpreting must function via a “relay” language. The minimum requirements would be for the candidate to

- a. have finished the secondary school,
- b. have a command of a “relay” language such as English or French besides his/her native language, and
- c. have a good communication competence.

The aptitude test can be similar to an aptitude test carried out for admission to conference interpreting studies, with a differentiation regarding the level of mastering each competence. Thus, the aptitude test could consist of a written and an oral part as well as an interview.

The written part is necessary in order to prove that the candidates manage their native language also in its written form; this might not be the case, for example, for young Kurdish migrants, who often speak Kurdish but cannot write it, because they have never been taught this skill at school. The test includes the translation of a short, quite simple text from the “relay” or B language into the native language of the candidate (approximately 200 words, level of difficulty: A2-B1, time for translation: 1 hour), dealing with subjects relevant to their situation, such as a text describing the job of a community interpreter, the short introduction any community interpreter should make before beginning the interpretation, etc.

The oral part consists of two examinations. For the first one, the candidates could be given a short, relatively simple newspaper article in their native language (approximately 300 words, level of difficulty: B2-C1), dealing with subjects relevant to their situation, but avoiding articles with a political opinion. The candidates are given 15 minutes to read the text and prepare a summary with notes in language B. The candidates deliver the summary and answer questions about the text during the following interview. The same is done in the opposite direction, from language B to the native language. This part serves to assess the synthetic and analytical skills of the candidate.

The oral interview could start with the introductions, move to the summary part and the questions regarding the texts they have summarized, and continue with the oral rendering of a short speech from the candidates' language B into their native language. The same procedure follows with the summary and the questions in the opposite direction. The speech should be level B2, and the candidates have to deliver it after listening to it without taking notes.

The interview should end with questions about subjects giving the candidates the opportunity to express themselves in both languages. The goal is to assess their communication ability. A quite important aspect of the interview is trying to guess an idea of the candidates' learning ability or even curiosity.

After passing the aptitude test, the candidates start with the training (see chapters on tandem teaching and blended learning in this volume).

The final testing within a certain training programme should be aligned with the aims of the training and is not necessarily identical with the accreditation test. The latter takes into consideration the needs to be met by the candidate in a given professional setting; thus, accreditation tests may differ, depending on the organization carrying them out. A training programme like the one suggested by the TRAMIG project has to prepare trainers of community interpreters; therefore it consists of two parts. First, the interpreting ability of the trainees has to be tested and then their ability to train other people. In order to develop an appropriate testing technique, both formative and summative assessment methods are applied, the first in order to assess the different skills and sub-skills required and the latter in order to evaluate the overall performance of a community interpreter (see also Angelelli 2009).

The following table summarises the elements of the Aptitude Test:

Aptitude Test

WRITTEN PART	ORAL PART
Translation of a short text from language B into language A	<ol style="list-style-type: none"> 1. Introductions 2. Summary (in language A) of an article (in language B) 3. Questions about the text (in language A) 4. Summary (in language B) of an article (in language A) 5. Questions about the text (in language B) 6. Rendering of a short speech from language B into language A 7. Rendering of a short speech from language A into language B 8. Discussion

3.2 ASSESSING COMMUNITY INTERPRETERS

THE TEST DESIGN IS BASED ON the competences of a community interpreter as defined in the international standards ISO 13611:2014 and includes a detailed testing of the interpreting competence, i.e., linguistic, textual and pragmatic competence in both languages, as well as the strategic competence or instrumental-professional competence of a community interpreter. This includes the skills in different modes of interpreting, i.e. consecutive, simultaneous or chuchotage, sight translation and remote interpreting, the skills in managing the situational setting, i.e. the discourse, and also the ethics and conduct of a community interpreter (see also Jacobson 2009). These skills and sub-skills are assessed in both written and oral tests, and the candidates have to pass the written form in order to proceed with the oral examination.

The written test could consist of multiple-choice questions on different domains in order to ascertain if the trainee has sufficient skills and understands the professional standards of conduct:

- Unfinished sentences to be completed. These sentences may be related to several administrative domains such as healthcare, organizations, legislation, etc., and interpreter standards of practice.
- Terms and acronyms related to several administrative domains (medical, administrative, legal, etc.).
- Sentences with a word or phrase missing (cloze tests). These sentences may be related to several domains, and/or issues related to the state policy.
- Questions about administrative and interpreter terminology.

The *Health Care Interpreter Assessment* by MasterWord-Services (2013) offers some sample questions.

EXAMPLE 1: A person who uses a machine that works in the place of his/her kidneys is said to be on

- a. medication
- b. dialysis
- c. supplements
- d. IV

EXAMPLE 2: In order to maintain accuracy, the interpreter must take cultural context.

- a. for granted
- b. with a grain of salt
- c. out of the interpretation
- d. into consideration

EXAMPLE 3: Select the word or phrase that best represents the common terminology or has the same or closest to the same meaning for the bold word/phrase or acronym.

Cardiac arrest

- a. stroke
- b. heart attack
- c. hyperventilation
- d. hypertension

EXAMPLE 4: An interpreter must maintain at all times. This is why it is not a good idea to interpret for friends and family members.

- a. anonymity
- b. tranquillity
- c. impartiality
- d. accuracy

EXAMPLE 5: What is the name of the elastic band that is tied around a person's arm before an injection with a needle?

- a. a syringe
- b. a tourniquet
- c. a stethoscope
- d. an MRI

EXAMPLE 6: What should an interpreter do if he/she doesn't understand what is being said?

- a. Say: "I, the interpreter, do not understand."
- b. Interpret what he/she does understand and use context clues to figure out the rest.
- c. Skip what was not understood, but tell the patient/client what was skipped.
- d. Wing it.

Example 7: What do the following acronyms mean?

AAA :	_____	(abdominal aortic aneurysm)
a.c. :	_____	(“ante cibum” before meals)
ARD :	_____	(acute respiratory disease)
BAC :	_____	(blood alcohol content)
BP :	_____	(blood pressure)
EKG :	_____	(electrocardiogram)
Hb :	_____	(Haemoglobin)
MS :	_____	(multiple sclerosis)
PET :	_____	(positron emission tomography)
q.d. :	_____	(once a day)
Staph :	_____	(staphylococcus)
Stat :	_____	(immediately)
Strep :	_____	(streptococcus)
Tx :	_____	(treatment)
VD :	_____	(venereal disease)
WBC :	_____	(white blood cell)
Wt :	_____	(weight)

The oral part could consist of:

- an interpretation test, which includes the consecutive interpretation of a short speech and the sight translation of a short medical text, and
- two role-plays, one in a face-to-face setting and one via remote interpreting.

The oral part starts with the consecutive interpretation of a short speech in both language directions. The candidate should take notes while listening to the speech and render it with fluency and accuracy into the other language. The speech should be around 250 words long and deal with topics that have been discussed and interpreted during the training. Adequate speeches must have a good structure and allow the trainee to make an optical mapping of the content. Good examples for speeches of various levels of difficulty can be found in several languages in the resources of the project ORCIT, an open-access project for the training of conference interpreters.⁴

4 <https://orcit.eu>

Then a short, written text in language B is presented to the candidates and they have to render it orally into their native language, without any thorough preparation. They are given just one or two minutes to understand what the text is about. The same occurs in the reverse language direction. Some examples of adequate texts for this part of testing are instructions of healthcare organizations, brief documents, etc.

An example for role-play assessment from the *Health Care Interpreter Assessment* by MasterWord-Services (2013):

Preoperative Instructions for Surgery-Local Anaesthesia

Before Surgery:

1. Do not take aspirin, medications containing aspirin, any anti-inflammatory and herbal alternatives two weeks prior to surgery. Please refer to the medications-to-avoid list. If you are unsure if a medication that you are taking is to be avoided, please ask the doctor. If needed, Tylenol may be taken after consulting with the doctor.
2. Smoking must be stopped two weeks prior to and two weeks after the surgery. Nicotine patches and gum MAY NOT BE USED.
3. PLEASE BE AWARE, THAT SMOKING OR THE USE OF UNAUTHORIZED MEDICATIONS CAN LEAD TO COMPLICATIONS AND JEOPARDIZE THE RESULT OF YOUR SURGERY!
4. Report any signs of a cold or infection occurring within the week prior to your surgery.

For the consecutive interpretation the following rating scale can be used, which comprises the four main fields of assessment in interpreting, namely: language, content, presentation and interpreting techniques.

Assessment of interpreting performance				
Language	Excellent	Very good	Good	Not sufficient
Grammar				
Syntax				
Expression				
Content				
Completeness				
Message				
Cultural competence				
Coherence				
Monitoring				
Presentation				
Pronunciation				
Complete sentences				
Communication				
Fluency				
Interpreting techniques				

The oral assessment ends with the interpretation of a dialogue in two role-plays, one in a face-to-face setting and one via remote interpreting. In order to evaluate the skills necessary for real-life practice, interpreting tests should be based on performance (see also Skaaden 2016). Remote interpreting is vital during the training as well as in the assessment part, because it often belongs to the practice of a community interpreter. The reason is that very often there are no available interpreters for certain language combinations. In Greece, for example, where there is a demand for community interpreting on every little island where refugees arrive, there is no possibility of moving the refugees to another place where adequate interpreting is available. In these cases, interpretation is assigned to an interpreter in another city, who has to perform it via telephone or an internet platform.

The AUSIT Code of Ethics and Code of Conduct (2012)⁵ underlines the importance of remote interpreting: “It is very important that interpreters familiarise themselves with the increasing use of technology for interpreting, including telephone, video and internet interpreting, and diverse recording/transmitting devices. [...] Institutions, agencies and clients who use these technologies are encouraged to develop protocols and brief interpreters on their use and on any particular requirements they may have.”

An example for role-play assessment from the *Health Care Interpreter Assessment* by MasterWord-Services (2013):

Scene: A patient is talking to her doctor after being admitted to the hospital. This is the first time they have met.

Practitioner: Hello, Mrs. Garcia. I would like to start by asking a few questions. Is that ok?

Patient: Yes, doctor. Fire away. (In other language)

Practitioner: OK. Where exactly do you feel pain?

Patient: Actually, I feel it all over. Sometimes it just feels like my entire body hurts. (In other language)

Practitioner: Is this a constant pain or does it come and go?

Patient: It isn't all the time, but it does last for long periods of time. (In other language)

Practitioner: Do you feel it now?

Patient: No, not at this moment. Am I going to be OK doctor? (In other language)

During the role-play the assessors monitor if the community interpreter fulfils the following standards.⁶

5 <https://ausit.org/code-of-ethics/>.

6 The examples are based on the Medical interpreter competency checklist and the Core Competences of Healthcare Interpreters Knowledge Base proposed by Refki, Paz Avery and Angela Dalton (2013).

Standards checklist

Professional standards				
	Excellent	Very good	Good	Not sufficient
Introduces him/herself, explains the role of interpreter to the user and establishes rapport with him/her.				
Ascertains whether the user has prior experience working with public service interpreters.				
Encourages user to ask for clarification of any issue as it arises during the discussion.				
Relays to the patient legal requirements and essential information regarding informed consent, confidentiality, and security of medical communication.				
Asks the provider to introduce him/herself to the patient using his/her full title and to state the provider's goal for the discussion.				
Effectively arranges the spatial configuration of the interview to encourage direct face-to-face contact by the user and the provider.				
Exhibits ability to respect the dignity of all parties in professional and culturally appropriate ways.				
Demonstrates ability to respect patient independence.				
Acts in accordance with the principles of honesty, integrity, professionalism and accountability.				

Cultural standards				
Understands the rules of cultural etiquette with respect to status, age, gender, hierarchy and level of acculturation.				
Demonstrates an understanding of potential barriers to communication, including cultural differences, ethic issues, gender issues, lack of education or differences between user or provider life experience.				
Demonstrates knowledge of one's own cultural heritage and how it affects one's thinking and behaviour.				
Shares any relevant cultural information with both patient and provider to facilitate understanding between all parties.				
Understands how different levels of acculturation can cause different cultural challenges for the particular groups served.				
Demonstrates ability to assist provider and patient in understanding cultural issues, clarifying misunderstandings.				
Demonstrates knowledge of the cultural heritage, values, world views, healing practices, family structures, hierarchies, community characteristics and beliefs of the groups for whom interpreting is provided and how they may influence them.				
Interpretation standards				
Understands the vital role of accurate interpretation and understands the risks of inaccurate interpretation.				

Ensures that he/she understands the message prior to transmission.				
Understands his/her limitations of domain knowledge, refrains from making assumptions and demonstrates willingness to obtain clarification of terms and concepts as necessary.				
Accurately transmits information between the user and provider, rendering the message completely.				
<p>Manages the flow of communication in order to ensure accuracy of transmission and enhance rapport between the user and provider. Specifically:</p> <ul style="list-style-type: none"> - Manages the conversation so that only one person talks at a time. - Interrupts the speaker to allow the other party to speak when necessary. - Indicates clearly when he/she is speaking on his/her own behalf. 				
Demonstrates basic knowledge and understanding of the local administration and health system, including public benefits, insurance procedures and insurance terminology, as well as referral procedures of in-hospital services.				
Demonstrates awareness of standards pertaining to delivering culturally and linguistically appropriate public service and awareness of standards pertaining to the provision of linguistic access.				
Demonstrates ability to interpret in consecutive mode.				

Ethical standards				
Is aware of and observes all relevant organisational policies regarding release of confidentiality.				
Understands that protection of user includes a prohibition against sharing any of the user's personal information with anyone.				
Is aware and able to identify any personal bias, belief or conflict of interest that may interfere with his/her ability to impartially interpret in any given situation and discloses this to the provider so that another interpreter can step in to provide the service.				
Acts as a conduit of information, not as an information source, unless specifically trained or licensed to supply that particular information. Therefore, the interpreter refrains from counselling or advising the user of public services at any time.				
Maintains professional dress and demeanour at all times.				
Is consistently observed to be free of prejudice or critical comments or judgment of the patient.				
Maintains neutrality/impartiality and refrains from passing judgments or interjecting personal beliefs, values or advice.				
Understands and recognizes legal and liability considerations of maintaining confidentiality and addressing situations of necessary information disclosure, including confidentiality and mandated reporting information.				

Linguistic standards

Understands the difference between true and false cognates (words in different languages that are or appear to be related in meaning).				
Demonstrates basic understanding of the structure of language (e.g., grammar, how words are constructed, word order, etc.).				
Demonstrates understanding of different aspects of language fluency (accents, register, etc.).				
Recognizes colloquial expressions as well as common acronyms.				
Demonstrates awareness of regional differences/dialects in the interpreter's language pair.				
Understands the general legal parameters of linguistic access including legislation.				

Final Test for Community Interpreters

Written part	Oral part	Role-plays
<ol style="list-style-type: none"> 1. Multiple choice 2. Unfinished sentences 3. Terms and acronyms 4. Cloze tests 5. Questions about administrative and interpreter terminology 	<ol style="list-style-type: none"> 1. Consecutive interpretation of a short speech 2. Sight translation of a short medical text 	<ol style="list-style-type: none"> 1. face-to-face setting 2. via remote interpreting

3.2 ASSESSING TRAINERS OF COMMUNITY INTERPRETERS

After passing the final examination for community interpreters, trainees have to proceed with the assessment of their competence as a trainer. The aim of the assessment is to see if the trainee has acquired the competences defined by the TRAMIG programme, i.e., field competence, interpersonal competence, organizational competence, instructional competence and assessment competence.

Field competence

The field competence presupposes that the candidate has the knowledge of the professional field, namely both interpreting skills and knowledge of the standards applied in community interpreting. The assessment of the field competence has been described above and is a precondition for the other trainer's competences.

Interpersonal competence

Herein are included 15 competences, mainly related to the teaching competence of trainers, for example their competence in teaching ethics, time and resource management, stress management, etc. Many interpreter trainers are former trainees themselves, and they often tend to follow in their own trainer's footsteps, adopting the former's teaching styles or teaching intuitively, expecting such teaching strategies to be effective (Lee 2018). The assessment can be done by demonstrating a training session, which deals with a concrete skill to be learned, and where the candidate has the role of the trainer and two or three other persons act as trainees. The task could be, for example, teaching consecutive interpreting of a speech with special focus on note taking.

Organizational competence

This competence refers to the ability of the trainer to design course modules, a curriculum or a syllabus, based on the needs and expectations of the trainees. The organizational competence can be assessed by assigning the candidate the task of developing a questionnaire, corresponding to the ones described above under "Assessment as Community Interpreter", based on concrete situational requirements. For example, a questionnaire regarding interpreting in sessions between a psychologist and a refugee.

Instructional competence

This competence refers to the trainer's competence in specifying tasks, encouraging or motivating students, explaining facts and procedures, giving feedback, etc. We must underline at this point the importance of giving concrete feedback to the trainees regarding the carefully chosen task to be achieved at every step of the training programme. For the assessment, the method of role-play can be adopted, where the candidate has the role of the trainer and another person is the

trainee. The assessment of the instructional competence could take place while teaching consecutive interpreting of a speech with special focus on note taking, as above.

Assessment competence

This competence shows the ability of the trainer to define assessment methods and criteria, to assess trainees, or to adapt the curriculum to the results of evaluation, etc. The candidates have to be familiar with different assessment methods, which they also experienced during their training. Such methods are: self-assessment (a diary, portfolio – what worked well in the classroom, what failed, etc., self-review based on audio/video recordings, etc.), peer assessment [assessment of the performance of a trainee by another trainee, and client/end-user assessment]. Peer feedback helps to moderate the teacher-dependent master-apprentice model of learning that has characterized interpreter training worldwide for decades and is especially effective in developing metacognitive skills (Moser-Mercer 2008, 10), thus enabling students to better monitor and direct their own learning. Peer feedback aims to exchange and share ideas amongst students and is a valuable means of stimulating learning motivation, self-esteem, and positive relationships among learners (Kiraly 2000, 37). It can help students to see alternative perspectives on problems and to determine how these can be solved by other students (see also Lee 2018).

4 ACTIVITIES

Below you can find some exercises which could be useful for the trainers. For example:

1. Describe the way you were assessed during your studies. What were the positive and what the negative aspects of such an assessment?
2. Discuss in pair: What constitutes good interpreting? What would you describe as bad interpreting? What is an interpreting error?
3. A key medical term is misinterpreted throughout the role-play of an interpreter mediated encounter in healthcare settings. All other aspects of this student's interpreting are excellent. How do you take this into account in the grade?
4. How do you take into account the student's pronunciation and grammar when assessing his/her rendition in the other language?
5. During interpreting the meaning was completely lost in the rendition, the pronunciation of the candidate was very good and there were few grammar mistakes. Which parameter do you regard as the most important when assessing his/her performance?

6. How do you penalize omissions in interpreting?

5 DISCUSSION

As demonstrated in the previous sections, assessment and evaluation are complex processes. Quality interpreting should be seen as a community responsibility, since it does not depend only on the skills and ethics of an interpreter, but equally on all parties participating in the healthcare system (Refki et al. 2013). Therefore, special importance should be attached to the quality control of the situational (practice) framework (Pöchhacker, 1999). By ensuring quality community interpreting services for all language communities, for end users as well as for requesters and service providers (ISO 13611:2014), the standardization of the working methods and the raising of professional standards can be achieved and professionals can have a sense of belonging to a well-organized profession and thus enhance their self-awareness as professional community interpreters (see also Chan 2009).

Client education is therefore an important part of quality assurance and perhaps the most difficult to achieve. Host societies and their organizations, which have a demand for community interpreting, should be persuaded that by facilitating the task of community interpreters they will be able to provide high-quality language and cultural support to newly arrived migrants and enable them to have equal access to social services. Moreover, as stated in the TRAMIG project,⁷ host societies will thus be able to reduce the costs in various fields of social services: for example, in healthcare where previous studies indicate that high-quality language and cultural support shortens a hospital stay, reduces readmission rates and thus considerably lowers healthcare costs (Refki et al. 2013).

⁷ <https://tramig.eu/outcomes/>

6 FURTHER READING

Angelelli, Claudia and Holly E. Jacobson (eds.). 2009. *Testing and Assessment in Translation and Interpreting Studies. A call for dialogue between research and practice.* ATA American Translators Association Monograph Series Amsterdam / Philadelphia: John Benjamins Publishing Company.

A volume devoted to assessment in translation and interpreting studies with theoretical applications and empirical approaches as well as different case studies from different countries.

Angelelli, Claudia. 2004. *Revisiting the Interpreter's Role. A study of conference, court, and medical interpreters in Canada, Mexico, and the United States.* Amsterdam / Philadelphia: John Benjamins Publishing Company.

This book provides an overview of the field of interpreting, regarding the historical background, the main theoretical approaches and the different roles of an interpreter.

Hansen, Gyde, Andrew Chesterman, Heidrun Gerzymisch-Arbogast (eds.). 2008. *Efforts and Models in Interpreting and Translation Research.* Amsterdam / Philadelphia: John Benjamins Publishing Company.

A volume with articles from many known scholars in the field of Interpreting and Translation Studies about different aspects of interpreting, most of them using interdisciplinary approaches.

Pöchhacker, Franz, Miriam Schlesinger (eds.). 2002. *The Interpreting Studies Reader.* London / New York: Routledge.

A comprehensive referential volume for students, researchers and practitioners with seven thematic sections and suggestions for further reading.

Sawyer, David. 2004. *Fundamental Aspects of Interpreter Education. Curriculum and Assessment.* Amsterdam / Philadelphia: John Benjamins Publishing Company.

The book offers an overview of the Interpreting Studies literature on curriculum and assessment with a discussion of curriculum definitions, foundations, and guidelines as well as case studies of degree examinations.

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