

# Testing Techniques and Quality Control Practices for the Examination of Community Interpreter Trainers

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## 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,<sup>1</sup> 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.<sup>2</sup>

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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,<sup>3</sup> 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 19<sup>th</sup> 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.

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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"> <li>1. Introductions</li> <li>2. Summary (in language A) of an article (in language B)</li> <li>3. Questions about the text (in language A)</li> <li>4. Summary (in language B) of an article (in language A)</li> <li>5. Questions about the text (in language B)</li> <li>6. Rendering of a short speech from language B into language A</li> <li>7. Rendering of a short speech from language A into language B</li> <li>8. Discussion</li> </ol>

### 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?

<b>AAA</b> :	_____	(abdominal aortic aneurysm)
<b>a.c.</b> :	_____	(“ante cibum” before meals)
<b>ARD</b> :	_____	(acute respiratory disease)
<b>BAC</b> :	_____	(blood alcohol content)
<b>BP</b> :	_____	(blood pressure)
<b>EKG</b> :	_____	(electrocardiogram)
<b>Hb</b> :	_____	(Haemoglobin)
<b>MS</b> :	_____	(multiple sclerosis)
<b>PET</b> :	_____	(positron emission tomography)
<b>q.d.</b> :	_____	(once a day)
<b>Staph</b> :	_____	(staphylococcus)
<b>Stat</b> :	_____	(immediately)
<b>Strep</b> :	_____	(streptococcus)
<b>Tx</b> :	_____	(treatment)
<b>VD</b> :	_____	(venereal disease)
<b>WBC</b> :	_____	(white blood cell)
<b>Wt</b> :	_____	(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.<sup>4</sup>

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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				
<b>Content</b>				
Completeness				
Message				
Cultural competence				
Coherence				
Monitoring				
<b>Presentation</b>				
Pronunciation				
Complete sentences				
Communication				
Fluency				
<b>Interpreting techniques</b>				

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)<sup>5</sup> 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.<sup>6</sup>

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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"> <li>- Manages the conversation so that only one person talks at a time.</li> <li>- Interrupts the speaker to allow the other party to speak when necessary.</li> <li>- Indicates clearly when he/she is speaking on his/her own behalf.</li> </ul>				
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"> <li>1. Multiple choice</li> <li>2. Unfinished sentences</li> <li>3. Terms and acronyms</li> <li>4. Cloze tests</li> <li>5. Questions about administrative and interpreter terminology</li> </ol>	<ol style="list-style-type: none"> <li>1. Consecutive interpretation of a short speech</li> <li>2. Sight translation of a short medical text</li> </ol>	<ol style="list-style-type: none"> <li>1. face-to-face setting</li> <li>2. via remote interpreting</li> </ol>

### 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,<sup>7</sup> 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).

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<sup>7</sup> <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.

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