Final Assessment and Testing for Community Interpreter Trainers: A Theoretical Approach

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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

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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 world[2]. 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 schools[4]. 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 healthcare 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

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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

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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 evaluee, 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.
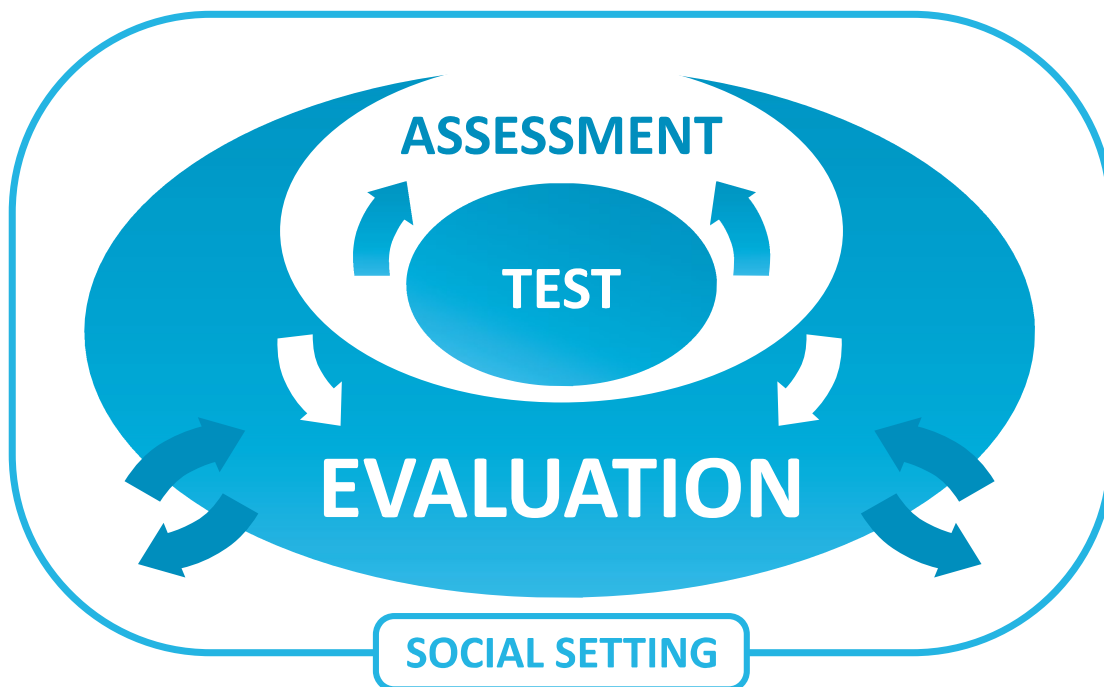
Figure 1: Evaluation concepts construct

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 evaluees, 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 evaluees' 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 evaluees 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 evaluee 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 evaluees.

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 Pöchhacker 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 evaluees (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 evaluees 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) delivery[7].

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 evaluee (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.

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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.);

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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

HEALTHCARE INTERPRETER: National Standards of Practice for Interpreters in Health Care, published by the National Council on Interpreting in Health Care [USA]	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	Professionalism: The interpreter is prepared for all assignments [asks about the nature of the assignment and reviews relevant terminology]	Cultural Awareness	Accuracy: renders all messages accurately and completely, without adding, omitting or substituting + register, style, and tone of the speaker
COMMUNITY INTERPRETER: National Standard Guide for Community Interpreting Services [Canada]	Interpreting competence: knowledge/awareness of the interpreter's own role in the interpreting encounter	Knowledge of subject areas and relevant terminology + Research and Technical Competence: additional linguistic and specialized knowledge	X	Interpreting Competence: comprehend the original message and render it in the target language without omissions, additions or distortions

Table 2: TRAMIG competence profile for trainers of CI [10]

FIELD COMPETENCE	- 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	- 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	- 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	- 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	- 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