

Why This Book and How to Use It

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1 THE NEEDS

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

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

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

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

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

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

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

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

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

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

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

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

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

2 DEFINITION OF TERMS

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

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

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

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

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

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

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

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

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

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

3 HOW TO USE THE BOOK

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

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

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

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

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

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

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

4 BIBLIOGRAPHY

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