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APTITUDE TESTS AS PREDICTORS OF COMPETENCE ACQUISITION AND INTERPRETER'S PERFORMANCE

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Introduction

Entering a training program in translation and interpreting studies at graduate level requires a considerable competence development. Testing interpreter skills to predict his/her level of competence acquisition and further professional performance poses one of the greatest challenges for educators and trainers in higher education institutions all over the world.

What should a candidate know? What skills should s/he have and be able to show? How to assess that knowledge and those skills? And how accurately will the result of those assessment tools predict the future interpreter's performance? These are some of the questions this study intends to answer.

Background

This study is a follow-up of the research carried out by Valero Garcés & Socarrás and presented both in *IULMA 2010* (See Valero Garcés & Socarrás 2011) and *Critical Link 2010*. Those were mainly based on previous similar studies developed by (Pochhacker 2009) and (Russo 2009) as presented in the Symposium on Aptitude for Interpreting (Antwerp, May 2009).

The University of Alcalá (UAH) has been training translators and interpreters for the public services area since 2001 in nine language combinations and is a member of the European Master's in Translation (EMT) network (<http://www2.uah.es/traduccion>). This Master's in Intercultural Communication, Interpreting and Translation in Public Services comprises 60 ECTS-credits and is structured in three modules: intercultural communication; interpreting and translating in healthcare settings; and interpreting and translating in legal and



administration settings. It is followed by an internship in public and private institutions and a research project of about one hundred pages.

The course's entrance requirements are in accordance with those of the EMT, among which is worth highlighting the following:



Candidates should hold a recognised university degree or equivalent and have an excellent command of his/her mother tongue; have an in-depth knowledge of his/her working languages; and be well-informed about the economic, social and cultural background of the countries in which his/her working languages are used. S/he should have: a good power of concentration; an ability to grasp varied and often complex issues swiftly; a high degree of motivation and intellectual curiosity; an inclination to show initiative and imagination; an ability to work consistently and under pressure, both independently and as a member of a team; a readiness to accept advice and an ability to give feedback.

This study involves students attending the Master's course in the language pair Spanish-English. Once students have finished the first (on line) module and right before they start any training in healthcare settings, they sit an oral *aptitude test* containing general and specific terminology, and after two months of intensive training in translation and interpreting in healthcare settings, students sit an *achievement test* in a different environment and conditions.

Following there is a short description of both tests.

Aptitude test

It is an aural/oral standardized test designed to measure the abilities (verbal comprehension, reasoning and expressional fluency) of our students to develop skills and acquire specific knowledge in healthcare settings. It evaluates intelligence, competence, and skills to assist in the selection of potential interpreters.

It is administered in a multimedia lab, for twenty-four students, where individual skills can be assessed better, and performance be recorded for further evaluation and analysis.

This test takes around thirty-five minutes and contains about seventeen hundred words. It measures memory, attention, focus, speed, language, problem solving, fluid intelligence, stress; and reaction time. It is composed of seven exercises: vocabulary; synonyms and antonyms, oral comprehension; consecutive interpreting; cloze; sight translation and a questionnaire. Exercises one and two include general and specific terminology. Exercise three to six contain texts directly related to medical and healthcare. Exercise seven helps collecting students' appreciation of their skills and performance (in)satisfaction, as well as other relevant ethnographic data.



The time to answer in exercises one; two; three; and five is five seconds. There is a gap of thirty seconds to summarize the text in exercise three. In exercise four, consecutive interpreting, students have one and a half time, as the one used by the speaker, to decode and express the message. In exercise six, sight translation, students can take three to five minutes to read through the text and five to eight minutes to sight translate it. Exercise seven has no time limit.

The test is taken in front of one trainer who explains briefly the objectives of test; the constant language shift; the time constrain; and the importance of taking notes in exercise four. As it is not an exclusive exam, students are told that it is just ‘a picture of their skills’ to be compared with ‘the picture’ taken at the very end of the last module of the master.

Achievement test

It is a standardized test designed to assess aptitude and knowledge in interpreting gained through education and training. It also measures the abilities of the students to develop skills and acquire specific knowledge in legal and administration settings, which is the next module of the master course.

It is a video-recorded simulated doctor-patient interview through a scripted role-play. Only three students and two trainers are in a closed room. This test allows assessing not only individual skills but also public performance and interactive management skills.

This test lasts from four to six minutes which represents half the time of a real doctor-patient normal interview in Spain. The three students do a role-play on an appendicitis case shifting roles as doctor, patient and interpreter. Each interpreter performs a different part of the script containing around three hundred words. The test is video-recorded while observed by the two trainers, one of which is assessing the interpreter’s performance on the spot. The other trainer evaluates the performances through the recordings.

We are going to present next the results of the two tests by explaining both the composition of the two study groups and the competences that we analyzed: reaction time and accuracy in the *aptitude test* and turn-taking management and accuracy in the *achievement test*. Once we have explained the data, we are going to draw some conclusions and comment on the usefulness of the results.



Discussion

The aptitude test study group

The group is composed of twenty-seven students from seven countries in three continents (See Figure 1). Six of the students are using English and Spanish as their second and third working languages. There are twenty-five women and only two men. The average age is twenty-six years.

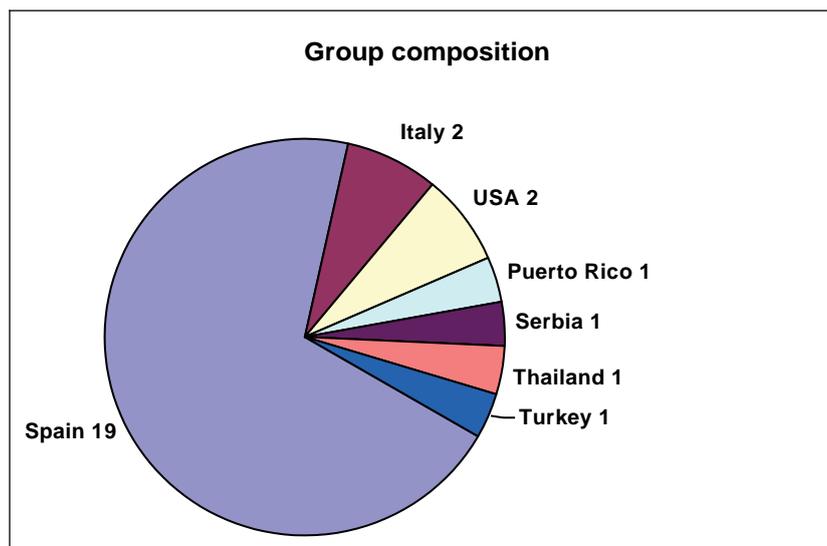


Figure 1: Group composition

The group was subdivided into three subgroups according to their level of performance in the *aptitude test* using the average mark as reference (See Figure 2). Eight students (Group C) performed lower than the average; eleven students (Group B) had an average performance; and seven students (Group A) performed higher than the average.

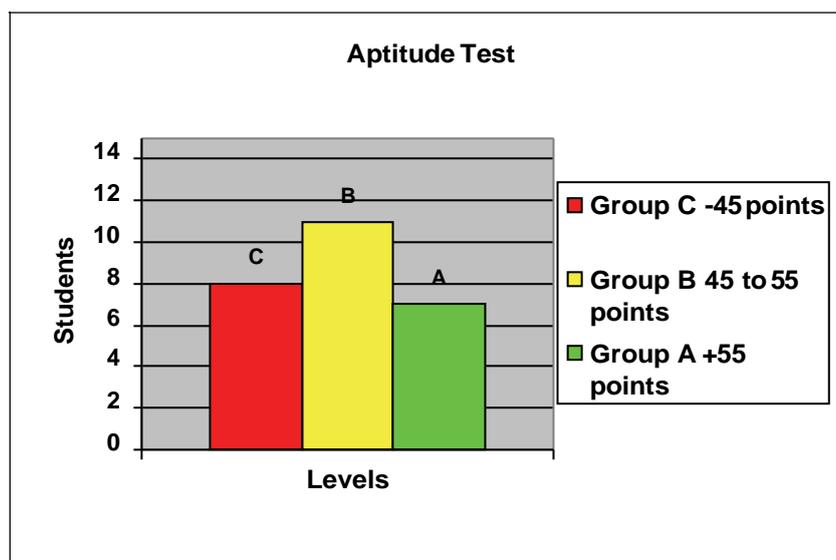


Figure 2: Students' performance in the aptitude test

Reaction time

The standard audio software Audacity was used to measure the reaction time in the *aptitude test* through the exercises one, vocabulary and two, synonyms and antonyms. It was done by counting the seconds a student would take to utter an answer, without taking into account the self corrections, starting on the last sound of the trainer-speaker.

On average, students reacted in less than two seconds (See Table 1).

	Group C		Group B			Group A	
	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6	Student 7
Average Time (Sec.)	1.4	1.5	1.6	1.8	1.8	1.5	1.9
Fastest	0.7	0.6	0.5	0.2	0.9	0.7	0.6
Slowest	3.1	3.1	4.8	4.2	4.4	5.1	5.5

Table 1: Student's reaction time in the Aptitude test

Although it might look paradoxical that Group C reacted faster than Groups A and B, it is worth highlighting that Group C either remained quiet or failed to answer a considerable percentage of the words or phrases.

All the students reacted more slowly during the *achievement test* presumably due to the time required to process the information while reading their notes then rendering the message in a consecutive mode.



As this variable could interfere with the reliability of the analysis, a further study will be conducted using the results from the *end-of-course test*. It contains similar exercises to the ones used in the initial *aptitude test* and was applied to the same students at the end of the second module.

Accuracy

To measure the accuracy of the interpreter's renditions in the *aptitude test*, we analyzed the results of four exercises by combining them into two groups (See Table 2). On the one hand, the language related exercises: vocabulary plus the synonyms and antonyms (Ex. 1+2). On the other hand, the interpreting related exercises: consecutive interpreting plus the sight translation (Ex. 4+6). This combination is made on the basis of the similarities of the competences and sub skills required to complete each group of exercises.

	Group C		Group B			Group A	
	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6	Student 7
Ex. 1+2	43.7%	58.3%	70%	68.7%	50%	75%	79%
Ex. 4+6	15%	20%	32.5%	35%	30%	57.5%	55%

Table 2: Accuracy of the interpreter's renditions in the aptitude test

The achievement test study group

A random sample of seven students, which represents twenty-six percent of the total, was selected for this study. It is composed of two students from Group C; three students from Group B; and two students from Group A, the highest level of performance in the *aptitude test*. There are six females and one male student. They represent four nationalities. The background education of five of the students is mainly related to foreign language and literature. The other two have studies not related to languages.

As for the results, there was a remarkable improvement in the *achievement test* results. Only one of the students from the Group C performed lower than the average; the other one performed as the average. Two of the students from the Group B had an average performance; the other one performed higher than the average. The two students from the Group A also had a high level of performance in this test.

The subgroups composition changed in the *achievement test* and an increase can be noticed in the Groups B and A, while the Group C decreased (See Figure 3). Only five students performed lower than the average; thirteen students had an average performance; and eight students performed higher than the average.

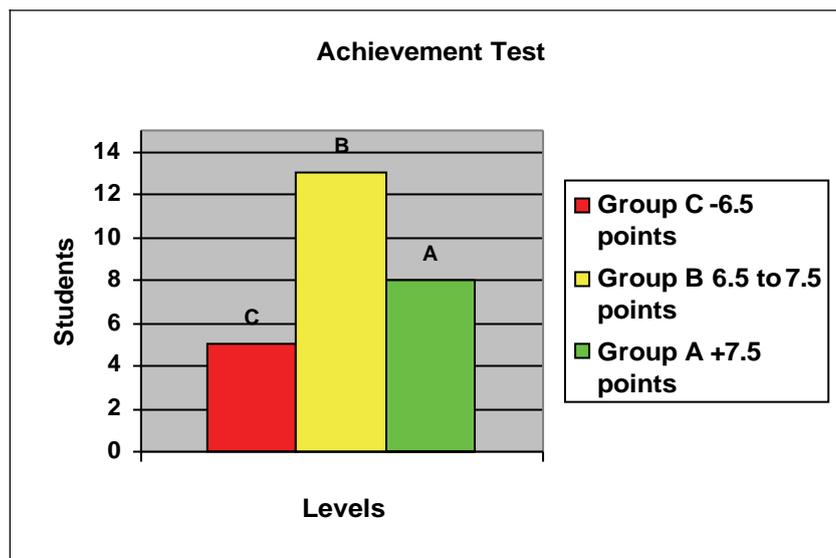


Figure 3: Students' performance in the achievement test

Turn-taking management

As the aptitude test is an aural/oral in-lab exercise, it is not a feasible tool to measure turn-taking management. Although, the high frequency of overlapping renditions showed by students in Groups C and B might well be taken into consideration as a lack of turn taking skills.

A high emphasis was put into practicing this relevant skill during the training period. Students got used to manage and control the communication flow knowing the high responsibility they have when playing the healthcare settings interpreter role.

The good command of the turn-taking skills can be observed in the videos of the *achievement test*. Interpreters instruct the two parties -doctor and patient- to stop when they sign with a hand during the introduction stage previous to the interview. Then during the interview, interpreters nicely ask the speaker to pause to render the part of the message they have stored in their brains and written down in their note pads.

It is worth highlighting that students from Groups C and B interrupted the speakers more frequently as they have less working memory capacity as well as less note-taking skills. It can also be consider as both a lack of communicative interaction skills and weak language proficiency. The specific terminology plays an important role in this part, since the exam is purely using medical vocabulary and the vast majority of students have little experience in the field.



Accuracy

When measuring the accuracy of the interpreter's renditions using the results of the *achievement test* we notice that one of the students from Group C remained in the same group, although s/he improved the level of accuracy showed in the *aptitude test*. The other student ascended to the next group. One of the students from Group B maintained the same level of accuracy while the other two ascended to the next group. And the two students from Group A maintained the same level of accuracy in their performance (See Table 3).

	Group C		Group B			Group A	
	Student 1	Student 2	Student 3	Student 4	Student 5	Student 6	Student 7
Achievement Test (Points)	5	7	7	7.5	8.5	8	8.5

Table 3: Accuracy of the interpreter's renditions in the achievement test

Findings

Through a deep analysis of the data briefly presented above, we have found that both the *aptitude test* and the *achievement test* are very reliable tools to measure the student's abilities to develop skills and acquire specific knowledge in healthcare settings. In the case of the *achievement test*, it has also shown that the test was a reliable tool to assess aptitude and knowledge in interpreting gained through training. It also helped to measure the abilities of the students to develop skills and acquire specific knowledge in other settings.

This test has also turned into a helpful instrument to predict the future interpreter's performance. It shows that students with a low level of accuracy and slow reaction time can improve their performance through training; although, it might demand more efforts on the student's side and a special dedication and attention to some student's individual characteristics on the trainer's side.

The students with previous interpreting experience show more turn-taking management skills. Training facilitates the acquisition of these skills so that most interpreters feel confident when interrupting any of the parties during the interview, and what is more, they tend to do it naturally.

Conclusions

This study, a follow-up of a research carried out by Valero Garcés & Socarrás and based at the same time on previous studies carried out by Pochhacker and Russo as already mentioned, has analyzed and reported on the comparative results of the application of two



bilingual interpreting tests -an aptitude test and an achievement test, to the Master's students at the University of Alcalá during the academic course 2010-2011. It defines the two tests as adapted to the public services field –specifically the healthcare settings, and also to the local situation.

It makes reference to the competence and requirements to enter a graduate course as well as the ways to testing a candidate's competences to predict his/her level of competence acquisition and further professional performance.

It describes the larger group to which the two assessment tools were applied to and also the smaller sample group that was selected at random to conduct this study. It discusses some important aspects of an interpreter's performance such as the reaction time, the accuracy and the turn taking management. By means of illustrative figures and tables, it shows the deep analysis carried out to support the findings.

This study has found that the two assessment tools are helpful as predictors of the future interpreter's competence acquisition and performance.

To validate these findings, a further study will be conducted to compare and analyze the same student's performance in the *aptitude test*, the *achievement test* and the *end-of-course test*.

We recommend that this study be replicated to validate its results. It would be a solid step to apply similar set of assessment instruments in other institutions training public service interpreters.

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