

Preliminary Interpreter Candidate Skills Interview (PICSI)

Version 1.2

TEST DEVELOPMENT AND SPECIFICATIONS INFORMATION FOR CUSTOMERS

Introduction:

When two parties without a common language of reference need to verbally interact, an interpreter must serve as a conduit to facilitate the interaction. The standards of accuracy, preciseness, completeness and ease of communication required should be commensurate with the consequence of the services being provided.

Encompassed within those requirements for accuracy, preciseness, completeness and ease of communication are certain pre-requisite skills, chiefly among them, the ability to speak and comprehend two or more languages fluently. In addition, the candidate must be able to accurately capture, retain, convert and transmit concepts and instructions. The primary goal is to allow the LEP to receive the same level of service that an English speaker would expect without an interpreter.

The purpose of the PICSI 1.2 is to capture an example of a candidate's performance in a controlled yet realistic situation, and compare it to standards of performance set by Subject Matter Experts (SMEs) in the field to ensure a minimum level of competency required (pass/fail), as well as a reference score to allow for individuals and organizations to easily compare ability levels (A-F ranking).

Background:

In the past, many organizations have relied on weak proxies for interpreter ability, such as self-reported ability, or even ethnic background, when hiring and assigning interpreter duties. A step up from these flawed methodologies would be to conduct an informal interview (or partial interview) with the candidate in the target language, thus subjectively assessing basic language fluency, but not necessarily evaluating the other skillsets required to fulfill the role (such as the ability to accurately convey the messages). Some organizations may also use basic individual word matching/fill-in exercises to test for knowledge of terminology equivalents out of context, again only capturing partial skillsets.

Professionally calibrated assessments designed by subject matter experts (SMEs) based on a JTA (job task analysis), ensure that relevant areas are assessed with applicable exercises (or highly correlating proxies). SMEs set certain standards for basic skills, set parameters for item difficulty, and determine relative weighting for different items and exercises. SME based assessments can be further improved by correlating item and exercise difficulty ratings with candidates' overall performance levels to measure the level of correlation between those difficulty levels and candidate outcomes (reliability coefficient) for both the aggregate

and individual. This information in turn can be used to adjust relative weighting of those items and exercises within the tests. The 1.2 version of the PICS I is an SME designed test.

Methodology and specifications:

The PICS I will consist of a series of short role-play scenarios with topics from either customer service (CS-PICS I) or general medicine/family practice/primary care/internal medicine (HC-PICS I). Candidates will be evaluated on the accuracy and completeness of the interpreted message.

The scenarios include 20-30 industry relevant terms. In addition, the scenarios must also fall within overall length specifications as measured by word count. Because the terminology is evaluated separately, the terms themselves are excluded from the word count when determining overall length, which can fall between 250 and 350 words.

In order to account for variations in length, accuracy errors will be proportionally weighted to the scenario's overall word count, thus maintaining a consistent relative difficulty level. Accuracy errors are sub-divided into high-impact and low-impact, based on the SME established guidelines previously referenced, and are assigned relative group weights within the overall score, those relative weights being overlaid onto the proportional weighting from the word count.

Assessments are administered by a human administrator, and the recording of the candidate's performance is reviewed and rated by a qualified, trained human tester. In addition to the overall percentage score ratings for accuracy and terminology, testers will evaluate other aspects of performance, such as pace, professionalism, address and register, as well as grammar and syntax in each language.

Candidates receive scores for both terminology and accuracy, as well as an overall score. Terminology scores are determined as a percentage of the presented terms correctly interpreted (within the scenario context). The accuracy score represents a maximum error tolerance of one major error per 100 non-terminology words at a 75% passing score. A score of 75% or higher is required in both accuracy and terminology to pass (even if a candidate's overall average score is above 75%). However, hiring organizations may wish to set their own standards at a higher level, depending on their own needs, demand for the language, and availability of resources.

Scenario development:

Scenarios are developed for either general medicine or customer service by SMEs with extensive interpreting experience, using appropriate field-related terminology. The scenarios must meet the cumulative overall length (not including terms) requirements, as well as term count and difficulty levels, those levels being set by language specific SMEs.

All initial development will occur for the highest demand language (usually Spanish), and scenarios will subsequently undergo an additional level of review upon translation into

other languages. Scenarios may undergo language specific revisions and modifications to adjust for flow, logic and/or difficulty level if needed.

Candidate Preparatory Materials:

Candidates are provided with a testing packet before the test, which includes an overview of the testing modality, what to expect, and answers to frequently asked questions.

Candidates also receive a list of relevant terminology to review. The terms packet will contain approximately 66% of the terms encountered on any given version of the test scenarios, and these comprise only 20-30% of the total terms on the list. The purpose of the list is to provide a general context of the type and difficulty level of the terms likely to be encountered.

Click below to access candidate preparatory materials packet:

https://static1.squarespace.com/static/5364e44be4b0bfbb0aba1324/t/58530e3b197aea0e74c25635/1481838139397/PICSI_Candidate_information_packet_withFAQ.pdf

Click below to access candidate terminology study workbook:

<https://static1.squarespace.com/static/5364e44be4b0bfbb0aba1324/t/595ed957ff7c5087ff77a4b0/1499388247405/Terminology+Workbook+for+HC-PICSI+%28Version+A1-1.2%29.pdf>

Test Reporting:

Please see the next two pages for sample test reports (one passing, one failing).

Yes	On-Site Proctoring at XYZ Languages
No	Remotely administered with video proctor
Yes	Photo ID verified

Preliminary Interpreter Candidate Skills Interview (PICS)
English/Spanish
 Healthcare Version (HC-PICS)

Candidate Name: *John Doe*
Test Date: *February 10, 2018*

PASS **Overall Score** **81.9%** **B-**
 Terminology Score: 78.3%
 Accuracy Score: 85.4%

English	Spanish
<u>Accent/Pronunciation</u> : Mild accent	<u>Accent/Pronunciation</u> : Native/Native-Like
<u>Grammar and Syntax</u> : A few minor errors	<u>Grammar and Syntax</u> : Generally correct
<u>Skills Review</u>	
<u>Pace</u> :	Requested no repetitions and interpreted without hesitation.
<u>Professionalism</u> :	Demonstrated a professional demeanor, and generally used culturally appropriate modes of address.
<u>Vocabulary</u> :	Occasionally altered the register and style of the original speech.
<u>Accuracy and Completeness</u> :	Made a single major accuracy error with the potential to impact patient care, and made frequent minor accuracy errors resulting in changes or loss in nuance.
<u>Healthcare Terminology</u> :	Altered, mispronounced, or omitted a number of the presented healthcare terms.

Tester's Recommendations

Study healthcare terminology in both languages, for improvement in these areas.

Practice note-taking while interpreting in the consecutive mode, for further improvement in the accuracy and completeness of interpretation.

Review grammar and syntax in English.

Grading Scale	A+ 98-100%	B+ 87-89%	C+ 77-79%	D+ 67-69%	F 0-59%
	A 93-97%	B 83-86%	C 73-76%	D 63-66%	
	A- 90-92%	B- 80-82%	C- 70-72%	D- 60-62%	

No	On-Site Proctoring at _____
Yes	Remotely administered with video proctor
Yes	Photo ID verified

Preliminary Interpreter Candidate Skills Interview (PICS)
English/Spanish
 Healthcare Version (HC-PICS)

Candidate Name: *Fred Sample*
Test Date: *March 4, 2018*

FAIL **Overall Score** **73.0%** **C**

Terminology Score: 71.7%

Accuracy Score: 74.3%

English	Spanish
<u>Accent/Pronunciation</u> : Mild accent	<u>Accent/Pronunciation</u> : Native/Native-Like
<u>Grammar and Syntax</u> : A few minor errors	<u>Grammar and Syntax</u> : Generally correct
<u>Skills Review</u>	
<u>Pace</u> :	Requested no repetitions and interpreted without hesitation.
<u>Professionalism</u> :	Demonstrated a professional demeanor, and generally used culturally appropriate modes of address.
<u>Vocabulary</u> :	Occasionally altered the register and style of the original speech.
<u>Accuracy and Completeness</u> :	Made a number of major accuracy errors with the potential to impact patient care, as well as several minor accuracy errors resulting in changes or loss in nuance.
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