

Name _____

Hypertension

Doctor: Mr./Ms. _____, your blood pressure is 200/98. That's very high. A reading of 120/80 is considered normal.

Patient: I'm only thirty years old, doctor. Isn't that an old person's disease?

Doctor: No, it can occur at any age.

Patient: My father had high blood pressure, too.

Doctor: Yes, sometimes it's **hereditary**.

Patient: But I feel fine. And, I've never had a problem with **my blood pressure** before this. (pause) I'm not **nervous**; I don't have **palpitations** or anything like that.

Doctor: Well, that's because we've caught it early. It is known as the "Silent Killer," because it has no symptoms. (pause) If you had not come in today, and this went untreated, something serious could have happened. It affects your heart, **kidneys**, brain, eyes and your **circulatory system**.

Patient: Silent killer? This sounds really serious. (pause) I'm really concerned about this because I need to stay healthy so I can work and support my family.

Doctor: It is a serious condition. **Hypertension** could cause your heart to become enlarged, which may result in **heart failure** or **heart attack**. (pause) It can also cause **kidney failure** and even a **stroke**.

Patient: You say a stroke? But **a stroke** could leave me **paralyzed!**

Doctor: Yes, a stroke can cause partial or total paralysis.

Patient: Well, all this makes sense. My father had a lot of trouble with his **kidneys** and had to get **dialysis** three times a week. (pause) My grandfather died of heart problems.

Doctor: Well, you can avoid all that if you learn to control your blood pressure. (pause) We'll have to start a treatment plan for you.

- Patient: That's what I would like to do, of course. What do you recommend that I do? (pause) I'll do whatever it takes to be healthy again.
- Doctor: I advise you to cut out or at least reduce the amount of salt you use on your food. (pause) Also, I want you to avoid alcohol and tobacco. (pause) You need to lose weight and exercise at least three times a week.
- Patient: Are you going to prescribe some medication?
- Doctor: Yes, I'm going to prescribe a medication called Doxazosin. (pause) You need to take it with a full glass of water. Take the first pill tonight at bedtime. (pause) If you feel **nauseated** after taking it, reduce the dose to only half a pill. (pause) Other side effects are **tachycardia, shortness of breath**, or a **rash**. (pause) **Allergic reactions** include swelling of the throat, lips, and tongue. (pause) Stop taking the medication immediately if you experience an **allergic reaction** and call the office.
- Patient: How long do you want me to take this medicine for?
- Doctor: It depends. Many times the problem can be resolved with a change in diet and exercise. (pause) You'll need to come back in 6 weeks so we can see if there has been any improvement. (pause) In the meantime, I will refer you to a **dietician**.
- Patient: Ok. I want to start the treatment as soon as possible. Thank you for your help doctor. I know that with you I'm in good hands!

Spanish Interpreter Language Proficiency Evaluation

The language tester will contact you by telephone to arrange a time for the exam. The exam lasts approximately one hour and should be done from a landline telephone. If you are applying to be an on-site interpreter in the Portland Metro Area you have the choice to take the exam by telephone or come into the office to take the exam on-site.

During the exam you may not use a dictionary to look up terms. The test will be recorded for grading purposes. Both the role-play and the exam require a passing score of 80% to pass.

The interpreters exam is divided into three sections; **(1.) Language skills** including the Role-play scenario, **(2.) Industry standards and ethics**, meaning for meaning interpreting, and **(3.) Medical terminology**. The following is a brief description of what to expect.

(1.) Language Skills

In the language skills section, you will be asked three warm up questions in English and the target language to measure proficiency in grammar and syntax, pronunciation and diction, fluency and expression, and general vocabulary.

Role-Play

The Role-play is a pivotal part of the test. The Role-play scenario and the exam allow for a comprehensive assessment of your understanding of bi-lingual and interpreter skills as well as your ability to apply them. If you do not perform well on this portion the tester may stop the test and ask you to practice or study more before proceeding with the remaining test categories. The Role-play will be a medical scenario acted out by an English speaking doctor and a Spanish speaking patient. You will act as the interpreter between both parties.

The interpreter's objective is to interpret everything that is said as accurately and completely as possible. Once you begin, please stay in the interpreter role. You are expected to treat this as an actual interpreting appointment. If you have questions ask them before you begin the role-play.

1. Introduce your self as the interpreter to both patient and physician.
2. You are expected to use the consecutive mode.
3. If you need something repeated or clarified (too much information to remember/don't know a term that was used, etc.), use the appropriate industry standards to state your request (intervention/transparency).
4. You are expected to speak in first person. (Review intervention/transparency protocols for information on how and when to use third person.)

- *We recommend that you practice doing a role-play with friends or family members. Ask them to come up with their own scenario and try to see how many sentences you can accurately recall without adding, omitting or changing the meaning.*



PACIFIC
INTERPRETERS

[We understand]



**PACIFIC
INTERPRETERS**
[We understand]

(2.) Industry Standards and Ethics

This section is comprised of a series of questions that cover topic areas such as transparency, 1st person interpreting, and intervention protocols. You will also be presented with three hypothetical interpreter dilemmas where you will need to determine if the behaviors described were ethical or not.

- Review the *Pacific Interpreters Guidebook for Interpreters*. This book should be e-mailed to you by the Recruitment Department following your phone interview.
- For further information visit the National Council for Interpreting in Health Care (see website: ncihc.org).

Interpreting Meaning for Meaning

This portion of the exam contains four sets of sentences that contain words or phrases that may be difficult to interpret by using an equivalent. This section measures your ability to interpret the meaning of a word or phrase by using a definition or description, if you do not know the term equivalent.

(3.) Medical Terminology

This section measures your knowledge of medical terminology. These terms include anatomy, abbreviations, health care context terms (terms used in the medical field), and high register specialty terms. Points are given for knowing the term and it's definition.

- Visit www.xculture.org to purchase a quality Spanish- English Medical Glossary. Look under the section "Our Products"- "Medical Glossaries". The book is \$26.00 and only available through the CCHCP (Cross Cultural Healthcare Program).

Pacific Interpreters

TESTER'S MANUAL

A guide to administering and scoring language assessments

Note to testers:

Please read over the following assessment procedures carefully.
 If you have any questions, contact Tessa McKenzie in Interpreter Resources:
 (800) 311-1232 ext. 5738 or e-mail: tessam@pacificinterpreters.com.

I. TYPES OF ASSESSMENTS:

1. Bilingual Language Assessment

Average length: about 20 minutes.

This test evaluates the candidate's fluency in English and their target language and her/his ability to accurately interpret from one language to the other. It does not test for knowledge of medical terminology, interpreting protocols or standards of practice, or Code of Ethics. Please pause *frequently* through out the scenario, as the candidate is not expected to interpret long phrases.

2. Full Assessment

Average length: about 45 minutes.

This test includes the elements in the Bilingual Language Assessment, above (fluency and ability to interpret from one language to the other), plus knowledge of medical terminology, interpreting protocols and standards of practice, and Code of Ethics.

Bilingual Assessment	Full Assessment
<ul style="list-style-type: none"> • Grammar, syntax, pronunciation in both languages • Healthcare context terms • Idiomatic expressions • Additions/omissions • Ability to convey speaker's meaning • Combining languages • Accent • Proper form of address 	<ul style="list-style-type: none"> • All elements in Bilingual Assessment • First person interpreting • Transparency • Medical terminology • Maintain register of speaker • Intervention protocols • English insertions • Tone, style, pace • Flow control • Code of Ethics • Consecutive mode

Index of Role-Play Scenarios

0302-6

Bilingual Assessments:	Full Assessments:
Tuberculosis (TB) - Patient/provider.	Hypertension (HT) - used as standard for Spanish LPE and Full Assessment.
Arthritis (Arth) - Patient/provider; used as the standard role-play scenario for all languages.	Diabetes (DIA) - used for retakes; level of register is higher than that of HT
Earache (Ear) - Parent/provider; used as alternate scenario for languages that take much longer (Somali, Creole), as it is shorter in length	Amniocentesis - used mainly for Spanish testing; flow of conversation and register higher than HT/DIA
Common Cold (CC) - Patient/provider, longer in length for customers who request longer scenarios.	

- Bilingual Scenarios: **10 Healthcare context terms**, 3 idiomatic expressions
- Full Scenarios: **25 medical terms**, 3 idiomatic expressions

Translate your scenarios ahead of time—

We ask you to translate each scenario (if not already translated), and keep it on file, ready for use at the time of assessment. We will periodically create new scenarios, which you will translate prior to the time of the assessment. If you have difficulty with translating a scenario, please contact the Assessment Administrator who will advise you of what to do.

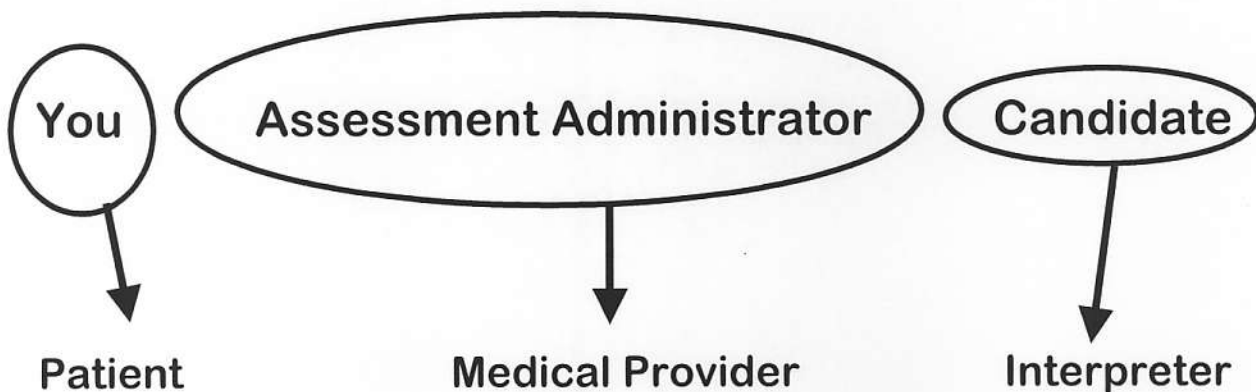
II. YOUR RESPONSIBILITIES AS A TESTER:

1. Be prepared with the correct scenarios to be used (Tuberculosis, Arthritis, Earache...etc.)
2. Sit in a quiet area, away from noise and distractions.
3. Have pen and translated scenario at hand.
4. The Assessment Administrator (Tessa McKenzie) will call you at the time of assessment.
5. Assessment Administrator will play the role of the medical provider.
6. You will play the role of the patient or parent, depending on scenario.
7. Jot down notes during the assessment as needed. Assessment Administrator will send the digitally recorded session to you via e-mail, on the day of the assessment. If you *do not* have access to the Internet, contact the Assessment Administrator to receive an audiocassette instead.
8. Contact Assessment Administrator if you do not receive a digital recording or if the audiocassette does not arrive.
9. Send your completed score sheet, together with any comments to Pacific Interpreters by fax (503) 445-5501 or e-mail: tessam@pacificinterpreters.com.

Understanding the role-playing scenarios—

The role-playing scenarios are used to measure the candidate's verbal and listening skills, grammar and pronunciation, understanding of interpreter skills and the code of ethics and overall comprehension of both languages.

Your role is that of the patient speaking in the target language. The Assessment Administrator will play the role of the medical provider, and he/she will begin the scenario with an opening expression, "Good morning, Ms./Mr. _____. How are you feeling today?" The candidate will proceed by directly interpreting the medical provider's statement into the target language.



0302-8

III. UNDERSTANDING INDICATOR TERMS IN THE ROLE-PLAY SCENARIO

Indicator terms are included in all role-playing scenarios and are described below. You need to pay special attention to these terms and know how they should be interpreted.

1. **Idiomatic expressions (Highlighted in grey):** Selected idioms, figures of speech, and colloquialisms are phrases that are not to be understood by their literal meaning.

- Requires the interpreter to choose the word, phrase or expression in the target language that best expresses the intended meaning.
- Tests the candidate's ability to interpret "meaning for meaning" when there may not be exact word-for-word equivalents.
- Examples (English): "You've **caught a cold.**" "The pain **comes and goes.**" "I can't **afford to take** time off work."

Excerpt taken from Arthritis Scenario (Bilingual Assessment)—

Example of an idiomatic term

Doctor: Sometimes people confuse this with "growing pains," but it could actually be something more serious; I am glad you came in today. Many cases of arthritis begin in the joints of the fingers, hands and wrists.

2. **Healthcare-context vocabulary (Highlighted in bold/ Bilingual Assessment only):**

- Words, phrases or expressions that, as part of the general vocabulary, are frequently encountered in healthcare settings.
- Tests the candidate's vocabulary of words and phrases he/she is likely to encounter in healthcare interpreting.
- Examples (English): "prescription," "medical chart," "hospital gown," "stuffy nose."
- In English these are sometimes referred as "layman's terms."

Excerpt taken from Arthritis Scenario (Bilingual Assessment)—

Doctor: Sometimes people confuse this with "growing pains," but it could actually be something more serious; I am glad you came in today. Many cases of **arthritis** begin in the joints of the **fingers, hands and wrists.**

Examples of H-C vocabulary

3. **Medical Terms (Highlighted in bold/ Full Assessment only):**

- Tests the candidate's knowledge of medical terminology used in health care settings.
- Examples (English): "tympanic thermometer," "hypertension," "hyperglycemia."

Doctor: It is a serious condition. **Hypertension** could cause your heart to become enlarged, which may result in heart failure or heart attack. It can also cause kidney failure and even a **stroke**.

Examples of Medical Terms

IV. SCORING WITH THE LANGUAGE ASSESSMENT TOOL:

0302-9

Use the Language Assessment Tool when evaluating the candidate. The Language Assessment Tool is the score sheet, which lists the evaluation criteria and deduction points for each category. The total possible points is 100, and the *new* rating scale is as follows:

Superior:	85-100% (passing; no further study is necessary)
Good:	70-84% (passing, with study recommendations)
Fair:	55-69% (not passing; further study and re-testing recommended)
Poor:	0-54% (not passing; not qualified as a bilingual candidate)

When scoring the candidate and using the Language Assessment Tool, a careful study of the questions will help you make an accurate and objective evaluation. Consider the terminology used in the questions: Minor, Major (addition, omission), Significant (change of meaning), and Heavy (accent). These underlined adjectives will allow you to deduct for errors based on their importance. The definitions and/or examples at the end of the questions will help you understand what to look for. Please list examples of what terms the candidate missed at the end of the Language Assessment Tool.

****IMPORTANT AREAS TO CONSIDER WHILE SCORING****

If an error seems to fit into more than one category, choose the one that is most appropriate and deduct only once. It is important to avoid deducting more than once for the same mistake. Here are some examples of *frequent errors* that apply to more than one question.

1. A **medical term** is omitted – If a medical term (**bold**) is omitted, deduct only from major omissions. Then, list what terms were missed at the end of the Language Assessment Tool.
 - Ex: “It affects your heart, kidneys, brain, eyes and your circulatory system.” In this case, if heart is omitted, then this is a major omission because this is where the interpretation is most affected.
2. Omitted Idiomatic Expression – If a highlighted idiom is omitted, deduct only from the question that addresses a “failure to convey symbolic meaning” because this is where the interpretation is most affected.

If an interpreter fails to repeat a **bold** medical term that he/she *already interpreted correctly* and the meaning is not affected, do not take a deduction.

- Ex: The doctor states, “Hypertension could cause a stroke.” The interpreter says, “*It* can cause a stroke.” No points should be deducted, as long as what was said is clear to all parties.

Any error that is committed by the interpreter should be evaluated and prioritized according to how it most seriously affects the interpretation. Please avoid deducting more than once for a single error.

V. SUBMITTING THE TEST RESULTS:

Results are to be sent with *high priority* to the Assessment Administrator by e-mail, fax, or mail.
The results will include:

- The score sheet with name of candidate and score.
- Written comments and/or recommendations for the candidate (areas of improvement, mistakes, etc.)
- In addition, you should make copies of all test results and keep them in a secure place. Copies should indicate name of candidate tested, scenario(s) used, date of test and record of score.

(Please cut along this line and return lower portion in the envelope provided)

I, _____, have read and understood the Language Tester's Manual and I accept the duties and responsibilities described in it with no exceptions/the following exceptions:
(CIRCLE ONE)

Interpreter's Name: _____

Pacific Interpreters ID number: _____

Native Language: _____

Other Languages: _____

Internet access at home with sound board: Yes or No

Hours **UNAVAILABLE** to test: _____

Telephone numbers (primary, secondary) Testing # _____

Other # _____

Please circle the scenarios received, translated, and kept on file:

- Tuberculosis- updated July 2006 (Bilingual)
- Common Cold (Bilingual)
- Arthritis (Bilingual)
- Earache (Bilingual)
- Diabetes (Full)
- Hypertension- updated July 2006 (Full)