

THE INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

EXAMINATION PAPERS

Language: SPANISH

Option: HEALTH

INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING EXAMINATION

JUNE 2003

HEALTH OPTION

TASK 1 - INTERPRETING

CANDIDATE'S PROMPT NOTES - THE CANDIDATE HAS FIVE MINUTES TO STUDY THESE NOTES.

You are asked to interpret on two occasions. It is essential to interpret accurately and fully, demonstrating a professional and confident manner, including objective understanding of the cultures and conventions involved.

At the beginning of each role play, it will be assumed that the participants have already been introduced to each other and the interpreter's role has been explained.

In the process of the role play the interpreter will be expected to intervene appropriately if and when necessary (for example to ask for clarification or to alert the parties to a missed cultural inference) and to explain in both languages why s/he is doing so.

SUBTASK A (15 MINUTES)

Consecutive Interpreting technique (i.e. interpreting after an interlocutor has stopped speaking) to be used for approximately 10 minutes in total and whispered technique (i.e. interpreting whilst an interlocutor is speaking) from Spanish into English for approximately 5 minutes.

CONTEXT: You are to act as an interpreter between a GP and the parent of a small boy, whose family are in Britain on holiday. The little boy is in distress and his parent has brought him to the evening surgery.

Interlocutor i) English-speaking GP
Interlocutor ii) Spanish-speaking parent

SUBTASK B (15 MINUTES)

Consecutive Interpreting technique (i.e. interpreting after an interlocutor has stopped speaking) to be used for approximately 10 minutes in total and whispered technique (i.e. interpreting whilst an interlocutor is speaking) from English into Spanish for approximately 5 minutes.

CONTEXT: You are to act as an interpreter between a midwife in the antenatal clinic and *either* a pregnant patient who has come for her initial visit *or* a father-to-be, who has come for advice because his wife is pregnant, very tired and worried about breast feeding.

Interlocutor i) English-speaking midwife
Interlocutor ii) Spanish-speaking patient / father-to-be

THIS SHEET MUST NOT BE REMOVED BY THE CANDIDATE.

INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

HEALTH OPTION

TASK 1: SUBTASK A: INTERPRETING

SPANISH/HEALTH

Instructions to Interlocutors

PLEASE REMEMBER

In order to keep the role play as natural as possible:

- Keep eye contact with the other interlocutor at all times
- Do not read off the script
- In the consecutive section, please pause after each speech segment (indicated by a double-slash) to allow the candidate to interpret

For Latin script languages

The English and Spanish parts of the text are indicated as follows:

1. *Font: Arial/Italic* for Spanish interlocutor
- I. Font: Times New Roman for English interlocutor

PLEASE ADJUST THE GENDER OF THE PERSONAL PRONOUNS IN THE TEXT TO MATCH YOUR OWN

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DIPLOMA IN PUBLIC SERVICE INTERPRETING

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HEALTH OPTION

TASK 1: SUBTASK A: INTERPRETING

SPANISH/HEALTH

(Gender for personal pronouns to be chosen as appropriate)

ENGLISH-SPEAKING GENERAL PRACTITIONER'S PROMPT NOTES

CONTEXT:

You are a GP taking evening surgery. Your patient is a small boy of 6, whose family are in Britain to visit relatives for the holidays. The child is in distress and the worried mother or father has brought him to see you.

SPANISH-SPEAKING PARENT'S PROMPT NOTES

CONTEXT:

You are the parent of a 6-year-old, and your family is in Britain on holiday, visiting relatives who live here. The little boy is breathless, and suffers from asthma, but you have forgotten to bring his medication with you, so you have asked for an appointment with the GP as a temporary resident.

CONSECUTIVE INTERPRETING

I. General Practitioner

Good evening, do have a seat. // How can I help you?

1. Padre/Madre

Hoy acabamos de llegar aquí de vacaciones. // Este es mi hijo. // ¿Podría ayudarnos por favor? // No puede respirar. // Tuvimos un viaje realmente largo y todos en la familia estamos muy cansados. // Pero creo que lo que a él le pasa no tiene nada que ver con el cansancio. // Estoy muy preocupado/a.

II. General Practitioner

He does look rather dyspnoeic¹. // How long has he been like this?

2. Padre/Madre

Hace un par de horas que está jadeando y con este silbido. // Sabe doctor/a, padece de asma bronquial, // igual que mi padre y yo // y se me ha olvidado traerle los remedios. // ¿Cómo he podido hacer algo tan estúpido?! Nunca los olvido cuando estamos en casa. // pero todo salió mal en este viaje, // tenía tantas cosas que hacer que todo el día me lo pasé corriendo de un lado a otro, loco/a de inquietud. // Y justo entonces al bebé empezaron a salirle los dientes, así que nadie pudo dormir, // y encima los del control de tráfico aéreo que amenazaban huelga // y el taxi que no llegaba, // así que dejé los remedios y el regalo para mi hermana encima de la mesa de la cocina. // Usted va a pensar que soy un/una irresponsable.

¹ *Footnote for Interlocutor: dyspnoea: difficult or laboured breathing.*

III. General Practitioner

Of course I don't think anything of the sort. // Travelling with small children is always stressful; // there's such a lot to remember. // The important thing is that you're doing something about it quickly, and that's good. // Can you tell me what medications he usually takes?

3. Padre/Madre

Inhaladores Usa inhaladores, pero no sé cómo se llaman - // ah! Y algunas veces comprimidos, cuando se siente muy mal.

IV. General Practitioner

I need to ask you some questions to find out what his needs are; // because of course we don't have any records for your son here. // Is he allergic to anything?

4. Parent

Le han hecho unas pruebas cutáneas y es alérgico al huevo, pero hoy no ha comido ninguno. // Que yo sepa no es alérgico a nada más. // Yo también soy alérgico/a al huevo, así que estamos bien acostumbrados a ello.

V. General Practitioner

You see, there are two approaches to managing asthma. //

First of all, we can prevent the spasm of the bronchial tubes from taking place by avoiding what we call 'triggering factors' – // these can be allergens (things that produce an allergy) and the most common of these are pollens and house dust mites – // I expect your own doctor has explained the best way to deal with these. // Stressful situations and infections are also believed to play a part, // but these are obviously more difficult to avoid. // The allergic reaction can also be prevented by the regular use of inhaled medications – // steroids and other anti-allergic drugs are used for this. //

Secondly, once the attack has started // we can reverse the bronchospasm, or wheeze, by giving drugs called bronchodilators. // These are also available as tablets or a syrup, // but the inhaled form acts more quickly and is less likely to produce side effects. // In the old days, we had to use injections to produce this effect, // but thankfully this is hardly ever necessary now – // it used to be so distressing for little children when they saw a big needle being produced. //

So, the inhaler he uses - does he take it prophylactically to prevent an attack or therapeutically when an attack comes on?

5. Padre/Madre

El marrón – creo que es un esteroide - // lo tiene que usar todas las mañanas y todas la noches para prevenir el asma, // y el azul sólo lo tiene que usar cuando el pecho comienza a silbarle.

VI. General Practitioner

Fine! That will be beclomethasone and salbutamol. // I would like to examine him now. // Could you please take off his shirt, and I'll listen to his chest with my stethoscope. // Mmm..... he has a moderate degree of bronchospasm and tachycardia.

6. Padre/Madre

¿Es muy grave eso?

VII. General Practitioner

I mean his wheeze is moderately severe and his pulse is rapid. // This is because he has missed his usual medication today. // I will have to nebulise him. // Don't worry about that, we can do it here and now in the surgery, // and then when he's breathing better we can talk about medication to use while he's on holiday here.

7. Padre/Madre

¿Puede explicarme qué quiere decir "nebulizar"?

VIII. General Practitioner

It's nothing to worry about. // I will put salbutamol in the chamber of this machine, which we call a nebuliser, // and it will be converted into a fine spray which he will inhale through this little mask --- // see, he is beginning to improve already! // Now that the little fellow is feeling better, could you tell me a bit about his early development? // Tell me something about his health and growth since he was born until now. // Has he ever been seen by a Health Visitor? // Did he ever attend an Asthma Clinic?

WHISPERED INTERPRETING

At this point the GP will ask the interpreter, "Do you want to move?". The parent will then take about five minutes to tell the GP about the child's development since birth. During this time the interpreter will move to give the GP whispered simultaneous interpretation.

En este momento el/la doctor/a dirigiéndose al/a la intérprete le dice "¿quiere Ud. acercarse por favor?" El padre/la madre se tomará unos cinco minutos para referirse al desarrollo del niño desde su nacimiento. Durante este tiempo el/la intérprete deberá acercarse al/a la doctor/a para proporcionarle una interpretación simultánea en voz baja.

8. Padre/Madre

[Déle al/ a la doctor/a la siguiente información]

- .Cuando era un bebé mi hijo siempre estaba como malucho y era un problema hacerle comer. Era uno de esos bebés que hacen ruido con la nariz, que parece que siempre tienen la nariz tapada. Le dimos de mamar porque pensamos que el pecho es lo mejor para un bebé, pero cada vez que trataba de mamar se ponía a toser y casi se ahogaba, así que, para empezar, no engordaba lo suficiente. Semana por medio parecía que se había resfriado o tenía tos, y teníamos que llevarlo al doctor mucho más que a los otros niños.*

- *Nuestro médico siempre solía decirnos “otra infección en las vías respiratorias superiores” – creo que quería decir que tenía un resfrío – o a veces “tiene de nuevo una infección bronquial” pero yo **sabía** que era asma, porque reconocía los síntomas. Como le dije antes, su abuelo y yo ambos usamos inhaladores y él tenía eczema y alergias, que yo sé que vienen muchas veces con el asma. Pero no, el médico no quería creerme. Seguía recetando antibióticos una y otra vez.*
- *Finalmente llevé a mi hijo a ver a un pediatra que se especializa en dolencias bronquiales y él me dio la razón. Este médico le hizo un montón de exploraciones y análisis, y le hizo soplar dentro de todo tipo de máquinas, y también le hizo las pruebas cutáneas. Si los doctores escucharan alguna vez a los padres, ¡se ahorraría tanto dinero! Después de todo somos nosotros, los padres, los que conocemos mejor a nuestros hijos.*
- *Después el médico comenzó a verle regularmente y también le recetó los inhaladores. Pero cuando era muy pequeño le dio un mascarilla especial para que pudiera inhalar la medicina bien. Pero ahora ya no la necesita.*
- *Desde entonces ha ido mejorando su apetito. Ahora come bien y con ganas y tiene un montón de energía. Es tan activo como sus hermanos y sólo de vez en cuando tiene un ataque así, en que le falta el aliento.*

The GP will now ask the interpreter to move back.
El/la doctor/a le dice al/ a la intérprete que retome su lugar.

CONSECUTIVE INTERPRETING

Create a dialogue and say that:

IX. General Practitioner

Don't worry; I will give you a prescription for the 2 inhalers he uses regularly, // and a short course of steroid tablets. // If he runs out, come and see me again.

9. Padre/Madre

Esteroides otra vez! No le van a producir alguna reacción secundaria?

X. General Practitioner

No, not with a very short course. // They are only a problem if used long-term. // Now do contact me if his condition deteriorates again – // the signs to look out for are pallor, lethargy and shortness of breath. // Is there anything else you need to discuss? You mentioned eczema just now. // Does that still occur, and do you need some cream to put on it? // Sometimes stress can make the condition flare up, // and perhaps a long journey and being with relatives he hasn't met before might be stressful for him.

10. Parent

A veces sí que tiene tiene eczema // - a veces se me ocurre que es por el agua - // Yo también tengo eczema, así que podemos usar mi crema si llega a tener problemas mientras estamos aquí.

XI. General Practitioner

It isn't wise to give an adult's medication to a little boy this age, // especially topical steroids. // It's always safest to keep your own medication to yourself, // and let a doctor advise on what other people should have because we're all individuals and our needs are different. // I suggest I write your son up for some cream, just in case. // I hope you won't need it, though, and you will all enjoy your holiday here from now on.

11. Parent

Muchas gracias doctor/a por su amabilidad y por su tiempo. // La verdad es que le agradezco que me haya permitido venir a verle así, sin tener hora //. Estoy segura de que estaremos bien de ahora en adelante.

END THE INTERVIEW.

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HEALTH OPTION

TASK 1: SUBTASK B: INTERPRETING

SPANISH/HEALTH

Instructions to Interlocutors

PLEASE REMEMBER

In order to keep the role play as natural as possible:

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IMPORTANT: SPECIAL INSTRUCTIONS FOR THIS YEAR ONLY:

For the Task 1B Role Play two slightly different scenarios are used for the Other Language Interlocutor:

FEMALE INTERLOCUTOR: You are the PATIENT (a pregnant woman)

MALE INTERLOCUTOR: You are the HUSBAND (a father-to-be)

Please be sure to use the correct scenario.

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TASK 1: SUBTASK B: INTERPRETING

SPANISH/HEALTH

(Gender for personal pronouns to be chosen as appropriate)

ENGLISH-SPEAKING MIDWIFE'S PROMPT NOTES

CONTEXT:

You are a Midwife, and are running your normal antenatal clinic. The Spanish speaking interlocutor is a pregnant woman who is here for her initial visit. This will be the family's second child; the older child is two, and is being looked after at home. The social details are in the documentation in front of you.

SPANISH-SPEAKING PATIENT'S PROMPT NOTES (FEMALE INTERLOCUTOR)

CONTEXT:

You are attending a routine antenatal clinic. You are here for your initial visit. This will be the family's second child; the older child is two.

CONSECUTIVE INTERPRETING

I. Midwife

Good morning, my name is Jane/John Smith, I shall be helping with your antenatal care, // and I hope to see you many times over the coming months. // Would you like to be known by your first or second name?

1. Paciente

Mi nombre de pila está bien. Y a usted ¿cómo quiere que le llame?

II. Midwife

You can call me Jane/John or Mrs/ Mr Smith, whichever you are most comfortable with. // How are you feeling today?

2. Paciente

He tenido muchas náuseas esta mañana, pero ahora se me han ido, por suerte.

III. Midwife

Let's hope that will wear off soon. It generally does. // I'd like to start by checking some social details. // Perhaps you could confirm them, when I read them out, or alternatively let me know if there's a mistake.

3. Paciente

Si, por supuesto, lo haré.

IV. Midwife

I have your name down as Magdalena María Pérez de Fernández // And your address as 23 Holme Avenue, Vicar's Cross. // Your date of birth is 16th July 1973. // Are you married, single, divorced or widowed?

4. Paciente

Todo eso está correcto, sí. Soy casada.

V. Midwife

I want to ask you about your family history next. // Is there any diabetes in the family, any history of hypertension or of multiple births?

5. Paciente

No hay ni diabetes ni hipertensión en la familia, que yo sepa, // pero mi tía tuvo mellizos. Aunque uno de ellos murió al nacer.

VI. Midwife

Do you know why the baby died?

6. Paciente

Creo que nació muerto. // Por ese entonces no había ecografías y ella no sabía que iba a tener mellizos hasta el momento del parto. // Claro, si el otro mellizo tiene ahora treinta años...

VII. Midwife

I'm glad to hear that. Now I'd like to discuss your previous obstetric history. // In which year was your son born?

7. Paciente

Ha cumplido dos años, así que nació en el dos mil uno.

VIII. Midwife

Was the pregnancy normal throughout?

8. Patient

¡Sí! Sin problemas.

IX. Midwife

Can you tell me about the labour – // at what gestation was your son born? // Was the labour induced or did it start spontaneously?

9. Paciente

Se atrasó una semana. // Así que fue a las cuarenta y una semanas. // Cuando nació rompí aguas en medio de la noche, yo estaba en casa, en la cama. ¡Cómo se puso todo, las sábanas, el colchón!

X. Midwife

Was the delivery normal, by caesarean section or assisted?

10. Paciente

No entiendo qué quiere decir con parto asistido.

XI. Midwife

Assisted delivery means a birth which is achieved by the use of forceps or ventouse extraction. // What that basically means is that the baby is either lifted out with forceps or sucked out.

11. Paciente

No. El parto fue sin ayuda, salvo la mía– ¡empujé hasta que nació! // Sólo me desgarré un poco, // y la partera me puso unos puntos ella misma.

XII. Midwife

Tell me, was the child well at birth and did you breast or bottle-feed him?

12. Paciente

Oh, sí, lloró enseguida. // Quería darle de mamar pero no fue tan fácil como había pensado // Me esforcé muchísimo pero no hubo caso, me sentía muy frustrada // estaba tan acongojada porque no podía hacer nada y el bebé lloraba todo el tiempo. // No lograba hacer que mamara y por supuesto se quedaba con hambre y no engordaba como debía. // Yo me sentía como una mala madre porque no podía darle el pecho de un modo natural, // finalmente a las dos semanas hubo que darle el biberón // Me gustaría muchísimo intentar de nuevo, pero tengo miedo de volver a fracasar.

WHISPERED INTERPRETING

At this point the midwife will ask the interpreter, “Do you want to move?”. The midwife will then take about five minutes to tell the patient about breastfeeding and what will happen now. During this time the interpreter will move to give the patient whispered simultaneous interpretation.

En este momento el/la partero/a dirigiéndose al/a la intérprete le dice “¿quiere Ud. cambiar de lugar, por favor?” El/la partero/a hablará unos cinco minutos sobre amamantamiento y lo que puede suceder. Durante este tiempo el/la intérprete deberá acercarse al paciente para proporcionarle una interpretación simultánea en voz baja.

XIII. Midwife

- It can take some time to establish breastfeeding and the first few days can be very trying, but with support from your midwife and perhaps a breastfeeding counsellor it should be a success this time. I would like to go over again the advantages of breastfeeding with you.
- Breast milk adapts naturally to meet a baby’s individual nutritional needs, and provides food that is exactly right for each stage of its development.
- If a baby is breastfed, the bonding process between mother and baby is developed more rapidly and will last throughout all the wakeful nights that you might have.
- Many of the immunities which the mother has acquired will be passed on to the baby in breast milk. These will offer a source of valuable antibodies to help fight infection. Breastfed babies suffer from fewer gastric upsets and are less likely to have allergic reactions such as eczema or asthma.
- Research has shown that cot deaths are reduced in breastfed babies and the incidence of diabetes and heart disease is less in later life.
- There are also advantages for your health. Breastfeeding may protect you from breast and uterine cancer and osteoporosis.
- The best time to start breastfeeding is within minutes of the baby’s birth. It’s important that the baby is fed on the colostrum, which is the first milk produced. Ask the midwife to put the baby to the breast straight away and don’t hesitate to ask your midwife or health visitor for support and advice at any time.

**The midwife will now ask the interpreter to move back.
El/la partero/a le indica al/a la intérprete que retome su lugar.**

CONSECUTIVE INTERPRETING

Create a dialogue and say:

XIII. Midwife (...Continued)

Have you had any miscarriages either before or since you had your son?

13. Paciente

No. Esta es la segunda vez que me quedo embarazada. // Siempre me he mantenido en forma y tengo buena salud. // No fumo ni bebo. // Sé que es mejor evitar el alcohol durante el embarazo. // Tampoco tomo medicinas de ningún tipo, // excepto los comprimidos de ácido fólico que me recomendaron. // Los tomo todos los días.

XIV. Midwife

I see that the start of the last menstrual period was on 1st March, // which means that the baby is due on, or about, the 8th of December.

I'm now going to measure your blood pressure and test the specimen of urine you have there. // Then we'll go along to the examining cubicle. // Have you any questions about any of the topics we have discussed today or any other matter relating to your pregnancy?

14. Paciente

No. Creo que eso es todo lo que quería saber por el momento. Muchas gracias por su atención.

END THE INTERVIEW.

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HEALTH OPTION

TASK 1: SUBTASK B: INTERPRETING

SPANISH/HEALTH

(Gender for personal pronouns to be chosen as appropriate)

ENGLISH-SPEAKING MIDWIFE'S PROMPT NOTES

CONTEXT:

You are a Midwife, and are running your normal antenatal clinic. The Spanish speaking interlocutor is a father to be, who has come for advice because his wife is pregnant and worrying about breastfeeding. This will be the family's second child; the older child is two, and is being looked after at home. The social details are in the documentation in front of you.

NON-ENGLISH SPEAKING HUSBAND'S PROMPT NOTES (MALE INTERLOCUTOR)

CONTEXT:

You are attending a routine antenatal clinic. You are a father to be, who has come for advice because your wife is pregnant and worrying about breastfeeding. This will be the family's second child, the older child is two.

CONSECUTIVE INTERPRETING

I. Midwife

Good morning, my name is Jane/John Smith, I shall be helping with your wife's antenatal care, // and I hope to see her many times over the coming months. // Would you like to be known by your first or second name?

1. Marido

Mi nombre de pila está bien. Y a usted ¿cómo quiere que le llame?

II. Midwife

You can call me Jane/John or Mrs/ Mr Smith, whichever you are most comfortable with. // How is your wife feeling today?

2. Marido

Ha tenido muchas náuseas esta mañana, pero ahora se le han ido, por suerte.

III. Midwife

Let's hope that will wear off soon. It generally does. // I'd like to start by checking some social details. // Perhaps you could confirm them, when I read them out, or alternatively let me know if there's a mistake.

3. Marido

Si, por supuesto lo haré.

IV. Midwife

I have your wife's name down as Magdalena María Pérez de Fernández // and your address as 23 Holme Avenue, Vicar's Cross. // Her date of birth is 16th July 1973. // Are you the baby's father?

4. Marido

Todo eso está correcto. Sí, soy el padre del bebé

V. Midwife

I want to ask you about your family history next. // Is there any diabetes in the family, any history of hypertension or of multiple births?

5. Marido

No hay ni diabetes ni hipertensión en la familia, que yo sepa, // pero la tía de mi mujer tuvo mellizos. Aunque uno de ellos murió al nacer.

VI. Midwife

Do you know why the baby died?

6. Marido

Creo que nació muerto. // Por ese entonces no había ecografías y ella no sabía que iba a tener mellizos hasta el momento del parto. // Claro, si el otro mellizo tiene ahora treinta años...

VII. Midwife

I'm glad to hear that. Now I'd like to discuss your wife's previous obstetric history. // In which year was your son born?

7. Marido

Ha cumplido dos años, así que nació en el dos mil uno.

VIII. Midwife

Was the pregnancy normal throughout?

8. Marido

¡Sí! Sin problemas

IX. Midwife

Can you tell me about the labour – // at what gestation was your son born? // Was the labour induced or did it start spontaneously?

9. Marido

Se atrasó una semana. // Así que fue a las cuarenta y una semanas. // Cuando nació ella rompió aguas en medio de la noche, yo estaba en casa, en la cama. ¡Cómo se puso todo, las sábanas, el colchón!

X. Midwife

Was the delivery normal, by caesarean section or assisted?

10. Marido

No entiendo qué quiere decir con parto asistido.

XI. Midwife

Assisted delivery means a birth which is achieved by the use of forceps or ventouse extraction. // What that basically means is that the baby is either lifted out with forceps or sucked out.

11. Marido

No. El parto fue sin ayuda, salvo la de ella – ¡empujó hasta que nació! // Sólo se desgarró un poco, // y la partera le puso unos puntos ella misma.

XII. Midwife

Tell me, was the child well at birth and did she breast or bottle-feed him?

12. Marido

Oh, sí, lloró enseguida. // Ella quería darle de mamar pero no fue tan fácil como había pensado // Se esforzó muchísimo pero no hubo caso, se sentía muy frustrada // estaba tan acongojada porque no podía hacer nada y el bebé lloraba todo el tiempo. // Ella no lograba hacer que mamara y por supuesto el bebé se quedaba con hambre y no engordaba como debía. // Ella se sentía como una mala madre porque no podía darle el pecho de un modo natural, // finalmente a las dos semanas hubo que darle el biberón // Le gustaría mucho intentar de nuevo, pero tiene miedo de volver a fracasar.

WHISPERED INTERPRETING

At this point the midwife will ask the interpreter, “Do you want to move?”. The midwife will then take about five minutes to tell the husband about breastfeeding and what will happen now. During this time the interpreter will move to give the husband whispered simultaneous interpretation.

En este momento el/la partero/a dirigiéndose al/a la intérprete le dice “¿quiere Ud. cambiar de lugar, por favor?” El/la partero/a se tomará unos cinco minutos para hablarle al marido sobre amamantamiento y lo que puede suceder. Durante este tiempo el/la intérprete deberá acercarse al marido para proporcionarle una interpretación simultánea en voz baja.

XIII. Midwife

- It can take some time to establish breastfeeding and the first few days can be very trying, but with support from the midwife and perhaps a breastfeeding counsellor it should be a success this time. I would like to go over again the advantages of breastfeeding with you.
- Breast milk adapts naturally to meet a baby’s individual nutritional needs, and provides food that is exactly right for each stage of its development.
- If a baby is breastfed, the bonding process between mother and baby is developed more rapidly and will last throughout all the wakeful nights that you might have.
- Many of the immunities which the mother has acquired will be passed on to the baby in breast milk. These will offer a source of valuable antibodies to help fight infection. Breastfed babies suffer from fewer gastric upsets and are less likely to have allergic reactions such as eczema or asthma.
- Research has shown that cot deaths are reduced in breastfed babies and the incidence of diabetes and heart disease is less in later life.
- There are also advantages for the mother’s health. Breastfeeding may protect your wife from breast and uterine cancer and osteoporosis.
- The best time to start breastfeeding is within minutes of the baby’s birth. It’s important that the baby is fed on the colostrum which is the first milk produced. Your wife should ask the midwife to put the baby to the breast straight away and don’t hesitate to ask her midwife or health visitor for support and advice.

**The midwife will now ask the interpreter to move back.
El/la partero/a le indica al/a la intérprete que retome su lugar.**

CONSECUTIVE INTERPRETING

Create a dialogue and say:

XIII. Midwife (...Continued)

Has your wife had any miscarriages either before or since she had your son?

13. Marido

No. Esta es la segunda vez que se queda embarazada. // Siempre se ha mantenido en forma y tiene buena salud. // No fuma ni bebe. // Sabe que es mejor evitar el alcohol durante el embarazo. // Tampoco toma medicinas de ningún tipo, // excepto los comprimidos de ácido fólico que le recomendaron. // Los toma todos los días.

XIV. Midwife

I see that the start of the last menstrual period was on 1st March, // which means that the baby is due on, or about, the 8th of December.

I'm going to need to measure your wife's blood pressure // and test a specimen of her urine when she comes to see me. // I hope I have answered all your worries and concerns. // Have you any questions about any of the topics we have discussed today or any other matter relating to your wife's pregnancy?

14. Marido

No. Creo que eso es todo lo que quería saber por el momento. Muchas gracias por su atención.

END THE INTERVIEW.

TASK 2: SUBTASK A: SIGHT TRANSLATION INTO ENGLISH

Time allowed: 10 minutes

INSTRUCTIONS TO CANDIDATES

Study the following text for five minutes. The examiner will then ask you to give an accurate and complete oral translation and will allow you up to five minutes to do this. Candidates are not allowed to take notes or to annotate or mark the text in any way.

CONTEXT:

You are asked to sight translate the following report from a hospital in your client's home country for your client's Ophthalmic Optician.

SIGHT TRANSLATION TEXT

Hospital Clinico de Madrid

15 de Marzo de 2003

A quien interese:

Se extiende el siguiente informe médico a pedido del paciente Señor Ramón Cano, de 68 años de edad, quien hace doce meses fue atendido en el Servicio de Oftalmología de este Hospital.

A principios del año pasado el paciente acudió a su médico porque experimentaba leves pero persistentes dolores de cabeza, y a veces también dificultad de adaptarse a la oscuridad.

Sospechando que se trataba de glaucoma, el médico mandó al paciente a nuestro Servicio para que se le hicieran las pruebas necesarias.

El diagnóstico se estableció mediante mediciones que dieron como resultado una tensión intraocular de 24 mmHg (milímetros de mercurio)

Se considera que las mediciones que superan los 20 o 22 milímetros indican hipertensión ocular.

El paciente fue dado de alta con una recomendación para que en el ambulatorio se le mantenga en constante observación. No se le recetó ningún medicamento en ese momento pero nuestras informaciones indican que el paciente toma regularmente esteroides a causa de su artritis.

Si la tensión intraocular llegara a superar los 25 mm es imprescindible que este paciente retorne con urgencia a la consulta del Servicio Oftalmológico de este hospital ya que en ese caso podrían presentarse defectos en el campo visual.

Saluda a Usted atentamente,
Fdo. Ignacio Paredes - Oftalmólogo

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INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

HEALTH OPTION

SPANISH/HEALTH

TASK 2 SUBTASK A: SIGHT TRANSLATION INTO ENGLISH

TRANSLATION OF SPANISH TEXT - FOR MODERATOR ONLY

TRANSLATION INTO ENGLISH

Madrid Clinic Hospital

15 March 2003

To Whom It May Concern:

This medical report has been requested by Mr. Ramón Cano, aged 68, who was a patient under the care of this **Hospital Ophthalmic Services** twelve months ago.

At the beginning of last year this patient went to see his GP as he was experiencing mild but persistent headaches, and also had difficulty adapting to darkness at times.

As the GP suspected **glaucoma**, he referred the patient to us and requested the necessary tests.

The diagnosis was reached by means of measurements which indicated that the patient's **intra ocular pressures were 24mHg** (millimetres of mercury).

In general, measurements greater than 20 or 22 millimetres indicate **ocular hypertension**.

The patient was released from Hospital with a referral back to the **Community Health Centre** * so that he could be regularly monitored. Medication was not prescribed, but our records show that the patient regularly takes **steroids for his arthritis**.

If the intraocular pressure rises above 25mm, it is vital that this patient is urgently referred to the Ophthalmology Department of this hospital as in that case **field defects** may develop.

Yours faithfully

Ignacio Paredes
Ophthalmologist

* Please note: "Community Health Centre" is the approximate equivalent to "Ambulatorio".

THIS PAGE MUST NOT BE SEEN BY THE CANDIDATE.

TASK 2 SUBTASK B: SIGHT TRANSLATION INTO SPANISH

Time allowed: 10 minutes

INSTRUCTIONS TO CANDIDATES

Study the following text for five minutes. The examiner will then ask you to give an accurate and complete oral translation and will allow you up to five minutes to do this. Candidates are not allowed to take notes or to annotate or mark the text in any way.

CONTEXT:

You have accompanied a client from your language community to the chemists, to buy medication. The pharmacist is concerned that the customer must fully understand how to use the product, and asks you to read the information leaflet to them in the shop, in case there are questions.

SIGHT TRANSLATION TEXT

HOW DOES YOUR MEDICINE WORK?

DiaQuitte Capsules are used to treat diarrhoea. It works by slowing down the speed at which food and stomach contents pass through the bowel. This allows your body more time to take up more water from your stool and so reduce diarrhoea, making the stool more solid and less frequent.

DiaQuitte Capsules are used to treat sudden, short lived (acute) attacks of diarrhoea in adults and children over 12 years old.

WHAT SHOULD YOU DO BEFORE TAKING YOUR MEDICINE?

You should not use DiaQuitte Capsules if any of the following apply to you – talk to your pharmacist or doctor first if:

- You have taken medicine containing Loperamide before and suffered an unpleasant or allergic reaction including asthma, skin rash or an itchy, runny nose.
- You are pregnant or intend to become pregnant
- You are breast feeding
- You know you suffer from liver problems
- You have noticed blood in your stools
- You are constipated
- You know you suffer from a blockage in your intestine
- You know you suffer from inflammatory bowel disease (Ulcerative colitis, Crohn's disease).

DO NOT drive or operate machinery or equipment if you feel drowsy or dizzy while taking the capsules.

INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

WRITTEN TASKS

TASK 3 SUBTASK A	TRANSLATION INTO ENGLISH	1 HOUR
TASK 3 SUBTASK B	TRANSLATION INTO SPANISH	1 HOUR

INSTITUTE OF LINGUISTS EDUCATIONAL TRUST

DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

HEALTH OPTION

SPANISH/HEALTH

TASK 3: SUBTASK A: TRANSLATION INTO ENGLISH

Time allowed: 1 hour

DICTIONARIES AND OTHER REFERENCE WORKS BROUGHT INTO THE EXAMINATION ROOM MAY BE USED

CONTEXT:

You have been asked by your client's GP to translate a report that they have received from the Spanish-speaking osteopath who treated the client in her home country following a road traffic accident in which she was injured.

TEXT TO BE TRANSLATED

Hospital Clínico de Palencia

Dr. John Smith
Centro Médico de Anytown

15 de Marzo de 2003

Estimado Doctor Smith,

Asunto: Manuela Arcos – Informe Clínico

La Sra. Arcos sufrió lesiones en las articulaciones del cuello cuando el coche que conducía se vio envuelto en una colisión frontal con otro automóvil que viajaba en sentido contrario.

La Sra. Arcos solicitó una consulta en el Servicio de Osteopatía de este hospital, la cual tuvo lugar el 23 de Mayo de 2002. La paciente manifestó que sentía lo siguiente:

- Rigidez en la mitad inferior del cuello y un dolor constante que penetraba profundamente en la escápula izquierda, e irradiaba hasta el antebrazo posterior izquierdo.
- Dolores de cabeza localizados en la parte anterior de la misma, desde hacía dos o tres semanas.
- Episodios aislados de dolor en la mitad de la espalda y el sacro.

Agregó además que los dolores de cuello y hombro se agravaban cuando intentaba respirar profundamente o abrochase la tira del sujetador.

El examen médico reveló irritación / dislocación parcial de la articulación de las C 6/7, produciendo dolor reflejo en la extremidad superior.

Continued on next page

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DIPLOMA IN PUBLIC SERVICE INTERPRETING

JUNE 2003

HEALTH OPTION

SPANISH/HEALTH

TASK 3: SUBTASK A: TRANSLATION INTO ENGLISH

TEXT TO BE TRANSLATED continued

Esta comprobación junto con los síntomas descritos por la paciente eran compatibles con el trauma de cuello producido por una sacudida violenta de la cabeza, hacia adelante y hacia atrás, como la que ocurre cuando un coche se detiene repentinamente a causa de un choque.

El tratamiento consistió en la inmovilización del cuello con un collar ortopédico, analgésicos y relajantes musculares, y siete sesiones de tratamiento osteopático.

Como el dolor continuaba, posteriormente se le hizo también un tratamiento de Acupuntura Occidental básica que resultó efectivo, ya que desde entonces han desaparecido la mayoría de los síntomas. A partir de ese momento su recuperación ha sido en general satisfactoria.. Sin embargo sigue sufriendo de dolores de cabeza lo cual parece ser el síntoma más persistente.

Quedo a su disposición para cualquier otra información que pueda requerir.

Saluda a Usted atentamete,

Mariano Pazos
Osteópata

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TASK 3: SUBTASK A: ENGLISH BACK TRANSLATION – FOR MARKER ONLY

Dr. John Smith
Anytown Medical Centre

15th March 2003

Dear Dr. Smith
Re.: Manuela Arcos – Medical Report

Mrs. Arcos suffered injuries to the neck joints when the car she was driving was involved in a head-on collision with another car travelling in the opposite direction.

Mrs. Arcos sought an osteopathic consultation at this hospital and when she was seen on the 23 May 2002, she reported the following:

- Mid-low neck stiffness and a constant ache that went deep into the left scapula and radiated into the left posterior forearm.
- Frontal headaches occurring during the last two or three weeks.
- Occasional episodes of mid back and sacral pain.

She added that the pain in the neck and shoulder were aggravated when she tried to breathe in deep inspirations or when doing up her bra strap.

Full examination revealed a joint irritation/partial dislocation of C6/7, giving referred pain to the upper extremity.

These findings together with the symptoms described by the patient were wholly consistent with the neck trauma resulting from a violent movement of the head forwards and backwards, occurring when a car comes to a sudden stop following a collision. *

Treatment consisted of immobilization in an orthopaedic collar, analgesic and muscle-relaxant drugs and also seven sessions of osteopathic treatment.

As the patient was still in pain, she was prescribed a course of basic Western Acupuncture, which was successful in relieving the majority of the symptoms. Since then she has made a good recovery overall. However the patient still complains of severe headaches, which seem to be the most persistent symptom.

Should you require any other information on this matter I will be pleased to be of assistance.

Yours sincerely

Mariano Pazos
Osteopath

* Please note: Spanish does not have an equivalent single word to render the concept ‘**whiplash**’ in ‘whiplash type trauma’, hence the long periphrasis.

TASK 3 SUBTASK B: TRANSLATION INTO SPANISH

Time allowed: 1 hour

DICTIONARIES AND OTHER REFERENCE WORKS BROUGHT INTO THE EXAMINATION ROOM MAY BE USED

CONTEXT:

A local dentist proposes to extract the wisdom teeth from a member of your speech community. You are asked to translate a leaflet on the subject for the client, prior to further discussion at his/her next dental appointment.

TEXT TO BE TRANSLATED

Guidance for patients on the removal of Wisdom Teeth.

Wisdom teeth are the last adult teeth to arrive, usually between the ages of 18 and 24 years. They can sometimes cause problems. When wisdom teeth don't come through properly, they are described as impacted wisdom teeth. There are two reasons for this happening: lack of space, or other teeth being in the way.

Based on the evidence, NICE* has recommended to the NHS that impacted wisdom teeth that are free from disease (healthy) should not be operated on. There are two reasons for this. Firstly, there is no reliable research to suggest that this practice benefits patients. Secondly, patients who do have healthy wisdom teeth removed are being exposed to the risks of surgery.

Most people don't have any problem with impacted wisdom teeth, but some people can suffer from inflammation of the gums surrounding them, a higher risk of tooth decay, there may be gum disease in other teeth and possibly problems with teeth in later life.

Only patients who have such problems as untreatable tooth decay, abscesses, cysts or tumours will need to have such teeth removed. The dentist or oral surgeon will advise on this. Patients who have healthy wisdom teeth removed are being exposed to the risks of surgery, without any need. These can include:

- Nerve damage
- Bleeding
- Rarely, death.
- Infection
- Damage to other teeth

Patients who have impacted wisdom teeth that are not causing problems should visit their dentist for their usual checkups.

*The National Institute for Clinical Excellence

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