

Candidate Handbook and Sample Test
Medical Interpreter Competency Examination
(MICE)

National Center for Interpretation
University of Arizona
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BACKGROUND OF THE MEDICAL INTERPRETER COMPETENCY EXAMINATION

The purpose of the Medical Interpreter Competency Examination (MICE) is to ensure that individuals working in the medical setting meet minimum proficiency standards for successfully discharging the responsibilities of medical interpreters. To this end, the National Center for Interpretation Testing, Research and Policy (NCI) has developed (1) a ten-item multiple-choice medical ethics test, and (2) a validated three-section English/Spanish medical interpreter performance examination that assesses medical terminology, sight translation, and consecutive interpretation. Testing candidates must pass both examinations to receive the certificate of competency. The format and structure of this examination process, as well as evaluation criteria, are described in this candidate handbook.

This candidate handbook does not purport to instruct; its major purpose is to familiarize the candidate with the general format, content, and evaluation criteria of the examination. In doing so, it is intended to ensure that the candidate is familiar with the expectations of the examination and the examination process, so that only the candidate's language and interpreting proficiency will determine his or her examination performance. The candidate handbook is not intended to be a substitute for techniques to enhance interpreting proficiency, such as academic preparation or professional or practical life experience. As is true of any proficiency or criterion-referenced examination, one cannot open a book or follow a set of procedures to achieve instantly the standard of performance necessary for that field.

DESCRIPTION OF THE MEDICAL INTERPRETER COMPETENCY EXAMINATION

Written Ethics Test

The ten-item multiple-choice written ethics test presents ethical and procedural dilemmas that require the candidate to choose the best response out of four options. The best way to prepare for the written examination is to familiarize yourself with the code of ethics and standards of practice for healthcare interpreters, which are described at the following website, among others:

<https://ncihc.memberclicks.net/ethics-and-standards-of-practice>

Oral Performance Examination

The three-section oral portion of the MICE consists of the following specifications:

Section	Language	Time	No. of Scoring Units
1a. Medical Terminology	Span→Eng	12 minutes	28
1b. Medical Terminology	Eng→Span	12 minutes	28
<i>Anatomy/Physiology/Medical Terminology tested orally within the context of whole utterances to assess not only knowledge of but <u>appropriate usage</u> of terms</i>			
2a. Sight Translation	Eng→Span	6 minutes	22
2b. Sight Translation	Span→Eng	6 minutes	22
<i>Sight Translation consists of a written English document and a written Spanish document that the candidate will read and render into the target language</i>			
3. Consecutive Interpretation	Span→Eng Eng→Span	26 minutes	68
<i>Structure of consecutive emphasizes memory and stamina</i>			
Total Time:		62 minutes	Total Units: 168

In every section of every exam, candidates will be presented with a stimulus, which will either be a recording or a written document. As with all interpreted encounters, the candidate will be asked to interpret from the stimulus' source language into the target language. The source language is the language in which the original message is conveyed. The target language is the language into which the message is interpreted.

As noted above, each section has a specified number of scoring units. The examiner will determine your objective score based on your rendition of these units. (See **Evaluation** section for further discussion of assessment criteria.) Throughout all sections, the candidate's goal should be to render the source language message into the target language *without distortion or omission of any aspect of the message's meaning*. In other words, the target language message produced by the candidate should conserve everything that is conceptually relevant to the meaning of the original message.

Following are the actual instructions you will hear during the examination, followed by a sample exercise corresponding to what you will interpret or sight translate.

(Note: Sample exercises included here are shorter than the actual exam, so you must adjust the time when practicing the renditions. You will not see a printed version of the terminology sections or the consecutive exercise. Also, the sight translation documents you receive will not identify the underlined scorable units, as do the sample sight translations below. Finally, acceptable renditions of underlined scorable units on the sample exercises are not included.)

General Introduction to Performance Tests

Following is the general introduction to the MICE, which will be read to you by the examiner:

Introduction (read to candidates)

“Now we will begin the oral portion of the Medical Interpreter Competency Test. The oral test consists of three sections, and will take about 1 hour. Section 1 is the interpretation of Spanish and English medical terminology; Section 2 contains 2 sight translations, one in English and the other in Spanish; and Section 3 is a consecutive exercise.

Please interpret the original source material without editing, summarizing, deleting, or adding. Conserve the language register, style, tone, and intent of the written and spoken texts. Use appropriate grammar, vocabulary, and idioms.

Please do not divulge the content of this exam to other candidates.”

Instructions for Sections 1-A and 1-B (read to candidates):

“The first part of the test consists of two sections. Section 1-A is the Spanish Terminology Interpretation, and you will interpret each sentence you hear into English. Section 1-B is the English Terminology Interpretation, and you will interpret each sentence you hear into Spanish.

When I turn on the recording you will hear two example interpretations. Then, after you hear the words “*The Test Begins Now,*” interpret each sentence without omitting or adding information. Be sure to conserve the style and register of the speaker.”

SAMPLE TEST FOR SECTION 1-A: SPANISH INTO ENGLISH TERMINOLOGY

1. Me tuvieron que poner tres puntos¹ en esta ceja².
2. Me golpeó con el puño³ aquí, en el mentón⁴.
3. Tengo lastimado⁵ el dedo gordo del pie⁶ desde que di esa caminata.

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4. Me falta el aire⁷ muchísimo cuando cargo las bolsas de las compras del supermercado.
5. Tomo medicinas para el corazón porque el pecho se me oprime⁸.
6. Cuando era niño, se me quitó⁹ el bazo¹⁰.

SAMPLE TEST FOR SECTION 1-B: ENGLISH INTO SPANISH TERMINOLOGY INTERPRETATION

1. What hurts worse, your shin¹ or your calf²?
2. Were you playing soccer when you twisted³ your ankle⁴?
3. Is there any discharge⁵ from your wound?
4. Your little brother has the measles.⁶
5. Did you begin coughing up blood⁷ right after the accident?
6. We are going to run an IV line.⁸
7. Have you ever been prescribed⁹ a painkiller¹⁰ for your arthritis?

(Note: The actual examination contains 28 underlined scorable units for both sections 1-A and 1-B.)

GENERAL INSTRUCTIONS FOR SECTIONS 2-A AND 2-B: SIGHT TRANSLATIONS

INSTRUCTIONS: Section 2 of the test takes twelve minutes and consists of two sight translations. One is from English to Spanish, and the other from Spanish to English.

SECTION 2-A: ENGLISH TO SPANISH SIGHT TRANSLATION

This English Sight Translation is a document containing medical instructions for a patient. It is to be translated from English into Spanish. You will have a total of six minutes both to prepare the passage and to deliver your oral translation in Spanish. You may start your translation when you wish, but if you have not started your delivery in two minutes, I will tell you to begin.

As you recall, I will be looking for conservation of style, tone, intent, and language level of the author.

Do you have any questions? Your time starts now.

SAMPLE SIGHT TRANSLATION FOR SECTION 2-A: ENGLISH TO SPANISH

What to Expect with Your Child After Anesthesia¹

It is important for a parent preparing for a child's surgery to be aware of possible behavior you may see in the recovery room² after surgery. It is not unusual for a young child to be restless³, crying, confused, and upset as they wake up from anesthesia. We allow and encourage⁴ you to come to the recovery room. You can provide comfort and a feeling of safety for the child.

Before surgery, the doctor who will give anesthesia will talk to you about several methods to control pain after surgery. Children may be given medicine through the IV line⁵ in the operating room. Some children having surgery below the waistline⁶ may receive an injection⁷ in the lower back. This is done to numb the groin⁸, abdomen, and legs.

In the recovery room, your child will receive oxygen through a mask on the face⁹. Your child may also have a small plastic device¹⁰ in the mouth and throat to help with breathing.

After surgery, a child may be confused or aggressive, or may cry, cough, or argue. These expected and normal behaviors¹¹ can be disturbing for parents. The best way to help during this time is to be present for your child and exert a calming influence¹². Let them have contact with your familiar voice and touch. In general, the child will have cycles of agitation¹³ followed by sleeping.

SECTION 2-B: SPANISH TO ENGLISH SIGHT TRANSLATION

This Spanish Sight Translation is a doctor's written diagnosis. It is to be translated from Spanish into English. You will have a total of six minutes both to prepare the passage and to deliver your oral translation in English. You may start your translation when you wish, but if you have not started your delivery in two minutes, I will tell you to begin.

Do you have any questions? Your time starts now.

SAMPLE SIGHT TRANSLATION FOR SECTION 2-B: SPANISH TO ENGLISH

Carta¹

A QUIEN CORRESPONDA:

Por la presente hago constar que la paciente Sra. Marsela López Tijerina de 30 años de edad con matrícula de afiliación² del IMSS 32 84, está siendo atendida en el Servicio de Nefrología de la Clínica de Especialidades #71 del IMSS y cuyo manejo está a mi cargo³. Ella evoluciona con INSUFICIENCIA RENAL CRONICA⁴ secundaria a GLOMERULONEFRITIS de etiología no determinada⁵ y ha ameritado manejo substitutivo con diálisis peritoneal crónica ambulatoria⁶ (DPCA) mediante catéter tipo Tenckhoff, que fue retirado hace 6 semanas por infección peritoneal resistente a los antibióticos, quedando su manejo actual con riñón artificial⁷ a través de fístula arteriovenosa externa con una sesión semanal por 6 horas.

Se hace notar que el procedimiento previamente⁸ anotado es el único medio con el que se mantiene la vida de la paciente, ya que ella no tiene donador vivo → relacionado⁹ para la realización de un trasplante renal y en esta Unidad¹⁰ no se realizan con donador cadavérico¹¹. Se extiende la presente a petición de la interesada y para los fines que a ella convengan¹².

ATTE _____

DR. REYMUNDO NORIEGA
NEFROLOGO ADSCRITO

(Note: The actual examination contains 22 underlined scorable units for both Section 2-A and 2-B)

INSTRUCTIONS FOR CONSECUTIVE INTERPETATION:

INSTRUCTIONS: Section 3 of the test is a consecutive exercise. The setting is a hospital, where an English-speaking doctor is interviewing a Spanish-speaking patient.

As you listen to the interview on the recording, you will interpret the doctor's English into Spanish, and the patient's Spanish into English. There is a period of silence after each utterance for you to give your interpretation, and it is to your benefit to give your rendition within this time. You are encouraged to take notes.

When I turn on the recording you will hear a short introduction. Then, after you hear the words "*The Test Will Begin Now*," interpret each sentence without omitting or adding information. Be sure to conserve the style and register of both speakers.

The Test Will Begin Now.

SAMPLE CONSECUTIVE FOR SECTION 3

Doctor Good morning, Mr. Sanchez.

Patient Buenas, doctor. Vengo a recoger los resultados de los análisis que me mandó la semana pasada.

Doctor Well, your fasting glucose level¹ was at 175 miligrams per deciliter, meaning you have hyperglycemia², or too much sugar in your blood.

Patient ¿Es eso a lo que le dicen diabetes?

Doctor Yes, you have type-two, or adult diabetes mellitus³. This test supports the results of the one you took last week, where your glucose level was at 182. Based on both results⁴, the diagnosis is diabetes.

Patient ¿Qué me quiere decir usted con eso, doctor? Dicen que esa enfermedad es malísima. ¿Qué me hago⁵?

Doctor Relax, Mr. Sanchez. Medical advances⁶ are such that you will be able to lead a normal life. What has happened is that your pancreas⁷ is not making enough insulin and your blood sugar⁸ is above normal.

Patient ¿Eso de azúcar en la sangre, qué me puede causar, doctor?

Doctor Well, uncontrolled⁹ blood glucose is a matter of concern. For instance, you would have a high risk of a heart attack¹⁰ and you could develop gangrene, and if left uncontrolled, you could lose one of your limbs¹¹.

(Note: The actual examination has 68 underlined scorable units in the Consecutive portion)

EVALUATION CRITERIA

Objective and Subjective Assessment

The MICE Performance Test assesses candidate's interpreting proficiency along four dimensions. Of these dimensions, Interpreting Proficiency is assessed through an objective assessment of underlined scoring units. The objective assessment is used to determine your overall score. The remaining three dimensions are scored holistically through a subjective assessment system.

1. Interpreting Proficiency: The ability to meaningfully and accurately understand, produce, and transform from the target to the source language.
2. Delivery: The ability to maintain appropriate delivery, pacing, coherence, and composure consistently throughout the interpretation.
3. Adaptability: The level of resourcefulness the candidate displays in adapting to changes, patterns, and challenges in the text.
4. Pronunciation/Fluency: *Pronunciation* is the ability to produce spoken language, including accurate phonology and the appropriate use of rhythm, stress, and intonation, without interfering with meaning or undermining comprehensibility; *Fluency* is the ease with which a candidate can produce native-like language, including the degree of hesitation.

Objective Assessment

Notice that each of the words, phrases, or clauses that have been underlined represents one objective scoring item. The following list represents possible interpretation problems that have been selected as scoring units:

- (1) Vocabulary (general and technical) and idioms
- (2) Grammar
- (3) Conservation of language level (register or level of formality, i.e. slang, informal or formal register, language style)
- (4) Units of measurement including time, amounts, and so forth

The basic criterion of the objective scoring is meaning. Was the correct meaning rendered in such a way that all parties understood the message?

Subjective Assessment

The subjective assessment gives the examiner the opportunity to evaluate the candidate's performance on each of the test parts in terms of the consistency of delivery and adaptability. The subjective assessment only influences the final score if an unacceptable delivery or lack of adaptability contribute to the comprehensibility or distortion of the objective scoring units.

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Delivery of the candidate's performance will be judged on how fluent, smooth, and comprehensible his/her rendition was regardless of the number of errors committed. Adaptability represents the ability to creatively handle the challenges in the interpreting text and the number of errors committed outside of the actual objective scoring units. Both types of subjective rating use a three-point scale: 3 = Superior; 2 = Acceptable; 1 = Needs Improvement.

1. Consistency of Delivery (Overall)
 - (3) Maintains appropriate delivery, pacing, coherence, and composure consistently throughout the interpretation. (Superior)
 - (2) Occasionally fails to maintain appropriate delivery, pacing coherence, and composure throughout the interpretation. (Acceptable)
 - (1) Continuously fails to maintain appropriate delivery, pacing, coherence, and composure throughout the interpretation. (Unacceptable)

2. Adaptability (Flexibility) (Overall)
 - (3) Always adapts to the changes in the pattern of a passage. (Superior)
 - (2) Occasionally fails to adapt to changes in the pattern of a passage. (Acceptable)
 - (1) Continuously fails to adapt to changes in the pattern of a passage. (Unacceptable)

Test Taking Suggestions

Once the recorded portion of the exam has been begun, the recording cannot be rewound or replayed. You are advised to continue interpreting throughout. *If you come across a particularly challenging portion of the script, do not allow yourself to fall behind.* Doing so is likely to result in omitting language that you might otherwise render appropriately. As in a real interpreting scenario, in which you cannot stop the speaker whose words you are interpreting, you should continue interpreting.

Remember that the Interpreter Performance Exam simulates actual interpreted proceedings. You are asked to render the information in the same manner as if you were working as an interpreter. All materials must be interpreted so that the intent, tone, and the language level of the speaker/document is conserved without distorting or omitting any of the meaning of the original message in the source language. In other words, you should strive to fully conserve the *conceptual meaning* of the original message in the target language. This means conserving as many facets of *meaning* as possible as you interpret from source language into target language. For example:

- Appropriate colloquialisms should be used if they were used in the source language.

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- Appropriate formal grammatical structures should be conserved in each language.
- Slang should not be substituted for formal language or vice versa.
- The source language should not be "cleaned up" or "improved."
- The source language should not be added to, edited, or summarized.
- All of the source language message should be interpreted. The message in the target language should be synonymous with the source language message.
- Do not shift to the third person if the text clearly calls for the first person. For instance, if the speaker says "My name is John Stevens," do not interpret "His name is John Stevens." The correct rendition is "My name is John Stevens."

Pay particular attention to the underlined examples of Objective Scoring Units in the Sample Tests above. Ask yourself the following questions:

- Did you interpret each of the scoring items without omitting any aspect of meaning?
- Was your rendition complete, or was there more to say that you left out?
- Was the terminology you used appropriate, or did you instead describe the concept?
- What other ways can you think of to get the same idea across?
- What aspects of the script were particularly challenging?

These and similar questions will help you get a sense of your performance, and an idea of your interpreting strengths and weaknesses.

As an exercise, you may want to create your own glossary of Acceptable and Unacceptable renditions for the sample exercises.