

Universal Language Service, Inc  
Study Guide  
Certified Medical Interpreters

**Spanish - - English Test**



By

UniversalLanguage Service, Inc, Language Testing Academy –  
Washington State Department of Social and Health Services  
(DSHS) Language Testing and Certification (LTC)

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# Written Test for Medical Interpreters: Sample Questions

Prepared by  
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## Code of Ethics

This section will have questions about the code of ethics and standards of practice of professional interpreters. The section consists of true or false statements that will be read by the tester and then marked with the correct answer.

1. If the provider steps out of the clinical or consult room the interpreter may remain in the room and answer any questions the limited English proficient individual may have.

A. True                      B. False

2. During the interpretation the interpreter can interject and add their opinion or understanding of the message when rendering it to either party.

A. True                      B. False

3. Can the interpreter do a pre-session and inform the provider and limited English proficient individual how to best work with an interpreter?

A. True                      B. False

4. The interpreter is allowed to omit language that is foul, offensive, or demeaning from their rendition from the source to the target language and vice versa.

A. True                      B. False

5. The provider has the right to ask the interpreter to explain the information to the limited English proficient individual how they think is best, without worrying about clarification by the provider or repetition of the information.

A. True                      B. False

6. The interpreter should always defer to the provider because they are paying for the interpreting services and not worry about the limited English proficient individual.

A. True                      B. False

7. The interpreter is a cultural broker in the clinical setting.

A. True                      B. False

8. Its commonly known that if the limited English proficient individual does not have transportation the interpreter can give them a ride to their destination.

A. True                      B. False

9. The interpreter can advocate, on their own, for the patient after a clinical visit to get them additional services from other service programs or clinicians.

A. True                      B. False

10. The limited English proficient individual and the interpreter can exchange phone numbers just in case they have follow up questions they can call the interpreter.

A. True                      B. False

# Medical Terminology & Pharmacology

This section will have a series of medical terms, the candidate will be required to find equivalency in their language pair. This is a fill in the blank section, not multiple choice, there will be blank section for the equivalent term to be typed. The candidate MUST have a language appropriate keyboard for their language pair.

English Term	Spanish Equivalent / Translation
1. Gauze	
2. Hypoglycemia	
3. Autistic	
4. Dementia	
5. Ankle	
6. Spinal Cord	
7. Pregnant	
8. Molar	
9. Pupil	
10. Chest Pain	
11. Headache	
12. Vertebra	
13. Dietician	
14. Nervous System	
15. Eardrum	
16. Sternum	
17. Nerves	

18. Speech Therapy	
19. Diagnosis	
20. Jaw	

## Pharmacology

This section the tester will have a series of true or false questions related to medications commonly used in the clinical setting.

1. Lidocaine: prescribed and used to numb an area to prevent pain during procedures.  
A. True                      B. False
2. Acyclovir: prescribed to prevent recurrent herpes infections.  
A. True                      B. False
3. Doxycycline: prescribed as treatment for bacterial infections in different parts of the body.  
A. True                      B. False
4. Adalimumab: prescribed to reduce rashes in the body from allergic reactions to specific types of medications.  
A. True                      B. False
5. Nitroglycerin: prescribed to patients for prevention of chest pains caused by coronary artery disease.  
A. True                      B. False
6. Memantine: prescribed to treat dementia associated with Alzheimer's.  
A. True                      B. False

## Clinical / Medical Procedures

This section will have a series of medical procedures described and you will select if this is a true or false description.

1. Angioplasty: is a procedure to check the colon for any signs of polyps or colon cancer.

A. True                      B. False

2. Cataract Surgery: is a procedure performed on the eye to remove the lens of the eye and in certain situations replace it with an artificial lens.

A. True                      B. False

3. Hernia: is a when an organ or tissue is bulging through an abnormal opening.

A. True                      B. False

4. Lumpectomy: is a surgical procedure performed to remove a cancer or other abnormal tissue from the breast, without removing the breast.

A. True                      B. False

5. Tracheostomy: is a procedure that helps the patient eat without obstruction by creating an opening at the front of the neck that will allow a tube to be inserted into the windpipe.

A. True                      B. False

6. Surgical Mesh: is a surgical medical procedure that is used to give temporary support when repairing damaged or weekend tissue.

A. True                      B. False

# Writing Skills in English

This section will have a series of fill in the blank multiple-choice questions, the candidate will choose one option from A, B, C, and D to best complete each fill in the blank question.

1. Many patients come into the emergency room with a broken bone and the doctor orders an \_\_\_\_\_ to confirm it.
  - A. Blood Work
  - B. X-Ray
  - C. Spinal Tap
  - D. Punch Biopsy
  
2. A \_\_\_\_\_ is a surgical procedure in which a piece of skin is taken from a specific part of the body and transplanted to another.
  - A. Skin Transplant
  - B. Skin Debridement
  - C. Skin Graft
  - D. Skin Scaling
  
3. When a patient is going through the Bariatric Surgery process, they meet with a \_\_\_\_\_ for a few months to improve their eating habits.
  - A. Nutritionist
  - B. Eating Disorder Specialist
  - C. Dietician
  - D. Meal Planning Specialist
  
4. Children with a \_\_\_\_\_ can develop a serious ear infection, which generally is treated with antibiotics.
  - A. Flu
  - B. Upper Respiratory Viral Infection
  - C. Cold
  - D. Asthma



5. Individuals experiencing \_\_\_\_\_ can have very mild or severe sensation that they or their environment is moving or spinning making it difficult for them to maintain their balance and their daily routine.

- A. Nausea
- B. Vertigo
- C. Aphasia
- D. Anemia

6. Women commonly experience ovarian \_\_\_\_\_ many have no symptoms, while other can cause bloating, pressure, swelling, and pain in the lower abdomen.

- A. Premature Failure
- B. Cyst
- C. Cancer
- D. Torsion

# Reading Comprehension – English Reading

## Comprehension

This section will measure the English comprehension skills of the candidate to retain information. They will read a short medical article and then answer a series of true or false questions related to the article.

### **Imaging Test Could Help Guide Breast Cancer Treatment Decisions**

A new imaging test could help guide treatment decisions for some people with advanced breast cancer, results of a small NCI-funded clinical study suggest. The test is designed to identify tumors that should respond to hormone-blocking therapies like [tamoxifen \(Nolvadex\)](#) or [letrozole \(Femara\)](#), the study showed.

The imaging approach is for people whose breast cancer is estrogen-receptor (**ER**) positive, which means that their tumor cells contain an abundance of receptors for the hormone estrogen and the growth of these cancers is fueled by estrogen. About 70%–80% of breast cancers in women and 90% in men are ER positive.

Hormone therapies are a mainstay of treatment for ER-positive breast cancer. Also known as endocrine therapies, these drugs slow or stop tumor growth either by starving the tumors of estrogen or blocking estrogen from attaching, or binding, to the receptor.

But not everyone with ER-positive tumors will respond to hormone therapy, and many will eventually become resistant to the drugs.

The new imaging test may help pinpoint which patients have these resistant tumors by showing whether the estrogen receptors in tumors are active and responsive to estrogen. In the study, all patients whose [tumors had active estrogen receptors saw their disease improve or remain stable](#)[Exit Disclaimer](#) when given hormone therapy. By contrast, the disease progressed in all the women whose tumors lacked active estrogen receptors, researchers reported February 2 in *Nature Communications*.

By allowing doctors to tailor the use of hormone therapy to those patients who are most likely to benefit, the imaging test offers a potentially valuable tool for oncologists, said Stanley

Lipkowitz, M.D., Ph.D., of the [Women's Malignancies Branch](#) in NCI's Center for Cancer Research, who was not involved in the new study.

Although the results need to be confirmed in a larger study, they are “exciting” and “promising,” said Laura Kennedy, M.D., Ph.D., a medical oncologist, and breast cancer specialist at Vanderbilt University Medical Center, who also was not involved with the study.

The test could help patients with ER-positive breast cancer avoid months of ineffective treatment during which their disease may progress, said study leader Farrokh Dehdashti, M.D., of the Washington University School of Medicine in St. Louis.

**Please answer the questions below:**

1. Does the breast cancer need to be estrogen-receptor (ER) positive to qualify for the new imaging test?

A. True                      B. False

2. Hormone therapy is not the mainstay for ER-positive breast cancer.

A. True                      B. False

3. In oncology hormone therapies are also know as endocrine therapies.

A. True                      B. False

4. The imaging test will help ER-positive patients avoid months of ineffective treatment that can lead to cancer progression due to early identification.

A. True                      B. False

# Written Exam Answer Key

## Code of Ethics

1. B
2. B
3. A
4. B
5. B
6. B
7. A
8. B
9. B
10. B

## Medical Terminology & Pharmacology

- |                      |      |
|----------------------|------|
| 1. Giza              | 1. A |
| 2. Hypoglycemia      | 2. A |
| 3. Autista           | 3. A |
| 4. Demencia          | 4. B |
| 5. Tobillo           | 5. A |
| 6. Medula Espinal    | 6. A |
| 7. Embarazada        |      |
| 8. Muela             |      |
| 9. Pupila            |      |
| 10. Dolor de Pecho   |      |
| 11. Dolor de Cabeza  |      |
| 12. Vertebra         |      |
| 13. Dietista         |      |
| 14. Sistema Nervioso |      |
| 15. Timpano          |      |
| 16. Esternon         |      |
| 17. Nervios          |      |
| 18. Logopedia        |      |
| 19. Diagnostico      |      |
| 20. Mandibula        |      |

### **Clinical / Medical Procedures**

1. B
2. A
3. A
4. A
5. B
6. A

### **Writing Skills in English**

1. B
2. C
3. A
4. B
5. B
6. B

### **Reading Comprehension – English Reading Comprehension**

1. A
2. B
3. A
4. A

### **Article Reference**

NCI Staff (2021). Imaging Test could help Guide Breast Cancer Treatment Decisions. Ref: <https://www.cancer.gov/news-events/cancer-currents-blog/2021/breast-cancer-imaging-test-ffnp-hormone-therapy-response>

# Oral Test for Medical Interpreters: Sample Questions

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## **Sight Translation: Part #1 - Section One**

In this section the candidate will do an oral sight translation of a series of statements from English into Spanish.

### **Statement #1**

The pediatrician has explained the reason for referring my son to an ENT, and I understand that the recommendation might lead to a surgical procedure to remove his tonsils.

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### **Statement #2**

After discussing the treatment options with my family, I have decided I am not going to proceed with chemotherapy because of the short life expectancy with pancreatic cancer.

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### **Statement #3**

I understand my decision to not proceed with chemotherapy is risky, but I want quality of life not quantity of life.

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## **Sight Translation: Part #1 - Section Two**

In this section the candidate will do an oral sight translation of a series of statements from Spanish into English.

### **Statement #1**

Decidí que no iba a proceder con la cirugía porque tengo miedo de estar bajo anestesia general.

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### **Statement #2**

Cuando el doctor me dijo que mi cáncer estaba en remisión, grité de alegría.

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### **Statement #3**

Mi bebé nació prematuro a las 28 semanas, pero tuvimos mucha suerte de que ahora esté sano y en pleno crecimiento.

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## Consecutive Interpretation

In this section the candidate will listen to a pre-recorded conversation, broken into several segments. Then candidate will serve the role of the interpreter for all segments, from English-to-Spanish and Spanish-to-English. The candidate will be able to listen to the message twice and then have 40 seconds to record the message.

Remember accuracy is critical in your rendition., don't add or omit anything in the recording. Also, don't get stuck on the EXACT word think vocabulary expansion what the basic term is, which will create a faithful rendition of the message. Taking notes, on a whiteboard is recommended, of names, numbers, or any dosage information is a way to ensure there is accuracy.

**GO TO THE LINK OF THE COSECUTIVE INTERPRETATION SAMPLE AUDIO.  
LISTEN AND PRACTICE TAKING NOTES AND INTERPRETING THE MESSAGE.**



## Consecutive Interpretation Script

**Doctor:** Mrs. Sanchez, what brings you to clinic today?

**Patient:** Doctor, hace más de un mes que me siento mareada, con náuseas y con sudores nocturnos. No sé qué me pasa.

**Doctor:** Mrs. Sanchez, that doesn't sound good. Tell me a bit more about these symptoms. Are you feeling them daily, nightly, ongoing, or intermittent.

**Patient:** Doctor siento esto de forma intermitente pero durante largos períodos de tiempo. Los sudores nocturnos son lo peor, eso me pasa todas las noches.

**Doctor:** Mrs. Sanchez this concerns me, and I would like to rule out a few things, before giving a diagnosis.

**Patient:** Doctor, ¿cree que lo que tengo es serio?

**Doctor:** Mrs. Sánchez, I don't know but how your case is presenting concerns me and I want to rule out several things before diagnosis.

**Patient:** Bien, ¿qué hacemos ahora?

**Doctor:** I am going to have you do extensive bloodwork, an endoscopy, colonoscopy, and meet with an ENT to see if there is anything with your ears causing the dizziness. The night sweats with blood work we will be able to see if there is an infection present causing them. Once I have all the results I will have a clear picture of what is going on.

**Patient:** Doctor, eso me suena como un buen plan. Ahora, ¿qué debo hacer?

**Doctor:** Yes, the first thing is the blood work, as soon as posible, and then I can see if we need to prescribe any medication or do something while we wait for the other results.

**Patient:** Muy bien doctor, eso está bien.

**Doctor:** Okay, Mrs. Sanchez lets proceed and if any of your current symptoms worsen please let me know. I will see you back in clinic when all the results come in but I will call you with the blood work results.

**Patient:** De acuerdo, doctor, me haré el análisis de sangre mañana y esperaré su llamada y programare todos los demás procedimientos que solicitó y la visita al otorrinolaringólogo.

**Doctor:** Very well, schedule those appointments and call if you need anything.

**Patient:** Lo haré doctor y gracias

# Oral Exam Answer Key

## Sight Translation: Part #1 - Section One

### Statement #1

The pediatrician has explained the reason for referring my son to and ENT, and I understand that the recommendation might lead to a surgical procedure to remove his tonsils.

### Translation

El pediatra me ha explicado el motivo de la derivación de mi hijo a un otorrinolaringólogo y entiendo que la recomendación podría conducir a una intervención quirúrgica para extirparle las amígdalas.

### Statement #2

After discussing the treatment options with my family, I have decided I am not going to proceed with chemotherapy because of the short life expectancy with pancreatic cancer.

### Translation

Después de analizar las opciones de tratamiento con mi familia, he decidido que no continuaré con la quimioterapia debido a la corta expectativa de vida con cáncer de páncreas.

### Statement #3

I understand my decision to not proceed with chemotherapy is risky, but I want quality of life not quantity of life.

### Translation

Entiendo que mi decisión de no continuar con la quimioterapia es riesgosa, pero quiero calidad de vida, no cantidad de vida.

## Sight Translation: Part #1 - Section Two

### **Statement #1**

Decidí que no iba a proceder con la cirugía porque tengo miedo de estar bajo anestesia general.

### **Translation**

I decided that I was not going to proceed with the surgery because I am afraid of being under general anesthesia.

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### **Statement #2**

Cuando el doctor me dijo que mi cáncer estaba en remisión, grité de alegría.

### **Translation**

When the doctor told me that my cancer was in remission, I screamed with joy.

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### **Statement #3**

Mi bebé nació prematuro a las 28 semanas, pero tuvimos mucha suerte de que ahora esté sano y en pleno crecimiento.

### **Translation**

My baby was born premature at 28 weeks, but we were very lucky that he is now healthy and growing.

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# Consecutive Interpretation Encounter Segments

During the exam the consecutive interpretation sessions will be broken into segments for the candidate to be able to capture the message accordingly and give a faithful rendition.

## Segment #1

**Doctor:** Mrs. Sanchez, what bring you to clinic today?

**Translation:** Sra. Sánchez, ¿qué la trajo a la clínica hoy?

**Patient:** Doctor, hace más de un mes que me siento mareada, con náuseas y con sudores nocturnos. No sé qué me pasa.

**Translation:** Doctor it has been over a month that I have been feeling dizzy, nauseous, and having night sweats. I don't know what is wrong with me.

## Segment #2

**Doctor:** Mrs. Sanchez, that doesn't sound good. Tell me a bit more about these symptoms. Are you feeling them daily, nightly, are the ongoing or intermittent.

**Translation:** Sra. Sánchez, eso no suena bien. Cuénteme un poco más sobre estos síntomas. ¿Los sientes a diario, todas las noches, son continuos o intermitentes?

**Patient:** Doctor siento esto de forma intermitente pero durante largos períodos de tiempo. Los sudores nocturnos son lo peor, eso me pasa todas las noches.

**Translation:** Doctor, I am feeling this intermittently but for long stretches of time. The night sweats are the worst, that happens every night.

### Segment #3

**Doctor:** Mrs. Sanchez this concerns me, and I would like to rule out a few things, before giving a diagnosis.

**Translation:** Sra. Sánchez esto me preocupa, y quisiera descartar algunas cosas, antes de dar un diagnóstico.

**Patient:** Doctor, ¿cree que lo que tengo es serio?

**Translation:** Doctor, do you think what I have is serious?

### Segment #4

**Doctor:** Mrs. Sánchez, I don't know but how your case is presenting concerns me and I want to rule out several things before diagnosis.

**Translation:** Señora Sánchez, no lo sé, pero me preocupa cómo está presentando su caso y quiero descartar varias cosas antes de un diagnóstico.

**Patient:** Bien, ¿qué hacemos ahora?

**Translation:** Okay, what do we do now?

### Segment #5

**Doctor:** I am going to have you do extensive bloodwork, an endoscopy, colonoscopy, and meet with an ENT to see if there is anything with your ears causing the dizziness. The night sweats with blood work we will be able to see if there is an infection present causing them. Once I have all the results I will have a clear picture of what is going on.

**Translation:** Voy a pedirle que haga un análisis de sangre extenso, una endoscopia, una colonoscopia y que se reúna con un otorrinolaringólogo para ver si hay algo en sus oídos que le cause mareos. Los sudores nocturnos con análisis de sangre podremos ver si hay alguna infección presente que los provoque. Una vez que tenga todos los resultados tendré una idea clara de lo que está pasando.

**Patient:** Doctor that sounds like a good plan anything I need to do now.

**Translation:** Doctor, eso me suena como un buen plan. Ahora, ¿qué debo hacer?

### Segment #6

**Doctor:** Yes, the first thing is the blood work, as soon as posible, and then I can see if we need to prescribe any medication or do something while we wait for the other results.

**Translation:** Sí, lo primero es el análisis de sangre, tan pronto como sea posible, y luego puedo ver si hay que recetar algún medicamento o hacer algo mientras esperamos los otros resultados.

**Patient:** Alright doctor, that is fine.

**Translation:** Muy bien doctor, eso está bien.

### Segment #7

**Doctor:** Okay, Mrs. Sanchez lets proceed and if any of your current symptoms worsen please let me know. I will see you back in clinic when all the results come in but I will call you with the blood work results.

**Translation:** De acuerdo, Sra. Sánchez, procedamos y si alguno de sus síntomas actuales empeora, hágamelo saber. Lo veré de regreso en la clínica cuando lleguen todos los resultados, pero lo llamaré con los resultados del análisis de sangre.

**Patient:** Okay, doctor I will get the blood work done tomorrow and I will wait for you call and schedule all the other procedres you requested and the ENT visit.

**Translation:** De acuerdo, doctor, me haré el análisis de sangre mañana y esperaré su llamada y programare todos los demás procedimientos que solicitó y la visita al otorrinolaringólogo.

### Segment #8

**Doctor:** Very well, schedule those appointments and call if you need anything.

**Translation:** Muy bien, agende esas citas y llama si necesitas algo.

**Patient:** I will doctor and thank you.

**Translation:** Lo haré doctor y gracias

List of Medical Terminology  
Prepared by  
Universal Language Service, Inc.

**Human Body**

Abdomen

Adenoids

Adenoma

Anal

Aneurysm

Anus

Aorta

Appendix

Areola

Artery

Auditory Canal

Bile Duct

Bladder

Bone

Bone Marrow

Brain

Breast

Bronchial Tube

Calcaneus

Capillary

Carpals

Cartilage

Cell

Cerebellum

Cerebrum

Cervical

Cervical Vertebra

Circulatory System

Clavicle

Coccyx

Colon

Corium

Cornea

Cornorary Arteries

Cranial Cavity

Cranium

Dermal

Dermis

Diaphragm

Digestive System

Disk

Duodenum

Dura Mater

Ear

Eardrum

Endocardium

Endocrine Glands



Endocrine System

Endometrium

Epidermis

Epithelium

Esophagus

Eustachian Tube

Exocrine Glands

Fallopian Tubes

Female Reproductive System

Femur

Fibula

Gallbladder

Gland

Hair Follicle

Hair Root

Heart

Humerus

Ileum

Ilium

Iris

Joint

Kidney

Large Intestine

Larynx

Lens

Ligament

Liver

Lumbar Vertebra

Lung

Lymphatic System

Male Reproductive System

Mediastinum

Meninges

Metacarpals

Metatarsals

Mouth

Muscle

Musculoskeletal System

Nasal

Nervous System

Nose

Optic Nerve

Organ

Ovary

Pancreas

Patella

Pelvic

Pelvis

Penis

Periosteum

Peritoneum

Phalanges

Pharynx

Pituitary Gland

Pulmonary Artery

Pupil

Rectum

Renal

Respiratory Tract

Retina

Rib

Sacrum

Scapula

Sclera

Scrotum

Sense Organs

Sigmoid Colon

Skin

Skull

Spinal Column

Spinal Cord

Spleen

Sternum

Stomach

Tendon

Testicle

Testis

Thoracic Cavity

Thoracic Vertebra

Throat

Thymus Gland

Tibia

Tissue

Tonsils

Trachea

Tympanic Membrane

Ulna

Ureter

Urethra

Urinary Tract

Uterine Tubes

Uterus

Vagina

Valve

Vein

Ventricle

Vertebra

Vertebrae

Womb

### **Human Body Systems**

Skeletal System

Muscular System

Cardiovascular System

Respiratory System

Nervous System

Digestive System

Urinary System

Endocrine System

Lymphatic System

Reproductive System

Integumentary System

### **Symptoms**

Allergic

Asthma

Asymptomatic	Dehydration
Arrhythmia	Depressed
Abdominal Pain	Diabetic
Amenorrhea	Diarrhea
Alopecia	Digestive Enzymes
Amnesia	Dizzy/Vertigo
Anxiety	Double Vision
Aphasia	Drowsy
Apraxia	Dry Mouth
Backache	Earache
Bleeding Nose	Edema
Bloating	Faint
Blood Pressure	Fatigue
Blurred Vision	Fever
Breathing Difficulty	Gout
Bruise	Gurd
Cerebral Infarction	Halitosis
Chest Pain	Hallucination
Chill	Hangover
Cold	Hay Fever
Cold Sweat	Headache
Concussion	Hearing Loss
Confusion	Heartburn
Constipated	Heart Attach
Contagious	Homicidal Adiation
Contraction	Indigestion
Cough	Infection
Cramps	Infertility
Cut	Inflamed

Irritability

Itch

Intoxication

Jaundice

Lethargic

Migraine

Nausea

Nauseous

Nervous

Nosebleed

Numb

Pain;

    Burning

    Constant

    Dull

    Intermittent

    Sharp

    Throbbing

Palpitations

Phlegm

Postpartum

Pregnant

Premature (baby)

Premi

Rash

Sebaceous Cyst

Shiver

Shortness of Breath

Sore

Sore Throat

Spasm(s)

Stiff (joint, neck, etc.)

Sting

Stomachache

Suffocation

Sunstroke

Swelling

Swollen

Temperature

Tooth Ache

Tremor (body)

Unconscious

Upset Stomach

Urinary Tract Infection

Vomiting

Weakness

Wound

### **Clinical/Medical Procedures**

Abortion

Amniocentesis

Anesthetize

Angiography

Appendectomy

Autopsy

Bariatric Surgery

Biopsy

Birth Control

Blood Test	I.V. (Intravenous)
Bronchoscopy	Laparoscopy
Cesarean Section	Laryngoscopy
Cardiography	Local Anesthetization
Cardiopulmonary Resuscitation (CPR)	Lumbar Puncture
Catheterization	Lung Scan
Checkup	Mammogram
Chest X-Ray	Mammography
CT Scan of the...	Mastectomy
Diagnose	Magnetic Resonance Imaging (MRI)
Diagnosis	Needle
Dialysis	Neurosurgery
Duodenectomy	Optometry
Ectopic Pregnancy	Pediatric Hospitalization
Electrocardiogram (ECG, EKG)	Plastic Surgery
Emergency	Skeletal Traction
Emergency Room	Skin Test
Encephalography	Sterilization
Endotracheal Intubation	Thoracentesis
Exhale	Tracheostomy
General Anesthesia	Tympanoplasty
Hysterectomy	Upper Endoscopy
Immunization	Urinalysis
Incision	Vasectomy
Incubator	
Inhale	<b><u>Disease/Illnesses/Injuries/Physical Disorders</u></b>
Injection	
Intensive Care	Abrasions
Intrauterine	Acute (diseases)

Addiction  
Advanced State  
ADIS  
Allergy  
Alzheimer's Diseases  
Amnesia  
Anaphylaxis  
Anemia  
Aneurysm  
Appendicitis  
Arthritis  
Asthma  
Atrophy  
Bacterial Infection  
Bleed  
Blister  
Bone Fracture  
Bruise  
Burn  
Calcium Deficiency  
Cancer  
Carpal Tunnel Syndrome  
Cataract  
Cerebral Concussion  
Cerebral Hemorrhage  
Cerebral Palsy  
Chicken Pox  
Cholesterol  
Chronic Bronchitis  
Chronic Obstructive Pulmonary Disease (COPD)  
Cirrhosis  
Clot / Clotting  
Colitis  
Color Blind  
Congenital Heart Disease  
Congestion  
Contagious  
Convulsions  
Coronary Artery Disease  
Cyst  
Cystic Fibrosis  
Cystitis  
Deaf  
Dementia  
Diabetes  
Diarrhea  
Die  
Diphtheria  
Diuretic  
Downs Syndrome  
Dyslexia  
Dysphasia  
Ear Infection  
Ectopic Pregnancy  
Emphysema  
End-Stage Renal Failure  
Food Poisoning

Gallstones  
Gastric Bleeding  
Gastritis  
Goiter  
Gout  
Heart Attack  
Heart Burn  
Heart Murmur  
Hemorrhoid  
Hepatitis  
Hurt  
Hyperglycemia  
Hypertension  
Infected  
Infertility  
Influenza  
Internal Bleeding  
Ischemia  
Jaundice  
Laryngitis  
Leukemia  
Lymphatic Cancer  
Malnutrition  
Measles  
Melanoma  
Menopause  
Metastasize  
Metastatic Tumor  
Multiple Sclerosis (MS)

Muscular Dystrophy  
Mumps  
Myocardial Infarction  
Myopathy  
Neuroendocrine Tumor  
Obesity  
Obstruction  
Osteoporosis  
Pancreatic Cancer  
Parasite  
Parkinsons  
Periodontal Disease  
Pertussis  
Pleura  
Pneumonia  
Poison  
Pulmonary Abscess  
Pulmonary Embolism  
Scab  
Scabies  
Scald  
Scar  
Schizophrenia  
Seizure  
Sickle-Cell Anemia  
Strep Throat  
Stroke  
Terminally Ill  
Tetanus

Tingling  
Thrombosis  
Trauma  
Tuberculosis (TB)  
Ulcerative Colitis  
Uterine Prolapse  
Ventral Disease  
Vertigo  
Virus  
Withdrawal

**Medical Specialties**

Endocrinology  
Optometry

**Medical & Health Professions**

Advanced Registered Nurse Practitioner (ARNP)  
Anesthesiologist  
Athletic trainer  
Audiologist  
Biomedical Engineer  
Cardiologist  
Certified Nurse Anesthetist  
Certified Nurse Midwife  
Chiropractor  
Counselor  
Dental Assistant  
Dental Hygienist

Dentist  
Dietitian  
Ear, Nose, & Throat Doctor  
Emergency Medical Technician  
Endocrinologist  
Engineering Technologist  
Family Doctor  
General Practitioner  
Genetic Counselor  
Hematologist  
Licensed Practical Nurse (LPN)  
Massage Therapist  
Masseur  
Medical Assistant  
Nurse  
Occupational Therapist  
Oncologist  
Optician  
Optometrist  
Orthoptist  
Paramedic  
Pathologist  
Pediatrician  
Perfusionist  
Pharmacist  
Pharmacy Technician  
Phlebotomist  
Physical Therapist  
Physician



Physiotherapist  
Podiatrist  
Prosthetist  
Psychiatric Technician  
Psychiatrist  
Radiation Therapist  
Radiographer  
Recreational Therapist  
Registered Nurse  
Respiratory Therapist  
Social Worker  
Sonographer  
Speech and Language Therapist  
Surgeon  
Surgical technologist  
Technician  
Therapist

**Pharmacology**

Acetaminophen  
Acyclovir  
Adalimumab  
Adderall  
Albuterol  
Alprazolam  
Amitriptyline  
Amlodipine  
Amoxicillin  
Aspartate

Aspirin  
Atenolol  
Ciprofloxacin  
Citalopram  
Clonazepam  
Clonidine  
Cyclobenzaprine  
Diazepam  
Dilaudid  
Doxycycline  
Fluticasone  
Folic Acid  
Gabapentin  
Glipizide  
Hydrocodone  
Hydromorphone  
Ibuprofen  
Insulin  
Klonopin (Clonazepam)  
Levothyroxine  
Lidocaine  
Lipitor  
Lisinopril  
Lorazepam  
Losartan  
Memantine  
Metformin  
Methadone  
Metoprolol

Misoprostol  
Morphine  
Naproxen  
Nitroglycerin  
Omeprazole  
Oxycodone  
OxyContin  
Percocet  
Phentermine  
Prednisone  
Progesterone  
Roxicodone

Sibutramine  
Simvastatin  
Suboxone  
Tramadol  
Trazodone  
Valium  
Vicodin  
Warfarin  
Xanax  
Zolpidem

# Test Guide Additional Resources & Information



# Language Interpreter and Translator Code of Professional Conduct

Language Testing and Certification Program Department of Social and Health Services

1. **Accuracy:** Interpreters/translators must always express the source language message in a thorough and faithful manner. They must: a. Omit or add nothing; b. Give consideration to linguistic variations in both the source and target languages; and c. Conserve the tone and spirit of the source language.
2. **Cultural sensitivity-courtesy:** Interpreters/translators must be culturally sensitive, and respectful of the individual(s) they serve.
3. **Confidentiality:** Interpreters/translators must not divulge any information publicly or privately obtained through their assignments, including, but not limited to, information gained through access to documents or other written materials.
4. **Proficiency:** Interpreters/translators must meet the minimum proficiency standards set by DSHS.
5. **Compensation:** Interpreters/translators must: a. Not accept additional money, consideration, or favors for services reimbursed by the departments. The fee schedule agreed to between the contracted language services providers and the department shall be the maximum compensation accepted. b. Not use the department's time, facilities, equipment, or supplies for private gain or other advantage, and c. Not use or attempt to use their position to secure privileges or exemptions.
6. **Nondiscrimination:** Interpreters/translators must: a. Always be impartial and unbiased; b. Not discriminate on the basis of gender, disability, race, color, national origin, age, socioeconomic or educational or marital status, religious or political beliefs, or sexual orientation; and c. Refuse or withdraw from an assignment, without threat or retaliation, if they are unable to perform the required service in an ethical manner.
7. **Self-representation:** Interpreters/translators must accurately and completely represent their certifications, training, and experience.

**8. Impartiality-conflict of interest:** Interpreters/translators must disclose to the department any real or perceived conflicts of interest that would affect their professional objectivity. Note: providing interpreting or translating services to family members or friends may violate the family member or friend's right to confidentiality, constitute a conflict of interest, or violate a DSHS contract or subcontract.

**9. Professional demeanor:** Interpreters/translators must be punctual, prepared, and dressed in a manner appropriate, and not distracting for the situation.

**10. Scope of Practice:** Interpreters/translators must not: a. Counsel, refer, give advice, or express personal opinions to the individuals for whom they are interpreting/translating. b. Engage in activities with clients that are not directly related to providing interpreting and/or translating services, c. Have unsupervised access to clients, including but not limited to phoning clients directly other than at the request of a DSHS employee; d. Market their services to clients, including but not limited to, arranging services or appointments for clients in order to create business for themselves; or e. Transport clients for any business, including social service or medical appointments.

**11. Reporting obstacles to practice:** Interpreters/translators must assess at all times their ability to interpret/translate. a. Interpreters/translators must immediately notify the parties if they have any reservations about their competency and offer to withdraw without threat or retaliation; b. Interpreters/translators must immediately withdraw from encounters they perceive as a violation of this code.

**12. Professional Development:** Interpreters/translators are expected to continually develop their skills and knowledge through: a. Professional interpreter/translator training; b. Continuing education; and c. Regular interaction with colleagues and specialists in related fields.

## IMIA Code of Ethics

(Established in 1987 and revised in 2006)

*The IMIA was the first organization to author an ethical code of conduct specifically for medical interpreters. Multiple codes of ethics have since followed. A code of ethics is necessary for medical interpreters to maintain standards for the individuals within that profession to adhere to. It brings about accountability, responsibility, and trust to the individuals that the profession serves.*

1. Interpreters will maintain confidentiality of all assignment-related information.
2. Interpreters will select the language and mode of interpretation that most accurately conveys the content and spirit of the messages of their clients.
3. Interpreters will refrain from accepting assignments beyond their professional skills, language fluency, or level of training.
4. Interpreters will refrain from accepting an assignment when family or close personal relationships affect impartiality.
5. Interpreters will not interject personal opinions or counsel patients.
6. Interpreters will not engage in interpretations that relate to issues outside the provision of health care services unless qualified to do so.
7. Interpreters will engage in patient advocacy and in the intercultural mediation role of explaining cultural differences/practices to health care providers and patients only when appropriate and necessary for

communication purposes, using professional judgment.

8. Interpreters will use skillful unobtrusive interventions so as not to interfere with the flow of communication in a triadic medical setting.

9. Interpreters will keep abreast of their evolving languages and medical terminology.

10. Interpreters will participate in continuing education programs as available.

11. Interpreters will seek to maintain ties with relevant professional organizations in order to be up-to-date with the latest professional standards and protocols.

12. Interpreters will refrain from using their position to gain favors from clients.

The IMIA was the first organization to author an ethical code of conduct specifically for medical interpreters. IMIA members uphold high standards of professionalism and ethical conduct for interpreters. At the core of this code of conduct are the twelve tenets above. These tenets are to be viewed holistically and as a guide to professional behavior. Members who do not adhere to the standards of practice or the code of ethics can be terminated.

## Candidate Test Registration Policy

1. Registration is online only. No email or telephone registration will be allowed.
2. Payment is made at the time of online registration. (The system accepts Visa, Master Card, and Discover).
3. It is your responsibility to enter accurate information when you schedule your test appointment online.
4. Test appointment confirmation will be sent to you via email only. It is your responsibility to check your email for your appointment confirmation and to contact [language@ulsonline.net](mailto:language@ulsonline.net) right away if you do not receive your confirmation email.
5. If there is an issue with your online registration involving over-payment, you must contact [language@ulsonline.net](mailto:language@ulsonline.net) request resolution within 60 days of the charge on your bank account.
6. If you have a disability and need a reasonable accommodation, please email UniversalLanguage at [language@ulsonline.net](mailto:language@ulsonline.net) Supporting documents such as a physician's statement about the accommodation must be received by UniversalLanguage before a test appointment can be confirmed.
7. If you miss your scheduled test, you will need to schedule and ***pay for another test*** online.
8. Test will be proctored and administer by a selected remote system contracted by UniversalLanguage Service due to their expertise in safe remote testing.

9. The testing site link will be emailed to the candidate for profile creation and login on test day.
10. If you arrive late to the exam UniversalLanguage will allow you to proceed. However, you will not be given extra time and must complete the test in the remaining time allowed from the scheduled start time. Free scheduling will not be granted for late arrivals (login), whether candidates decide to take the test or not.
11. If upon receiving your confirmation email, you realize you will not be able to keep your appointment, please contact us at [languagetesting@ulsonline.net](mailto:languagetesting@ulsonline.net) If UniversalLanguage does not hear from you within ten (10) calendar days for the date the appointment was scheduled you will not be given a refund or free rescheduling.
12. Test fees are non-refundable. If candidates fail to attend the confirmed test session. In the event of an emergency, the test session may be rescheduled. UniversalLanguage will need supporting documentation such as police reports or physician statements about the emergency to reschedule.
13. There is no attempt limit in trying to pass any of the tests. However, if candidates fail to pass a test after three (3) attempts, they may want to wait until they are better prepared before rescheduling for the same test. A new test appointment and payment are required for every individual test attempt.
14. While a test is pending appeal, no reschedule application of the same test will be accepted.
15. The candidate is responsible for informing UniversalLanguage of any change of name, mailing address, telephone number, and e-mail address. A



name change request must be made in writing with a photocopy of a court document such as a marriage or divorce certificate.

16. The Information about certified/authorized interpreters and translators are published on the LTC website. Universal Language Service will report to DSHS/LTC the candidates passing of written or oral exam. If any interpreter who does not want to have their name or certain information published should send an email us at [languagetesting@ulsonline.net](mailto:languagetesting@ulsonline.net) and to [dshsct@dshs.wa.gov](mailto:dshsct@dshs.wa.gov) requesting the removal of any specific information they do not want published.

## UniversalLanguage Medical “Certified” Written Test

The written screening test for medical certified interpreters is sixty (60) minutes and is composed of composed of five parts, in different formats. The interpreter screening will be true and false questions, fill in the blank, and reading comprehension.

### Written Test Outline

- Part one: **Interpreter Code of Ethics**. Candidates will need to identify whether each given statement is true or false. (40 Points)
- Part two: **Medical Terminology & Pharmacology**. Candidate will need to find the equivalent translation for each medical term into the target language. This section will also contain pharmacology sub-section and the candidate will have to make a choice between true or false for each item. (50 Points)
- Part three: **Clinical/Medical Procedures**. Candidate will have to make a choice between true or false to answer each item. (50 Points)
- Part four: **Writing Skills in English**. Candidate will have a 10 multiple choice questions in English. They will have to identify the correct letter (A, B, C, D) that corresponds to their choice and select it. (30 Points)
- Part five: **Reading Comprehension**. Candidate will read a section, in English, and then answer a series of questions, where they will have to make a choice between true or false for each item. (60 Points)

Candidates will use the designated remote proctored testing site to sit for the test. The test must be done in a secure and private location without any interruptions. All items in the written screening test are designed for objective computer scoring. The written test totals possible score is **230**. Candidates must receive  $\geq 184$  points or better of the total possible score to pass the written test.

## Universal Language Oral Medical Certified Interpreter Test

Besides successfully passing the written test, interpreters need to take and pass an oral test to be eligible for Medical Certified Interpreter credentials with DSHS LTC. The oral test for medical interpreters has two comprehensive parts to complete. The candidate will use time for sight translation review, prior to recording, as they deem necessary but will only have 30 seconds to record their oral sight translation. The consecutive interpretations will have two replay options and 30 seconds to record each rendition.

### Oral Test Outline

- **Part One:** Sigh Translation. Candidates will have two sections in this part.
  - **Section one** the candidate will have 8 short statements they must sight translate from the source into their target language.
  - **Section two** candidate will have 4 longer statements they must sight translate from the source, their language pair, into the target language (English).
- **Part Two:** Consecutive Interpretation. Candidate will have three sections in this final part of the test. It will be a series of segments of three full consecutive medical conversations between the provider and limited English proficient individual. The candidate will listen in the source and interpret into the target and from target into source.
  - **Consecutive Section One:** the candidate will have six (6) segments that must be interpreted from the source to target language and from source language to target.
  - **Consecutive Section Two:** the candidate will have five (5) segments that must be interpreted from the source to target language and from source language to target.
  - **Consecutive Section Three:** the candidate will have four (4) segments that must be interpreted from source to target language and from source language to target.

Candidates will use the designated remote proctored testing site to sit for the test. The test must be done in a secure and private location without any interruptions. The oral screening test will be audio recorded for the purpose of scoring and record keeping. Objective scoring will be the only method employed in evaluating the oral screening test. ***The total possible score for the oral test is 130.*** Candidates must receive  $\geq 104$  or better of the total possible score to pass the test.

## Additional Resources

- Cirrus (testing partner): <https://cirrusassessment.com/>
- CLAS Standards: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- DSHS “Gateway” Profile:  
<https://secureaccess.wa.gov/public/saw/pub/displayRegister.do>
- DSHS Language Testing and Certification Program: <https://www.dshs.wa.gov/office-of-the-secretary/language-testing-and-certification-program>
- DSHS Language Interpreter and Translator Code of Professional Conduct: <https://www.dshs.wa.gov/sites/default/files/FSA/ltc/documents/DSHSInterpreterAndTranslatorCodeOfConduct%20042015.pdf>
- HCIHC Terminology of Health Care Interpreting: A glossary of terms. Link: <https://www.ncihc.org/assets/documents/NCIHC%20Terms%20Final080408.pdf>
- IMIA Standards of Practice: <https://www.imiaweb.org/standards/standards.asp>
- IMIA Code of Ethics: [www.imiaweb.org/code/](http://www.imiaweb.org/code/)
- International Medical Interpreter Association (IMIA): *Spanish Pain Description Glossary*. Link: [https://www.imiaweb.org/uploads/docs/Pain\\_Description\\_Glossary\\_Spanish.pdf](https://www.imiaweb.org/uploads/docs/Pain_Description_Glossary_Spanish.pdf)
- NCIHC Ethics and Standards of Practice: [www.ncihc.org/ethics-and-standards-ofpractice](http://www.ncihc.org/ethics-and-standards-ofpractice)
- Medical Terminology for Health Professions 7<sup>th</sup> Edition.  
<https://www.pittsburg.k12.ca.us/cms/lib/CA01902661/Centricity/Domain/1210/Medical%20Terminology%20for%20Health%20Professions%207th%20Edition%202012.pdf>
- Medical Interpreter Blog: *Resources and Information for Healthcare Interpreters: Blogger: Yuliya Speroff*. Link: <https://medicalinterpreterblog.com/2018/04/23/resources-for-practicing-interpreting-skills/>
- Northwest Translators and Interpreter Society (NOTIS): *Chart of Decision When Not to Advocate*. Link: <https://www.ncihc.org/assets/2021-03->

[04%20Chart%20of%20desision%20questions.pdf?mc\\_cid=cd3c40d9c1&mc\\_eid=9e478f8b52](#)

- ProctorU Candidate Experience Video: <https://youtu.be/o--BgJ5OzFE>
- UniversalLanguage Service Testing: <https://universallanguageservice.com/language-certification/>
- Washington State Coalition for Language Access (WASCLA): Link: <https://www.wascla.org/about/>