

**LANGUAGE: CANTONESE**

**PATHWAY: HEALTH**

**SESSION: JUNE 2012**

## **IoL EDUCATIONAL TRUST**

### **IoLET Level 6 Diploma in Public Service Interpreting (QCF)**

**Qualification Number: 501/1250/8**

**Tuesday 19<sup>th</sup> June 2012**

**Unit 01: Interpret Consecutively and Simultaneously (Whispered) in the Public Services Context of Health (M/602/2332)**

**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.

**1<sup>ST</sup> SCENARIO (PART A) - *Approximately 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 the Other Language into English for approximately 5 minutes.

**CONTEXT:** A patient who was bereaved a year ago consults a GP because of symptoms due to malabsorption. The patient is staying with his/her daughter who has relocated to the UK.

Interlocutor i) English-speaking GP  
Interlocutor ii) Other Language-speaking patient

**2<sup>ND</sup> SCENARIO (PART B) - *Approximately 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 the Other Language for approximately 5 minutes.

**CONTEXT:** A chemotherapy nurse assists a patient who is suffering from cancer and has come to the hospital day unit for a chemotherapy treatment.

Interlocutor i) English-speaking nurse  
Interlocutor ii) Other Language-speaking patient

**DPSI Oral Timings**

Unit 01 (Part A and Part B) will take approximately 30 minutes. If the examination exceeds 40 minutes, it will be stopped by the Oral Examiner and will not be marked beyond this point.

**THIS SHEET MUST NOT BE REMOVED BY THE CANDIDATE.**

**Unit 01: Interpret Consecutively and Simultaneously (Whispered) in the Public Services Context of Health (M/602/2332)**

**1<sup>st</sup> Scenario (Part A)**

**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

**Glossary Notes:** You may find a glossary at the end of some of the role plays. You can use these definitions to rephrase a term if a candidate does not understand it. Do not use these alternatives unless they are necessary to ensure the continuation of the dialogue.

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

Unit 01: Interpret Consecutively and Simultaneously (Whispered) in the Public Services Context of Health (M/602/2332)

1<sup>st</sup> Scenario (Part A)

*(Gender for personal pronouns to be chosen as appropriate)*

**ENGLISH-SPEAKING GP'S PROMPT NOTES**

**CONTEXT:**

You are a GP meeting with a patient who was bereaved a year ago and is now consulting you because of symptoms due to malabsorption. The patient is staying with his/her daughter who has relocated to the UK.

**CANTONESE-SPEAKING PATIENT'S PROMPT NOTES**

**CONTEXT:**

You are a patient who was bereaved a year ago. You are consulting your GP because of symptoms due to malabsorption. You are staying with your daughter who has relocated to the UK.

**CONSECUTIVE INTERPRETING**

**I. GP**

Hello. My name is Dr Goodbody. I do not think that I have seen you before.

**1. 病人**

沒見過，醫生。我是第一次來的，我女兒堅持我要來看你我才來這裡。

**II. GP**

Why did she feel that it was necessary for you to see a doctor?

**2. 病人**

她留意到我體重輕了，而且覺得冷。// 現在我還開始有腹瀉。// 還有，我割傷了腿，傷口不癒合，嘴角這些裂口也不癒合。

**III. GP**

What is your appetite like?

**3. 病人**

我是想吃東西的，但一開始吃就感到飽。

#### IV. GP

Do you have any pain?

##### 4. 病人

沒有痛，醫生。也許有幾處痛，就在關節裡面，他們說我兩個膝蓋有關節炎。// 我從前有吃止痛藥但最近都沒有吃。

#### V. GP

Is that because it has been less troublesome?

##### 5. 病人

不是，我停了吃止痛藥是因為我看到它們的副作用包括腸胃不適，我以為是這些藥片使我生病。

#### VI. GP

It is true that analgesics can cause gastro-intestinal disturbances. Did your problems settle on ceasing the medication?

##### 6. 病人

沒有呀，問題沒有解決。情況沒有不同。

#### VII. GP

What else have you noticed wrong?

##### 7. 病人

我很容易就累，頭髮變得稀薄。

#### VIII. GP

When did you first feel ill?

#### WHISPERED INTERPRETING

**At this point the GP will ask the interpreter: "Do you want to move?" The patient will then take about five minutes to talk about his/her health and provide some background information. During this time the interpreter will move to give the GP whispered simultaneous interpretation.**

##### 8. 病人

我很難確切說定。過去兩年我壓力很大，首先我唯一的孩子出嫁了。我很替她高興，但他們幾乎立刻就搬走了，去了英格蘭。這樣在我和丈夫/妻子三十年的婚姻裡第一次剩下我們兩個，我們感到很難過，但想想我們可以享受在一起的時間。除了關節炎之外我健康很好，我丈夫/妻子雖然有糖尿病，我們仍然可以有很多生活樂趣。可是我丈

夫/妻子突然心臟病發作死了，我永遠不會忘記他/她灰白的臉上的表情，他/她捏緊胸口想坐下來，然後喘氣昏倒在地上。我嚇傻了……

(Here the patient's voice goes quieter, has a more anguished tone).

就剩下我一個人，救護車、醫院、返回淒涼的房子…… (pause)

接下來的幾個月過去了，我不記得了。我很茫然，什麼都不能做。我沒有吃飯，也不餓。我從前一直都是大塊頭，他們現在叫那樣做癡肥。我就算不吃又有什麼所謂呢？我女兒來探望過我幾次但都不能留太久，她和我一起的時候為我煮飯，我有吃一些。上一次她來探我時堅持我跟她回到英格蘭。現在我來了已經六個星期，我以為我很快會增加體重，因為我會喜歡吃她為我準備的飯菜，但沒有。我嘗試吃東西時就會感到飽，如果我強迫自己吃就會想嘔，偶然我真的會吐起來。之後我開始有腹瀉，後來情況更差，因為大便很稀爛，還有惡臭。我很羞愧，可是我失禁，就在我女兒的屋子裡，真可怕。就是因為這樣我才被她說服了來看你。我是多麼尷尬啊。

**The GP will now ask the interpreter to move back.**

## CONSECUTIVE INTERPRETING

### IX. GP

You obviously have had a terrible time. // It would sound as if you didn't look after yourself for a significant period of time. When did your husband/wife die?

#### 9. 病人

大概一年前，這個月底就滿一周年。我真是想念他/她啊。

### X. GP

That is very understandable. Now my job is to find out why you are like this, to find the right treatment and to make you feel better.

#### 10. 病人

我不明白啊，醫生。我為什麼現在吃不下東西呢？ // 沒錯開頭我太難過吃不下，而我也不管。反正我是應該要減肥的，所以我沒有強迫自己吃。 // 煮飯給一個人吃沒什麼意思，但現在我是想吃的，而且我女兒為我煮飯。 // 我為什麼會有腹瀉呢？我的腿為什麼不癒合呢？

### XI. GP

I am afraid we must do several tests to satisfactorily answer your questions. // I strongly suspect that your period of starvation has depleted your body of essential proteins, vitamins and carbohydrates. // Unfortunately, the membrane of your gut is no longer able to absorb vital nutrients from your diet because it is damaged. // Your tissues need to repair themselves constantly. // Just as your leg is not healing because of the lack of vitamin C and protein so your intestines cannot maintain their integrity.

## 11. 病人

我明白。可能我需要打一些維他命針，然後一切就會自己好起來？

## XII. GP

Unfortunately, things are not that simple, or quick! // First we need to do some blood tests. I will give you a form to take to the phlebotomy clinic\*.

## 12. 病人

在哪兒呀？這些檢驗是什麼來的？

## XIII. GP

The clinic is held here on Mondays. // The tests will look for anaemia; your diet has been low in iron, folate and vitamin B12. // All are important in the production of red blood cells. You may need supplements of these if we find a deficiency. // Also, we will do some routine tests to assess your general health. // I want to assess your thyroid function because disorders of this gland can cause some of the symptoms that you described. // Similarly so can infections of the gut, parasitic, bacterial and viral.

## 13. 病人

那你認為可能有另外一個原因，不只是因為吃得不夠嗎？

## XIV. GP

If you were a teenager then anorexia would be an obvious diagnosis // but at your age there could be other underlying pathology that has either caused these problems or aggravated them. // I don't want to jump to any conclusions without investigating your case thoroughly.

## 14. 病人

那是說除了血液檢驗你還想做更多？

## XV. GP

That is correct, but I think I will refer you to a gastroenterologist for further assessment. // Here is the blood test form and if you go to reception someone will help you make another appointment to see me next week.

## 15. 病人

謝謝你，醫生。

## END OF INTERVIEW

### \*Glossary Note for interlocutors

- Paragraph XII. *Phlebotomy clinic* (blood clinic): The practice of phlebotomy, or the technique of venepuncture, generally refers to the collection of blood from a vein.

**Unit 01: Interpret Consecutively and Simultaneously (Whispered) in the Public Services Context of Health (M/602/2332)**

**2<sup>nd</sup> Scenario (Part B)**

**Instructions to Interlocutors**

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**Unit 01: Interpret Consecutively and Simultaneously (Whispered) in the Public Services Context of Health (M/602/2332)**

**2<sup>nd</sup> Scenario (Part B)**

*(Gender for personal pronouns to be chosen as appropriate)*

**ENGLISH-SPEAKING NURSE'S PROMPT NOTES**

**CONTEXT:**

You are a chemotherapy nurse assisting a patient who is suffering from cancer and has come to the hospital day unit for a chemotherapy treatment.

**CANTONESE-SPEAKING PATIENT'S PROMPT NOTES**

**CONTEXT:**

You are a patient who is suffering from cancer and has come to the hospital day unit for a chemotherapy treatment.

**CONSECUTIVE INTERPRETING**

**I. Chemotherapy Nurse**

Hello. My name is Sam, and I'm the chemotherapy nurse. I'm going to be looking after you today.

**1. 病人**

這就是我的病床嗎？這裡沒有其他人呀！是不是一直就我一個人？ // 我預期會有其他病人，而且我以為會住院，所以沒有叫人跟我一起來陪我。

**II. Chemotherapy Nurse**

Don't worry about being on your own. I'll be here all day and there are two other nurses and a doctor on duty. // You won't be left alone. Besides, there are 3 other patients coming in today. // Which bed would you like, the one there by the window? // Let's get you settled down and then you can tell me about your worries.

**2. 病人**

其實只是因為不知情而已，我以為做化療要住院，現在我不知道我會覺得怎樣，或者會發生什麼事。 // 我爸爸從前在家鄉做化療治療癌症，看著令人難受。 // 他吐得很厲害，頭髮都脫光了，在醫院住了好幾個星期，很痛。 // 沒有給他鎮痛藥物。我不知道在這裡情況會怎樣。

### III. Chemotherapy Nurse

Well then, let me tell you. We'll get to side effects in a few minutes but first let's deal with the procedures today. // You'll probably be laid up in bed for a lot of the day. You don't need to change; you can stay in your clothes. // We'll put an intravenous drip up, and attach it to the back of your hand. // Then you lie there or sit in the chair, read your book, chat to the others, doze or whatever you like. // You'll be going home when your husband/wife comes to collect you later on. Alright?

#### 3. 病人

*就這樣嗎？你把它說得有點像開派對！聽來好像我們可以成立個讀書會或者開個插花班呢！*

### IV. Chemotherapy Nurse

Oh, that sounds good. I've always wanted to arrange flowers well. Can I join in? // Seriously, though - you simply relax and we do the work.

#### 4. 病人

*當藥物進入我血液時其實會有什麼事發生呢？ // 醫生有解釋過，但我聽到診斷後震驚得太厲害，沒法聽進去。 // 我要打一連串針還是什麼其他的嗎？會不會把我弄得不舒服呢？*

### WHISPERED INTERPRETING

**At this point the chemotherapy nurse will ask the interpreter: "Do you want to move?" The chemotherapy nurse will then take about five minutes to explain the procedure to the patient. During this time the interpreter will move to give the patient whispered simultaneous interpretation.**

### V. Chemotherapy Nurse

It might make you feel ill; just let me know - I can help. However, first we take some blood samples and send them to the laboratory for analysis. The laboratory staff are very busy but they usually get results back to us within the hour.

Then the doctor will come and explain what the results tell her and how she's going to adjust the dose of your chemotherapy drug. So by mid-morning we should be able to put the first intravenous bag up and start your treatment. You'll be familiar with some of this after the tests you have already had. We put a cannula\* in the back of your hand. That's a little flexible tube for the medication to flow through, remember? The drug may cause nausea but we will give you an anti-emetic, that's an anti-sickness drug, for that. Having the cannula in means you have to stay put while the medication drips through but it's as well to rest anyway. I see you've brought something to read. We can also put the telly on, or you can listen to the radio.

I'll tell you a bit about how chemotherapy works: You have billions of individual cells making up your body tissue. Adult people's cells don't divide much, especially as they get older. Cells really only divide if they need to repair damage, like if they need to form scar tissue to heal a cut for instance. Now, when cells divide they split into two identical new cells. Cancer cells divide much more often than most normal cells, which is how tumours grow and form lumps.

Okay, so cells are most at risk of being damaged by chemotherapy when they're in the process of dividing. That's the best time to hit them! Chemotherapy damages part of the control centre inside each cell that makes cells divide. Or it interrupts the chemical processes involved in cell division. Then the damaged cells die. That's how it works. Does that help?

**The chemotherapy nurse will now ask the interpreter to move back.**

## CONSECUTIVE INTERPRETING

### 5. 病人

唔，有幫助，謝謝你。現在我覺得對情況比較有把握。// 昨晚我睡得很不好，因為我擔心所有的事。我知道頭髮會脫落，我想那是最糟糕的部分了。

### VI. Chemotherapy Nurse

Most people worry about that; it's entirely normal and understandable. // It's a major change in body image and makes us feel pretty vulnerable. // There are different ways to deal with it. Some people just shave their heads at the beginning and wear hats. // Others prefer to have a wig and you can get one on the NHS. They're really very good these days.

### 6. 病人

我有時想到所有的改變和我家人正在面對的憂慮，真是感到情緒低落。// 我這樣很自私，我知道，但我真的感到意氣消沉。還有其他事情我需要知道嗎？

### VII. Chemotherapy Nurse

You may feel sick and very tired between treatments, too. // But don't be hard on yourself; not many people can cope with a diagnosis of cancer and having this kind of treatment without a single worry. // You probably will have low days - emotional ups and downs. That's not wrong, it's human. // I'll bring you a couple of leaflets we've got here about how to get help, and your interpreter can read them to you, if you feel like listening.

### 7. 病人

謝謝你，這主意很好。你心地很好。英語那麼難懂，你們的拼寫系統完全是瘋狂的。

### VIII. Chemotherapy Nurse

Another thing you may find is that some drugs can make the lining of your mouth very sore or cause small mouth ulcers. // Some drugs can also temporarily change your sense of taste.

### 8. 病人

好啦，我會留神這事的。(Looking at the door) 剛進來的是誰呀？他是來給我抽血液樣本嗎？// 要開始了真好，我想盡可能快點開始殺死癌細胞！

## IX. Chemotherapy Nurse

Yes, that is the phlebotomist\*. Let's get these tests done and start zapping\* them! //  
Meanwhile, would you like a cup of tea?

### 9. 病人

好呀，謝謝！

## END OF INTERVIEW

### \*Glossary Notes for Interlocutors

- Paragraph V. *Cannula* is pronounced with the vocal stress on the first /a/.
- Paragraph IX. *Phlebotomist*: a nurse or other health worker trained in drawing venous blood for testing or donation. *Zapping*: suddenly attacking and destroying a target.

**Unit 02: Provide a Sight Translation into English in the Public Services Context of Health (T/602/2395)**

*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:**

In the course of the consultation between a GP and a Chinese-speaking patient, the patient mentions that he is taking medication called melatonin, and hands over the medicine package with its explanatory leaflet to the GP. You are the interpreter and you are asked to provide a sight translation to the doctor and the patient.

**SIGHT TRANSLATION TEXT**

**褪黑激素**

褪黑激素是腦部松果體自然分泌的一種激素，對調節睡眠起重要作用，在維持自然睡眠節律也扮演一定角色。褪黑激素分泌隨年齡增加而減少，而褪黑激素分泌低與某些類型的失眠症有關。研究顯示褪黑激素或有助加快入睡，舒緩時差反應，最宜旅遊人士及患輕度睡眠障礙者服用。褪黑激素還可能增強免疫系統。

褪黑激素無安眠藥的任何不良副作用，但由於缺乏廣泛臨床實驗，因此不建議長期服用。兒童、孕婦或哺乳母親不宜服用。服用褪黑激素後切勿駕駛或操作機器。褪黑激素的副作用並不比安慰劑的副作用更常見，但可能出現夢境逼真、腸胃不適和頭痛。

請於睡前約 30 分鐘服食 1-2 粒，醒後你應感到心神爽快、精力充沛，否則請減少劑量。切勿超出建議劑量。

**Unit 03: Provide a Sight Translation from English in the Public Services Context of Health (D/602/2410)**

*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:**

A member of your language community is planning to fly to visit her parents and was given this leaflet by her midwife. She asks you to give her a sight translation of the leaflet.

**SIGHT TRANSLATION TEXT**

Travel during pregnancy may carry risks. If you must travel, it is safest between 14 and 26 weeks. Air travel may carry risk of miscarriage, premature birth, and thromboembolism (blood clot formation). A pulmonary embolism can be fatal.

Make sure that you have obtained adequate insurance and check with your airline for restrictions on travel. Pregnancy is not an illness but insurance companies vary in their requirements. It is advisable to check with your travel agent about whether you need a written 'pre-travel health statement' prior to departure from your doctor.

Most airlines allow pregnant women to fly up to and including the 36th week, provided the pregnancy has been straightforward. But if there are any complications (for example twins) this may be reduced to 32 weeks. Check with the airline before booking.

During your journey (by air, car or bus) do not sit still for too long; try to have an aisle seat and move around frequently in order to decrease the risk of deep vein thrombosis. It is advisable to drink plenty of water particularly on long flights to prevent dehydration.

**LANGUAGE: CANTONESE**

**UNIT 04: TRANSLATE INTO ENGLISH IN THE PUBLIC SERVICES CONTEXT  
OF HEALTH (A/602/2432)**

**SESSION: JUNE 2012**

## **IoL EDUCATIONAL TRUST**

### **IoLET Level 6 Diploma in Public Service Interpreting (QCF)**

**Qualification Number: 501/1250/8**

**Tuesday 26<sup>th</sup> June 2012**

<p><b>Time Allowed: 1 Hour</b></p>
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Unit 04: Translate into English in the Public Services Context of Health  
(A/602/2432)

*Time allowed: 1 hour*

*Dictionaries and other reference works brought into the examination room may be used*

**CONTEXT:**

Your speech community's informal 'mothers' group' is distributing this leaflet amongst the members, and their local GP would like to be sure of what it says. You are asked to provide a written translation.

**TEXT TO BE TRANSLATED**

**兒童肥胖**

兒童肥胖是對公共衛生的嚴峻考驗，一些嚴重的成年身心障礙是因兒童肥胖而造成的，例子包括代謝綜合症、骨關節炎和心血管病等身體疾病，以及以強凌弱和自卑等社會心理問題。

要解決兒童肥胖問題預防是最佳方法。造成兒童肥胖的原因很多，有些是遺傳和生物化學因素，不可能介入干預，但是生活方式可以改變，父母更可發揮影響。心理因素也很重要。研究證明行為改變很有效，比如增加體力活動、改善日常飲食和確保睡眠充足。飲食健康和做運動對每個人都重要，均衡飲食應是一種生活必要。如你擔心孩子的體重，應向家庭醫生或營養師請教，切勿叫孩子減肥節食。

專家建議兒童日常飲食應含澱粉質食物，例如麵包和麵食，並盡量選全穀物的；還要多吃含豐富纖維的食物，例如燕麥、穀類和蔬菜。一天進食五份水果蔬菜，油炸食物、甜食、外賣和快餐則應減少/避免。多喝水，不要喝含糖飲料和果汁。要時常吃早餐，並留意餐食和小食的份量。

全家應經常一起吃飯，儘量一起運動，也應鼓勵兒童上學和課餘時參加康體活動。此外儘量減少坐著不動的活動。



**LANGUAGE: CANTONESE**

**UNIT 05: TRANSLATE FROM ENGLISH IN THE PUBLIC SERVICES CONTEXT  
OF HEALTH (K/602/2443)**

**SESSION: JUNE 2012**

## **IoL EDUCATIONAL TRUST**

### **IoLET Level 6 Diploma in Public Service Interpreting (QCF)**

**Qualification Number: 501/1250/8**

**Tuesday 26<sup>th</sup> June 2012**

<p><b>Time Allowed: 1 Hour</b></p>
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**Unit 05: Translate from English in the Public Services Context of Health  
(K/602/2443)**

*Time allowed: 1 hour*

*Dictionaries and other reference works brought into the examination room may be used*

**CONTEXT:**

This leaflet has been given to a member of your language community at his recent visit to the Eye Clinic who has been told to read it and decide if he wants surgery. Unfortunately, he is unable to read it in English and asks for a written translation so that he can consider the contents.

**TEXT TO BE TRANSLATED**

Epiretinal Membrane

Your eye specialist has told you that you have an epiretinal membrane.

This is scar tissue formed when the vitreous jelly inside your eye pulls away from the retina. You are able to see because the retina is like a photographic film. Damage to the retina causes visual problems. As the scar tissue shrinks it distorts the macula, the most sensitive part of the retina, causing the image that you see to appear distorted. This can only be treated by surgery. Not everyone with this condition will benefit from surgery. Your doctor can advise you. Some patients decide not to have an operation, accepting the distortion in the affected eye.

You may wish to discuss this with your family. The information in this leaflet will help you decide. If you chose to have surgery you can sign the consent form with the knowledge that you understand the procedure. You will be aware of its limitations and side effects.

Your vision will not necessarily get worse. The operation is not a preventative measure and should only be undertaken if the distortion is affecting your everyday life.

The surgery is performed under local or general anaesthetic. It takes about an hour. Small stitches are put into the eye. These dissolve naturally over four to six weeks.

At the end of the operation we put a pad and shield over your eye to protect it.

You may take analgesics if your eye feels sore.