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Please read the Frequently Asked Questions below to make the most of these practice exam questions.

What's included in the practice questions?

You'll find multiple choice questions divided into four parts. The first and second parts include questions regarding ethics and standards, and an answer key with detailed explanations of each answer. The third and fourth parts include questions regarding medical terminology, along with an answer key.

How should I use these questions?

These questions are not meant to replace training, and are appropriate for interpreters who have already received formal instruction on ethics, standards, and medical terminology.

You can use these questions to prepare with a partner, in a group, or on your own. Whether you're preparing alone or with someone else, an effective approach can be to go through all the questions and answer them, and then score your answers using the key provided. This will give you an idea of where your weaknesses are. When working with a partner or in a group, you can all complete the questions individually, and then correct the answers using the key. If working in a group you can go through the questions one by one and discuss each possible answer. It's helpful not only to understand why each correct answer is correct, but to also understand why each incorrect answer is incorrect. You can go through the questions as many times as you need to.

What other resources can I review to prepare for the written exam?

You can find candidate handbooks for the [Certification Commission for Healthcare Interpreters \(CCHI\)](#) and the [National Board for Certified Medical Interpreters \(NBCMI\)](#) on these organizations' respective websites. Each handbook includes information on the content of the exam, as well as sample questions. Both the CCHI and the NBCMI websites have suggested resources for exam preparation.

If you're not already very familiar with our ethical tenets and standards of practice, you will want to have them by your side as you go through the multiple choice questions for ethics and standards of practice. You can find Codes of Ethics and Standards of Practice on these websites:

[National Council on Interpreting in Healthcare](#) [International Medical Interpreters Association](#) [California Healthcare Interpreters Association](#)

Ethics and Standards

1. A baby is hospitalized with an upper respiratory infection. The grandmother feels the baby's symptoms are caused by a curse. She's upset with the doctor for ordering nasal suctioning and antibiotics, since these treatments have nothing to do with the curse. She yells at the doctor, "We're going to take the baby and look for someone who knows what they're doing!" You respect the doctor and don't want to offend him by interpreting what the grandmother said. What do you do?

- a) Tell the grandmother to calm down, and ask that she stop yelling at the doctor.
- b) Tell the doctor that the grandmother is very upset about the baby's illness.
- c) Interpret everything that the grandmother has said, using the same tone.
- d) Take this opportunity to answer your pager.

2. A patient receives care in the oncology clinic. You've interpreted for him and his wife every week for months. They are grateful for your help and show up at lunch one day with a special, homemade meal for you. What do you do?

- a) Politely refuse the meal, and let them know that it's against your code of ethics to accept gifts.
- b) Take the meal, and go eat it in the break room, and make sure to let the couple know how delicious it was the next time you see them.
- c) Turn down the meal, since you're unsure of the quality of homemade food.
- d) Accept the meal, let the couple know that you're going to share with the other interpreters, and reassure them that interpreter services are always available to them.

3. You are interpreting for a patient who just received a difficult diagnosis. While you are walking with the patient to the checkout window, she asks you if you think that the doctor is really right, or if she should look for a second opinion. What do you do?

- a) Offer to help her find another doctor. After all, she has a right to a second opinion.
- b) Offer to find the nurse, and interpret the nurse's answer to the patient's question.
- c) Assure the patient that what the doctor said is really right, and discourage her from seeking a second opinion
- d) Tell the patient that you're the interpreter, and it's not your job to answer questions.

4. You are interpreting for a patient and his medical care team. The patient shouts, "Get me an interpreter who knows what he's doing!" What is the best action to take?

- a) Interpret exactly what the patient says to his medical care team.
- b) Tell the patient that you know what you're doing, and don't interpret what he said, since it doesn't have anything to do with his medical care.
- c) Tell the medical care team that the patient isn't making any sense and doesn't know what he's talking about.
- d) Excuse yourself to the restroom.

5. While interpreting for a patient and her daughter, you become frustrated because the daughter keeps interrupting and engaging in side conversations with the patient. What do you do?

- a) Ask the daughter to stay out of the conversation since she is not the patient.
- b) Interpret the side conversations between the patient and her daughter.
- c) Take this opportunity to answer your pager.
- d) Don't interpret what the patient says to her daughter, since she is not talking to the doctor.

6. You are interpreting for a patient in the medical genetics clinic, and you are concerned that the patient does not understand all of the very technical terminology that the doctor is using. What do you do?

- a) In your interpretation, lower the register of the technical terminology so the patient will understand.
- b) Ask the doctor if she would like to ask the patient if all of the terminology is clear.
- c) Tell the doctor the patient doesn't understand the terminology, and ask her to use simpler terms.
- d) Don't interpret the technical terms since the patient won't understand them anyhow.

7. A patient on the inpatient unit has been newly diagnosed with diabetes. After interpreting for the diabetes education nurse and leaving the patient's room, the nurse asks you if you think the patient understood all of the instructions. What do you do?

- a) Tell the nurse that the patient would be able to let her know, and offer to go interpret that question for her.
- b) Tell the nurse that since you did such a stellar interpretation, you're sure that the patient understood.
- c) Tell the nurse that it's not your job to give your opinion.
- d) Tell the nurse that since the patient didn't ask any questions, that must mean that she understood everything.

8. A patient is being seen for anxiety, and the doctor asks if he has done anything to help improve his symptoms. The patient mentions a traditional remedy that you don't think the doctor will understand. What do you do?

- a) Omit the part about the traditional remedy from your interpretation, since it will just cause confusion.
- b) Interpret everything, and then as the interpreter, suggest that the doctor ask the patient about this traditional remedy, then tell the patient what you just said to the doctor.
- c) Take this opportunity to answer your pager. d) Interpret everything, and don't offer a suggestion that the doctor ask the patient about this traditional remedy.

9. You are interpreting for a patient receiving a diagnosis in the developmental pediatrics clinic, and you are not familiar with the technical terminology that the doctor is using. What is the best course of action?

- a) Let the doctor know that you, as the interpreter, are requesting that she use simpler terms to explain the diagnosis.
- b) Excuse yourself to the restroom.
- c) Tell the doctor the patient doesn't understand the terminology, and ask her to use simpler terms.
- d) Don't worry about interpreting the technical terms since the patient won't understand them anyhow.

10. A patient is hospitalized with a fever and severe stomach pain. The adult daughter is frustrated because after two days and many tests, they still cannot find out what is wrong with the patient. She yells at the doctor in Spanish, "We're going to get out of here and look for someone who knows what they're doing!" She continues to yell and even uses a curse word. You respect the doctor and don't want to offend him by interpreting what the daughter said. What do you do?

- a) Tell the daughter to calm down, and ask that she stop yelling at the doctor.
- b) Tell the doctor that the daughter is very upset about her mother's illness.
- c) Interpret everything that the daughter has said, using the same tone.
- d) Interpret everything that the daughter said, but omit the curse word.

11. You are interpreting for a patient whose doctor just gave her some different options to treat her medical condition. The patient and her doctor agree on a treatment plan, but while you are walking with the patient to the checkout window, she asks you if you think that the treatment plan she chose is really right for her, or if she should reconsider. What do you do?

- a) Offer to talk through the options again with her. After all, she has a right to a change her mind.
- b) Offer to find the medical assistant, and interpret the medical assistant's answer to the patient's question.
- c) Assure the patient that the treatment plan she chose is just fine, and that everything will turn out okay.
- d) Tell the patient that the doctor is already seeing someone else, and suggest that she ask this question during her next visit.

12. You are interpreting for a patient and his medical care team. The patient shouts to you in Spanish, "These doctors have no idea what they're doing! Get me out of here!" What do you do?

- a) Interpret exactly what the patient says to his medical care team.
- b) Assure the patient that the doctors know what they're doing, and don't interpret what he said, since it doesn't have anything to do with his medical care.
- c) Tell the medical care team that the patient isn't making any sense and doesn't know what he's talking about.
- d) Tell the medical care team that the patient is very upset and wants to leave.

13. While interpreting for a patient and her husband, you become frustrated because the husband keeps answering the questions for the patient. What do you do?

- a) Ask the husband to stay out of the conversation since he is not the patient.
- b) Interpret the husband's answers to the doctor's questions.
- c) Politely ask the wife if she should answer the questions instead of her husband.
- d) Don't interpret the husband's answers, since he is not the patient.

14. You are interpreting for a patient in the metabolism clinic, and you are concerned that the patient does not understand all of the very technical terminology that the doctor is using. What do you do?

- a) In your interpretation, lower the register of the technical terminology so the patient will understand.
- b) Ask the doctor if she would like to ask the patient if all of the terminology is clear.
- c) Tell the doctor the patient doesn't understand the terminology, and ask her to use simpler terms.
- d) Don't interpret the technical terms since the patient won't understand them anyhow.

15. A patient on the unit is going to have to administer IV antibiotics to himself after he goes home. You just finished interpreting the pharmacist's instructions to the patient, and after leaving the patient's room, the pharmacist asks you if you think the patient understood all of the instructions. What is the best way to resolve this?

- a) Tell the pharmacist that the patient would be able to let her know, and offer to go interpret that question for her.
- b) Tell the pharmacist that you feel confident that the patient understood, since nobody has ever misunderstood your interpretations in the past.
- c) Tell the pharmacist that it's not your job to give your opinion.
- d) Tell the pharmacist that since the patient didn't ask any questions, that must mean that she understood everything.

Ethics and Standards Key

1.C In this scenario, there isn't a barrier to communication that requires intervention from the interpreter. That is, the interpreter has understood everything the grandmother said, and is able to interpret it effectively to the doctor. While it may be uncomfortable to interpret something we perceive as offensive to the intended receiver of the message, softening or changing the message creates a conflict with our value of accuracy.

2.D In this scenario, A looks like a good answer, because it is true that our value of professionalism says we don't accept gifts. However, not accepting this gift of food may create yet another conflict: The couple may feel offended by your refusal, therefor damaging the trust relationship you have with them. While A would be acceptable, it may leave another conflict unresolved. D offers a resolution: You can accept the gift, while making it clear that they are not giving you a gift in return for interpreter services or special treatment. This is the key: We always want to make it clear that interpreter services are offered to all patients and their visitors, free of charge to them.

What would you do if they offered a gold bracelet? A bottle of tequila? Your hospital or clinic policy probably has some clear guidelines about this.

3.B In this scenario, the patient has asked the question to someone who cannot answer: The interpreter. While it may be true that it's not the interpreter's job to answer questions, answer D still leaves the problem unresolved. That is, this option leaves the patient's question unanswered. B resolves the issue by getting the appropriate person (the nurse) to answer that question, and also avoids the interpreter having to answer a question.

4.A In this scenario, there is no barrier to communication that needs to be addressed by the interpreter. While this is uncomfortable to interpret, because it feels like a personal attack on the interpreter, the appropriate action is to interpret exactly what has been said. Answers B and C violate our value of accuracy.

5.B As interpreters, we are bound to interpret everything to the best of our abilities, and that includes side conversations. From an equality standpoint, we want the doctor to have the same chance to hear side conversations of non-English speakers, just as he would with English speakers. Asking the daughter to stay out of the conversation may be tempting, but this creates a barrier to communication. Again, from an equality standpoint, the daughter should have the same chance an English speaker does to interrupt.

For further thought: How can you avoid the discomfort of interpreting side conversations, so that it doesn't feel intrusive?

6.B In this scenario, unlike the others, the interpreter is concerned that there is a barrier to communication—that the patient doesn't understand the terminology. This requires an intervention from the interpreter. A is in conflict with our value of accuracy, which tells us to be faithful to the register. C may resolve the problem, but here the interpreter is making assumptions about what the patient understands. B resolves the problem by not making assumptions, calling a possible communication barrier to the doctor's attention, then leaving it to the doctor to resolve.

7.A In this scenario, the nurse has a concern about clear communication. While option C is tempting, because it's true that it's not the interpreter's job to give opinions, this option still leaves the original issue—the nurse's concern that the patient understood—unresolved. Option A resolves the issue without putting the interpreter in a position of giving an opinion.

8.B In this scenario, the interpreter is concerned that there is a barrier to communication on the part of the doctor. We can assume that the remedy the patient has mentioned may sound odd to the doctor (such as coining, using tea as eye drops, etc) without the necessary context. This concern for a communication breakdown requires interpreter intervention. The intervention in option B is appropriate since the interpreter suggests that the doctor ask about the remedy, and then maintains transparency with the patient.

9.A In this scenario, the interpreter is concerned that there is a barrier to communication—that the interpreter doesn't understand the terminology. This requires an intervention from the interpreter. In C and D, the interpreter is making assumptions about what the patient understands. A resolves the problem

by not making assumptions about what the patient understands, and calls the doctor's attention to the interpreter's understanding.

10.C In this scenario, there isn't a barrier to communication that requires intervention from the interpreter. That is, the interpreter has understood everything the daughter said, and is able to interpret it effectively to the doctor. While it may be uncomfortable to interpret something we perceive as offensive to the intended receiver of the message, softening or changing the message creates a conflict with our value of accuracy.

11.B While it's true that the patient does need to be walked through the options again, as mentioned in A, the interpreter is not the appropriate person to do that. In C, the interpreter is assuring the patient of the decision, while it should be a medical provider who does this. Both A and C violate our value of impartiality, as the interpreter does not advise or counsel the patient. In D, the interpreter is make a call that the patient should be making—Deciding to wait until the next visit to ask questions. If this were an English-speaking patient, she would be able to ask the medical assistant herself. B resolves the issue so that the patient can access the medical assistant to advise, while the interpreter interprets.

12.A In this scenario, there is no barrier to communication that needs to be addressed by the interpreter. While this is uncomfortable to interpret, because it feels like an attack on the medical staff, the appropriate action is to interpret exactly what has been said. Answers B, C, and D violate our value of accuracy.

13.B In answers A,C, and D, the interpreter is not being accurate and is not interpreting everything that is said. With A and C, remember that if anyone is to ask a family member to not speak or to give the patient a chance to speak, that is the role of the medical provider conducting the interview, and not the role of the interpreter. If multiple people speaking at once is creating a barrier to the interpreter's understanding, that calls for an intervention on the interpreter's part, but that is not the case here. Answer D may seem tempting, since the husband is not the patient. However, in the spirit of transparency, everything needs to be interpreted and the medical provider should have access to family members' comments, answers, and questions, just like they would with English speaking patients and their family members. Answer B accomplishes just that.

14.B In this scenario, the interpreter is concerned that there is a barrier to communication—that the patient doesn't understand the terminology. This requires an intervention from the interpreter. A is in conflict with our value of accuracy, which tells us to be faithful to the register. C may resolve the problem, but here the interpreter is making assumptions about what the patient understands, and may cause more problems. In D, the interpreter is again making an assumption and does not have the right to edit the message this way. B resolves the problem by not making assumptions, calling a possible communication barrier to the doctor's attention, then leaving it to the doctor to resolve.

15.A In this scenario, the pharmacist is asking a question that only the patient can answer. In answers B and D, the interpreter is making assumptions about what the patient understood. While C is true, the interpreter can't offer an opinion, the issue is still unresolved: The pharmacist doesn't know if the patient understood. In A, the pharmacist is able to ask the patient the question through the interpreter.

Terminology

1. Which healthcare provider specializes in the stomach and intestines?
 - a) endocrinologist
 - b) gastroenterologist
 - c) pediatrician
 - d) oncologist

2. A doctor orders a test in which the patient will lie still while a scan with radiation is used to produce slices of images of part of the patient's body. Which test is this?
 - a) EEG, or electroencephalography
 - b) CT Scan, or computerized tomography
 - c) MRI, or Magnetic Resonance Imaging
 - d) X-rays

3. A doctor asks her patient if she's been taking any analgesics. What are analgesics?
 - a) Medicine to reduce stomach acid
 - b) Medicine for high blood pressure
 - c) Medicine to reduce swelling
 - d) Medicine for pain

4. Which disorder would a cardiologist treat?

- a) atrial fibrillation
- b) acid reflux
- c) eczema
- d) hemophilia

5. Which disorder would a neurologist treat?

- a) sickle cell disease
- b) hypoglycemia
- c) encephalitis
- d) sarcoma

6. A doctor is consenting a patient for a procedure to have his gall bladder removed. What procedure will the patient undergo?

- a) gastrostomy
- b) dialysis
- c) catheterization
- d) cholecystectomy

7. A doctor tells a patient she suspects he has cystitis. What is a lower-register word for cystitis?

- a) inflammation of the bladder
- b) kidney stones
- c) irritable bowel syndrome
- d) lactose intolerance

8. A patient is being seen for hepatitis. Which organ is affected by this disease?

- a) intestines
- b) kidneys
- c) liver
- d) pancreas

9. A patient is at his weekly appointment with the pharmacist because he takes anticoagulants. What are the anticoagulants?

- a) blood thinners
- b) pain medicine
- c) tranquilizers
- d) cholesterol medicine

10. A patient is talking to his doctor about managing hypoglycemia symptoms. What is hypoglycemia?

- a) high blood sugar
- b) high cholesterol
- c) low blood sugar
- d) low cholesterol

Terminology Key

1.B *Gastro-* is the root word for stomach, and *entero-* is the root word for intestines.

2.B

3.D

4.A *Cardio-* is the root word for heart, and the atrium is part of the heart.

5.C Neurologists treat disorders of the brain, and *encephalo-* is the root word for brain.

6.D *Cholesysto-* is the root word for gall bladder, and *-tomy* is the suffix that indicates something is being cut out.

7.A *Cysto-* is the root word for bladder and *-itis* is the suffix for inflammation.

8.C *Hepato-* is the root word for liver, and *-itis* is the suffix for inflammation.

9.A

10. C *Hypo-* is the prefix for under or low, and *glyco-* is the root word for sugar.