

Study Guide for the Medical Performance Test

Board for Evaluation of Interpreters (BEI)

**Texas Health and Human Services Commission
Deaf and Hard of Hearing Services**

Revised October 2025



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Revised as of October 2025

This study guide was originally prepared in 2016 by the National Center for Interpretation Testing, Research and Policy at the University of Arizona for the Health and Human Services, Deaf and Hard of Hearing Services (formerly Department of Assistive and Rehabilitative Services, Division for Rehabilitation Services). Contact information and hyperlinks have been updated as needed.

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Foreword and Acknowledgments

This study guide was prepared by the National Center for Interpretation Testing, Research, and Policy at the University of Arizona (UA NCITRP).

Its purpose is to provide user-friendly information about the Board for Evaluation of Interpreters (BEI) interpreter certification process for medical interpreters, which is administered by the Texas Health and Human Services Commission, Deaf and Hard of Hearing Services (HHSC DHHS). The guide contains information about the Medical Performance Test, including the test's development, testing process, and sample tests.

We hope that this study guide will facilitate your participation in the testing process. If you have questions after you have read the study guide, please contact the BEI staff at (512) 438-4880 or dhhs.bei@hhs.texas.gov.

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1. Chapter: The BEI Interpreter Certification Process

1.1 Background

The BEI certification process ensures that state-certified interpreters and transliterators of American Sign Language (ASL) or English in Texas meet the BEI's minimum proficiency standards for successfully carrying out the responsibilities of a state-certified interpreter. To this end, the BEI has developed the Medical Interpreter Performance Test.

The procedures used to create the Medical Performance Test provide an empirical basis for the BEI interpreter certification process, ensuring the test's validity in assessing the interpreting proficiency of candidates.

In the field of interpretation as a whole, interpreter advocates for persons who are deaf and hard of hearing have led the way in establishing state-of-the-art interpreter training curricula and certification standards and in cultivating legislative support for those efforts. The state of Texas has been at the forefront of this movement. In 1980, the Board for Evaluation of Interpreters was created within the Texas Commission for the Deaf and Hard of Hearing (TCDHH—now HHSC DHHS). . The BEI Board, made up of seven members appointed by TCDHH, established Texas' first interpreter certification system, which has operated for over 30 years and has provided for testing and certifying interpreters at five distinct certification levels. This was also the nation's first state interpreter certification program as well as the first established by a state agency.

In 2000, TCDHH began reviewing its current BEI interpreter certification system and, in February 2001, decided to develop a new BEI testing program. That was followed by a solicitation for proposals to conduct a job analysis on currently certified interpreters and to redesign the ASL English interpreter certification system. TCDHH's goal was "to achieve a valid and reliable certification program of the highest quality and one which would be fair to candidates."

In May 2001, a contract for test development was awarded to the National Center for Interpretation Testing, Research, and Policy at the University of Arizona (UA NCITRP). This resulted in a new two-part certification process in 2006 at the Basic, Advanced, and Master levels to ensure that individuals working in the state of Texas

as certified ASL English interpreters meet the BEI’s minimum proficiency standards for successfully discharging the responsibilities of a state-certified interpreter.

In May 2014, DARS DHHS (now HHSC DHHS) issued an invitation for bid, soliciting proposals for the development of an ASL English Medical Performance Test.

In August 2014, DARS DHHS contracted with UA NCI for the development of a performance test for medical interpreters. DARS DHHS created an expert panel—drawn from experts in ASL English medical interpretation—to serve as the primary source of content knowledge for a job analysis and to provide subject matter expertise on test development issues.

These panel members included leading educators, interpreters, consumers who are deaf, and community activists with exceptionally broad and deep collective experience in all areas of language services for persons who are deaf.

The members of the expert panel worked with DARS DHHS and UA NCI staff members to identify the knowledge, skills, abilities, and talents required to successfully complete the tasks performed by BEI-certified interpreters in the medical setting.

The purpose of the job analysis was to empirically establish the parameters that a medical interpreter certification test must possess to ensure that certified interpreters have the ability to successfully serve the deaf and hard of hearing community in Texas. The job analysis was formed by two sources: (1) the expert panel and (2) a wide survey of incumbent interpreters in Texas.

This empirical process identified the knowledge, skills, abilities, and talents essential to the job of a BEI-certified medical interpreter and ensured that the findings of the job analysis—combined with the opinions of BEI subject matter experts and practitioners and the testing expertise of UA NCI—established the content domain (the linguistic content and settings) of the certification testing instrument and provided evidence of content validity. These empirical determinations became the foundation for the newly established Medical Performance Test. Through this process, the knowledge, skills, abilities, and talents identified as essential to the job of a BEI-certified medical interpreter will be directly tested.

1.2 How to Use This Study Guide

The BEI Medical Performance Test is a criterion-referenced evaluation. This means that interpreter proficiency is measured according to standards of minimum

competency set by certified and practicing interpreters, language and testing specialists, and the BEI.

This study guide does **not** provide instruction; its purpose is to familiarize you with the general format, content, and evaluation criteria used in the test. We intend the certification process to test only your interpreting proficiency.

The study guide is **not** intended to substitute for techniques to enhance interpreting proficiency, such as academic preparation or years of professional or practical experience. As with any other proficiency or criterion-referenced examination, one cannot open a book or follow a set of procedures to achieve the standard of performance necessary.

1.3 Eligibility Requirements

Eligibility for a BEI Medical certificate is governed by [HHS DHHS BEI policy](#). Eligibility criteria are established to ensure compliance with state requirements. Because eligibility requirements are subject to change, this study guide does not list specific criteria.

Staff must refer to the official [HHS DHHS BEI policy](#) as the authoritative source when determining or reviewing eligibility. Always use the most current version of the policy available.

If questions arise regarding eligibility, applicants should consult BEI staff before applying.

2. Chapter: About the Medical Performance Test

The Medical Performance Test is a criterion-referenced test of the three interpretation modes most commonly used by medical interpreters in Texas.

The modes are as follows:

- **Simultaneous Interpreting**—rendering spoken English into ASL (or ASL into spoken English) at the same time that the person is speaking or signing
- **Consecutive Interpreting**—interpreting a two-person dialogue where sign language is rendered into spoken English and spoken English is rendered into sign language after each speaker has finished his or her utterance
- **Sight Translation**—reading and rendering a written English document into ASL

2.1 Reliability

To ensure that the test is reliable, both the testing procedure and the scoring of the test are standardized. Standardization requires that the length of the test, the difficulty of the test, and the testing process be uniform for all candidates, regardless of where or by whom the test is administered. Each candidate receives the same instructions and test stimuli, according to specified administration procedures.

Furthermore, the structure of the exam stimuli and objective scoring system employed in the test enables accurate and consistent scoring, which improves the exam's statistical inter-rater reliability, overall reliability, and validity.

2.2 Validity

The validity of the performance test is important because of the significant impact that interpretation has on the people who use it. The major criterion for a functional test of proficiency is that the skills tested should be related to real-life situations. For this reason, the BEI Medical Performance Test is based on both the experience of practicing interpreters and the empirical research of testing experts.

In many cases, a typical evaluation of interpretation is based solely on subjective assessment. However, for this examination a two-part system is used to ensure the validity of the test, including both objective and subjective assessments.

2.3 Pilot Test

To determine the reliability and validity of test items, the performance test was piloted to a small population. The data collected from the administration of the pilot examination was used to refine the format and content of the performance test. The final version of the performance test was then produced and based upon the information gathered from the pilot data.

2.4 Rater Training

To ensure inter-rater reliability, raters participate in a training program for the content evaluation part of the test. The training program includes scoring practice with a number and variety of renditions. The raters are made aware of varieties in language use and are instructed to accept appropriate variations if they meet all other test criteria.

2.5 Test Day Requirements

Arrive at least 30 minutes before the scheduled appointment.

Bring only photo identification to the site.

If you arrive later than 15 minutes after your scheduled appointment, you forfeit the testing opportunity and fees.

2.6 What to Expect While Taking the Medical Performance Test

The Medical Performance Test is administered by a designated proctor, which may be a BEI staff member. The proctor will meet you in the waiting area and ask you for proper identification before asking you to sign a Commitment to Confidentiality statement. By signing the confidentiality statement, you are acknowledging that you are prohibited from discussing or divulging the contents of the testing materials. This includes topics, subject matter, vocabulary, specific signs, and identity of individuals displayed on the tests. Breach of the confidentiality statement or cheating or compromising the integrity of the BEI tests is grounds for denying an application or suspending or revoking an interpreter's certificate. Texas BEI will

investigate anyone alleged to have gained unauthorized access to confidential testing materials and will seek to recover the costs necessary to develop new testing materials.

You will be escorted into the testing room. You have the option of standing or sitting when taking the performance test. Since the entire performance test is recorded, you are asked to state a candidate code number provided by the proctor for the record. You have the opportunity to ask questions following the general introduction.

The test begins with a general introduction. It also contains specific instructions before each part of the test. Samples of these introductions are reprinted in Chapter 5: Sample Medical Performance Test, which also contains information about the warm-up, one-minute pause, and each part of the performance test.

Once the test begins it **cannot be stopped**, rewound, or replayed, but may be paused between sections. You are advised to continue interpreting throughout. If you encounter a particularly challenging portion of the scenario, do not allow yourself to fall behind.

Doing so is likely to result in omitting language that you might otherwise render appropriately. If you are uncertain about a word or expression, do not allow yourself to become distracted, as it is important to keep pace with the recording.

Remember that the performance test simulates actual interpreted medical appointments. In actual medical encounters, interpreters sometimes intervene to accommodate for culture issues, clarification, or technical language; however, for testing purposes the candidate is expected to interpret all information on the test according to the instructions so that the intent, tone, and the language level of the speaker, signer, and/or 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. (The “source language” is the language in which the original message is conveyed, and the “target language” is the language into which the message is interpreted.)

For example:

- appropriate colloquialisms should be used, if they were used in the source language;

- 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";
- all of the source language message should be interpreted. The message in the target language should be equivalent to the source language message; and
- the source language message should be interpreted in the first person, not the third person, if the text clearly calls for the first person; for example, if the speaker says "My name is John Stevens," you:
 - ▶ provide the interpretation in the first person, "My name is John Stevens;" and
 - ▶ do not provide the interpretation in the third person, "His name is John Stevens."

3. Chapter: Overview of the Medical Performance Test

The Medical Performance Test has several factors which add to its complexity:

- Complexity of the language
- Complexity of the topics and/or settings
- Speed of the speaker or signer

These factors were identified empirically, as described in Chapter 1: The BEI Interpreter Certification Process.

In every section of the test, you are presented with a **stimulus**, which is either a recording or a written document. As with all interpreted encounters, you are asked to interpret from the stimulus' **source language** into the **target language**.

Throughout all sections of the test, your 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 you produce should conserve everything that is conceptually relevant to the meaning of the original message.

The criteria for determining whether the source language is interpreted into the target language appropriately is discussed in detail in Chapter 4: Evaluation of the Medical Performance Test.

3.1 Test Content

The content of the Medical Performance Test focuses primarily on the language found in a variety of complex high-stakes medical settings, such as doctor- patient interactions and medical appointments, as determined by an empirical job analysis of medical interpreting in Texas. Examples of possible topics include interactions that occur between doctors and patients, covering a variety of health topics, as well as a variety of information that appears on patient intake, discharge, and other instructional documents in the medical setting.

3.2 Overview of Test Sections

The Medical Performance Test includes the following sections.

Medical Terminology

The Medical Terminology section consists of two parts. In the first part, you will consecutively interpret into English a series of medical concerns signed by a patient in ASL. In the second part, you will consecutively interpret into ASL a series of statements made by a healthcare professional in English. There is a pause after each person's statement or question that gives enough time for you to render your interpretation. Since this portion of the test is a "true" consecutive exercise, you are to interpret the source language message **after** the speaker or signer has finished a rendition. The pause is timed to be long enough to allow an interpreter to complete the interpretation before the start of the next statement or question. In the event that the next statement or question begins before you complete your interpretation, it may be to your advantage to end your interpretation and attend to the new utterance so that you do not fall behind.

This section contains prompts on the screen to "Listen Only" when the source is signing or speaking and "Interpret Now" when there is a timed pause for your interpretation. If you wish, you may take notes during the consecutive portions of the test. However, please remember that the timed pauses are calibrated to give you enough time to interpret, but do not provide extra time to study notes or continue taking notes after the source message is finished. Therefore, you should plan on beginning your interpretation when you see the words "Interpret Now" on the screen.

Simultaneous Interpreting (English to ASL)

Two sections on the test require simultaneous interpreting from English to ASL. You are expected to watch a recording and render the speaker's English into ASL.

Simultaneous Interpreting (ASL to English)

One section on the test requires simultaneous interpreting from ASL to English. You are expected to watch a recording and render the signer's ASL into English.

Consecutive Interpreting

There is one consecutive interpreting section on the test. It consists of a two-person dialogue, and you are expected to watch a recording and render one interlocutor's spoken English into sign language and the other interlocutor's sign language into spoken English. There is a pause after each person's statement or question that gives enough time for you to render your interpretation. Since this portion of the test is a "true" consecutive exercise, you are to interpret the source

language message **after** the speaker or signer has finished a rendition. The pause is timed to be long enough to allow an interpreter to complete the interpretation before starting the next statement or question. In the event that the next statement or question begins before you complete your interpretation, it may be to your advantage to end your interpretation and attend to the new utterance so that you do not fall behind.

This section of the test contains prompts on the screen to “Listen Only” when the source is signing or speaking and “Interpret Now” when the person receiving the interpretation is on the screen. If you wish, you may take notes. However, please remember that the timed pauses are calibrated to give you enough time to interpret, but do not provide extra time to study notes or continue taking notes after the source message is finished. Therefore, you should plan on beginning your interpretation when you see the words “Interpret Now” on the screen.

Sight Translation

There is one sight translation on the test because the job analysis conducted by the University of Arizona National Center for Interpretation, Testing, Research, and Policy (UA NCI) indicated that Texas medical interpreters for the deaf and hard of hearing are frequently required to sight translate written documents from English to ASL.

Because the source language is written rather than spoken or signed language in this part of the test, there is no pre-recorded video stimulus. Instead, at the beginning of this part, you are instructed to read a short, **written** English document and interpret it into ASL for a person who is monolingual.

3.3 General Introduction to the Test

The Medical Performance Test begins with the following general introduction:

The purpose of this introduction is to familiarize you with the structure of this assessment. The test consists of six parts. They are:

- A. Consecutive Interpreting (A1 and A2)
- B. Simultaneous Interpreting
- C. Simultaneous Interpreting
- D. Simultaneous Interpreting
- E. Consecutive Interpreting

F. Sight Translation

For Part A1 – Consecutive Interpreting, you will watch 10 sentences signed by a patient who is expressing medical concerns, and you will consecutively interpret each one into English.

For Part A2 – Consecutive Interpreting, you will hear 10 English sentences spoken by a medical professional, and you will consecutively interpret each one into ASL.

For Part B – Simultaneous Interpreting, you will be listening to a spoken English source and will be expected to render an equivalent message in ASL.

For Part C – Simultaneous Interpreting, you will be listening to a spoken English source and will be expected to render an equivalent message in ASL.

For Part D – Simultaneous Interpreting, you will be expected to render an ASL source into an equivalent message in spoken English.

For Part E – Consecutive Interpreting, which is a dialogue between a doctor and a patient, you will be expected to render the spoken English into an equivalent message in sign language, and the sign language into an equivalent message in spoken English.

For Part F – Sight Translation, you will be reading from a printed English source and will be expected to render an equivalent message in ASL.

Your performance will be video recorded for scoring purposes. Each part of the test will be preceded by a brief introduction, which will identify the topic and setting, as well as remind you of the expected target language. Five of the test parts will be followed by a short warm-up designed to acquaint you with the specific communication style of the source. Raters do not score the warm-up.

Each part will contain a prompt that alerts you when to begin interpreting.

If at any time you are unable to see or hear the source clearly, please notify the proctor immediately so the problem can be corrected. Once the exam begins it may NOT be stopped. This concludes the introduction. If you need additional clarification, please ask the proctor at this time.

3.4 Part-By-Part Test Instructions

Before each part of the performance test, you will listen to an introduction. Each introduction provides you with some information about the content of that part of

the test, as well as information about the interpretation setting and who the client is.

The following is a sample of an introduction for the Simultaneous Interpreting part of the test:

Introduction: This is the Simultaneous Interpreting part of the test. You have been asked to interpret for a doctor who is speaking to a patient who is deaf and uses ASL about her diagnosis. You are to simultaneously interpret the doctor's spoken English into ASL for the patient. You will be given a warm-up to become acquainted with the content of this part of the test, followed by a one-minute pause. Your performance during the warm-up will NOT be scored.

3.4.1 Warm-up Section

Following the introduction, there is a warm-up section for each part (except for the Sight Translation). The **warm-up** consists of the beginning portion of the scenario. This provides you with more information, such as who is speaking or signing, what topics are being discussed, and where the presentation is taking place. You can choose to interpret or simply watch the warm-up. The warm-up section is not scored; it is included to introduce the content of the script and to give you the opportunity to think about the context and topic of the scenario and to prepare to interpret the rest of the scenario.

3.4.2 One Minute Preparation

Following the recorded warm-up, you are given one minute to prepare for your interpretation. It may be to your advantage to take some time and think about who is speaking, where they are speaking, and the topic that is being presented. This may help you to interpret more accurately and to improve your processing time. After this one-minute pause, the actual test will be introduced with the words, "Begin Interpreting Now," after which you will be expected to interpret. Once the test has begun playing, it may **NOT** be stopped, rewound, or replayed. Be sure to **continue interpreting** throughout. If you are uncertain about a word or expression, do not allow yourself to become distracted, as it is important to **keep pace with the test**.

3.4.3 Sight Translation

The final part of the test is the **Sight Translation**. It differs from the other parts of the test in that it does not include a recorded stimulus. At the beginning of this part, you are instructed to sight translate a short, written English document into

ASL for a person who is monolingual. Following is a sample of the introduction to the Sight Translation:

Introduction: This is the Sight Translation part of the test. You have been asked to sight translate a medical document written in English for a monolingual ASL user. You will have a total of seven minutes to prepare and deliver your sight translation. You may start your sight translation when you wish, but if you have not started in two minutes, the proctor will instruct you to begin.

Note that this part of the test is timed. It may be to your advantage to review the written English document completely before beginning your rendition, so that you are familiar with the full context of the message. If you have not begun your rendition within two minutes, you will be instructed by the proctor to do so. Keep in mind that you have the document available to you throughout this part of the test.

3.5 Test Format

Table of Test Parts, Mode of Interpretation, and Time Allotted – MEDICAL

Test Part and Mode	Language	Time
A – Medical Terminology in Context – Consecutive Interpreting	ASL to English (50%) English to ASL (50%)	3 minutes 3 minutes
B – Simultaneous Interpreting (Doctor speaking)	English to ASL	4 minutes
C – Simultaneous Interpreting (Doctor speaking)	English to ASL	4.5 minutes
D – Simultaneous Interpreting (Patient signing)	ASL to English	4.5 minutes
E – Consecutive Interpreting (Doctor-Patient interview)	English to ASL and ASL to English	17.5 minutes
F – Sight Translation (Medical document)	English to ASL	7 minutes

Total Time: Approximately 60.5 minutes (includes time for introductions, warm-ups, and instructions)

4. Chapter: Evaluation of the Medical Performance Test

4.1 What the Test Measures

Your performance on the test is scored in two ways: **objectively** and **subjectively**. This two-part assessment system provides a reliable, fair, and valid device for certification of interpreters. Your performance will be evaluated by a team of raters.

The performance test assesses your interpreting proficiency along the following four dimensions:

- **Interpreting Proficiency:** The ability to meaningfully and accurately understand, produce, and transform ASL and spoken English to and from the other language in a culturally appropriate way.
- **Adaptability:** The level of resourcefulness you display in adapting to changes, patterns, and challenges in the text.
- **Delivery:** The ability to maintain appropriate delivery, pacing, coherence, and composure consistently throughout the interpretation.
- **Pronunciation and Fluency:** Pronunciation is the ability to produce spoken language, including accurate English 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 and the clarity of signs.

Of these dimensions, Interpreting Proficiency is assessed through an objective assessment mechanism (as described below). The remaining three dimensions are scored holistically through a subjective assessment system.

4.2 The Scoring System

The scoring system used in the performance test is based on an innovative system that has set the standard in language proficiency testing in the field of interpretation.

The purpose of this scoring system is to provide a replicable, fair, and valid device for assessing the interpreting proficiency of candidates for certification. The function

of this system is to assess a speaker's accuracy in transforming **meaning** from the source language and conveying the same **meaning** in the target language.

There are two parts to the system: objective assessment and subjective assessment. The objective assessment is used specifically to determine a candidate's interpreting proficiency. The subjective assessment supplements this by holistically evaluating a candidate's performance along several other linguistic dimensions.

Each type of assessment is discussed below.

4.2.1 Objective Assessment

A candidate's level of interpreting proficiency is objectively determined by how many

Objective Scoring Units the candidate renders appropriately.

Objective Scoring Units are contained in every part of the exam. They represent significant words, phrases, and clauses that are critical, as determined by the job analysis and the expert panel. These include specialized terminology, register variation, rhetorical features, general vocabulary, grammatical structures, and appropriate sociocultural discourse, as well as features specific to ASL, such as:

- the use of classifiers and non-manual markers;
- the accuracy of fingerspelling; and
- the use of sign space and grammatical space.

In Chapter 5: Sample Medical Performance Test, Scoring Units are identified by underlining and superscripted numbers; for example, "coughing up¹," as found in Sample #1. These scoring units are distributed throughout the test.

The basic criterion of the objective scoring system is **meaning**. The raters assess whether the interpretation was rendered in a way that communicates the full meaning of the original message without distorting or omitting anything that is conceptually relevant to the meaning. Each of the Objective Scoring Units will be assessed according to how well you convey **meaning**. In other words, raters are assessing whether you can communicate the meaning or concept in understandable, coherent, fluent language.

Grammatical perfection is not the goal. The final criterion is whether you can ensure that the client receives information that is complete and comprehensible.

The Objective Scoring Units are scored in strict compliance with established guidelines for accuracy. In the test development process, a large glossary of “acceptable” and “unacceptable” renditions of each scoring unit was established. The acceptability of these renditions depends solely on the semantic meaning being conveyed, rather than on the literal words used. This glossary is not exhaustive. Instead, it serves as a guide to the raters in assessing candidates’ responses. The raters are trained in its use and trained to assess novel renditions not included in the glossary.

The raters reach a consensus on the acceptability of novel responses, which are then added to the glossary. In this way, candidates are afforded an empirically-based, objective scoring system that is still sensitive to dynamic variation in language. The result is the objective assessment of a candidate’s ability to accurately and faithfully convey the meaning of a significant language sample. Chapter 5.1.1: Sample #1 Acceptables and Unacceptables Tables includes a table of “acceptable” and “unacceptable” renditions for each underlined Objective Scoring Unit in the script. The renditions are numbered according to the superscripted numbers for reference.

Remember that it is to **your advantage to interpret each scenario completely**. Using your time wisely and interpreting as completely as you can is the best possible approach to the test.

Following are some examples of the areas covered by the objective scoring system:

Grammar and Word or Sign Order

The raters assess your ability to adhere to grammatical and syntactical accuracy in order to communicate without obscuring or distorting meaning.

Consider for instance, the English statement "If I had had it, I'd have given it to you." This sentence conveys two important parts of its meaning. First, the “if” signals the contrary-to-fact utterance. It is important that the phrase be interpreted in a way that conserves the implication that the speaker did not have the object at the time in question but would have given it if he or she had had it. Second, it is important to convey the fact that the event occurred in the past, through the use of tense as appropriate.

Vocabulary and Idioms

The raters evaluate your ability to render the appropriate vocabulary and idioms. This includes words for which there are no sign equivalents, or terms requiring

expansion. You should strive to render the closest and most precise equivalent possible throughout the examination.

For example, if you see the sign gloss SKILL-TALENT-PROFICIENCY, it is important that you choose the appropriate English word that conveys the full meaning. For instance, if you are interpreting for a patient who signs, "For my talent during that evening, I performed knife throwing," it is important to convey the English equivalent for "talent" rather than "proficiency" or "ability."

Conservation of Intent, Style, and Tone

The raters assess your ability to conserve the intent, style, tone, and language level of the speaker. These elements of meaning are conveyed through word or sign choice, mouth movement, and intonation, and in other ways. As an interpreter, you serve as a medium for another person. Therefore, you must make it possible for anyone who is listening to understand what was said as much as possible. For example, if you hear, see, or read **formal** language, you should render the **equivalent formal** language in the target language. By the same token, if you hear, see, or read **colloquial or slang** language, you should render the interpretation in **colloquial or slang** language. Your interpretation may be considered incorrect if the level of the language is not conserved.

For example, if you hear, see, or read the statement "I'll be seeing you," it would be acceptable to render that as, "See you later," or "So long," or "See you around."

However, "Farewell" or "Until we meet again" are unacceptable renditions because they do not conserve the level of language.

Conservation of Register

An essential component of meaning that must be conserved is **register**, which is a term that means the use of a particular variety of language according to the context. For example, we call the kind of language used in the medical profession the "medical register," which is composed of the special vocabulary, terms of art, and turns of phrase used in the medical profession. Specialized registers are attached to the language of many professions and occupations such as law, engineering, and academia.

Additionally, register refers to the **language styles** we use in different situations and contexts. For example, the formality of our speaking style varies depending on the person we are talking to, and his or her age, culture, education, gender, and social status. We all use different language styles, depending on the speech

situation we are in. We speak differently to our friends than we do to our professors. A doctor who is trying to help a patient understand something will “lower” the register of her speech to make herself more comprehensible. The linguist Martin Joos wrote that English has the following five levels of register, or formality. While in the medical field, it is understood that the interpreter can be an advocate or a clarifier for the patient who is deaf or hard of hearing, in this test, we are looking for conservation of the language style and tone.

1. **Frozen Language** is static language that never changes, for example:

- A. “If it is given me to save a life, all thanks.” (the Hippocratic Oath)

- B. “Four score and seven years ago ...”

Frozen language also includes prescribed uses of language, such as the expression sometimes used in the medical setting, “The patient presented with ...”

2. **Formal Language** is the kind of language used by a speaker giving a lecture or making a presentation. In this style, the sentence structure is complex and there is little interaction between the speaker and the audience. For example:

- A. “The patient presented with a headache localized at the right temple and nausea.”

- B. “The importance of early intervention for students with learning disabilities cannot be overemphasized.”

3. **Consultative Language** is the kind of language used by teachers, doctors, technicians, and other experts who are explaining a concept or a procedure using some technical terms, but at the same time, interacting with the audience or person. For example:

- A. “What other symptoms have you had besides nausea and headache?”

- B. “It is so important to take advantage of every educational opportunity for your son.”

4. **Colloquial Language** is the kind of language used in “everyday” conversation. Easily understood language is used, and if technical terminology is used, it is explained and examples are given. Colloquial language tends to use more idiomatic expressions and slang in the interest of being understood. For example:

- A. “I feel like somebody put my head in a vice, and I feel sick to my stomach.”

B. "I want to do whatever I can to help him make the grade."

5. **Intimate Language** is the kind of language used between very close friends and family members. Because there is an intimate relationship between people in the conversation, there is less attention paid to specific references. Often intimate language is "non-referential," meaning that what a pronoun refers to may not be obvious. For example:

A. "It's killing me and I feel like I'm totally going to do that."

B. "I told you that would happen if you didn't stop."

Home signs are also an excellent example of intimate register.

Other Considerations

What is the impact of using a high register with a person who may be uneducated? Usually, the effect is that you are excluding the person from truly understanding your explanation and in effect "withholding" information instead of sharing it. Therefore, people usually lower the register when they know that the person they are talking to may not have the educational or cultural background to understand technical explanations. This is not because of a lack of intelligence; it is simply a lack of the experience of technical vocabulary.

If you are speaking to a child, would you use a low or high register? We speak to children differently than we speak to adults. What are those differences? We speak to an elderly woman or man differently than we would to a young adult.

Keep this kind of speech style in mind during the examination, as you will be expected to adjust to different registers to foster effective communication.

4.2.2 Subjective Assessment

There are three general categories of subjective assessment in the performance test:

- Adaptability
- Delivery
- Pronunciation and fluency

Your entire performance for **each part of the test** is assessed holistically. Each category is assessed using a three-point scale.

Adaptability

Adaptability is the level of resourcefulness the candidate displays in adapting to changes, patterns, and challenges in the text.

Adaptability is scored as follows:

- **1 point** (Fails to Meet Expectations)—consistently fails to adapt to changes in the pattern of a passage; overreliance on circumlocution
- **2 points** (Meets Expectations)—occasionally fails to adapt to changes in the pattern of a passage; some overreliance on circumlocution
- **3 points** (Exceeds Expectations)—always adapts to changes in the pattern of a passage

Delivery

Delivery is the ability to maintain appropriate delivery, pacing, coherence, and composure consistently throughout the interpretation.

Delivery is scored as follows:

- **1 point** (Fails to Meet Expectations)—consistently fails to maintain appropriate delivery, pacing, coherence, and composure throughout the interpretation
- **2 points** (Meets Expectations)—occasionally fails to maintain appropriate delivery, pacing, coherence, and composure throughout the interpretation
- **3 points** (Exceeds Expectations)—maintains appropriate delivery, pacing, coherence, and composure throughout the interpretation

Pronunciation and Fluency

Pronunciation is the ability to produce accurate phonology using appropriate rhythm, stress, and intonation. Fluency is the ease with which a candidate can produce native- like language. The assessment of fluency includes the degree of hesitation and clarity of signs.

Pronunciation and fluency are scored as follows:

- **1 point** (Fails to Meet Expectations)—consistently speaks or signs with hesitation and often needs to repair interpretation, which interferes with communication; approaching acceptable pronunciation and clarity of signs

and the use of rhythm, stress, and intonation, but makes frequent errors that interfere with meaning

- **2 points** (Meets Expectations)—occasionally speaks or signs with hesitation and needs to repair interpretation, but speech or ASL is intelligible even with errors; has acceptable pronunciation and clarity of signs and the use of rhythm, stress, and intonation that does not interfere with meaning
- **3 points** (Exceeds Expectations)—speaks or signs without hesitation; rarely needs to repair interpretation; has native or native-like pronunciation and clarity of signs and use of rhythm, stress, and intonation; and is easy to understand

4.2.3 Notification of Test Results

You will receive your test results from Texas BEI within 90 days after taking the Medical Performance Test. If the results will be delayed, the Texas BEI rating coordinator will notify you.

If you are awarded medical certification:

- you will be notified by email or regular mail;
- you will receive a certificate, a wallet-sized card, and information about applicable laws, rules, and policies that pertain to the requirements for annual certificate renewal and five-year recertification; and
- your name will be added to the database of certified medical interpreters.

If you are not awarded medical certification:

- you will be notified by email or regular mail;
- you must wait six months after the test was administered to retake the test;
- you will submit a new application and fee to retake the test; and
- you must comply with all eligibility requirements.

The notification letter contains valuable feedback about test results and provides information for getting training before retaking the test. Use this Study Guide for Medical Interpreter Certification to understand the rating criteria.

5. Chapter 5: Sample Medical Performance Test

In this section of the study guide, you will find samples of the kind of scenarios you will be asked to interpret for the BEI Medical Performance Test.

Sample #1 indicates the types of sentences in ASL and English that appear on the first part of the test, Medical Terminology. (On the actual test, this part will be longer and take about six minutes.) You are instructed to interpret each ASL and ASL medical phrase consecutively. In the sample, items are underlined to indicate Objective Scoring Units. Following the sample, you will find a grid with an initial glossary of acceptable and unacceptable English renditions of the ASL scoring unit and ASL renditions of the English scoring unit. These are included to help you understand what the raters will look for in your renditions.

When you take the actual test, you will be watching and listening to these sentences, rather than reading them. Therefore, to help you prepare for the test, we recommend that you have someone read these phrases aloud to you or, better yet, have someone videotape each one for your use. You may then want to record your own performance for review. This exercise may be worth carrying out several times before you actually read the sample for yourself. When you do read the sample phrases directly, you may want to compare your renditions to the task you are asked to perform. Pay particular attention to the underlined examples of Objective Scoring Units.

Ask yourself the following questions:

- Did I interpret each of the scoring items without omitting any aspect of meaning?
- Was my rendition complete, or was there more to say that I left out?
- Was the terminology I used appropriate, or did I instead describe the concept?
- What other ways can I 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.

Sample #2 is a short English to ASL interpreting scenario (the actual simultaneous scenario will be longer and take about four minutes). You are instructed to render it simultaneously. It includes an introduction, a warm-up, and the interpreting scenario. Throughout the scenario, words, phrases, and clauses are underlined to indicate Objective Scoring Units. A glossary of acceptable and unacceptable renditions is not included for Sample #2, but as an exercise it may be useful to create your own.

Remember, in the actual test, you will be watching and listening to this scenario rather than reading it. We recommend that you record several of your ASL renditions of the exercise. Follow the process outlined above and ask yourself the same series of questions as you review your renditions.

Because of the nature of ASL, we are unable to provide sample scripts for the ASL to English simultaneous portion of the test. You may want to have a colleague record an ASL version of one of the sample scripts, or of other medical scenarios, and use that recording as a source for practicing your ASL to English interpreting skills. For the types of topics that might be useful to record, see Chapter 3: Overview of the Medical Performance Test.

Sample #3 is a short consecutive interpreting scenario (the actual consecutive scenario will be longer and take about 17.5 minutes). It includes an introduction, a warm-up, and the interpreting scenario. A recommended timed pause for your interpretation is included after each question and answer. As with Sample #1, words, phrases, and clauses are underlined to indicate Objective Scoring Units. Again, we are unable to provide the responses in this dialogue in ASL, but an English version is provided along with scoring units. You may want to have a colleague help you translate the ASL portion and record this consecutive script, or another medical consecutive script, and use that recording as a source for practicing your consecutive interpreting skills. We recommend that you record your rendition of this exercise and then, following the process outlined above, ask yourself the same series of questions as you review your rendition. A glossary of acceptable and unacceptable renditions is not included for Sample #3, but as an exercise it may be useful to create your own.

Sample #4 is an example of the Sight Translation part of the test. It is approximately the same length as the actual Sight Translation on the test. The example is printed here twice. The first copy is an unmarked example. The second copy contains examples of underlined Objective Scoring Units. We recommend that you record several of your ASL renditions of the exercise using the unmarked copy before you look at the marked copy. A glossary of acceptable and unacceptable

renditions is not included for Sample #4, but as an exercise it may be useful to create your own.

5.1 Sample #1

Introduction: This is the Medical Terminology part of the exam. It consists of two parts. In Part 1, you will watch 10 ASL sentences (one ASL sentence in this sample) signed by a patient who is expressing medical concerns, and you will consecutively interpret each one into English. In Part 2, you will hear 10 English sentences (one English sentence in this sample) spoken by a medical professional, and you will consecutively interpret each one into ASL. Do not interpret any rendition simultaneously. There is a timed pause on the recording after each rendition for you to render your interpretation. If the signer or speaker begins the next rendition before you have finished your interpretation of any sentence, it is to your advantage to focus on the next rendition. You will be given a warm-up to become acquainted with the content of both parts of this section, followed by a one-minute pause. Your performance during the warm-up will NOT be scored.

ASL Into English Warm-up

- a. When the weather is cold and rainy my nose always runs a lot.

English Into ASL Warm-up

- a. Precisely how long ago did you start having spasms in your lower back?

*You will now have **one minute to prepare** for this part of the exam. You will be prompted to **begin interpreting in one minute**.*

[One-minute pause] Begin Interpreting Now:

Part A-1: ASL Into English Terminology Interpretation

- a. I went to the doctor yesterday, because I was coughing up¹ some blood.

Part A-2: English Into ASL Terminology Interpretation

- a. After you have your tonsils removed¹, you will gargle from time to time.

5.1.1 Sample #1 Acceptables and Unacceptables Tables

Below is a glossary of possible renditions for each underlined and numbered Objective Scoring Unit. The list of acceptables and unacceptables is not exhaustive, but instead helps to capture the sense and level of complexity expected of the candidate's rendition.

Part A-1: ASL Into English Terminology Interpretation

Superscript #	Scoring Item	Acceptables	Unacceptables
1	coughing up	bringing up; spitting up	throwing up; omission

Part A-2: English Into ASL Terminology Interpretation

Superscript #	Scoring Item	Acceptables	Unacceptables
1	tonsils removed	take out (with appropriate location)	take out or surgery without reference to the location

5.2 Sample #2

Introduction: This is the Simultaneous Interpreting part of the test. You have been asked to interpret for a doctor who is speaking to a patient who is deaf and uses ASL to explain about her osteoporosis. You are to simultaneously interpret the doctor's spoken English into ASL for the patient. You will be given a warm-up to become acquainted with the content of this part of the exam, followed by a one-minute pause. Your performance during the warm-up will NOT be scored.

Warm-up: Good morning Mrs. Jacobs. It's nice to see you again. My name is Dr. Lee and I want to talk to you about your recent fall and resulting injuries. Let's go over what the doctors and nurses reported during your emergency room visit and how we can facilitate your recovery process.

You will now have **one minute to prepare** for this part of the exam. You will be prompted to **begin interpreting in one minute**.

[One-minute pause] Begin Interpreting Now:

The nurse noted that your upper left leg was red and warm¹, and you reported that your pain was very intense. The radiology technician X-rayed your left leg and

confirmed that you fractured² your left femur³. Once the nurse administered pain medication per doctor's orders, she performed a complete physical exam⁴ on you. During the strength testing portion of the exam, she noted that your arms and right leg are significantly weak⁵ and that you are underweight. This may be part of the reason why your femur fractured so easily. I suspect that you may suffer from osteoporosis⁶, a condition in which bones become weak and brittle because the creation of new bone cannot keep up with the breakdown of old bone⁷. This usually affects women after menopause⁸. The risk for osteoporosis increases in individuals who are sedentary and who do not perform enough weight-bearing exercises⁹ to make their bones stronger. I am going to set up a physical therapy consultation¹⁰ to discuss exercise activities appropriate for you and which you can begin once you are completely recovered¹¹. I am also going to order that you be offered nutritional shakes¹² during meal time. There are a variety of flavors to choose from and these will help you improve overall health.

5.3 Sample #3

Introduction: This is the Consecutive part of the exam. You have been asked to interpret an interview between an English-speaking doctor and a patient who is deaf and uses sign language. You are to consecutively interpret the doctor's spoken English into sign language, and the patient's sign language into spoken English. There is a timed pause on the recording after each rendition for you to render your interpretation. If the speaker or signer begins the next rendition before you have finished your interpretation of any segment, it is to your advantage to focus on the new rendition. You will be given a warm-up to become acquainted with the content of this part of the exam, followed by a one-minute pause. Your performance during the warm-up will NOT be scored.

Warm-up:

Q: Hi Mr. Smith. We met last week. My name is Dr. Roberts.

[Pause 7 Seconds for Interpretation Into Sign]

A: Yes, I remember. Thank you for getting me in for another appointment so quickly.

[Pause 9 Seconds for Interpretation Into English]

You will now have **one minute to prepare** for this part of the exam. You will be prompted to **begin interpreting in one minute**.

[One-minute pause] Begin Interpreting Now:

Q: Let's go ahead and start talking about your results. I've reviewed your medical chart¹ and I'm sure you want to know about your X-rays².

[Pause 14 Seconds for Interpretation Into Sign]

A: Well, I'm glad I can finally get some answers. I've been pretty distraught³ this past week.

[Pause 10 Seconds for Interpretation Into English]

Q: When I palpated⁴ the lump in your right groin⁵, and I decided to order an X-ray to rule out anything serious. You'll be relieved to know that what you were worried may have been a cancerous growth⁶, is actually just a hernia.

[Pause 24 Seconds for Interpretation Into Sign]

A: Thank goodness. I feel so much better. I was afraid it was going to be something much worse⁷ I've heard of hernias before, but what exactly is this round lump⁸?

[Pause 18 Seconds for Interpretation Into English]

Q: It is specifically called an inguinal hernia⁹, due to its location in the groin area. It is one the most common type of hernias for men. The bulge you see is an indication that the layers of flesh¹⁰ that protect your internal organs¹¹ have become weak and allowed inner contents to push through.

[Pause 28 Seconds for Interpretation Into Sign]

A: Well, that sounds pretty bad. Can we reverse¹² this? And what caused it?

[Pause 10 Seconds for Interpretation Into English]

Q: Well, we can fix it with a relatively safe operation. Inguinal hernias are common in someone who does a lot of heavy lifting or straining¹².

[Pause 16 Seconds for Interpretation Into Sign]

A: Well, my wife and I are moving, so that explains the heavy lifting I've been doing lately. How soon can I be operated on¹³?

[Pause 14 Seconds for Interpretation Into English]

5.4 Sample #4 (Unmarked Copy)

Introduction: This is the Sight Translation part of the test. You have been asked to sight translate medical discharge instructions written in English for a monolingual ASL user. You will have a total of seven minutes to prepare and deliver your sight translation. You may start your translation when you wish, but if you have not started in two minutes, the proctor will instruct you to begin.

Begin Sight Translation Now:

Post-Operative and Incision Management Discharge Instructions

The incision from your gall bladder removal should take a few weeks to close back up. In the meantime, you need to take extra care of the incision area to avoid any complications. We recommend that you have some help at home for the next few weeks and follow the instructions below. A social worker can talk with you about services that may be helpful to you.

- No lifting, pulling, or pushing greater than 7 pounds for 48 hours. After 48 hours you may gradually increase activity.
- Alternate rest periods with mild activity.
- Start with clear liquid foods, then advance to regular foods.
- Do not drive, operate machinery, or take sedatives for 24 hours after the procedure.
- Avoid getting your incision wet for at least 24 hours. After that time, you may carefully wash it with soapy water.
- You may experience some itching around the incision. That is normal. Try not to scratch the area. Apply a cold pack as needed to calm the itch.
- the doctor, if you experience any of the changes noted below:
 - ▶ Increased redness around incision area
 - ▶ Leakage of yellow or green pus from the incision
 - ▶ Increased edema
 - ▶ Warm-to-hot skin surrounding the incision
 - ▶ Loose staples

Call your doctor in 7-10 days to report your progress or leave a message at (575) 556- 9776.

5.4.1 Sample #4 (Marked Copy)

Introduction: This is the Sight Translation part of the test. You have been asked to sight translate a medical discharge instruction written in English for a monolingual ASL user. You will have seven minutes, total, to prepare and deliver your sight translation. You may start your translation when you wish, but if you have not started in two minutes, the proctor will instruct you to begin.

Begin Sight Translation Now:

Post-Operative and Incision Management Discharge Instructions

The incision from your gall bladder removal¹ should take a few weeks to close back up². In the meantime, you need to take extra care of the incision area to avoid any complications³. We recommend that you have some help at home for the next few weeks and follow the instructions below. A social worker⁴ can talk with you about services that may be helpful to you.

- No lifting, pulling, or pushing⁵ greater than 7 pounds for 48 hours. After 48 hours you may gradually increase activity⁶.
- Alternate rest periods⁷ with mild activity.
- Start with clear liquid foods and then advance to regular foods⁸.
- Do not drive, operate machinery, or take sedatives⁹ for 24 hours after the procedure.
- Avoid getting your incision wet¹⁰ for at least 24 hours. After that time, you may carefully wash it with soapy water¹¹.
- You may experience some itching¹² around the incision. That is normal. Try not to scratch the area. Apply a cold pack¹³ as needed to calm the itch.
- **Contact the doctor**, if you experience any of the changes noted below¹⁴:
 - Increased redness¹⁵ around incision area
 - Leakage of yellow or green pus¹⁶ from the incision
 - Increased edema¹⁷
 - Warm-to-hot¹⁸ skin surrounding the incision
 - Loose staples¹⁹

Call your doctor in 7-10 days to report your progress²⁰ or please leave a message at (575) 556-9776.

Appendix: Interpreter Resources

General Interpreting References

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Consecutive Note-taking Resources

Video on how best to avoid the potential pit-falls of poor note-taking, by Dick Fleming, interpreter and trainer, 2014.

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A Message from the BEI Team

Thank you for your interest in becoming a BEI Certified Interpreter. Wishing you all the best on your certification journey and future endeavors.

Sincerely,

The Texas BEI Team