The Epilepsy Foundation of Arizona is committed to outreach and education. If epilepsy has touched your life, lighting a candle of understanding is part of our hope and our mission for helping you and the people in your life.

Who is affected by epilepsy? In Maricopa County, over 29,000 people have epileptic seizures. In Arizona, over 53,000 have this condition. Nearly everyone knows someone who has had a seizure or a seizure disorder.

When a person who speaks Spanish has epilepsy, there are multiple factors that affect their care. According to the Agency for Healthcare Research and Quality, “Latinos are less likely than their white counterparts to be hospitalized or receive therapy for over one third of the medical conditions studied, including epilepsy” (2001, publication 01-R016). For cultural and other reasons, Spanish speakers often seek alternative treatment before obtaining allopathic care.

The bilingual teenager who often serves as family interpreter likely does not understand this condition and would have a hard time helping a sibling or parent communicate with the doctor. According to a 2001 Epilepsy Foundation survey, 75% of Latino teens wouldn’t know how to help if someone were having a seizure. Additionally, 60% of the teens who responded didn’t know that epilepsy is not a contagious condition.

In order to have meaningful access to health care, people whose English proficiency is limited need a trained medical interpreter. But no interpreter can facilitate communication without first understanding the topic.

The information and activities in this module have two principal objectives:

1. Educate medical interpreters about epilepsy, seizures and first aid.
2. Build skills to interpret medical information with speed and accuracy.

These materials were developed by Barbara Rayes, BA, and Mary Macleish, MLS. The authors wish to thank David Labiner, MD, Joseph Sirven, MD, and Jorge Masuello, MD for their review and contribution. These materials should not be considered a complete training for medical interpreters, but a tool to be used in a larger context of a training program that is at least forty to sixty hours in duration. Please use this guide to help you plan your class.
Four components make up this packet of materials. The Tests and Evaluations component includes a pre-test, post test, and program evaluation, as well as an instructor program evaluation. These are required; if you use the program, please complete all tests and evaluations. Plan to devote 15 minutes of class time to each test and evaluation. Follow the directions in the instructor’s guide for sending the pre-test, post test, and program evaluation to the Epilepsy Foundation of Arizona.

The second component includes a Power Point and accompanying handout, “Epilepsy, Seizures & First Aid.” **Start your instruction with the “Epilepsy, Seizures & First Aid” presentation and handout.** Everything else in the program builds on this presentation. Plan to devote 40 to 60 minutes of class time to this component.

The third component of the program is a series of worksheets, including “Words to Know,” “Patient History: Possible Seizure Disorder,” and “Follow Up Visit: Patient with Seizure Disorder.” These can be done in class or assigned as homework. Plan to devote at least 15 to 20 minutes of class time to any of the worksheets you use.

Interviews based on questions designed by Arthur Kleinman, MD, a medical anthropologist, make up the fourth component of the program. They are used as interpreter scripts. Depending on the skill level of the students, this component of the program can take 20 to 60 minutes to complete. **End your instruction with this component.** For the majority of students, this component is the most difficult.

You may wish to use all the components or you may decide to choose selections of the program to educate your students. The activities provide a wide range of challenge, so they can work with students whose skills are limited or advanced. Additionally, since there is plenty of material going in both directions, both native English and native Spanish speakers will benefit from this training.

Thank you for the valuable work you are doing as an instructor of medical interpreters!

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*This publication was made possible by a grant from the Centers for Disease Control and Prevention (Cooperative Agreement U58/CCU322072-03). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.*
Checklist of Materials

Epilepsy Training for Medical Interpreters

☐ Instructor’s Guide: Epilepsy Training for Medical Interpreters

Tests and Evaluations
☐ Instructor’s Guide to Pre-Test, Post Test, and Program Evaluation
☐ Pre-Test (One-Page Test)
☐ Pre-Test (One-Page Grading Key)
☐ Post Test (One-Page Test)
☐ Post Test (One-Page Grading Key)
☐ Program Evaluation
☐ Instructor Program Evaluation

Power Point and Handout
☐ Epilepsy, Seizures & First Aid (Instructor’s Guide)
☐ Epilepsy, Seizures & First Aid (Power Point Presentation)
☐ Epilepsy, Seizures & First Aid (Two-Page Handout)

Worksheets
☐ Words to Know (Instructor’s Guide)
☐ Words to Know (Two-Page Handout)
☐ Patient History / Follow Up Visit (Instructor’s Guide)
☐ Patient History: Possible Seizure Disorder (Two-Page Handout)
☐ Patient History: Possible Seizure Disorder (Two-Page Grading Key)
☐ Follow Up Visit: Patient with Seizure Disorder (One-Page Handout)
☐ Follow Up Visit: Patient with Seizure Disorder (One-Page Grading Key)

Scripts
☐ Interpreter Scripts (Instructor’s Notes)
☐ The School Nurse and the Babysitter Talk about a Child with Epilepsy (Script)
☐ Dr. Smith and Doña María Talk about Epilepsy (Script)
Epilepsy Training for Medical Interpreters
Tests and Evaluations

- Instructor’s Guide to Pre-Test, Post Test, and Program Evaluation
- Pre-Test (One-Page Test)
- Pre-Test (One-Page Grading Key)
- Post Test (One-Page Test)
- Post Test (One-Page Grading Key)
- Program Evaluation
- Instructor Program Evaluation

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Instructor’s Guide
Pre-Test, Post Test & Program Evaluation

Materials Needed
• Copy of the pre-test for each student
  or
• Copy of the post test and program evaluation for each student.

Pre-Test
At least one or two weeks before you begin teaching the interpreter training module, administer the pre-test. Tell the students that this test will help you tailor future classes to their learning needs. Give a copy of the pre-test to each student. The students should not work in groups to complete the test. Ask them to fill in the answers as well as they can. If they don’t know the translation of a term, they should choose the option they feel is the most correct. If they don’t know the answer to a question in the true/false section, they should mark the box that says, “I don’t know.” Give the students 10 minutes to complete the pre-test. When they finish, collect the tests and surveys. A grading key is included with this packet so you can score the tests.

Post Test and Program Evaluation
One week after you finish teaching the interpreter training module, administer the post test and program evaluation. The students should not work in groups to complete the test and evaluation. Ask them to fill in the answers as well as they can. If they don’t know the translation of a term, they should choose the option they feel is the most correct. If they don’t know the answer to a question in the true/false section, they should mark the box that says, “I don’t know.” Give the students 10 minutes to complete the post test and then ask them to fill out the program evaluation. Encourage the students to give honest feedback about the program. Tell them their opinion will help us develop better programs for training medical interpreters. Give each student a copy of the test and program evaluation. When they finish, collect the tests and program evaluations. A grading key is included with this packet so you can score the tests.

Send the Tests and Program Evaluations to the Epilepsy Foundation of Arizona
Write your name and the name of your institution on the tests and evaluations. Send all the completed pre-tests, post tests and evaluations to:
  Mary Macleish
  Epilepsy Foundation of Arizona
  P.O. Box 25084
  Phoenix, AZ 85002
  Phone: (602) 406-3581

© 2004 Epilepsy Foundation
Epilepsy Training for Medical Interpreters • Instructor’s Guide • Pre-Test, Post Test & Evaluation
**Pre-Test**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
</table>

1. Which term means “mareado” in English?  
   a. dizzy  
   b. faint  
   c. sad  

6. Which term means “drowsiness” in Spanish?  
   a. somnolencia  
   b. borracho  
   c. ahogamiento  

2. “Liberación prolongada” in English means:  
   a. remission  
   b. extended release  
   c. civil rights  

7. “Head injury” in Spanish is:  
   a. lesión cerebral  
   b. lesión en la cabeza  
   c. herida en el cuero cabelludo  

3. Choose the best translation of “kidney stone.”  
   a. piedra en el hígado  
   b. cálculo renal  
   c. piedra en las vías urinarias  

8. The best translation of “lumbar puncture” is:  
   a. lumbar punción  
   b. punción lumbar  
   c. piquete en la columna  

4. Which of the following does not mean “rash?”  
   a. sarpullido  
   b. ronchas  
   c. comezón  

9. Which of the following means “restrain?”  
   a. detener los movimientos  
   b. inmovilizar  
   c. both mean “restrain”  
   d. neither means “restrain”  

5. Which of the following means “hormigueo?”  
   a. tingling  
   b. itching  
   c. both mean “hormigueo”  
   d. neither means “hormigueo”  

10. Which means “vagus nerve stimulation?”  
    a. estimulación del nervio vagabundo  
    b. estímulo del nervio vago  
    c. both mean “vagus nerve stimulation”  
    d. neither means “vagus nerve stimulation”

---

Please mark each statement “true” or “false.” If you don’t know the answer, mark the box that says, “I don’t know.”

<table>
<thead>
<tr>
<th>1. All seizures are convulsive and involve falling down and shaking.</th>
<th>True</th>
<th>False</th>
<th>I don’t know.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. If a person has a seizure that lasts more than 5 minutes, I should call 911.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>3. You can catch epilepsy from another person.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>4. When a person has a seizure, you should put a spoon in his mouth so he won’t bite himself or swallow his tongue.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>5. You should try to restrain a person who is having a seizure.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>6. If a person has a blank stare, glassy eyes, or doesn’t respond to others, it might be a seizure.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>7. I can help a person who is having a seizure by writing down what time the seizure starts and ends.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
<tr>
<td>8. If a person is having a convulsive seizure, it’s a good idea to put something soft under his head.</td>
<td>True</td>
<td>False</td>
<td>I don’t know.</td>
</tr>
</tbody>
</table>
Grading Key • Pre-Test

Each item is worth 1 point. The total number of points possible is 18.
Send all tests to Mary Macleish, EFA, PO Box 25084, Phoenix AZ 85002, telephone 602-406-3581.

1. Which term means "mareado" in English?
   a. dizzy
   b. faint
   c. sad

2. "Liberación prolongada" in English means:
   a. remission
   b. extended release
   c. civil rights

3. Choose the best translation of "kidney stone."
   a. piedra en el hígado
   b. cálculo renal
   c. piedra en las vías urinarias

4. Which of the following does not mean "rash?"
   a. sarpullido
   b. ronchas
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   a. tingling
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   c. both mean "hormigueo."
   d. neither means "hormigueo"

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1. All seizures are convulsive and involve falling down and shaking.
   ✓ True
   ✗ False
   ✗ I don’t know.

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   ✗ True
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   ✗ I don’t know.

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   ✓ True
   ✗ False
   ✗ I don’t know.

8. If a person is having a convulsive seizure, it’s a good idea to put something soft under his head.
   ✓ True
   ✗ False
   ✗ I don’t know.
### Post Test

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Please mark each statement “true” or “false.” If you don’t know the answer, mark the box that says, “I don’t know.”

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Grading Key • Post Test

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Program Evaluation

Name _________________________________  Date ____________________

Instructor ______________________________   Facility __________________

Dear Student:
Please give the most honest answer you can to each of the following questions. Your comments will help us improve our training programs.
Thank you!

1. Now that I’ve taken this program, I would know what to do if I saw someone having a seizure.
   □ yes   □ no

2. The instructor did a good job teaching me about epilepsy.
   1  2  3  4  5
   Strongly Agree  Agree  Disagree

3. The instructor did a good job teaching me about medical interpretation.
   1  2  3  4  5
   Strongly Agree  Agree  Disagree

4. The handouts were clear and easy to understand.
   1  2  3  4  5
   Strongly Agree  Agree  Disagree

5. The unit was planned well.
   1  2  3  4  5
   Strongly Agree  Agree  Disagree

6. I knew about the Epilepsy Foundation of Arizona before this unit.
   □ yes   □ no

7. The thing I liked best about this unit was_______________________________

8. The thing I liked least about this unit was __________________________

9. A new thing I learned was______________________________________

10. I’d like to know more about ______________________________________

Other comments or suggestions_______________________________________

____________________________________________________________________

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Epilepsy Training for Medical Interpreters • Program Evaluation
Instructor Program Evaluation

Name _________________________________  Date ____________________

Dear Instructor: Please give the most honest answer you can to each of the following questions. Your comments will help us improve our training programs. Thank you!

1. Who taught you to use the training materials? ______________________________________

2. Where were you taught to use the materials? ______________________________________
   Facility    City   State

3. Please rate how well the teacher taught you to use these materials.
   1  2  3  4  5
   Excellent                         Fair               Poor

4. Is there other support that would help you teach about interpreting for patients with epilepsy?
   (for example, guest speakers, pictures of the nervous system) _________________________
   _______________________________________________________________________________

5. Please describe how your students reacted to the training materials.
   __________________________________________________________________________________

6. Would you use these materials again?  □ yes  □ no   Why or why not?
   __________________________________________________________________________________

7. What do you like best about these materials?__________________________________________

8. What do you like least about these materials? _______________________________________

9. What are your suggestions for improving these materials?_____________________________
   __________________________________________________________________________________

Rate each item from 1 to 5, with 1 meaning “excellent” and 5 meaning “poor.”
Please circle N/A (not applicable) if you did not use a particular item.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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<td>Pre-Test</td>
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Epilepsy Training for Medical Interpreters • Instructor Program Evaluation
Derecho al Respeto • Entitled to Respect
A Program of the Epilepsy Foundation of Arizona

Epilepsy Training for Medical Interpreters
Power Point and Handout

☐ Epilepsy, Seizures & First Aid (Instructor’s Guide)
☐ Epilepsy, Seizures & First Aid (Power Point Presentation)
☐ Epilepsy, Seizures & First Aid (Two-Page Handout)

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Instructor’s Guide • Epilepsy, Seizures & First Aid

Materials Needed

• Lap Top
• LCD Projector
• “Epilepsy, Seizures & First Aid” Power Point Presentation
• “Epilepsy, Seizures & First Aid” Handout (2 Pages)

Lesson Plan

Give each student a copy of the “Epilepsy, Seizures & First Aid” handout.

Ask the students to do two things during the Power Point presentation:

1. Fill in the blanks on the handout.
2. Make notes on the handout of words they didn’t know how to translate.

Show the Power Point presentation. As you start each new slide, teach the information about epilepsy in English first. Then ask the class to interpret into Spanish. You can call on individual students, allow students to volunteer the answer, or let small groups of students to come to an agreement of how to say the term or sentence. Once there is sufficient discussion, press the right arrow key on the lap top and a Spanish answer will appear.

Language is subjective. There is usually more than one way to say things. However, the more technical a term is, the more likely there is only one “right” or standard way to say it.

Students may find that not only the terminology but the content of the Power Point is new information for them, for example, the idea of not putting anything in the mouth of a person having a generalized seizure. You may want to allow extra time for discussion of new information or relevant personal experiences the students have encountered.

The students can keep the two-page handout. If you are concerned that the students need extra help with correctly filling in the blanks, you may want to collect the handouts, check them over, and return them another day.

Encourage your students to do more research or contact the Epilepsy Foundation of Arizona if they would like more information.

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Epilepsy Training for Medical Interpreters • Instructor’s Guide • Epilepsy, Seizures & First Aid
Epilepsy, Seizures & First Aid

_________ impulses travel through the brain all the time. When a person has a seizure, it’s because there’s an abnormal discharge of electricity in the brain. When a person has recurrent seizures, it’s called ____________.

What causes epilepsy?
• head injury
• disease
• Sometimes we don’t know.

How do you say “seizure” in Spanish?
• ___________
• ___________
• ___________

Two main types of seizures
• partial seizure
• generalized seizure

Complex Partial Seizure  Also called ____________ or ____________

During the complex partial seizure the person may:
• have a glassy stare
• not respond
• give inappropriate responses to questions
• sit, stand or walk about aimlessly
• make a lip smacking or chewing motion
• make unusual sounds
• fidget with clothes
• appear to be drunk or drugged
• appear to be confused and out of contact with surroundings

How to Help
• Do not try to restrain or stop the person.
• Remove harmful objects from the person’s pathway, or direct the person away from them.
• Do not aggravate the person.
• When alone, do not approach the person who appears to be aggressive or angry.

After the Seizure
The person may be ____________ after regaining consciousness and should not be left alone until fully ____________.
Generalized Seizure  Also called _______________ or _______________.

During the seizure the person may:
• fall
• stiffen
• make jerking movements
• have a pale or bluish complexion because of difficult breathing

How to Help
• Track time.
• Keep calm.
• Help the person into a lying position.
• Move him away from hard or sharp objects; move them away from him.
• Put something _______________ (coat or similar substance) under his head.
• Turn the person on one side to allow saliva to drain from the mouth.
• DO NOT PUT anything into a person’s _______________.
• DO NOT try to _______________ the person’s movements.

After the Generalized Seizure
• The person will awaken confused and disoriented.

How to Help
• Do not offer any _______________ or _______________ until fully awake.
• Remain with the person until fully awake.

When to Call 911
• The person is injured.
• The person has one seizure after another.
• The person does not start breathing after the seizure (begin mouth-to-mouth resuscitation).
• Person requests an ambulance.
• Convulsion continues after 5 minutes.
• Person is _______________, has _______________, or is _______________.
• Call 911 if you do not know if the person has _______________.

Want to Know More?
Epilepsy Foundation of Arizona
602-406-3581
1-888-768-2690
www.epilepsyfoundation.org/arizona

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Epilepsia, Convulsiones y Primeros Auxilios

Epilepsy, Seizures & First Aid

- Epilepsy Training for Medical Interpreters

Made possible by a grant from the Centers for Disease Control and Prevention (Cooperative Agreement U58/CCU322072-03). Contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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Electric impulses travel through the brain all the time. When a person has a seizure, it’s because there is an abnormal discharge of electricity in the brain. When a person has recurrent seizures, it’s called epilepsy.

Los impulsos eléctricos viajan por el cerebro en todo momento. Cuando una persona tiene una convulsión, es porque hay una descarga anormal de electricidad en el cerebro. Cuando una persona tiene convulsiones recurrentes, se llama epilepsia.
What causes epilepsy?

¿Qué es lo que causa la epilepsia?

– Head Injury
– Lesión o lastimadura en la cabeza

– Disease
– Enfermedad

– Sometimes we don’t know.
– A veces no sabemos.
How do you say “seizure” in Spanish?

Ataque
Convulsión
Crisis
Types of Seizures

There are two main types of seizures
- partial seizure
- generalized seizure

Tipos de ataques

Hay dos tipos principales de ataques
- crisis parcial
- convulsión generalizada
First Aid for a Complex Partial Seizure
Primeros auxilios para una crisis parcial compleja

Complex Partial Seizure
Also called Psychomotor Seizure
or Temporal Lobe Seizure

Crisis parcial compleja o
Convulsión parcial compleja
También llamada convulsión psicomotora
o del lóbulo temporal
During the complex partial seizure the person may:
Durante la crisis parcial compleja, la persona podrá:

have a glassy stare
tener una vista o mirada fija vidriosa
not respond
no responder
give inappropriate responses to questions
dar respuestas inapropiadas a las preguntas
During the complex partial seizure the person may:

sit, stand or walk about aimlessly

sentarse, pararse o andar sin propósito obvio

make a lip smacking or chewing motion

mover los labios o la boca como si estuviera masticando

make unusual sounds

hacer sonidos raros o inusuales
During the complex partial seizure the person may:

Durante la crisis parcial compleja, la persona podrá:

**fidget with clothes**

**halarse la ropa**

**appear to be drunk or drugged**

**parecer estar borracho o drogado**

**appear to be confused and out of contact with surroundings**

**parecer estar confundido y fuera de contacto con el ambiente**
How to Help
Cómo ayudar

Do not try to restrain or stop the person.
No trate de inmovilizar o detener a la persona.

Remove harmful objects from the person’s pathway, or direct the person away from them.
Retire los objetos peligrosos del área en donde está la persona, o dirija a la persona para que se aleje de los objetos.
How to Help
Cómo ayudar

Do not aggravate the person.
No provoque a la persona.

When alone, do not approach the person who appears to be aggressive or angry.

Cuando usted está solo, no se acerque a la persona que parece estar agresiva o enojada.
After the Seizure

Después de la convulsión

The person may be confused after regaining consciousness and should not be left alone until fully awake.

La persona puede estar confundida después de volver en sí y no debe estar a solas hasta que esté completamente despierta.
First Aid for a Generalized Seizure

Primeros auxilios para una convulsión generalizada

Also called generalized tonic-clonic seizure
Also called grand mal seizure

Convulsión tónico-clónica generalizada
Convulsión de gran mal
During the seizure the person may...

Durante la convulsión la persona podrá...

- fall
- caerse
- stiffen
- ponerse tieso
- make jerking movements
- hacer movimientos rápidos y bruscos
During the Seizure

The person may have a pale or bluish complexion because of difficult breathing.

La persona podrá tener una complexión pálida o de tono morado si tiene dificultad para respirar.
How to Help
Cómo ayudar

Track time.
Note cuánto tiempo pasa.

Keep calm.
Manténgase calmado.

Help the person into a lying position.
Guíe a la persona a una posición acostada.
How to Help

Cómo ayudar

Move him away from hard or sharp objects; move them away from him.

Aleje a la persona de objetos duros o filosos; aleje tales cosas de la persona.

Put something soft (coat or similar substance) under his head.

Ponga algo blando (chaleco, abrigo, o algo similar) debajo de su cabeza.
How to Help
Cómo ayudar

Turn the person on one side to allow saliva to drain from the mouth.

Voltee a la persona de lado para permitir que la saliva salga de la boca.
How to Help
Cómo ayudar

Do not put anything into a person’s mouth.
No ponga nada en la boca de la persona.

Do not try to restrain the person’s movements.
No trate de detener los movimientos de la persona.
After the Generalized Seizure

Después de la convulsión generalizada

The person will awaken confused and disoriented.

La persona se despertará confundida y desorientada.
How to Help
Cómo ayudar

Do not offer the person any food or drink until fully awake.
No le ofrezca comida ni líquidos a la persona hasta que esté completamente despierta.

Remain with the person until fully awake.
Quédese con la persona hasta que esté completamente despierta.
When to Call 911

Cuándo llamar al 911

*The person is injured.*

La persona está lesionada.

*The person has one seizure after another.*

La persona tiene una convulsión tras otra.
When to Call 911

Cuándo llamar al 911

The person does not start breathing after the seizure (begin mouth-to-mouth resuscitation).

La persona no comienza a respirar después de la convulsión (comience la respiración boca a boca).
When to Call 911

Cuándo llamar al 911

Person requests an ambulance.

La persona pide una ambulancia.
When to Call 911

Convulsion continues after 5 minutes.

La convulsión continúa después de 5 minutos.
When to Call 911

Cuándo llamar al 911

Person is injured, has diabetes, or is pregnant.

La persona está lesionada, tiene diabetes, o está embarazada.
When to Call 911

Call 911 if you do not know if the person has epilepsy.

Llame al 911 si usted no sabe si la persona tiene epilepsia.
Want to Know More?
¿Desea saber más?

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Epilepsy Training for Medical Interpreters
Worksheets

☐ Words to Know (Instructor’s Guide)
☐ Words to Know (Two-Page Handout)
☐ Patient History / Follow Up Visit (Instructor’s Guide)
☐ Patient History: Possible Seizure Disorder (Two-Page Handout)
☐ Patient History: Possible Seizure Disorder (Two-Page Grading Key)
☐ Follow Up Visit: Patient with Seizure Disorder (One-Page Handout)
☐ Follow Up Visit: Patient with Seizure Disorder (One-Page Grading Key)

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This publication was made possible by a grant from the Centers for Disease Control and Prevention (Cooperative Agreement U58/CCU322072-03). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
Materials Needed
- “Words to Know” Handout (2 Pages)

Lesson Plan
Give each student a copy of the “Words to Know” handout. Ask the students to fold the handout lengthwise in half. English will appear on one side of the folded sheet and Spanish on the other.

Ask the students to write the translations of all the words they know on the side of the sheet that corresponds to their dominant language (in other words, practice translating into the non-dominant language). Then they can check their translation by unfolding the sheet. Any inaccurate answers would then become their target of further study and memorization.

Another way to use the handout would be to ask the students to quiz each other, using the folded sheets as flash cards. A third option would be simply to give the students the handout for study at home. If you choose this option, be sure to point out words or treatments that are common in your setting so they can focus on learning them.

Finally, another good way to use the handout would be to photocopy or print it on an overhead transparency. Project it onto a wall or white board with the Spanish side covered. Take a printed copy of the handout, cut the Spanish words into individual slips of paper (leave the brand names off the slips of paper), and ask the students to tape the Spanish words next to the corresponding English word. For example, “fenobarbital” would be taped next to “phenobarbital.” “Imagen por resonancia magnética” would be taped next to “MRI.” When the students are finished matching the terms with translations, uncover the Spanish side of the transparency to check answers. If you use the handout in this way, do not give a copy of it to the students until after they have taped their answers to the wall or white board.

It is very important to tell the students that the names of generic drugs have standard Spanish equivalents and that trade names should not be translated. For example, the first drug that appears on the handout is “acetazolamide.” Next to it in parentheses is the word “Diamox.” “Diamox” is capitalized because it is a trade name, while “acetazolamide” is not capitalized because it is a generic name. The Spanish translation of “acetazolamide” is “acetazolamida.” If the student were asked to interpret the word “Diamox,” the correct answer would be the same in Spanish, “Diamox.”
## Words to Know

**Dear student:**

*Fold this paper in half so that you can only see the words in English. Ask someone to hold the paper up so they can read the translation on the other side and quiz you.*

*Good luck!*

<table>
<thead>
<tr>
<th>English</th>
<th>Spanish</th>
</tr>
</thead>
<tbody>
<tr>
<td>abnormal blood count</td>
<td>conteo sanguíneo anormal</td>
</tr>
<tr>
<td>acetazolamide (Diamox)</td>
<td>acetazolamida (Diamox)</td>
</tr>
<tr>
<td>blurred vision</td>
<td>visión borrosa</td>
</tr>
<tr>
<td>carbamazepine (Tegretol)</td>
<td>carbamazepina (Tegretol)</td>
</tr>
<tr>
<td>clonazepam (Klonopin)</td>
<td>clonazepam (Klonopin)</td>
</tr>
<tr>
<td>clorazepate (Tranxene)</td>
<td>clorazepato (Tranxene)</td>
</tr>
<tr>
<td>clumsiness</td>
<td>torpeza</td>
</tr>
<tr>
<td>CT Scan</td>
<td>tomografía computarizada</td>
</tr>
<tr>
<td>diazepam rectal gel (Diastat)</td>
<td>diazepam en forma de gel rectal (Diastat)</td>
</tr>
<tr>
<td>divalproex sodium (Depakote)</td>
<td>divalproex sódico (Depakote)</td>
</tr>
<tr>
<td>dizziness</td>
<td>mareos</td>
</tr>
<tr>
<td>drowsiness, sleepiness</td>
<td>somnolencia</td>
</tr>
<tr>
<td>EEG</td>
<td>electroencefalograma</td>
</tr>
<tr>
<td>ethosuximede (Zarontin)</td>
<td>etosuximida (Zarontin)</td>
</tr>
<tr>
<td>extended phenytoin sodium (Phenytek)</td>
<td>fenitoína sódica de acción prolongada (Phenytek)</td>
</tr>
<tr>
<td>extended release</td>
<td>liberación prolongada</td>
</tr>
<tr>
<td>extended release carbamazepine (Tegretol XR)</td>
<td>carbamazepina de liberación prolongada (Tegretol XR)</td>
</tr>
<tr>
<td>fatigue</td>
<td>fatiga</td>
</tr>
<tr>
<td>felbamate (Felbatol)</td>
<td>felbamato (Felbatol)</td>
</tr>
<tr>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>gabapentin (Neurontin)</td>
<td>gabapentinín (Neurontin)</td>
</tr>
<tr>
<td>ketogenic diet</td>
<td>dieta cetogénica</td>
</tr>
<tr>
<td>kidney stones</td>
<td>cálculos renales</td>
</tr>
<tr>
<td>lamotrigine (Lamictal)</td>
<td>lamotrigina (Lamictal)</td>
</tr>
<tr>
<td>levetiracetam (Keppra)</td>
<td>levetiracetam (Keppra)</td>
</tr>
<tr>
<td>liver toxicity</td>
<td>toxicidad hepática</td>
</tr>
<tr>
<td>lorazepam (Ativan)</td>
<td>lorazepam (Ativan)</td>
</tr>
<tr>
<td>lumbar puncture</td>
<td>punción lumbar</td>
</tr>
<tr>
<td>MRI</td>
<td>imagen por resonancia magnética</td>
</tr>
<tr>
<td>oxcarbazepine (Trileptal)</td>
<td>oxcarbazepina (Trileptal)</td>
</tr>
<tr>
<td>phenobarbital</td>
<td>fenobarbital</td>
</tr>
<tr>
<td>phenytoin (Dilantin)</td>
<td>fenitoína (Dilantin)</td>
</tr>
<tr>
<td>poor coordination</td>
<td>falta de coordinación</td>
</tr>
<tr>
<td>primidone (Mysoline)</td>
<td>primidona (Mysoline)</td>
</tr>
<tr>
<td>side effects</td>
<td>efectos secundarios</td>
</tr>
<tr>
<td>sulfa drugs</td>
<td>drogas a base de sulfa</td>
</tr>
<tr>
<td>surgery</td>
<td>cirugía</td>
</tr>
<tr>
<td>tiagabine (Gabitril)</td>
<td>tiagabina (Gabitril)</td>
</tr>
<tr>
<td>tingling sensation</td>
<td>hormigueo</td>
</tr>
<tr>
<td>topiramate (Topamax)</td>
<td>topiramato (Topamax)</td>
</tr>
<tr>
<td>vagus nerve stimulation</td>
<td>estímulo del nervio vago</td>
</tr>
<tr>
<td>valproate (Depakene)</td>
<td>Valproato (Depakene)</td>
</tr>
<tr>
<td>weight gain</td>
<td>aumento de peso</td>
</tr>
<tr>
<td>zonisamide (Zonegran)</td>
<td>zonisamida (Zonegran)</td>
</tr>
</tbody>
</table>
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A Program of the Epilepsy Foundation of Arizona

**Instructor’s Guide**

**Patient History: Possible Seizure Disorder**
&
**Follow Up Visit: Patient with Seizure Disorder**

**Materials Needed**
- Dictionaries (English/Spanish Spanish/English)
- “Patient History: Possible Seizure Disorder” Handout (2 Pages)
- “Follow Up Visit: Patient with Seizure Disorder” Handout (1 Page)

**Lesson Plan**

Give each student a copy of each handout.

Ask the students to work alone or in small groups to translate the sentences. The advantage of asking the students to work individually is that it allows them to work at their own pace. The advantage of asking the students to work in small groups is that they experience first-hand the perspective of other speakers, especially if there are students from several different countries in class.

Encourage your students to avoid using expressions such as “el MRI” when they translate. The standard English for this type of scan is the abbreviation of its spelled-out name (MRI for magnetic resonance imaging). However, Spanish-speakers are not as prone to speak in abbreviations as English speakers. Help your students learn the standard Spanish term, in this case, *imagen por resonancia magnética.*

If the students get discouraged trying to translate the handouts, remind them that these are highly relevant exercises and worth the effort. The information they are translating on paper is the same information they’ll be asked to interpret in a medical setting. Better to make mistakes now instead of struggling in front of the doctor and patient later.

A grading key has been provided for you for each of the two handouts. When you evaluate translations, remember that language is subjective and sometimes there is more than one way to say things. If the term if highly technical, it’s more likely that there is only one standard translation of it in the target language. If a term is more common or every-day, there are probably lots of different ways to say it. You can collect the handouts and grade them or simply go over the answers in class. Return the handouts to the students if you collect and grade them.

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Epilepsy Training for Medical Interpreters • Instructor’s Guide • Patient History, Follow Up Visit
**Patient History: Possible Seizure Disorder**

*Dear student:*
*Please translate these sentences. You may work alone or in a group. Thank you.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me what happened.</td>
<td></td>
</tr>
<tr>
<td>Did you lose consciousness?</td>
<td></td>
</tr>
<tr>
<td>Could you communicate?</td>
<td></td>
</tr>
<tr>
<td>Were you aware of what occurred?</td>
<td></td>
</tr>
<tr>
<td>Do you remember the event?</td>
<td></td>
</tr>
<tr>
<td>Have you had this happen before?</td>
<td></td>
</tr>
<tr>
<td>Were there any warning signs?</td>
<td></td>
</tr>
<tr>
<td>Did you have trouble speaking?</td>
<td></td>
</tr>
<tr>
<td>Did you feel any numbness or weakness?</td>
<td></td>
</tr>
<tr>
<td>Did you lose bowel or bladder control?</td>
<td></td>
</tr>
</tbody>
</table>

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Epilepsy Training for Medical Interpreters • Patient History: Possible Seizure Disorder
Did you bite your tongue?

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you bite your tongue?</td>
</tr>
<tr>
<td>Have you been drinking alcohol? Have you used any illegal drugs?</td>
</tr>
<tr>
<td>Have you started any new medications?</td>
</tr>
<tr>
<td>Did you take any over the counter medications?</td>
</tr>
<tr>
<td>Is there family history of similar events?</td>
</tr>
<tr>
<td>Do you have a history of a previous seizure?</td>
</tr>
<tr>
<td>Have you been ill lately?</td>
</tr>
<tr>
<td>Have you had sleep deprivation or how much did you sleep the night before?</td>
</tr>
<tr>
<td>Have you been under any stress?</td>
</tr>
<tr>
<td>Have you had an MRI of the brain?</td>
</tr>
<tr>
<td>Have you had an EEG?</td>
</tr>
<tr>
<td>Have you had a lumbar puncture?</td>
</tr>
<tr>
<td>Have you had any brain infections such as meningitis or encephalitis?</td>
</tr>
</tbody>
</table>
Dear Medical Interpreter Trainer: Ask the students to translate these sentences. They can work alone, in groups of two or three, or as a class. When you evaluate the translations, remember that language is subjective and sometimes there is more than one way to say things. Use the sentences in the right-hand column as a guide for evaluating student translations.

<table>
<thead>
<tr>
<th>Tell me what happened.</th>
<th>Dígame lo que pasó.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you lose consciousness?</td>
<td>¿Perdió el conocimiento?</td>
</tr>
<tr>
<td>Could you communicate?</td>
<td>¿Pudo comunicarse?</td>
</tr>
<tr>
<td>Were you aware of what occurred?</td>
<td>¿Estaba usted conciente de lo que le estaba sucediendo?</td>
</tr>
<tr>
<td>Do you remember the event?</td>
<td>¿Recuerda el evento?</td>
</tr>
<tr>
<td>Have you had this happen before?</td>
<td>¿Le ha sucedido esto en el pasado?</td>
</tr>
<tr>
<td>Were there any warning signs?</td>
<td>¿Hubo alguna señal de aviso que algo le iba a pasar?</td>
</tr>
<tr>
<td>Did you have trouble speaking?</td>
<td>¿Tenía alguna dificultad para hablar?</td>
</tr>
<tr>
<td>Did you feel any numbness or weakness?</td>
<td>¿Sintió algún entumecimiento o debilidad?</td>
</tr>
<tr>
<td>Did you lose bowel or bladder control?</td>
<td>¿Perdió el control de los intestinos o de la vejiga?</td>
</tr>
<tr>
<td>Question</td>
<td>Spanish Translation</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Did you bite your tongue?</td>
<td>¿Se mordió la lengua?</td>
</tr>
<tr>
<td>Have you been drinking alcohol? Have you used any illegal drugs?</td>
<td>¿Ha estado tomando alcohol? ¿Ha usado alguna droga ilegal?</td>
</tr>
<tr>
<td>Have you started any new medications?</td>
<td>¿Ha comenzado algún nuevo medicamento?</td>
</tr>
<tr>
<td>Did you take any over the counter medications?</td>
<td>¿Tomó algún medicamento de venta libre?</td>
</tr>
<tr>
<td>Is there family history of similar events?</td>
<td>¿Hay antecedentes familiares de eventos similares?</td>
</tr>
<tr>
<td>Do you have a history of a previous seizure?</td>
<td>¿Tiene antecedentes de convulsiones?</td>
</tr>
<tr>
<td>Have you been ill lately?</td>
<td>¿Se estuvo sintiendo enfermo últimamente?</td>
</tr>
<tr>
<td>Have you had sleep deprivation or how much did you sleep the night before?</td>
<td>¿Ha tenido falta de sueño? o ¿cuánto durmió la noche anterior?</td>
</tr>
<tr>
<td>Have you been under any stress?</td>
<td>¿Ha tenido tensión o estrés?</td>
</tr>
<tr>
<td>Have you had an MRI of the brain?</td>
<td>¿Le han realizado un estudio de imágenes de resonancia magnética del cerebro?</td>
</tr>
<tr>
<td>Have you had an EEG?</td>
<td>¿Le han realizado un electroencefalograma?</td>
</tr>
<tr>
<td>Have you had a lumbar puncture?</td>
<td>¿Le han realizado una punción lumbar?</td>
</tr>
<tr>
<td>Have you had any brain infections such as meningitis or encephalitis?</td>
<td>¿Ha tenido alguna infección en el cerebro, como meningitis o encefalitis?</td>
</tr>
</tbody>
</table>
Follow Up Visit
Patient with Seizure Disorder

Dear student: Please translate this page. You may work alone or in a group. Thank you.

What medications are you taking for your seizures?

What medications do you take for other medical conditions?

Are you having your period?

Do you have any side effects?
For example:
- dizziness
- ataxia
- tiredness
- anxiety
- depression
- gastrointestinal complaints
- rash
- headache
- agitation
- difficulty concentrating
- word finding problems
- numbness
- back pain

Have you ever had kidney stones?

Do you have anemia?

Have you ever had kidney or liver disease such as hepatitis?

Have you gone to the lab for blood work?

Have you had your serum levels drawn?
Grading Key • Follow Up Visit: Patient with Seizure Disorder

*To the Medical Interpreter Trainer:
Ask the students to translate these sentences. When you evaluate their translations, remember that language is highly subjective and sometimes there is more than one way to say things. Please use the sentences in the right-hand column as a guide for evaluating student translations.*

| What medications are you taking for your seizures? | ¿Cuáles medicamentos toma para sus ataques o convulsiones? |
| What medications do you take for other medical conditions? | ¿Cuáles medicamentos toma para otras condiciones médicas? |
| Are you having your period? | ¿Está ahora con su regla o período menstrual? |
| Do you have any side effects? | ¿Tiene algún efecto secundario? |
For example:  
dizziness  
ataxia  
tiredness  
anxiety  
depression  
gastrointestinal complaints  
rash  
headache  
agitation  
difficulty concentrating  
word finding problems  
numbness  
back pain  
| ¿Tiene algún efecto secundario? Por ejemplo:  
mareos  
ataxia  
cansancio  
ansiedad  
depresión  
problemas gastrointestinales  
ronchas  
dolor de cabeza  
inquietud  
dificultad para concentrarse  
problemas para encontrar una palabra  
entumecimiento  
dolor de espalda |
| Have you ever had kidney stones? | ¿Alguna vez ha tenido cálculos renales? |
| Do you have anemia? | ¿Tiene anemia? |
| Have you ever had kidney or liver disease such as hepatitis? | ¿Alguna vez ha tenido alguna enfermedad en los riñones o en el hígado, como por ejemplo hepatitis? |
| Have you gone to the lab for blood work? | ¿Ha ido al laboratorio para que le saquen una muestra de sangre? |
| Have you had your serum levels drawn? | ¿Le han sacado una muestra de sangre para medir el nivel de medicamento en su sangre? |
Epilepsy Training for Medical Interpreters

Scripts

- Interpreter Scripts (Instructor’s Notes)
- The School Nurse and the Babysitter Talk about a Child with Epilepsy
- Dr. Smith and Doña María Talk about Epilepsy

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A Program of the Epilepsy Foundation of Arizona

Instructor’s Guide • Interpreter Scripts

The School Nurse and the Babysitter Talk about a Child with Epilepsy
&
Dr. Smith and Doña María Talk about Epilepsy

Materials Needed

• Interpreter Script
  The School Nurse and the Babysitter… (3 Pages)
  Dr. Smith and Doña María… (3 Pages)
• 3 Students (one reads English, one reads Spanish, one interprets)

Lesson Plan

Do not give a copy of the script to each student.

Review qualities of good medical interpretation with the students. Mention ethical principals such as transparency and accuracy, as well as skills such as speed. You may want to write these qualities on the board and ask the students to keep them in mind during the activity.

Bring three students to the front of the room. They will play three roles:

• School nurse or Dr. Smith (English)
• Olivia or doña María (Spanish)
• Interpreter

Give a copy of the script to the person who plays the role of the school nurse or Dr. Smith. Give a copy of the script to the person who plays the role of Olivia or doña María. Do not give a copy of the script to the person who plays the role of interpreter.

Ask the person playing the role of interpreter to use his or her best judgment regarding the most effective way to position the members of the triad. The students playing the role of English speaker and Spanish speaker read from their scripts as naturally as possible without embellishing or adding to the script. The person playing the role of interpreter interprets what each says. The rest of the class should take notes on comments they’ll want to make at the end of the exercise, as well as notes on terms they didn’t know how to interpret.

When the students are finished with the script, give the class the opportunity to discuss the exercise. Students can offer supportive evaluation based on the interpreter’s speed, accuracy, completeness – be sure to refer back to the qualities the class mentioned at the beginning of the exercise.
Interpreter Script
The School Nurse and the Babysitter Talk about a Child with Epilepsy

Olivia babysits a boy who has seizures. Margie is the nurse at the school the boy attends.

Margie RN
What do you call the problem?

Olivia
¿Al problema de ataques epilépticos? Pues, lo mismo de ataques epilépticos.

Margie RN
What do you think has caused the problem?

Olivia
Pues yo pienso que problemas en el hogar, falta de cariño a los hijos, problemas de alcohol, de drogas. Lo más principal es darles cariño a los niños. Los niños necesitan todo el cariño tanto del padre como de la madre.

Margie RN
Why do you think it started when it did?
Olivia
Tanto como un niño es tan débil, y ve violencia, yo pienso que es por eso que le den los ataques.

Margie RN
What do you think this condition does? How does it work?

Olivia
Pues la verdad es que yo no sé de qué manera funciona. La verdad que no.

Margie RN
How severe is this condition? Will it have a short or long course?

Olivia
Pues no te sabría decir, o sea, no sabría decir ni qué tanto tiempo dure.

Margie RN
What kind of treatment should the patient receive? What are the most important results you hope he receives from this treatment?

Olivia
Pues yo pienso que el tratamiento que debería de recibir es mucha atención, mucho apoyo, como moral, comprenderlo, no gritarle mucho.

Margie RN
What are the chief problems the condition has caused?
Olivia
La soledad. Toda la alejanía. Cuando uno está así, le da mucho sueño en todo el día, y la soledad les hace mucho daño. Cuando están solos, los niños se sienten presionados, tristes. No comen. Aunque tú les das cosas materiales, la cosa principal es el cariño. Porque cuando uno está con ellos, ellos están alegres y ni les dan ataques.

Margie RN
What do you fear most about the condition?

Olivia
Pues, el miedo que me da es que se lastime, o que lastime a otras personas cuando no está en sus cinco sentidos. Después de sus ataques, a veces se pone medio loquito, y ve cosas que no, ¿cómo te dijera?, cosas que nadie más ve. Si yo aprendiera más acerca de la epilepsia, ¿ves cuánto podría ayudar a la gente?
Interpreter Script
Dr. Smith and Doña María Talk about Epilepsy

Doña María is caring for her comadre, who is in the hospital after having been burned by hot bath water during a seizure. A physician, Dr. Smith, is talking with doña María about epilepsy.

Dr. Smith
What do you call the problem?

Doña María
Pues, es ataque epiléptico porque cuando menos se espera, le pega el ataque. Como ella es católica, le pegan en la iglesia cuando va a misa a veces. Es como, como convulsiones.

Dr. Smith
What do you think has caused the problem?

Doña María
Pues, la verdad, creo que cuando la señora, la mamá, pasó por ratos difíciles porque el papá tomaba. A veces llegaba y había una discusión. El llegaba de la otra mujer enojado. Por violencia, pues. No le resultó de jóven. Resultó de casada.

Dr. Smith
Why do you think it started when it did?
Doña María
Pues yo pienso que es por eso que uno no tiene tranquilidad durante la gestación. Me imagino que es por cuestión de la presión que uno está viviendo en la vida, de lo que le dan a uno. Se quemó a causa de esas presiones. Se quemó y sus padres, ya avanzados, no pueden cuidar a sus hijos. Esta misma señora, su esposo ya se enfadó y la dejó. En vez de llegar a su comida, llegó a una mujer que no estaba en sus cabales, en sus cinco sentidos. Su matrimonio, lo ha perdido. Su casa, la perdió. Esta señora ya perdió todo a causa de este problema.

Dr. Smith
What do you think this condition does? How does it work?

Doña María
Pues, ¿cómo le podré decir? No se puede explicar. Creo que es por los mismos nervios que están adentro de uno. Creo que se trata de los nervios porque – este – uno se pone nervioso, y uno se pone nervioso con una criatura adentro, todo lo que come uno pasa al bebé, entonces hasta los nervios, también, pasan al bebé. Lo que uno siente, lo que uno recibe. Puede pasar también si uno le da de comer a un bebé, y le da un susto, y el susto pasa al bebé, la sorpresa.

Dr. Smith
How severe is this condition? Will it have a short or long course?

Doña María
Pues es de durar unos quince minutos, quizá hasta media hora, pero casi unos quince minutos. Esto no dura mucho.
Dr. Smith
What kind of treatment should the patient receive? What are the most important results you hope she receives from this treatment?

Doña María
Pues, yo pienso que la mejor medicina es la comprensión de la familia. Si a uno no le da comprensión, es peor. Apoyo de la familia.

Dr. Smith
What are the chief problems the condition has caused?

Doña María
Pues, yo siento que la familia, digo, ver el problema entre los familiares, como quiere que sea, de allí viene el problema, de allí nace, entre padres, entre hermanos, pues se empeora. Este problema tiene muchas consecuencias. Ella está en el hospital a causa de que se quemó. Se estaba bañando y al tiempo de abrir la llave del agua caliente, le pegó un ataque y se quemó sus genitales. Gracias a Dios fue nada más eso. No, si la verdad, porque… ¿Cómo se dice? Las quemaduras de ella fueron de primero, segundo grado.

Dr. Smith
What do you fear most about the condition?

Doña María
El miedo es que ella en donde caiga, cae y no vuelve a despertar. Si cae en la calle, pues puede golpearse en la borde de una banqueta. No sabe uno a qué horas pega esto. Es lo malo.