# Handout #8
# Practice Interpreting Dialogues
# Unidirectional

## Instructions

These exercises are designed to be used in a small group of three people. Choose one person to play the role of the Genetic Counselor (GC), one to interpret and one to observe.

The interpreter may NOT look at the script.

Start with Dialogue #1. Genetic Counselor, start by reading your part. At the end of each paragraph pause to let the interpreter interpret. Do not stop every after every sentence, just at the end of the paragraph. If the interpreter uses a hand signal to ask you to pause, do so. If the interpreter intervenes, respond as you think the Genetic Counselor or the patient would. Observer, mark on your feedback form any places where the interpreter adds, omits or changes meaning.

Interpreter, remember that you are interpreting for meaning, not words. If the speakers go on too long, use your interpreting techniques to get them to pause. Ask the meaning of words you don't know, just as you would if you were interpreting. DO NOT STOP THE DIALOGUE TO DISCUSS VOCABULARY; there will be time at the end.

When the first dialogue is finished, have the interpreter critique his or her own rendition. Then have the observer provide specific feedback to the interpreter. Where was meaning added, where was it omitted, where was it changed? Where did the rendition sound awkward in the target language? Was there specific vocabulary that caused the interpreter to stumble?

When you are done giving feedback switch roles and go on to Dialogue 2. Continue this pattern till everyone has had a chance to interpret.

## Interpreter #1

So we started the day discussing the reason why your son was referred to us, and we said there was a developmental delay and the cause was not obvious, it's not been identified. We gathered some history, and even with those tools, we do not have a reason that's jumping out at us to explain the delay.

So let me go ahead and explain these tests. These are all blood tests that we're going to start with today. Let me start with some background information about what we're testing for, and then I'll go over with you the limitations of each test.

So to begin with, we're going to do a test called a "chromosome test." Here's a picture. This is what chromosomes look like.

Our bodies are made up of billions of cells. Cells would be like bricks in the building. Now, I can't see a cell, but I know that cells make up my tissues, and tissues make up organs, so my

entire body is made up of skin cells, bone cells, brain cells, muscle cells. Inside every cell in our body is where our genetic material is stored.

Our genetic material is what we received from our parents in the egg and the sperm that made us – pretty profound, right? That genetic material – some people call it the blueprints of life – it carries the instructions for how we're going to grow and develop, how our body's going to function, what we're going to look like.

It's what makes us have, say, our mother's hair and our father's eyes and our grandmother's mouth. So, that genetic material is inside nearly every single cell in our body, packaged in these structures called chromosomes.

Now, we can actually see these chromosomes if we look through a microscope, and that's what this is a picture of. Now what we cannot see with our eyes, not even with the help of a microscope, is something called genes. So this genetic material is organized into very small sections called "genes."

These genes are actually the sets of instructions. One way you might think about would be like, say, a beaded necklace. So the necklace would be a chromosome, and each bead would be a gene. OK?

So each gene is, like I said, a set of instructions. So it's actually "telling the body, "Make this protein!" And each protein has a particular function.

**Interpreter #2**

So when we do this chromosome test, we take a sample of blood, and we're actually looking at your son's chromosomes. And we're actually looking at two general areas.

One is the number. Humans typically have 46 chromosomes. We get half, or 23, from Mom and half, or 23, from Dad.

We also look at the structure of the chromosomes. Humans are designed to have 2 copies of all of our genetic materials except here, if you look down here, this is an "X" and this is a "Y", these are our sex chromosomes. So girls have two copies of the "X" chromosome, and boys have one "X" and one "Y."

So, there can be chromosome abnormalities of number, where a child has more chromosomes than 46. There can also be abnormalities of the structure of the chromosome.

Some chromosomes can have an extra piece, or a missing piece, or pieces that have been sort of cut out and flipped end-over-end and stuck back into the chromosome. So we're looking at the structure and we're looking at the numbers.

So if there's a chromosome abnormality that we can see, it would generally affect growth, development, and although your son has been very healthy, if there was a chromosome abnormality, it might point us to look at certain organs in his body to make sure that they are normally formed and that they are working properly, OK?

Now another test that we want to do is called a "fragile X" test. "Fragile X" – that's a funny name – but it describes a condition that typically affects boys, and it is a specific test that looks at the

gene, that's like the bead, on the X chromosome. Now we're looking beyond the chromosome, we're looking at how that bead, how the genetic material is organized inside that gene.

We'll also order what we call a "microarray." This is another type of test that will allow us to see if there are any places on your son's chromosomes where there are more or fewer genes from what we would expect. If we find some places like that, that could explain your son's developmental delay.

And finally, we're also going to collect a urine sample from your son and collect some blood for what are called some "biochemical tests." These tests will look at how he breaks down his food and how he uses it for energy and growth.

I know that's a lot of tests. These are the typical tests that we do on any child who has a developmental delay like your son does when there's not an obvious explanation.

**Interpreter #3**

Any questions about these tests?

Oh, what will these tests show us if they come back abnormal? Good question!

If we do find an abnormality on one of these tests, then that probably gives us the answer as to what's causing your son's developmental delay. If we have an answer, then we can give you information about that particular diagnosis. We'd be able to know if we should be checking for any other health problems.

There might even be particular learning strategies that we could recommend to be used with your son. So having a diagnosis can certainly help us to give you more information.

What if all the tests are normal? OK, that's a possibility. If all the tests come back normal, or at least if nothing was identified, then what we would do would be a couple of things.

We have some more sophisticated testing that we could move to. Some of those tests are very expensive, so we'd need to make sure that his insurance would cover those tests.

Also, we might watch him for a while. I know that can be frustrating, because it seems that we're not doing anything, but sometimes with genetic conditions, the condition itself will manifest over time. So we would make sure you are doing everything you need to be doing to treat his symptoms, which right now are the developmental delays.

It does seem to me that you are doing everything, but we would make sure that those bases are covered. And then, we would probably see you back and just monitor him for a while. So those are our options, if the tests all come back normal.