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Maureen Y. Jett and Marie A. Ivnik

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P H Y S I C I A N S[®]



Translating Patient Education Materials

Maureen Y. Jett, MLS; and Marie A. Ivnik, RN, MED

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Your practice is in need of a translated patient education pamphlet on how to use a metered-dose inhaler. Where do you begin in order to meet this need? You are satisfied with the material you have on this subject; however, it is not in the language of a number of your patients. Unfortunately, it is not as simple as asking someone who speaks the language to translate it. It is crucial to recognize that “Differences between cultures may cause more severe complications for the translator than do differences in language structure.”¹ An important message could be lost in the translation if cultural nuances are not taken into consideration.

In this article we will provide:

- Some common translation terminology
- Guidelines to help you decide whether to translate or not translate your own patient education materials
- Criteria to determine reliability of translation services
- The value of using professional interpreters, and the pros and cons of using nonprofessional interpreters
- Online resources that offer existing reliable educational materials in multiple languages and also provide information about translating patient education materials

The resource links can be found in the Appendix. This is not meant to be a comprehensive list, but it provides a starting point for your translation needs.

DEFINING TRANSLATION TERMINOLOGY

The following set of definitions is excerpted from the glossary of interpreting terminology prepared by the National Council on Interpreting in Health Care (NCIHC), which is a multidisciplinary organization based in the United States. Its mission is to promote culturally competent professional health-care interpreting as a means to support equal access to health care for individuals with limited English proficiency.

Translator: A person who translates written texts, especially one who does so professionally.²

Interpreter: A person who renders a message spoken in one language into a second language. Codes of ethics vary from country to country.²

Source language: The language of a speaker/signer who is being interpreted.² In the case of translation, the language of the original document which is being translated.

Target language: The language of the person receiving interpretation; the language into which an interpreter is interpreting at any given moment.² In the case of translation, the language into which the document is being translated.

TO TRANSLATE OR NOT TO TRANSLATE EXISTING MATERIALS

At our institution we begin by identifying the top five non-English-speaking patient populations based on a percentage of the total number of patients seen, giving precedence to the top three. Assessment of learning preferences and cultural differences are taken into account. We then prioritize the translation of materials based on the following criteria from highest to lowest priority:

- Information required by law (eg, vaccinations)
- Specific instructions (if necessary) (eg, using a metered-dose inhaler)
- Medication information and safety (eg, possible adverse reactions of medication)
- Information on standards of patient safety (eg, hand washing)

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Affiliations: From the Section of Patient Education, Mayo Clinic, Rochester, MN.

Correspondence to: Maureen Y. Jett, MLS, Section of Patient Education, Siebens SL 57-1, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; e-mail: jett.maureen@mayo.edu

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- Materials on topics that are most often needed (eg, COPD, asthma)
- Materials used to describe a service provided (eg, Pulmonary Rehabilitation Program pamphlet)

Before you think about translating any patient education materials into a specific language, it is always important to consider:

- The number of patients who would be using or needing this material
- Type of material: do the patients read and write in their language?

Literacy and health literacy are important issues to consider. For example, many of the Somali immigrants in Rochester, Minnesota, were in need of patient education materials on TB. However, many were not able to read their spoken language, so a decision was made to translate a previously produced video to meet their specific needs rather than translating pamphlets.

- Who would be doing the translation?

When considering the options, the translator chosen must be fluent in both the source and target languages, have a working knowledge of medical terminology, and be aware of cultural nuances. "Bilingualism on its own is not a guarantee of written fluency or skill in translation."³

- An in-house translator must have designated time to do the translation.
- A reliable/professional translation service may be the best option because their experts would be fluent in source and target languages and have the expertise to understand cultural issues. They would also be able to handle layout and design.
- What are the costs involved in translating?
 - The salary for in-house translators and/or fees for a translation service
 - Usually the charge is per word; this can vary significantly from one translation service to another. Consider using key messages from the original document rather than a word-for-word translation, making sure that the relevant message is not lost. Health literacy may also be addressed by doing this.
 - Checking translation for accuracy and cultural appropriateness (may best be done by a reliable source in your health-care organization)⁴
 - Checking layout and design
 - Checking for accuracy of the target language diacritical markings (eg, accent marks, cedilla)
 - Printing

A professional interpreter is defined as a person who renders messages spoken from one language into another language using a code of ethics, understanding and processing a message, and transforming the message from a source speaker into another language.¹ Interpretation takes place in real time. Consider the case of doing a history and physical: An interpreter is essential in accurately providing the transference of information from the provider to the patient and *vice versa*. Family members and bilingual clinic/hospital staff are not professional interpreters. There are also companies that have on-call telephone interpreters available to provide professional assistance at the point of care. See the resources listed in the Appendix, which provide guidelines and professional standards.

Consider these issues related to using *ad hoc* (non-professional) interpreters, such as:

- Family members, including children
 - Pros: In reality, there are no pros to using family members. Here in our institution we strongly discourage using them, and ban the use of minor children.
 - Cons: Do not understand medical terminology or the source language to adequately interpret to the patient, potentially causing miscommunication of significant clinical information. They may also edit or omit information that is important for the patient to hear.⁵ Family or cultural issues may also interfere with the correct message being given (eg, domestic abuse, embarrassing issues or topics that may be considered culturally taboo to discuss between men and women, and so forth).
- Clinic/hospital staff
 - Pros: Easily accessible, probably understand medical terminology, may have a working knowledge of the language.
 - Cons: May not be readily accessible because of their other job duties or resource allocation. They probably do not have the professional training to do interpretation, do not know the medical terminology in one or both languages, or may not be fluent in either/both source and target languages.

CONCLUSION

A primary goal of any medical institution is to meet the needs of all patients. Providing them with educational materials written in their own language with culturally appropriate translation is a crucial step in satisfying this goal. Our experience has been

that using professional translation and interpretation services is optimal for communicating effectively with our non-English-speaking patients.

APPENDIX

Professional Translation and Interpretation

- American Translators Association (ATA) <http://www.atanet.org/aboutus/index.php>
- More translation terminology is available at: http://www.hablamosjuntos.org/pdf_files/TheTerminologyofHealthCareInterpreting.pdf
- Interpreters World Tour is a document that presents guidelines and standards for interpreting. http://www.hablamosjuntos.org/resources/pdf/The_Interpreter's_World_Tour.pdf
- NCIHC is a multidisciplinary organization based in the United States. <http://www.ncihc.org/mc/page.do/>. NCIHC Publications list: Includes April 2009 Sight Translation and Written Translation: Guidelines for Healthcare Interpreters. <http://www.ncihc.org/mc/page.do?sitePageId=57022&orgId=ncihc>
- International Medical Interpreters Association provides links to codes of ethics, resources for cultural proficiency, medical law, medical terminology, joint commission, and so forth. <http://www.imiaweb.org/default.asp>

Translated Patient Education Materials: These two government Web sites offer selected materials in other languages. Individual state departments of health in the United States may also have translated materials based on specific patient populations (eg, Minnesota Department of Health's <http://www.health.state.mn.us/divs/translation/spanish.html>).

- MedlinePlus.gov is a US government Web site that offers materials in English and other languages. <http://www.nlm.nih.gov/medlineplus/languages/languages.html>. The site is also available in Spanish. <http://medlineplus.gov/spanish/>
- New South Wales Health is a multicultural health communication service provided by the New South Wales, Australia government. This is an excellent resource for translation guidelines. <http://www.health.nsw.gov.au/mhcs/>. For example:
 - Signs and symbols for specific topics and warnings used in clinical and hospital settings. http://www.mhcs.health.nsw.gov.au/mhcs/subpages/sands/signs_symbols_index.html
 - Guidelines for Health Staff Producing Multilingual information. <http://www.health.nsw.gov.au/mhcs/subpages/material/guidelines.pdf>

General Resources

- Joint Commission Standards contains links to information about hospitals, language, and culture. <http://www.jointcommission.org/PatientSafety/HLC/>
- Health literacy is another important consideration when translating materials. The American Medical Association has an excellent resource for learning about the basics of health literacy. <http://www.ama-assn.org/ama/no-index/about-ama/9913.shtml>
- The Cross Cultural Health Care Program's mission is to serve as a bridge between communities and health-care institutions to ensure full access to quality health care that is culturally and linguistically appropriate: <http://www.xculture.org/mission.php>. Language access resource guide contain links to guides from non-profit organizations, government agencies and regulators, key publications, articles, and books. http://www.xculture.org/NWRC_LangAccess_Resource_Guides.php
- Addressing Language and Culture: A Practice Assessment for Healthcare Professionals. This is a language/culture assessment guide primarily written for an English-speaking practice, but could easily be translated to use in other languages. <http://www.familydocs.org/system/files/AddressingLanguageandCulture.pdf>
- "I Speak" language identification cards with checkoff boxes for patients. <http://www.dol.gov/oasam/programs/crc/ISpeakCards.pdf>

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