

# Guidelines for translation

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## **Purpose:**

These guidelines assist in delivering high quality health services to Deaf, Deaf-Blind, Hard of Hearing (DDBHH) patients as well as patients with limited English proficiency (LEP) by reducing or eliminating language barriers that may negatively impact the provision of equitable care through translation (written) services.

The use of written patient education material is ubiquitous in health care – from printed brochures to health authority websites.

These guidelines, in addition to providing practical information about translation services, also describe a proven approach to determining if translation is required, choosing the appropriate documents to translate and the language in which to translate.

## **Principles for translating patient education materials:**

- Mutual understanding between patients and health care providers/system is essential to delivering effective care and achieving positive health outcomes.
- Commitment to ensuring a positive experience for all patients.
- Patient education material supplements other language resources and do not replace the use of trained interpreters when communicating with LEP and DDBHH patients and their families.

## **Services available**

Translation services are available through the Provincial Language Services. Provincial Language Services uses only qualified translators to deliver accurately translated documents.

The translation process for spoken languages is a two-step process:

1. The translation from the source language (language of the document to be translated) into the target language (language to be translated into) is complete by a qualified translator
2. The editing of the target language document is completed by a second qualified translator. Editing is mandatory quality assurance step that follows each translation. This step is conducted to make sure the translated text is accurate, complete, free of spelling and punctuation errors, and that choice of words is suitable for the intended meaning and audience and consistent throughout the text.

This two-step process is the standard and recommended process to ensure the delivery of quality patient education materials.

The Provincial Language Services translation for ASL (sign) language:

The translation process for American Sign Language (ASL) is a two-step process:

1. The written document is translated into ASL by a qualified ASL interpreter/translator.
2. The ASL translation is signed and recorded via video for posting

Other Provincial Language Services translation services include.

**Review** - Requires critical thinking about the content of the translate material from the perspective of the intended reader (rather than the perspective of the writer who is familiar with the text). This step requires thinking about the messages, whether they are clear, logical, connected, well organized, sufficient, too wordy etc. The review can be unilingual (no comparison to the original text) or bilingual (comparing the original text and the translation). The review step can result in recommendations for changes in organization of the sentences or paragraphs, introduction of new explanatory notes or sentences, and relevance of given examples. Obviously, all this may not be applicable to the translation as the translators are not at liberty to substantially change the original text. However, review comments can point to the issues in both the original text and the translation.

**Bilingual Review** - Some of the customers like to have a bilingual member of their staff (subject matter expert) review the translation to make sure that the terminology and concepts used are consistent with those used in their organization. Any feedback will be taken into consideration. The translator will consider the feedback, discuss it with Provincial Language Services and/or the customer, and implement any changes.

**Revision** – This is the step that follows the review step. In the context of translation, proofreading generally means the process of making the changes to the original translation that are stemming from the review process. This step is best completed by the original translator, however it can be trusted to the reviewer as well, provided this is pre-specified and understood by all parties.

**Proofreading** – The final step of checking a document before it is sent to print or uploaded on the website. Any final ‘surviving’ editorial issues are corrected and full graphic conformance to the original is checked. Only mistakes are looked for. No other changes are made during this step.

**Community Testing** – Community testing is a process used to gain input from a specific community group about the linguistic and/or cultural appropriateness of a document. Community testing creates accessible, meaningful materials for diverse cultural communities. Community testing can be done on the translated or pre-translated patient education materials

## Standard formatting for translated patient education materials

At minimum all spoken language translated patient education/information documents should have:

- Language indicator: The name of the translated language in English on the top/bottom corner of the document or on the back panel to ensure Health Care Providers (HCP) knows the language of the brochure.
- Dual titles: All translated document titles will be followed by the English title to ensure greater usability by the HCP i.e. HCP will be able point to specific areas on the translated document while in discussion with patient.

At minimum all ASL translated patient education/information video logs should have:

- Source language subtitles.
- Signer signing in front of neutral background.

## An approach to choose materials to translate and languages for translation

A number of approaches have been used to determine which patient education materials should be translated. In light of limited funds for translated material, it is important to ensure the most appropriate patient education materials are translated with the specific language group in mind.

In order to ensure the most appropriate materials are translated the Provincial Language Services have identified the 5 following steps to assist you in prioritizing material to be translated and in what language.

Below are guidelines for determining which English patient education materials should be translated:

The order of Steps one and two can be reversed depending on the way the need is identified,

<b>Step One – Identify potential community to reach</b>
<ol style="list-style-type: none"> <li>1. Analyze available language statistics e.g. census and settlement stats, requested interpreter languages per facility or geographic area.</li> <li>2. Note that communities with the higher number of members tend to have access to more resources than smaller communities. These communities should be considered.</li> <li>3. Documents should be translated into American Sign Language as there is a lack of accessible information for this community.</li> <li>4. Canadian official languages should always be considered for translation.</li> <li>5. For identified language, consider if written material a good choice for the intended audience. Do they have the reading skills in their native language? Is the native language mainly an oral language? Do they prefer other methods of communication?</li> </ol> <ul style="list-style-type: none"> <li>• <b>Determine potential languages for translation</b></li> </ul>
<b>Step Two – Identify topic</b>
<ol style="list-style-type: none"> <li>1. Review general metrics related to patient uptake of English patient education materials</li> <li>2. Use an epidemiological approach to determine health impacts on language groups' e.g. opioid crisis impacting French speaking African community or high prevalence of diabetes in Punjabi community</li> </ol> <ul style="list-style-type: none"> <li>• Based on uptake metrics and language community health needs, <b>determine topic to address</b></li> </ul>
<b>Step Three – Identify document</b>
<ol style="list-style-type: none"> <li>1. Choose documents for translations by considering available budget and resources.</li> <li>2. Review existing resources within the Health Authorities to avoid duplicating existing translations.</li> </ol> <ul style="list-style-type: none"> <li>• <b>Avoid duplicate resources.</b></li> </ul>
<b>Step Four – Preparing document for translation</b>
<ol style="list-style-type: none"> <li>1. Consider working with author of existing resources to adapt / update the material.</li> <li>2. Avoid unnecessary translation costs by</li> </ol>

- Determine if the same messaging can be conveyed using pictures, rather than words or a combination of both thereby minimizing the number of words that require translation (think Ikea furniture assembly instructions). If so, create a visual document.
- Make sure the document is finalized. Only documents that are in their final published state should be translated to ensure consistent messaging in source and target documents.

- **Ensure high quality, current and exact information.**
- **Make documents more accessible for a variety of language groups**

**Step Five – Send to Provincial Language Services Translation Services**

Email [plstranslations@phsa.ca](mailto:plstranslations@phsa.ca) or Call 604-297-8400 or 1-877-BCTALKS (228-2557).

**Step Six – Publish and disseminate translated documents**

Publish any new translated resources on patient facing platforms (websites, social media channels, etc.).

## Definitions:

**Equity** is the system or person level practise of treating everyone with fairness so that they have the same outcomes, even if it means treating people differently [2,3]

**Language Resource** is a person or device, other than a qualified interpreter or translator, used to communicate with LEP or DDBHH patients.

**Translation** is the written rendering of one language into another written language ensuring equivalency in meaning.

1. Woermke, M., Towards Reducing Health Inequities. 2011, Provincial Health Services Authority: Vancouver
2. The Beryl Institute Website, Defining Patient Experience; <http://www.theberylinstitute.org/?page=DefiningPatientExp>. Accessed April 20, 2014
3. Bowen, Sarah; Language Barriers in Access to Health Care, Health Canada 2001
4. <https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/downloads/ToolkitPart11.pdf>