



Minnesota Interpreter NEWSLETTER

GUIDELINES FOR SIGHT TRANSLATION BY HEALTHCARE INTERPRETERS

Among the big repertoire of skills and abilities interpreters possess, sight translation and written translation account for an important set of skills to have in one's toolbox. These two skills are great assets in an interpreter, more so as our professional world continues to grow and evolve.

However, sight translation requires different skills than oral interpreting, and sight translating long documents can consume quite a lot of time, fatigue the interpreter and increase the risk for error, according to the National Council on Interpreting in Healthcare (NCIHC).

POSSIBLE TYPES OF DOCUMENTS ENCOUNTERED BY HEALTHCARE INTERPRETERS

Patients with LEP encounter numerous documents while receiving healthcare in the U.S.A. Some of those documents could be:

- HIPPA forms, patient manuals, patient bill of rights -*Information on the organization*
- Patient education materials -*Key information about the patient's condition*
- Prep procedures, discharge instructions, prescriptions - *Specific information for patient care*
- Social Services applications, financial agreements, consent forms, advance directives - *Legal documents*

Where Can I Find More information?

More information can be found at www.isgmidwest.org



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CONSIDER THE FOLLOWING BEFORE YOU SIGHT TRANSLATE

Not Appropriate to Sight Translate:

Documents containing general or educational information (patient bill of rights, HIPAA, etc.) are often quite long and so **are not appropriate** for sight translation. Sight translating these documents is both time consuming and probably fruitless, as the patient is unlikely to remember what was read to him.

Appropriate to Sight Translate:

Documents with specific instructions **are appropriate** for sight translation, **with the provider present**, so that the patient's questions can be answered by the provider, not the interpreter.

Appropriate to Translate Professionally:

Legal documents, such as consent forms, **should be translated professionally** and then, if necessary, read aloud by the interpreter for the benefit of the client. There are several reasons for this recommendation:

a. First, legal documents are usually written in complex and formal language, with many legal terms. Medical interpreters are often unfamiliar with this high register legal terminology and are at risk for rendering it inaccurately if required to translate it on site.

b. In addition, it is questionable how much patients will understand and retain of what they simply hear in a long and complex sight translation.

c. Finally, in accordance with The Joint Commission's standards for obtaining informed consent, providers are expected to explain the procedure to the patient, including risks and alternate options, and to ensure that the patient has understood the explanation. This means that, even with a translated consent form, a provider needs to be present while the patient reads the form (or the interpreter reads it to the patient), so as to answer questions and guide the interpreter if there is text that can be omitted (e.g. consent for anesthesia when none is going to be administered).

INFORMATION SOURCE: [HTTP://WWW.NCIHC.ORG](http://WWW.NCIHC.ORG)