

SIGHT TRANSLATION

HOW TO SAY WHAT YOU SEE

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Agenda

- What is sight translation?
- Industry guidelines
- How to say no
- Parameters
- Skills required
- Oral vs written communication
- Prep (skill-building) exercises
- Sight translation steps
- Sight translation practice

What is sight translation?

Sight translation is the oral rendition of text written in one language into another language and is usually done *in the moment*. Sight translation is often requested of an interpreter during an interpreting assignment.*

It's a hybrid of translation and interpretation.**

*NCIHC white paper: "Sight Translation and Written Translation: Guidelines for Healthcare Interpreters," April 2009

**González, Roseann Duenas et al, *Fundamentals of Court Interpretation*, 1991

Industry guidelines

According to NCIHC:

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.

Documents that contain general background information (patient bill of rights, HIPAA) and educational materials 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.

Industry guidelines

- 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.
- It's questionable how much patients will understand and retain of what they simply hear in a long and complex sight translation.
- The Joint Commission's standards for obtaining **informed consent** state that 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**. 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).

YES

- ✓ Contains specific instructions
- ✓ provider is present
- ✓ there is enough time
- ✓ you can understand it
- ✓ legal terms are minimal

NO

- X Contains general background info (patient bill of rights, HIPAA)
- X educational materials
- X provider isn't present
- X you cannot understand it
- X it's too long
- X too many legal terms

And of course, check with your boss....

Reality check

What are providers requesting?

- 1. Documents that provide general background to how an institution functions (e.g. HIPAA, patient manuals, patient bill of rights)
- 2. Documents with key information about the patient's condition that he or she may want to access later (e.g. patient education materials)
- 3. Documents that contain specific instructions for patient care (e.g. prescriptions, preparation for procedures, discharge instructions)
- 4. Legal documents (e.g. financial agreements, consent forms, advance directives).



**GENERAL CONSENT FOR CARE
AND TREATMENT**

I consent to and authorize personnel within the following Baystate Health providers: Baystate Medical Center, Baystate Franklin Medical Center, Baystate Mary Lane Hospital, Baystate Medical Practices, Baystate Visiting Nurse and Hospice, Baystate Health System Ambulance, Baystate Infusion and Respiratory Services and Baystate Reference Laboratory (individually and collectively known as "Baystate"), to administer care and treatment to me and to perform diagnostic and therapeutic procedures and tests and other care and treatment considered necessary or advisable by the providers who attend me.

I understand that Baystate will send copies of my protected health information to my care providers for the purposes of medical treatment. In addition, I understand that Baystate will use and disclose my protected health information for payment and health care operations purposes as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that Baystate personnel includes persons in teaching programs, such as graduate resident physicians, medical students, nursing students, and other health profession students who work under the direction and supervision of Baystate personnel.

I understand that photographs, videotapes, digital, or other images may be recorded to document my care. I understand that Baystate or my treating physician will retain these photographs, videotapes, digital, or other images, but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in policy. Images that identify me will be released and/or used outside the institution only upon written authorization from me or my legal representative.

I understand that the practice of medicine, including surgery, is not an exact science, and I agree that no guarantees have been made to me concerning the results of my treatment.

I understand that this consent will be valid for one (1) year from this date for any out-patient services or will be valid for the duration of my in-patient hospitalization.

I have read this consent form carefully and have had all my questions answered. I understand this consent form and agree to its terms.

Signature of Patient or Authorized Representative

Date

Time

Print Name of Patient or Authorized Representative

Print Relationship to Patient

Witness

Date

Time

The Day Before Surgery

If you are unable to follow these instructions, please contact your physician, and your surgery may be delayed or postponed.

- After midnight, do not drink, eat or take anything by mouth.
This includes:
 - Gum
 - Candy
 - Cough dropsYou may have sips of water with your medications.
- Please refrain from smoking. Your surgeon should have given you specific instructions on smoking cessation. Reminder: Baystate Medical Center is a smoke-free environment.
- You may brush your teeth without swallowing any water.
- You will receive a reminder call in the afternoon or early evening the day before surgery. The nurse will review important information including any changes regarding your surgery. If you receive a message, please return the call as soon as possible.



The Day of Surgery

Prior to Coming to the Hospital

MEDICATIONS

- Please bring an up-to-date list of all medications you take. Please include the name, dose and how many times a day you take each medication.
- Please note the last date and time you took each medication.
- Bring inhalers with you.

ALLERGIES

- Please confirm your allergies with the nurse and notify the health care team of any new allergies.

EQUIPMENT

- Bring your CPAP machine.

OTHER

- Leave money and valuables at home.
- Do not wear perfume, cologne or lotions with strong smells.
- Wear comfortable, loose fitting clothing.

PLEASE REMOVE THE FOLLOWING PRIOR TO ARRIVAL TO HOSPITAL:

1. Contact lenses.
2. All jewelry, including Medical Alert bracelets.
3. Wigs/toupee (may be removed just prior to surgery).
4. All makeup and nail polish.
5. Hair ties, clips or pins with metal.
6. Dentures, hearing aids, and eyeglasses (case) – bring with you to the hospital but you will be required to remove them prior to surgery.

Arrival

- Arrive at Baystate Medical Center Chestnut Surgery Center at the time indicated on your white Preadmission Evaluation instructions. If you are late, your surgery could be delayed or canceled.
- Be sure to check in with the secretary, located up the stairs on the first floor, when you arrive.
- Up to two family members or friends may stay with you until you are ready to go into the operating room.
- In preop you will meet your nurse, anesthesiologist, operating room nurse and speak to your surgeon.

After Surgery

- You will be brought to the Post Anesthesia Care Unit (recovery room) where we will monitor your heart and breathing until you are fully awake.
- If you have any pain, nausea, or vomiting, let the nurses know.
- Before discharge you will receive instructions about what to do, what not to do, and how to care for yourself at home.
- You may need to fill prescriptions at a pharmacy before going home. Baystate Medical Center has a pharmacy in the Daly building.

If you have any questions, please call

TETANUS, DIPHTHERIA PERTUSSIS (Tdap) VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Tdap (Tetanus, Diphtheria, Pertussis) vaccine can protect adolescents and adults against three serious diseases.

Tetanus, diphtheria, and pertussis are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts, scratches, or wounds.

TETANUS (Lockjaw) causes painful tightening of the muscles, usually all over the body.

- It can lead to "locking" of the jaw so the victim cannot open his mouth or swallow. Tetanus leads to death in up to 2 cases out of 10.

DIPHTHERIA causes a thick covering in the back of the throat.

- It can lead to breathing problems, paralysis, heart failure, and even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.

- It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

In 2004 there were more than 25,000 cases of pertussis in the U.S. More than 8,000 of these cases were among adolescents and more than 7,000 were among adults. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications.

2 Tdap and related vaccines

Vaccines for Adolescents and Adults

- **Tdap** was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.
- **Td** (tetanus and diphtheria) vaccine has been used for many years as booster doses for adolescents and adults. It does not contain pertussis vaccine.

Vaccines for Children Younger than 7 Years

- **DTaP** vaccine is given to children to protect them from these three diseases. Immunity can fade over time, and periodic "booster" doses are needed by adolescents and adults to keep immunity strong. (DTP is an older version of DTaP. It is no longer used in the United States.)
- **DT** contains diphtheria and tetanus vaccines. It is used for children younger than 7 who should not get pertussis vaccine.

3 Who should get Tdap vaccine and when?

Adolescents 11 through 18 years of age should get one booster dose of Tdap.

- A dose of Tdap is recommended for **adolescents who got DTaP or DTP as children** but have not yet gotten a dose of Td. The preferred age is 11-12.
- **Adolescents who have already gotten a booster dose of Td** are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- **Adolescents who did not get all their scheduled doses of DTaP or DTP as children** should complete the series using a combination of Td and Tdap.

Adults 19 through 64 years of age should substitute Tdap for one booster dose of Td. Td should be used for later booster doses.

- **Adults who expect to have close contact with an infant younger than 12 months of age** should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
- **Healthcare workers who have direct patient contact in hospitals or clinics** should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

An adolescent or adult who gets a severe cut or burn might need protection against tetanus infection. Tdap may be used if the person has not had a previous dose.

Td should be used rather than Tdap if Tdap is not available, and for:

- Anybody who has already gotten Tdap,
- Adults 65 years of age and older,
- Children 7 through 9 years of age.

If vaccination is needed during **pregnancy**, Td usually is preferred over Tdap. Ask your doctor. **New mothers** who have never received a dose of Tdap should get a dose as soon as possible after delivery.

Tdap may be given at the same time as other vaccines.

4 Some people should not get Tdap vaccine or should wait.

- Anyone who has had a **life-threatening allergic reaction** after a dose of DTP, DTaP, DT, or Td vaccine should not get Tdap.
- Anyone who has a **severe allergy to any component of the vaccine** should not get Tdap. Tell your health care provider if the person getting the vaccine has any known severe allergies.

continued . . .

Important Information about your Narcotic and Benzodiazepine prescriptions

These medications can be harmful to you if they are not taken correctly. Your doctor must monitor the use of your medication to be able to safely care for you and/or your family member.

Narcotics are drugs that dull the sense of [pain](#), such as Oxycodone (Oxycontin, Percocet, Endocet, Roxicet, Tylox), Codeine, Dilaudid (hydromorphone), Morphine, Vicodin (hydrocodone), Methadone (methadone) This list is not meant to be all inclusive.

Benzodiazepines are drugs that used to reduce agitation and irritability, cause drowsiness or sleep, relieve anxiety, muscle spasms, and to prevent seizures, such as: Xanax (alprazolam), Librium (chlordiazepoxide), Valium (diazepam), Ativan (lorazepam) and Klonopin (clonazepam) This list is not meant to be all inclusive.

All patients receiving prescriptions for narcotics and benzodiazepines will be seen by the prescribing physician at least every 90 days; an exception is for those patients on Home Hospice/Palliative Care.

Due to changes in state regulations as well as the potential risks associated with these drugs, prescriptions for narcotics and benzodiazepines **MUST** be picked up at the Cancer Center. These prescriptions cannot be mailed, emailed or faxed, and currently cannot be sent electronically.

56A valid form of **picture identification** is required when a patient/family member arrives to pick up a prescription. Our staff will verify that the picture identification matches that of the person picking up the prescription. The patient/family member will be required to sign for the prescription(s) before leaving. Unfortunately, if the person picking up the prescription does not

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Why not?

- Too much information
- Information is too specific
- Unlikely to remember all
- High risk of harm
- What else?

RESEARCH CONSENT FORM

Title of Project: [removed]

Study Sponsor: [removed]

Principal Investigator: [removed]

Study Participant: _____

If you are a parent or guardian of a child under 18 years old or the legal representative of an adult, the word "you" in this form refers to the child or adult who will be in the study.

WHY ARE YOU BEING ASKED TO TAKE PART IN THIS RESEARCH?

We are talking to you about this research study because you are being treated for [removed]. Whether or not you take part in this study is up to you. If you choose not to participate in the study it will not affect the quality of medical care you will receive.

This form gives you important information. Please read it carefully and ask questions before you make a decision. You may want to talk about this research study with your family, your friends, and your other health care providers. Please take your time. You should not sign this form until all of your questions are answered.

WHY IS THIS RESEARCH STUDY BEING DONE?

The purpose of this research study is, to collect data that will help prescribing doctors use [removed] more efficiently and safely.

HOW IS THIS RESEARCH STUDY BEING FUNDED?

[removed] is the company that produces [removed] and has established the [removed] International Registry.

Some research studies are paid for by the center the study is being conducted in and some by an outside grant or sponsor. This research study is being funded by an outside sponsor, [removed].

Dr. Holley Allen is also being paid by Novo Nordisk for the data collection related to this registry.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

The Registry is a computer database which can be accessed through the Internet only by the participating doctors. The registry will collect medical information from patients using [removed]. This information will come from thousands of patients (both children and adults) using [removed]. Over 100 endocrinologists, like your doctor, will participate. As of September 2011, there are over 12,000 patients (> 500 adult patients) in the Registry. The information will be used to determine the most effective dosing patterns of [removed].

STATEMENT OF VOLUNTARY CONSENT

I have read this form or have had it read to me. I have been told what to expect if I take part in this study, including possible risks and possible benefits. I have had a chance to ask questions and have had them answered to my satisfaction. I have been told that the people listed in this form will answer any questions that I have in the future. By signing below, I am volunteering to be in this research study.

Participant's Name (Print): _____

Signature: _____ Date: _____

(If Applicable) Legal Representative's Name (Print): _____

Relationship to Participant (ex. Parent, Spouse, Legal Guardian) (Print): _____

Signature: _____ Date: _____

Witness's Name (Print): _____

Signature: _____ Date: _____

Witness to: ☐ Discussion ☐ Signature

STUDY REPRESENTATIVE STATEMENT

I have explained the purpose of the research, the study procedures, the possible risks and discomforts, the possible benefits, and have answered all questions to the best of my ability.

Study Representative's Name (Print): _____

Signature: _____

Date: _____ Time Consent Obtained: _____

You will receive a copy of this form after it has been signed and dated.

How to say no

From ***The Community Interpreter: An International Textbook***,
chapter by Marjory Bancroft and Katharine Allen

1. Be gracious
2. Offer choices
3. Give reasons

Parameters

- Accurate to source
- Complete
- Smooth delivery
- Within time constraint
- With provider present

Skills required

- Reading analysis/comprehension in source
- Oral production in target
- Fast-thinking & mental agility
- Public speaking

Oral vs. written

Written communication is STATIC:

- ❑ One-way
- ❑ More formal
- ❑ Embedded clauses
- ❑ Intended as future reference
- ❑ Titles, subtitles and other formatting cues carry meaning
- ❑ Punctuation, fonts

Oral vs. written

Oral communication is **DYNAMIC**:

- Two-way
- Fleeting
- Visual cues
- Tone, inflection, emphasis
- Accent and diction
- Interaction & feedback
- Shorter sentences, simpler structure

Advantages of sight translation

- ❑ Source is written - don't have to rely on memory
- ❑ Have entire picture before starting
- ❑ You control pace and flow directly
- ❑ You know your audience

Disadvantages

- ❑ Pressure to render message quickly
- ❑ Misunderstanding of purpose, use & ease
- ❑ Retention loss
- ❑ Adapting different types of communication

Prep skills for sight translation

- Reading comprehension
- Summary & expansion
- Clozing
- Key ideas
- Reformulation
- Parsing/chunking
- Public speaking

Reading comprehension, summary, expansion

- GRE practice exams
- News stories
- Health/medical journals

Clozing

- Fill in the blanks with words you think work

Key ideas

Today organic farmers advocate maintaining a sustainable environment by using natural principles to maximize crop and livestock yield instead of turning to artificial and chemical methods.

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Today organic farmers advocate maintaining a sustainable environment by using natural principles to maximize crop and livestock yield instead of turning to artificial and chemical methods.

Reformulation

Americans spent close to \$28 billion in 2008 on organic edibles, up from \$1 billion in 1990, according to The Organic Trade Association. And organic foods remain an area of growth even with the rising cost of grocery items and tougher economic times.

United States citizens have been consuming more organic food than ever before. The Organic Trade Association has reported that in 2008 sales were worth \$28 billion, compared to only \$1 billion eighteen years before.

Despite the increase in the cost of groceries and the economic crisis, organic comestibles are still a growing market.

Register manipulation

Organic-themed grocery stores, such as Whole Foods and Wild Oats, have expanded around the country, and even mainstream food purveyors, such as Safeway and Wal-Mart, have developed organic brands. Organic food can now be found in every corner of the grocery store.

There are tons of places to buy organic food now. Whole Foods and Wild Oats are all over the country and regular stores like Safeway and Wal-Mart have their own organic stuff. You can also pick up organic food anywhere in a supermarket. OR You don't have to go to special aisles anymore — you can find it anywhere in the supermarket.

Post-op instructions - Rephrase

- ❑ Follow the postoperative instruction sheet given to you at Dr. Jenkins's office.
- ❑ Take all medications as directed.
- ❑ Apply ice packs in a double plastic bag, on 20 minutes and off 40 minutes, to shoulder while awake for 48 hours or as needed. Do not apply ice directly to skin.
- ❑ Do not discontinue using your sling until directed to do so by Dr. Jenkins.
- ❑ Begin hand, wrist, and elbow range-of-motion exercises to tolerance, to prevent stiffness when hand and arm control return.
- ❑ Begin physical therapy in 4 days. Bring your prescription for therapy to your first therapy appointment.

Post-op instructions - Rephrase

- ❑ Remove the dressing in three days, leaving the incisions open to the air.
- ❑ You may shower in two to four days and perform axillary care as instructed. Keep the incisions dry until two days after the sutures are removed. Do not take any tub baths or go in a hot tub or swimming pool until at least 10 days after surgery.
- ❑ Do not drive until directed to do so by Dr. Jenkins.
- ❑ Returning to work or school will be determined at your first postoperative appointment.
- ❑ Please avoid all nonsteroidal anti-inflammatory medications for 4 weeks after surgery. (i.e. Advil, Aleve, Motrin etc.) You may resume Aspirin if taking for cardiac purposes.

Chunking

The organic movement, which gained momentum in the 1960s and 1970s, was a reaction to growing awareness about the unintended environmental effects of chemical fertilizers and pesticides, which can spread far from the fields where they are applied.

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Public Speaking Tips

- ❑ Be confident in your abilities
- ❑ Don't leave sentences unfinished
- ❑ Avoid false starts - begin only when you know how it will end
- ❑ Maintain eye contact
- ❑ Vary tone and inflection
- ❑ Avoid extra movement, gestures or tics

Don't let them see you sweat!



Unless you look like this...



YOUR TURN



Parameters

- Accurate to source
- Complete
- Smooth delivery
- Within time constraint
- With provider present

Sight Translation Steps

- ❑ Scan text for subject matter and style
- ❑ Describe document if provider hasn't done so
- ❑ Sight translate sentence by sentence, focusing on one unit of meaning at a time and scanning ahead to next unit
- ❑ Maintain steady pace
- ❑ Monitor audience for visual feedback

You can do it!

SCAN

DESCRIBE

TRANSLATE 1 by 1

STEADY PACE

MONITOR



3-2-1 reflective practice

- If possible, **record** yourself
- Write down:
 - **Three** things you did well
 - **Two** things that need improvement
 - **One** thing you learned

Thank you!

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