

## **“CAN WE JUST CHECK IT?”**

- Guidelines for Checking of Health/Medical Translations



## **“CAN WE JUST CHECK IT?”**

- Guidelines for Checking of Health/Medical Translations

Back-translation and other checking options for print & other media

Guidelines prepared by Terry Chesher, MA, FAITI., and amended by MHCS staff. (2011)

---

### Content

1. Who are these guidelines for?
2. What's the difference between checking and proofreading a translation?
3. Why check translations?
4. What expertise is needed for checking?
5. What's actually involved in checking?
6. Some checking methods
  - 6.1. Back-translation
  - 6.2. Collaborative checking
  - 6.3. Revision by a second translator
  - 6.4. Translator working with topic expert
  - 6.5. A team approach
  - 6.6. Evaluation by focus group
  - 6.7. Sight translation

### Appendices

- a. Checking methods checklist
- b. Useful websites, links and references

## **1. Who are these guidelines for?**

- Senior policy/health staff, health organizations/Non Government Organisations (NGOs) needing checking of translations in print intended for readers of Languages other than English (LOTEs) or Culturally and Linguistically Diverse (CALD) groups e.g. fact sheets, focus group transcripts, websites;
- Those needing translations checked for campaigns aimed at LOTE / CALD speakers/listeners, e.g. spoken dialogue for radio and TV ads or scripts;
- Health staff or researchers needing translations checked, e.g. consent forms for questionnaires, medication instructions for patients, clinical trials, client satisfaction focus groups etc.

## **1. What's the difference between checking and proofreading a translation?**

- Checking means revision of a translation (not by the translator) to check that all information has been transferred effectively and completely from the original source language to the target language, with corrections as necessary. Some checking methods are found below in Section 6.
- Proofreading means the checking of a completed translation for any errors in spelling, accents, punctuation, general layout and 'look' of a written document. Translators proofread their own work but another proofread of the target language version is recommended after corrections, and a final proofread should be done before uploading anything to a website, recording a dialogue, or printing text for multiple distributions.
- Ideally, proofreading should be done by accredited translators or those who know the language(s) concerned very well.

## **2. Why check translations?**

Even an experienced, competent translator can make inadvertent errors, and checking, correcting and proofreading of translations reduces the likelihood of errors in the final version. Checking by a second translator is recommended as standard policy to ensure high quality multilingual materials, whether for print, website, radio or TV production.

Other reasons for checking translations:

- as an essential quality control requirement for a project (e.g. for a research organization);
- to address negative feedback from the field (e.g. from health workers who speak the language(s) concerned);
- slogans or catch phrases are notoriously hard to translate and translators may have had to introduce something in the target language that does not match the wording of the SL original, but captures and conveys its essence and meaning.

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



Unexpected benefits of this second opinion:

- revealing any ambiguities or lack of clarity in your source language text;
- checking may reveal that the content or language usage is not suitable for the intended reader or listener (this may be the general population, or a population of persons suffering from a specific condition), or may not be culturally appropriate.

This will give you the chance to adjust your source language text or dialogue before it is too late.

### 3. What expertise is needed for checking?

Checking, just as much as translating, requires high level skills, training and experience, and the use of well-qualified translators is essential. Checking by someone who has a degree, speaks two languages, or only has qualifications in interpreting (a different skill) does not necessarily guarantee checking skills at a professional level. If you are not yourself familiar with the translation process or how language works, you may need to seek advice on linguistic aspects of the review process from someone familiar with the field.

Agencies, or translators themselves should provide documented proof (in the language(s) concerned) of professional NAATI accreditation as Translators, preferably in both directions (English>LOTE (CALD), (CALD) LOTE>English), and training (preferably a degree) or equivalent qualifications.

Ask if translators belong to The Australian Institute of Interpreters and Translators (AUSIT), are accredited by The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) at the professional or senior levels and undertake to practise at a high standard in accordance with ethical practice.

\* *Links to AUSIT: [www.ausit.org](http://www.ausit.org) and NAATI: [www.naati.com.au](http://www.naati.com.au).*

*See also Appendix C USEFUL WEBSITES, LINKS & REFERENCES.*

***NB. Beware of machine translation output (MT), which may identify the gist of material on websites but is not advisable for material intended for patient information and instructions. MT may produce serious unrecognised distortions of meaning. Checking machine translation is as difficult and time-consuming as checking a poor translation, and most translators will recommend re-translation rather than correction of machine translations.***

### 4. What's actually involved in checking?

Checking and revision of translations needs expertise, patience and attention to detail, and may take as much time as the translation did. It is important to plan realistically (time and budget) to include checking in your project. The process will include checking that the translation is clearly expressed in the target language version, with correct grammar and punctuation.

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



Methods 5.2 – 5.5 (see section 6 below) will include checking that the target language text is laid out in accordance with the client’s specifications.

To understand checking, it’s useful to look at similarities between the writing, translation and checking processes. Writers usually make a number of drafts and revisions while developing any text, drawing on the full range of linguistic resources available in their language. Similarly, translators may make a number of drafts, before deciding on the best way to transfer the source language message(s), choosing the closest equivalent terminology, phraseology and expressions which are available in the target language. Where there is no exact equivalent to reflect the essence of the source language original (which occurs frequently in language pairs), translators may need to:

- choose appropriate close substitutions;
- rearrange word order;
- use other linguistic devices;
- include explanatory phrases.

Translators checking the target language text must rely not only on their own knowledge of the language, but also on their familiarity with the above factors in the translation process, to identify mistranslations and recommend any changes.

Whether working directly with checkers or through translation agencies, be sure to ask for details of their checking and correction procedures, and likely timetable for completion.

- Once you have specified what is to be checked, and by which method (see section 6 below), you should obtain a written estimate of costs from the translator or agency, with detailed costing of each step so that any misunderstandings are avoided.
- Note that the original translator should take responsibility for their own mistakes and for fixing them at no extra charge;
- You will also need to find out how much you will be involved in the checking process (e.g. handling enquiries or requests for clarification, reviewing back-translations and checkers’ reports, meeting translators or checkers to discuss different versions).

Pre-translation editing (in collaboration with the author) can achieve maximum clarity and remove ambiguities in the source language. If you decide on changes mid-project to your source language text, this will cause not only delays but further expense for re-translation and revision, as you cannot expect the translator or checker to re-do completed work without being paid for it.

Everyone, including the author of source language, writes in their own style. Translators will have used a style in target language which they considered most closely matched the style of the source language original. While checkers may not have chosen the same style if they had been the translator, they should not label

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



differences in style as mistranslations nor recommend changes that merely alter the style of the target language text.

*N.B. Feedback from LOTE/ CALD speakers can be valuable, but always ask them to write down details of criticisms, as well suggested changes. You can then refer these to the translator(s) or agency concerned for comments. Verbal comments are not sufficient.*

### 5. Some checking methods (see also summary in Appendix A)

Choosing a method that suits you, as well as choosing suitably qualified checkers and agencies (see section 4 above on expertise) usually produces a better product and saves time in the end. If you decide to leave all checking to a translation agency, arrange for costing in advance, including progress and final reports.

#### 5.1. Back-translation

Involves a faithful “reverse” translation (by an independent translator) of a translated text (target language) back into the original language (in this case English), identified here as Back-Translation of Target Language (BTTL). The Back-translator should be made aware that they are making a back-translation. With this method, the Back-Translator is **not shown** the original source language at all, and therefore will not reveal any additions or omissions. Back-Translators will judge whether the translation reads well, is grammatically correct and its meaning is clear. They should provide you with a written report on this in target language, and include recommended corrections.

For the author, reviewing a back-translation can be confusing as you compare source language and Back-Translation of Target Language. Back-translation does not equate to "reconstitution" and the original and new English versions are unlikely to be identical.

Note that the English in Back-Translation of Target Language may seem to be rather literal and possibly stilted in expression (and usually not fit for publication). This is because Back-Translators are aiming at a rendition in Back-Translation of Target Language that ‘reflects’ the translation as closely as possible. Back-Translators should be highlighting rather than smoothing out poor expression or grammar.

- A back-translation may not reflect the quality of the translation, or convey the appropriateness of terms or expressions that were used in target language.

If it is recommended that no changes are needed, you should still arrange a final proofreading after text is typeset/printed and before it is uploaded onto a website.

- If the Back-Translator does recommend corrections, you can rely on their recommendations, and ask them to make changes accordingly to the target language version. Or, if you prefer a second opinion, you can refer the Back-Translator’s comments to the original translator or agency. This will give original translator a chance to explain or defend their version, but may lead to

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



argument about who is “right”. You may need a third checker or ‘referee’ to decide on a final version.

- If a checker’s written report is commissioned, this will add a further fee, together with fees for incorporation of changes, and re-formatting if required for the final version.
- Some translators dislike back-translating for clients who do not understand the process; others are constructive but may ask to discuss problem issues with original translator.

**MHCS recommends Checking BUT NOT Back-translating.**

### 5.2. Collaborative Checking:

Collaborative checking (instituted by the NSW Health Translation Service in the 1980s) usually includes pre-translation editing and has two translators (original translator and the second translator) working on the translation in turn, with the second translator checking original translator’s work.

- When the translation is completed by original translator, it is reviewed by the second translator (who does not look at source language ), to check fluency and note any confusion or lack of clarity in target language;
- the second translator (checker) next compares target language with source language, to see that all information has been successfully conveyed;
- the second translator must contact original translator to discuss any points of difference;
- the original translator and the second translator must resolve all difficulties together, then agree on who will incorporate corrections into the final version for the client.

Collaborative checking relies on mutual respect between equally well-qualified translators who enjoy the collaboration rather than seeing it as a challenge to their competence. However, if on occasion agreement cannot be reached, you may need to commission a third opinion as in 6.1 above.

### 5.3. Revision by another translator

One-off checking can be arranged with an accredited translator (the second translator) directly or through an agency. Firstly, the second translator reads through target language for comprehensibility; then compares source language and target language to see if all source language content has been accurately translated, and identifies any omissions, additions or other mistranslations. S/he then prepares a written report for you, with recommendations for changes including explanations and may alert you to any potential misunderstandings due to cultural issues, or inappropriate level of language. If you accept the recommendations, the second translator will need to incorporate changes in the target language version.

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



This method can ensure fast turn-around, but relies on the second translator overriding original translator without discussion. If possible, arrange for the second translator to be able to contact original translator if there are queries or points of difference. The original translator may have specific reasons for their choices, and this will emerge during discussion, and facilitate cooperation. If neither party will agree to changes, you may need to seek a third opinion as in 6.1.

Keep track of the project by reading the report before referring it to the translator or agency.

### **5.4. Translator working with topic expert as checker**

With this method, you brief the translator directly in advance on content of the source language text, and respond to any queries during the translation process. Then you review the target language version together, when queries can be raised and resolved on either side. This relies on the skills of one translator, mutual respect and time for face-to-face meeting(s). The benefits of this method are that original translator has continued access to a knowledgeable expert, which will help them to understand specialised content and make well-informed translation choices.

### **5.5. A team approach to survey questionnaires**

The NSW Health Survey commissioned translation of a 150-question survey into 5 languages, to be administered by bilingual interviewers by phone. The aim was to achieve conceptual and linguistic equivalence, cultural appropriateness and parallel levels of language in spoken dialogue.

A pre-translation review of the English language instrument by MHCS and authors was followed by a meeting of translators for the five languages with authors to raise translation issues. After each translation was completed, a language-specific meeting was held, when the bilingual interviewer provided sight translations of each question to the group (relevant translator, authors and administrator), and any clarifications or corrections were dealt with immediately. Each translator then made corrections and produced the target language final scripts for the bilingual interviewers to conduct the (anonymous) telephone interviews.

This method enabled face-to-face communication between all those concerned, and meant that:

- ambiguities in source language were identified and resolved before translation;
- choices were discussed and solutions found to deal with lack of equivalence in target language (e.g. how to translate 'household?');
- differences between the spoken and written word were addressed;
- terminology was standardized leading to greater reliability of the survey;
- interviewers gained a good understanding of the questions they were about to administer by phone.

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



This method was repeated for four subsequent surveys for NSW Health. It requires effort and expertise to coordinate, plus considerable resources in time and funding, relying on close collaboration, dedication and attention to detail on the part of all participants. However it means a more representative sample of the population can be reached, including respondents with limited English.

### **5.6. Evaluation by focus group**

For major projects and campaigns, evaluation by a monolingual focus group through a bilingual facilitator is recommended as a final step after translation and revision are completed. Such a review process greatly increases the likelihood that final text, dialogue or other media will be accessible, comprehensible and acceptable to intended readers/listeners.

- A bilingual facilitator conducts the evaluation with a selected group of speakers of target language whose characteristics match the intended target group. The bilingual facilitator takes them through the document to find any difficulties, conducting comprehensibility tests to establish whether or not the ‘messages’ of the source language text have been satisfactorily and completely conveyed;
- Essential points of discussion are recorded by a bilingual, translated then transcribed, or back-translated for client.

Evaluation by focus group requires time, resources (fees to bilingual interviewer, translators, checkers, fees to participants, meeting room,) and careful organization. Ideally the bilingual facilitator will be well briefed on the purpose of the material under review, and experienced with running focus groups and testing for comprehension and cultural issues.

### **5.7. Sight Translation**

Medical staff sometimes approaches an interpreter to do a verbal, unrehearsed, on sight (and indeed on site) translation, to check what is in LOTE medical reports or even consent forms. This is neither appropriate nor fair to interpreter or patient, as time for consideration is essential, and there is a risk that absolute accuracy may be sacrificed for speed. While many interpreters are highly skilled in instantaneous transfer of meaning from one spoken language to another, converting the contents of a written document in LOTE into spoken English requires reflection to arrive at the most accurate rendition.



## **“CAN WE JUST CHECK IT?”**

- Guidelines for Checking of Health/Medical Translations



## **CONCLUSION**

Checking reduces the likelihood of error and should result in better quality in multilingual materials, scripts, ads and websites. The extra associated expense is usually justified. If serious mistakes come to light only at the printing or recording stage or even later, it is much more expensive to re-do a completed multilingual project, and can also cause delays to campaigns, research projects etc.

For further information on any of the checking methods above, contact NSW Multicultural Health Communication

Tel: 02 9816 0347

Postal address: Southern Transition Organisation

NSW MHCS

Locked Mail Bag 5003, Gladesville, NSW 2111

Email: [mhcs@sesiahs.health.nsw.gov.au](mailto:mhcs@sesiahs.health.nsw.gov.au).

The author would like to acknowledge with thanks useful input from a number of colleagues, including Dr Raymond Chakhachiro, Dr Mira Kim, Dr Anthony Pym, Dr Miriam Shlesinger, Simon Andriesen of Medilingua Translations BV and AUSIT members Bob Desiatnik, Sue Jollow, John Gare and contributors to the AUSIT eBulletin. .

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



Checking method	Resources/action required	Pros and cons
6.1 Back-translation	<ul style="list-style-type: none"><li>- Accredited Translator Tr2</li><li>- (to back-translate also to make corrections if needed)</li><li>- Author or client to compare SL and BTTL</li><li>- Possible 3<sup>rd</sup> checker to arbitrate</li><li>- Possible arbitrator's report</li><li>- Final correction/layout of TL version</li><li>- Final proofread</li><li>- Fees for all of the above</li></ul>	<ul style="list-style-type: none"><li>- Can identify mistakes in grammar or expression in TL</li><li>- May reveal author ambiguity or lack of clarity</li><li>- Produces literal possibly stilted BTTL, not identical to SL</li><li>- Will not reveal any additions or omissions</li><li>- BTTL may not reflect quality of TL translation</li><li>- BTTL may not convey the actual appropriateness of terms or expressions used in TL</li><li>- Requires further time/resources if corrections are recommended</li><li>- Requires monolingual clients to judge whether Tr1 or B-Tr is right</li><li>- May require 3<sup>rd</sup> opinion to resolve disagreements</li></ul>
6.2 Collaborative checking	<ul style="list-style-type: none"><li>- Editor/coordinator</li><li>- Accredited Translator (Tr1) of TL</li><li>- Accredited Translator (Tr2) to check TL</li><li>- Tr1 and Tr2 to collaborate, agree on and incorporate changes into final TL</li><li>- Final proofread as req.</li><li>- Fees for both translators</li></ul>	<ul style="list-style-type: none"><li>- Pre-translation editing to Plain English</li><li>- Can identify mistakes or poor expression in TL</li><li>- Promptly addresses areas of difficulty or ambiguity</li><li>- May give client early feedback on linguistic or cultural issues to avoid/amend</li><li>- Final TL is result of planned teamwork between 2 Translators</li><li>- May require 3<sup>rd</sup> opinion if disputes arise</li><li>- Final proofread as req.</li></ul>
6.3 Revision by another translator	<ul style="list-style-type: none"><li>- Accredited Translator Tr2 (reviews TL)</li><li>- Written report</li><li>- Corrections by Tr2</li><li>- Possible revisor</li><li>- Fee for translator (and revisor if used)</li></ul>	<ul style="list-style-type: none"><li>- Can identify some mistakes in TL</li><li>- Relies on opinion of 2nd Translator</li><li>- Difficult for monolingual clients to judge whether Tr2 or Tr1 is right</li><li>- Can provide fast turn-around</li><li>- May need 3<sup>rd</sup> opinion</li></ul>
6.4 Translator working with topic expert as checker	<ul style="list-style-type: none"><li>- Accredited Translator Tr1</li><li>- Briefing(s) and Meeting(s) for content clarifications and solutions to lack of equivalence</li><li>- Fee for translator</li></ul>	<ul style="list-style-type: none"><li>- Translator benefits from access to expert leading to understanding of specialised content and well-informed translation choices</li><li>- Promptly addresses areas of difficulty or ambiguity</li><li>- Relies on skills of one Translator</li></ul>
6.5 A team approach to	<ul style="list-style-type: none"><li>- Administrator/coordinator</li></ul>	<ul style="list-style-type: none"><li>- Lacks two-way collaboration between Trs</li><li>- Includes pre-translation review of the English language instrument SL</li></ul>

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



survey questionnaires	<ul style="list-style-type: none"><li>- Epidemiologist(s) channeling input from health topic experts</li><li>- Accredited Translator (one for each language)</li><li>- Bilingual Interviewer (one for each language)</li><li>- Fees for above as negotiated including meeting fees</li></ul>	<ul style="list-style-type: none"><li>- Provides early feedback to authors on translatability issues enabling improvements such as removal of ambiguities</li><li>- Thorough examination of all translation factors</li><li>- Familiarise interviewers with their 'scripts' reducing error</li><li>- Enhances quality of final questionnaire which should be comprehensible and acceptable to intended readers/listeners</li><li>- Improves validity of questionnaire</li><li>- Requires substantial resources (time and funding)</li></ul>
6.6 Evaluation by focus group	<ul style="list-style-type: none"><li>- Bilingual facilitator with experience</li><li>- Focus group of TL speakers</li><li>- Meeting room, mike and recording facilities</li><li>- Transcription, translation or back-translation of LOTE / CALD discussion</li><li>- Fees for facilitator, members of focus group, transcription or back-translation</li></ul>	<ul style="list-style-type: none"><li>- Benefits major projects</li><li>- Greatly increases likelihood that final text, dialogue or other media will be accessible, comprehensible and acceptable to intended readers/listeners</li><li>- Requires time and resources</li></ul>
6.7 Sight-translation	<ul style="list-style-type: none"><li>- Health Interpreter or Translator</li><li>- Requests for unrehearsed, instant translation of a written document into spoken language</li></ul>	<ul style="list-style-type: none"><li>- May give health professional an idea of document contents</li><li>- Not necessarily reliable or accurate</li><li>- May place unacceptable pressure on interpreter or translator</li><li>- Not appropriate to ask interpreter without translation experience</li></ul>

## “CAN WE JUST CHECK IT?”

- Guidelines for Checking of Health/Medical Translations



### USEFUL WEBSITES, LINKS & REFERENCES:

Multicultural Communication website [links]

*Catalogue* (listing over 450 pamphlets, booklets, brochures and signs in English and LOTE) downloadable as printable PDF documents in any language.

AUSIT website [link to [www.ausit.org](http://www.ausit.org)]

Australia's national authority for accreditation of Translators and Interpreters and of training courses [link to [www.naati.com](http://www.naati.com)]

Baker, D. NSW Public Health Bulletin August 2001 *Collecting Information From People Of Non-English USpeaking Background: Translation Of Survey*

*^Instruments In The NSW Health Survey Program* <http://www.health.nsw.gov.au/public-health/phb/aug01html/nenglishaug01.html>

Bratu, Felicia. *Multilingual Layout and Typesetting and Guidelines for Designing Documents Intended for Translation* (Includes tips and pitfalls on Designing for a Non-English Audience) [http://desktoppub.about.com/od/layout/a/translation\\_2.htm](http://desktoppub.about.com/od/layout/a/translation_2.htm) □

DILICOM Language & Communication. Translation agency in Zambia.

<http://www.dilicom.co.za/serv.asp>

Grunwald, D. & Goldfarb, M. *Back translation for quality control of informed consent forms* Journal of Clinical Research Best Practices, Vol. 2, No. 2, February

2006. [link] <http://www.translationdirectory.com/article1043.htm>

McElroy Translation website has several pertinent articles: *Medical Translation Quality: It IS a Horse of a Different Color* (on checking methods), *An Improved*

*Back Translation Method*, and *Your Translation under the Microscope* at

<http://www.mcelroytranslation.com/aboutus/newsevents/newsletter/archives/rmtc71.htm>

Medilingua Translations BV [www.medilingua.com](http://www.medilingua.com)

Wild, D. et al *Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: Report of the*

*ISPOR Task Force for Translation and Cultural Adaptation - PRO Task Force: Changing Culture or Language of an Application* (A comprehensive report and

examination by the ISPOR Task Force of good research practices for adapting or translating an

instrument from one language/culture to another including translation

measurement properties and acceptability of pooling data in multi-language) [link to

<http://www.ispor.org/TaskForces/PROApplications.asp>]

*A guide to planning, implementation, and translation* ^Translation Guidelines World Vision\_(includes insightful information on various aspects of translation and its

consequences and connotations) [link] <http://www.childsurvival.com/documents/csts%5CVolume1.pdf>

BT Guidelines including Declaration of Helsinki (WMA 1964) Stanford University Research

Compliance Office, Human Subjects Research, BT Guidelines

(concerning 'instruments' [patient questionnaires]) WHO, University of Michigan.

Checking guidelines v12

14

**NSW MHCS Bldg 41 Gladesville Hospital, Victoria Rd, Gladesville. Tel (02)9816 0347 Fax (02) 9816 0301**

**Postal address:Southern Transition Organisation**

**NSW MHCS, Bldg 41,**

**Gladesville Hospital, LMB 5003, Gladesville NSW 2111**