



# OBTAINING AND DOCUMENTING INFORMED CONSENT OF NON-ENGLISH SPEAKING RESEARCH PARTICIPANTS

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# JUSTICE



## The Belmont Report

Ethical Principles and Guidelines for the Protection of Human Subjects of Research

### THE THREE BASIC ETHICAL PRINCIPLES



#### 1. RESPECT FOR PERSONS

- INDIVIDUALS SHOULD BE TREATED AS AUTONOMOUS AGENTS
- PERSONS WITH DIMINISHED AUTONOMY ARE ENTITLED TO PROTECTION

#### 2. BENEFICENCE

- DO NOT HARM
- MAXIMIZE BENEFITS, MINIMIZE RISK



#### 3. JUSTICE

- EQUAL DISTRIBUTION OF BURDENS AND BENEFITS
- TO EACH PERSON EQUAL SHARE
- TO EACH PERSON ACCORDING TO INDIVIDUAL NEED, EFFORT, SOCIETAL CONTRIBUTION, AND/OR MERIT



Governing Principle of Human  
Subject Research

JUSTICE

- a) not exclude subjects based solely on their inability to read, speak or understand English
- and
- b) Researchers should find a way to communicate with subjects to ensure that consent is voluntary and informed.



AS REQUIRED BY THE  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES  
REGULATIONS

(45 CFR 46.116 AND 45 CFR  
46.117(B)(1)  
AND  
FDA REGULATIONS (21 CFR  
50.25 AND 21 CFR 50.27)

Unless written consent has been waived as a requirement for the study, participants who do not speak English must be provided with:

- A written consent document in a language understandable to them

**AND**

- An interpreter fluent in both English and the participant's spoken language to aid in the consent process

# ASSURING TRULY INFORMED CONSENT

- **Certified Translator:** a professional translator who has successfully completed a certification program or exam providing them with certified translator credentials
- **Interpreter:** person who accompanies researchers, in real time, to convey verbal information to another person in their native language

TWO METHODS OF CONSENT:  
LONG FORM  
OR  
SHORT FORM

TWO METHODS OF CONSENT:  
LONG FORM  
OR  
SHORT FORM



## WHEN DO I USE THE **LONG** FORM CONSENT PROCESS? §46.117(B)(1)

- Investigator is targeting a non-English speaking group
- Research will be done in a foreign country
- Investigator anticipates more than a few participants who speak the same non-English language will want to enroll in the study



## LONG FORM CONSENT PROCESS

1. English language version of consent.

*Documents should first be submitted to the IRB in English, and once approved, be sent to the translator. A modification should then be submitted to provide the translated documents.*

2. The following items must be resubmitted for final approval of the translated documents:

- 1. Participants primary language version of the consent.
- 2. Documentation describing the qualifications of the translator and the date of translation.



## CONSENT PROCESS, SIGNATURES AND RECORD-KEEPING REQUIREMENTS WITH TRANSLATED LONG FORM

1. Conduct the participant's informed consent process with the researcher and an **interpreter** fluent in both English and the participant's primary language.
2. The participant signs the translated informed consent.
3. The researcher or designee signs the translated informed consent  
*(interpreter may interact in person, by phone or video-conferencing and does not need to sign the consent form).*
4. The participant is given a copy of the translated informed consent.
5. A copy of the signed documents is maintained in the study records.
6. A copy of the signed documents should be included in the participant's medical records *if that is the standard practice for this study.*

# WHEN DO I USE THE SHORT FORM CONSENT PROCESS? §46.117(B)(2)

- When your study was approved with an English only consent and an UNEXPECTED non-English speaking participant presents for enrollment and there is **not enough time** to translate the English version of the approved consent document into a language the potential participant understands.
- When enrolling a non-English speaking participant who may not have a written language (Mai-Mai)

## WHAT IS A SHORT FORM CONSENT?

- A consent document written in a language understandable to a non-English speaking individual [or his/her legally authorized representative (LAR)].
- It summarizes the required elements of informed consent outlined in the federal regulations, but **it does not contain specific study information.**

### Consent to Participate in Research

The use of "you" throughout this document refers to the research participant. It also refers to the person authorized to give consent for the subject's participation in this research study.

You are being asked to participate in a research study. Before you agree, you must be provided with a summary of the key information to help you understand the reasons why you might or might not want to join the study.

Before you agree, the investigator must tell you about:

- (i) the purposes, procedures, and duration of the research;
- (ii) any procedures which are experimental;
- (iii) any reasonably foreseeable risks, discomforts, and benefits of the research;
- (iv) any potentially beneficial alternate procedures of treatment;
- (v) how confidentiality will be maintained; and
- (vi) who to contact with questions, complaints, and injuries

Where applicable, the investigator must also tell you about:

- (i) any available compensation or medical treatment if injury occurs;
- (ii) the possibility of unforeseeable risks;
- (iii) circumstances when the investigator may stop your participation;
- (iv) any additional costs to you;
- (v) what happens if you decide to stop participating;
- (vi) when you will be told about new findings which may affect your willingness to participate;
- (vii) how many people will be in the study; and
- (viii) how you need to authorize use of your medical information for the study.

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. Signing this form means that the research study, including the above information has been described to you orally, and that you voluntarily agree to participate. If you agree to participate, you must be given a signed copy of this document and a written summary of the research in English.

If you have questions, complaints, injuries, or concerns about this study, you can contact the investigator using the phone numbers in the written study summary. If you have questions regarding your rights as a research participant, or if you have questions, complaints or concerns which you do not feel you can discuss with the study team, please contact the Human Research Protection Advocate by using the phone number in the written study summary.

\_\_\_\_\_  
Signature of Participant      Name of Participant      Date/Time (if required)

### Witness

By signing this form, you are indicating that:

- The information in the Summary Document as well as any additional information conveyed by the person obtaining consent was presented to the subject in a language preferred by and understandable to the subject; and
- The subject's questions were interpreted and the responses of the person obtaining consent were presented in a language preferred by and understandable to the subject.
- At the conclusion of the consent conference, the subject was asked in a language preferred by and understandable to the subject if s/he understood the information in the Summary Document as well as any additional information conveyed by the person obtaining consent (including responses to the subject's questions) and responded affirmatively.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Date/Time

Interpreter Attestation:

I affirm that I interpreted the summary as presented, as well as the patient's questions and the researcher's responses to the best of my ability.

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Name of Interpreter

\_\_\_\_\_  
Date/Time

### Werenj de Gām ba Lo në kē Beerē Kooric

Luɔɔi de “yīn” në yee werenj kēnē yic ēbēn aye lueel kee ye ba yaa raan bī rōt mat në kē beerē kooric. Aye lueel ēya dēt ke ye raan cī gam bī werenj de gām de raan koor gaam në yee kē beerē koor kēnē yic.

Yīn ye thiēc ba rōt mat në kē beerē kooric. Ke yīn kēc guaa gam, yīn dhil wēl cī ke mat thiekiic bēi bīkē yīn kuɔɔny ba kā bī yīn ke rōt mat thīn wēlē/ka ba jai/rēc deetiic.

]]Ke yīn kēc guaa gam, raan bī yīn thiēc abī yīn dhil lēk:

- (i) yēŋō lui ē yeen, kuɛɛr yēnē ke ye luɔɔi thīn, ku yee nīn kaadi bī kē beerē koor keek jōt/nyaa;
- (ii) gēɛr de kuɛɛr ke luɔɔi ye keek nyuɔɔth;
- (iii) gēɛr de kē rēc bī rōt looi cī tīŋ, kā cī kōc ye cōk tōu apieth, ku kā pieth bī ke yōk në kē beerē kooric;
- (iv) gēɛr de kuɛɛr pieth ke yīlac/dōc bī ke yōk thīn ē ke ye alōc;
- (v) bī kē de athiaan/kā ke raan yetōk muk adi; ku
- (vi) yeeŋa ba cōɔl në kā ba keek thiēc/thualat, guel, ku tōtōk cī yīn yōk

Short form consent process

Tē lēu binē yeen luɔɔi/Tē rōŋ ke yeen, raan bī yīn thiēc abī yīn dhil lēk:

- (i) gēɛr de cuut tōu wēlē/ka yīlac/dōc de tōtōk naa cī rōt looi;
- (ii) lēu de rōt ē kē rēc kēcē tīŋ lēu bī rōt looi;
- (iii) kā lēu bī raan thiēc yīn tāudu thīn cōk kāāc;
- (iv) gēɛr de wēu ba ke luɔɔi lēu bīkē rōt mat thīn tēnē yīn;
- (v) yeeŋō bī rōt looi naa ca tak ba jāl thīn;
- (vi) yee nēn yēn binē yīn lēk kē jōt cī yōk lēu bī tāudu thīn rōɔk;
- (vii) yee kōc kaadi lēu bī tōu në piōcic, ku
- (viii) ba wēl kuun ke pial luɔɔi yedī në yee piōc kēnē yic.

Loɔu thīn në yee kē beerē koor kēnē yic ee ba rōt yōk yītōk, ku yīn cī bī kuum wēlē/ka bī kē pieth ba yōk cōk jīēl naa ca jai ba rōt mat thīn wēlē/ka tak ba kōc. Ba ye werenj kēnē thany aye lueel naadē ke kē beerē koor de piōc kēnē, nōŋic kee wēl tōu nhial kē bī keek lēk yīn në kōc thook, ku ka ca gam yītōk ba rōt mat thīn. Naa ca gam ba rōt mat thīn, yīn dhilē gām/yīēn werenj cī thaany kēnē ku werenj cī gōt de kē beerē koor de piōc në thoŋ de Dīŋlith.

Naa nōŋ thualat/kā ba keek thiēc, guel, tōtōk cī yīn yōk wēlē/ka kā diir yīn në yee piōc kēnē yic, yīn lēu ba raan ye thiēc looi cōɔl në telepun cī gātpiny në werenj cī gōt de kē koor de piōc kēnē yic. Naa nōŋ kā ba keek thiēc ke yithku ke yīn ye raan de kē koor de piōc bī rōt mat thīn, wēlē/ka naa nōŋ thualat/kā ba keek thiēc, guel, tōtōk cī yīn yōk wēlē/ka kā diir yīn cī keek ē yōk në yī guōp ē kaa lēu ba keek jaamiic wenē akutnhom de piōc, yīn thiēcū ba Akutnhom de Gēl de Kōc cōɔl ke yīn lui telepun tōu në werenj de piōc yic.

Thāny de raan met rōt thīn

Rinke Raan met rōt thīn

Pēɛi nīn/Thaa (Naa koor yeen)

## SHORT FORM CONSENT

- The UVM IRB has translated the short form consent into 11 of the most interpreted languages at the hospital and UVM.

- Arabic
- Bosnian
- Dinka
- French
- Khmer
- Kirundi
- Lingala
- Nepali
- Russian
- Spanish
- Swahili

# CONSENT PROCESS WHEN USING A SHORT FORM CONSENT DOCUMENT

1. The participant reads the translated short form consent document in their native language
2. Interpreter presents the oral version of the IRB-approved English consent form (or written summary of study-specific details if the Investigator has decided not to use the IRB-approved English consent form to meet the oral presentation requirement)
  - A study team member, who is approved to obtain consent, must be present for this presentation.
  - If the Interpreter is not also acting as the Witness, the Witness must be present during this presentation as well
  - The Interpreter facilitates participants asking questions and study team members providing answers, to ensure participant understanding




- When all the Participant's questions and concerns have been addressed, the Participant signs and dates the translated "Short Form" consent document
- The researcher signs the IRB-approved English version of the informed consent document
- The witness (*fluent in both languages*) signs BOTH the translated short form and the written English consent version. (*Note, when the person obtaining consent is assisted by an interpreter, the interpreter may serve as the witness.*)



SIGNATURES AND  
RECORD KEEPING  
REQUIREMENTS  
WHEN USING A  
SHORT FORM  
CONSENT  
DOCUMENT

- An interpreter will read the oral summary of consent procedures, risks, objectives to the participant but there will be no translated short form to sign.
- All parties taking part in the consent process will sign the English version consent form.
- It is imperative that the research team has good consent process documentation to ensure legally effective consent in this rare case.



SHORT FORM  
CONSENT PROCESS  
WHEN ENROLLING A  
NON-ENGLISH  
SPEAKING  
PARTICIPANT WHO  
MAY NOT HAVE A  
WRITTEN LANGUAGE

## CAN FAMILY MEMBERS SERVE AS THE INTERPRETER FOR THE SHORT FORM CONSENT PROCESS?

- Use of a family member for interpretation is not permitted unless a professional medical translator cannot be located
- Family members may not translate verbatim and skip over parts they deem to be not important or not fully understand themselves.
- Minors interpreting for parents is strongly discouraged





## INTERPRETING & TRANSLATION SERVICES

- Language Access Services at the University of Vermont Medical Center offers interpreting and translation services for patients with hearing loss and patients with limited English proficiency.
- These services should be used when interacting with participants involved in clinical research.
- Researchers can access on-site interpreters in many languages. They have telephone and video remote interpreters available 24 hours a day.
- Researchers can also request translation of research documents. Language Access Services can be reached at [UVMHC Language Access Services](#).

## OTHER CONSIDERATIONS



Recruitment materials such as flyers must be translated in order to accommodate expected non-English speaking participants (*i.e., a significant number of participants who are not fluent in English*). All translations of recruitment materials must be completed by a certified translator and approved by the IRB prior to their use.



Study instruments may be in English and translated orally by an interpreter or a member of the research team who is fluent in the language spoken by the non-English speaking participant. If an investigator prefers to have study instruments translated, the translations must be completed by a certified translator and approved by the IRB



Early phase clinical trials without a prospect for direct benefit, that will enroll only a limited number of subjects



Studies without a prospect for direct benefit and with procedures that are greater than minimal risk



Assessment tools, surveys, questionnaires or psychological tests that are only available in English



Enrollment required in situations where translators will not be readily available (satellite clinics, after regular working hours, emergencies, etc.)



Expectation based on experience that non-English speakers will rarely present to the clinic where enrollment will take place

POSSIBLE REASONS TO  
EXCLUDE  
NON-ENGLISH  
SPEAKING PARTICIPANTS





QUESTIONS?