



## Translation Procedure

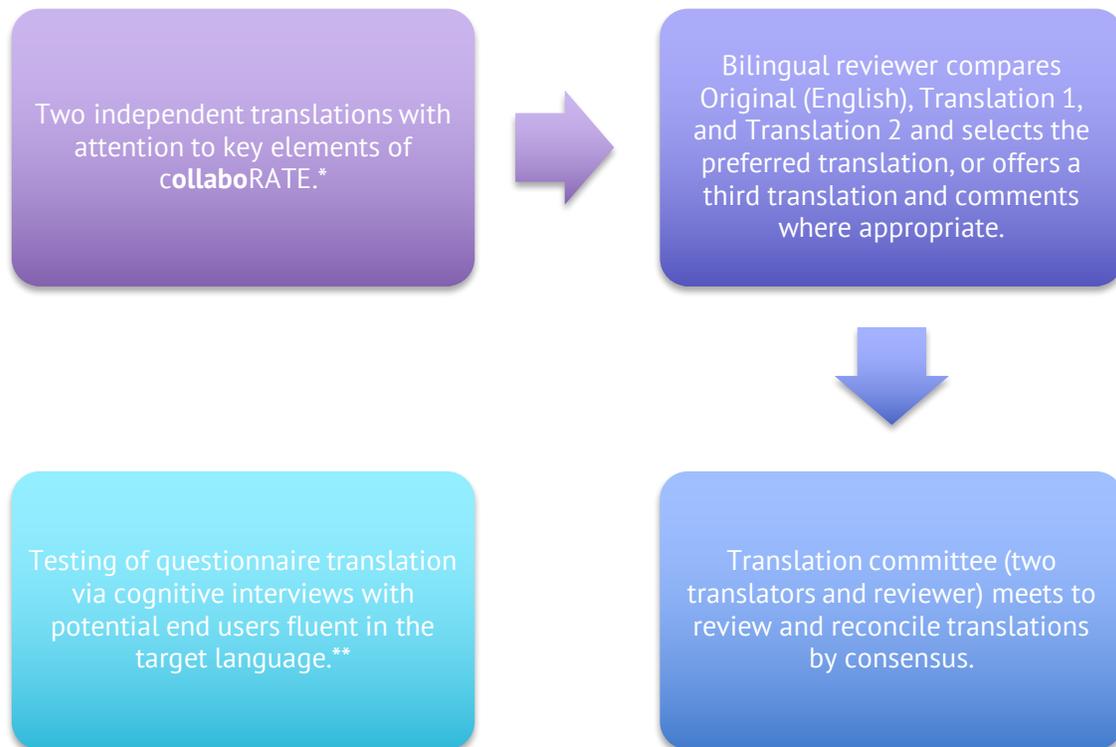
This document outlines the Standard Translation Procedure for **collaboRATE** and should be reviewed by all individuals seeking to translate the measure.

Please do not hesitate to [contact](#) the **collaboRATE** team (<http://www.glynelwyn.com/contact-collaborate.html>) with questions or concerns regarding any aspect of translation.

To maintain consistency with the original version of **collaboRATE**, translations must be protected by [Creative Commons Attribution-NonCommercial-NoDerivatives licenses](#).

## CollaboRATE Translation Process

Translations of **collaboRATE** should adhere to the following process to ensure consistency among versions of the questionnaire. These guidelines are drawn from those developed by AHRQ's CAHPS II Cultural Comparability Team<sup>1</sup> and are consistent with leading translation methods in the survey research field.<sup>2</sup> While backward translation is suggested by some sources,<sup>3,4</sup> it is not a required component of the **collaboRATE** translation protocol.



\*While no guidance is provided on the required credentials of the independent translators, we encourage the selection of individuals who are suitably qualified. No specific expertise in health care is required.

\*\*Cognitive interviews with the target population may shape the extent to which Key Elements guidelines (below) are practicably applied to the final translation.

## Key Elements of **collabo**RATE Development

**collabo**RATE was designed to be a brief patient-reported measure of shared decision making (SDM). The three items represent the three core SDM activities: 1) explanation of the health issue, 2) preference elicitation, and 3) preference integration.

**collabo**RATE was deliberately worded in response to feedback gathered through cognitive interviews with members of a hospital population (see Elwyn et al, 2013<sup>5</sup>). Translations should allow for cultural adaptations needed for clarity, while prioritizing a high degree of fidelity to the original English version of the measure.

We ask that translation teams pay particular attention to the following key elements of **collabo**RATE development process, ensuring that subsequent translations of the measure remain as closely aligned to the English version as possible:

- Avoid naming the provider as the subject of the questions in favor of a passive construction (Q1, Q2, Q3)
- Use a term that refers to health *issues* rather than health *problems* (Q1, Q2)
- Use a word like *listen* instead of *consider* (Q2)
- Refer to *the things that matter most* or *what matters most* rather than *preferences* or *values* or *priorities* (Q2, Q3)
- Use a more inclusive phrase like *what to do next* in place of a specific focus on the *decision-making* or *decisions being made* (Q3)

We recommend that you read the paper published by Elwyn et al.<sup>5</sup> describing the development of **collabo**RATE as this will provide further detail regarding the rationale behind **collabo**RATE items.

## References

- 1 Weidmer B, Hurtado M, Weech-Maldonado R, Ngo-Metzger Q, Bogen K. Guidelines for translating CAHPS Surveys. Rockville, USA: AHRQ 2006. [https://cahps.ahrq.gov/Surveys-Guidance/Helpful-Resources/Resources/Guidelines\\_Translation.pdf](https://cahps.ahrq.gov/Surveys-Guidance/Helpful-Resources/Resources/Guidelines_Translation.pdf) (accessed 13 May 2014).
- 2 Survey Research Center. Guidelines for best practice in cross-cultural surveys. Ann Arbor, USA: Survey Research Center, Institute for Social Research, University of Michigan 2010. <http://www.ccsr.isr.umich.edu> (accessed 13 May 2014).
- 3 Mokkink L, Terwee C, Patrick D, Alonso J, Stratford P, Knol D, Bouter L, de Vet H. The COSMIN checklist for assessing the methodological quality of studies on measurement properties of health status measurement instruments: an international Delphi study. *Qual Life Res* 2010;19:539–49.
- 4 Beaton D, Bombardier C, Guillemin F, Ferraz M. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine* 2000;25:3186-91.
- 5 Elwyn G, Barr PJ, Grande SW, Thompson R, Walsh T, Ozanne E. Developing **CollaboRATE**: a fast and frugal patient reported measure of the shared decision making process in the clinical encounter. *Patient Educ Couns* 2013;93(1):102-107.